Australia's welfare 2007

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Australia's welfare 2007

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

Australian Institute of Health and Welfare
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The Hon. Tony Abbott MP
Minister for Health and Ageing
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 2007,* as required under subsection 31 (1A) of the *Australian Institute of Health and Welfare Act 1987*.

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

Yours sincerely

Hon. Peter Collins, AM, QC
Chairperson of the Board

14 November 2007

For health and welfare
statistics and information

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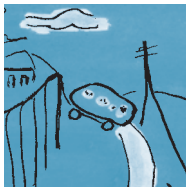

If a society is to be judged by the way it cares for its most disadvantaged members, then the regular reporting of Australia's welfare is fundamentally important. Every 2 years, this report shows the substantial support and assistance provided through both government and non-government mechanisms across wide areas of our lives. It also describes the ways in which we as individuals support others who require our assistance.

In *Australia's welfare* we bring together information and analysis about the service systems set up both formally and informally to redistribute resources on the basis of need. In doing so, we aim to provide a picture that will assist Australians, no matter their level of influence, to be armed with evidence to make improvements. *Australia's welfare* is not just aimed at policymakers and those who deliver programs; it is also intended to be a valuable resource for those in the community who want to understand better how these systems operate. After all, it is educated lobbying by the community that provides much of the real impetus for improvement.

It is 15 years since Australia's parliament decided that the Institute must carry out its national welfare reporting function every 2 years. As this 2007 volume shows, it has been a period of growth in prosperity for Australia—growth in resources, in employment, in life expectancy. But prosperity and longevity bring their own challenges. So it is important to see how welfare resources have responded—have the needs changed because the distribution has improved or has the response changed so that assistance is now delivered differently or aimed at people in different circumstances?

Undoubtedly the picture of improvement is a complex and mixed one. Housing stress remains an issue for many households, and the role of poor interpersonal relationships and domestic violence in creating crises in the lives of families remains a challenge. With the ageing of the population come increased years of life, some of which will be lived with disability. In the year which marks the 40th anniversary of Indigenous people being counted in the census, we still don't have very reliable information on whether and where the situation of Indigenous Australians is improving.

We believe that in this report we provide the best evidence available to shed light on Australia's welfare services. The quality of the statistics and data that underpin the various analyses is a tribute to those who care about getting these things right—not only within the AIHW (where the administrative data sets are collated and managed) and the ABS (on whose survey statistics we draw), but across all kinds of services in the community. I hope you will find this analysis of Australia's welfare an interesting, informative and influential read.

Penny Allbon
Director, Australian Institute of Health and Welfare

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—not published by the data source
n.a.	when used in a table—not available
nfd	not further defined
. .	when used in a table—not applicable
—	when used in a table—nil or rounded to zero (including null cells)
*	when next to a numerical value in a table—estimate has a relative standard error of 25% to 50% and should be used with caution
**	when next to a numerical value in a table—estimate has a relative standard error greater than 50% and is considered too unreliable for general use

1 Introduction

Australia's welfare 2007 is the Australian Institute of Health and Welfare's eighth biennial report in the series. When the first *Australia's welfare* was published in 1993, it mainly focused on welfare services and assistance in the five areas that were specified in the *Australian Institute of Health and Welfare Act 1987*, that is, aged care services, child care services, services for people with disabilities, housing assistance and child welfare. Over the 14 years' since the coverage of *Australia's welfare* has gradually expanded. Welfare, of course, is generally taken to be a much broader concept than is suggested by those five areas. An understanding of the socioeconomic conditions of the population is crucial to any appreciation of the role that welfare services play in providing assistance to those in need and in ameliorating the undesirable effects of social exclusion and inequality.

Welfare in its broadest sense refers to the wellbeing of people and society, which is affected by natural and economic conditions and also by a wide range of government and non-government social and economic programs. This range of programs includes not only those closely related to welfare, such as taxation, health, employment and education, but also less obviously linked ones such as transport, fiscal policies and even national security.

While this all-encompassing concept of welfare is accepted and forms dictionary definitions of the term (Oxford University Press 2002; The Macquarie Library 2005), few commentators or scholars in the welfare field would place equal emphasis on all aspects of welfare. Instead, they tend to focus on the aspects that are of particular interest to them. Income and wealth topics are the primary choice of many sociologists and welfare economists (Saunders 2002; Travers & Richardson 1993) while labour law and working conditions, including wages, are the choice of others (Castles 2001). Yet others focus on the system of welfare services and assistance that is designed to give direct services and assistance to those with particular forms of need (Dickey 1987; Jamrozik 2001).

The *Australia's welfare* series is concerned primarily with the system of welfare services and assistance (including specific targeted cash transfers) now operating in Australia, and the people who receive those services and assistance. In more recent volumes of *Australia's welfare*, a summary of indicators of wellbeing has been added to give context to the discussion on specific welfare service sectors.

A review of progress in welfare

The welfare function was added to the AIHW's charter in 1992, some 15 years ago. A great deal has changed in Australia since then. The years since 1992 have seen a period of increasing prosperity that has continued to the present day. The national economy has grown rapidly as has household disposable income. Median weekly equivalised disposable household income has increased by 34% in real terms between 1995–96 and 2005–06. Although incomes in Australian society are unequal, there is no clear trend indicating an increase or decrease of income inequality over the last decade (see Chapter 8).

The last 10 years have been marked by a strong growth in the labour force. The national unemployment rate fell from 8.3% to 4.5% between 1996–97 and 2006–07. Male labour force participation rates, which fell considerably throughout the 1990s, have shown signs of increase since 2003–04. Participation rates among females have grown over the last decade, albeit at a slower rate than previously. In 2006–07, the participation rate for males was 72% and 58% for females. Employment growth has been particularly strong in part-time work, although the number of full-time jobs has also risen. Part-time workers increased from 7% of male employees in 1996–97 to 15% in 2006–07, and from 38% to 45% of female employees over the same period (ABS 2007a).

Progress has also been recorded in the areas of education and training. The apparent retention rate from the start of secondary school to Year 12 rose from 71% to 75% over the period 1996–2006, following rapid growth throughout the 1980s and reaching a peak of 77% in 1992 (at a time of high unemployment and fewer job opportunities) (see Table A8.1). The education participation rate for people aged 15–19 years was 77%—an increase from 73% in 1996 (see Table 2.15). The proportion of people aged 15–64 years with a non-school qualification increased from 42% to 52% between 1996 and 2006 (ABS 2006a). In particular, this rise reflects the greater percentage of people with higher education qualifications.

The life expectancy of Australians is among the highest in the world, and continues to increase. In 2003–05, life expectancy at birth was 78.5 years for males and 83.3 years for females. Between 1988 and 2003, life expectancy at birth rose by 4.7 years for males and 3.3 years for females, while expected years of life with a severe or profound core activity limitation increased by 2.2 years and 2.3 years, respectively (see chapters 4 and 8).

In this general climate of increasing prosperity, it is important to consider whether this prosperity is shared equally by all and whether life has actually become better for most Australians, even if income inequality does not appear to have increased. Economic prosperity at the societal level is not a guarantee of wellbeing for all members of society; government services and assistance are essential components of the social fabric in ensuring the protection and support of vulnerable members of our society (such as people with disability, older people, children under care and protection orders). The various chapters of this report provide a picture of the state of Australia's welfare services, and their contribution to the wellbeing of many Australians.

Housing and homelessness

Australia has always had a high proportion of home ownership, which has been stable at around 70% since the 1960s (ABS 2007b). However, as house prices and the size of home loans (especially first home loans) have increased faster than income, it has become more difficult and takes longer to pay off home mortgages. Outright home ownership, without a mortgage, declined from around 40% in 2001 to less than 33% in 2006 (ABS 2007c). This decline is particularly marked among younger age groups (see Chapter 8). The proportion of households renting from government housing authorities decreased while the proportion of households renting privately increased, from less than 19% of all households in the mid-1990s to more than 21% in 2004 (ABS 2006b). Rents in the private market are generally higher than those set by state government authorities.

High housing costs can create financial stress for lower-income households. In 2003–2004, almost one in five lower-income households spent more than 30% of their gross income on housing, including 4% who spent more than 50%. This stress was most common for lower-

income households who rent privately. Of these, over half spent more than 30% of their gross income on housing, including almost one in ten who spent more than 50%. Almost one in three (31%) lower-income households with a mortgage spent more than 30% of their gross income on housing costs, including 10% who spent more than 50% (see Table 8.5).

To alleviate housing stress, in 2005–06, the value of assistance provided to private renters was over $2.0 billion. This comprised nearly $2.0 billion from the CRA program, and $72.6 million through Commonwealth State Housing Agreement private rent assistance. Also in 2005–06, the Australian, state and territory governments provided just over $1.3 billion for housing programs under the CSHA (Table A5.4), with public and community housing accounting for the majority of this funding. CSHA funding also includes assistance to home buyers and for crisis accommodation (see Chapter 5). The demand for public and community housing is such that the proportion of new tenants with special needs (including Indigenous households, households with a person with disability, principal tenant aged 24 years or under or 75 years or over) has continued to increase—from 48% to 60% for public housing and from 63% to 68% for community housing between 2003 and 2006 (see Table 5.20).

One might speculate that rising housing stress, crisis housing and homelessness are related, and that inability to find affordable housing is an important cause of homelessness. The estimated number of homeless people in the 1996 and 2001 population censuses was around 100,000. The equivalent estimate derived from the 2006 Population Census is not yet available, and it is not yet known whether this number has changed. It is known that the number of clients who received support under the national homelessness program—the Supported Accommodation Assistance Program (SAAP)—has increased from around 83,200 in 1996–97 to 106,500 in 2005–06, including 54,700 accompanying children aged under 18 years (see Chapter 6). This trend presumably reflects some combination of an increase in SAAP funding, enabling it to service a larger volume of clients, and an increase in people seeking assistance from the program. The rate of people who sought but were not provided with SAAP accommodation assistance (the turn-away rate) has not declined over the years—at 54% in 2004–05 (AIHW 2006a:8), in spite of the increase in the services provided through SAAP.

Perhaps counter-intuitively, neither housing shortages nor the cost of housing is the most common reason reported by individuals to explain their need for crisis housing and homelessness. According to data from the SAAP data collection, the most common main reasons given by people seeking assistance from SAAP agencies in 2005–06 were interpersonal relationships, including domestic violence, relationship breakdown and conflict, and the need for time-out from family (45% of support periods). Financial reasons were reported by 14% while accommodation difficulties (such as overcrowding, eviction or emergency accommodation ended) constituted 18%. Importantly, heath issues (such as mental health or drugs) were the reasons given by 10% of all seeking SAAP assistance (AIHW 2007a:40). This pattern has not changed substantially since the inception of the SAAP data collection in the mid-1990s.

The importance of interpersonal relationships as a reason for seeking crisis and supported accommodation reflects the existence of considerable domestic violence in Australian society. While the level of violence seems to have declined in the last decade for women under 35 years of age, the Australian Bureau of Statistics (ABS) 2005 Survey of Personal Safety showed that 1% of adult men and 2% of adult women reported having experienced violence by their current partner, and 5% of adult men and 15% of adult men by a previous partner (see Chapter 8 of this report and ABS 2006c:20,21).

Children and young people

Like the changes in housing circumstances, the national picture of the wellbeing of children and young people is a mixed one. On the one hand, there is no doubt that increased prosperity has enabled parents to provide more to their children, for example in health care, education and recreation. A variety of government benefits and assistance is available to help families with children, including baby health care, parenting payments, family tax benefits, child care rebates and so on. On the other hand, although the health status of Australia's children is improving, there are still many areas of health behaviour that are of concern. And statistics suggest that a considerable number of children and young people are subject to violence and abuse (see Chapter 2).

The health of Australian children and young people is generally very good. Infant mortality has been on the decline for several decades, and rates have halved in the last two decades, declining to 5.0 deaths per 1,000 live births in 2005–06. However, there is potential for further improvement as these rates are still high compared with many OECD countries. For example, Iceland and Japan have mortality rates of 2.8 deaths per 1,000 live births (UNICEF 2006). Mortality from the age of 1 to the age of 19 is very low, and the chance of survival in 2003–05 was 99.5% for males and 99.7% for females (AIHW analysis of ABS 2003–2005 life tables: ABS 2006d). The relatively small number of deaths that occur between these ages are largely (54%) from external causes of injury and poisoning (1,794 deaths in 2003–2005). Almost two-thirds of these deaths from external causes were due to transport accidents and intentional self-harm. Over the last two decades death rates overall and those from external causes have more than halved for children and young people. However, these improvements may not be long-lasting, as some lifestyles and many health behaviours among all Australians, including children and young people, have not improved or have not improved fast enough. Obesity rates among young people (aged 15–24 years) increased between 2001 and 2004–05, from 3% to 5% of young people. Less than half of young people were meeting recommended physical activity guidelines, and daily vegetable and fruit consumption guidelines in 2004–05 (AIHW 2007b). A high proportion of young people engage in health risk behaviours that result in both short- and long-term health problems—in 2004 almost one-third drank alcohol that put them at risk or high risk of alcohol-related harm in the short term, almost one-quarter had used illicit drugs within the last 12 months, and around 17% were current smokers. Mental health is an area where the situation of young people appears to be worsening. The proportion of young people aged 18–24 years reporting high or very high levels of stress (as measured by the K-10 scale) increased from 7% to 12% between 1997 and 2004–05 for males, and from 13% to 19% for females (AIHW 2007b).

The welfare of children and young people is critically dependent on the family environment in which they are raised, and the Australian family has undergone rapid changes in recent decades. There are now more one-parent families (22% of all families with children), blended families (3%) and families with a step-parent (4%) than in the early 1990s. There are also a considerable number of grandparent families (1% of families with children) in which grandparents are raising their grandchildren (see Chapter 2).

In many families, both parents are in the workforce and/or in education. In such families, and in one-parent families where the lone parent works or studies, the care of children is shared between the parent(s) and child care providers, formal or informal. Parents also use child care services for reasons other than providing care while they are at work; formal and informal child care has become part of many Australians' daily lives. Almost half of Australian children aged less than 12 years used some form of child care and most children

had experienced some type of formal care before beginning full-time schooling— 84% of 4 year olds used either formal child care or were attending preschools in 2005. The use of informal child care has not changed greatly in the last decade; however, the use of formal child care has grown considerably. The affordability and accessibility of child care remain much debated topics. While the unmet demand for places in occasional care and family day care has decreased over the last decade that for long day care and other formal care has risen. Cost is an important factor for many instances where the needed child care was not used (16%) (see Chapter 2). Child care affordability (calculated in terms of ratio of cost to net income) had fallen in the 1990s but improved on the introduction in 2000 of the Child Care Benefit. However, the CPI (consumer price index) indexation of this benefit has not matched the increase in child care fees: affordability of child care gradually declined again between 2000 and 2004 (AIHW 2006b). From July 2006, the Australian Government introduced the 30% Child Care Tax Rebate, offering families a rebate of up to $4,000 per child per year (FAO 2007). The effects of this initiative on out-of-pocket child care expenses for families will need to be assessed in the years to come.

Participation in education among young people aged 15–19 years has been consistently around 76%–77% since 1998. Availability of work affects the level of educational participation; it is possible that the slight decline in apparent retention rates since the peak of 77% in 1992 and 1993 is related to the decrease in the level of unemployment in this period. Nevertheless, a considerable number of young people are neither studying nor working—8% of those aged 15–19 years in 2006.

There has been a steady increase in the numbers of children and young people (aged 17 years and under) who are abused, neglected or at risk of harm, or whose parents are unable to care for them. Data on child protection are collected from states and territories, and there have been changes in all states and territories in the administration of child welfare that affected the number of cases handled. Trends over time must therefore be interpreted with considerable caution. Between 2001–02 and 2005–06, the rate of children who were the subject of a child protection substantiation has increased from 5.3 per 1,000 children to 7.2 per 1,000. Since 2002, the number of children placed on care and protection orders and in out-of-home care increased by around one-third (see Chapter 2).

Ageing and disability

The long-term increase in life expectancy and the long-term fall in fertility have resulted in a rapid ageing of the population. Population ageing will become more rapid from 2010 when the baby-boom generation begins to reach age 65. As disability increases rapidly with age, the need for support also increases with age. In 2003, when the last Disability, Ageing and Carers Survey was conducted by the ABS, an estimated 23% of people aged 65 years or over reported severe or profound disability (always or sometimes requiring assistance with self-care, mobility or communication); 58% of those aged 85 years or over have this level of disability. These 2003 rates are not statistically different from the rates reported in the 1998 ABS Survey of Disability, Ageing and Carers.

It is clear that the increase in life expectancy has been a combination of increases in life with disability and life without disability. Analyses of disability patterns over the period from 1998 to 2003 show that 27% of gains in male life expectancy at age 65 (1.5 years for the period) were years with severe and profound disability (0.4 years) and the remaining 1.1 years were an increase in life without this level of disability. For females, 0.7 years of the gains in total life expectancy at age 65 (1.2 years) were years with this level of disability (58%) and the remaining 0.5 years were years without this level of disability (AIHW 2006c:3).

These statistics show that, as the population ages faster in years to come, there will be an increasing number of older Australians who require assistance and support (financial, non-financial or both). Chapter 3 documents the importance of the government Age Pension as a source of income for retired persons (75% of those over the qualifying age for the Age Pension receive either the Age Pension or the similar Department of Veterans' Affairs pension). This proportion is likely to decline as personal superannuation (the compulsory Superannuation Guarantee and voluntary superannuation schemes) increases its importance as a source of retirement income. Nevertheless, the Australian Government's second (2007) Intergenerational report has projected that the Australian Government's Age Pension payments will increase from an estimated 2.5% of GDP in 2006–07 to 4.4% in 2046–47 (Australian Government 2007), and its spending on aged care services will increase from 0.8% of GDP in 2006–07 to 2.0% in 2046–47. Aged care services are jointly funded by state and territory governments as well as the Australian Government (see Chapter 7), and their contributions have not been included in these projections. In the projections on spending on aged care services, the second Intergenerational report acknowledged that trends in disability rates have an important effect on the projections but, given the lack of evidence on the nature of those trends, the disability rates were kept unchanged in their projection model.

The pressure on aged care services from an ageing population is also shown in the usage of residential aged care (both residential and community-based) as discussed in Chapter 3. The ratio of residential care places to the target population (aged 70 years or over) has increased steadily since 2002, reflecting the increase in allocation of new places after 2002. However, the increasing ageing of the older population has meant the average age of admission into residential aged care has risen. In 1988–89, 64% of admissions were aged 80 years and over; this has risen to 70% in 2005–06. Corresponding to this, the level of frailty of permanent residents has steadily increased—68% of all permanent residents in 2006 were in high care compared with 61% in 2000, and there were 23% with the highest level of dependency in 2006 compared with 14% in 2000. Community-based aged care has expanded, more rapidly than residential aged care. The use of care packages that provide care management services and are viewed as alternatives to residential aged care (Community Aged Care Packages and Extended Aged Care at Home places) has increased even faster, by 48% from 2001 to 2006. However, there is still evidence of a degree of unmet demand for community care, particularly home maintenance, household chores, transport, and cognitive or emotional tasks (see Table 3.22).

There is similar pressure on the provision of formal disability services. Funding under the Commonwealth State/Territory Disability Agreement (CSTDA) has increased gradually each year to $3.95 billion in 2005–06, and the number of users of disability services funded under this agreement has increased 16% over the past 2 years, to 217,000 in 2005–06 (see Chapter 4). In spite of these increases, there is still a high level of unmet demand for CSTDA. In 2005 about 29,200 Australians were estimated to have an unmet demand for such services, 82% of which related to accommodation and respite care services (AIHW 2007c). Another indication of the level of need for accommodation services for younger people with disability is the 6,500 people (aged under 65 years) who were accommodated in residential aged care homes in 2005–06 (AIHW 2007d).

Voluntary carers provide much of the care for older people and people with disability. Around 2.6 million carers in 2003 provided assistance to people with disability or older people. The imputed value of voluntary care (including child care) was $41.2 billion in 2005–06, more than twice the spending by governments on all welfare services (see Chapter 7). Given the pressure from the unmet demand for services, there is no expectation

that the role of voluntary care will diminish in the future, even with a projected increase in direct government services. There is a continuing need to recognise the stress that may come from caring, and to support informal carers, in particular carers who have a disability themselves, those who have competing demands such as workforce participation or responsibility for the care of young children, ageing parents who are caring for adult children with disabilities, and young people who are caring for family members with disability. The importance of informal care has received significant policy attention in recent years, and this is an important theme in this volume of *Australia's welfare*.

The wellbeing of Aboriginal and Torres Strait Islander peoples

This year, 2007, is the 40th anniversary of the 1967 Referendum that gave the Commonwealth the power to make laws for Aboriginal and Torres Strait Islander people and to ensure that they were counted in the population census.

To acknowledge this, this report includes in each chapter information describing the situation of Indigenous people, where possible. It is clear from these descriptions and from the biennial ABS and AIHW reports on the heath and welfare of Aboriginal and Torres Strait Islander people (ABS & AIHW 2005; ABS & AIHW 2003) that in many areas of their lives, Indigenous Australians are very much disadvantaged compared with non-Indigenous Australians.

Life expectancy at birth as estimated by the ABS is about 17 years below that of non-Indigenous people. The prevalence of obesity is much higher for Indigenous males and females at all ages, increasing the risk of obesity-related diseases. Perinatal and infant mortality is also much higher, with rates 2–3 times as high as for non-Indigenous children. Similarly, the prevalence of chronic diseases such as coronary heart disease, diabetes and kidney disease is considerably higher (ABS & AIHW 2005; ABS 2006e).

The apparent retention rate for Aboriginal and Torres Strait Islander students (40%) was just over half that of non-Indigenous students (76%) in 2006, and Indigenous students were substantially less likely than the overall population of students to meet the national benchmarks in reading, writing and numeracy. This may have contributed to the much lower labour force participation rate among the Indigenous population—59% compared with 78% for the non-Indigenous population after adjusting for age differences (see chapters 2 and 8).

The rates of Indigenous children and young people under the various forms of child protection are also considerably higher than those of other Australian children and young people (5–7 times as high) (AIHW 2007e). The rate of young Indigenous people under juvenile justice supervision is even higher, at 15 times that of non-Indigenous young people in 2005–06 (see Chapter 2).

While the disadvantages of Indigenous people are reasonably well documented, the important questions that need to be asked are whether Indigenous wellbeing has improved or is improving, and whether the gap between Indigenous and non-Indigenous Australians is narrowing. These questions cannot be answered easily because there are no time series data of sufficient quality and consistency to show real trends. However, the most recent biennial report by the ABS and AIHW (2005) on the health and welfare of Aboriginal and Torres Strait Islander people reported that there have been important improvements in some areas, although the gap has remained wide.

Education: Between 1996 and 2004 there were steady increases in primary and secondary school enrolments and in retention rates for Indigenous Australians. The proportion of Indigenous people aged 25–64 years with a non-school qualification also increased, from 20% in 1994 to 32% in 2002.

Employment: Between 1994 and 2002 the unemployment rate fell from 24% to 13%, and the proportion in mainstream employment rose from 31% to 38% among Indigenous people aged 18–64 years.

Housing: Between 1994 and 2006 there was an increase in Indigenous households (that is households with Indigenous residents) that were outright owners or mortgagees of their home—from 26% to 36% (See Chapter 5 of this report and ABS & AIHW 2005).

Health: Analysis of relatively good data from Western Australia and the Northern Territory has shown that there have been declines in Indigenous mortality in these two areas. Infant mortality in Western Australia fell from 25.0 to 16.1 deaths per 1,000 births between 1980–84 and 1998–2001 (Freemantle et al. 2006). In the Northern Territory, Indigenous mortality for those aged 5 years and over has fallen slowly over the period 1967 to 2001 and more rapidly for those under 5 years of age (CIPHER 2006). A study of Indigenous mortality from key chronic diseases in the Northern Territory suggests that from the 1990s the previous pattern of increasing rates of mortality is slowing and in some cases beginning to fall (Thomas et al. 2006).

The 2005 report on Indigenous disadvantage by the Steering Committee for the Review of Government Service Provision also reported mixed results. The report noted that many of the indicators showed little or no movement and that a large gap between Indigenous people and the rest of the population is apparent in all of the indicators, including those where there has been some improvement (SCRGSP 2005).

Some data issues

Data on Australia's wellbeing and welfare services have improved since 1993 when the first volume of *Australia's welfare* was published. National surveys, such as the large-scale ones conducted by the ABS, have covered more areas of concern than before, and some repeat surveys have resulted in time series data being available to monitor changes over time. The number and volume of data sets in each of the welfare services and assistance areas have also increased. The monitoring of performance in the delivery of services in each of the welfare areas can now be better supported by existing data. The national information infrastructure and associated committees which underpin many of these improvements in national community services and housing data are described in Appendix A: The national information infrastructure.

However, as demonstrated in the various chapters in this report, there is a great deal of interconnectedness between welfare issues and service programs. For example, interpersonal relationship problems, including domestic violence, are common factors contributing to homelessness, the need for crisis and long-term housing, and child protection. Residential aged care is affected by the provision of community care and vice versa, and they are both related to health and disability. Public housing programs as well as disability accommodation services offer housing to people with disability. A person's welfare needs are often met by services provided in more than one welfare sector, and there is an emphasis on the need to adopt a whole-of-government approach to providing welfare and health services. The understanding of cross-sectoral issues requires data

collection systems that can provide good quality and consistent information across service program boundaries as well as within one program. Linked data sets can assist person-centred policy making and service delivery.

The need for linked data sets has to be balanced against the need to protect the privacy of individuals on whom records are kept, and this is a priority of the *National community services information strategic plan 2005–2009* (AIHW 2005a). Different data collections have introduced different linkage strategies but there is a move to promote the use of a common statistical linkage key across a number of community service sectors. A common linkage key is already in use in data collections relating to the aged care sector, the disability sector, the SAAP program and juvenile justice. The same statistical linkage key is being promoted for use in other sectors such as alcohol and drug services, mental health services and child protection.

Improved statistical linkage capabilities among program-based datasets can help to reveal patterns of service use or pathways of clients through the different welfare sectors. The next volumes of *Australia's welfare* will be able to use such data to report more comprehensively on the use of welfare services over the life course of clients, and on the intersecting use of welfare services by clients, giving an increasingly person-centred, rather than program-centred, view of welfare in Australia.

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2 Children, youth and families

2.1 Introduction

Australia's children and young people are today growing up in an environment of rapid social, economic and technological change. In recognising that children are the key to Australia's future, childhood, and particularly early childhood, has become a priority for governments and non-government organisations across Australia in recent years. The idea that what happens in childhood matters to how well children fare later in life is not new. What is relatively new is that there is a growing body of evidence that points to the importance of the early years of life (including the antenatal period) in setting the foundation of adult linguistic and social competence, coping skills, intelligence, physical and mental health, and the long-term benefits that can be gained by investing in a child's early years (McCain & Mustard 1999, 2002; Shore 1997). In recent years, the focus on early childhood brain development has been complemented by an increasing interest in brain development in childhood and adolescence (Dahl 2001; Giedd 2007; Paus 2005). The discovery emerging from recent work suggests that the brain is flexible and plastic, and that different parts of the brain mature at different times in a child's life.

The key policy responses to findings from brain development research are formulated around the relationships between the risks and protective factors that children and young people (or subpopulation groups of children) experience while growing up, and their health and wellbeing outcomes later in life (FaCS 2004). The main themes for most early childhood policies and initiatives in recent years are 'early intervention' and 'prevention', recognising that 'prevention' is socially and economically more effective in the long term than 'cure'. The ability to investigate these questions is limited by access to large-scale longitudinal studies. However, a number of recent initiatives, such as Growing up in Australia: the Longitudinal Study of Australian Children, the development of the Australian Early Development Index and progress in data linkage are paving the way for future analyses and an improved evidence base.

There is a demonstrated relationship between the health and wellbeing of children and young people and the environment in which they grow up (McCain & Mustard 1999, 2002; Stanley et al. 2003). Over the last two decades there were major social and demographic shifts that have considerable impact on communities, families, children and young people. Falling birth rates, more families without children, a marginal increase in divorce rates, the growing number of one-parent families, increasing numbers of women in the workforce, and changes in the workplace are all having, and will continue to have, long-term effects on Australian children and young people. For instance, studies have shown that children and young people in one-parent families generally have fewer financial resources available to them (ABS 2005a) and are more likely to experience poorer outcomes (AIHW 2007a; Saunders & Adelman 2006). The role of grandparents in raising grandchildren and supporting families is also emerging as a critical issue. The need to support and strengthen families as a fundamental unit of society is another priority for governments.

One of the main social changes seen in the past 30 years is the introduction and expansion of quality child care services. The Australian Government first entered the child care field in 1972 with the introduction of the Child Care Act, and child care services developed slowly throughout the 1970s and early 1980s. The mid-1980s saw the onset of a rapid expansion in the provision of child care services, from 46,000 Government-funded child care places in 1983 to 168,300 in 1991, and to over 600,000 in 2006. This expansion occurred with the introduction of changes to child care policy in relation to increasing the number of approved places and containing the costs of child care to families, as well as changes in labour market participation among women with young children (AIHW 1993). Child care services are now widely recognised as being of vital importance to society as they help parents to participate in work or study, help create social networks and provide children with opportunities to develop their social and intellectual skills (AIHW 2006a). Ensuring an adequate supply of good quality, affordable child care places is one of the policy priorities for governments, as is evidenced by the policy developments announced in the 2007–08 federal Budget.

Many Australian children have access to early education through formal early learning programs before they start school. Studies have shown that preschool or pre-compulsory education offers short- , medium- and long-term benefits to children (Goodman & Sianesi 2005; Schweinhart 2004; Sylva et al. 2004). School readiness is also emerging as a critical issue as it ensures that children start school on the best possible path for later life. At present there is no comprehensive nationally comparable collection of information on the use of preschool services or school readiness in Australia; however, the Australian Early Development Index tool has the capacity to provide further information relating to school readiness. A culturally appropriate tool is also being developed to assess the main aspects of Indigenous children's development.

Proficiency in reading, writing and mathematics is essential for day-to-day living, further educational opportunities and employment prospects. One predictor of early school leaving is poor literacy and numeracy skills (House of Representatives Standing Committee on Education and Training 2002). As the number of low-skilled jobs in the employment market decreases, the importance of trade or higher education qualifications increases. Since the 1980s, young people have increasingly participated in higher education rather than progressing directly from school to work, more young people are combining study and work, and the pathways from school to full-time employment are often extended and more varied. This trend has implications for when young people move out of the parental home, set up their own household or have children.

While most children and young people in Australia are doing well, a small group, such as homeless children, children in the child protection system and young people in the juvenile justice system, are in greater need of help and support. It is fairly common for this group and their families to experience multiple aspects of disadvantage, such as unemployment, poverty, domestic violence, child abuse and neglect, and drug and alcohol abuse, concurrently (Layton 2003; Tennant et al. 2003; Vic DHS 2002). These issues have different effects to different extents for subgroups of the population, such as Aboriginal and Torres Strait Islander people, those living in regional and remote areas, and those from socioeconomically disadvantaged backgrounds. Lack of access to adequate support and lost opportunities, particularly in education, can have a cumulative effect on children and young people, and this can transcend generations. Research has shown that children from low-income backgrounds are more likely to have lower educational attainment (Duncan et al. 1998); childhood poverty is also linked with teenage pregnancies and subsequent

adult social disadvantage (Hobcraft & Kiernan 2001). However, poor outcomes are by no means universal. What makes certain children or groups of children more resilient than others is of great policy interest, and one that may be informed by longitudinal studies.

This chapter provides a contemporary profile of Australia's children, young people and families in a context of change. It captures the dynamic and diverse nature of childhood, adolescence and family life. Section 2.2 begins with a sociodemographic overview of children and young people, and presents population projections to 2026. Section 2.3 describes the characteristics of Australian families. Sections 2.4 and 2.5 examine the transitions in a young person's life, from early childhood to child care, preschool, school, higher education and finally to employment. Section 2.6 considers some of the risks associated with growing up and their outcomes—child neglect and abuse, victimisation and homelessness. As child neglect is regarded as one of the strongest predictors of later youth offending, this section also examines young people's interaction with the juvenile justice system. Section 2.7 outlines some new national data development and information activities aimed at providing a better basis for future policy and planning. The chapter concludes with a summary of the key issues discussed in this chapter.

Broad policy framework for children, young people and families

At the national level, the most important policies for early childhood and family support in the past few years have been the development of the National Agenda for Early Childhood, the Council of Australian Government's (COAG) new National Reform Agenda on Human Capital, and the Stronger Families and Communities Strategy (2004–2009) (see Box 2.1).

Most states and territories have also developed their own child and family support policies (see Box 2.2). In addition, the Australian Government and most states and territories also have specific policies for young people (see Box 2.2). The common issues for young people across most policy initiatives are physical and emotional wellbeing (including safety), access to and participation in education and employment, engagement with the community and support for young people to achieve their full potential. Nationally, the Australian Government has published *Living choices*, a comprehensive guide to policies and programs related to the needs of young people (FaCS 2003). In 2002, representatives from the Australian and state and territory governments signed a declaration called *Stepping forward: improving pathways for all young people* that commits all jurisdictions to develop practical ways to increase the social, educational and employment outcomes of Australia's young people (MCEETYA 2002).

Other recent Australian Government initiatives of particular relevance to children, young people and families include Welfare to Work, which is designed to support and assist income support recipients to move off welfare and into paid employment. Initial research has suggested that Welfare to Work reforms may increase economic hardships for some families (ACOSS 2006; NATSEM 2005).

Another initiative is the 30% Child Care Tax Rebate designed to provide further support to parents with the cost of child care (ATO 2006; Australian Government 2006). This policy area was further strengthened in the 2007–08 federal Budget.

Box 2.1: Recent policy initiatives for early childhood and family support

- In September 2001, the Australian Government established a Task Force on Child Development, Health and Well-being to develop a whole-of-government approach to the early years of life. A major responsibility of the task force was to lead the development of a **National Agenda for Early Childhood**. The National Agenda focuses on four key action areas: healthy families with young children; early learning and care; supporting families and parenting; and creating child-friendly communities. The Australian Government endorsed the National Agenda in December 2005 (FaCSIA 2007a).
- In February 2006, COAG agreed on a new **National Reform Agenda**, encompassing human capital, competition and regulatory reforms, aimed to lift the nation's productivity and workforce participation over the next decade in the face of Australia's ageing population. As a first step of human capital reforms, COAG has agreed that work will be undertaken in four initial priority areas, namely:
  - early childhood, with the aim of supporting families in improving childhood development outcomes in the first 5 years of a child's life, up to and including school entry
  - literacy and numeracy, with the aim of improving student outcomes on literacy and numeracy
  - child care, with the aim of encouraging and supporting workforce participation of parents with dependent children
  - diabetes, with the aim of improving health outcomes, focusing initially on diabetes and building on the national Chronic Disease Strategy and the Australian Better Health Initiative (COAG 2006a, 2006b).
- The **Stronger Families and Communities Strategy** (introduced in 2000 and renewed for 2004–2009) provides a framework for the Australian Government to support children, strengthen families and contribute to community capacity building. The renewed strategy has four streams:
  - Communities for Children
  - Early Childhood—Invest to Grow
  - Local Answers
  - Choice and Flexibility in Child Care (FaCSIA 2007b).

Box 2.2: States and territories' policies for children, young people and families

The state and territory governments' policies for children and families include Families First Strategy (DoCS 2007a); Putting Families First (Queensland Government 2001); Early Years Strategy (WA DCD 2004); Our Kids Strategic Policy Framework (2002) and Our Kids Action Plan (2004–2007) (Tas DHHS 2003); ACT Children's Plan 2004–2014 (ACT DHCS 2004). In Victoria, children and family support policies are embedded in the following policies and legislation: Growing Victoria Together: A Vision for Victoria to 2010 and Beyond; A Fairer Victoria; the *Children, Youth and Families Act 2005* and the *Child Wellbeing and Safety*

Act 2005 (Children's Court of Victoria 2007; Victorian Department of Premier and Cabinet 2005; Victorian Government 2007). South Australia's Strategic Plan aims to improve and monitor the wellbeing and prosperity of South Australians (Government of South Australia 2007).

States' and territories' policy plans specifically for young people include: NSW Youth Action Plan (DoCS 2007b); Future Directions (Department for Victorian Communities 2006); Youth Action Plan 2005–2010 (Office for Youth 2006); Building a Better Future for Young Territorians (NT Office of Youth Affairs 2004); ACT Young People's Plan 2004–2008 (OCYFS 2004). Queensland has an Office for Youth; Western Australia, an Office for Children and Youth; Victoria, an Office for Children; and Tasmania, an Office for Children and Youth Affairs, to help advise, develop and coordinate policies, programs and services for young people in their states.

2.2 Australia's children and young people

This section describes Australia's child and youth population, in terms of its size, composition and growth as well as its regional distribution and cultural diversity. It provides a context for exploring many issues affecting the wellbeing of children and young people. Understanding the size and composition of this population group, including changing demographic trends, contributes to good policy decisions about the services required by children and young people, including schools, child care, and health and welfare services. In addition, parents' demographic and socioeconomic characteristics affect the health and wellbeing of children.

There are a number of ways to define children and young people, depending on particular data collections or legal requirements. Most commonly, children are persons aged 0–14 years and young people are those aged 15–24 years. These are the age groups generally used throughout this chapter; however, this does vary depending on the topic under discussion and constraints imposed by the data source.

Population structure and change

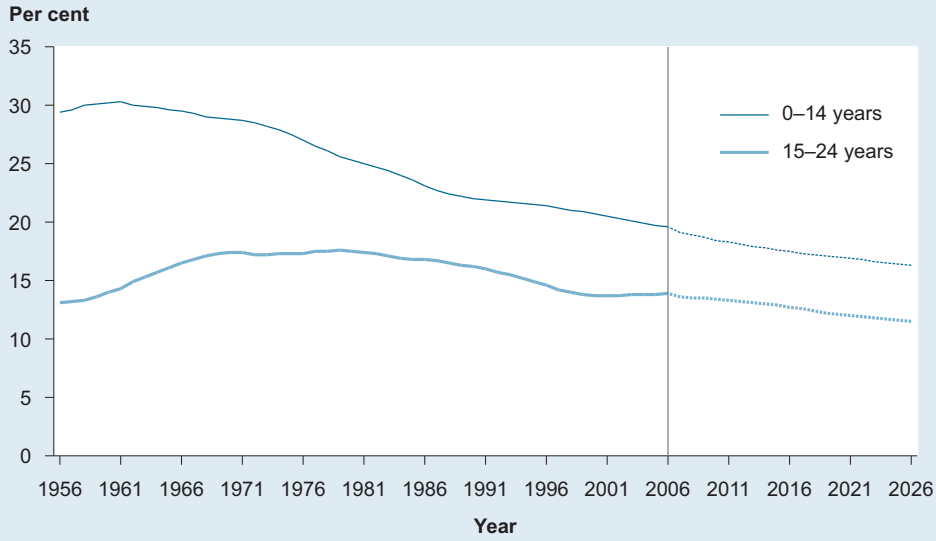
According to the 2006 Census of Population and Housing, there were approximately 4 million children aged 0–14 years and 2.9 million young people aged 15–24 years living in Australia, representing 20% and 14% of the total Australian population respectively (Table 2.1). When combined, children and young people (0–24 year olds) accounted for one-third of the Australian population, or 6.9 million people. The number of males in the child and youth population aged 0–24 years was slightly higher than the number of females (3.6 million males compared with 3.4 million females). This is a reflection of more males being born than females (106 males born per 100 females in 2005) (ABS 2006a). This pattern differed for older age groups, with the ratio of males to females similar for 30–69 year olds, but for those aged 70 years or over the ratio of females to males was substantially higher in 2005 (132 females per 100 males), reflecting the higher life expectancy of females compared with males (ABS 2006b).

Table 2.1: Persons aged 0–24 years, 30 June 2006

	Males		Females		Persons	
Age (years)	**Number**	**Per cent**	**Number**	**Per cent**	**Number**	**Per cent**
0–4	672,183	6.5	636,468	6.1	1,308,651	6.3
5–9	687,357	6.7	653,422	6.3	1,340,779	6.5
10–14	719,258	7.0	681,455	6.5	1,400,713	6.8
0–14	2,078,798	20.2	1,971,345	18.9	4,050,143	19.6
15–19	726,266	7.1	688,400	6.6	1,414,666	6.8
20–24	747,927	7.3	721,505	6.9	1,469,432	7.1
15–24	1,474,193	14.3	1,409,905	13.5	2,884,098	13.9
Total (0–24)	**3,552,991**	**34.5**	**3,381,250**	**32.5**	**6,934,241**	**33.5**
Total population	**10,290,338**	**100.0**	**10,411,150**	**100.0**	**20,701,488**	**100.0**

Source: ABS 2007a.

Australia's population, like that of most developed countries, is ageing as a result of sustained low fertility and increases in life expectancy (see Section 2.3 and AIHW 2005a for further details on fertility patterns). As a result of these trends the proportion of children aged under 15 years in the population has fallen over the last four decades. According to Australian Bureau of Statistics (ABS) population projections, this downward trend is likely to continue over the next 20 years. From a peak of 30% in 1961, the proportion fell to 20% in 2006 and is projected to fall to 16% by 2026 (Figure 2.1). While the proportion of children in the population has been declining since the 1960s, the number of children



Note: Population projections (2007 onwards) are based on ABS Projection Series B. See ABS 2006c for the assumptions on which Projection Series B is based.

Sources: ABS 2006c, 2006d, 2007a.

Figure 2.1: Children and young people as a proportion of the total Australian population, 1956 to 2026

has increased from 3.2 million in the early 1960s to just over 4 million in 2006, with the number of children in 2026 expected to be similar to that in 2006 (4.1 million). A similar declining pattern has been observed for young people, although not to the same magnitude as for children. After reaching a low of 13% in the mid-1950s, reflecting the low levels of fertility during the Great Depression of the mid-1930s, the proportion of young people in the population reached a peak of 18% in 1979, and has since fallen to 14% in 2006 and is projected to fall to 11% in 2026. The number of young people has increased from 2.5 million in the late 1970s to 2.9 million in 2006, but is projected to be much the same in 2026 as in 2006 (2.9 million). Changes in the fertility rate over the last decade are likely to affect these projections.

Before 1998 the total fertility rate in Australia had been declining. However, between 1998 and 2004 the fertility rate remained relatively constant at between 1.75 and 1.77 births per woman, with the exception of 2001 when it was 1.73. In 2005, the fertility rate was 1.81 births per woman, indicating that the fertility rate has stabilised and may even be rising. The recognition that fertility rates have apparently stabilised is relatively recent. It is important to note that the demographic projections used in this chapter assume that the total fertility rate will decrease to 1.70 births per woman by 2018 and then remain constant. Therefore, based on the current fertility rate, many of the projected numbers may underestimate the proportion of children and young people in Australia in the 2020s and beyond.

Geographical distribution of children and young people

In 2006, one-third of Australian children and young people lived in New South Wales, one-quarter in Victoria and one-fifth in Queensland (Table 2.2). While only 1% of children and young people lived in the Northern Territory, they accounted for 40% of the territory's total population. The relatively high proportion of children and young people in the Territory's population is partly explained by the younger age profile of the Indigenous population, which makes up over half of the population in the Northern Territory.

Table 2.2: Distribution of children and young people across the states and territories, June 2006

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia[a]
					Number				
0–14 years	1,332,808	974,172	834,591	410,008	287,383	96,515	62,569	51,540	4,050,143
15–24 years	928,174	716,649	578,170	295,908	213,175	64,990	54,194	32,545	2,884,098
0–24 years	2,260,982	1,690,821	1,412,761	705,916	500,558	161,505	116,763	84,085	6,934,241
Total population	*6,817,182*	*5,128,310*	*4,091,546*	*2,059,045*	*1,568,204*	*489,922*	*334,225*	*210,673*	*20,701,488*
					Proportion of state or territory population[b] (per cent)				
0–14 years	19.6	19.0	20.4	19.9	18.3	19.7	18.7	24.5	19.6
15–24 years	13.6	14.0	14.1	14.4	13.6	13.3	16.2	15.4	13.9
0–24 years	*33.2*	*33.0*	*34.5*	*34.3*	*31.9*	*33.0*	*34.9*	*39.9*	*33.5*
					Proportion of Australian population 0–24 years[c] (per cent)				
0–24 years	32.6	24.4	20.4	10.2	7.2	2.3	1.7	1.2	100.0

(a) Includes 'Other Territories' comprising Jervis Bay Territory, Christmas Island and the Cocos (Keeling) Islands.

(b) The denominator is the relevant total state/territory population.

(c) The denominator is the total Australian population aged 0–24 years.

Source: ABS 2007a.

The geographic distribution of children and young people was similar to that of all Australians in 2005. Around two-thirds of Australian children and young people lived in Major Cities and around one-third lived in Inner and Outer Regional areas (Table 2.3). Those living in Remote or Very Remote areas accounted for around 3% of the child and youth population. Young people aged 15–24 years were slightly more likely to live in Major Cities than children (69% compared with 64%), and were slightly less likely to live in regional areas and Remote or Very Remote areas. Of all children and young people living in Very Remote areas, the great majority lived in the Northern Territory (33%), Queensland (29%) and Western Australia (26%).

Table 2.3: Distribution of children and young people aged 0–24 years across remoteness areas, June 2005 (per cent)

Remoteness category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Major Cities	71.6	73.0	52.5	70.0	71.2	. .	99.8	. .	65.8
Inner Regional	20.8	22.0	25.8	13.3	13.1	64.8	0.2	. .	21.2
Outer Regional	6.9	4.9	17.8	9.3	11.6	33.2	. .	50.5	10.2
Remote	0.6	0.1	2.5	4.6	3.1	1.6	. .	20.7	1.7
Very Remote	0.1	. .	1.5	2.8	1.0	0.4	. .	28.8	1.1
Total (per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total (number)	**2,228,348**	**1,645,382**	**1,372,409**	**686,603**	**490,504**	**161,532**	**114,173**	**81,728**	**6,781,802**

Source: AIHW, derived from ABS Statistical Local Area population estimates.

Indigenous children and young people

In 2001, there were approximately 262,700 Aboriginal and Torres Strait Islander children and young people (178,700 Indigenous children and 84,000 Indigenous young people), accounting for 4.5% of all children and 3.2% of all young people in Australia. This number is projected to have grown to approximately 289,600 by mid-2007 (AIHW & ABS 2006).

The Indigenous population has a much younger age structure than the non-Indigenous population. In 2001, children made up 39% of Indigenous Australians, compared with 20% of non-Indigenous Australians (Figure 2.2). This reflects the relatively high fertility rate among Aboriginal and Torres Strait Islander women compared with non-Indigenous women (2.06 births compared with 1.81 births per 1,000 women in 2005) and higher death rates, particularly in the mid-adult and older age groups, among the Indigenous population. Similarly, young Indigenous people accounted for a higher proportion of the Indigenous population than non-Indigenous young Australians (18% compared with 14%, respectively); however, these differences were not as marked as for children.

Cultural and linguistic diversity

With almost one-quarter (24%) of the population born overseas, Australia is one of the most culturally diverse countries in the world. The proportions of children (6%) and young people (16%) born overseas are considerably lower than for the population aged 25 years and over (31%) in 2006 (ABS 2007b). However, children born in Australia to overseas-born parents are not included in these figures.

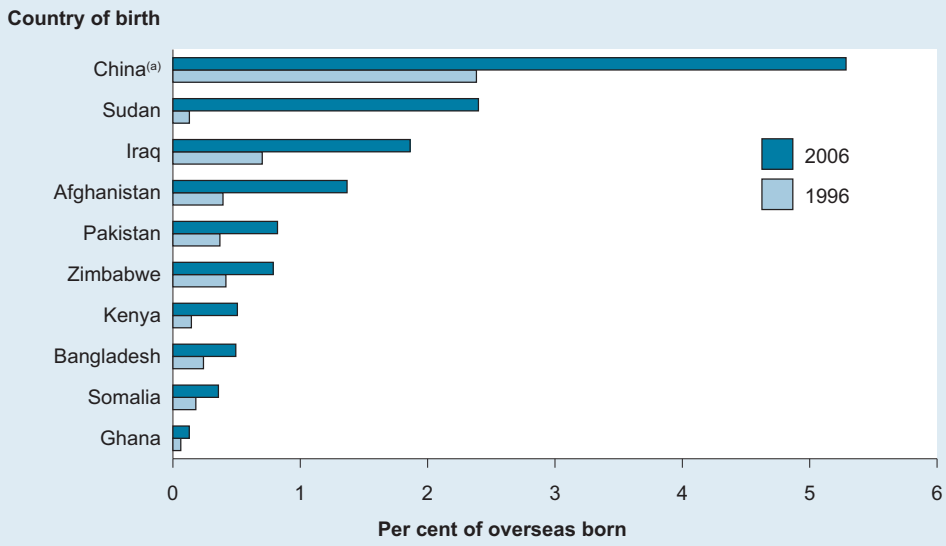
Source: Table A2.1.

Figure 2.2: Age and sex distribution of Indigenous Australian and non-Indigenous Australian populations, 2001

Most children and young people were born in Australia (90%, 6.2 million as at 30 June 2006), 6% were originally from mainly non-English-speaking countries (429,000) and 4% were from mainly English-speaking countries (248,600). Of the 677,600 children and young people (222,200 children and 455,400 young people) born overseas, the largest groups were born in New Zealand (17%) and the United Kingdom (12%).

The birthplaces of those born in mainly non-English-speaking countries were somewhat more diverse for young people than for children, due, at least in part, to overseas students living in Australia long term. Of children born in non-English-speaking countries, the largest groups were from India (9.0%), the Philippines (6.6%), China (excluding Special Administrative Regions (SARs) and Taiwan Province) (6.2%), Sudan (4.7%), Singapore (4.2%), Malaysia (3.7%) and Republic of South Korea (3.5%) in 2006. For young people from non-English-speaking countries, the largest groups were those born in China (excluding SARs and Taiwan Province) (9.3%), Philippines (6.8%), India (5.2%), Viet Nam (4.9%), Hong Kong (SAR of China) (4.5%), Malaysia (4.3%) and Indonesia (4.0%).

Over the last decade there has been a substantial increase in the proportion of Australian children and young people born in Sudan, from 0.1% of overseas born children and young people in 1996 to 2.4% in 2006 (Figure 2.3). There have also been considerable increases in the proportions of children and young people born in Kenya and Afghanistan (more than threefold increase), and those born in Iraq (almost threefold increase) over the same period. These changes in migration trends have implications for the provision of culturally sensitive and accessible health and welfare services, particularly for those from mainly non-English-speaking countries.



(a) Excluding SARs and Taiwan Province.

Source: Table A2.2.

Figure 2.3: Countries of origin with the greatest increase in the proportion of overseas-born 0–24 year olds, 1996 and 2006

2.3 Australian families

Families continue to be the cornerstone of Australian society as they provide the environment in which children are cared for and young people are supported as they grow up. Research has shown that children who were brought up in stimulating and nurturing environments have better outcomes throughout their lives (McCain & Mustard 2002; Zubrick et al. 2000). In contrast, a low level of family cohesion is thought to be a risk factor during childhood and adolescent development, and has been associated with mental health problems, suicide and substance abuse (Sawyer et al. 2000; Silburn et al. 1996; Toumbourou & Gregg 2001). Many of the social, economic and technological changes occurring in society have direct effects on families. With changing social attitudes towards marriage and fertility choices, Australian families have changed markedly over the last 30 years (ABS 2003a). Children today grow up in a wider variety of family types, and young people often delay forming families until they are in their late 20s or early 30s. This section looks at the major trends for families in relation to family formation and composition, living arrangements, employment patterns, income and financial assistance from the government.

Family formation and dissolution

Fewer Australians are entering a registered marriage, and those who do tend to marry at an older age. Over the past 20 years the crude marriage rate in Australia has been declining—in 2005 it was 5.4 per 1,000 population, compared with 7.3 per 1,000 population in 1985 (Table 2.4). Furthermore, between 1981 and 2001 there was a decline in first marriage rates for every age group (Table A2.3). The median age of both men and women at first marriage also increased by approximately 5 years between 1985 and 2005—from 25.4 years to 30.0 years for men, and from 23.2 years to 28.0 years for women (Table 2.4).

Cohabitation before marriage has become increasingly common, with the proportion of couples living together before marriage increasing from 29% to 76%, between 1980 and 2005 (ABS 2001, 2006e). The 2006 Population Census showed that 15% of people living as partners in couple relationships were de facto married, an increase from 8% in 1991 (ABS 2006f, 2007c). The 2001 Population Census found that most people who are de facto married had never been in a registered marriage (68%) and 28% were either separated or divorced (ABS 2006f).

While there has been a marginal increase in divorce rates (from 11.9 to 13.1 per 1,000 married males or females between 1981 and 2001), the proportion of divorces involving children under 18 years has decreased (from 61% to 51% between 1981 and 2001) (ABS 2002a). Family dissolution can also occur in de facto marriages—the Household, Income and Labour Dynamics in Australia (HILDA) Survey estimated that, of people in de facto relationships in 2001, 10% were no longer in those relationships in 2003 (Headey et al. 2006).

Compared with the early 1960s, a smaller proportion of Australian women are having children, and those who do have children are having fewer babies. This resulted in a steady decline in Australia's total fertility rate, from 3.55 births per woman in 1961 to a record low of 1.73 in 2001 (ABS 2006a). However, this trend appears to have turned, as the total fertility rate has since increased to 1.81 births per woman in 2005. Data from future years will need to be monitored to see if this trend toward increasing fertility continues. In addition, the median age of mothers at birth has consistently increased over the past 20 years, from 27.3 years in 1985 to 30.7 years in 2005, the highest median age on record (Table 2.4).

The proportion of children born outside registered marriage has doubled in the past 20 years—from 16% in 1985 to 32% in 2005. Despite this, the proportion of all births where the father has not acknowledged the birth has decreased slightly over this period (Table 2.4). Children born outside registered marriage include those born in de facto marriages, as well as those born to single mothers; however, the national birth registrations data collated by the ABS do not distinguish between these categories (ABS 2006a). Estimates from the HILDA Survey indicate that, of children born in 2001, 11% were born to lone mothers and 18% were born to de facto couples (de Vaus 2005).

Table 2.4: Selected marriage and birth indicators, selected years

	1985	1995	2000	2005
Marriages				
Crude marriage rate (per 1,000 population)	7.3	6.1	5.9	5.4
Median age at first marriage—males (years)	25.4	27.3	28.5	30.0
Median age at first marriage—females (years)	23.2	25.3	26.7	28.0
Births				
Total fertility rate (births per woman)	1.92	1.82	1.76	1.81
Median age of mother (years)	27.3	29.1	29.8	30.7
Children born outside registered marriage (per cent)	15.5	26.6	29.2	32.2
Births where paternity is not acknowledged[(a)] (per cent)	4.9	4.4	3.5	3.2

(a) Births where the father has not signed the birth registration form.

Sources: ABS 2006a, 2006e.

In line with these trends in family formation and dissolution, there have been corresponding changes over the past decade in the types of families in Australia. Between 1996 and 2006, the proportion of couple families with co-resident children has declined, while the proportions of one-parent families and couples without children (including couples who have no children and those whose children have left home) have increased (see Table 8.24 in Chapter 8).

Families with children

The ABS categorises families with children into two broad groups: *couple families*, which include intact, step and blended families (refer to the Glossary for definitions); and *one-parent families*. Families with children are not static, however, and may experience family breakdown and change. For example, a family type that begins as an intact couple family may become a one-parent family or, indeed, two one-parent families where care is shared, following relationship breakdown. A lone parent may choose to re-partner, thus forming a step family. When children are born to the new couple relationship, a blended family is formed (ABS 2004a). Although the composition and structure of families are clearly not static, the national ABS survey data capture these characteristics at one point in time. The longitudinal perspective is important in understanding Australian families—for example, findings from the HILDA Survey indicate that, among a cohort of 18 year olds, although only 5% were born to a lone mother, around 27% had lived in lone-mother families at some point in their lives (de Vaus & Gray 2003).

Data for this section were drawn from the ABS 2003 Family Characteristics Survey, as detailed 2006 Census data were not available at the time of writing. According to the Family Characteristics Survey, there were an estimated 2.5 million families with co-resident children aged 0–17 years in 2003, a 6% increase from 1992 (Table 2.5). In 2003, the majority of families were intact families (71%, down from 76% in 1992), and around

Table 2.5: Types of families with children aged 0–17 years, 1992, 1997 and 2003

	1992		1997		2003	
	Number of families	Per cent	Number of families	Per cent	Number of families	Per cent
Couple families						
Intact	1,815,200	76.3	1,741,100	72.1	1,775,500	70.7
Step	84,300	3.5	88,900	3.7	98,600	3.9
Blended	68,100	2.9	75,300	3.1	78,100	3.1
Other[(a)]	7,100	0.3	6,000	0.2	14,900	0.6
Total	*1,974,700*	*83.0*	*1,911,300*	*79.2*	*1,967,100*	*78.4*
One-parent families						
Lone mother	349,600	14.7	437,700	18.1	466,400	18.6
Lone father	53,400	2.2	65,200	2.7	76,100	3.0
Total	*403,000*	*16.9*	*502,900*	*20.8*	*542,600*	*21.6*
Total families with children	**2,377,800**	**100.0**	**2,414,300**	**100.0**	**2,509,600**	**100.0**

(a) Includes 'other' couple families which are not classified as intact, step or blended, for example, grandparent couple families or families with only foster children.

Note: Numbers may not add to totals due to rounding.

Source: ABS 2004a:29.

one in five were one-parent families (22%, an increase from 17% in 1992). The growth in lone-mother families from 15% to 19% accounts for most of the increase in one-parent families. The numbers and proportions of step and blended families have also slightly increased over this period. In 2003, couples in both step (56%) and blended families (39%) were more likely than those in intact families (8%) to be in a de facto marriage (ABS 2004a).

Grandparents and families

Grandparent families are those in which grandparents are raising their grandchildren. Typically, grandparents take on the role of primary carers of their grandchildren because parents are no longer able to fulfil their parental responsibilities. The reasons for this often include parental substance abuse, the death of one or both parents, a parent's mental or physical illness, or the child's need for a more protective environment (COTA National Seniors 2003). While some are a type of formal kinship care arrangement (see 'home-based care' in the Glossary), grandparent families can also result from informal arrangements.

In 2003, there were 22,500 grandparent families raising 31,100 children aged 17 years or under (Table 2.6). These families represent around 1% of all families with children. In most grandparent families (73%), the youngest child was aged between 5 and 14 years, and in a further 15% of families, the youngest child was aged 0–4 years. Around one in ten (11%) families had three or more children in their care (ABS 2005b). Almost half of all grandparent families (47%) were lone grandparent families, and for 61% the younger partner or lone grandparent was aged 55 years or older (ABS 2004a, 2005b). Reflecting the age of grandparents, in two-thirds of grandparent families (66%) there was no grandparent employed (Table 2.6). In keeping with this, almost two-thirds (62%) of grandparent families relied on a government pension, benefit or allowance as their main source of income (ABS 2004a).

Table 2.6: Grandparent families caring for children aged 0–17 years, 2003

	Grandparent families		Children in grandparent families	
	Number	Per cent	Number	Per cent
Age of youngest child (years)				
0–4	*3,300	*14.8	*6,800	*21.9
5–11	8,400	37.4	11,500	36.8
12–14	8,000	35.8	9,800	31.5
15–17	*2,700	*12.1	*3,000	*9.7
Total	*22,500*	*100.0*	*31,100*	*100.0*
Labour force status				
One or both grandparents employed	7,600	33.8	10,100	32.5
No grandparent employed	14,900	66.2	21,000	67.5

Note: Numbers may not add to totals due to rounding.

Source: ABS 2004a:40.

While grandparents were the sole guardian of children aged under 18 years in less than 1% of all families in 2003 (ABS 2004a), it is slightly more common for children to live in a household where grandparents reside. In 2001, around 2% of families with children (of any age) also had a grandparent living in the household (ABS 2003a).

Grandparents are also the largest providers of informal child care, providing informal care to 20% of all children aged 0–12 years (661,200 children) in 2005, a similar proportion to previous years, according to the ABS Child Care surveys. They provided an average of 12.4 hours of care per week per child and almost all grandparents (97%) did this at no cost to the parents. Over half of parents used this type of care for work-related reasons (52%), with a further 36% citing personal reasons such as study, shopping, appointments and social activities (ABS 2006g).

Families with adopted children

Adoption is one of a range of options used to provide care for children who cannot live with their birth families. In Australia, each state and territory has responsibility for all aspects of adoption within its jurisdiction; however, the process is relatively similar across the jurisdictions. The data reported here were provided to the Australian Institute of Health and Welfare (AIHW) by the state and territory community services departments (see the 'Adoptions Australia' series published by the AIHW).

Trends in adoptions

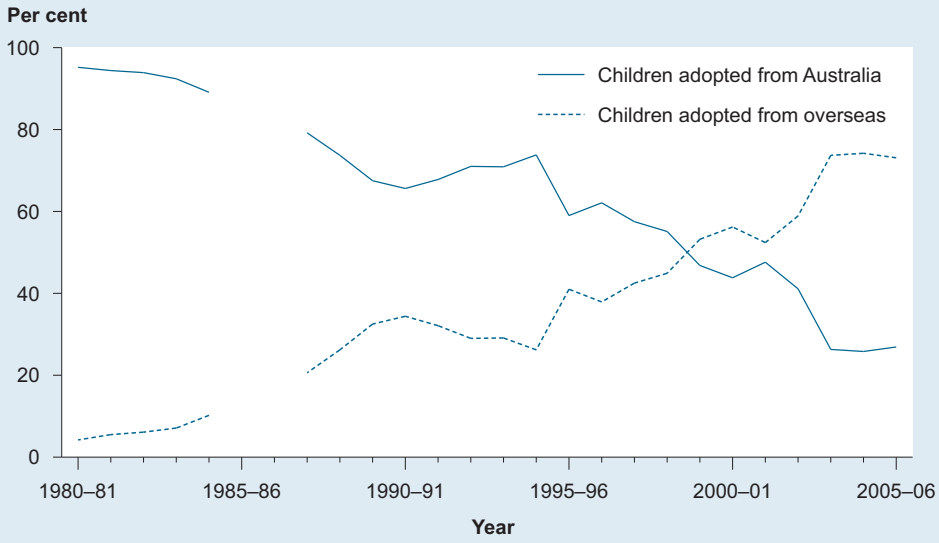
Since the 1970s, there has been a dramatic decline in the number of adoptions in Australia—from almost 10,000 in 1971–72 to 576 in 2005–06. This coincides with declining fertility rates and increasing social acceptance of raising children outside registered marriage (ABS 2006a). Since the mid-1990s, the number of adoptions has remained relatively stable. Of the 576 adoptions in 2005–06, 421 (73%) involved a child from another country (an intercountry adoption), 60 (10%) were local and 95 (16%) were 'known' child adoptions (AIHW 2006b) (refer to the Glossary for definitions).

The overall decline in the last 25 years can be attributed to the fall in the number of adoptions of Australian children (including local and 'known' child adoptions)—a decline from 2,872 to 155 adoptions between 1980–81 and 2005–06. However, over this period, the number of children adopted from overseas (that is, intercountry adoptions) has experienced a threefold increase, from 127 to 421 adoptions. Intercountry adoption has also clearly emerged as the dominant category of adoptions in recent years—in 2005–06, intercountry adoptions represented 73% of all adoptions, compared with 4% of adoptions in 1980–81 (Figure 2.4).

Similar trends in adoptions have also been found in other developed countries for which data are readily available. As in Australia, the total number of adoptions has also been falling over the last two decades in New Zealand, England and Wales, and Scotland. Furthermore, the number and proportion of intercountry adoptions has also been increasing in the United States, Ireland and Norway (AIHW 2006b).

Characteristics of adopted children and their families

Of all adoptions in 2005–06, the majority of adopted children were aged under 5 years (76%), with more than half of these aged less than 1 year. More females than males were adopted (55% compared with 45%).



Notes

1. National data were not collected in 1985–86 and 1986–87.
2. Data on adoptions by step parents for New South Wales were not included from 1987–88 to 1993–94.

Source: Table A2.4.

Figure 2.4: Adoptions in Australia, by type of adoption, 1980–81 to 2005–06

In 2005–06, nearly all children in local and intercountry adoptions were adopted by registered married couples (96%), around half (53%) were adopted into families with no other children, and 56% had adoptive parents aged 40 years and over. Almost three in every four 'known' child adoptions were by step parents (73%), with a further 22% by carers.

Of the total number of overseas children adopted since 1993–94, 28% have come from South Korea, 12% from China, and a further 11% each from Ethiopia and India. When children migrate to another country, there are a variety of social and cultural factors that influence their adaptation. Many of the adopted children from overseas have spent time in institutional environments, such as orphanages, in their country of origin. In addition to adjusting to new family environments, adoptive parents must facilitate the children's adjustment to a new cultural environment with different language, food and customs that may have previously been unknown (Linville & Lyness 2007; McGuinness 2000; Meese 2005).

Living arrangements of children and young people

Most children and young people live in the family home. However, around one in seven (14%) young people aged 15–24 years lived in other accommodation in 2003. Of these, 65% lived in group households, 22% lived alone and 13% lived with other families (ABS 2004a:20).

Overall, the number of children aged under 15 years living in the family home increased slightly from 3.8 million children to 3.9 million between 1992 and 2003 (Table 2.7).

However, while the number of children in couple families actually fell by 4% over this period, the number of children living in one-parent families increased by 39% (Table A2.5). During this time, the number of dependent students aged 15–24 years living at home increased by 14% to just over one million. In contrast, there was a 10% decrease in the number of non-dependent young people aged 15–24 years living at home—the decrease was greater among those living in couple families (12% decrease) than those in one-parent families (2% decrease).

Despite these trends in the numbers of children and young people living in the family home, the proportions have remained fairly steady. In 2003, children aged under 15 years represented almost two-thirds (62%) of all children and young people living at home, while dependent students and non-dependent 15–24 year olds represented 17% and 13% respectively—differences of no more than 2 percentage points from 1992 (Table 2.7).

Table 2.7: Children and young people living with their parents, 1992 and 2003

	1992		2003		Change in number (per cent)
	Number	Per cent	Number	Per cent	
Dependent children aged 0–14 years	3,805,000	63.8	3,889,500	62.3	2.2
Dependent student aged 15–24 years[(a)]	913,100	15.3	1,037,100	16.6	13.6
Non-dependents aged 15–24 years	864,900	14.5	779,700	12.5	–9.9
Non-dependents aged 25 years or over	381,500	6.4	538,400	8.6	41.1
Total	**5,964,500**	**100.0**	**6,244,700**	**100.0**	**4.7**

(a) Only includes full-time students.

Note: Detailed 2006 Census data were not available for inclusion in this report, so the ABS Family Characteristics Survey has been used as the most recent data source.

Source: Table A2.5.

Recent years have seen an increase in the number and proportion of adult children remaining in the parental home. In 2003, there were 538,400 non-dependent adult children aged 25 years or over living with their parent(s), a 41% increase from 381,500 in 1992. One-parent families were more than twice as likely to have adult children living with them than couple families (15% compared with 7% in 2003). The largest increase occurred among lone-father families—the proportion of adult children aged 25 years or over who were living with lone fathers almost doubled during this period (from 14% to 20%, see Table A2.5).

Leaving the parental home is part of the transition to adulthood, and is closely associated with marriage, employment and education (Hartley 1993; Jordyn & Byrd 2003). Changing social trends towards staying in education for longer, delayed marriage and parenthood, and the rising cost of housing may partly explain the increase in the number of adult children living with their parents.

This type of living arrangement has implications for parental resources and family dynamics, including adjustments to retirement plans (Hartley 1993). Changes in the relationship between parents and children that generally occur during the transition from adolescence to adulthood (in relation to issues such as parental support, guidance and control) may be more difficult to achieve, with increased risk of conflicts. On the positive side, however, this type of living arrangement can provide mutual support, company and security (Hartley 1993; Setterste 1998).

Non-resident parents

One of the consequences of family breakdown, whether through a de facto partnership ending or through separation and divorce, is that the children involved no longer live full time with both their natural parents, that is, they may live full time with just one of their natural parents or they may spend some time living with each parent in a shared care arrangement. In 2003, almost one-quarter (23%) of all children aged 0–17 years who lived at home had a parent living elsewhere (1.1 million children). The majority of these children lived with their mother (84%). Half of these children saw their other parent at least once per fortnight (50%), while 31% saw their other parent rarely (once a year, or less often) or never. Around 50% of children had overnight stays with their non-resident parent; however, only 12% stayed overnight for the equivalent of 3 or more nights per fortnight. Many non-resident parents had formed new relationships (42%), while 28% lived alone (ABS 2004a).

Child support

Non-resident parents are required to make a financial contribution towards the cost of raising their children through child support payments (see Box 2.3), and they may also provide other forms of informal support.

Of all cases registered with the Child Support Agency at 30 June 2006, there were around 722,100 parents responsible for providing child support for over 1.1 million children. Around 61% of cases involved only one child, with a further 29% of cases involving two children. Most child support payers were male (88%), and around 8% had subsequent families with dependent children for whom they were a major or principal provider of care (CSA 2006).

In June 2006, the average child support payable (per case) was just under $3,900 per year. However, less than two in five cases (37%) had a payable amount of more than $4,000 per year. In 36% of cases, only the minimum annual payment was required—$260 per year. The low levels of child support paid reflect the low incomes of child support payers—the median annual income of payers was only $23,981. However, this was almost twice the median income of child support recipients ($12,231) (CSA 2006).

Box 2.3: Child support

Through the Child Support Scheme, non-resident parents are required to make a financial contribution towards the cost of supporting their children aged under 18 years. The Child Support Scheme is administered by the Child Support Agency, which is part of the Australian Government Department of Human Services. Following a substantial review (MTCS 2005), changes to the Child Support Scheme are being implemented in a three-stage approach between 2006 and 2008.

Child support assessments are based on each parent's income, the number of children and the level of care provided by each parent. Under current changes being made to the Child Support Scheme by the Australian Government, a new formula for calculating child support will be introduced on 1 July 2008.

Parents can make their child support payments in three ways: an entirely private arrangement between the parents, registration with the Child Support Agency but with payment made directly between the parents, or registration and collection by the Child Support Agency.

Source: FaCSIA 2007c.

According to the ABS 2006 General Social Survey, parents with children aged 0–17 years living elsewhere also commonly provided informal financial support—for example, providing or paying for clothing (46%), providing an allowance or pocket money (39%) and paying for education costs (32%) (Table A2.6). Driving the children places was also a common form of support provided by non-resident parents (41%).

Young people as carers

The majority of care discussed in this chapter focuses on care provided for children and young people. However, a considerable number of children and young people also provide informal care to parents, relatives or other people with disability or long-term health condition (see the Glossary for a definition of 'informal care'). Taking on a caring role may be rewarding; however, it can also significantly affect the life of a child or young person. Carers aged under 25 years may have a restricted social life, lower educational achievement, reduced education and employment potential, and increased stress compared with other children and young people, due to their caring responsibilities (Gays 2000; Mukherjee et al. 2002).

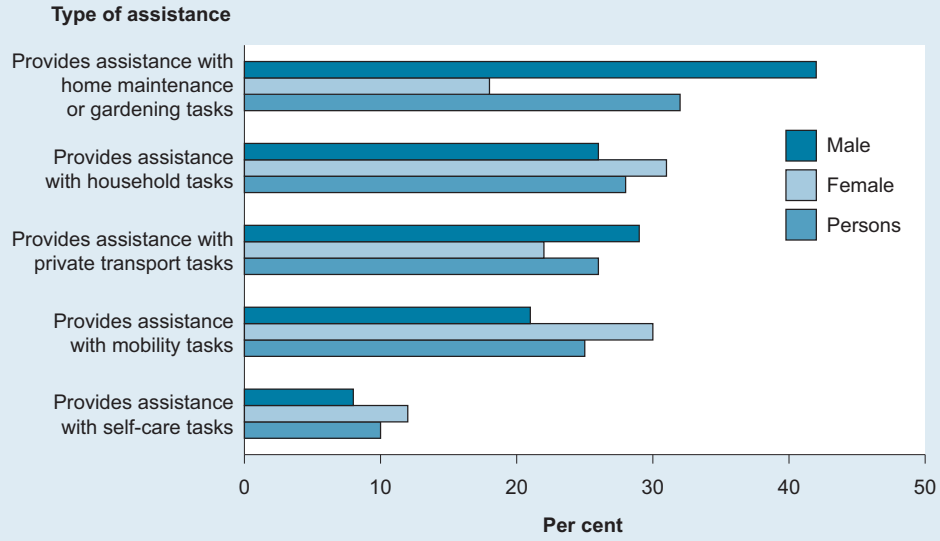
According to the ABS 2003 Survey of Disability, Ageing and Carers, approximately 300,900 people aged under 25 years (4.5% of all young people under 25 years) were caring for a household member with a long-term health condition or disability, or for an older household member. While most (68%) of these young carers were aged 15–24 years, almost one-quarter (23%) were aged 10–14 years. Around half (52%) of carers aged under 25 years were male.

Over half (54%) of children and young people in a caring role were caring for a household member who always or sometimes required assistance with core activities (self-care, mobility and communication). Only 5% of children and young people providing care to a household member were the primary carer; that is, they provided the most help or supervision with core activities. If unconfirmed primary carers are included, this figure rises to 8%. The majority (74%) of primary carers were aged 20–24 years, and 76% were female.

Almost two-thirds (63%) of carers aged under 25 years were caring for a parent in 2003. Having a parent with a chronic illness or disability may have a considerable impact on the needs of children and young people, particularly if the parent is unable to provide sufficient physical, emotional or economic support. Young people living in one-parent families where the parent has a chronic illness or disability may have greater caring responsibilities and less support than young people in couple families due to the lack of a fall-back carer. In 2003, 24% of lone parents with disability were being cared for by one or more of their children aged under 25 years; the comparable figure was 17% in couple families.

The adverse outcomes experienced by children and young people caring for a parent may vary according to the parent's specific type of disability or health condition. For example, caring for a parent with a physical disability may result in muscle strain, fatigue and exhaustion (Gays 2000). On the other hand, young people caring for a parent with mental illness may experience greater social isolation as a result of the stigma attached to mental illness. In 2003, estimates based on all disabling conditions indicate that physical/diverse conditions were the most prevalent disability group reported by parents who were being cared for by a child aged under 25 years (81% of parents), followed by psychiatric (35%), sensory/speech (28%), and intellectual (21%) conditions. These findings are similar to the most common disability groupings reported for the Australian population aged 0–64 years (see Chapter 4).

The most common form of assistance provided by carers aged under 25 years to parents with a long-term health condition or disability was home maintenance or gardening (32%). Assistance with household tasks (28%), private transport (26%) and mobility tasks (25%) were other common forms of assistance provided to parents. One in ten carers under 25 years were assisting their parents with self-care tasks. Males were significantly more likely to provide assistance with home maintenance or gardening tasks than females (42% compared with 18%). The most common forms of assistance provided by females were assistance with household and mobility tasks (31% and 30% respectively) (Figure 2.5).



Source: Table A2.7.

Figure 2.5: Most common form of assistance provided to parents by young carers aged 0–24 years, by sex of carer, 2003

Families and employment patterns

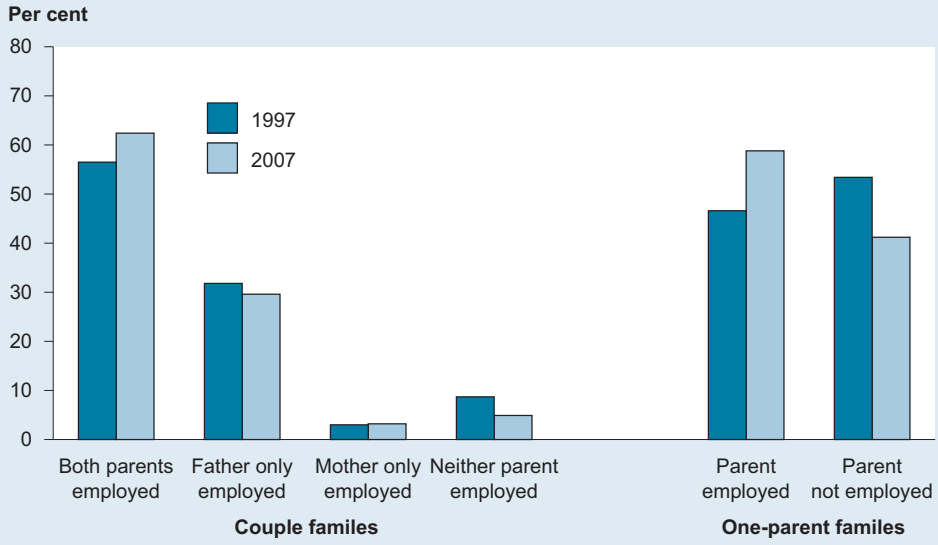
Parents' employment patterns have a significant impact on the financial wellbeing of the family. Children who do not have a parent in paid employment may be living in, or at risk of living in, economically disadvantaged households (ABS 2002b). In addition to increasing financial strain, parental unemployment may also create tension and hostility in relationships between parents and children, and reduce warmth and supportiveness in the home (Shonkoff & Phillips 2000). Furthermore, employed parents may provide positive role models for their children in terms of work ethics and social responsibility (AIHW 2005b). Results from Wave 1 of Growing up in Australia: the Longitudinal Study of Australian Children show that most employed parents were positive about the effects of their work on their family, with over 65% of employed parents in the survey agreeing that these responsibilities made them 'more well-rounded', gave their life more variety and made them feel more competent. In addition, more than 70% agreed that working helped them to better appreciate the time they spent with their children (AIFS 2006).

One of the target groups in the Australian Government's Welfare to Work initiative are parents and principal carers receiving the Parenting Payment (see Box 2.4 for more information on the Parenting Payment). Included in the Welfare to Work package in 2006 were increased child care places, child care fee support for parents through the Jobs, Education and Training program, child care fee assistance, and changes to Child Care Benefit eligible hours to enable more parents to take up paid employment (Australian Government 2006).

Over the past decade, the proportion of all families with dependent children aged 0–24 years that had at least one parent employed increased from 82% to 94% (between 1997 and 2007). This increase was greater among one-parent families over this period—the proportion of lone parents who were employed rose from 47% to 59%, compared with an increase from 91% to 95% of couple families with at least one parent employed (Figure 2.6). Despite this increase, employment rates are still consistently lower among one-parent families.

In 2007, the most common working arrangement among couple families was to have both parents working (62%, up from 57% in 1997), with a further 30% having the traditional 'male breadwinner' arrangement (Figure 2.6). Almost three in five (59%) lone parents were employed in 2007.

One of the most significant changes to family life over the past 25 years has been the increased participation of women in the labour force (ABS 2006h). The age of the youngest child in a family affects the working patterns of parents, particularly mothers, and changes to the employment status of mothers often begin at pregnancy. The 2005 ABS Pregnancy and Employment Transitions Survey estimated that, among Australian women with at least one child under 2 years of age, 63% worked in a job some time while pregnant. It also



(a) Includes children aged under 15 years, and young people aged 15–24 years who are full-time students.

Source: Table A2.8.

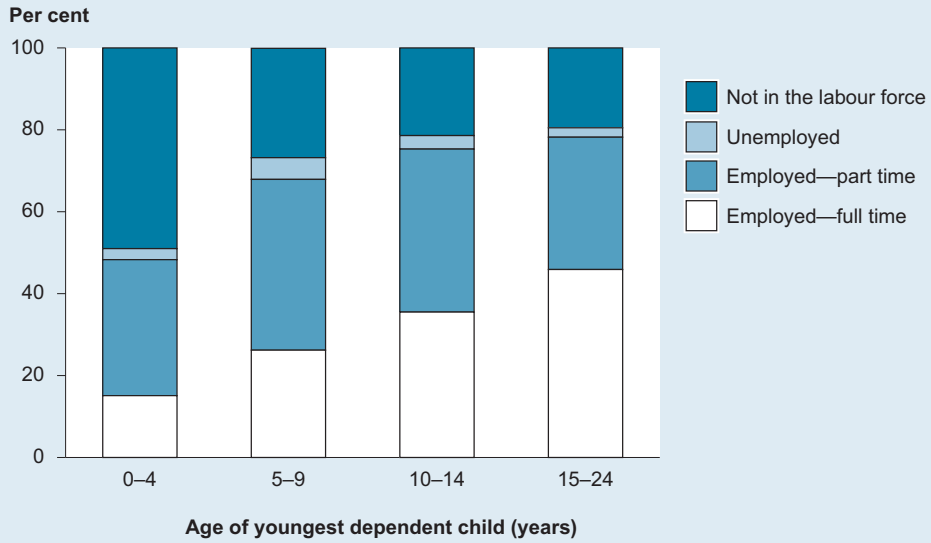
Figure 2.6: Employment status of parents with dependent children aged 0–24 years[a], by family type, June, 1997 and 2007

found that 39% of women with a child under 2 years of age had entered or returned to the workforce at the time of the survey—almost three quarters of these women cited 'financial reasons' as the main motive for starting work (ABS 2006i).

The ABS 2007 Labour Force Survey indicates that the traditional 'male breadwinner' arrangement was almost 3 times as common among couple families whose youngest child was aged 0–4 years than those whose youngest was 15–24 years (44% compared with 15% in 2007) (Table A2.9). This is likely to be due to a change in mothers' employment status as the age of the youngest child increases—among couple families where the youngest child was aged 0–4 years, 51% of mothers were employed, compared with 74% and 80% among those whose youngest was aged 5–14 years and 15–24 years respectively. A similar pattern of increasing employment as the age of the youngest child increases was also seen among lone mothers (employment increased from 34% to 63% to 72% respectively) and lone fathers (employment increased from 55% to 70% to 80% respectively) (Table A2.9).

In particular, the proportion of mothers who worked full time increased steadily as the age of the youngest child increased (Figure 2.7). The proportion of women who worked full time was 3 times as high among those whose youngest child was aged 15–24 years than those whose youngest was aged 0–4 years (46% compared with 15%). Part-time work was the most common form of employment for women up until the youngest child reached the 15–24 year age group, at which point mothers were more likely to be working in full-time than part-time employment (46% compared with 32%).

In 2007, almost half of women whose youngest child was aged 0–4 years (49%) were not in the labour force, that is, not working or actively looking for work. This proportion decreased as the age of the youngest child increased, but levelled out once the youngest child was aged 10 years or older.



(a) Includes children aged under 15 years, and young people aged 15–24 years who are full-time students.

Source: Table A2.10.

Figure 2.7: Employment status of mothers, by age of youngest dependent child[(a)], June 2007

There is, however, a downside to employment, particularly for working mothers. Among working mothers, there is evidence to suggest that those who worked longer hours were more likely to report having problems coping and feeling rushed or pressed for time. Interestingly, this pattern was less pronounced among working fathers (AIFS 2006).

Family income and financial stress

Children living in families without economic security are at a greater risk of poor outcomes in both the short and longer term. The immediate impact of economic hardship is evident. Having a low income limits parents' ability to purchase health- and welfare-related goods and services, such as better food, housing, recreation and health care. Socioeconomic disadvantage is also associated with higher morbidity and mortality rates, and it can affect health-related behaviours and psychosocial wellbeing (AIHW 2007a; Mayer 2002).

Income distribution is generally analysed using equivalised income. This enables a meaningful comparison of the incomes of families, adjusting for household size and composition. In 2005–06, according to the ABS Survey of Income and Housing, 17% of Australian families with dependent children aged 0–24 years had incomes in the lowest quintile (Table 2.8).

Compared with children living in couple families, children living in one-parent families generally have fewer financial resources available to them. In 2005–06, among families with dependent children, the proportion of one-parent households with incomes in the lowest quintile was 3 times that of couple households (40% compared with 13%) (Table 2.8). In line with this pattern, the median weekly income of one-parent families was less than half that of couple families ($724 compared with $1,637) (ABS 2007d:24). Furthermore, a much higher proportion of one-parent families than couple families relied on a government pension or allowance as their principal source of household income (51% compared with 7%). One-parent families tend to have less debt than couple families, but also far fewer assets (ABS 2006j). As a result, one-parent families had a mean net worth of $228,000, compared with $667,000 for couple families in 2005–06 (ABS 2007d:24).

Table 2.8: Equivalised income quintiles for households with dependent children aged 0–24 years[(a)], 2005–06 (per cent)

	Equivalised disposable income quintile (per cent distribution)					
	Lowest	Second	Third	Fourth	Highest	Total
Couple family households	12.9	20.8	24.9	23.4	18.1	100.0
One-parent family households	40.4	30.0	16.7	8.0	4.8	100.0
Total households with dependants[(b)]	**17.3**	**22.2**	**23.6**	**20.9**	**16.0**	**100.0**

(a) Includes children aged under 15 years, and young people aged 15–24 years who are full-time students.

(b) Excludes multiple family households—households containing two or more families. The vast majority of children in Australia (98%) live in one-family households.

Source: ABS 2007d:17.

One-parent families are more at risk of experiencing financial stress because of their low incomes. Among households with dependent children, one-parent families reported higher levels of financial stress than couple families, according to the 2006 ABS General Social Survey (Table 2.9). Among adults in one-parent households, around two in five (38%) reported they could not raise $2,000 within a week for something important, more than one in five (22%) had sought financial help from family or friends in the past year, and 6% reported going

without meals because of cash flow problems. In comparison, these proportions were much lower among adults in couple families at 11%, 7% and 1% respectively.

Table 2.9: Selected financial stress indicators for households with dependent children aged 0–24 years[(a)], 2006 (per cent)

Financial stress indicators	One-parent family	Couple family
Could not raise $2,000 within a week	37.7	11.4
Sought financial help from families/friends	21.7	7.0
Sought assistance from welfare/community organisations	10.5	1.6
Went without meals	6.1	1.2
Was unable to heat home	4.4	*0.9
Total number of households with dependent children[(a)]	**623,000**	**4,574,000**

(a) Includes children aged under 15 years, and young people aged 15–24 years who are full-time students.

Note: Families could be counted in more than one financial stress indicator.

Source: ABS 2007e:75.

Assistance for families

The Australian Government provides support for families in the form of family assistance payments and income support payments (Box 2.4). Family assistance is designed to help families with the costs of raising children, including recognising the indirect costs of reduced workforce participation by some families with young children. Higher assistance is targeted to families with low incomes.

Most Family Tax Benefit recipients receive assistance through fortnightly payments from Centrelink: over two million people (91% of recipients) in 2004–05. Around 57,000 (3%) received Centrelink lump sum payments and another 139,000 (6%) were paid lump sums through the tax system (FaCSIA 2006a).

At June 2006, just over 1.8 million families with 3.5 million children received the Family Tax Benefit Part A as a fortnightly payment, a slight increase from 2001 (Table 2.10; FaCSIA 2006a). In all years from 2001 to 2006, more than half of these families were paid more than the base rate—62% in 2006, a slight increase from 58% in 2001 (Table A2.11).

Over 1.3 million families with 2.6 million children received Family Tax Benefit Part B at June 2006 (Table 2.10; FaCSIA 2006a). Almost half of those receiving the payment were sole parents—43% in 2006. The number of sole parents receiving the maximum payment increased by 6% between 2001 and 2006 (Table A2.11).

Around 223,000 families received the Maternity Immunisation Allowance in 2005–06, a much greater number than in previous years (Table 2.10). This payment is no longer income-tested for babies born on or after 1 January 2003.

Almost 269,000 families received the Maternity Payment in 2005–06, an increase of 14% from the previous financial year (Table 2.10). The Maternity Payment replaced the Maternity Allowance and Baby Bonus for children born on or after 1 July 2004; however, some families received the Maternity Allowance in 2004–05 for children born before this date.

Box 2.4: Australian Government family payments and tax relief

Family Tax Benefit Part A is paid to low- and middle-income families with dependent children under 21 years and/or dependent full-time students aged 21–24 years. It is paid for each dependent child in the family. The payment is subject to an income test. The maximum rate is payable below a lower income threshold, and the payment rate reduces for income above this threshold. The maximum rate of payment varies with the age of the child, with the payments increasing for teenagers aged 13–15 years.

Family Tax Benefit Part B provides additional assistance to families with one main income, including single parents, with a child under 16 years or a child aged 16–18 years studying full time. Higher rates are payable where families have a child under 5 years. The payment is not income-tested for lone parents. For couple families, it is income-tested on the income of the partner with the lower income (secondary income).

Maternity Immunisation Allowance is a one-off lump sum payment for children aged 18–24 months who are fully immunised or have an approved exemption from immunisation.

Maternity Payment is a one-off, flat-rate non-taxable payment to the primary carer for each new baby, or adopted child under 2 years of age, born on or after 1 July 2004. The Maternity Payment is not subject to income or asset tests. Although generally paid as a lump sum, from 1 July 2007, it became mandatory for young people aged under 18 years who receive the Maternity Payment to be paid in 13 fortnightly instalments. Additional changes introduced from 1 July 2007 include that the Maternity Payment was renamed the Baby Bonus, and parents are now required to formally register the birth of their child as a condition of receiving this payment.

Multiple Birth Allowance is paid as part of the Family Tax Benefit Part A, if three or more children are born at the same time. It is paid at a higher rate for quadruplets or larger birth sets. This payment is currently available until the children turn 6 years old. However, from 1 January 2008, Multiple Birth Allowance will be paid until the children turn 16 years of age, or for full-time students, until the end of the calendar year in which they turn 18.

Double Orphan Pension is paid for children whose parents are both dead, or one parent is dead and the other cannot care for the child, and for refugee children under certain circumstances.

Large Family Supplement is an additional amount paid as part of the Family Tax Benefit Part A to families with three or more children (before 1 July 2006 only families with four or more children were eligible).

Parenting Payment is an income support payment for people on a very low income with responsibility for caring for a child. The two main streams are the Parenting Payment (single) paid to lone parents with no income or a low income and the Parenting Payment (partnered) paid to the primary carer in a couple family where both parents have no income or a low income. The Parenting Payment is subject to income and assets tests. As part of the Australian Government's Welfare to Work reforms, from 1 July 2006 the Parenting Payment will only be payable to the principal carer of a child under the age of 6 years if the carer is partnered, or under the age of 8 years if the carer is single. People receiving the Parenting Payment before 1 July 2006 will continue to receive payment until their youngest child turns 16, provided they remain otherwise eligible.

Sources: Centrelink 2007; DEWR 2006; FAO 2007a.

In 2006, the number of families receiving the Parenting Payment fell below 600,000 for the first time since 2001. The number of couple families receiving the Parenting Payment (partnered) continued to decline—a 22% decrease between 2001 and 2006. The number of one-parent families receiving the Parenting Payment (single) increased fairly steadily between 2001 and 2004; however, there was a small decrease in 2006 (3% decrease from 2005).

Table 2.10: Recipients of family assistance, 2001 to 2006 ('000)

	Families					
Type of payment	**2001**	**2002**	**2003**	**2004**	**2005**	**2006**
Family Tax Benefit Part A[(a)]	1,799.7	1,794.8	1,783.3	1,807.7	1,828.3	1,811.8
Family Tax Benefit Part B[(a)]	1,181.1	1,199.1	1,223.6	1,205.6	1,396.5	1,372.7
Maternity Allowance[(b)]	210.1	212.2	207.0	209.2	22.3[(c)]	. .
Maternity Payment[(b)]	. .	. .	. .	. .	235.4[(c)]	268.8
Maternity Immunisation Allowance[(b)]	203.9	206.8	203.9	203.7	200.3	223.1
Parenting Payment (single)[(d)]	416.7	427.8	437.0	449.3	449.0	433.4
Parenting Payment (partnered)[(d)]	205.4	191.6	181.4	177.2	167.0	159.7

(a) The number of families who received fortnightly payments as at 30 June.

(b) The number of families who received a payment during the financial year (ending on 30 June in the year listed).

(c) The Maternity Payment replaced the Maternity Allowance and existing Baby Bonus from 1 July 2004. From 1 July 2007, the Maternity Payment was then renamed the Baby Bonus.

(d) The number of families who received a payment in June (not at 30 June).

Source: Table A2.11.

The most common type of financial assistance provided by the Australian Government directly to young people is Youth Allowance—an income support payment for young people who are studying, undertaking training or an Australian Apprenticeship, or looking for work (Centrelink 2007). In 2006, approximately 343,000 young people aged 15–24 years received Youth Allowance (representing 16% of all 15–19 year olds and 8% of all 20–24 year olds). Over three-quarters (77%) of these young people were full-time students (AIHW 2007a).

In addition to financial assistance for families, the Australian Government also provides funding for relationship support services. The Family Relationships Services Program, which was established in the early 1960s, currently funds community organisations to provide family relationships services such as education, mediation, therapy, family skills training and counselling (FaCSIA 2006a). In 2005–06, more than 129,000 people used a Family Relationships Service, and four out of five clients reported positive outcomes of the program, that is, at least good progress towards an improvement in their presenting relationship issue (FaCSIA 2006a).

2.4 Early childhood and school entry

The first major transition in life for an increasing number of Australian children is their entry into child care and early education. Entry of children into child care can also serve as an important transition point for many parents entering or re-entering the workforce. In 2005, almost half of Australia's 3.3 million children aged 12 years or under had used some form of child care in a school term reference week. Child care can be either formal or informal, and can be provided in a family home or community setting. Although the point of transition is different for each child, most children in Australia have experienced

some type of formal care before beginning full-time schooling—84% of 4 year olds used either formal child care or were attending preschools in 2005 (ABS 2006g). Preschool refers to educational and developmental programs for children in the year (or in some jurisdictions, 2 years) before they begin full-time schooling.

The demand for child care is influenced not only by the number and age of children in the population, but also by trends in social factors such as family structure, employment patterns and population mobility. Current trends in the participation in the labour force of parents in both couple families and one-parent families suggests there may be an expanding demand for child care services, particularly as children get older (refer to Section 2.3). Parents are also using child care services for a variety of other reasons, such as to pursue study options, for personal reasons, or because of the perceived benefits for the child (ABS 2006g).

Given the increasing number of children receiving some kind of formal child care and preschool education, the influence of government policies on the accessibility and affordability of services is increasingly being recognised as an important factor in the use of child care and preschool services (ABS 2006g). This section examines the use of informal and formal child care and preschool services and provides an overview of child care service outcomes in terms of accessibility, affordability, and quality.

Policy context of provision of child care and preschool services

Under the Stronger Families and Communities Strategy, the Australian Government Department of Families, Community Services and Indigenous Affairs supports the provision of formal child care services through the Child Care Support Program (FaCSIA 2007b). The program incorporates a range of strategies to promote the supply, accessibility, flexibility and quality of child care services.

In addition to the funding that child care services receive under the Child Care Support Program, the Australian Government provides further support with the cost of child care. The majority of child care funding goes towards the payment of the Child Care Benefit (a means-tested payment to help families who use approved and registered child care) and the Child Care Tax Rebate. An overview of child care initiatives announced in the 2007–08 Federal Budget is presented in Box 2.5.

State and territory governments, as well as local governments, provide additional funding and support to child care services (McIntosh & Phillips 2002). State and territory governments are also responsible for providing preschools and the licensing of child care and preschool services, and provide information and support for service providers and parents. Local governments sometimes contribute land and administrative support to community centres.

Australian Government-supported child care services

According to the Australian Government Census of Child Care Services, there were more than 10,100 Australian Government-supported child care agencies across Australia in 2004, an increase of 14% since 1999. Increases in the number of child care agencies have resulted in a substantial increase in the number of government-supported operational child care places, from 168,300 in 1991 to 616,100 in 2006. The largest growth was in places for outside school hours care (a sixfold increase in number of places), while a more moderate increase was seen for long day care centres (threefold increase) and family day care (almost twofold increase) (Figure 2.8) (see Glossary for definitions of child care services).

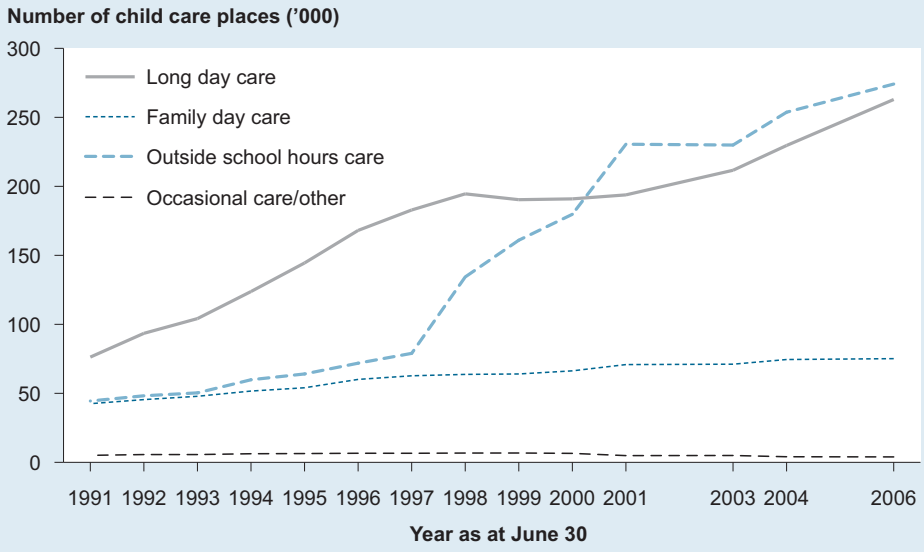
Box 2.5: Recent Australian Government child care initiatives

In the 2007–08 Budget, the Australian Government announced an additional $2.1 billion in funding for child care, bringing the total to $11 billion over the next 4 years. The most recent changes include:

- a 13% increase in the Child Care Benefit
- a change in the Child Care Tax Rebate which makes it available through the Family Assistance Office after the end of the year in which families have used child care, instead of having to apply through the tax system at the end of the following financial year. Changes also allow for parents with low or no income to claim the rebate
- additional funding to encourage parents on income support to enter or re-enter the workforce through the use of subsidised child care places
- the establishment of 'child care service hubs' in regional and remote locations with high Indigenous populations, and extension of funding to other forms of child care in regional and remote areas (for example capital funding, grants to start a family day care)
- an increase in the inclusion support subsidy for child care services in order for them to provide more places to children with special needs.

In addition, from January 2008 the Australian Government will implement the Child Care Management System, which is designed to provide improved data on child care supply and usage, and to improve efficiency and accountability across the child care sector.

Sources: FaCSIA 2006b, 2007d.



Note: No data were available for 2002 and 2005.

Source: Table A2.12.

Figure 2.8: Australian Government-supported child care operational places, 1991 to 2006

The number of children using Australian Government-supported child care services is higher than the number of places available, as multiple children are able to use a single place over the course of a week if they do not require full-time care. One place, as defined for the purposes of the Child Care Benefit, is 50 hours of care per week. The increased availability of child care places has seen a greater uptake of services—the number of children using child care services more than doubled between 1991 and 2006, from 262,200 to 693,800 (Table 2.11). Particularly large increases occurred in outside school hours care (almost fourfold increase) and long day care centres (more than threefold) where the Australian Government has had a particular policy focus. In line with these trends, the use of vacation care services has also increased markedly (more than threefold increase since 1997). Eighty six per cent of children using Australian Government-supported child care attended long day care centres (61%) or outside school hours care (25%), and 13% attended family day care.

Table 2.11: Number of children in Australian Government-supported child care services, 1991 to 2006

Selected years	Long day care	Family day care	Outside school hours care	Vacation care	Other formal care[(a)]	Total[(b)]
1991	135,400	61,000	46,800	. .	19,000	262,200
1994	227,300	88,700	63,900	n.a.	16,800	396,700
1997	294,700	85,000	99,500	31,000	n.a.	n.a.
1999	301,500	83,100	107,400	69,300	16,100	508,200
2002	367,100	97,100[(c)]	148,000	103,600	11,600	623,900
2004	383,000	92,500[(c)]	160,800	101,700	10,400	646,800
2006	420,100	87,600[(c)]	173,800	107,200	8,600	693,800

(a) Includes occasional care centres, multifunctional Aboriginal children's services (MACS) and other multifunctional services for 1991 to 2004. In 2006 'other' includes Occasional Care Centres and Multifunctional Aboriginal Children's Services (MACS).

(b) Components may not add to totals due to rounding to the nearest 100.

(c) Includes in-home care.

Notes

1. These data measure occurrences of care and include some double-counting where children attend more than one service. Totals for 1999, 2002, 2004 and 2006 exclude children in vacation care, since many of these children would also have been attending before/after school care.
2. Figures for 1991–94 are estimates based on previous years Census data. Figures for 1995–97 are from the Child Care 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. Figures for 1999, 2002 and 2006 are from the Census conducted in May in each of those years and are weighted for non-response. Figures for 2004 are from the Census conducted in March 2004 and are weighted for non response.

Source: AIHW 2005a, FaCSIA unpublished data.

Use of child care and preschool

Formal and informal care

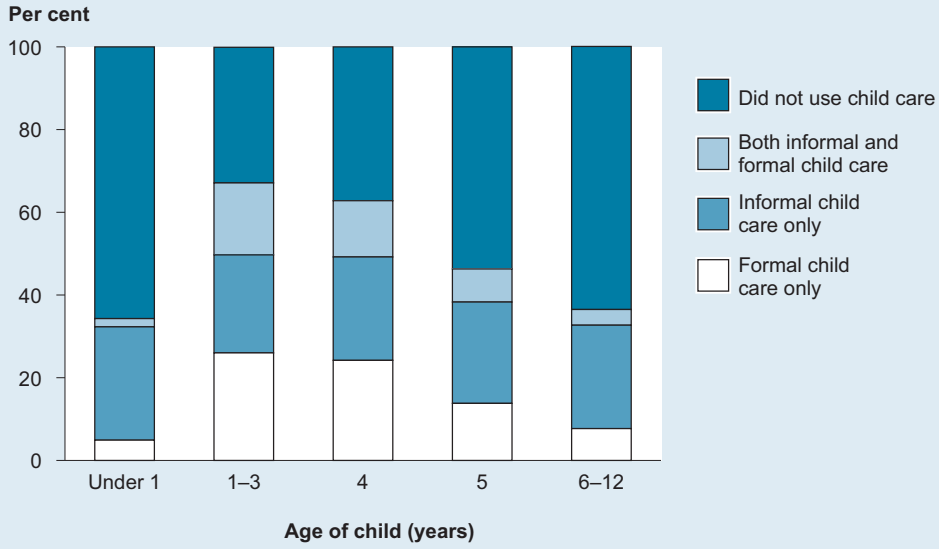
According to the 2005 ABS Child Care Survey, 1.6 million (46%) children aged 0–12 years used some form of child care during a school term reference week (ABS 2006g). Over half of these (54%) used 'informal care only', 29% used 'formal care only', and 17% used a combination of informal and formal child care. In the context of the child care surveys, informal care may be paid or unpaid, and the term is used to apply to care that is not

provided by a formal service provider (that is, long day care centre, outside school hours care, family day care or vacation care) (see Glossary for definition of 'informal care' and 'formal care').

Over the last decade the proportion of children aged 0–11 years using any form of child care has remained relatively stable at around 45%–48% (ABS 2006g). However, the proportion of children using formal child care has increased considerably from 14% to 23% between 1996 and 2005. The most notable increases have been in children attending long day care centres and outside school hours care (twofold increase in each), which may reflect the effects of government initiatives. The proportion of 0–11 year olds using 'informal child care only' has declined over this period, from 31% to 25%. This decline can largely be attributed to a fall in the proportion of children that had received informal care from a person unrelated to the family. Grandparents continue to be the main providers of informal child care (20% of children), with this proportion similar to that in previous years.

Age is an important factor in the types of child care that children use. While around one-quarter of children used 'informal child care only' across each age group, the use of 'formal child care only' varied with age (Figure 2.9). The use of 'formal child care only' ranged from 5% among those aged less than 1 year to 26% among children aged 1–3 years, and then declined to 14% by age 5 when many children have started preschool and school. The combination of informal and formal child care was greatest among 1–3 year olds (17%). Over half of the children (54%) aged 0–12 years did not use any type of child care in 2005, formal or informal, with these proportions highest among those aged less than 1 year and 6–12 years (66% and 64% respectively).

Patterns of use for formal and informal child care vary by family type and employment status of parents. Overall, children from one-parent families were more likely to use child care (especially informal child care) than children from couple families (56% compared with 44%). The proportions of children who use formal care only were similar across



Source: Table A2.13.

Figure 2.9: Use of formal and informal child care by age, 2005

both family types (around 13%), but children from one-parent families were more likely than those from couple families to use informal care only (30% compared with 24%). Furthermore, children from one-parent families were almost twice as likely as children from couple families to use a combination of formal and informal child care (12% compared with 7%). Informal care remains the most predominant form of care for children for both family types.

In 2005, 'work-related' was the main reason for the use of formal and informal child care (65% and 48%, respectively) (ABS 2006g). When taking into account employment status, the use of child care still remains higher among one parent families than couple families (74% compared with 54% in couple families where both parents were employed).

Attendance at preschool

Preschool provides additional education and development opportunities for children in the year or two before commencing full-time schooling. Research has shown that children who attend preschool have significantly better academic achievement and a lower incidence of personal and social problems in later life such as school dropout, welfare dependency, unemployment and criminal behaviour (Gorey 2001). The intensity of the preschool service offered is also important, with full-day preschool services offering greater benefits to children who attend compared with the benefits received by children attending half-day preschool services (Robin et al. 2006). Full-day preschool services also allow mothers to work significantly more hours than the mothers of children in half-day services, a factor that is especially important to socioeconomically disadvantaged families (Robin et al. 2006).

According to the 2005 ABS Child Care Survey, 257,100 children in Australia were attending preschool during the school term reference week (not including children who were attending preschool programs provided by long day care centres) (ABS 2006g). In all, 62% of Australian children aged 4 years attended preschool. Of those children attending preschool, 32% attended for less than 10 hours per week, and around 60% spent between 10 and 19 hours per week at preschool. One-third of children attending preschool did so for 3 days per week, 37% for 2 days and 14% attended for 1 day. Quality/reputation and proximity to the home were the main reasons for choosing a particular preschool centre in 2005 (38% and 30% respectively).

Outcomes of child care services

The aims and objectives of government support for child care are to provide services that are accessible, affordable and high quality, and that allow parents to participate in the labour force and undertake other activities. Service outcomes in terms of accessibility, affordability and quality are discussed in this section.

Accessibility

The accessibility of child care services is a major concern for both parents and governments. Unmet demand is an important indicator of accessibility. One direct measure of unmet demand comes from the 2005 ABS Child Care Survey; according to their parents, about 184,500 or 6% of children aged 0–11 years needed some or additional formal child care in the 4-week period preceding the survey (ABS 2006g). Of these children, 33% required some or additional before and/or after school hours care, 29% required long day care and 22% occasional care (Table 2.12).

Table 2.12: Children under 12 years of age who required additional formal care, selected years (per cent)

Main type of (additional) formal care required	1996	1999	2002	2005
Before and/or after school hours care	35.2	33.0	28.2	33.0
Long day care centres	16.2	23.9	27.3	28.6
Family day care	12.0	12.9	17.2	9.6
Occasional care	34.0	23.0	22.2	22.1
Other formal care	2.7	7.2	5.1	6.7
Total (per cent)	**100.0**	**100.0**	**100.0**	**100.0**
Total children who required (additional) formal care (number)	**241,400**	**189,900**	**169,400**	**184,500**

Note: In surveys before 2005, the definition of 'formal care' included preschool. To enable comparisons over time, preschool has been removed from 'formal care' for all time periods shown in this table.

Source: ABS 2006g.

The overall level of unmet demand for child care has decreased since 1996, with the largest decreases seen in the unmet demand for occasional care (50%) and family day care (39%). However, unmet demand for other formal care and long day care has increased by 92% and 36% respectively since 1996. Unmet demand was higher among children aged 0–4 years (9%) than those age 5–11 years (4%) in 2005 (ABS 2006g).

Many of the reasons given for the unmet demand related to access. In 2005, around 62,800 children aged 0–12 years (33%) could not access services because places at the service were booked out, 30,700 children (16%) could not access services because of the expense of these services, and 19,500 children (10%) could not access child care services because there were no services available in the area (ABS 2006g).

Supporting the findings of the ABS Child Care Survey, analysis of the HILDA Survey showed that in 2003 more than two-thirds of all carers reported some level of difficulty in accessing child care due to its cost (Table A2.14). Another barrier was finding care for a sick child, with 31% of carers reporting a high level of difficulty for finding this type of care. Other difficulties reported were for finding care for the hours needed, finding the right person to care for the child and finding good quality care (64%, 59% and 58% of carers respectively reporting some level of difficulty).

Both surveys point to a number of areas where carers are encountering barriers to accessing child care. Even though accessibility is increasing, there are still many obstacles to overcome before all carers can access services to their satisfaction. The Australian Government has moved some way towards addressing these needs by providing extra places and removing the restrictions on the number of places in outside school hours care and family day care.

Affordability

The cost of child care services is often mentioned by parents as a barrier to access as discussed above. Changes in the level of government funding and assistance to families influence the affordability of children's services. An analysis undertaken by the AIHW in 2005 showed that there was a gradual decline in the affordability of child care during the 1990s. The introduction of the Child Care Benefit in 2000 improved the situation for all

family types studied to various degrees. However, the declines in affordability were again apparent between 2000 and 2004, mainly attributable to child care fees increasing at a greater rate than average weekly earnings and the Child Care Benefit, which is indexed to the consumer price index (AIHW 2006a).

On 1 July 2006, the Australian Government introduced the 30% Child Care Tax Rebate where families could claim 30% of the out-of-pocket child care expenses incurred in the financial year, up to a limit of $4,000 per child per year (FAO 2007b). Out-of-pocket expenses are total child care fees for approved care, less the family's actual Child Care Benefit entitlement. At the time, the rebate was provided as a non-refundable tax offset that reduced tax and, as such, not all families incurring child care costs were eligible. Furthermore, as the rebate can only be claimed at the end of the financial year, it did not make child care more affordable at the time of use, as families still paid the cost of child care upfront. The 2007–08 federal Budget announced further initiatives to make the rebate more accessible (see Box 2.5). As more Child Care Tax Rebate data become available, analysis of the rebate's effect on the out-of-pocket costs of child care for families will be possible.

Quality

The importance of quality child care has been increasingly recognised, due to three main factors: a greater understanding of the significant development that occurs during the first 5 years of life, the increasing number of children being cared for outside their homes, and an increase in the average time children spend in care (NCAC 2007). Legislative regulations and accreditation systems are the two mechanisms for ensuring quality in the child care sector. The regulations specify the minimum standards that must be met in order for the service to operate. Accreditation processes, on the other hand, focus on measuring the quality aspects of the services that are delivered (NCAC 2007). This section provides information relating to the accreditation of child care. Another component relating to the quality of child care, staff qualifications and training, is discussed in the Human Resources for Welfare Services section in Chapter 7.

The Australian Government is responsible for accrediting all Australian Government–supported long day care centres, family day care schemes and outside school hours care services. It does this through the Child Care Quality Assurance systems administered by the National Childcare Accreditation Council. The quality assurance systems include separate guidelines for long day care, family day care and outside school hours care; however, changes to the systems were announced in the 2006–07 federal Budget (see Box 2.6). To achieve accreditation, these services must progress through five steps, with an accreditation decision made on the final step. The services must participate in the relevant quality assurance system in order to be approved for Child Care Benefit funding as well as any other Australian Government funding (NCAC 2007).

The National Childcare Accreditation Council regularly publishes statistics on the accreditation status of long day care, family day care and outside school hours care services. In 2005–06, there was a high level of accreditation in each of the quality assurance systems (NCAC 2007). Of the 5,043 long day care centres that were registered as at June 2006, 4,308 had completed the five steps to accreditation and of these 4,187 (97%) were subsequently accredited. The proportion of accredited long day care centres has increased from 95% in 2004 to 97% in 2006, with a resultant decrease in the proportion of service providers not accredited (Table 2.13).

Box 2.6: Integrated Child Care Quality Assurance (CCQA)

The objective of the quality assurance systems is to ensure that children in care have stimulating, positive experiences and interactions that will foster all aspects of their development. The aim is to provide a framework for reviewing, measuring and improving the quality of the work being done by approved child care providers, with a focus on quality outcomes for children.

Following the 2006–07 federal Budget, changes were announced to the quality assurance systems including the integration of the existing three systems (long day care, family day care and outside school hours care) into one streamlined system and the introduction of unannounced quality assurance validation visits and spot check visits. The implementation of these changes commenced during 2006–07.

The Australian Government Department of Families, Community Services and Indigenous Affairs has been working in consultation with the National Childcare Accreditation Council and the broader community on draft standards for the integrated Child Care Quality Assurance system. The integrated system will be field tested before implementation, which is scheduled for late 2007 or early 2008.

Source: FaCSIA 2007e.

Table 2.13: Accreditation status of approved long day care centres, 2004 to 2006

	June 2004		June 2005		June 2006	
	Number	Per cent	Number	Per cent	Number	Per cent
Accredited	3,845	95.2	4,001	96.5	4,187	97.2
Not accredited	194	4.8	146	3.5	121	2.8
Total completed five steps to accreditation	*4,039*	*100.0*	*4,147*	*100.0*	*4,308*	*100.0*
New services	432	9.7	600	12.6	735	14.6
Total registered services	**4,471**	**100.0**	**4,747**	**100.0**	**5,043**	**100.0**

Source: NCAC 2007.

2.5 Education and employment

Education is important for the overall wellbeing of children and young people as well as the future productive capacity of society. The aim of education is to assist children and young people in developing skills that will allow them in the future to participate fully and productively within the community. Educational institutions also provide young people with opportunities for social contact and the development of broad support networks.

In Australia, children are required to attend school from the ages of 6 to 15 years (16 years in South Australia and Tasmania) (MCEETYA 2004). Compulsory schooling ensures that all children receive a minimum amount of schooling in which they can acquire essential knowledge and skills. Further schooling is optional. Since the 1980s, however, the proportion of young people that completed Year 12 has more than doubled.

The transition from education to employment has also become longer over time and may involve several steps. A large number of school-leavers now choose to combine further

study and work, while others combine intervals of work and study. In 2006, 68% of school-leavers aged 15–24 years had completed Year 12, 52% were in a course of study leading to a qualification and 60% were employed (ABS 2006k). Australia's open education system means that young people have many options available to them in terms of combining work and study, and moving from work back to study.

This section presents an overview of student achievement at different points in their education, retention and participation rates of children and young people in school and non-school settings, and employment patterns of young people.

Education

Literacy and numeracy

Proficiency in reading, writing and mathematics is essential for day-to-day living, for further educational opportunities and for employment prospects. Children's level of literacy and numeracy skills are affected by a number of factors, such as their home environment, their rapport with the school environment, and their attitudes to reading and mathematics. Factors within a child's home environment include the number of books in the home, the amount of time parents spend discussing books with their child, the highest qualification level of a parent, and the presence of study aids, such as a desk, computer and dictionary (OECD 2004; Zammit et al. 2002).

The Ministerial Council on Education, Employment, Training and Youth Affairs has established national benchmarks for reading, writing and numeracy for years 3, 5 and 7 students. A benchmark is a nationally agreed minimum standard of performance below which a student will have difficulty progressing satisfactorily at school. The performance of students across Australia is measured against these benchmarks.

Most students in Australia are achieving the minimum standard. From 2001 to 2005, the proportion of students meeting national benchmarks has fluctuated between 85% and 96%, generally hovering around 90%, except for numeracy among Year 7 students where proportions were around 82% (Table 2.14). Throughout this period, female students were more likely to meet the minimum standard for reading and writing than male students. There was no sex difference for numeracy.

Table 2.14: Students in years 3, 5 and 7 meeting national benchmarks, 2001 to 2005 (per cent)

	Reading			Writing			Numeracy		
	2001	2003	2005	2001	2003	2005	2001	2003	2005
Year 3 students									
Males	88.4	90.8	91.2	86.4	89.9	90.7	93.7	93.8	93.5
Females	92.3	94.3	94.4	92.7	94.7	95.1	94.3	94.7	94.7
Year 5 students									
Males	87.8	86.8	85.1	91.9	92.1	91.3	89.5	90.3	90.5
Females	92.0	91.6	90.1	96.2	96.1	95.4	89.8	91.4	91.2
Year 7 students									
Males	86.0	87.1	87.6	89.8	89.2	89.3	81.7	81.0	81.6
Females	91.0	91.9	92.2	95.6	95.2	95.2	81.9	81.6	82.0

Source: MCEETYA 2005.

Certain population groups are less likely to meet the national benchmarks than the overall population of students. These groups include students from a non-English speaking background who were slightly less likely to meet benchmarks, and Aboriginal and Torres Strait Islander students and students in very remote areas who were substantially less likely to meet the national benchmarks, and children under the guardianship of the states (see Section 2.6) (MCEETYA 2005; AIHW 2007b). As part of the 2007–08 federal Budget, the Australian Government announced the provision of tutorial vouchers for parents to help children who do not meet national literacy and numeracy benchmarks, and financial rewards for schools that improve literacy and numeracy outcomes.

In addition to national benchmarking, Australia participates in the OECD's (Organisation for Economic Co-operation and Development) Programme for International Student Assessment, which measures the reading, mathematical and scientific literacy of students from OECD and non-OECD partner countries (41 participating countries in total) (Thomson et al. 2004). Australia's results were above the OECD average in each of the areas—four countries (Hong Kong–China, Finland, Korea and the Netherlands) scored significantly higher than Australia in mathematical literacy; three countries (Finland, Japan and Korea) outperformed Australia in scientific literacy and only one country (Finland) performed significantly better than Australia in reading.

The results from the Programme for International Student Assessment highlighted a number of areas of concern for Australia. Consistent with national benchmarking results, Aboriginal and Torres Strait Islander students scored significantly lower than non-Indigenous students in each of the three areas, and significantly lower than the OECD average. Similarly, Australian students in regional and rural areas performed at a significantly lower level than students in metropolitan areas. While all OECD countries showed considerable within-school variance, it was particularly large in Australia—greater than the OECD average (OECD 2006). A number of countries that performed above the OECD average for mathematical performance showed far less between-school variance than Australia, demonstrating that it is possible for an entire education system to have high and consistent standards.

Apparent retention rates

As the number of low-skilled jobs in the employment market decreases, the importance of trade and higher education qualifications increases. Students who fail to complete Year 12 have fewer employment opportunities and are more likely to experience extended periods of unemployment than Year 12 graduates (Lamb et al. 2000). In May 2005, 20% of school-leavers who had completed Year 12 were not fully participating in either study or work compared with 40% of Year 11 completers and nearly 50% of Year 10 or below completers (Dusseldorp Skills Forum & Monash University–ACER 2006).

One measure of Year 12 attainment among young people is the apparent retention rate to Year 12, defined as the percentage of students who remain in secondary education from the start of secondary school (Year 7/8) to Year 12. The calculation of the apparent retention rate does not include students who return to Year 12 at a later stage. It also does not take into account students repeating a year of education, migration and other changes to the school population.

The national apparent retention rate to Year 12 increased substantially, from 35% in 1980 to 75% in 2006 (see Figure 8.4). The proportion of young people remaining at school reached a peak of 77% in 1992 and 1993, during a period of high unemployment and fewer job opportunities. Between 2002 and 2006, the national apparent retention rate

has been relatively stable at around 75%. Throughout the period, apparent retention rates were consistently higher for females than for males, with the rate for females 12 percentage points higher than the rate for males in 2006. While apparent retention rates are generally high among young Australians, among Aboriginal and Torres Strait Islander young people retention rates in 2006 are similar to the rates that were observed in the general student population in the 1980s. In 2006, Indigenous students were almost half as likely as non-Indigenous students to remain in school until Year 12 (apparent retention rate of 40% compared with 76% for non-Indigenous students) (ABS 2007f).

While most young people complete Year 12 at the end of their schooling before entering further study or the employment market, other young people may decide to complete Year 12 at a later stage. An alternative measure of Year 12 attainment is the proportion of young people aged 20–24 years who have completed Year 12. In 2005, 74% of 20–24 year olds had completed Year 12, an increase from 65% in 1996 (ABS 2006h:108).

Education participation rates

Increasingly, young people are continuing their studies beyond compulsory schooling. In addition to the greater emphasis now placed on lifelong learning, non-school qualifications help young people compete in demanding labour markets. The 2007–08 federal Budget included several new measures to facilitate educational participation, including increased income support for university students from low income backgrounds, additional tax exemptions and vouchers towards course fees for eligible Australian Apprentices, and scholarships and training opportunities for Aboriginal and Torres Strait Islander young people.

Education participation rates among young people have been steadily increasing over the last decade. These rates measure participation in school and post-secondary school studies for young people aged 15–24 years. They include full- and part-time studies at school, technical and further education, colleges and tertiary institutions. According to the ABS Survey of Education and Work, the education participation rate for 15–19 year olds was 77% in 2006, an increase from 73% in 1996. Since 1998 the rate has remained relatively steady at around 76%–77%. For 20–24 year olds the education participation rate has steadily increased from 30% in 1996 to 38% in 2005, with a slight decline to 36% in 2006 (Table 2.15).

Table 2.15: Education participation rates for young people 1996 to 2006 (per cent)

Age	1996	1998	2000	2002	2004	2005	2006
15–19 years	73.3	76.4	76.7	76.7	75.8	75.5	76.6
20–24 years	30.2	31.2	33.0	36.5	36.9	37.9	35.6

Source: ABS 2006k.

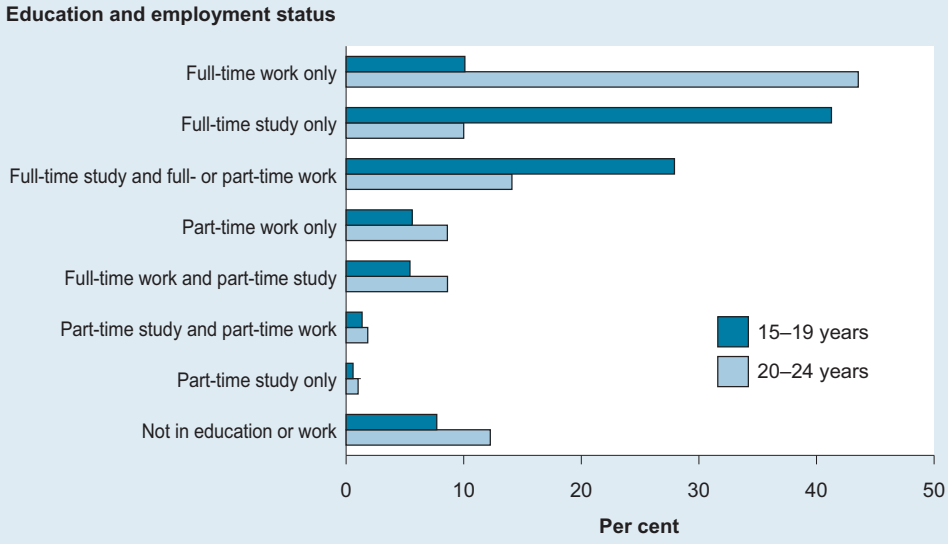
In 2006, young people aged 15–19 years enrolled in a course of study leading to a qualification were most likely to be studying for their Year 12 qualification or below (67% for males and 68% for females). Most young people aged 20–24 years who were enrolled in a course leading to a qualification were studying towards a bachelor degree (51% of males and 64% of females). Young females were more likely than young males to be studying towards a bachelor degree, while young males were more likely to be studying towards a certificate (ABS 2006k).

Combining work and study

It is becoming increasingly common for young people to combine work and study, starting from their school days. Between 1998 and 2006 the proportion of young people aged 15–19 years studying full time and working part time increased from 24% to 27%, and the proportion of 15–19 year olds who were studying full time only decreased from 44% to 41% (ABS 2006k; AIHW 2005a).

Young people who are not in full-time work, full-time study or combined part-time work and part-time study are considered to be at risk of personal and social stresses and may have poorer long-term labour market outcomes than other young people (Dusseldorp Skills Forum & Monash University–ACER 2006). In 2006, 85% of young people aged 15–19 years and 76% of young people aged 20–24 years were participating full-time in education and/or work (Figure 2.10).

Over two-thirds (69%) of 15–19 year olds were in full-time education in 2006, including 28% who combined full-time education with full- or part-time work. Among this age group the combination of part-time work with part-time study was relatively uncommon, suggesting that either work or study takes precedence. These patterns change considerably as young people leave school and move into their twenties. Among 20–24 year olds, full-time employment becomes the dominant category, with over half (53%) in full-time employment, including 10% who combined full-time employment with full- or part-time study. A considerable proportion of 20–24 year olds were also engaged in full-time education (24%) in 2006.



Source: Table A2.15.

Figure 2.10: Combinations of study and work, May 2006

Participation in employment

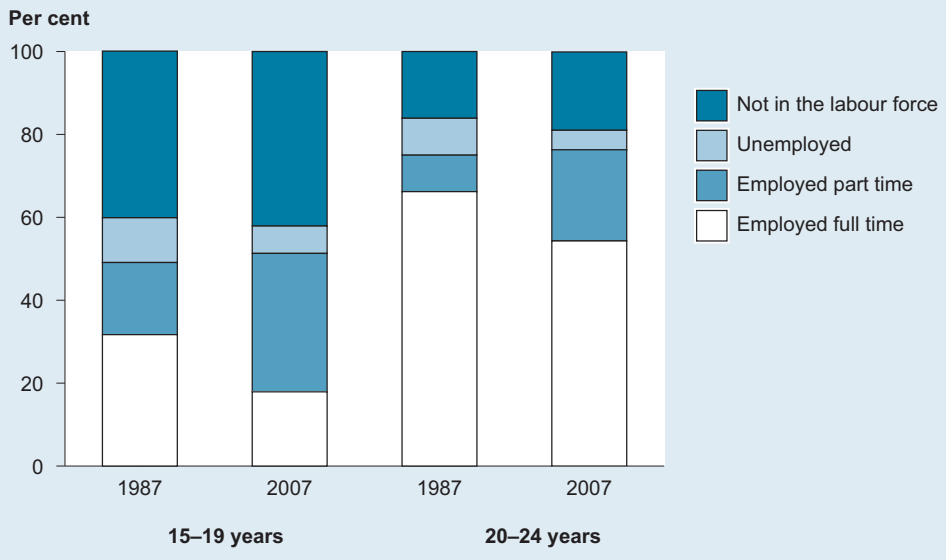
Secure and satisfactory employment offers young people not only financial independence but also a sense of control, self-confidence and social contact. Young people today are more likely to be employed than young people 20 years ago. Unemployment rates for young

people have shown a general decline over the last two decades, although there have been some fluctuations (Table A2.16). Between July 1987 and July 2007, the unemployment rate decreased from 18.0% to 11.4% for young people aged 15–19 years and from 10.6% to 5.8% for 20–24 year olds, according to the ABS Labour Force Surveys. Reflecting this favourable labour market the proportion of young people looking for work has fallen since 2002, particularly those looking for full-time work (ABS 2007g).

Despite the large declines, unemployment rates for young people have remained consistently higher than the national rate, which was 3.9% for persons aged 15 years or over in July 2007. The unemployment rates for young people aged 15–19 years and 20–24 years were 2.9 times and 1.5 times the national rate respectively. In July 2007, 22% of the unemployed population were aged 15–19 years and a further 16% were aged 20–24 years. Many unemployed young people, however, are engaged in either full- or part-time study—53% of unemployed 15–19 year olds and 26% of unemployed 20–24 year olds were attending full-time education in July 2007 (ABS 2007g).

While unemployment rates are declining among young people, part-time work is increasing (Figure 2.11). Between 1987 and 2007, the proportion of young people in part-time employment has increased from 17% to 33% for 15–19 year olds and from 9% to 22% for 20–24 year olds. Coinciding with this increase, there have been large declines in the proportion of 15–19 year olds in full-time employment (from 32% in 1987 to 18% in 2007) and a similar but smaller decline for 20–24 year olds (66% to 54%). Despite these substantial changes, the proportion of young people not in the labour force has remained much the same—40% and 42% for 15–19 year olds and 16% and 19% for 20–24 year olds in 1987 and 2007, respectively.

The increase in part-time work among young people reflects, in part, an increase in participation in education and a deferral of entry into the full-time, long-term labour



Source: Table A2.17.

Figure 2.11: Trends in labour force participation of young people, July 1987 and July 2007

market. However, it may also be a reflection of the availability of full-time work for young people. An estimated 23% of young people not in full-time education in 2002, were working part-time only because they could not find full-time work (Dusseldorp Skills Forum & Monash University–ACER 2006).

A proportion of young people are underemployed, that is, they are currently employed, would like more work than they currently have and are available to do more work. Underemployment is an issue of concern from both social and economic perspectives, as it can have a significant affect on the financial, personal and social lives of young people. It is of particular interest in the current environment of record low unemployment levels. In September 2006, there were 174,000 young people aged 15–24 years who worked part-time but would prefer more hours (ABS 2007h). The underemployment rate for young people was higher than the rate for any other age group—10.9% and 7.8% for 15–19 and 20–24 year olds respectively, compared with the national rate of 5.0% (ABS 2007i).

As well as young people working, a considerable number of children participated in employment. The ABS Child Employment Survey indicates that in June 2006 there were 175,100 children aged 5 to 14 years who worked at some time during the previous 12 months, for example by delivering leaflets for an employer, or cleaning or gardening for non-household members for payment. This comprised 7% of all children in this age group—2% of children aged 5–9 years, and 11% of children aged 10–14 years. Of those children who worked, 33% worked in a family business or farm, 54% for an employer, and 16% for themselves. Most children usually worked 5 hours or less per week—this was the case for 59% of children who worked during the school holidays and 75% of children who worked during school terms. Children aged 10–14 years were more likely than 5–9 year olds to work 10 hours or more per week (26% compared with 13% during school holidays, and 11% compared with 6% during school term). For 12% of children who worked, the main reason they worked was to help in the family business. Four per cent also reported that they worked to supplement the family income (ABS 2007j).

2.6 Children and young people at risk

There is a demonstrated relationship between the health and wellbeing of children and young people and the environment in which they grow up (McCain & Mustard 1999, 2002; Stanley et al. 2003). Children who are raised in supportive, nurturing environments are more likely to have better social, behavioural and health outcomes. The reverse is also true (Tennant et al. 2003). Evidence from Growing up in Australia: the Longitudinal Study of Australian Children reveals a direct link between poorer parenting quality (such as parental hostility, lack of emotional warmth and low parental self-efficacy) and poorer development outcomes for infants and children (AIFS 2006). There are also well-acknowledged relationships between the welfare of a child and criminal offending later in life. In fact, parental neglect is considered to be one of the strongest predictors of later youth offending (Weatherburn & Lind 1997).

There are a number of family stressors that can place children at a higher risk of abuse and neglect. These stressors can include financial difficulties, limited social support networks, domestic violence, mental and/or physical disability, alcohol and substance abuse, health issues, and problems with unsafe, unsanitary or uninhabitable housing (Layton 2003; Tennant et al. 2003; Vic DHS 2002). Many of these factors are interrelated and therefore further exacerbate the problems faced by some families. Many of these same factors also play a role in the homelessness of some of Australia's children and young people.

This section discusses some of the risks associated with growing up and their outcomes—children and young people in the child protection system, homelessness, children and young people as victims of crime, and young people in the juvenile justice system.

Child protection and out-of-home care services

Child protection services in each state and territory provide assistance for some of the more vulnerable children in society. Children's need for assistance may be due to child abuse or neglect, or the parent's inability to care for the child. The services may include the provision of advice, family support and/or out-of-home care. For more information about child protection processes, see *Child protection Australia 2005–06* (AIHW 2007c) and the *Report on government services 2007* (SCRGSP 2007:15.2).

This section examines trends in child protection services over the last 5 years, using data collected by the AIHW from state and territory departments responsible for child protection.

Notifications, investigations and substantiations

In 2005–06, 167,433 children aged 0–17 years across Australia were the subjects of one or more child protection notifications (see Box 2.7 for definitions). The rates of notifications varied considerably across the states and territories and were between 6.3 and 56.8 notifications per 1,000 children (Table 2.16). In 2005–06, 75,604 children aged 0–17 years were the subjects of one or more finalised investigations (between 5.0 and 23.6 per 1,000 children) and 34,517 children were the subjects of one or more substantiations (between 1.9 and 11.4 per 1,000 children). The large variation in rates across the states and territories may be more a reflection of the different departmental policies and practices, definitions and data systems in each jurisdiction rather than a variation in the reported levels of child abuse and neglect (see Bromfield & Higgins 2005 for more information).

Box 2.7: Definitions of notifications, investigations and substantiations

Notification: Child protection notifications consist of contacts made to an authorised department by persons or other bodies making allegations of child abuse or neglect, child maltreatment or harm to a child.

Investigation: the process of obtaining more detailed information about a child who is the subject of a notification and the assessment of the degree of harm or risk of harm for the child. A finalised investigation refers to an investigation where an outcome has been reached (that is, where a notification is substantiated or not substantiated).

Substantiation: a notification will be substantiated where it is concluded after investigation that the child has been, is being or is likely to be abused or neglected or otherwise harmed. A decision would then be made regarding an appropriate level of continued involvement by the state or territory child protection and support services. This generally includes the provision of support services to the child and family and, in situations where further intervention is required, the child may be placed on a care and protection order or in out-of-home care.

Source: AIHW 2007c.

Table 2.16: Children aged 0–17 years subject to a notification, finalised investigation or substantiation, 2005–06

	NSW	Vic	Qld	WA	SA	Tas[a]	ACT	NT	Total
					Number of children				
Notifications	85,302	29,649	25,687	3,077	10,506	6,655	4,232	2,325	167,433
Investigations[b]	37,561	10,557	17,775	2,429	3,581	1,141	1,597	963	75,604
Substantiations[c]	12,682	7,288	10,177	926	1,463	652	865	464	34,517
					Number per 1,000 children				
Notifications	53.6	25.5	26.2	6.3	30.5	56.8	55.9	38.9	34.7
Investigations[b]	23.6	9.1	18.2	5.0	10.4	9.7	21.1	16.1	15.7
Substantiations[c]	8.0	6.3	10.4	1.9	4.2	5.6	11.4	7.8	7.2

(a) Data relating to finalised investigations and substantiations in Tasmania for 2005–06 should be interpreted carefully due to a high proportion of investigations not finalised during 2005–06.

(b) Investigations refer only to children who are the subjects of finalised investigations for notifications received during 2005–06.

(c) Substantiations refer only to children who are the subjects of substantiations for notifications received during 2005–06.

Notes

1. Definitions of notifications, finalised investigations and substantiations are given in Box 2.7.
2. For further explanation about the calculation of rates, please refer to Appendix 2 of *Child protection Australia, 2005–06* (AIHW 2007c).

Source: AIHW National Child Protection Database.

Over the last 5 years the rates of child protection notifications, finalised investigations and substantiations have generally increased across the states and territories (Table A2.18). However, the trend data need to be interpreted with caution as increases may reflect more children requiring a child protection response, increased community awareness about child abuse and neglect, and/or more willingness to report problems to state and territory child protection support services. Furthermore, the data are basically a measure of the activity of the departments responsible for child protection and as such are sensitive to changes in child protection legislation and departmental policies, practices, resources and data systems (see AIHW 2007c for further details).

Type of abuse and neglect

Substantiations are classified into one of four categories (physical, sexual or emotional abuse, or neglect) depending on the main type of abuse or neglect that has occurred. In 2001–02, physical abuse, emotional abuse and neglect each accounted for around one third of all substantiations in each state and territory (AIHW 2003). By 2005–06, emotional abuse had become the most prominent form of abuse identified in substantiations, accounting for 42% of all substantiations on average across jurisdictions (AIHW 2007c). This compared with 20% on average for physical abuse and 28% on average for neglect. The increasing number of substantiations being classified as emotional abuse may in part be due to the broadening legislative definitions of emotional abuse, which has also resulted in a wider range of circumstances covered under mandatory reporting legislation.

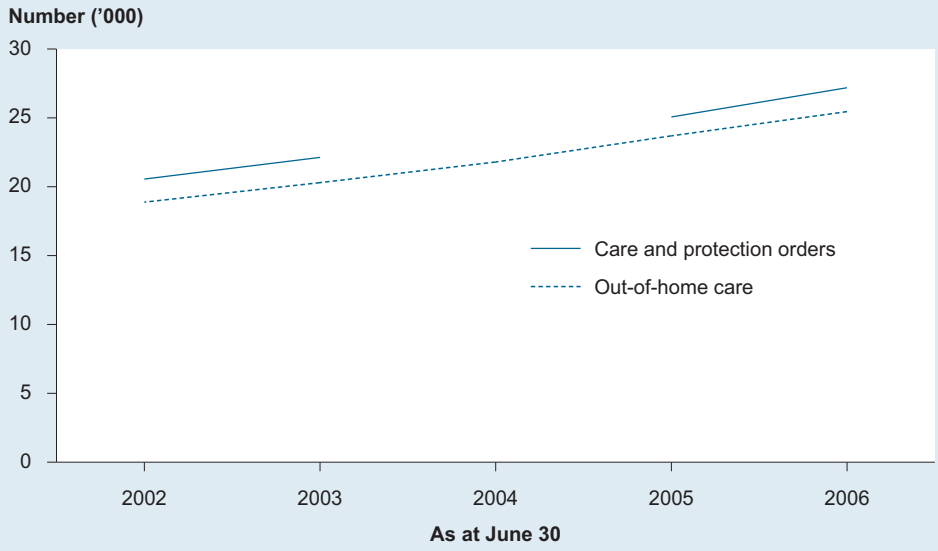
Care and protection orders and out-of-home care

Although the departments responsible for child protection can apply to the relevant court to place a child on a care and protection order at any point in the child protection process, such action is usually taken only as a last resort in situations where the department believes that continued involvement with the child is warranted. This may occur in situations

where supervision and counselling are resisted by the family, where other avenues for resolution of the situation have been exhausted, or where removal of a child into out-of-home care requires legal authorisation. In 2005–06, 27,188 children were on care and protection orders and a majority of these children (23,584 or 87%) were also in out-of-home care (AIHW 2007c).

Between 30 June 2002 and 30 June 2006, there has been a steady increase in the number of children on care and protection orders and in out-of-home care across Australia (Figure 2.12). The number of children on care and protection orders has increased by 32%, from 20,557 to 27,188. A similar increase (35%) was observed for children using out-of-home care services, from 18,880 to 25,454 over this period.

There are several reasons for this increase. It may partly reflect the increasing number of families that are considered unable to adequately care for children, but may also be due to changing community standards in relation to child safety. Some of the increases may be due to a flow-on effect from the increased number of cases being substantiated over the last 5 years. The increase may also partly be due to the accumulation of children in the system as children remain on orders or in out-of-home care for longer periods of time. The increased duration of care and protection orders and out-of-home care placements reflects the increasing complexity of family situations faced by these children (Layton 2003; Tennant et al. 2003; Vic DHS 2002).



Note: The total number of children on care and protection orders for 2004 is not available as New South Wales was unable to supply data for that year due to system changes.

Source: Table A2.19.

Figure 2.12: Children on care and protection orders and in out-of-home care, 2002 to 2006

Living arrangements of children in out-of-home care

Out-of-home care provides alternative accommodation to children and young people who are unable to live with their parents. These arrangements can include foster care, relative/kinship care, residential or facility-based care, family group homes, and independent living arrangements (see Glossary under 'Out-of-home care' for definitions).

Of the 25,454 children in out-of-home care across Australia at 30 June 2006, 53% were placed in foster care, 41% in relative/kinship care, 4% in residential care and nearly 3% in other care arrangements (Table A2.20). Residential care is mainly used for children who have complex needs or for those who need to be placed with a group of siblings. Since 2002 there has been a slight decline in the proportion of children placed in residential care. This may reflect policies of placing children, particularly young children, in home-based care rather than residential care where possible.

The Aboriginal Child Placement Principle outlines preferences for the placement of Aboriginal and Torres Strait Islander children when they are placed outside their immediate family (Lock 1997:50). The effects of the principle are reflected in the relatively high proportions (ranging from 86% in New South Wales to 33% in Tasmania) of Indigenous children placed with Indigenous relatives or kin, with other Indigenous caregivers or in Indigenous residential care at 30 June 2006 (AIHW 2007c).

Profile of selected characteristics

The child protection data indicate that some groups of children are over-represented in the child protection system. However, the complexity surrounding the interpretation of the data means that it is often not possible to pinpoint the exact reasons behind the over-representation.

Children under 1 year of age

In 2005–06, children aged less than 1 year accounted for between 10% and 16% of all substantiations across the jurisdictions—a rate of between 4.0 and 23.6 substantiations per 1,000 children aged less than 1 year (see Table 8.27). This single-year rate is higher than for other combined age groups, such as 2.3 to 14.9 substantiations per 1,000 children aged 1–4 years and 1.9 to 11.6 substantiations per 1,000 children aged 5–9 years.

Substantiations resulting from emotional abuse and neglect were much more common for those aged less than 1 year than those aged 10 years or over across most states and territories.

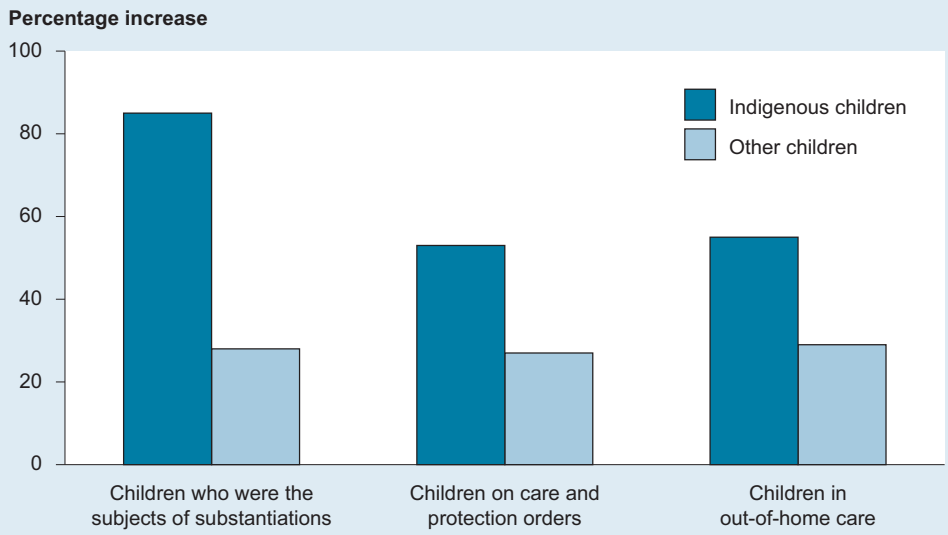
The higher proportion and rate of substantiations among infants than older children may reflect that infants are recognised in many states and territories as a population group needing extra care and protection. This could lead to an increased focus on early intervention (for example, see Vic DHS 1999).

Aboriginal and Torres Strait Islander children

Aboriginal and Torres Strait Islander children are clearly over-represented in the child protection system. Overall, Indigenous children aged 0–17 years were 4.5 times as likely to be the subjects of substantiations as other children in 2005–06, and were around 7 times as likely to be on care and protection orders or in out-of-home care at 30 June 2006 (AIHW 2007c).

Increases in the number of Indigenous children in all areas of the child protection system were much greater than for other children between 2002 and 2006 (Figure 2.13). For example, between June 2002 and June 2006, the number of Indigenous children on care and protection orders increased by 53%, compared with 27% for other children.

However, it should be noted that the quality of Indigenous data varies across jurisdictions and over time. Increases in the number of Indigenous children in the child protection system over time could be a result of improvements in Indigenous identification as well as increases in the actual numbers.



Note: For children who were the subjects of substantiations the percentage increase relates to financial year data over the period 2001–02 to 2005–06.

Source: Table A2.21.

Figure 2.13: Percentage increase of children 0–17 years subject to substantiations, on care and protection orders or in out-of-home care between 2002 and 2006

The prevalence of domestic violence and the generally lower socioeconomic status of Indigenous families are some of the factors in this over-representation (Stanley et al. 2003). A recent Australian Institute of Criminology study found that 42% of Indigenous respondents experienced male-to-female domestic violence, compared with 23% for all respondents (AIC 2001). The legacy of past policies of forced removal of children, intergenerational effects of previous separations and cultural differences in child-rearing practices may also contribute to this over-representation (HREOC 1997).

Children from one-parent families

When compared with the distribution of family types across Australia, children from one-parent households are over-represented in the data on substantiations. For example, in 2005, of all families with children aged under 15 years, 19% were lone-mother households, 3% were lone-father households and 78% were couple households (ABS 2006l). In 2005–06, between 32% and 45% of substantiations involved children living in lone-mother households and a further 4% to 6% involved children living in lone-father households (AIHW 2007c). This compares with between 38% and 54% of substantiations involving children from couple households.

Lone parents may have an increased likelihood of experiencing family stressors such as social isolation and lack of social support, which have been found to be associated with child maltreatment (Coohey 1996; Loman 2006). A study by Saunders and Adelman (2006) found that 27% of all one-parent families experienced three or more forms of social exclusion (for example, being unable to afford to have friends or family over for dinner, take a short holiday, go out for a special meal, engage in a hobby or have a night out). This compares with 11%–13% for couple families with one or two children and 23%

for couple families with three or more children. This study and numerous other studies have shown that children and young people in one-parent families generally have fewer financial resources available to them and are more likely to experience poorer outcomes (AIHW 2007a; Saunders & Adelman 2006).

Homelessness

Children and young people may experience adverse educational, social and health consequences as a result of being homeless. Homeless children and young people may experience emotional and behavioural problems such as depression, low self-esteem, anger and aggression, and often have disrupted schooling (Walsh et al. 2003). Parents in homeless families are also likely to be suffering from depression or stress, which may mean they are unable to give their children adequate attention or affection. A high proportion of homeless children may also have witnessed or experienced domestic violence. For example, in 2005–06 domestic violence was the most common main reason (nearly half of all support periods) for client groups with children seeking assistance from Supported Accommodation Assistance Program (SAAP) services (Table A2.22). Witnessing or experiencing domestic violence can have serious consequences for children (refer to Section 8.4), which would further exacerbate the effects of homelessness.

Clients with children represented more than a quarter (28%) of SAAP support periods in 2005–06. The substantial rate of family homelessness has meant a significant proportion of Australia's homeless population are children. In 2005–06, approximately 54,700 children aged 0–17 years accompanied a parent or guardian who sought assistance through SAAP services. This equates to 11.3 children per 1,000 in the general population. Of children (0–17 year olds) for whom age was known, almost half (44%) were aged less than 5 years, or 17.4 per 1,000. In comparison, the rate for 10–14 year olds was 7.5 per 1,000 (Table 2.17).

Table 2.17: SAAP accompanying children, 2005–06

Age group	Number	Number per 1,000 children
0–4 years	22,100	17.4
5–9 years	14,700	11.1
10–14 years	10,400	7.5
15–17 years	3,100	3.7
Missing age	4,500	. .
Total	**54,700**[(a)]	**11.3**

(a) Numbers do not add to total due to rounding.

Note: Figures for accompanying children have been weighted to adjust for agency non-participation and client non-consent.

Source: AIHW SAAP Client Collection.

Children and young people may also access SAAP services independently. In 2005–06, 36% (36,700) of all SAAP clients were aged 24 years or less, equating to a rate of 5.4 per 1,000 people aged 24 years or less in the general population. Around half (52%) of these SAAP clients were aged 15–19 years and a further 43% were aged 20–24 years (AIHW 2007d).

According to the AIHW SAAP Client Collection, the main reasons for children and young people seeking SAAP assistance were related to interpersonal relationships such as relationship/family breakdown, domestic/family violence and time-out from family/other situation (19%, 14% and 10% of SAAP support periods, respectively). For SAAP clients aged 25 years or over, the main reasons for seeking assistance were domestic/family violence

and 'other' financial difficulty, which excludes gambling, budgeting and high rent (26% and 12% of SAAP support periods respectively).

Although the SAAP data provide a valuable measure of homelessness, it is important to note that it is not able to count the homeless population with complete accuracy. Some people often move in and out of homelessness and may never be counted in official statistics, while some may never seek SAAP assistance or are turned away from SAAP services. For example, in 2004–05, the daily turn-away rate for accompanying children was 60% which indicates that their chance of receiving accommodation was around 2 in every 5 accompanying children (AIHW 2006c). The Australian Census of Population and Housing has attempted to fill some of this counting gap by counting homeless people who are temporarily staying with others, those in impoverished dwellings and those sleeping on the street (ABS 2003b). Estimates based on the 2006 Population Census were not available at the time of writing. However, based on the 2001 Census there were an estimated 9,941 homeless children under 12 years, accounting for 10% of the homeless population and 0.3% of all Australians aged under 12 years of age.

Children and young people as victims

Victims of assault and sexual assault not only experience harm in the short term but are at risk of further harm or harming others later in life. A major concern is that children who are victimised are at a greater risk of later victimising others (Lauritsen et al. 1991; Weatherburn & Lind 1997). Other research suggests that victimisation can lead to diminished educational attainment, wide-ranging effects on socioeconomic attainment in early adulthood (Macmillan & Hagan 2004), suicidal ideation and behaviour (Simon et al. 2002), and depression (Arboleda-Florez & Wade 2001).

Victims of crime, especially violent crime, are often reluctant to report crimes to the police and therefore the actual level of crime experienced by children and young people is likely to be underestimated. Children and young people, in particular, may feel intimidated and reluctant to report personal crimes if the perpetrator is known to them or is in a position of power (perhaps because they are older or an authority figure).

While crime victim surveys are used to measure the extent of unreported or hidden victimisation, no Australian survey currently includes children aged under 15 years in their sample (ABS 2004b). The two main sources of information about criminal victimisation of children are administrative data sets: recorded crime statistics and substantiations of child abuse (discussed earlier). Since 1993, the ABS has published an annual report of recorded crime statistics collected by the police in each state and territory, according to standard offence classifications. These data are used here to present a picture of the victimisation of children and young people.

Children and particularly young people are generally more vulnerable than adults to being victims of violent crime (Table 2.18). Young people aged 15–24 years were 2–3 times as likely to be victims of assault and robbery as the general population. In 2003, assault was the most commonly reported crime for children and young people (57,300 children and young people or 853.6 per 100,000 persons). The rates of assault for children and young people increased with age, with rates among 15–24 year olds 5–6 times as high as among children aged 0–14 years. Reported sexual assault was much less common than assault; however, the rate of sexual assault for young females aged 15–24 years was 8 times as high as that for young males (370.6 compared with 45.2 per 100,000). The rates for sexual assault were around twice as high for 0–14 year old and 15–24 year old females as that for the general female population.

In 2006, a considerable number of children and young people were victims of robbery (7,400 children and young people or 108.6 per 100,000 persons). The rate for young males was nearly 4 times as high as that for young females. Rates of robbery were highest among the 15–24 year age group for both males and females.

While the proportions of children and young people that are victims of murder/attempted murder and kidnapping/abduction are relatively small, these types of violent crime affected 600 children and young people in 2006.

Table 2.18: Victims aged 0–24 years by age and offence type, 2006

Age group (years)	Murder/ attempted murder	Kidnapping/ abduction	Robbery	Blackmail/ extortion	Assault[a]	Sexual assault[a]
			Number			
Males						
0–14	23	105	690	5	7,530	1,821
15–24	72	80	5,302	49	25,824	630
0–24	95	185	5,992	54	33,354	2,451
Total population	*372*	*270*	*10,846*	*244*	*90,688*	*3,255*
Females						
0–14	12	139	120	0	4,757	5,669
15–24	30	166	1,322	37	19,166	4,941
0–24	42	305	1,442	37	23,923	10,610
Total population	*141*	*447*	*3,760*	*120*	*66,445*	*14,892*
			Number per 100,000 people			
Males						
0–14	1.1	5.1	33.7	0.2	368.8	89.2
15–24	4.9	5.5	361.5	3.3	1,851.2	45.2
0–24	2.7	5.3	170.6	1.5	970.4	71.3
Total population	*3.6*	*2.6*	*105.7*	*2.4*	*918.5*	*33.0*
Females						
0–14	0.6	7.2	6.2	0.0	245.3	292.3
15–24	2.2	11.9	95.0	2.7	1,437.6	370.6
0–24	1.3	9.2	43.3	1.1	731.0	324.2
Total population	*1.4*	*4.3*	*36.3*	*1.2*	*664.5*	*148.9*

(a) Data for assault and sexual assault are from 2003, as these are the most recent data for 0–24 year olds.

Source: ABS 2007k; AIHW 2005a.

Juvenile justice

During childhood, some young people will have an encounter with the criminal justice system. Around 15%–17% of young Australians have been found to have at least one formal contact with police as juveniles (Skrzypiec & Wundersitz 2005; Stewart et al. 2005). For over 80% of these young people, this offending will be very low in frequency and transient in nature (Marshall 2006). A very small proportion of children have more serious interaction with the juvenile justice system, leading to outcomes such as community service orders or sentences involving detention in custody. It is these children who are most vulnerable to continued and more serious offending later in life (Makkai & Payne 2003).

Several welfare issues are consistently related to youth offending including low school attainment, poverty and poor parenting (Farrington et al. 2006); physical abuse and neglect (Stewart et al. 2002; Weatherburn & Lind 1997); and high levels of socioeconomic disadvantage (Lynch et al. 2003).

Juvenile justice legislation

The juvenile justice system is responsible for dealing with young people who have committed or allegedly committed an offence while considered to be a 'juvenile' (see Box 2.8 for details on how the juvenile justice system operates). Juvenile justice is a state and territory responsibility and each has its own legislation that dictates the policies and practices of juvenile justice within its jurisdiction. While this varies in detail, the intent of the legislation is very similar across Australia. For example, the key principles of juvenile justice in all jurisdictions include diversion of young people from court where appropriate, incarceration as a last resort, victim's rights, the acceptance of responsibility by the offender for his or her behaviour and community safety.

One of the ways in which the legislation varies across states and territories is in the definition of a 'juvenile'. In the Australian Capital Territory, the juvenile justice legislation applies to young people aged 10 to 18 years at the time of the alleged offence and in Queensland to young people aged 10 to 16 years. However, in most jurisdictions those who were aged 10 to 17 years of age are included as juveniles. Victoria also has a sentencing option for adult courts which allows 18–20 year olds to be sentenced to detention in juvenile justice facilities where appropriate.

Police

A young person's first contact with the justice system is usually with the police, and that contact may take various forms. Police may administer cautions and warnings to juveniles, which may be either formally recorded or informal, and may have voluntary or mandatory conditions attached, such as attendance at a program or community service.

Police apprehensions refer to instances where a person has allegedly committed an offence and been processed (action has been taken by police) for that offence. In 2003–04, the police apprehension rate for juveniles aged 10–17 years (3,023 per 100,000) was twice that for adults (1,685 per 100,000) in Victoria, South Australia and Queensland (AIC 2006). However, the police apprehensions rate for juveniles has decreased by 26% since 1995–96, compared with a 7% decrease for adults over the same period. Juvenile offenders are most commonly apprehended by police for property-related offences such as theft (AIC 2006).

Box 2.8: How the juvenile justice system operates

The juvenile justice system in each state and territory comprises several organisations, each having a different primary role and responsibility in dealing with young offenders:

- the police, who are usually the young person's first point of contact with the justice system
- the courts (usually a special children's or youth court), where matters regarding the charges against the young person are heard. The courts are largely responsible for decisions regarding bail (and remand) and sentencing options if the young person admits guilt or is found guilty by the court
- the juvenile justice departments, which are responsible for the supervision of juveniles on a range of community-based orders and supervised bail. They are also responsible for the administration of juvenile detention centres.

Diversions

Diversionary programs exist throughout the juvenile justice system: bail programs with intensive supervision; hostels for those with accommodation difficulties; programs which focus on rural areas, Aboriginal and Torres Strait Islander young people, family relationships, employment and skills, arts, and drug rehabilitation.

Conferencing

Conferencing may occur at various stages of the criminal justice system, and be the responsibility of police, courts or the juvenile justice department. The restorative justice principles on which many conferencing models are based focus on a group of people coming together to discuss an offence and its effects, and to agree on sanctions or reparations. The attendees are the young offender (who must have admitted the offence) and their supporters (often including parents or guardians), the victim(s) and their supporters, a police officer and the conference convenor. Conferencing is designed to be less stigmatising and adversarial than the court system and to provide better opportunities for both the offender and the victim to discuss the offence and its effects.

Juvenile justice supervision

The AIHW, in collaboration with the Australasian Juvenile Justice Administrators, has developed a national minimum data set for juvenile justice supervision. This new data source, which includes data from all states and territories in Australia, covers both community–based and detention-based supervision. Community-based supervision may include probation, community service orders and parole.

Each year, around 13,000 young people experience some form of juvenile justice supervision—13,254 young people in 2005–06. Of these 11,150 (84%) had community–based juvenile justice supervision, and 5,137 (39%) had detention–based supervision. Around 3,033 (23%) experienced both community–based and detention-based supervision at some time during the year (Table 2.19; AIHW 2007f).

Table 2.19: Young people under juvenile justice supervision, number and average daily number, 2000–01 to 2005–06

	2000–01[a]	2001–02[a]	2002–03[a]	2003–04[b]	2004–05[b]	2005–06[b]
				Number		
Community	10,813	11,039	11,056	11,093 (10,768)	10,807 (10,528)	11,150 (10,914)
Detention	5,483	5,113	5,135	5,213 (5,082)	4,800 (4,683)	5,137 (5,007)
All young persons	13,318	13,273	13,162	13,290 (12,953)	12,765 (12,475)	13,254 (12,999)
				Average daily number		
Community	5,172	5,017	5,212	5,318 (5,154)	5,145 (4,997)	5,185 (5,081)
Detention	881	886	836	838 (817)	785 (768)	816 (798)
All young persons	6,053	5,903	6,049	6,156 (5,971)	5,930 (5,766)	6,001 (5,879)

(a) Excludes the Australian Capital Territory for which data were unavailable for 2000–01 to 2002–03.

(b) Bracketed numbers exclude the Australian Capital Territory for which data were unavailable for 2000–01 to 2002–03.

Note: This table includes young people who have had at least 1 day of juvenile justice supervision during the collection year. The numbers for community and detention will not add up to the 'all young persons' figure, as some young people will have experienced both community and detention supervision during the collection year.

Sources: AIHW 2006d, 2007e, 2007f.

There is variation in the rates of young people aged 10–17 years under community-based and detention-based supervision across jurisdictions. For Australia overall in 2005–06, 5.0 per 1,000 young people had juvenile justice supervision—4.2 per 1,000 were in community–based supervision, and 2.0 per 1,000 were in detention–based supervision at some time during each year, with some young people in both.

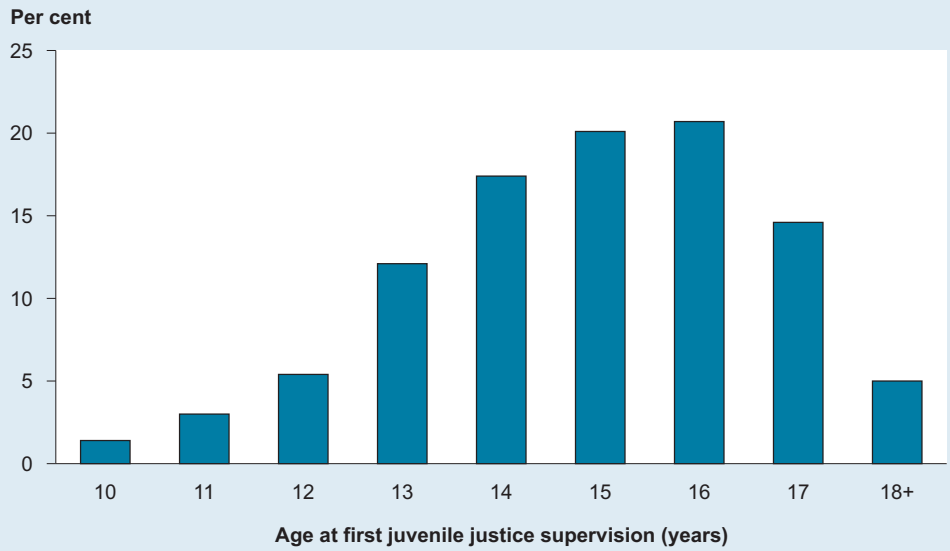
During 2000–01 to 2005–06, there was an average of about 6,000 young people in juvenile justice supervision each day (Table 2.19). On an average day there were over 6 times as many young people in community–based supervision as in detention–based supervision in 2005–06.

Periods of community-based supervision are on average longer than periods of detention-based supervision, as reflected in the number of young people in each type of supervision on an average day. For example, of the 11,150 young people in community-based supervision during 2005–06, 47% (5,185) were under supervision on an average day. However, of the 5,137 young people in detention in 2005–06, only 16% (816) were in detention on an average day (Table 2.19).

Most young people are at least 15 years old when they first experience supervision by a juvenile justice department. Over half (55%) of young people began their first juvenile justice supervision when they were aged 15–17 years and only 4% of young people were aged 10 or 11 years (Figure 2.14).

Young people may experience detention at various points in the juvenile justice system. Pre–sentence detention may occur if a court has denied bail and remanded the young person in custody before their case has been heard, or before sentencing. Once matters have been finalised in court, detention may be a sentencing option.

In 2005–06, 44% of young people experienced pre–sentence or sentenced detention in their first supervision by juvenile justice (Table 2.20). Some young people experienced both. From the age of 12, the proportion of young people experiencing detention during their first supervision decreased as the age at first contact increased. In the younger age groups, detention in a first supervision was most often pre-sentence remand. Sentenced detention episodes in a first supervision were unusual, except for those aged 18 years or over.



Source: Table A2.23.

Figure 2.14: Young people under juvenile justice supervision, age at first juvenile justice supervision, 2005–06

Table 2.20: Age at first juvenile justice supervision, by presence or absence of detention episodes in the first supervision period for young people, 2000–01 to 2005–06[(a)]

	Age at first supervision									
	10	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18+**	**Total**
	Number of young people									
First supervision period contained detention	54	204	481	1,160	2,050	2,751	3,178	2,278	826	12,982
Pre-sentence detention	54	197	470	1,146	2,026	2,684	3,100	2,165	318	12,160
Sentenced detention	1	17	40	97	127	201	216	219	535	1,453
First supervision period did not contain detention	43	172	367	1,095	2,188	3,414	4,460	3,742	1,141	16,622
Total	**97**	**376**	**848**	**2,255**	**4,238**	**6,165**	**7,638**	**6,020**	**1,967**	**29,604**
	Per cent of young people									
First supervision period contained detention	55.7	54.3	56.7	51.4	48.4	44.6	41.6	37.8	42.0	43.9
Pre-sentence detention	55.7	52.4	55.4	50.8	47.8	43.5	40.6	36.0	16.2	41.1
Sentenced detention	1.0	4.5	4.7	4.3	3.0	3.3	2.8	3.6	27.2	4.9
First supervision period did not contain detention	44.3	45.7	43.3	48.6	51.6	55.4	58.4	62.2	58.0	56.1
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) This table includes all young people in the juvenile justice national minimum data set from 2000–01 to 2005–06.

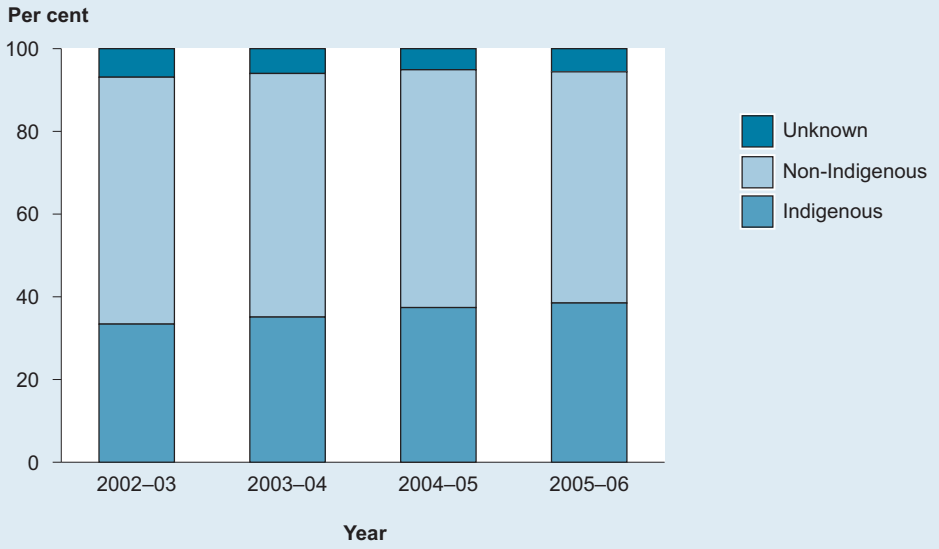
Notes

1. Excludes the Australian Capital Territory as data on date of first contact were unavailable.
2. The first supervision period for some young people contained both pre-sentence detention and sentenced detention.

Sources: AIHW 2006d, 2007e, 2007f.

Indigenous rates

During the period 2002–03 to 2005–06, there has been a gradual increase from 33% to 39% in the proportion of Aboriginal and Torres Strait Islander young people under juvenile justice supervision (Figure 2.15). This may be due to an actual increase in the proportion of young people under juvenile justice supervision who are Indigenous, and/or to increased identification of Aboriginal and Torres Strait Islanders among this group. This increased identification may be partly due to improvements in data quality as the proportion of 'unknown' or 'not recorded' responses on this item has decreased over the period.



Note: This figure excludes the Australian Capital Territory, as data were unavailable for 2002–03.

Source: Table A2.24.

Figure 2.15: Young people under juvenile justice supervision, by Indigenous status, 2002–03 to 2005–06

The rates of Indigenous juvenile justice supervision for young people aged 10–17 years show high levels of over-representation of Indigenous youth, relative to their population distribution, throughout the states and territories during 2005–06 (Table 2.21). Overall, Aboriginal and Torres Strait Islander young people were under juvenile justice supervision at a rate of 44.4 per 1,000, compared with 2.9 per 1,000 for non-Indigenous young people. Western Australia, South Australia and the Australian Capital Territory had the highest rates of Aboriginal and Torres Strait Islander young people under juvenile justice supervision, while Victoria and the Northern Territory had the lowest (excluding Tasmania where there is a very high proportion of unknown/not recorded).

Table 2.21: Young people under juvenile justice supervision aged 10–17 years, by Indigenous status, 2005–06

Indigenous status	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
					Number of young people				
Indigenous	1,091	159	1,171	1,539	287	68	41	236	4,592
Non-Indigenous	1,789	1,070	1,279	899	612	251	175	51	6,126
Unknown/not recorded	253	142	—	39	51	62	—	—	547
Total	**3,133**	**1,371**	**2,450**	**2,477**	**950**	**381**	**216**	**287**	**11,265**
					Number per 1,000 young people				
Indigenous	34.7	23.8	39.8	106.6	51.4	17.7	44.2	21.2	44.4
Non-Indigenous	2.6	2.0	3.0	4.2	3.9	4.9	5.1	3.5	2.9
Unknown/not recorded	. .	. .	. .	. .	. .	. .	. .	. .	. .
Total	**4.3**	**2.6**	**5.3**	**10.8**	**5.8**	**6.9**	**6.2**	**11.2**	**5.0**

Notes

1. The Department of Health and Human Services in Tasmania has reported that the Indigenous data for Tasmania may not be reliable due to limitations in the reporting capabilities of the information system.
2. Calculation of rates excludes unknown/not recorded.
3. Age is calculated as at first date of supervision during 2005–06.

Source: AIHW 2007f.

2.7 Data developments

Since 2005, substantial data development and information activities have been undertaken in the areas of child, youth and family services, significantly contributing to the evidence base in national welfare information. These activities relate specifically to child protection, child care services, juvenile justice and, more generally, child and youth health and wellbeing and families.

There are significant gaps in the current national data on child protection. Apart from the intensive family support services data, there are no other data at the national level on the support services used by children in need of protection and their families. Work is currently being undertaken by the National Child Protection and Support Services (NCPASS) data group to broaden the scope of the national data collection and to improve comparability. NCPASS, in collaboration with the AIHW, has undertaken developmental work on a draft national minimum data set for the National Child Protection Data Collection, with the aim of improving analytic potential and national reporting on children and young people in the child protection system. The feasibility of developing a national data collection for family support services in the context of child protection with the aim of identifying core data items and tables that could potentially be included in a national collection to complement the statutory child protection data currently published in *Child Protection Australia* is currently underway. The AIHW, in conjunction with NCPASS, will also develop a consistent set of data definitions and counting rules as a first step towards a national collection of aggregate data about foster carers, expanding on previous work undertaken on the feasibility of establishing such a data collection. In addition, the Australian Institute of Family Studies will undertake a data comparability project aimed at better identification of the reasons for differences in data between jurisdictions and within jurisdictions across time.

The AIHW, in collaboration with community services and education departments, has undertaken an innovative data linkage project involving interdepartmental linkage of administrative data across multiple jurisdictions, the first Australian study in the child protection field to have done so. The aim of this study is examine the educational outcomes of Australian children placed in child protection services, namely those on guardianship/custody orders. Stage 1 of the project, presenting a snapshot of the academic performance (in terms of reading and numeracy tests) of children on guardianship/custody orders in years 3, 5 and 7, has been completed and a report published on the findings. Work has begun on Stage 2 of the project, which is longitudinal in nature and assesses these children 2 years later, with the aim of identifying how the educational performance of children on guardianship/custody orders changes over a period of time.

The development of the Children's Services National Minimum Data Set has been completed with the publication of the final report in February 2007 (NCSIMG Children's Services Data Working Group 2007). The Children's Services NMDS, endorsed by the Community and Disability Services Ministers' Advisory Council (CDSMAC) in 2006, aims to provide nationally comparable and comprehensive data about the provision of child care and preschools services including information about the children who use the services, the service providers and their workers. Options for the implementation of the data set are now being examined.

The Juvenile Justice National Minimum Data Set has been implemented and three reports have been published. The first report, with data from 2000–01 to 2003–04, was published in February 2006 (AIHW 2006d). The second and third reports, covering the periods 2004–05 and 2005–06 respectively, were published in March and August 2007 (AIHW 2007e, 2007f). These reports draw on data held in the national database established by the AIHW and the Australasian Juvenile Justice Administrators. This database provides, for the first time, statistical information on all young people under juvenile justice supervision, including not only those on detention but also those under community-based supervision.

The AIHW is currently undertaking data linkage development work in community service areas by exploring the feasibility of linking data between the Juvenile Justice National Minimum Data Set, SAAP data collections and the proposed Child Protection National Minimum Data Set. Initially, this analysis would aim to establish the extent to which young people are clients of both SAAP services and juvenile justice, and establish the identifying characteristics of these clients. This work could be further extended by linking child protection data with SAAP data, when unit record data for child protection become available. This cross-sectoral data linkage activity would enable the characteristics of young people who move between these three service sectors to be identified.

In 2005, the Australian Health Ministers' Conference and the Community and Disability Services Ministers' Conference approved a project to develop a set of agreed headline indicators to monitor the health, development and wellbeing of children in Australia and to facilitate ongoing data development and collection in these areas. After extensive consultations with state and territory government agencies and data committees, 19 priority areas (16 of which have specific Headline Indicators) were endorsed by Ministers in 2006 (see Table A2.25). A program to support the development and ongoing reporting of these indicators is being developed by the AIHW under the auspices of the Australian Population Health Development Principle Committee of the Australian Health Ministers' Advisory Council.

The ABS, in conjunction with an expert steering group, has developed an information development plan aimed at improving the collection and use of statistics on children and youth. The plan is based on 10 agreed priority areas for statistical data development. It reviews existing data, reports on data gaps and identifies actions required by key agencies to achieve the identified improvements within each of the priority areas. The ABS has recently published an information paper outlining the plan. The paper also includes a comprehensive list of data currently available on children and young people, and identifies gaps in the existing data (ABS 2006m).

The ABS has started work on the development of an agreed framework to support the further development of national statistics about families. This framework will identify and define the important concepts of family and family statistics, drawing attention to the importance of measuring aspects of family structures, family transitions, family functioning, and transactions, or social exchanges, between the family and the wider community, as important elements of family wellbeing. The framework will then be used to guide data development activities in the area of families as well as associated research work.

The ABS is also reviewing the content of the national Child Care Survey and is concurrently developing an early years learning topic. They will be integrated into a single household-based survey called Childhood Education and Care, to be conducted in 2008. It is expected that the new survey will continue to provide information on the nature, use and cost of child care as well as data on children's learning activities and environments in their early years.

Growing up in Australia: the Longitudinal Study of Australian Children was a study initiated and funded as part of the Australian Government's Stronger Families and Communities Strategy by the Australian Government Department of Families, Community Services and Indigenous Affairs. The study is being undertaken by the Australian Institute of Family Studies in collaboration with the ABS, with advice being provided by leading researchers throughout Australia. The study explores family and social issues, and addresses a range of research questions about children's development and wellbeing. Its longitudinal structure will enable researchers to determine critical periods for early intervention and prevention strategies in policies concerning children and identify the long-term consequences of new policies. The data from Wave 1 of the Longitudinal Study of Australian Children were launched in May 2005; a small amount of additional data from the between-waves questionnaire was released in November 2006; and data from Wave 2 were released in August 2007.

The Australian Early Development Index is another promising vehicle to provide communities with information about children's development in the early years before school. The index is based on a teacher-completed checklist of children's development. It aims to provide communities with a basis for reviewing the services, supports and environments that influence children in their first 5 years of life. It also provides information for schools and the community to look ahead to the supports that need to be developed to enhance children's capacity to be successful once they reach school. The Australian Early Development Index: Building Better Communities for Children project is conducted by the Centre for Community Child at the Royal Children's Hospital in Melbourne, in partnership with the Telethon Institute for Child Health in Perth. The project is funded by the Australian Government Department of Families, Community Services and Indigenous Affairs, and supported by the Shell Company of Australia Limited.

Originally developed in Canada as the Early Development Index, the instrument has been adapted for use in Australia. Between 2004 and 2006 the Australian Early Development Index was trialled in 54 Australian communities over six states and territories on more than 30,000 children. The index is now available to all Australian communities. There are plans to implement stage two of the project, which will collect information from the same communities that implemented the 2004–2006 index, implement it in more disadvantaged communities, and develop and trial a culturally appropriate Indigenous index.

2.8 Summary

Over the last decade there has been increasing policy and public interest in the wellbeing of children, and a growing awareness that effective support for children, young people and families is vital for the stability and future productive capacity of society in a rapidly changing social, educational and economic environment. This chapter focuses on Australia's children, young people and families in a context of change—their demographic profile, the transitions in a young person's life from early education to employment, and those in greater need of help and support due to abuse and neglect, homelessness and juvenile offending.

In June 2006, there were approximately 4 million children aged 0–14 years and 2.9 million young people aged 15–24 years living in Australia. Children and young people together account for one-third of the Australian population.

Demographic change is one of the main drivers of changing demand for welfare services and assistance. Like that of most developed countries, Australia's population is ageing as a result of steady declines in fertility and increases in life expectancy experienced over past decades. As a result of these trends, the proportion of children aged under 15 years in the population has fallen from a peak of 30% in 1961 to 20% in 2006, and is projected to fall to 16% by 2026. However, the decline in the total fertility rate appears to have stabilised since the beginning of this century and may even have begun to turn. If the fertility trends have indeed changed, our current demographic projections, which were based on a decline in fertility until 2018, are likely to be an underestimate of the proportion of children and young people in Australia in the 2020s and beyond.

There is a clear relationship between the health and wellbeing of children and young people and the environment in which they grow up. Families continue to be the cornerstone of Australian society as they provide the environment in which children learn and develop and young people are supported as they move into adulthood. Trends in family formation and dissolution mean that children today are growing up in a wider variety of family types than 30 years ago. The available data indicate that in 2003 seven out of ten children live in intact families with both of their birth or adoptive parents; around one in five children live in a one-parent family and the rest in step or blended families. However, it should be noted that after families form, they may then experience change, breakdown and re-formation.

Changes in patterns of labour force participation continue to affect families. In 2007, 94% of all families with dependent children aged 0–24 years had at least one parent employed. The proportion of couple families where both parents were employed has increased over the last decade. It is now the most common employment arrangement among couple families. Although the traditional male breadwinner family type has generally declined, it remains a common employment arrangement when the youngest child in the family is under 5 years of age. The proportions of mothers that work, and that work full time,

increase steadily as the age of the youngest child increases. A similar pattern of increasing employment as the children get older was also evident among lone mothers and lone fathers. However, in spite of this similarity in the changes in employment patterns, children living in one-parent families still generally have fewer financial resources available to them than children living in couple families.

There has been minimal change over the last decade in the proportion of children using any form of child care, but the proportion using formal child care has increased. The biggest increases in formal care have been in long day care, and outside school hours care. Grandparents continue to be the main provider of informal child care, most of which is provided at no cost to parents.

There is strong evidence that most children and young people of school age fare well in both literacy and numeracy in national and international assessments. However, there is evidence that certain population groups, such as Aboriginal and Torres Strait Islander students and students from very remote areas, were substantially less likely to meet the national benchmarks than the overall population of students. In 2005, three-quarters of young people completed Year 12 and a considerable proportion were undertaking non-school studies.

The pathways that young people take in the transition from education to work are more varied and complex than in the past, and often extend over longer periods. It is increasingly common for young people to combine work and study. Associated with this trend is the growing number of young people who work part time, either in conjunction with their studies or because they could not find full-time work. These trends towards decreasing participation in full-time work and staying in education longer may in part explain the increasing numbers of adult children living with their parents.

While most children and young people in Australia are doing well, a small group are in greater need of support. Difficulties that arise are often associated with circumstances such as poverty, unemployment, discrimination, a shortage of adequate and affordable housing in the community, and problems such as domestic violence, drug and alcohol abuse, poor parenting, and relationship and family breakdown. Child protection services provide assistance for children who are abused, neglected or at risk of harm, or whose parents are unable to care for them. This is a dynamic area where the constant changes in policies and procedures make it difficult to interpret long-term trends in the data. However, it is clear that the number of children in the child protection system is increasing. Furthermore, some groups of children, such as Indigenous children and children from one-parent families, are over-represented. Children under 1 year of age are also over-represented in the child protection system but this may be due to the extra protection provided for this population group.

Homelessness can seriously affect educational, social and health outcomes of children and young people. A high proportion of cases of homelessness also involve other family stressors such as domestic violence and family breakdown. Domestic violence continues to be the main reason for nearly half of all support periods for client groups with children seeking assistance from SAAP services. Relationship/family breakdown was the most common main reason given by young people aged 24 years or less who accessed SAAP support independently.

During childhood and adolescence, some young people have an encounter with the criminal justice system. For most, this is usually for relatively minor and transient offences. A very small proportion of young people have more serious offending that results

in supervision by a juvenile justice department, which may include community service orders or detention in custody. Each year, around 13,000 young people experience some form of juvenile justice supervision, with community-based supervision far more common than detention-based supervision. Of serious concern, however, is the continuing over-representation of Indigenous people in the juvenile justice system.

Children, young people and families are areas that attract strong policy interest. A substantial number of data development activities have been undertaken in recent years, significantly contributing to the evidence base in these areas and paving the way for more analyses in the future.

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3 Ageing and aged care

3.1 Introduction

The year 2007 marked the tenth anniversary of the passing of the *Aged Care Act 1997* and the announcement of the development of the National Strategy for an Ageing Australia. The *Aged Care Act 1997* provided the main vehicle for structural reforms in residential aged care, while the National Strategy for an Ageing Australia stimulated discussion of the wider context in which aged care programs and other services for older people operate. Discussion papers on healthy ageing, lifestyle and attitude, world class care, and self-provision and independence were released throughout 1999 and 2000, and the National Strategy itself was released in 2001 (Andrews 2001 & DoHA 2001). The following year saw the publication of the first Intergenerational report (Costello 2002), while the second such report was released in 2007 (Costello 2007). These initiatives have not only shaped developments in aged care over a decade but have also heralded changes in a wide range of policy areas that are affected by population ageing, and that in turn have shaped the experience of ageing of many older Australians.

Some of the major issues or themes which recur in these major policy documents include:

- labour force participation and productivity and the need to maintain an adequate labour supply, including for health and aged care
- retirement and the transition to retirement, including ensuring adequate provision for retirement, given longer life spans
- health and care costs, and how to influence the factors that will affect these, such as health and disability status, the supply of informal care, the type and quality of formal care services, and developing sustainable and equitable financing arrangements for such care
- social and community effects, and how to promote positive ageing in terms of health, economic and social participation, as well as access by older people to appropriate services and support including infrastructure, technology and information.

This chapter reports and discusses national data in relation to each of these themes, with the exception of reporting about the health and health costs of older people which is covered by various volumes of *Australia's health* (for example, AIHW 2004c, 2006a). Aged care workforce issues are discussed in Chapter 7.

Cross-sector implications

To understand the needs and circumstances of older Australians it is necessary to consider the interaction of several policy areas, and to take a life course perspective. For example, the adequacy of an older person's income is closely connected to housing tenure, which for many people relates to opportunities over a lifetime. Older people who do not own their homes can spend a disproportionate amount of their incomes on housing costs (see Section 3.5). Another example is the shift in employment policies to encourage mature

age people to remain in (or return to) paid employment; as people in this age group are an important source of informal care to ageing parents, and to spouses and other family members with disability, social policy provisions including those for respite care may need to take into account any changing employment trends. Long before baby boomers become concerned with their own aged care needs, many will be considering how to balance paid employment, mid-life and retirement lifestyle aspirations, and the care of ageing parents or other family members.

Available data limit the extent to which such cross-cutting analyses are possible. Increasingly, information systems will need to better support cross-policy perspectives, which require a wide range of data concerning the circumstances, needs and service experiences of older people. The Information Development Plan to improve statistics on older persons, currently under development by the Australian Bureau of Statistics (ABS) in consultation with relevant stakeholders, is one useful step in this direction, as are the ongoing activities to improve data consistency and quality under the National Community Services Agreement, and the activities at both national and state level to promote appropriate techniques of data linkage among administrative data sets and between survey data and administrative by-product data.

Current research initiatives, such as those funded through the Ageing Well, Ageing Productively research grants, are also fostering cross-sector views of ageing. Collaborative and multidisciplinary research is also being encouraged to inform the development of new, more integrated services for people with complex and changing care needs and their carers. For example, the recent funding provided by the Australian Government for Dementia Collaborative Research Centres and Dementia Research Grants is explicitly focused on promoting collaborative research that will improve the quality of life and care for people with dementia and their carers.

Service development

The goal of the Australian aged care service system has been the 'provision of a cohesive framework of high quality and cost-effective care services for frail older people and their carers' (DHFS 1996:117). Much of the early progress in implementing the *Aged Care Act 1997* was focused on funding and structural issues in the residential aged care sector. However, the last two decades have also seen the growing provision of community care options to support people in their own homes for as long as is reasonable. These have been accompanied by the development of respite care and other support services for carers.

In recent years there has been a strong and public emphasis on quality of care, prevention of elder abuse, consumer rights and access to information. The Office for Aged Care Quality and Compliance (which replaced the Aged Care Complaints Resolution Scheme in 2006) employs nationally centralised arrangements for the receipt and handling of complaints. Mandatory reporting of incidents of sexual or physical assault has been introduced (DoHA 2006b). Ongoing efforts aim to introduce common arrangements for accessing community care programs and to reduce the system's complexity for aged care consumers and providers (Section 3.7). The Securing the Future of Aged Care for Australians package announced in February 2007 includes six measures to expand and improve the provision of community care, as well as responding to the Hogan Review's recommendations about financing residential aged care (Section 3.7).

These developments illustrate the push towards integrating ageing and aged care issues into broader community concerns, and recognise their connection to policy developments in other areas. For example, the provision of high quality support and care to older people remaining at home poses challenges such as those highlighted by the National Strategy for an Ageing Australia on the role of infrastructure and community support (including housing, transport and communications infrastructure) in enabling older Australians to participate in and remain connected to society.

Aged care service provision continues to be challenged by and to respond to the diversity of consumers' needs and preferences. For example, the development of community care options responds to the preferences of older people to remain living in their own homes. However, this does not mean that all older people have been equally well served by the available options. Older people with high and complex needs had limited community care options targeted directly to them until Extended Aged Care at Home (EACH) packages were introduced: the creation of EACH Dementia packages in 2006 has now provided a community care option specifically targeted to high care clients with dementia and behavioural and psychological symptoms.

Other challenges relate to not only where the service should be delivered but what type of assistance should be offered, and how creatively and responsively services can be delivered to satisfy a spectrum of needs from social support and inclusion to physical care. For example, current home-based service delivery styles may meet the need for physical care and allow older people to remain at home but do little to counteract experiences of loneliness and social isolation of older people who live alone. For this group of people, psychosocial needs may eventually contribute to decisions to seek entry to residential care. Similarly, older people from diverse cultural and language backgrounds may feel poorly cared for if services are not delivered with appropriate levels of cultural sensitivity, even where the quality of the service and the intentions of the service provider are otherwise exemplary.

Questions about the balance of provision of community and residential aged care (or other forms of congregate living), the continuum of care offered in a home-based setting, and the role of and support for informal care providers remain central to understanding and further improving the quality and appropriateness of care.

Some important questions, however, continue to challenge researchers and policy makers alike. Among these questions are how the system of care and support programs is used by older people over time, and how the various program offerings fit together from the consumers' and providers' perspectives. For example, does the use of community care delay or prevent entry to residential aged care? Does the use of community care reduce the incidence of fall-related hospitalisations? Addressing questions of this nature currently requires the analysis of data linked across multiple aged care programs; the next few years should see considerable improvement in Australia's capacity to answer these types of questions. One such project is under way at the Australian Institute of Health and Welfare (AIHW) in collaboration with Professor Stephen Duckett (University of Queensland) and Dr Yvonne Wells (La Trobe University) as part of a project investigating the care pathways of older people across both community and residential care sectors funded by the National Health and Medical Research Council (NHMRC).

Chapter outline

This chapter discusses the characteristics of Australia's older population and the care and services they receive. The primary focus is on people aged 65 years or over, the age from which people can access the Age Pension. This age group potentially conceals considerable diversity in the circumstances and needs of older people. Wherever possible, the chapter disaggregates data by age group to reveal differences between 'younger' old and the very old (those aged 85 years or over). Other age groups, however, can also be relevant in discussions about ageing. For example, workers aged 45 years or over—mature-aged workers—are the focus of research and policy designed to retain older workers in the labour force. This age group is also an important source of family caregivers who support older parents and relatives. Where relevant, this chapter includes data on age groups younger than 65 years.

Section 3.2 examines the size and certain characteristics of the older population, including Indigenous status, cultural and linguistic diversity, accommodation and living arrangements, and disability. Section 3.3 discusses issues related to labour force participation by mature-aged and older people, while data on social participation by older people is presented in Section 3.4.

Older people are eligible for, and make use of, a range of benefits and services that are available to the general population, such as housing (see Chapter 5), hospital care, medical care and pharmaceuticals (AIHW 2006a). However, certain types of income support and care services are either targeted to, or primarily used by, older people. Sections 3.5 to 3.9 deal with support and care for older people, including the main forms of income support, informal care, and government-funded aged care services. Data on services and client profiles are presented to give a picture of the service system as it exists now, against the backdrop of developments in support for older people. Section 3.7 also covers recent developments in community and residential aged care.

It should be noted that the age group aged 65 years or over is not used by government as a planning or funding tool for the majority of the programs discussed, and that younger people can and do access these services. The use of services by younger people with disability is examined in Chapter 4.

Section 3.10 draws on the limited data available about outcomes to discuss trends in accessibility and use of the main national aged care programs, older people's satisfaction with their ability to leave home and participate in the community, and their reports of unmet need for formal and informal assistance.

Expenditure on aged care is covered in Section 3.11.

Throughout the chapter use is made of different terms that have subtly different meanings despite apparent similarities. What might appear to be inconsistent use of language in the chapter arises because the chapter draws on data from multiple sources, including administrative data collections and ABS surveys, each with its own lexicon. In addition to the Glossary in this volume, Box 3.1 lists some key terms and concepts used in this chapter.

Box 3.1: Key concepts and terminology used in Chapter 3

Activity limitation—As defined by the ABS Survey of Disability, Ageing and Carers, a person has a limitation if they have difficulty doing the activity, need assistance from another person or use an aid. The related terms 'core activity limitation'and 'profound or severe limitation' are used when referring to results from the ABS survey, consistent with the survey definitions (ABS 2004b).

Aged care home—This term is used as in the *Report on the operation of the Aged Care Act 1997* (DoHA 2006b) to refer to Australian Government-accredited facilities that provide supported aged care accommodation (low and high care).

Aged care accommodation—A term used in the ABS Survey of Disability, Ageing and Carers to refer to those components of 'cared accommodation' (see definition below) that are specifically for older people. Used here only for the purpose of reporting data from the ABS survey.

Cared accommodation—The ABS Survey of Disability, Ageing and Carers defines cared accommodation to include hospitals, homes for the aged such as nursing homes and aged-care hostels, cared components of retirement villages, and other 'homes', such as children's homes (ABS 2004b). Used here only for the purpose of reporting data from the ABS survey.

Community living—References to living 'in the community', or similar words, in this chapter mean that the place of usual residence is a private or non-private dwelling as distinct from residential aged care, hospital or other type of institutional accommodation. Community settings include private dwellings (a person's own home or a home owned by a relative or friend) and certain types of non-private dwellings, for example, retirement village accommodation.

Disability—When used in connection with data from the ABS Survey of Disability, Ageing and Carers 'disability' is defined as having one or more of 17 impairments, activity limitations, or participation restrictions which have lasted, or are likely to last, for at least 6 months and which restrict everyday activities (ABS 2004b). See also Chapter 4.

Profound or severe activity limitation—A person with profound or severe limitation needs help or supervision always (profound) or sometimes (severe) to perform activities that most people undertake at least daily, that is, the core activities of self-care, mobility and/or communication. People with profound or severe core activity limitation typically need daily assistance because of the frequency that core activities need to be performed for health, safety and quality of life.

Residential aged care—This is used here as an umbrella term to refer to low and high care services provided in Australian Government-accredited aged care homes, where high care and low care are as defined in the *Report on the operation of the Aged Care Act 1997* (DoHA 2006b). Includes accommodation-related services with personal care services (low and high care), plus nursing services and equipment (high care only).

3.2 Australia's older population

Age and sex

On 30 June 2006, an estimated 2.7 million Australian residents were aged 65 years or over, more than half of whom were aged 65–74 years (Table 3.1). Women accounted for around 55% of older people but are a higher share of the very old (68% of people aged 85 years or over).

Table 3.1: Persons aged 65 years or over, 30 June 2006

Age (years)	Males	Females	Persons	Males	Females	Persons
		Number			Per cent	
65–69	385,226	393,943	779,169	31.8	26.7	29.0
70–74	302,778	326,360	629,138	25.0	22.1	23.4
75–79	252,158	299,330	551,488	20.8	20.3	20.5
80–84	166,000	239,328	405,328	13.7	16.2	15.1
85 or over	104,337	217,654	321,991	8.6	14.7	12.0
Total 65 or over	**1,210,499**	**1,476,615**	**2,687,114**	**100.0**	**100.0**	**100.0**

Source: ABS 2007e.

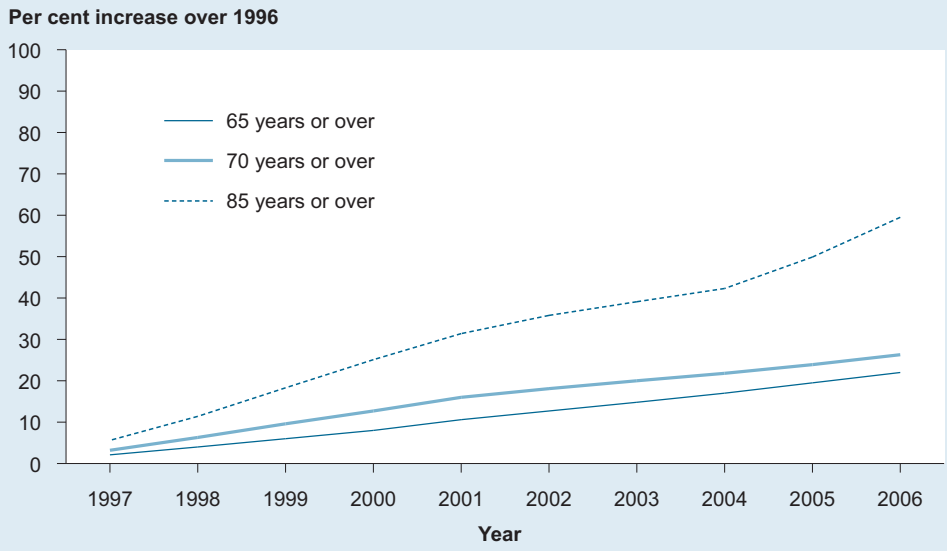
As a proportion of the total population, people aged 65 years or over increased from 12% in 1996 to 13% in 2006. More rapid growth in the older population as a share of total population will take place from 2011 onwards as surviving members of the baby-boomer generation reach 65 years of age. Growth in the older population has a direct effect on the provision of Australian Government-funded aged care places as planning targets are currently based on the size of the population aged 70 years and over.

In the last decade the rate of growth in the population aged 65 years or over has been fairly constant, while the considerably higher rate of growth of the very old population accelerated around 2004 (Figure 3.1). The number of people aged 85 years or over doubled in the 15 years to 2006. Growth in the very old population will be a major influence on government spending on aged care over the next 40 years; during this period the number of people aged 85 years or over is projected to more than quadruple to 1.6 million (Costello 2007).

Older Aboriginal and Torres Strait Islander people

The Aboriginal and Torres Strait Islander population of Australia has a much younger age structure than other Australians, but it too is ageing. People aged 65 years or over make up just 3% of the Indigenous population, and this proportion is expected to remain the same until at least 2009; however, the median age of Indigenous Australians is rising due to a falling proportion of Indigenous people aged less than 15 years (ABS 2004a).

ABS projections suggest that in 2006 between 41,000 and 45,000 Aboriginal and Torres Strait Islander people were aged 50–64 years (Table 3.2). People aged 50 years or over accounted for around 11% of the total Indigenous population in 2006. Like the general population, the age composition of Aboriginal and Torres Strait Islander communities varies considerably across regions: ABS projections for 2006 indicate that people aged 50 years or over represented anywhere between 9% and 15% of regional Indigenous communities (ABS 2004a:Table 33).



Source: Table A3.1.

Figure 3.1: Increase in number of people aged 65 years or over, 70 years or over and 85 years or over since 1996, 1997 to 2006

Much of the current Indigenous policy and research focus surrounds interventions that target children, young people and families, with the aim of improving health, education and employment outcomes in early and mid-life. Ageing policy and research on ageing specifically as it affects Indigenous people is still a relatively small field in this country and will perhaps remain so as long as the health and social inequalities between Indigenous and non-Indigenous Australians are apparent from the earliest ages. There are two main issues relating to ageing for many Indigenous people in contemporary Australia: the likelihood of reaching old age, and whether ageing policy and aged care systems designed primarily for the older non-Indigenous population are sensitive to the many different aspects of ageing among Indigenous Australians.

Table 3.2: Indigenous Australians aged 50 years or over, 2006 (low series projection)

Age (years)	Males	Females	Persons	Males	Females	Persons
	Number			Per cent		
50–54	8,976	9,728	18,704	34.6	33.0	33.7
55–59	6,644	7,258	13,902	25.6	24.6	25.1
60–64	4,220	4,576	8,796	16.2	15.5	15.9
65–69	2,790	3,355	6,145	10.7	11.4	11.1
70–74	1,724	2,144	3,868	6.6	7.3	7.0
75 or over	1,623	2,455	4,078	6.2	8.3	7.3
Total 50 or over	**25,977**	**29,516**	**55,493**	**100.0**	**100.0**	**100.0**

Note: The high series projection for 2006 estimates 60,073 Aboriginal and Torres Strait Islander persons aged 50 years or over.
Source: ABS 2004a.

Older people born overseas

Currently around one-quarter of Australia's population was born overseas. The median age of overseas-born residents is 14 years higher than their Australian-born counterparts (47 years versus 33 years respectively), reflecting the high numbers of post–World War II immigrants from Europe and, more generally, the ages at which people migrate to Australia (ABS 2007b). Major birthplace countries of origin with higher median ages were Italy (66 years), Greece (64 years), Germany (59 years) and the United Kingdom (54 years).

Numbering nearly one million, overseas-born older people accounted for 35% of all people aged 65 years or over on 30 June 2006 (ABS 2007b). While most of these people originate from non-English-speaking countries (61% of older people born overseas), a large minority came to Australia from mainly English-speaking countries, mostly the United Kingdom and Ireland, New Zealand, South Africa, the United States of America and Canada.

Older people from non-English-speaking countries account for around 21% of all older Australians (581,200 people). Of these, 51,500 were aged 85 years or over. Older people from these countries make up 23% of the 65–74 year old population, and 15% of those aged 85 years or over. A small number of non-English-speaking countries have contributed significant numbers of immigrants who are now aged 65 years and over. Italy is the major country of birth for older immigrants, contributing 113,900 people and 4% of the total older Australian population, followed by Greece with 57,200 older immigrants who account for 2% of the older Australian population. The other main birthplaces of older Australians from culturally and linguistically diverse backgrounds are Germany, the Netherlands, China and Poland (ABS 2007b).

However, older immigrants are present among all birthplace countries of origin, sometimes in very small numbers. The cultural and linguistic backgrounds of older people have implications for the provision of services in terms of the need for bilingual support, culturally sensitive service provision, and their access to care from family depending on the circumstances before and following settlement in Australia. The policy and service provision challenge is perhaps greatest for those many groups that are small in number.

Between 1 July 2005 and 28 February 2007, 7,732 people aged 65 years or over were granted Australian citizenship. People have cited varied reasons for applying for citizenship at older ages, among them identifying with younger members of family, especially grandchildren, as an Australian citizen, making official a personal feeling of belonging, and waiting until the laws of their country of origin changed to allow dual citizenship to enable them to satisfy a long-held desire to identify as an Australian while retaining the heritage of their country of origin (advice received from the Australian Government Department of Immigration and Citizenship).

Accommodation and living arrangements

ABS projections based on data from the 2001 Census estimate that around 94% of older people in 2006 lived in private dwellings as members of family, group and lone-person households (see Table A3.2). Just over 6% were usual residents in non-private dwellings, which include hotels, motels, guest houses, independent living units in retirement villages, and cared accommodation such as hospitals, aged care homes and supported accommodation offered by some retirement villages. A large majority of people in each age group 65–74 years, 75–84 years and 85 years or over lived in private dwellings.

Approximately 29% of older people live alone in private dwellings. The likelihood of living alone increases with age, with around 39% of people aged 85 years or over living in lone-person households. Even if lone-person households as a proportion of older person households remains the same over the next 15 years, significantly more older people will be living alone in private dwellings, with a projected increase from around 783,000 in 2006 to 1.3 million in 2021, 70% of whom will be women (Table A3.2).

The use of cared accommodation increases with age. Although only around 5% of older people live in cared accommodation, about 31% of those aged 85 years and over lived in cared accommodation in 2003 (1% of people 65–74 years, 7% of people 75–84 years, 31% of people aged 85 years or over) (AIHW analysis of ABS Survey of Disability Ageing and Carers; ABS 2004b). Cared accommodation mostly consists of, but is not limited to, Australian Government-accredited aged care homes. On 30 June 2006, 145,175 people aged 65 years or over were permanent residents in these homes, more than half of whom were aged 85 years or older (AIHW 2007b).

It has long been recognised that population ageing means that there will be many more people who need daily assistance. Another outcome is increased numbers of older people (especially older women) who live alone, some of whom will be at risk of reduced social participation and social isolation. While loneliness does not necessarily follow from spending time alone, widowhood and living alone are predictors of loneliness in older people and there is a strong relationship between amount of time spent alone and loneliness (Steed et al. 2007). For some people, loneliness and a sense of social isolation may also contribute to decisions to seek entry to an aged care home. Risks associated with loneliness and reduced social participation point to the importance of social contact with family and friends who live outside the household, and of formal services that offer such assistance with social support and transport.

Disability in the older population

Disability reflects a gap between a person's ability to perform their usual roles and the demands of the environment in which they live and function. It is a concept related to, but distinct from, activity limitation, since activity limitation describes capability, whereas disability is a social process (Verbrugge & Jette 1994). Iwarsson (2005) has shown that the gap between personal capability and environmental demands increases with age. Growing life expectancy has been accompanied by the hope that extra years of life are spent in good health and without disability.

Evidence in the international literature is somewhat equivocal, but recent Australian evidence suggests that most of the additional years of life gained during the 15-year period from 1988 to 2003 are years of life spent with disability. Over this period, men's life expectancy at age 65 years increased by 1.5 years— 67% of the gain (one additional year of life) is spent with disability and 27% of the gain is life with disability and profound or severe core activity limitation (abbreviated in this chapter to 'profound or severe limitation'). Older women increased their life expectancy at age 65 years by 1.2 years—over 90% of the gain is estimated to be time spent with disability, and around 58% is likely to be time spent with disability and profound or severe limitation (AIHW 2006b).

Over half of all people aged 65 years or over experience some type of disability that restricts everyday activities. Physical or multiple and diverse disability is the most common type of disability at older ages, affecting 45% of older people (AIHW 2005:Table 5.2). Having disability does not necessarily imply a need for assistance—for example, a person may

experience breathing difficulties that restrict the type and amount of physical activity they can undertake, but they do not need help or supervision with daily living activities. Among older people with physical or diverse disabilities, only 41% had a profound or severe limitation (AIHW 2005:Table 5.2).

People with profound or severe limitation who need help with the core activities of self-care, mobility and communication (see Box 3.1) could be considered the group most in need of assistance from formal care programs since a person with this degree of activity limitation usually needs help on at least a daily basis. Profound or severe limitation is strongly age-related, affecting around 12% of 65–74 year olds and increasing to 58% of people aged 85 years or over.

While a majority of older people with profound or severe limitation (73% in 2003) live in households, there are marked differences between their overall pattern of activity limitation and that of people living in aged care accommodation (Table 3.3). The predominant pattern of core activity limitation among older people in households is mobility limitation with or without self-care limitation. People in aged care accommodation are far more likely to have profound or severe limitation in all three core activity areas. With each additional area of profound or severe limitation, the chance of an older person residing in aged care accommodation increases considerably. Over 70% of people aged 65 years or over with profound or severe limitation in three core activity areas live in aged care accommodation, compared with 20% of older people so affected in two core activity areas, and 3% of older people with profound or severe limitation in just one core activity area.

Social and environmental supports can reduce disability and therefore play a critical role in improving quality of life and perceived quality of life. Supports act in two ways: by increasing individual capability or by reducing environmental demands (Verbrugge & Jette 1994). The role of environmental modifications and assistive technology is clear, especially given the numbers of older people in the community who experience mobility and self-care limitation. Well-designed home environments and access to aids and equipment help to reduce environmental demands, in turn reducing a person's reliance on others for assistance. This has obvious benefits for the person with disability, and their families and other providers of assistance.

Conversely, some of the impediments to functioning and participation for older people are poor or inappropriate housing conditions, low income, lack of transport services, low levels of community information and lack of community services (Comyn et al. 2006). Environmental difficulties, such as inaccessibility of rooms or objects, unsafe conditions such as clutter or a lack of needed handrails, and poor home maintenance that compromises safety or interferes with daily activities, mean constant exposure to the risk of reduced functioning (Gitlin et al. 2001). Functional limitation is strongly associated with depressive symptoms in older people, either in the presence or absence of disease, and with the risk of institutionalisation (Lichtenberg et al. 2000; Zeiss et al. 1996). It has also been found that perceived inability in meeting basic needs predicts depression in older adults and that access to assistive technology reduces the perception of disability (Sachs-Ericsson et al. 2006). Older people's use of assistive technology is discussed in Section 3.9.

Table 3.3: People aged 65 years or over, level and area of core activity limitation, by accommodation setting, 2003

Level/areas of core activity limitation	Age group (years) 65–74	75–84	85 or over	Total (number)	Total (per cent)
			Persons living in households		
Profound or severe limitation					
Self-care, mobility and communication	*5,300	*9,200	*8,200	22,700	1.0
Self-care and mobility	47,500	61,000	28,000	136,400	5.8
Mobility only	55,300	85,300	40,900	181,500	7.8
Self-care only	26,000	18,100	*4,000	48,100	2.1
Communication (with or without profound or severe self-care or mobility limitation)	*9,500	*6,800	**1,800	18,200	0.8
Total profound or severe	*143,600*	*180,400*	*82,900*	*406,900*	*17.4*
Moderate or mild core activity limitation	337,200	288,500	62,300	688,000	29.5
No core activity limitation[a]	824,300	362,900	51,200	1,238,400	53.1
Total	*1,305,000*	*831,800*	*196,400*	*2,333,300*	*100.0*
			Persons living in aged care accommodation		
Profound or severe limitation					
Self-care, mobility and communication	*8,400	30,200	46,600	85,200	61.5
Self-care and mobility	*3,000	11,600	18,700	33,200	24.3
Mobility only	n.r.	n.r.	n.r.	*2,400	*1.7
Self-care only	n.r.	n.r.	n.r.	*4,500	*3.2
Communication (with or without profound or severe self-care or mobility limitation)	n.r.	n.r.	n.r.	*5,200	*3.8
Total profound or severe	*12,900*	*46,100*	*71,500*	*130,500*	*94.2*
Moderate or mild core activity limitation	n.r.	n.r.	n.r.	*3,900	*2.8
No core activity limitation[a]	n.r.	n.r.	n.r.	*4,100	*3.0
Total	*13,600*	*49,400*	*75,500*	*138,500*	*100.0*
			Persons living in other types of accommodation		
Total[b]	**3,700*	**9,600*	*11,700*	*25,000*	*100.0*
			All persons		
Profound or severe	159,900	235,400	165,700	560,900	22.5
Moderate or mild	337,500	290,600	64,500	692,600	27.7
No core activity limitation[a]	825,100	364,800	53,400	1,243,300	49.8
Total	**1,322,500**	**890,700**	**283,600**	**2,496,800**	**100.0**

(a) 'No core activity limitation' includes people with disability who have no core activity limitation and people without disability.

(b) Most people in 'other types of accommodation' have profound or severe core activity limitation.

Notes

1. Households include private and special dwellings, which may include self-care units in retirement villages.
2. Aged care accommodation includes 'Home for the aged' and 'Accommodation for the retired or aged' as defined by ABS (excludes self-care accommodation for retired or aged people).
3. Other types of accommodation include hospitals, hotels and motels, hostels for the homeless and other short-term crisis accommodation, retired or aged accommodation (self-care), religious and educational institution, guest house, boarding house or other long-term accommodation.

Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file (CURF). Estimates based on the CURF may not exactly match those of ABS published reports as some potentially identifiable records are not included in the CURF.

3.3 Work and retirement

Population ageing puts the issues of future labour supply and labour productivity on the public policy agenda (Costello 2002, 2007). Recent government research on the medium-term effects of population ageing on the labour market predicts that Australia faces a potential shortfall of 195,000 workers over the 5 year period from 2004–05 to 2009–10 as a result of population ageing (DEWR 2005). While there is no statutory retirement age in Australia, labour force participation is low at ages 65 years and over by comparison with younger age groups, for both men and women. Only 13.8% of men and 4.5% of women aged 65 years or over in December 2006 were employed or looking for work (ABS 2007a). The participation rate for persons aged 65 or over has increased by 2.7 percentage points over the decade from October 1996 to reach 8.2% in October 2006, and remains considerably lower than the participation rate for persons aged 45–64 years.

With fewer young people than previously entering the workforce, the mature age groups are being promoted as a potential source of increased labour supply. Indeed, there has been a strong increase in workforce participation by people aged 45–64 years over the last decade. Participation by mature-aged people increased by 6.2 percentage points between October 1996 and October 2006, mainly due to rising labour force participation among mature-aged women, from 53% to 64%. The older proportion of the mature age cohort—those aged 55–64 years—recorded a larger rise in labour force participation over the decade than all persons aged 45–64. This is most evident for women aged 55–64 years, who recorded an increase in their participation rate of 17 percentage points over the period, to 48% in October 2006 (AIHW 2007).

Many factors have contributed to the increased labour force participation of mature-aged people. The increased availability of casual and part-time positions may have helped attract and retain women in the workforce. Changing employment practices may also have contributed. However, it is important to recognise the possibility of a cohort effect—the increase in mature-age participation may be influenced by people who are moving into the 45–54 and 55–64 year age groups with higher participation rates than those who are moving out of the cohort; this cohort effect is likely to be more pronounced among women. Together with a strengthened employment market, this has driven the proportion of all persons aged 45–64 years in employment from 61.5% in October 1996 to 69.5% in October 2006 (AIHW forthcoming).

Despite public policy encouragement for older people to remain in the workforce, age discrimination and negative employer attitudes still form a barrier to this in some industries and occupations. More than one-third (37%) of all discouraged job seekers in September 2006 said they could not find work because employers considered them too old (ABS 2007c).

The meaning and timing of retirement

The retirement of large numbers of the baby-boomer generation over the next 10 to 20 years has significant implications for the economy. For individuals, retirement represents a major life transition—issues such as the timing and process of retirement, retirement income and lifestyle plans are the focus of attention.

The idea of 'retirement' has different connotations for different people. Whereas for past generations (of mainly male full-time workers) retirement usually meant a sudden and complete withdrawal from paid employment, many workers now phase their retirement,

reducing hours of employment gradually or withdrawing from and re-entering the workforce intermittently over a period leading up to full retirement. Some workers, having fully retired, reverse the process and re-engage with the workforce. The notion of a 'transition to retirement' has become widely accepted (Borland 2005) along with the concept of partial retirement (Warren 2006).

In 2004–05, around three million people aged 45 years or over who had worked at some time in their lives were defined by the ABS as fully retired from the labour force. Around 33% of the men had retired when aged 60–64 years and 23% at ages 55–59 years. Historically, women have tended to retire earlier than men—around 33% of retired women in 2004–05 had retired at age 45 years or younger and a further 19% retired when aged 55–59 years (ABS 2006b).

A range of factors influence why, when and how people make the transition to full retirement, including sex, family and lifestyle considerations, health status and disability, access to Age Pension and superannuation benefits, job satisfaction and, in some cases, retrenchment. The 2004–05 ABS Multi-Purpose Household Survey found that, for retired people who had held a job in the previous 20 years, the main reason for stopping work altogether was reaching 'retirement age' or being eligible to receive superannuation or a pension (34%). Less common were reasons of sickness, injury or ill health (26%), or being retrenched, dismissed or no work being available (11%) (ABS 2006b).

Similar findings have come from an analysis of the Household, Income and Labour Dynamics in Australia Survey, from which Cobb-Clark and Stillman (2006) concluded that 'anticipating the age at which one will leave the labour market may be easier for workers in jobs with well-defined pension benefits and standard retirement ages'. It was found that individuals with long-term savings and spending goals are more likely than workers with short-term financial outlooks to nominate an age at which they expect to retire. Factors associated with higher levels of uncertainty about retirement age (and expectations of later retirement) include foreign-born status and being a single person. Living in a couple household, being in good health and anticipating a relatively high retirement income all seem to be associated with expectations of early retirement among middle-aged Australian workers (Cobb-Clark & Stillman 2006).

It is also acknowledged within policy circles that attitudinal and other reasons lie behind the decision of many workers to retire relatively early (Andrews & DoHA 2001; FaCS 2003). Cobb-Clark and Stillman (2006) reported that around 60% of working middle-aged Australians expect to retire later than they desire, which suggests that many workers perceive retirement to be more desirable than a prolonged working life.

The reasons why people re-enter the workforce following a period of retirement highlight some of the factors that workers take or fail to take into account in planning for retirement. Most commonly, financial need and boredom are the main reasons that retired people return to the workforce, affecting approximately 94,500 and 75,600 retired people aged 45 years or over in 2004–05 respectively (ABS 2006b). Currently, women account for over 70% of people who return to the labour force following retirement.

Greater awareness of the financial and lifestyle implications of retirement and access to flexible workplace arrangements may help people who would otherwise fully retire to consider combining paid employment with the perceived lifestyle advantages of retirement. Measures such as part-time work (for example job sharing or job redesign), the use of long service leave and leave without pay, and resignation without prejudice to return could conceivably help retain and attract older workers.

3.4 Social participation

Retirement from work offers the opportunity to devote more time and energy to family, community and personal interests. Previous volumes of *Australia's welfare* have highlighted the role of older people in volunteering, unpaid caring work and other activities that contribute to stronger families and communities (AIHW 2003, 2005). Equally, retirement and old age can pose challenges if associated with lowered social engagement. Two goals of the National Strategy for an Ageing Australia encapsulate the importance of attitudes, lifestyle and community support in enabling older people to participate in society:

- a positive social image of older Australians that appreciates their diversity and recognises the many roles and contributions they continue to make to the economy and the community
- public, private and community infrastructure to support older Australians and their participation in society.

The strategy acknowledges the many elements that contribute to an older person's quality of life and their participation in society, including housing, transport, the ability to use common forms of technology, access to health and aged care services, and access and capacity to participate in recreation, tourism and leisure activities. It also acknowledges the role of individuals, community, government and business resources in providing infrastructure to support the lifestyle needs of older Australians (Andrews & DoHA 2001).

Table 3.4 reports results from the 2006 ABS General Social Survey on selected aspects of social contact and community participation in older age groups compared with the corresponding results for the traditional pre- and early-retirement age group 55–64 years and the total adult population. A major limitation of the data is that the sample population only included people in private dwellings and excluded those living in some types of accommodation commonly used by older people, such as residential aged care and certain types of retirement village accommodation. Data about social and community participation is also collected through the ABS Survey of Disability Ageing and Carers, last conducted in 2003, but these particular data items are similarly limited to people living in households, including some non-private dwellings such as self-care units in retirement villages.

The results of the General Social Survey indicate that family is a prime source of social contact for older people. Older people are just as likely as people in younger age groups, and adults generally, to have face-to-face contact with family members or friends living outside their household but are somewhat less likely to visit or be visited by friends (Table 3.4). Apart from face-to-face contact, most (96%) older people rely on fixed telephones to maintain contact with family or friends outside the household; currently, people in the older age groups are less likely than younger people to maintain social contacts through mobile telephone or internet use (ABS 2007d:Table 31).

Participation in group activities is much lower among people aged 75 years or over, compared with the total adult population. This is particularly evident for people aged 85 years or over, only 43% of whom participate in social groups and 17% in community support groups, compared with 63% and 33% respectively for the total adult population (Table 3.4). The types of community support and social groups that attract higher proportions of older people include religious or spiritual groups (24%) and social clubs that provide restaurants or bars (18%–20%, by age group). Around the same proportion of older people as people in younger age groups participates in service clubs and welfare organisations (about 10%) (ABS 2007d:Table 29).

Attendance at cultural and leisure venues, and participation in community events, sport or recreational physical activity all decline with increasing age. Participation in sport or physical activity is lowest in the older age groups. While a smaller proportion of older people than younger age groups attends cultural and leisure venues or events, this is a more common form of activity among older people than sport and recreational physical activities. In 2006, only 25% of people aged 85 years or over participated in sport or physical activity but over half (59%) attended cultural or leisure venues or events. Libraries, cinemas and botanic gardens are the more popular venues, both among the very old and for people aged 65–84 years (ABS 2007d:Table 31). Performing arts, museums and galleries are also popular among the 'younger' old but attract relatively few people aged 85 years or over.

For people of all ages, being able to leave home is an important aspect of community participation and ability to access services. Section 3.10 examines data on the question of whether older people are able to go out as often as they would like and whether they encounter problems in accessing services.

Table 3.4: Participation in selected social and community activities and events, 2006 (per cent)

	Age group (years)				
	55–64	65–74	75–84	85 or over	All persons (18 or over)
Social contact					
Face-to-face contact in the last week with family or friends living outside the household	79	80	77	82	79
Visited or was visited by friends in last 3 months	92	88	86	81	93
Went out with or met a group of friends in last 3 months—outdoor activities	72	63	44	41	77
Went out with or met a group of friends in last 3 months—indoor activities	66	65	57	48	73
Participation in groups (last 12 months)					
Actively participated in social groups	64	66	57	43	63
Actively participated in community support groups	28	29	22	17	33
Actively participated in civic and political groups	23	15	12	*5	19
Participation in selected activities and events					
Participated in sport or recreational physical activity in last 12 months	59	53	41	25	62
Participated in a community event in last 6 months	62	57	46	29	64
Attended at least one cultural or leisure venue or event in last 12 months	87	79	67	59	89
Feels able to have a say within community on important issues at least some of the time[(a)]	56	54	51	40	54
Feels able to have a say among family and friends on important issues all or most of the time	84	82	81	78	84

(a) Includes 'feels able to have a say some, more or all of the time'.

Note: Includes only persons in private dwellings.

Source: ABS 2007d:tables 25 and 31.

3.5 Retirement income

Australia's retirement income system is built on three main 'pillars': pension payments (Age Pension and service pension payments), compulsory employer superannuation contributions (the Superannuation Guarantee) and voluntary savings, which include voluntary superannuation savings, home equity, and other cash and non-cash assets.

Among fully retired people in 2004–05, around 44% retired with a government pension or benefit as their main source of income (Table 3.5). Superannuation was the main source of income at the time of retirement for 12% of retired people. For their current main source of income, two-thirds of retirees relied on a government pension or benefit. This increase (up from 44% at the time of retirement) reflects the individuals who retired younger than pension qualifying age and subsequently reached that age and, for many people, the exhaustion of initial main sources of retirement income.

Retired women were more likely than their male counterparts to report a change in their main source of income over the course of their retirement. Among retired people in 2004–05, women were less likely than men (37% versus 54%) to have taken up a government pension immediately on retirement but were more likely than men to be currently receiving a government pension as their main source of income (Table 3.5). Female retirees more often than their male counterparts (30% versus 7%) reported 'other' as the main source of income at retirement; this includes living off a partner's income. However, in 2004–05, just over 2% of retired women were relying mainly on 'other' income. Interestingly, 'other' income at retirement is associated with the youngest average age at retirement of any of the source of income categories (40.1 years for females and 56.4 years for males) (ABS 2006c). Kelly and Harding (2004) have highlighted that low average superannuation savings is an acute problem for many women.

A partner's income, and perhaps a partner's own retirement plan, may be a major consideration in the timing of retirement for many currently retired people, particularly

Table 3.5: Retired people 45 years or over, main source of income at retirement and at time of survey, by sex, 2004–05 (per cent)

	Main source of income at retirement			Main source of income in 2004–05		
Source of income	**Males**	**Females**	**Persons**	**Males**	**Females**	**Persons**
Government pensions/ benefits	53.9	36.8	44.3	65.2	67.6	66.5
Superannuation/annuity	19.8	6.3	12.2	17.8	6.1	11.2
Dividends or interest	5.6	2.9	4.1	6.4	10.0	8.4
Profit or loss from business	2.2	2.5	2.4	0.9	1.4	1.2
Profit or loss from rental property	1.9	1.9	1.9	2.2	2.8	2.6
Other (includes partner's income)	6.8	29.8	19.7	1.8	2.4	2.1
No income[(a)]	6.6	17.7	12.8	3.1	6.8	5.2
Not known	2.0	1.7	1.8	0.2	0.5	0.4
Not stated	1.0	0.5	0.8	2.4	2.4	2.4
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total ('000)	**1,312.4**	**1,687.7**	**3,000.1**	**1,312.4**	**1,687.7**	**3,000.1**

(a) Includes living off savings, lump sumps and other assets.

Note: Table pertains to fully retired people. The 2004–05 Multi-Purpose Household Survey showed that, of the 7 million people aged 45 years or over who had, at some time, worked for 2 weeks or more, 3.7 million (53%) were in the labour force, 3 million (42%) had retired from the labour force, and the remaining 329,900 (4.6%) were neither in the labour force nor retired (consisting of people who intended to work in the future or whose retirement status was not determined).

Source: ABS 2006c.

women. Another area of difference between the sexes is in the proportion of retirees that retired to live off savings, lump sums and other assets, shown as 'No income' in Table 3.5 (7% of males compared with 18% of females). Overall, in 2004–05 almost 13% of retirees had drawn down on savings and assets at the time of their retirement, but only 5% were still doing so for their main source of income. A key question is whether historical trends will accurately describe the retirement intentions and experiences of people entering retirement now and in the future.

Pensions

The Age Pension and service pensions are the main source of government-funded income support for many older people who cannot support themselves fully in retirement. Since its introduction on 1 July 1909, the Age Pension has grown into a major income support program, with expenses totalling approximately $20.6 billion in 2005–06. In June 2006, approximately 75% of the Australian population over the qualifying age for the Age Pension received the Age Pension or a similar means-tested income support payment from the Australian Government Department of Veterans' Affairs (DVA) (FaCSIA 2006). Holders of a Pensioner Concession Card are eligible for a range of additional benefits: medicines listed under the Pharmaceutical Benefits Scheme are provided at a reduced cost and pension status reduces out-of-pocket medical expenses through general practitioner bulk-billing. Other concession schemes include telephone and utilities allowances, travel concessions and reduced motor vehicle registration fees.

Changes to pension policy over the past decade have influenced expenditure on the Age Pension and take-up rates (Box 3.2). Changes to superannuation preservation rules and the taxation treatment of superannuation will also have a major impact on the future take-up of the Age Pension. It has been estimated that by 2050 two-thirds of pensioners will receive a reduced government pension, compared with around one-third today, owing to rising superannuation coverage and, potentially, future higher workforce participation rates in older age groups (Costello 2007; FaCS 2003).

On 30 June 2006, 1.9 million people received the Age Pension, of whom 38% received a part-pension. Currently, around 58% of Age Pension recipients are women, among whom a higher percentage receives a full pension than a part-pension. In addition, about 338,600 people aged 60 years or over received a pension (Service Pension, Disability Pension or War Widow's Pension) from DVA (Table 3.6; see also Table A3.3 for a breakdown of Age Pension by part-and full pension recipients).

Recent trends show people reaching the qualifying age for the Age Pension with higher levels of income and assets, and more likely to receive a part-pension than a full pension than earlier cohorts of pensioners (FaCS 2006). Accordingly, the average assessed annual income of age pensioners from all sources has increased from $2,514 in March 2000 to $3,562 in March 2005. The average value of assessed assets increased from $40,607 to $55,890 over the same period (FaCS 2006). As at March 2005, among age pensioners who had been in receipt of the Age Pension for less than 1 year, 47% received a part-rate pension. Part-pensions are relatively more common among pensioners on a partnered rate of pension in the younger age groups 65–74 years (see also AIHW 2007).

In June 2006 the maximum single pension rate was $499.70 per fortnight and the maximum partnered rate was $417.20 for each member of a couple. Indexation of the Age Pension and service pensions to the consumer price index (CPI) and benchmarking to male average weekly earnings (see Box 3.2) ensures that the pension keeps pace with the growth in inflation and wages. Maximum pension payments increased in real terms over the period 1996–2006 (FaCSIA 2006:Table 2.23).

Box 3.2: Major changes affecting income support for older people, 1995–2007

1995 The eligibility age for women began its progressive increase from 60 years to reach 65 years on 1 July 2013.

Phasing-out of Wife Pension (Age) commenced.

1997 Benchmarking of the Age Pension to 25% of male average weekly earnings of employees, effective 20 September 1997 (to be applied in addition to twice-yearly indexation of pensions to the CPI).

Announcement that the superannuation preservation age would be progressively increased from 55 years to 60 years.

Phasing-out of Widow B Pension accelerated.

1998 Introduction of the Pension Bonus Scheme on 30 June. Under the scheme, a person who qualifies to receive the Age Pension can opt instead to accrue a pension bonus payment if he/she decides to defer claiming the pension while continuing to work.

1999 New superannuation preservation rules took effect from 1 July 1999 such that all superannuation contributions and fund investment earnings are preserved until the member's preservation age.

2000 Changes to all social security payments, including age and service pensions, to compensate recipients for increases in prices flowing from the introduction of Goods and Services Tax (GST) on 1 July 2000. Connected with these changes, the Pension Supplement was introduced.

2004 The Seniors Concession Allowance (a payment to assist with the cost of household bills) for Commonwealth Seniors Health Card holders was introduced.

Carer's Allowance extended to carers who do not live with the people for whom they provide substantial levels of care on a daily basis (a 2004–05 Budget measure).

One-off bonus payments for the recipients of the Carer Payment and Carer Allowance announced. These bonus payments have been made annually since 2004.

2005 Introduction of the Utilities Allowance for income support customers of qualifying age for the Age Pension or a DVA pension.

Aged care accommodation bonds exempt from social security and DVA's assets tests, effective 1 July.

2006–2007 The Government's Better Super reforms take effect on 1 July 2007. Changes include the removal of tax on superannuation benefits paid from a taxed source either as an income stream or as a lump sum to people aged 60 years and over, abolition of the superannuation reasonable benefit limits, and a halving of the pension assets test taper rate from $3 to $1.50 per fortnight per $1,000 of assets from 20 September 2007.

In rural and residential areas land that is both adjacent to the home and on the same title document as the home may be exempt from the assets test if the pensioner has a 20-year attachment to the land and home and is making effective use of productive land to generate an income.

Sources: Dapre 2006; FaCS 2006.

Table 3.6: Age and DVA Pension recipients, June 2006/January 2007

	Age group (years)						
	60–64[a]	**65–69**	**70–74**	**75–79**	**80–84**	**85 or over**	**Total**
				Per cent of Age pensioners[b][c]			
Males	—	12.3	11.9	10.2	4.5	2.7	41.6
Females	5.1	14.6	13.0	10.8	7.4	7.6	58.4
Persons	**5.1**	**26.9**	**24.9**	**21.1**	**11.8**	**10.2**	**100.0**
Persons (number)	*97,056*	*514,713*	*475,408*	*402,391*	*226,046*	*195,280*	*1,910,894*
Per cent of age group population	*9.8*	*65.0*	*74.9*	*72.1*	*54.9*	*57.8*	*[d]66.3*
				Per cent of DVA pensioners[b]			
Males	5.4	2.5	2.1	3.0	16.2	12.5	41.6
Females	2.8	2.9	4.5	12.7	20.4	15.1	58.4
Persons	8.2	5.3	6.6	15.7	36.5	27.6	100.0
Persons (number)	*27,680*	*18,071*	*22,420*	*53,213*	*123,693*	*93,509*	*338,586*
Per cent of age group population	*2.8*	*2.3*	*3.5*	*9.5*	*30.0*	*27.7*	*[d]11.4*
Total as per cent of age group population	**12.6**	**67.3**	**78.5**	**81.6**	**84.9**	**85.4**	**[d]77.7**

(a) Eligibility for Age Pension in June 2006 was 63 years for women and 65 years for men.

(b) Age pensions administered by DVA are included in the 'DVA pensioner' figures.

(c) 1,183 manually assessed recipients and 3,716 suspended recipients paid by Centrelink are not included in calculations of 'Age pensioners'.

(d) Per cent of people aged 65 years or over.

Notes

1. Nine DVA cases with unknown age have been excluded.
2. Table includes full and part-pension recipients (see Table A3.3 for a breakdown of part- and full Age Pension recipients).
3. DVA pensioners include persons in receipt of a Service Pension, Disability Pension or War Widow's Pension.
4. Age pensioners as at 30 June 2006; DVA pensioners as at 5 January 2007; estimated resident population as at 30 June 2006.
5. Components may not add to total due to rounding.

Sources: Centrelink unpublished data; DVA unpublished data.

In June 2006, among people over the qualifying age for the Age Pension who were working (including those with earnings or business income), 29% received the Age Pension and another 20% were registered in the Pension Bonus Scheme. This scheme is part of the Age Pension Program and is intended to encourage older Australians, who are willing and able to do so, to continue working beyond Age Pension qualifying age rather than retiring from the workforce and claiming the Age Pension. It provides a one-off tax-free lump sum to eligible people, payable when a person registered in the scheme finally claims and receives the Age Pension. As of 30 June 2006, 104,165 people had registered in the scheme since it began on 1 July 1998. In 2005–06, a total of $91,973,124 was paid in bonuses to 8,030 people (FaCSIA 2006).

Income support for older carers

The Carer Payment and Carer Allowance are benefits payable to carers who meet the respective eligibility criteria. Older people who provide ongoing assistance to a frail older person or younger person with disability may receive one or both of these payments.

The Carer Payment is an income support payment, subject to the same income and assets tests and paid at the same rate as the Age Pension. Relatively few people aged 65 years or over receive the Carer Payment, which is targeted at people whose caring responsibilities limit their workforce participation (currently, a carer can work up to 25 hours per week without losing the Carer Payment). At the end of 2006, a total of 111,419 people were receiving Carer Payment. Carers aged 65 years or over accounted for 5% of Carer Payment recipients, but 35% of people being assisted by carers who received the Carer Payment were aged 65 or over (tables A3.4, A3.5). Most of the people receiving the Carer Payment, who were of working age and who were caring for an older person, were themselves aged between 45 and 64 years.

The Carer Allowance replaced the Domiciliary Nursing Care Benefit in 1999. It is a non-income-tested, non-means-tested income supplement for people who provide daily care and attention in the person's home to a person with disability or a serious medical condition. The allowance can be paid to carers whether or not they receive a government pension or benefit, and in 2004 was extended to carers who do not live with the care recipient. It is adjusted on 1 January each year and in 2007 was set at $98.50 per fortnight (Centrelink 2007). On 31 December 2006, 382,490 people were receiving the Carer Allowance (Table A3.4). One-quarter of the recipients were carers aged 65 years or over and 84% of these older recipients of the Carer Allowance were caring for an older person. Just over one-third of people receiving the Carer Allowance who were providing assistance to an older person were aged 45–64 years.

Living costs

The adequacy of retirement income needs to be considered in the context of the living costs of older person households, which differ from those of other life-cycle groups. On average, older people spend most of their income on consumer goods and services, and have lower expenses than younger people in the areas of income tax, mortgage repayments and insurance premiums (ABS 2006a). While 80% of older people living in households own their home and are mortgage-free, some groups of older people, most commonly full age pensioners, spend a significant proportion of income on costs associated with housing. Considering people aged 75 years or over, by which age any drawing-down on home equity for retirement income is likely to have started, the proportion incurring mortgage or rent expenses is 23% of people who rely primarily on pension income, compared with 8% of people with mainly private income (unpublished data from the ABS Household Income and Expenditure Survey 2003–04).

A breakdown of goods and services expenditure shows a greater share of income going towards current housing costs in older lone-person households (21%) than in older couple households (10%), most likely related to a higher proportion of renters among the former (21% versus 8%) (ABS 2006a:Table 18). In the 5 years to 2003–04, national average household expenditure on current housing costs rose by 47%, far in excess of the 18% increase in the CPI over the same period. Driven by higher mortgage interest and rent payments (ABS 2006a), this increase highlights the importance of Rent Assistance and utilities allowances or rebates for eligible pensioners, the vulnerability of people on fixed pensions or private incomes to rising housing costs, and the uncertainty at the time that retirement decisions are taken surrounding future life events and costs of living.

3.6 Support for older people—informal care

The term 'informal care' is used in this chapter to refer to assistance provided to a frail older person on an unpaid basis by relatives and friends (a broader definition includes assistance to people of all ages with disability). The assistance, or care, is informal as long as it is provided without state or organisational direction and without payment. Carers may provide assistance in a broad range of activities, both core activities (self-care, mobility and communication) and non-core activities (for example, transportation, shopping, meal preparation, household chores and paperwork). Informal care underpins Australia's social welfare system, not least of all in aged care (see Chapter 7 for an estimate of the imputed value of informal care). Population ageing has implications for the demand for and supply of informal care at the population level, as well as implications for individuals who take on caring roles and for those older people who become recipients of informal care.

An obvious implication is that the number of older people who need assistance has been increasing for some time and will continue to do so. Later in this chapter, the increasing use of community care packages is contrasted with a more stable trend in the use of residential care, reflecting the preference of many older people to receive assistance at home (see Section 3.9). Accordingly, increasing numbers of older spouses and mature-aged sons and daughters will be providing assistance with long-term care decisions and arrangements. For some this will mean balancing elder care with paid employment and other family responsibilities. As the baby-boomer generation moves into the mature age and older age groups, the provision of care for frail parents or a spouse with disability could influence the retirement plans of more mature-aged workers.

Australia's welfare 2005 presented data from the ABS Survey of Disability, Ageing and Carers on older carers and older people who need and receive assistance. To summarise, in 2003 around 454,000 people aged 65 years or over provided informal care to a person with disability. Of these carers, 113,200 were primary carers (24% of all primary carers) (see Glossary for definition of primary carer). Around 47% of people aged 65 years or over had a need for assistance in personal or other activities, with proportionately more in the very old age groups needing assistance. People aged 85 years or over (11% of the older population) accounted for 30% of older people who needed assistance (AIHW 2005:Table 3.5). This volume reports on the number of people by age group who received assistance from all informal providers (carers), based on data from the 2003 Survey of Disability, Ageing and Carers master unit record file (compiled for AIHW by the ABS).

In 2003, 690,000 older people with disabilities who were living in households received assistance from one or more carers (Table 3.7). Most of these people (95%) had a main carer, that is, one particular relative or friend who provided most of the assistance they received. About 345,000 care recipients were people with profound or severe limitation. In most cases the main carer was living with the person who received assistance. Overall, 66% of older people with a main informal care provider lived with that carer (72% in the case of those care recipients with profound or severe limitation). Table 3.7 highlights the different proportions of 'younger' old and very old people with non-resident or co-resident carers. The source of informal care for people aged 65–74 years with disability is most often a person or persons living in the same household (72%). The opposite is true for those aged 85 years and over, most of whom receive assistance from someone who lives in another household (79%), that is, more likely to be adult offspring than a spouse. This predominance of informal care from persons living separately from the care recipient is also true for the subset of people aged 85 years or over who have profound or severe limitation, although to a somewhat lesser extent (62%).

Higher rates of receipt of informal care are recorded for people with profound or severe limitation, compared with all older people with disability. This pattern can be seen across the older age groups, with between 810 and 890 older people per 1,000 with a profound or severe limitation receiving informal care, compared with age-specific rates for all older people with disability of between 500 and 740 per 1,000 (Table 3.7).

Table 3.7: Household population aged 15 years or over with disability with co-resident or non-resident carer, 2003 ('000)

Informal provider and co-residency status	People with disability and profound or severe limitation					All with disability				
	15–64	65–74	75–84	85 or over	Total 15 or over	15–64	65–74	75–84	85 or over	Total 15 or over
Has a main informal provider of assistance										
Co-resident	354.2	103.7	96.9	37.8	592.7	816.6	206.4	169.2	52.0	1,244.2
Not co-resident	76.3	19.5	49.5	28.7	173.8	301.4	95.4	140.0	62.5	599.4
Total	*426.2*	*122.6*	*141.9*	*65.4*	*756.0*	*1,028.7*	*274.7*	*276.6*	*103.2*	*1,683.4*
Has other informal providers of assistance (not main providers)										
Co-resident	—	—	—	—	—	—	—	—	—	—
Not co-resident	140.0	27.7	44.8	27.1	239.8	479.5	94.3	130.0	64.4	768.1
Total	*140.0*	*27.7*	*44.8*	*27.1*	*239.8*	*479.5*	*94.3*	*130.0*	*64.4*	*768.1*
All with informal providers of assistance										
Co-resident	354.2	103.7	96.9	37.8	592.7	816.6	206.4	169.2	52.0	1,244.2
Not co-resident	189.3	38.4	75.1	43.7	346.3	621.5	149.5	202.5	86.8	1,060.3
Total	**435.8**	**127.8**	**146.3**	**70.6**	**780.5**	**1,075.8**	**285.9**	**294.6**	**109.6**	**1,766.0**
Rate per 1,000 at risk[(a)]	880	890	810	850	860	480	500	580	740	510

(a) Denominators for the calculation of rates are the number of people living in households in 2003 who had profound or severe core activity limitation or disability (people at risk of needing ongoing assistance), as applicable, by age group. Rates rounded to nearest 10.

Notes

1. Totals may be less than the sum of the components as recipient may have more than one main carer but can have only one main carer for each area of activity.
2. Available data do not include children under 15 years with disability who have an informal provider of assistance because of disability. Totals therefore underestimate the number of people who received assistance from an informal provider due to disability or profound or severe core activity limitation.
3. 'Carers' refers to informal providers of assistance to people living in households.

Sources: ABS unpublished data from the 2003 Survey of Disability, Ageing and Carers master file (numbers of people with informal providers); AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers (rates per 1,000 persons at risk).

Assistance from a carer can be given instead of, or alongside, formal care. In fact, assistance from a carer is an important enabler of community care, without which formal care would not be sufficient for many highly impaired older people to remain at home in the community with maintained quality of life. This is demonstrated by:

- The Extended Aged Care at Home (EACH) program is intended as a community alternative for older people who would otherwise need residential high care. In 2005–06, 90% of EACH clients had a carer at the time of their assessment by an Aged Care Assessment Team (ACAT) (74% with a co-resident carer) (AIHW 2007a).

- The provision of care from family is a critical element of successful community living for people with dementia-related high care needs. In the Aged Care Innovative Pool Dementia Pilot some service providers required that a person have regular, ongoing assistance from family or friends as they considered informal care to be critical to the pilot's success (AIHW: Hales et al. 2006a). Based on carer availability at the time of the ACAT assessment, 97% of EACH Dementia clients at 30 June 2006 (297 clients) had a carer; 85% had a co-resident carer (AIHW 2007a).
- Among older people assessed by an ACAT in 2004–05, 76% had a carer. The presence of a co-resident carer was found to be protective against being recommended for residential care. In particular, ACAT clients with co-resident carers were least likely to be recommended for low-level residential care and more likely than other clients to be recommended for a community care package (ACAP NDR 2006). That ACAT clients with co-resident carers are more likely than others to be recommended for high-level residential care is attributed to the numbers of more highly dependent clients with carers because they have been able to be maintained at home for longer than if they had not had a co-resident carer (ACAP NDR 2006).

Primary carers of older people

An older person with profound or severe limitation who lives in the community is likely to have a primary carer. Caregiving by a primary carer, as defined by the ABS Survey of Disability, Ageing and Carers, is intense, in most cases is performed daily and typically extends over a number of years (ABS 2004b). In 2003, approximately 239,400 people were identified as being a primary carer with a main recipient of care aged 65 years or over (a primary carer can assist more than one person, in which case the ABS survey identifies one as the main recipient of care). Spouses and adult children, mostly daughters, made up equal proportions of all primary carers of older people (43%). It follows that primary carers of older people are concentrated in the older and mature age groups: 40% were themselves older people, 24% were aged 45–54 years and a further 23% were aged 55–64 years. These relationship patterns between carers and care recipients are reflected in residency arrangements; 66% of primary carers of older people in 2003 did not live in the same household as the person they were assisting. Among primary carers aged 45–64 years who were providing assistance to an older person (111,900), most (73,500) were caring for a parent and over three-quarters had a main recipient of care aged 75 years or over (AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers).

The types of assistance provided by primary carers cover help with core activities (Table 3.8) in addition to non-core activities (that is, other than self-care, communication and mobility). Over 80% of primary carers provide mobility assistance; primary carers are important facilitators of community participation for the people to whom they provide care by assisting with mobility when away from home (76%). More than half help with self-care, which may include bathing, showering, dressing and managing incontinence. This type of assistance is needed daily and contributes greatly to a care recipient's quality of life.

To summarise, more frail older people receive assistance from informal providers than from any one government-funded aged care program (see Table 3.7 and Figure 3.2). That assistance ranges from help with non-core activities through to the higher levels of assistance provided by primary carers as an alternative to institutional care, often with supplementation from community services. A person with very high care needs in up to three core activity areas may depend on support from both informal and formal providers of assistance to be able to live in the community.

Table 3.8: Primary carers with a main recipient aged 65 years or over, core daily activities for which assistance is provided, 2003

Selected tasks in core activity areas in which primary carer usually provides assistance	Per cent
Self-care	**55**
Bathing/showering	32
Dressing	42
Eating or feeding	21
Managing incontinence	14
Mobility	**84**
Getting into or out of a bed or chair	29
Moving about the house	28
Moving around away from home	76
Communication	**42**
Total primary carers (number)	**239,400**

Note: Figures may not add to totals as a primary carer can assist in more than one task grouped under self-care, mobility or communication.

Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

Caregiving is bound up with interpersonal relationships and role expectations (Hales 2007). In this sense, informal care for older people might be regarded by some as a 'constant', that, generally speaking, people will provide assistance to their frail older relatives and friends for similar reasons that the family is the central support for children. Along with personal rewards, caregiving can also involve significant costs—both real and opportunity costs—for carers and their families as well as for society as a whole. For the individual these costs might include lost earnings and the opportunity cost of premature retirement or reduced workforce participation as well as the personal costs of physical and emotional stress. At the societal level, the need for and demands of the caregiving role have a potential effect on labour supply, especially among mature-aged workers, lost taxation revenue and costs associated with providing support for carers.

The supply of informal carers, and changes in factors affecting this, is a matter of concern to policy makers. Informal care for frail older people enables many older people to avoid or delay admission to residential care and supports consumer preferences to remain living in the community. The number of older people with high care needs living in households is growing because of population ageing. Between 1998 and 2003 the older household population with profound or severe limitation who received some form of assistance increased from an estimated 320,300 to 395,300 people (AIHW 2003:Table 3.4; AIHW 2005:Table 4.8). Over the same period, the number of people who received assistance from both formal and informal sources of care or from informal sources only increased from 308,800 to 382,500. At the same time, mature-aged people are being encouraged to increase their labour force participation to counter the anticipated labour shortage resulting from population ageing.

In Australia, caregiving is associated with low female labour force participation (ABS 2004b; AIHW 2004d); internationally, studies have revealed that a strong sense of duty to provide care for elderly parents exists among baby-boomer women, to the extent that many give priority to caregiving over paid employment (see references in Hales 2007). A multi-

nation study of the empirical relationship between caregiving and paid employment has highlighted the role that formal service systems play in supporting employed carers. Spiess and Schneider (2003) reported that starting or increasing caregiving significantly reduces hours of paid employment, while stopping or decreasing caregiving does not significantly increase labour force participation. They further found that the nature of the association between employment and caregiving depends on the level of support available from community services. In countries with strong community care systems, changes to hours of employment to accommodate increased caregiving are more likely to be temporary than in countries with less formal supports, where permanent reductions in workforce participation are the more common scenario.

3.7 Support for older people—aged care services

The Australian, state and territory, and local governments fund care services for older people through a range of programs. Along with privately purchased services, government-funded assistance is sometimes referred to as 'formal care'. Services funded through government programs are delivered by various non-government organisations in the not-for-profit and for-profit sectors, as well as government agencies in some states and territories. Service delivery occurs in residential and community settings, according to the relevant legislation and program guidelines.

Government-funded aged care is a feature of the care arrangements for significant numbers of frail older people, either supplementing informal care or providing a substitute for those without access to practical assistance from family and friends or for whom family care is no longer able to meet their needs (Figure 3.2). The main national programs that deliver aged care in community and residential settings, and that are covered in this chapter are:

- the Home and Community Care program (HACC)
- community care package programs: Community Aged Care Packages (CACPs), Extended Aged Care at Home (EACH) and Extended Aged Care at Home Dementia (EACH Dementia)
- the Transition Care Program (TCP)
- programs for DVA clients, including Veterans' Home Care and Community Nursing
- residential aged care (permanent and respite care)
- the National Respite for Carers Program (NRCP).

Other programs not reported due to limited data availability are flexible care delivered through Multi-purpose Services in rural and remote communities and services funded under the National Aboriginal and Torres Strait Islander Flexible Aged Care Program, Day Therapy Centres, the Continence Aids Assistance Scheme, and the Assistance with Care and Housing for the Aged Program. In addition, programs for older people that operate at a state, territory or local council level are not reflected in the national data reported here.

A person who receives government-funded community care may not know which particular program funds the services received, the service provider being the 'face' of formal care. However, they may be indirectly aware of different program sources of funding due to the different procedures that service providers follow when accepting referrals and assessing clients for eligibility and need, the types of assistance that an eligible person may receive and the settings in which assistance can be provided. Such aspects of service delivery are often program-specific.

Data about aged care programs reported in this chapter come from a number of sources, including minimum data sets (HACC and NRCP) and payment system data (residential aged care, CACP, EACH, EACH Dementia and TCP).

Collection of client–level data for the HACC Minimum Data Set (MDS) has occurred since January 2001, and implementation of the HACC MDS Version 2 began in January 2006. Data reported here are for 2004–05 and hence consist only of MDS Version 1 data; data for 2005–06 were not available at the time of preparing the chapter. The NRCP Minimum Data Set (MDS) is a relatively new client-level collection that collects information about carers, care recipients and service events. Significant efforts over the last couple of years have been made to improve the quality and comprehensiveness of information collected through the NRCP MDS, although only limited data was available in time for inclusion in this chapter.

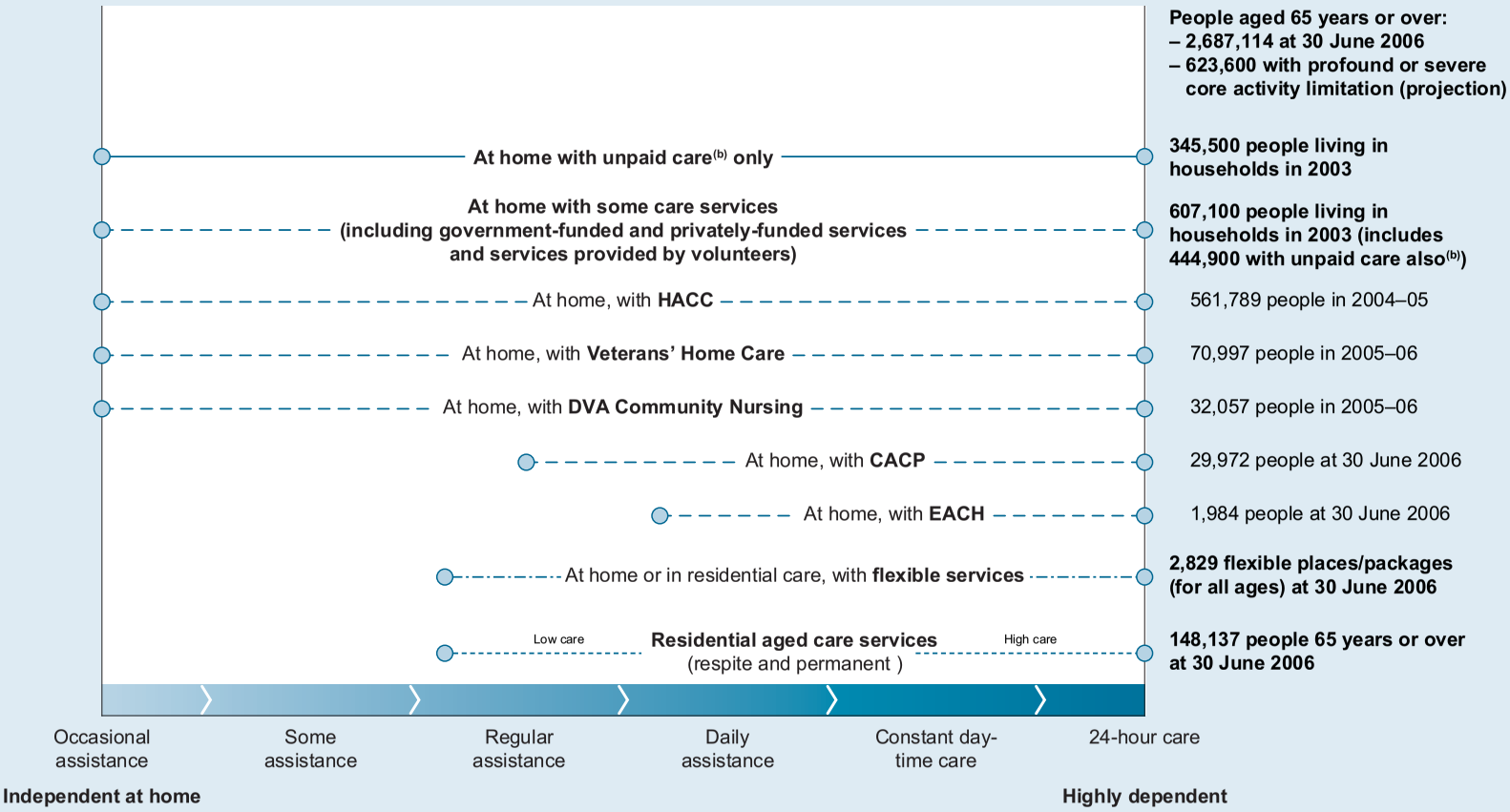
Payment system data are available from the Aged and Community Care Management Information System about clients and providers of residential aged care, CACP, EACH, EACH Dementia and (to a limited extent) TCP. This data repository contains information gathered through a number of instruments, including the Aged Care Client Record used for the assessment and approval of a care recipient by an ACAT, and the various provider claim forms used by the service provider for claiming the relevant subsidy payable for the service for a payment period.

One of the limitations of these data is that certain sociodemographic client characteristics are recorded at the time of application and hence may not reflect their true characteristics while receiving care from these programs. There is also no information on areas such as type of assistance received by care package recipients or care package clients' levels of dependency (AIHW 2007a, 2007b).

Overview of community care programs

The HACC program aims to provide 'a comprehensive, coordinated and integrated range of basic maintenance and support services for frail aged people, people with disability and their carers' (DoHA 2006a). It aims to support people at home and to prevent premature or inappropriate admission to residential care. The types of assistance available through HACC include domestic assistance, personal care, personal and community transport, home maintenance, nursing and allied health care. HACC is jointly funded by the Australian Government (60%) and state and territory governments (40%). In some states local government also contributes to HACC funding.

In 2004–05, approximately 3,100 agencies submitted data for the HACC MDS (DoHA 2006a). Clients are referred to HACC agencies from a range of sources. The HACC MDS reports these sources as self-referral (26.9%), hospitals (16.4%), family, friends and significant others (16.0%), and medical practitioners (12.3%) (DoHA 2006a). Before establishing services for a new client, a service agency will usually complete an assessment with the client to determine their eligibility and agree on a level and mix of services appropriate to the client's needs. HACC clients with complex needs may be assigned a designated agency to be responsible for coordinating services from a number of agencies (this case management function is available in HACC Community Options Projects, also known as 'Linkages'). These higher levels of HACC service provide individually tailored packages of care, often through brokerage arrangements.



(a) Due to data availability, numbers refer to different time periods.

(b) Excluding payments from government pensions and benefits.

Note: Figure includes selected government-funded programs only. Some services can be used concurrently. Hospital services are not included.

Sources: Tables 3.1, 3.3, 3.13; AIHW analysis of ABS SDAC data; AIHW analysis of DOHA ACCMIS database.

Figure 3.2: Range of care arrangements for older people(a)

In terms of client numbers, HACC is the largest program providing assistance for frail older people, having assisted more than 560,000 people aged 65 years or over in 2004–05. Older people made up a slightly smaller proportion of HACC clients in 2004–05 (75.5%) than in 2001–02 (77.1%). However, use of HACC services within the older population increased over the period, from 181 per 1,000 to 211 per 1,000 persons aged 65 years and over (Table A3.7; see also AIHW 2003).

The CACP program delivers care packages. A package offers a mix of types of assistance, according to a client's need, together with case management and service coordination by the package provider. The CACP program was established in 1992 to provide care in community settings for people who are eligible for and might otherwise need low level residential care. Direct care received through a CACP service might include personal care, home help, social support, transport to appointments, meal preparation and gardening. Nursing and allied health care are not available through CACP. As at 30 June 2006, over 1,000 service outlets were delivering CACP services to 31,803 clients, most of whom were older people (Table 3.9 and Table A3.7).

Care package programs have grown in number and size since CACP was established, and now include EACH, EACH Dementia and TCP. These programs are directed at frail older people. EACH was piloted in 2002 as a community-based alternative to high level residential care and was made a national program in 2004. In addition to the types of assistance available through CACP, an EACH client is able to receive specialist nursing care. EACH now serves over 2,000 clients (Table 3.9 and Table A3.7). In 2006, two new programs, EACH Dementia and the TCP became operational (Table 3.9). EACH Dementia services are delivered as ongoing care packages targeted at older people with dementia-related high care needs who are able and wish to remain living in the community.

TCP delivers services in the form of short-term therapy and support to older people following a stay in hospital. TCP is expected to:

- enable a significant proportion of care recipients to return home, rather than enter residential care
- optimise the functional capacity of those older people who are discharged from Transition Care to residential care so that they require a lower level of care
- reduce inappropriate extended lengths of hospital stay by older people.

Given the joint responsibilities at the hospital–aged care interface, the program operates under a joint funding arrangement between the Australian Government, and state and territory governments. The current Transition Care Program operates alongside a range of state and territory government post-acute and sub-acute programs. As at 30 June 2006 there were 595 operational Transition Care places (see also Table A3.8).

DVA funds a number of programs that deliver community care to eligible veterans, war widows and widowers. Veterans' Home Care delivers in-home support services to over 70,000 clients each year, which can include up to 1.5 hours per week of personal care assistance. Eligible people who need higher amounts of personal care, or community nursing, may be referred to the DVA Community Nursing program (Gold or White Repatriation Health Card holders only). Other DVA programs that provide support to older people include the Rehabilitation Appliances Program for the supply of aids and equipment; HomeFront, a falls and accident prevention program; and a telephone service for assistance with property maintenance and emergency repairs. Clients of DVA programs may also receive assistance through HACC and other programs if they are eligible, on the basis of an assessment of care needs.

Table 3.9: Care package programs, number of operational packages, provision ratio, number of services and clients, 1996 to 2006 (as at 30 June)

Program/year	Operational places	Provision ratio[a]	Service outlets	Clients
CACP				
1996	4,431	2.9	255	4,081
1997	6,124	3.9	352	6,222
1998	10,046	6.3	480	9,583
1999	13,753	8.4	594	13,157
2000[b]	18,308	10.8	720	16,617
2001[b]	24,629	14.0	859	20,728
2002[b]	26,425	14.7	916	24,585
2003[b]	27,881	15.3	958	26,573
2004[b]	29,063	15.6	959	27,657
2005[b]	30,973	16.3	973	28,899
2006[b]	35,383	18.2	1,011	31,803
EACH				
2002	171	0.1	6	82
2003	255	0.1	9	282
2004	860	0.5	54	707
2005	1,673	0.9	105	1,203
2006	2,580	1.3	157	2,131
EACH Dementia				
2006	601	0.3	49	279
Transition Care[c]				
2006	595	0.3	25	296

(a) Number of operational packages per 1,000 persons aged 70 years or over.

(b) CACPs provided by Multi-Purpose Services and services receiving flexible care subsidy under the Aboriginal and Torres Strait Islander Aged Care Strategy are included in the calculation of places.

(c) May be provided in either a home-like residential setting or in the community.

Source: AIHW analysis of DoHA ACCMIS database (as at 16 October 2006).

Developments in community care

Care continuity is a linchpin of ageing in place and this has been recognised in program reforms that have enabled residential aged care to offer continuity of care within an older person's familiar living environment (through the amalgamation of low care facilities, formerly known as hostels, and high care facilities, or nursing homes, into a single service system for residential aged care). For frail older people at home and their carers, continuity of care encompasses the same provider, the same set of care assistants and familiar communication processes.

The community care sector is characterised by a large number of programs, many of them relatively small, which poses challenges to continuity of care for people in their own home. The Australian Government funds 19 community and flexible care programs which primarily target older people and/or their carers, including the jointly funded HACC and Transition Care programs. From a consumer's perspective the community care system can sometimes appear complex and hard to access. The existence of so many programs can have unintended consequences in terms of gaps in or duplication of services. Many

service providers deliver multiple programs and many clients receive services funded through different programs depending on their needs. This environment can thus also result in significant challenges for accountability and reporting requirements. Work towards increasing alignment of these various programs, streamlining service provision and developing new service offerings to meet the needs of special client groups is currently a significant driver of policy and program development in community care and flexible services, particularly through A New Strategy for Community Care—The Way Forward (Box 3.3).

The Securing the Future of Aged Care for Australians package announced in 2007 includes a number of measures to increase and improve the provision of community care (Box 3.3). The target ratio for the provision of community care will increase from 20 packages for every 1,000 people aged 70 years or over to 25 packages per 1,000 by 2011 (CACP, EACH and EACH Dementia packages). For the first time a separate target has been established for high level community care, so that, by 2011, 4 of every 25 packages will be EACH or EACH Dementia packages.

Securing the Future of Aged Care for Australians aims to raise the awareness of assistive technology and where it can be used effectively to improve the wellbeing of people in their homes. An industry body will be established to promote the use of assistive technology by community care service providers and to help providers aggregate their buying power for purchasing assistive technology solutions. An annual grants program will fund innovation in assistive technology.

Support for community care workforce development is another measure announced as part of Securing the Future of Aged Care for Australians (aged care workforce is discussed in Chapter 7).

Overview of permanent residential aged care

Permanent residential aged care provides accommodation and care services to people who are no longer able to support themselves or be supported by others in their own homes. The Australian Government makes a substantial financial contribution to residential aged care in the form of subsidised daily care fees and payments for concessional residents and residents with special needs in accredited aged care homes (see Section 3.11). (Other types of accommodation specifically for the aged not funded by the Australian Government, for example, private nursing homes, retirement villages (which variously offer independent living and supported accommodation), and supported accommodation services funded by some state and territory governments are not covered here).

As at 30 June 2006, 145,175 people aged 65 years and over (53 in every 1,000) were permanent residents of Australian Government-funded aged care homes (AIHW 2007b; see also Table A3.7). Among older people with profound or severe limitation, 233 per 1,000 resided in these homes. Around 50,000 people enter permanent residential aged care each year.

Nationally, the main providers of residential aged care are in the not-for-profit sector, for example community organisations (61% of services), and the private for-profit sector (27%), with state and local government providers making up the balance (12%) (AIHW 2007b). Over the period 1998–2006, the average size of services has grown from 46.4 places to 60 places (AIHW 2007b). Care is provided on a high care or low care basis, according to care needs appraised using the Resident Classification Scale (RCS categories 1–4 equate to high care and 5–8 equate to low care).

Box 3.3: Developments in community aged care 2001–2007

2001 **Veterans Home Care** began.

Commonwealth Carelink Centres established.

2002 **Extended Aged Care at Home** established.

A review of community care was announced.

2003 **National pilots** in community care began: Aged Care Innovative Pool Dementia Pilot, Retirement Villages Care pilot; Innovative Pool Disability Aged Care Pilot.

2004 **Release of A New Strategy for Community Care—The Way Forward:** an action plan covering five areas to be addressed by Australian Government and state/territory community care officials and cross-jurisdictional working groups.

Evaluation of the Innovative Care Rehabilitation Services Pilot was completed (a forerunner to the Transition Care Program).

Transition Care Program announced in May 2004 Budget. Transition Care provides goal-oriented, time-limited (up to 12 weeks) and therapy-focused care to help eligible older people complete their recovery after a hospital stay.

2005 Evaluations of the Aged Care Innovative Pool Dementia Pilot and the Retirement Villages Care Pilot were completed (findings published in 2006).

Funding of $320.6 million over 5 years was allocated to the **Dementia Initiative** in the 2005 Budget, which included the announcement of an **EACH Dementia** program (further information can be found at <http://www.health.gov.au/internet/wcms/publishing.nsf/Content/ageing-dementia>).

Transition Care Program began operations.

2006 Announcement of $30 million of funding for the development of common administrative arrangements and data improvements in HACC.

Announcement of a **review of subsidies and services** in Australian Government-funded community aged care programs.

EACH Dementia program became operational.

A national evaluation of the Transition Care Program began.

The 2006 Budget included new funding for community care services:

- $19.4 million over 4 years for a supplement to providers of CACPs, EACH and EACH Dementia packages in rural and remote areas, in recognition of the higher costs in these areas for goods and services and the difficulties in attracting and training staff
- $24.2 million over 4 years to improve access to community care for people living in retirement villages. This initiative followed the Retirement Villages Care Pilot which trialled the delivery of community care to people living in retirement villages (AIHW: Hales et al. 2006b).

2007 **More and Better Community Care**, part of the **Securing the Future of Aged Care for Australians** package announced on 11 February 2007, provides for more community care packages ($298.6 million); support for workforce development ($32.1 million); improved quality assurance ($26.8 million); more community respite care ($26.5 million); support for assistive technology ($21.4 million); and additional support for Assistance for Care and Housing for the Aged ($5.7 million).

Sources: AIHW 2003, 2005; Australian Government Department of Health and Ageing.

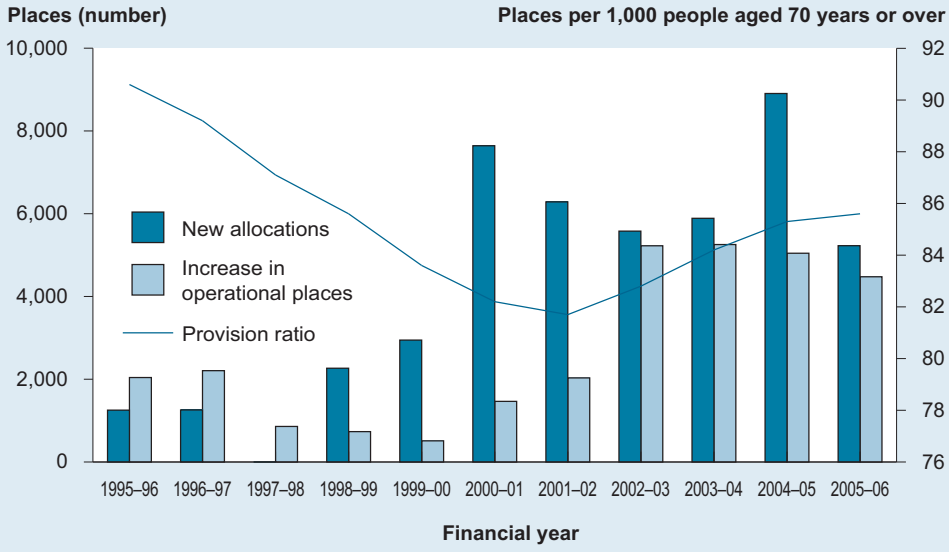
Residential aged care places are allocated to approved providers through annual Aged Care Approvals Rounds. Some time might elapse between places being allocated to a provider and those places becoming operational, that is, ready to be occupied by a resident, such as in situations where building or renovations must be completed. Hence, the distinction between allocated places—places that are 'in the pipeline' but not being used—and operational places. On 30 June 2006, there were 164,008 residential aged care places operated by 2,931 mainstream residential aged care services for the provision of permanent and respite care. The inclusion of places operated by Multi-Purpose Services and flexible services took total operational places at that date to 166,291. The number of new allocations in the 2005–06 Approvals Round returned to the levels of 2002–03 and 2003–04, after peaking in 2004–05 (Figure 3.3). That peak in allocations will be reflected in future operational places.

The ratio of residential care places to the target population used for planning purposes has shown a gradual increase since 2002. As at 30 June 2006 there were 85.6 residential aged care places per 1,000 people aged 70 years and over (Table A3.6 and Figure 3.3). The current target ratio is 88 places per 1,000 people aged 70 or over, to be achieved by 2007.

Developments in residential aged care

Developments in residential aged care address a wide range of issues including quality of care and service standards, financing and administration, and workforce (Box 3.4; the aged care workforce is discussed in Chapter 7).

Responses to incidents of serious abuse of residents have included the introduction of compulsory police checks for current and prospective employees and volunteers, increased unannounced visits to homes by the Aged Care Standards and Accreditation Agency,



Source: Table A3.6.

Figure 3.3: New residential aged care allocations and operational places, 1995–96 to 2005–06

Box 3.4: Major developments in residential aged care, 1996–2007

1996 Announcement of the **Aged Care Structural Reform Package** (1996 Budget).

1997–1998 Nursing homes and hostels were amalgamated into a **single system of residential care** on 1 October 1997, using the RCS funding model. Income and assets testing began on 1 March 1998. From 1 March 1998 residents entering residential high care could be asked to pay an accommodation charge. Low care residents could be asked to pay an accommodation bond.

1999 **The Aged Care Standards and Accreditation Agency** began active accreditation work.

2000 The **Residential Aged Care Funding Equalisation and Assistance Package** was introduced to assist the transition to standard rates of Commonwealth subsidy across the states and territories.

2001 Release of the report of the **Two Year Review of Aged Care Reform**, (commissioned in 1998).

2002 Announcement of a comprehensive review of pricing arrangements in residential aged care (Portfolio Budget Statements 2002–03: Department of Health and Ageing).

2003 The **Resident Classification Scale Review** completed (ACEMA 2003).

2004 The Aged Care Price Review Taskforce, chaired by Professor Warren Hogan, handed down its findings on the **Review of Pricing Arrangements in Residential Aged Care** (Hogan 2004).

Removal of the requirement for ACATs to assess residents moving between low and high care within the same aged care home (effective 1 July 2004).

2005 National trial of the **Aged Care Funding Instrument** (ACFI) to replace the RCS.

2006 New funding of $21.6 million over 4 years for **Encouraging Best Practice in Residential Aged Care** (see also Chapter 7 discussion of aged care workforce).

Legislation passed to strengthen **prudential regulatory arrangements** in residential aged care.

Establishment of the **Office for Aged Care Quality and Compliance**.

Mandatory reporting of incidents involving sexual or serious physical assault was introduced.

Launch of the **Aged Care Consumer website** (<http://www.agedcareaustralia.gov.au>).

2007 Announcement of a $1.5 billion package of reforms to residential aged care, **Securing the Future of Aged Care for Australians**.

On 29 March 2007 the provisions of the Aged Care Amendment (Residential Care) Bill 2007 were referred to the Senate Community Standing Committee on Affairs for inquiry and report by 17 May 2007.

reform of complaints-handling procedures with the establishment of the Office for Aged Care Quality and Compliance and an Aged Care Ombudsman, and the introduction of mandatory reporting of incidents of sexual or serious physical assault (DoHA 2006b).

An aged care home must be certified to be able to receive accommodation payments, Extra Service charges and concessional resident supplements. Progress has been made towards achieving privacy and space targets that come into force on 31 December 2008 (see Section 3.10).

Following the report *Review of Pricing Arrangements in Residential Aged Care*, known as the Hogan Review, work began on a replacement for the RCS with a new instrument as the basis for determining the Australian Government's daily care subsidy. The Hogan Review recommended the extension of funding supplements for care needs other than the provision of oxygen and enteral feeding, including short-term medical needs, dementia-related behavioural problems, palliative care and the care needs of people from disadvantaged backgrounds such as the homeless elderly and Indigenous Australians. A new funding instrument, the Aged Care Funding Instrument (ACFI) was developed to more reliably reflect a resident's care needs and the associated cost of support in a residential setting, and to take account of changes in the resident population's characteristics since the RCS was introduced in 1997. The ACFI was trialled nationally in 2005, in preparation for its phased implementation scheduled to begin in 2008.

Measures announced in early 2007 as part of the Securing the Future of Aged Care for Australians package are also planned to come into effect in 2008 (DoHA 2007a). This comprehensive reform package makes clearer the distinction between funding for accommodation and funding for the provision of care in Australian Government-accredited aged care homes:

- From 20 March 2008, the current pensioner and concessional resident supplements will be combined into a single accommodation supplement payable by the Government to aged care homes for pensioners and self-funded retirees with assets valued at less than a specified amount. Residents in receipt of the accommodation supplement will be known as 'supported residents'.
- Residents with assets worth less then $39,500 will not pay an accommodation charge. High care residents who can afford to make a greater contribution to the cost of their accommodation will be asked to do so. There is no change to accommodation bonds for residential low care.
- Resident contributions towards the cost of care will be made up of a basic daily fee and, for some residents, an income-tested fee. One maximum basic daily fee (85% of the basic age pension) will apply to all new residents, regardless of their social security status. A new income test treats all income (pension and private income) equally. Residents who are required to pay an income-tested fee will pay an amount equal to 41.67% of total assessable income above the maximum income for a full pensioner (no income-tested fee is payable on the first $659 per fortnight, subject to indexation). The maximum daily care fee payable will continue to be capped at $53.96 per day as at 20 March 2007.

From the provider's perspective, all new residents will generate the same level of revenue from a combination of the accommodation supplement and the accommodation charge. This removes any disincentive for a provider to accept a person based on whether they are a pensioner or self-funded retiree.

From the resident's perspective, self-funded retirees with lower levels of assets will be able to access Government assistance with their accommodation costs for the first time and greater assistance will be provided to pensioner residents with fewer assets.

The new arrangements will not apply to existing residents.

Respite care

Respite care supports community living for people who receive assistance from informal providers (family carers) by giving carers a break from providing assistance to see to their own affairs, to visit family and friends, or to take a holiday. Respite care can be provided in the person's home, in a day centre, in community-based overnight respite units (for example 'cottage' respite services) and in residential aged care homes. Service providers sometimes use respite care as an 'introductory' service for new clients, particularly those not used to receiving formal assistance (AIHW: Hales et al. 2006a).

Programs that deliver care services, such as care packages, HACC and Veterans' Home Care, typically offer respite care services in the community and may also help clients to access residential respite care. HACC, for instance, provides assistance to carers in the form of a substitute carer in the home, centre-based respite, host family and peer support respite care. Veterans' Home Care offers in-home respite care and the DVA also funds residential respite care for eligible clients.

The National Respite for Carers Program (NRCP) is dedicated to the provision of respite care and other forms of support for carers. The NRCP funds direct and indirect respite care options, offering respite care in a range of accommodation settings (Box 3.5). These services can be arranged by Commonwealth Carer Respite Centres on behalf of clients. In 2004–05, about 56,000 carers received direct respite care through a Carer Respite Centre.

Residential respite care provides short-term accommodation and care in residential aged care homes on a planned or emergency basis. An ACAT approval is required to access residential respite care and an approval remains valid for 12 months. Assessing clients for need and eligibility for residential respite care is core work for ACATs and they play a key role in raising awareness of respite care, both in-home and residential-style, for ACAT clients recommended to live in the community (see Table 3.11). A person with a valid ACAT approval for residential respite care may use up to 63 days of respite care in a financial year, which can be taken in 'blocks', for example, 1 or 2 weeks at a time. In 2005–06 there were 49,727 admissions to residential respite care (AIHW 2007b), equating to around 12 in every 1,000 people aged 65 years or over (55 for every 1,000 older people with profound or severe limitation; Table A3.7).

By providing support for people living at home and their carers, residential respite care can delay or obviate the need to enter permanent residential care. It can also be a 'stepping stone' towards permanent residential care: around 40% of residential respite care clients are admitted to permanent residential aged care within 3 months of using respite care (AIHW: Karmel 2006). Analysis of ACAT recommendations also supports the view that residential respite care is often a precursor to permanent placement since at low, medium and high levels of dependency the prior use of residential respite is associated with a higher likelihood of ACAT recommendation for permanent residential care (ACAP NDR 2006:176, 183). Less commonly, people may be connected, or re-connected, to community care services as a result of a period of residential respite.

Karmel's analysis (2006) has shown that people who use community care services in conjunction with residential respite tend to enter permanent residential aged care later than those who use only residential respite care. This apparent interaction between use of residential respite and community care for delaying admission to permanent residential care indicates the importance of timely access to community care, and particularly of systems and processes to identify people who need formal assistance before carers reach

Box 3.5: Respite options funded, assisted or arranged by the National Respite for Carers Program

Through the NRCP, carers can receive direct respite care. Other forms of assistance can be funded by the NRCP that also have the effect of carer respite ('indirect' respite options). Direct respite consists of the types of respite care arranged where the primary purpose is meeting the needs of carers by the provision of a break from their caring role. A service or multiple services are arranged to ensure that the carer has a substitute to care for the person for whom they are the primary carer. Types of respite care arranged by Commonwealth Carer Respite Centres (with NRCP funding) are listed below.

Direct respite

- Australian Government-approved aged care homes residential respite services: respite care is available in homes that offer high and low level care and other residential services that operate under the Aged Care Act.
- State/territory-funded disability care homes residential respite.
- Community residential respite services: these services include overnight accommodation in crisis support facilities, hotel/motel accommodation, caravan parks, cottage homes and host family situations.
- Other residential respite services: residential organisations provide flexible and/or vacation respite care options. This provides for flexible residential options covering the variety of ways carers and care recipients are assisted during a period of respite, either together or separately.
- Community respite services (non-residential): respite care is delivered in a community setting other than residential or in-home respite, including the carer's neighbourhood, the care recipient's neighbourhood, recreational facility, day care centre.
- In-home respite services: covers the range of home-based services arranged to provide direct support to the carer in respect to a particular care recipient, in the home of the carer or care recipient.
- Individualised: this service enables the carer to access an appropriate level of support where this is unavailable from an existing service, for example, where existing respite care services do not exist or are otherwise not available in a region.

Indirect respite

Indirect respite offers the 'side benefit' of providing help to the carer by relieving them from the other tasks of daily living, which may or may not be directly related to their caring responsibility. Indirect respite includes services arranged by a Carer Respite Centre that are intended to indirectly assist the carer. The carer remains the primary focus although the services provided are for the person being cared for. It includes domestic assistance, social support, meals and nursing/personal care and showering assistance.

Source: Australian Government Department of Health and Ageing.

crisis point. In conjunction with the profile of ACAT recommendations, it suggests the existence of groups of 'at risk' ACAT clients for whom timely access to residential respite care may be a last chance for intervention by community care services before entry to permanent residential care. These groups include those who are recommended for residential respite and community care services but who, for one reason or another, do not access community care following ACAT assessment, and those who are approved for permanent care but recommended for community living with access to residential respite. For these people residential respite services might provide a vital link to community care services and providers.

Several initiatives are seeking to develop models of respite care for groups of carers with special needs, including the Employed Carer Innovation Pilots and the Overnight Community Respite initiative (DoHA 2006b). Additional funding for overnight respite in community settings, particularly in areas where respite options are currently limited, and Multi-purpose Services in rural areas was announced in the 2006 Budget. The role of ACATs in assisting older people to access respite care is covered under 'Aged Care Assessment Program', below.

3.8 Accessing services

The processes by which an older person gains access to government-funded services vary according to the person's need, how and by whom the need is identified, and the type of care or service for which they are referred. Typically, a referral is made to a service agency (which may be an assessment agency) either by the person, a relative or friend, or a health practitioner, and referral is followed by an assessment of need and eligibility. Referral may be through direct contact with a service provider or through an information service. Commonwealth Carelink Centres operate in all states and territories as a point of contact for information on and referral to community care, residential aged care, and other support services in the region.

The Internet is now a well-established mechanism for providing information about aged care services. The Aged Care Australia website <http://www.agedcareaustralia.gov.au> launched in November 2006 provides a comprehensive online source of information from all levels of government and non-government agencies, including service-related information. People may also contact state or local government agencies with portfolio responsibility for ageing or community services, or community and seniors organisations in their local area (see also, for example, <http://www.seniors.gov.au> for a range of topics of interest to over-50s).

Assessment for formal care provided under the *Aged Care Act 1997* is performed by Aged Care Assessment Teams (ACATs) throughout Australia, according to Aged Care Assessment Program (ACAP) guidelines. ACATs are able to approve people for CACP, EACH and EACH Dementia, Transition Care and residential aged care (permanent and respite care). ACAT approval is not required for Multi-purpose Services and flexible services allocated under the Aboriginal and Torres Strait Islander Aged Care Strategy and pilot programs. However, some states request ACATs to assess people for entry. Other programs, such as the HACC Program, NRCP, and DVA programs have their own assessment frameworks. ACATs often act as a referral mechanism for these programs.

Aged Care Assessment Program

An existing single point of entry system for government-funded aged care, the ACAP is the formal gateway to a range of services (some of which involve joint funding arrangements with state and territory governments):

- care packages for ongoing assistance under the CACP, EACH and EACH Dementia programs
- short-term therapeutic care through the TCP
- Multi-purpose Services and flexible services under the Aboriginal and Torres Strait Islander Aged Care Strategy
- residential aged care, both permanent and respite care.

The ACAP funds ACATs in each state and territory to assess people referred because they need assistance. A referral for ACAT assessment may be a self-referral or it may come via family or friends, health care practitioners or community services known to the person.

ACATs perform comprehensive assessment covering five dimensions of care need: physical, psychological, medical, cultural and social (DoHA 2002). The target population for services accessed through ACAT assessment is all people aged 70 years or over and Indigenous people 50 years or over. However, the *Aged Care Act 1997* makes no reference to age. In practice, ACATs may also accept referrals for people aged under 70 years. Young people with disability are not part of the ACAT target group but may be assessed by ACATs if their care needs cannot be met by other sources that are more appropriate to their needs (see 'Younger people in residential aged care' in Chapter 4). An ACAT approval remains valid for 12 months. If a person's care needs change to the extent that a different level or type of care is required, they may be reassessed within that period. Once approval is granted, and should the client wish to proceed, they are directed to the appropriate service providers. Receipt of services is then subject to the availability of places and other considerations.

A person who completes an ACAT assessment receives one recommendation for long-term care (accommodation setting and support programs) but the ACAT assessor may *approve* the client for types of care other than the one recommended as most suitable. Including all assessments in 2004–05 there was 71% agreement between approved and recommended long-term care settings (ACAP NDR:Table 50). For example, of the recommendations to community settings, 38% had approval for residential care. This may indicate 'just in case' approvals for clients or problems in accessing certain types of community care in some areas, and also reflects the validity of an ACAT approval for a period of 12 months. Clients and family members may not always agree with ACAT recommendations and this can give rise to differences between recommendations and approvals, in which case additional carer support and counselling beyond ACAT assessment may be called on to provide information on and support decisions about long-term care. The ACAP National Data Repository (2006) lists possible indications of differences between approvals and recommendations.

The data on ACAP clients in 2004–05 reported below reflect a subset of all older people seen by ACATs that year. Specifically, they pertain to clients with known age, Indigenous status and usual accommodation setting as defined for version 2 of the ACAP Minimum Data Set (MDS). They exclude Queensland and some parts of New South Wales that did not report data in version 2 format (version 2 excludes 30,025 clients of all ages; for more details see ACAP NDR 2006).

In 2004–05, assessments were completed for 123,443 clients with known age and Indigenous status, of whom around 95% were older people (Table 3.10).[1] At assessment, 91% of clients were living in the community, including 79% in private residences, and 9% in institutional settings including residential aged care and hospitals. Permanent residential aged care was recommended for just under half of older ACAP clients (47%), mostly for high care, with 48% recommended to live in a private residence.

Table 3.10: ACAP clients by accommodation at assessment and recommended, 2004–05[a][b] (per cent)

	Usual accommodation at assessment			Recommended long-term care setting at assessment		
	Age <65 or Indigenous <50	Age 65+ or Indigenous 50+	Total	Age <65 or Indigenous <50	Age 65+ or Indigenous 50+	Total
Community setting						
Private residence	80.6	78.8	78.9	53.7	48.2	48.5
Independent living in a retirement village	1.3	7.4	7.2	0.8	3.0	2.9
Supported community accommodation	4.9	1.4	1.5	4.2	0.8	0.9
Other	7.1	3.4	3.5	1.7	0.7	0.7
Total	*93.9*	*90.9*	*91.1*	*60.3*	*52.7*	*53.1*
Institutional setting						
Residential aged care service—low care	2.8	7.5	7.3	13.3	20.9	20.5
Residential aged care service—high care	1.7	1.1	1.1	25.0	26.0	26.0
Hospital	0.7	0.2	0.2	0.4	0.4	0.4
Other institutional care	0.9	0.3	0.3	0.9	0.1	0.1
Total	*6.1*	*9.1*	*8.9*	*39.7*	*47.3*	*46.9*
Total (per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Not stated or inadequately described (number)	229	3,382	3,611	—	—	—
Total (number of clients)	**5,666**	**117,777**	**123,443**	**5,666**	**117,777**	**123,443**

(a) Queensland and some parts of New South Wales did not report in ACAP MDS Version 2. Version 2 excludes 30,025 clients of all ages (ACAP NDR 2006).

(b) Table includes only results from the last assessment for clients assessed more than once in the financial year.

Notes

1. Table excludes 4,809 cases with missing, unknown or inadequately described information on age and/or Indigenous status in MDS v2.
2. Percentages based on numbers of clients cases with known age, Indigenous status and accommodation setting.
3. Components may not add to total due to rounding.
4. Effective 1 July 2004, people in residential low care who need to move to high level care within the same aged care home no longer need ACAT approval. This is reflected in an increase in the share of ACAT assessments that were for older people living in the community (from 87% in 2003–04 to 91% in 2004–05) and a relatively smaller percentage of ACAT clients in residential low care when assessed in 2004–05 (7%) compared with 2003–04 (11%).

Sources: ACAP NDR; AIHW analysis of ACAP MDS v2.

1 Data for the ACAP in 2004–05 are reported, as 2005–06 data were not available for this publication.

Of clients with an ACAT recommendation for care services in the community, 62% had been receiving formal assistance from a government program before assessment (Table 3.11). Almost 40% had been receiving HACC services and 9% had been receiving a CACP service. ACAP clients who had been using HACC before assessment were less likely to be recommended for permanent residential care than clients who were not using formal services (ACAP NDR 2006:176). More than half (56%) of the clients recommended for community living had been receiving care services funded by two or more programs, excluding respite care programs (Table 3.11). The use of multiple programs suggests that

Table 3.11: ACAP clients with a recommendation to live in the community: program support at assessment and as recommended, 2004–05[a][b] (per cent)

	Program support at time of assessment received by clients with recommendation to live in the community			Program support recommended at assessment for clients with a recommendation to live in the community		
	Age <65 or Indigenous <50	Age 65+ or Indigenous 50+	Total	Age <65 or Indigenous <50	Age 65+ or Indigenous 50+	Total
EACH	1.2	0.8	0.9	5.1	3.4	3.5
CACP	4.9	9.4	9.2	19.7	38.8	37.8
HACC	38.5	39.6	39.6	42.6	42.3	42.3
Veterans' Home Care	0.8	8.3	7.9	0.4	8.1	7.7
Day Therapy Centre	2.8	2.6	2.7	4.7	4.7	4.7
Any two or more of above programs[c]	*45.6*	*56.7*	*56.1*	*61.7*	*79.0*	*78.1*
NRCP	7.7	5.0	5.1	19.6	19.9	19.9
Residential respite	11.3	10.7	10.8	49.1	66.8	65.9
Other	13.4	7.9	8.2	13.6	7.6	7.9
None	43.6	37.7	38.0	26.7	14.5	15.1
Total (number)	**3,072**	**57,353**	**60,425**	**3,131**	**59,011**	**62,142**

(a) Queensland and some parts of New South Wales did not report in ACAP MDS Version 2. Version 2 excludes 30,025 clients of all ages (ACAP NDR 2006).

(b) Table includes only results from the last assessment for clients assessed more than once in the financial year.

(c) Clients using or recommended for multiple programs are counted against each applicable program.

Notes

1. EACH includes EACH Dementia.
2. Clients who receive or are recommended to receive support from multiple programs are counted separately under each applicable program.
3. Table excludes 7,645 cases with missing, unknown or inadequately described information at assessment: 2,101 cases of unknown Indigenous status or age; 5,049 cases of unknown program support at assessment; 495 cases of unknown Indigenous status/age and unknown program support.
4. Table excludes 5,928 cases missing, unknown or inadequately described information recorded against the recommendation: 2,271 cases of unknown Indigenous status or age; 3,332 cases of unknown recommended program support; 325 cases of unknown age/Indigenous status and unknown recommended program support.
5. Cases with missing, unknown or inadequately described Indigenous status or age include 194 cases of multiple program use at assessment and 1,188 cases of recommended multiple program support.

Sources: ACAP NDR; AIHW analysis of ACAP MDS v2.0.

clients or providers were seeking to find a mix of assistance types not readily available from one program and/or to increase total available hours of support through multiple program sources of funding. For example, the HACC and EACH programs provide community nursing, whereas CACP does not. A CACP client who needs nursing care may be eligible to receive HACC services—it has been reported that around 40% of CACP clients also use HACC services (AIHW: Karmel & Braun 2004). Patterns of prior service use and recommendations for ACAP clients demonstrate that aged care consumers do not necessarily move from one program to another in a linear fashion, but may use services funded by various different programs at different times according to need and eligibility.

ACATs recommended slightly more clients to receive HACC services than had been using HACC before referral to ACAT and recommended far more clients for care packages than had previously used that type of service (see CACP and EACH; Table 3.11). A higher proportion of clients were recommended for support from multiple programs (78%) than had been accessing multiple programs before assessment (56%). These results underscore the role of ACATs in assisting people as their care needs change, by helping them to access different or higher levels of formal care and carer support.

For many older people, ACAT assessment is a pathway to receipt of respite care. Approximately 11% of older ACAP clients recommended to live in the community had already been using residential respite care (through an earlier ACAT assessment) and 5% had been receiving assistance through the NRCP (Table 3.11). Following assessment, ACATs recommended 67% for residential respite and 20% for NRCP services. ACAT approval is required for access to residential respite services. The NRCP does not require ACAT approval; however, ACATs play an important role in referring clients to this and other sources of respite care.

Over two-thirds of community-based clients were already receiving domestic assistance, meals and transport assistance, and around half were receiving assistance with health care, home maintenance and self-care. Across all areas of assistance, higher proportions of clients were receiving support from informal providers than from formal providers only (Table 3.12). Particularly in the areas of mobility, transport, social and community participation, and communication, informal providers are the main source of assistance to ACAT clients with needs in those areas.

As might be expected, in most areas of activity ACAT recommended substantially more clients to receive formal assistance than were receiving formal assistance when assessed (Table 3.12). Most clients recommended to live in the community were recommended for formal domestic assistance (70%). Recommendations show recognition for an increased role for formal services in the provision of transport assistance and social and community participation for many clients. Of clients living in the community at assessment, 13% had been receiving formal transport assistance before assessment; of those recommended to continue to live in the community, 48% were recommended for this type of formal assistance. Similarly, 15% of community-based clients had been receiving formal assistance to engage in social and community activities; formal assistance in this area was recommended for 44% of clients recommended to continue to live in the community.

Table 3.12: ACAP clients aged 65 years or over and Indigenous clients aged 50 years and over living in the community at assessment, assistance with activities, 2004–05 (per cent)[(a)]

	Source of assistance for clients living in the community						Formal assistance recommended for clients with a recommendation to live in the community
Type of assistance	Formal only	Informal only	Both	Not stated	Total	All	
Domestic assistance	38.8	44.1	15.4	1.8	100.0	80.3	69.7
Transport	13.3	70.6	14.4	1.7	100.0	69.9	47.5
Meals	27.1	61.3	9.8	1.8	100.0	68.3	44.8
Activities involved in social and community participation	15.3	66.9	14.6	3.1	100.0	55.7	44.2
Health care	33.7	51.1	13.3	1.9	100.0	55.4	40.9
Self-care	37.9	45.7	14.1	2.3	100.0	44.6	36.2
Home maintenance	23.0	67.7	7.3	2.0	100.0	52.3	34.3
Moving around places at or away from home	12.5	74.5	10.6	2.4	100.0	38.4	20.6
Movement activities	20.3	65.0	11.5	3.2	100.0	16.3	7.5
Communication	10.4	77.2	10.2	2.2	100.0	11.8	4.3
Other	33.9	56.8	4.2	5.1	100.0	4.6	7.6
None	. .	. .	. .	. .	. .	7.1	11.5
Total (number)	**66,827**	**78,827**	**30,972**	**. .**	**. .**	**104,020**	**59,502**

(a) Queensland and some part of New South Wales have not yet adopted the MDS v2 format for reporting data on usual accommodation setting: 30,025 clients (all ages) assessed in these regions are therefore not included in this table.

Notes

1. 'Source of assistance for clients living in the community' figures exclude clients living permanently in residential aged care, hospitals or other institutional settings. 'Clients with a recommendation to live in the community' figures exclude clients recommended to live permanently in residential aged care or other institutional settings.
2. Table excludes cases with missing or incomplete data on assistance: 2,010 recommendations, as recorded in MDS v2.0.
3. Components may not add to total due to rounding.

Sources: ACAP NDR; AIHW analysis of ACAP MDS v2.

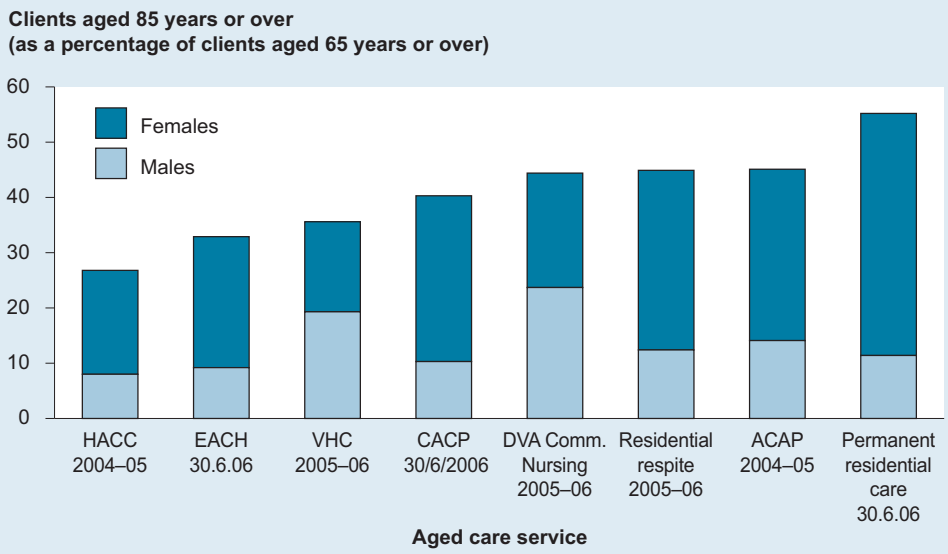
3.9 Client profiles and patterns of service use

In this section selected characteristics of clients of aged care programs are presented and compared. Due to the limitations of existing data collections, not all characteristics can be reported for all programs. The section then presents data on patterns of service use by older population subgroups.

Age and sex

Across the programs, with the exception of DVA programs, aged care clients are predominantly women. In 2006, the proportion of female clients ranged from 61% of EACH recipients to 73% of older people in permanent residential care. Reflecting women's greater longevity, the predominance of female clients in aged care services increases with age. The profile of permanent residential care clients particularly reflects this pattern, with women accounting for 52% of residents aged 65–74 years, rising to 82% of residents aged 90 years and over (Table 3.13). Women outnumber men in permanent residential care by almost three to one; the sexes are more balanced in residential respite care, with around 1.7 women to every male client in 2005–06 (see Table A3.7).

People aged 85 years or over make up a higher proportion of people in residential care, compared with community care (Figure 3.4 and Table 3.13). Over half (55%) of older permanent residents and 44% of older people who used residential respite care in 2005–06 were aged 85 years or over. Over 70% of newly admitted permanent residents in 2005–06 were aged 80 years or over. There has been a steady rise in average age at admission since 1998–99, when 64% of people admitted for permanent care were aged 80 years or over (AIHW 2007b).



Source: Table 3.13.

Figure 3.4: Use of selected aged care programs by clients aged 85 years or over, 2004–05/2005–06

Table 3.13: Clients (65 years or over) of aged care programs by age and sex, 2004–05/2005–06 (per cent)

	ACAP	HACC	Veterans' Home Care	DVA Community Nursing	Residential respite care	CACP	EACH	Permanent residential care
	2004–05		2005–06		2005–06	As at 30 June 2006		
	Clients	Clients	Clients	Clients	Clients	Clients	Clients	Residents
Males								
65–69	2.0	3.8	0.6	0.7	2.2	2.3	4.9	1.7
70–74	3.5	5.4	1.0	1.0	3.9	3.1	7.2	2.6
75–79	6.8	8.0	3.3	2.9	7.3	5.3	10.0	4.8
80–84	9.4	7.8	24.1	23.0	10.3	6.9	7.8	6.7
85–89	8.3	5.3	15.8	18.0	8.2	6.2	5.4	6.4
90 or over	5.8	2.7	4.0	6.3	4.9	4.1	3.8	5.0
Total males	*35.8*	*32.9*	*48.8*	*51.9*	*36.8*	*28.0*	*39.1*	*27.2*
Females								
65–69	2.3	6.7	0.6	0.4	2.0	3.7	5.2	1.6
70–74	4.4	9.9	2.3	1.5	4.0	6.2	7.3	3.1
75–79	9.8	14.9	10.4	7.2	9.5	12.4	10.4	8.0
80–84	16.7	16.9	21.2	17.9	16.9	19.7	14.3	16.3
85–89	16.9	12.0	12.7	14.1	17.7	18.0	12.1	20.7
90 or over	14.1	6.8	4.0	7.0	13.1	12.0	11.6	23.1
Total females	*64.2*	*67.1*	*51.2*	*48.1*	*63.2*	*72.0*	*60.9*	*72.8*
Persons								
65–69	4.3	10.4	1.3	1.1	4.3	6.0	10.1	3.2
70–74	7.9	15.3	3.2	2.5	7.9	9.3	14.4	5.7
75–79	16.6	22.9	13.7	10.1	16.8	17.7	20.4	12.8
80–84	26.1	24.7	45.3	40.9	27.2	26.7	22.1	23.0
85–89	25.3	17.3	28.5	32.1	25.9	24.2	17.5	27.1
90 or over	19.9	9.5	8.0	13.3	17.9	16.1	15.5	28.1
Total persons 65+	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total persons 65+ (number)	**121,533**	**561,789**	**70,997**	**32,057**	**33,801**	**29,972**	**1,984**	**145,175**
Clients aged <65 (number)	**6,354**	**182,408**	**1,544**	**681**	**1,755**	**1,831**	**147**	**6,562**
Clients aged <65 (% clients all ages)	**5.0**	**24.5**	**2.1**	**2.1**	**4.9**	**5.8**	**6.9**	**4.3**

Notes

1. EACH includes EACH Dementia.
2. For figures as at 30 June, age is as at that date. For ACAP clients, age is at the time of the last assessment in the financial year. For residential respite, age is as at the end of the last admission. For Veterans' Home Care age is as at last service date. For DVA Community Nursing age is as at 30 June 2006. For residential respite care clients, age is as at first admission in the financial year.
3. For ACAP, 365 clients with missing age and/or sex have been excluded. There were no cases with missing age and/or sex for CACP, EACH and EACH Dementia, residential aged care, Veteran's Home Care and DVA Community Nursing.
4. HACC cases with missing age were assumed to be aged 65 or over. Cases aged over 65 years with missing sex and cases with missing age (2,546) have been pro-rated accordingly.
5. Not all HACC service providers submitted data to the HACC MDS. In 2004–05, 82% of providers submitted data.
6. Figures for CACP recipients and residential care do not include clients of Multi-purpose and flexible services.

Sources: AIHW analysis of DoHA ACCMIS database; AIHW analysis of HACC MDS v1; ACAP NDR; DVA unpublished data: Community Nursing data current as at 19 April 2007 (subject to change) and Veterans' Home Care data current as at 30 March 2007 (subject to change).

Of the community care programs reported here, CACP recorded the oldest age profile, with two out of five older clients in 2005–06 aged 85 years or over; this may partly reflect the program's maturity. The majority of people who commenced with a CACP in 2005–06 (82%) were aged 75 years or over; a similar proportion of people commencing on an EACH package (85%) were aged 70 years or over (AIHW 2007a).

The use of HACC, community care packages (CACP and EACH) and residential aged care, both respite and permanent, increases markedly with increasing age (Table 3.14). Community care in the form of HACC services is used by relatively more people in each of the age groups 65–74 years, 75–84 years and 85 years or over, compared with other programs: in 2004–05, 103, 280 and 478 per 1,000 persons by age group respectively used HACC services. As at 30 June 2006, the rates of permanent residence in Australian Government-accredited aged care homes for age groups 65–74 years, 75–84 years and 85 years and over were 9, 54 and 237 per 1,000 persons respectively. Older people (65 years or over) accounted for half of carers who used direct respite care services funded by the NRCP in 2004–05 (see Table A3.10). The NRCP also provides assistance to younger carers, including those providing care to frail older people.

Table 3.14: Usage rates of selected aged care programs by country of birth (per 1,000 people)

Age (years)	ACAP 2004–05	HACC 2004–05	Residential respite 2005–06	CACP 30 June 2006	Permanent residential care 30 June 2006
	Clients	Clients	Clients	Clients	Residents
Australian-born					
65–74	11.5	113.1	3.0	3.5	10.5
75–84	56.2	291.2	15.5	12.7	56.7
85 over	181.0	503.7	49.2	34.7	248.2
Overseas-born: main English-speaking countries					
65–74	7.2	72.0	2.3	2.1	6.8
75–84	44.7	235.5	14.0	12.0	49.0
85 over	153.3	397.0	47.6	34.4	237.9
Overseas-born: non-English-speaking countries					
65–74	10.2	94.6	2.2	3.1	7.1
75–84	55.1	270.1	12.1	17.9	46.4
85 over	164.1	423.6	36.2	42.0	183.8
All					
65–74	10.6	103.1	2.7	3.2	9.1
75–84	54.5	280.0	14.6	13.7	53.6
85 or over	174.8	477.7	47.0	35.8	237.0

Notes

1. See notes to Table A3.7 concerning derivation of statistics and caveats, including allowance for missing values.
2. ACAP MDS v2 excludes data for all ACATs in Queensland and four ACATs in New South Wales still reporting in MDS v1 in 2004–05.
3. For ACAP, before 1 July 2004, people moving from residential low care to high care within the same facility required ACAT approval. Removal of this requirement from 1 July 2004 has contributed to lower usage rates in 2004–05 compared with 2003–04 and previous years.

Sources: ABS 2007b; AIHW analysis of DoHA ACCMIS database; AIHW analysis of HACC MDS; ACAP NDR.

Service use by people born overseas

People born overseas are increasing as a share of the older population and certain groups of overseas-born people are ageing more rapidly than the population as a whole. Programs that provide community care have relatively more clients born in non-English-speaking countries compared with residential services: CACP and EACH recorded higher use by this group compared with the HACC program. Between 18% and 27% of older clients of community care programs were born in non-English-speaking countries, compared with around 15% of older people in permanent residential care and 35% of all people aged 65 years or over (Table A3.7). The pattern of increasing use of aged care services with increasing age is evident for both Australian-born and overseas-born people (Table 3.14).

Overseas-born people, from both English-speaking countries and non-English-speaking countries, record relatively low usage of HACC services compared with people born in Australia. However, people born in non-English-speaking countries make relatively high use of CACP services at ages 75 years or over.

Service use by Aboriginal and Torres Strait Islander people

The reporting of service use by Aboriginal and Torres Strait Islander people relies on accurate identification of Indigenous clients of aged care services. Some qualification needs to be placed on the data reported here due to poorly collected data relating to Indigenous status for ACAP and HACC clients. Possibly compounding the problem, the age composition of the Indigenous population is necessarily based on projections from population census data that are now 6 years old (see Chapter 2 for further details).

Like other groups in the population, available data suggest that Indigenous Australians access some services in preference to others. A relatively high proportion of CACP recipients are Indigenous: 4% at 30 June 2006 compared with less than 1% of permanent aged care residents and around 2% of HACC clients (Table A3.9). Indigenous clients of aged care services are at least 10 years younger on average than their non-Indigenous counterparts (Table A3.9).

Among people aged 50 years or over, Indigenous people have much higher usage rates than other people of residential care (both permanent and respite) and CACPs. For example, Indigenous Australians aged 65–74 years used permanent residential aged care at a rate of 21.4 per 1,000, compared with 9.1 per 1,000 for all other Australians and 6.8 per 1,000 for people born in the main English-speaking countries (Table 3.14 and Table 3.15). In the oldest age group for which population data are available for Indigenous Australians (75 years or over), data in Table 3.15 suggest that they use all residential care services, CACPs and EACH packages at higher rates than other people. However, the comparison between usage rates is affected significantly by the different age structures of the two populations and particularly by the relatively low percentage of Aboriginal and Torres Strait Islander people aged 75 years or over.

Those data which are available for ACAP indicate under-representation of Aboriginal and Torres Strait Islander people in referrals for assessments in all states and territories, given their representation in the ACAP target population (ACAP NDR 2006). Despite this, use of the range of services that require ACAT approval is comparatively high for Aboriginal and Torres Strait Islander people, across all older age groups (Table 3.15). Age-specific usage rates for HACC in 2004–05 were found to be too unreliable to report.

Table 3.15: Usage rates and Indigenous status of clients of selected aged care programs

Age (years)	Residential respite 2005–06	CACP 30 June 2006	EACH 30 June 2006	Permanent residential care 30 June 2006
	Clients per 1,000 population			
Indigenous persons				
50–64	1.9	9.2	0.3	4.9
65–74	7.9	42.4	0.6	21.4
75 or over	34.8	84.7	1.7	105.2
Non-Indigenous persons				
50–64	0.4	0.4	—	1.5
65–74	2.7	2.9	0.4	9.1
75 or over	23.0	19.2	1.3	101.1
All persons				
50–64	0.4	0.5	—	1.5
65–74	2.7	3.2	0.4	9.1
75 or over	23.1	19.4	1.3	101.1

Notes

1. EACH includes EACH Dementia.
2. See notes to Table A3.9 concerning derivation of statistics and caveats, including allowance for missing values.
3. HACC usage rates in the Indigenous population are considered too unreliable to report. Table A3.9 shows Indigenous people as a proportion of older HACC clients and other key statistics relating to Indigenous HACC clients.

Source: AIHW analysis of DoHA ACCMIS database as at 16 October 2006.

Client living arrangements

Data are available on the living arrangements of HACC and DVA Community Nursing clients (see Table A3.11 and Table A3.12). The ACAP NDR (2006) reports on the living arrangements of ACAP clients.

In 2004–05, over one–third (36%) of HACC clients of all ages were living alone. A larger proportion of older, compared with younger, clients lived alone (42%), particularly clients aged 85 years or over (49%). In each age group 65–74, 75–84 and 85 years or over, women living alone made up at least one-quarter of all older HACC clients. In the older age groups 75–84 years and 85 years or over, women living alone outnumbered women in other living arrangements, whereas the opposite is true for male clients, more of whom live with family than live alone. With population ageing, the already high proportion of community aged care clients who live alone will increase and this has potential implications for the delivery of social support services which contribute to meeting a client's need for social interaction.

An estimated 53% of older DVA Community Nursing clients live alone, reflecting in part the older age profile of Community Nursing clients (84% aged 80 years or over; Table A3.12) but also highlighting that many older community care clients need nursing care, on either a continuous or episodic basis.

Dependency levels

The Resident Classification Scale (RCS) produces a measure of dependency of people in residential aged care based on an appraisal of care needs carried out by the service provider. Providers use the instrument to determine the level of care needed by a client across functional domains. Results of appraisals indicate a trend of rising dependency among permanent residents that has been evident for some time (Gray 2001; see also the AIHW report *Residential aged care in Australia*, published annually). This trend continued in 2005–06, with 68% of permanent residents on 30 June in high care (RCS 1–4), up from 65% in 2004 and 61% in 2000, and is most evident in the increasing number of residents at the top level of the high care range, RCS 1 (Table 3.16).

Dependency levels on admission to permanent residential care for new residents in the age groups 50–64 years and 65–74 years are quite similar—51% of admissions for people in both age groups are classified as RCS 1–2. Somewhat lower proportions of admissions for people in the older age groups, 75–84 years and 85 years or over, have the same classification (45% and 43% respectively). By comparison, admissions among these older age groups show higher proportions classified at RCS 5–8 compared with younger age groups (Figure 3.5). This pattern may be partly associated with the psychosocial needs, as distinct from the physical support needs, of a proportion of people in the much older age groups (assessment of a person's psychosocial needs is often a main reason for an ACAT recommendation for residential low care; see Lincoln Gerontology Centre (2002)). In addition, if a younger person is admitted to an aged care home (especially under the age of 65 years), it is likely they will have high levels of dependency.

Table 3.16: Level of dependency of permanent aged care residents aged 65 years or over, at 30 June 2000, 2002, 2004 and 2006

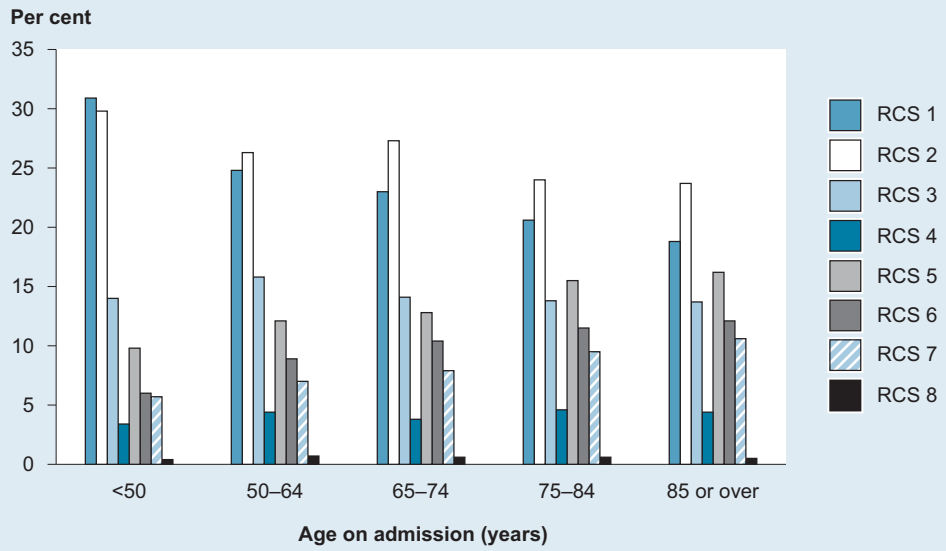
	High care					Low care					
	RCS 1	RCS 2	RCS 3	RCS 4	RCS 1–4	RCS 5	RCS 6	RCS 7	RCS 8	RCS 5–8	Total
						Number					
2000	17,618	32,205	20,818	5,820	*76,461*	11,071	12,933	21,153	2,978	*48,135*	124,596
2002	24,010	32,455	19,016	5,964	*81,445*	13,643	14,057	17,989	1,781	*47,470*	128,915
2004	29,692	33,680	19,973	6,577	*89,922*	16,630	14,653	15,450	1,052	*47,785*	137,707
2006	33,321	34,706	22,211	8,319	*98,558*	17,630	14,299	12,878	645	*45,452*	144,009
						Per cent					
2000	14.1	25.8	16.7	4.7	*61.4*	8.9	10.4	17.0	2.4	*38.6*	100.0
2002	18.6	25.2	14.7	4.6	*63.2*	10.6	10.9	13.9	1.4	*36.8*	100.0
2004	21.6	24.5	14.5	4.8	*65.3*	12.1	10.6	11.2	0.8	*34.7*	100.0
2006	23.1	24.1	15.4	5.8	*68.4*	12.2	9.9	8.9	0.4	*31.6*	100.0

Notes

1. Assessments unavailable for 2,825 residents in 2000, 1,671 residents in 2002, 1,088 residents in 2004 and 1,233 residents in 2006.
2. Table does not include clients of Multi-purpose and flexible services.

Source: AIHW analysis of DoHA ACCMIS database.

Phasing-in of the Aged Care Funding Instrument (ACFI) to replace the RCS is planned to begin in 2008. This instrument will produce a different, though comparable, measure of client dependency.



Source: Table A3.13.

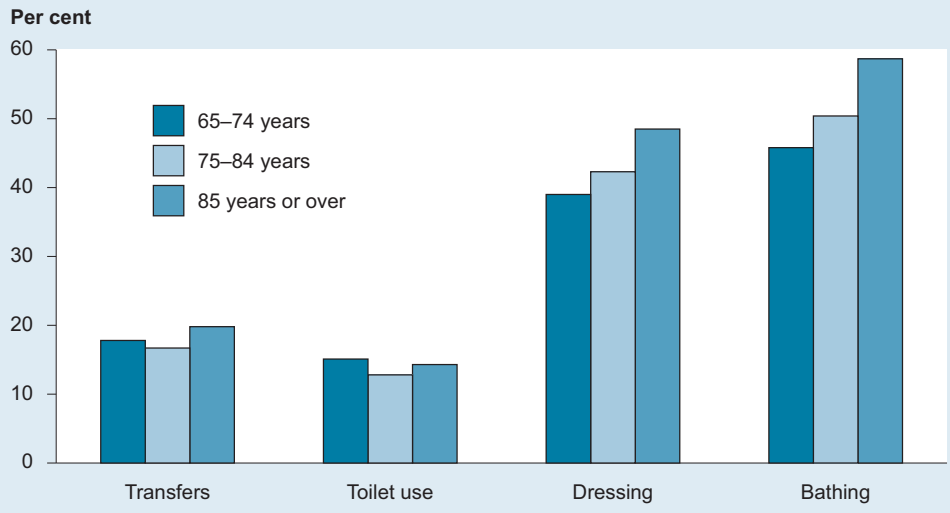
Figure 3.5: Percentage of people admitted to permanent residential aged care by RCS level and age on last admission, 1 July 2005 to 30 June 2006

The recording of client dependency for community care programs varies from none to use of generic activities of daily living (ADL) tools and special-purpose administrative instruments such as the RCS and ACFI. Version 2 of the HACC National Minimum Data Set has been implemented with national definitions for HACC client dependency, although adoption of the standard dependency data items currently varies across the states and territories. National program data for CACP and EACH do not currently include a measure of client dependency, other than as at the most recent ACAT assessment.

DVA collects dependency data for its Community Nursing clients. Data pertaining to selected daily activities for which providers have used comparable measurement scales reveal that high proportions of older DVA Community Nursing clients need assistance with bathing/showering and dressing, and relatively smaller numbers need assistance with transfers (for example from bed to a chair) and toilet use (Figure 3.6). The proportions of clients needing assistance in transfers and toilet use are similar across the age groups 65–74 years, 75–84 years and 85 years or over; for bathing and dressing the proportion of clients in need of assistance increases with increasing age, representing around half of clients aged 85 years or more.

Types of assistance received

Most aged care programs offer care services that can be provided over an extended period of time, or for as long as required. Some types of assistance are received more frequently than others. Domestic assistance and personal care, for example, might be provided on an ongoing basis, whereas other services such as home maintenance tend to be required less frequently. In order to report data about less frequently received services, the types of assistance received by clients of the various programs are examined here using the measure of the proportions of clients who receive them within a given financial year.



Source: Table A3.14.

Figure 3.6: DVA Community Nursing clients aged 65 years or over, percentage who need assistance, by area of core daily activity and age group, 2006

Because there are no overarching data definitions or service delivery schedules to cover all community care programs, HACC types of assistance were used as a template for reporting patterns of service use in multiple programs. Table 3.17 indicates those types of assistance recorded as having been delivered to clients under each program. An entry of 'X' denotes a type of assistance that is not offered by the program. For example, HACC delivers a comprehensive range of types of assistance, whereas DVA provides services to eligible DVA clients through a number of different programs. (Two main DVA programs, Veterans' Home Care and Community Nursing are reported here, whereas a number of smaller DVA programs are not reported at this level of detail). An entry of a tick mark '✓' indicates that that type of assistance is available but detailed national data on service use are not available. The type of assistance delivered to CACP and EACH clients is not routinely collected by government, hence the '✓' entries in those columns. Censuses of CACP and EACH clients and service agencies conducted in 2002 produced snapshot data on service provision that have been reported previously (AIHW 2004a, 2004b, 2005). CACP and EACH are included in Table 3.17 to allow comparison of the services provided by these and other programs.

The direct care services received by the largest proportions of older HACC clients were domestic assistance, food services and nursing care (each of these service types was recorded for at least 20% of older clients; Table 3.17). Less than 10% of HACC clients in 2004–05 received personal care. Patterns of service use may not give a true indication of need within a client population—for example, it has been estimated that one in six people within the frail aged HACC target population in Victoria in 2002 had a need for higher levels of personal assistance than the average older HACC client (Vic DHS 2003).

Table 3.17: Community and flexible care programs: services provided to clients aged 65 years or over, 2004–05/2005–06 (per cent)

		DVA programs[a]		Care packages	
Service type	HACC 2004–05	Veterans' Home Care[a] 2005–06	Community Nursing[a] 2005–06	CACP 30 June 2006	EACH 30 June 2006
	Per cent of clients in program				
Non-specialist care services					
Domestic assistance	30.2	92.3	X	✓	✓
Food services[d]	21.7	X	X	✓	✓
Transport services	17.3	X	X	✓	✓
Home or garden maintenance	16.2	19.9	X	✓	✓
Delivered meals	15.3	X	X	✓	✓
Activity programs (home or centre-based)	10.9	X	X	X	X
Social support	10.5	X	✓	✓	✓
Personal care	8.8	4.0	[c]11.0	✓	✓
Centre-based meals[d]	7.3	X	X	✓	✓
Counselling	7.1	X	✓	✓	✓
Goods and equipment	4.9	X	X	✓	✓
Home modifications	3.2	X	X	✓	✓
Respite care	0.9	[b]10.3	X	✓	✓
Other food services	0.4	X	X	✓	✓
Linen services	0.2	X	X	✓	✓
Accommodation and related services	X	X	X	X	X
Specialist services					
Nursing (home and centre-based)	20.8	X	89.0	X	✓
Allied health/therapy (at home or at a centre)	16.8	X	X	X	✓
Total clients (number)	**561,789**	**70,997**	**32,057**	**29,972**	**1,984**

(a) DVA programs other than Veterans' Home Care and Community Nursing are used for assessment and to deliver services including minor home modifications, goods and equipment, transport, residential respite, counselling and allied health care to eligible DVA clients. Veterans' Home Care data are independent from Community Nursing data. Clients who received Veterans' Home Care services may have received Community Nursing services at the same time. Data on simultaneous receipt of Veterans' Home Care and Community Nursing services are not provided in the table.

(b) Figure relates to provision of in-home respite care only. Veterans' Home Care can approve in-home, emergency and residential respite services; however, payments for residential respite services are managed through a separate appropriation. Respite care figures under Veterans' Home Care exclude DVA clients who used residential respite but not other types of respite care funded by Veterans' Home Care. In addition to in-home respite, 0.1% of older Veterans' Home Care clients received emergency respite.

(c) The figure for personal assistance delivered by DVA Community Nursing indicates personal assistance provided without any general and/or technical nursing care.

(d) Includes more than one related type of assistance.

Notes

1. Data for HACC, CACP and EACH are for clients aged 65 years or over; Veterans' Home Care and DVA Community Nursing include clients aged under 65 (1,544 Veterans' Home Care clients and 681 Community Nursing clients).
2. EACH includes EACH Dementia.
3. Figures relate to the percentage of clients in each program who received each type of assistance at any time in the specified reporting period.
4. A person may receive more than one service type therefore percentages may not sum to 100.

✓ Service type provided but data not available to report.

X Service type not provided.

Sources: AIHW analysis of HACC MDS v1 (see also Table A3.13, A3.14); AIHW analysis of DoHA ACCMIS database; DVA unpublished Veterans' Home Care MDS current as at 30 March 2007 but subject to change; DVA unpublished Community Nursing data current as at 19 April 2007 but subject to change.

Just over 23,000 older HACC clients received case management for the coordination of HACC services provided by multiple agencies—case planning, coordination and review, as distinct from 'case management', involved a higher number of HACC clients that received multiple types of assistance but not necessarily from multiple service agencies. Older clients receiving case management comprised two-thirds of all HACC clients who received a care package-type service under HACC (DoHA 2006a:Table A3.19). Although this number represents less than 5% of all older clients in 2004–05, there are some indications that the supply of case-managed HACC services (known as Linkages and Community Options) and care packages available through other programs is not meeting demand for higher levels of service within the HACC target population (AIHW: Hales et al. 2006a; Vic DHS 2003). Package-type services delivered by HACC agencies through internal and external brokerage have been found to be a suitable form of medium-to long-term community care for many clients with high and special care needs. For people with dementia-related high care needs, for instance, service providers consider that a case-management HACC service is often preferable to a CACP and as appropriate as an EACH package (AIHW: Hales et al. 2006a). *A* New Strategy for Community Care—The Way Forward is currently grappling with the complexities of levels of community care and program interfaces.

Proportionately more older than younger HACC clients received domestic assistance (30% versus 19%), meal services (22% versus 10%) and home maintenance (16% versus 9%). The seemingly low level of respite care use by older clients (0.9%) is an artefact of reporting in version 1 of the HACC minimum dataset whereby respite care is recorded against the carer (using version 2, which began roll-out in 2005–06, respite care services can be reported according to both carer and care recipient characteristics). For domestic assistance and meals, the proportions of older clients using services increase with increasing age (15% of clients aged 65–74 years rising to 29% of clients 85 years or over used HACC meal services; 27% of clients aged 65–74 years rising to 32% of clients aged 85 years or over used domestic assistance services; see Table A3.15).

Veterans' Home Care can deliver up to 1.5 hours per week of personal care assistance in addition to services such as domestic assistance, home and garden maintenance, and respite care. In 2005–06, 92% of Veterans' Home Care clients received domestic assistance and 20% received formal help with home maintenance and gardening (Table 3.17). Respite care, received by 10% of Veterans' Home Care clients in 2005–06, can include in-home and emergency respite care and referral services for residential respite care. In addition to respite provided by DVA, veterans, like other older Australians, may access respite through other programs such as the HACC program and the NRCP.

Eligible DVA clients who need community nursing or a higher amount of personal assistance may be referred for DVA Community Nursing services. In 2005–06, 11% of DVA Community Nursing clients received personal assistance without specialist nursing care; the majority (89%) received specialist nursing care (Table 3.17). Data on the total volume of types of assistance to older HACC and Veterans' Home Care clients are included in the Appendix tables (Tables A3.15 and A3.16).

Direct respite care services arranged by Commonwealth Carer Respite Centres in 2004–05 were primarily in-home respite (46% occasions of respite care) and residential respite in Australian Government-accredited aged care homes (21%; see Table A3.18).

Provision and use of assistive technology

Assistive technology can help compensate for functional loss and prevent further loss by reducing the demands of living environments on frail older people. The provision of aids

and equipment and minor home modifications is offered by a number of programs. In addition, items may be purchased privately or acquired through the health system.

In 2004–05, 5% of older HACC clients received goods and equipment through the program and 3% had home modifications (Table 3.17). The DVA Rehabilitation Appliances Program meets clinically assessed needs for aids and appliances prescribed by professionals in nominated health disciplines. Mobility and functional support items and continence products account for approximately 72% of expenditure on aids and appliances under the program. In 2005–06, the DVA HomeFront (falls and accident prevention) program assisted 9,966 DVA clients, and 5,159 used the home maintenance and repairs telephone referral service.

Current applications of assistive technology in the homes of older Australians tend to be conventional in nature, that is, low technology home modifications, aids and equipment. Approximately 24% of older people with disability who were living in private dwellings in 2003 had made modifications to their dwelling because of disability. Installation of handrails was the most common type of modification (18%), followed by toilet, bath or laundry modifications (13%). Relatively fewer people reported structural changes to dwellings (2%) or installation of ramps (5%) (AIHW analysis of ABS 2003 SDAC CURF). In terms of aids, older people mostly make use of low technology self-care and mobility aids (see Table A3.19).

Interestingly, only 9% of older people with disability and 15% of those with profound or severe limitation use a cordless or mobile telephone. Simply rushing to answer the telephone can put an older, less mobile person at risk of injury and increased disability (hospital data show that slipping, tripping or stumbling on a level surface at home is the most common type of fall that results in serious injury among older people). Relatively low cost environmental improvements such as a cordless telephone help to reduce that risk.

Duration of support—care packages and residential care

People remain on a care package until they can no longer benefit from the type of assistance offered, or until they need another type of care or die. The main reasons that clients ceased receiving CACP services in 2005–06 were to enter residential aged care (48%) or death (18%) (AIHW 2007a). Smaller proportions of separations were due to hospitalisation or transfer to another CACP service provider. Similar patterns were observed for the EACH program, although with a higher mortality rate: 44% left EACH to enter residential aged care, 35% were due to death, 9% were due to hospital admission and 5% were withdrawals from the service (AIHW 2007a).

Three-quarters of CACP clients who ceased receiving CACP services during 2005–06 had been supported by the program for up to 3 years, including 50% who had received services for 1 year or less (Table 3.18).

The EACH program shows shorter duration of support on average, compared with CACP: 94% of EACH clients who separated from a package in 2005–06 had been supported for up to 2 years and around half for up to 6 months. Relatively fewer separations from the EACH program (1%) in 2005–06 than for either CACP (19%) or permanent residential aged care (34%) were clients who had been supported on the program for 3 or more years. However, it is important to note that, as a relatively new and growing program, EACH would not have the same proportion of long stay clients as longer established programs (recent rapid growth in EACH provision is discussed in Section 3.10).

Table 3.18: Length of support or stay for CACP, EACH and residential aged care by people aged 65 years or over, separations during 2005–06 (per cent)

	CACP	EACH	Residential respite care	Permanent residential care
<1 week	0.5	1.7	8.0	1.9
1–<2 weeks	1.0	1.3	22.1	2.3
2–<3 weeks	1.3	1.7	32.7	2.1
3–<4 weeks	1.3	2.1	12.7	1.7
4–<8 weeks	5.8	10.7	16.9	5.6
8–<13 weeks	6.8	13.9	6.4	4.7
13–<26 weeks	13.7	20.0	1.0	8.3
26–<39 weeks	9.9	14.6	0.1	5.9
39–<52 weeks	7.9	10.4	—	5.2
1–<2 years	21.0	17.7	—	16.1
2–<3 years	12.1	4.9	—	12.3
3–<4 years	7.5	0.4	—	9.0
4–<5 years	5.4	0.4	—	6.4
5–<8 years	4.8	0.3	—	10.6
8 or more years	0.9	—	—	7.8
Total	**100.0**	**100.0**	**100.0**	**100.0**
Total (separations)	**13,487**	**1,001**	**46,729**	**49,319**

Notes

1. Age is at separation.
2. EACH includes EACH Dementia.
3. Table does not include clients of Multi-purpose and flexible services.
4. Residential age care figures exclude transfers between service providers for care of the same type (that is, respite or permanent care).
5. Components may not add to total due to rounding.

Source: AIHW analysis of DoHA ACCMIS database current 16 October 2006.

The median period of residency for the 49,319 people aged 65 years or over who left permanent residential care in 2005–06 was between 1 and 2 years; however, one-quarter (25%) of separations were for people who had been in care for 4 years or more (Table 3.18).

It is common for people to move from one program to another so that the duration of formal care can be greater than that indicated by the length of support on any one program. In addition, a significant minority of aged care consumers receive assistance concurrently through multiple programs. Transitions between HACC and residential respite care involve the largest number of people, followed by movements from HACC services to permanent residential care; similarly, it has been found that nearly half of all people starting on a CACP in a quarter had been HACC clients in the previous quarter, and 37% of people entering permanent residential aged care had been receiving assistance through a CACP and/or HACC service (AIHW: Karmel 2005).

3.10 Outcomes

Outcome measurement and reporting in aged care is currently limited by a paucity of data on patterns of service use and the effect of services on the people who use them. As a result, reporting on outcomes in past volumes of *Australia's welfare* has necessarily concentrated on service-related outcomes, for example, accessibility (provision and use of allocated and operational places and packages by specific populations) and summary results of quality assurance processes such as aged care home certification and accreditation.

Australia's welfare has also reported on the needs of older people and their receipt of assistance as one, albeit high-level and indirect, measure of consumer outcomes. While the ABS Survey of Disability, Ageing and Carers is a useful existing source of data for this purpose, analysis and reporting of the data pertaining to older people and aged care is perhaps less well supported by current research than is the case in other areas of social services. For example, outcome measurement in education is well developed by comparison and, in the disability services sector, demand studies have been undertaken over a number of years.

Signs of change are appearing due at least in part to a strong focus in the Dementia Initiative on outcomes and quality of life for people with dementia and their carers. A main objective of aged care assistance is improvement or maintenance of an individual's physical and psychosocial functioning to enhance their quality of life. Quality of life measurement in this field is not a straightforward matter: observable and measurable outcomes do not always match the older consumer's perceived quality of life; obtaining reliable data from cognitively impaired people, for example, can be a significant challenge; and consumers live in, or rely on, the service environment. While acknowledging that difficulties exist, experience in Australia and overseas has demonstrated that the challenges in obtaining useful feedback from aged care clients and their families are not insurmountable (see for example AIHW: Hales et al. 2006a, 2006b; AIHW: Jenkins 2000; Straker et al. 2007;). Levels of consumer satisfaction provide a credible perspective on quality of care and quality of life that is different from and complementary to clinical and system indicators (Harris-Kojetin & Stone 2007).

Service-related outcomes

Accessibility

Accessibility is considered, firstly in terms of the provision of residential and community care places at a national level and, secondly, through older people's use of these services and experiences in accessing service providers. The provision of aged care is an outcome of government planning and allocation processes, which affects consumers' access to services. At best an indirect measure of accessibility for individuals, trends over time in the number of aged care places relative to the size of the population at risk of needing care provide a useful population-based summary outcome measure.

The experiences of older people in attempting to access and use the full range of services they need reflects not only on service-specific issues but also on the level of support for older people to live in the community. This section examines aspects of accessibility to services generally, as reported by older people in households. Of particular interest is whether disability is a barrier to accessing services, since aged care is concerned with identifying older people whose activity limitations are the cause of disability and helping them overcome, or manage, disability.

Supply of community packages and residential aged care places

For the purpose of reporting on provision outcomes, aged care places and packages include CACP, EACH, EACH Dementia, Transition Care and residential aged care, both permanent and respite care, places. Allocated and operational places/packages in these programs can be measured against targets (described below). It is not possible to provide this sort of analysis for HACC—the other main aged care program—because discrete 'places' and 'packages' have no meaning in the context of the provision of HACC services.

One of the tools used to plan the provision of services under the *Aged Care Act 1997 (*Australian Government-funded residential, community care packages and flexible care places) is the planning ratio. This ratio is based on achieving a desired number of places in relation to the size of population likely to need formal aged care. Residential aged care places, EACH, EACH Dementia, CACP and Transition Care places are intrinsically linked through the planning ratio because community care packages are intended to provide care to people who are eligible for and who might otherwise use residential aged care. These service models are all included in the planning ratio.

A key recommendation of the 2004 *Review of pricing arrangements in residential aged care* (Hogan 2004) was for the Australian Government to confirm its 2001 commitment to provide 108 places for every 1,000 people aged 70 years or over, that is, a planning ratio of 108.0. When the review was undertaken in 2003, provision stood at 98.2 places per 1,000 target population. In 2004–05 the Australian Government increased the target from 100 to 108 places per 1,000 people aged 70 years or over and, as at 30 June 2006, provision had reached 105.8 places per 1,000 people aged 70 years or over, including 85.6 residential aged care place, 18.2 CACPs and 1.6 EACH and EACH Dementia packages (Table 3.19). In February 2007 the Australian Government committed to raising the target ratio to 113 places per 1,000 people aged 70 years or over by 2011.

Growth in CACP provision has slowed in recent years. While the number of EACH places remains low compared with CACP, EACH provision (places per 1,000 people aged 70 years or over) has more than doubled since 2004 and has almost tripled if provision is considered relative to the older population with profound or severe limitation. Provision of residential aged care places to the target population has been stable since 2005, at around 85 places per 1,000 people aged 70 years or over.

In terms of the more closely targeted supply measure of places and/or packages per 1,000 people aged 65 years or over with a severe or profound limitation, between 2003 and 2006 provision increased from 49.3 to 62.8 community care packages, including 5.2 EACH packages that are directed to people with high care needs. The supply of residential aged care places relative to this population increased from 265.4 to 270.7. On this measure, total provision has increased over this period from 314.8 to 333.4 places and packages for every 1,000 people aged 65 years or over with a severe or profound limitation. This represents an increase of 5.9%, which is higher than the 1.5% increase recorded for the period 2001–04 reported in the previous volume of *Australia's welfare* (AIHW 2005).

The 5.9% increase in provision for the older population with severe or profound limitation compares with an increase of 7.7% in places per 1,000 people aged 70 years or over. The difference in growth for these two measures is a consequence of the ageing of the population. Disability rates increase with age (see Section 3.2), so that as increasing proportions reach very old age so too are larger proportions of the older population affected by severe or profound limitations.

Table 3.19: Operational residential aged care places, Community Aged Care Packages, Extended Aged Care at Home places and Transition Care places at 30 June, 2003 to 2007

			Places/packages per 1,000 persons	
		Number of places/ packages	Aged 70 years or over	Aged 65 years or over with profound or severe limitation
2003	Community Aged Care Packages	27,881	15.3	48.9
	Extended Aged Care at Home places	255	0.1	0.4
	Residential aged care places	151,181	82.8	265.4
	Total	**179,317**	**98.2**	**314.8**
2004	Community Aged Care Packages	29,063	15.6	49.6
	Extended Aged Care at Home places	858	0.5	1.5
	Residential aged care places	156,580	84.2	267.1
	Total	**186,501**	**100.3**	**318.2**
2005	Community Aged Care Packages	30,973	16.3	51.7
	Extended Aged Care at Home places	1,673	0.9	2.8
	Residential aged care places	161,765	85.3	269.9
	Total	**194,411**	**102.5**	**324.4**
2006	Community Aged Care Packages	35,383	18.2	57.6
	Extended Aged Care at Home places	2,580	1.3	4.2
	Extended Aged Care at Home Dementia places	601	0.3	1.0
	Residential aged care places	166,291	85.6	270.7
	Transition Care places	595	0.3	1.0
	Total	**205,450**	**105.8**	**333.4**
2007[a]	Community Aged Care Packages	37,747	n.a.	n.a.
	Extended Aged Care at Home places	3,302	n.a.	n.a.
	Extended Aged Care at Home Dementia places	1,267	n.a.	n.a.
	Residential aged care places	169,594	n.a.	n.a.
	Transition Care places[b]	1,594	n.a.	n.a.
	Total	**213,504**	n.a.	n.a.

(a) Figures for 2007 supplied by DoHA are provisional as at July.

(b) May be provided in either a home-like residential setting or in the community.

Notes

1. Population estimates by disability status are obtained using age–sex disability rates from the ABS 2003 Survey of Disability, Ageing and Carers in conjunction with the estimated resident population. The estimates assume constant disability rates over time within age–sex categories.
2. Places for residential aged care and Community Aged Care Packages include those provides by Multi-purpose Services and places funded under the Aboriginal and Torres Strait Islander Aged Care Strategy.

Sources: ABS 2006d; AIHW 2007b:4; AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers; DoHA unpublished data.

Accessing and using aged care services

In the ABS General Social Survey respondents of all ages report on their experiences in accessing service providers—this covered providers in the government, private and non-profit service sectors and was not limited to aged care providers (ABS 2007d:Table 36). An estimated 75% of the adult population reported no problems with access. People aged 85 years or over were somewhat more likely (32%) to report problems than all adults (25%), or people aged 65–74 years (20%) or 75–84 years (23%). For all adults, inadequate services in the area of residence was the most common problem (10%) but relatively fewer people in the older age groups (4%–8%) reported this type of problem. More commonly, older people reported transport and distance as the main difficulty in accessing service providers, particularly people aged 85 years or over, 16% of whom were affected in this way. The very old were also more likely (13%) to report disability as restricting access to services than any other age group (under 2% of all persons reported disability as an access barrier). (Caution should be used with this estimate for the very old as the small sample size affects its reliability.)

In the 5 years to 2006, use of established aged care programs—care packages (CACP and EACH) and residential aged care—by the older population increased by around 7% (Table 3.20). Use of care packages increased in each age group, for both men and women, and by 48% when averaged over the total older population. Over a shorter period of time (2001–02 to 2004–05) usage rates of HACC also increased for each age group (see Table 3.14; AIHW 2003, 2005), although this partly reflects increased reporting by agencies of data for the MDS in the earlier years. Age-specific HACC usage rates between 2003–04 and 2004–05 have declined for the 85 or over age group (from 481.1 per 1,000 people to 477.7) while showing a small increase per 1,000 people aged 65–74 years (from 102.2 to 103.1).

Higher rates of use of care packages in each age group 65–74 years, 75–84 years and 85 years or over occurred in parallel with decreased rates of use of residential aged care in those age groups. Particularly in the oldest age group, 85 years or over, where greater use is made of residential aged care, strong growth in the use of care packages has coincided with a period of declining rates of use of residential aged care.

Although age-specific rates of use of residential aged care decreased over the 5 years to 2006 for both men and women, usage averaged over the entire older population suggests modest overall growth of 1% (Table 3.20). These seemingly contradictory results arise from the changing age structure of the older population. By 2006, a higher proportion of people fell into the older age group, 85 years or over, than in 2001. This age group records much higher use of residential care, which effects an overall increase in usage for the 65 years or over population even though age-specific rates of use of residential aged care places fell over the period. This phenomenon illustrates the importance of looking more deeply into usage patterns when the underlying age structure is changing. A simple total population usage rate may not provide a reliable picture of whether provision of services is keeping pace with population growth and changing age composition.

The above results indicate access to different types of aged care services (packages and residential places) but do not provide a measure of the adequacy of assistance, relative to need, provided by those services.

However, they highlight one of the issues associated with planning aged care provision: what is the appropriate population to use in planning both the amount and distribution of aged care places and packages? Current planning processes are based on changes in the size of the population aged 70 years or over. However, as this chapter illustrates,

age is a weaker predictor of residential aged care use than disability (and particularly severe or profound limitation). Over two-thirds (70%) of the older population with severe or profound limitations in all three core activity areas are in aged care accommodation, and they account for 61% of the aged care accommodation population (Section 3.2). Against that, only 24% of the population aged 85 years or over use residential aged care (Table 3.20) although they account for 53% of permanent residents (Table 3.13).

Table 3.20: Age-specific usage rates of community/flexible care packages and residential aged care, 30 June 2001, 2004, 2006 (per 1,000 population)

	Males				Females				Persons			
	65–74	75–84	85 or over	65 or over	65–74	75–84	85 or over	65 or over	65–74	75–84	85 or over	65 or over
CACP and EACH												
2001	1.8	6.8	24.6	*5.2*	3.1	12.8	29.9	*10.3*	2.5	10.3	28.2	*8.0*
2004	2.3	8.1	28.3	*6.4*	4.1	16.2	37.2	*13.2*	3.2	12.7	34.3	*10.1*
2006	2.7	9.6	29.7	*7.5*	4.4	18.7	41.9	*15.3*	3.6	14.7	37.9	*11.8*
5-year growth (per cent)	50.0	41.2	20.7	*44.2*	41.9	46.1	40.1	*48.5*	44.0	42.7	34.4	*47.5*
Residential aged care												
2001	10.0	41.0	165.8	*32.1*	11.0	68.0	299.0	*70.6*	10.5	56.7	257.9	*53.6*
2004	9.4	41.0	162.2	*32.6*	10.1	67.6	297.7	*71.7*	9.8	56.2	254.8	*54.2*
2006	9.2	40.5	152.8	*32.9*	9.6	66.2	284.0	*71.7*	9.4	54.9	240.9	*54.2*
5-year growth (per cent)	–8.0	–1.2	–7.8	*2.5*	–12.7	–2.6	–5.0	*1.6*	–10.5	–3.2	–6.6	*1.1*
Total												
2001	11.8	47.8	190.4	*37.3*	14.1	80.8	328.9	*80.9*	13.0	67.0	286.1	*61.6*
2004	11.7	49.1	190.5	*39.0*	14.2	83.8	334.9	*84.9*	13.0	68.9	289.1	*64.3*
2006	11.9	50.1	182.5	*40.4*	14.0	84.9	325.9	*87.0*	13.0	69.6	278.8	*66.0*
5-year growth (per cent)	0.8	4.8	–4.1	*8.3*	–0.7	5.1	–0.9	*7.5*	0.0	3.9	–2.6	*7.1*

Notes

1. EACH includes EACH Dementia.
2. Table excludes Transition Care clients.

Sources: ABS 2006d; AIHW analysis of DoHA ACCMIS database.

Standards and quality of care

The last 2 years have seen a continued focus on improving quality of care in government-funded aged care homes. The Aged Care Standards and Accreditation Agency assesses homes against standards in four areas: management systems, staffing and organisational development; health and personal care; resident lifestyle; and physical environment and safe systems. At 30 June 2006, 93% of homes were accredited for at least 3 years and over 96% of homes were compliant with all 44 Accreditation Standards Outcomes (DoHA 2006b).

All residential aged care services were required to meet the requirements of the 1999 Certification Instrument for building standards by 31 December 2005. The fire and safety requirements were met by 88% of services at 30 June 2006; the 12% of services that were non-compliant are being closely monitored.

In addition, space and privacy targets for aged care homes will apply from 31 December 2008:

- for services that existed before July 1999, there should be no more than four residents accommodated in any room, no more than six residents sharing each toilet and no more than seven residents sharing each shower
- for new buildings constructed since July 1999, there is to be an average for the whole residential aged care service of no more than 1.5 residents per room, no room may accommodate more than two residents, and there is a mandatory standard of no more than three residents per toilet, including those off common areas, and no more than four residents sharing shower or bath.

As at 30 June 2006, 95% of services met the above targets (DoHA 2006b).

New measures have been introduced to address sexual abuse and serious physical assault in aged care homes. From 2007 background checks by police will be conducted on all aged care workers. The Aged Care Complaints Resolution Scheme has been replaced by the new Office for Aged Care Quality and Compliance in a move to strengthen the system for receiving and handling consumer complaints, among other quality issues. The Aged Care Standards and Accreditation Agency received additional funding in the 2004–05 Budget to increase the number of inspections of aged care homes and ensure that all homes are visited annually. In 2005–06 the Agency and the Department of Health and Ageing conducted 5,495 visits (the Agency undertook an average of 1.7 visits per home). From 2006–07 all homes will receive at least one unannounced visit each year.

In community care, the 2004–05 Budget provided funding for Quality Reporting in Community Care, which began on 1 July 2005. This program applies to CACP, EACH and the NRCP, and aims to ensure that clients receive the levels of care they need, and to improve measurement and reporting of the programs' operation (DoHA 2006b).

HACC services are subject to appraisal using the HACC National Service Standards Instrument, which includes a Consumer Survey Instrument. In the first evaluation cycle from July 2001 to June 2004, 2,709 out of 3,335 HACC agencies were appraised. A new cycle began in 2006.

Participation outcomes

A main objective of aged care—both informal and formal care—is to enable an older person to participate in domestic and community life. Participation is a multi-faceted concept, being highly individual and related to many factors including age, health conditions, functional limitations, social support and cultural and personal preference. Participation in activities varies from one person to the next, and extent of participation may be a poor indicator of social opportunity as it encompasses personal choice as well as access to the supports that enable participation, for example, transport, companionship and physical support. Levels of satisfaction with participation, as reported by older people, give more useful insight into whether older people believe they have adequate opportunity to participate in community life.

In 2003, around 80% of older people living in private dwellings reported they were able to go out as often as they liked. However, levels of satisfaction show strong association with disability status (Table 3.21). Fewer than half (47%) of older people with profound or severe limitation, living in private dwellings, were able to go out as often as they liked, regardless of their living arrangements. This compares with 86% of older people without profound or severe limitation.

Among the very old an interesting interaction between disability status and living arrangement is apparent. As might be expected, people 85 years or over with profound or severe limitation were somewhat more likely to go out as often as they liked if they lived with other people (53%) than if they lived alone (47%). For those without profound or severe limitation, the opposite is true: 88% who lived alone could go out as often as they liked, compared with only 70% who did not live alone.

Table 3.21: Older people living in private dwellings, whether can go out as often as would like, by level of core activity limitation, age and living arrangement, 2003 (per cent)

	Without profound or severe limitation				With profound or severe limitation			
Living arrangement	**65–74**	**75–84**	**85 or over**	**Total**	**65–74**	**75–84**	**85 or over**	**Total**
Lives alone								
Can go out as often as would like	86.5	85.4	87.6	86.2	*33.7	53.7	46.5	47.0
Cannot go out as often as would like	13.5	14.6	*12.4	13.8	66.3	46.3	53.5	53.0
Total (per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total (number)	**249,200**	**202,800**	**61,100**	**513,100**	**22,700**	**47,000**	**32,200**	**101,900**
Lives with others								
Can go out as often as would like	88.3	83.9	69.6	86.4	45.1	45.7	52.6	46.4
Cannot go out as often as would like	11.7	16.1	30.4	13.6	54.9	54.3	47.4	53.6
Total (per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total (number)	**883,000**	**397,400**	**41,100**	**1,321,600**	**114,200**	**109,400**	**36,100**	**259,700**
All living arrangements								
Can go out as often as would like	87.9	84.4	80.4	86.4	43.2	48.1	49.8	46.6
Cannot go out as often as would like	12.1	15.6	19.6	13.6	56.8	51.9	50.2	53.4
Total (per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total (number)	**1,132,200**	**600,300**	**102,200**	**1,834,700**	**136,900**	**156,400**	**68,300**	**361,600**

Note: Table excludes 22,600 people who did not leave home at all.

Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file (see ABS 2004b for comparable data on all people with disability).

The reason given most often for not being able to go out was 'own disability or health/physical condition'. Of older people with a profound or severe limitation, 71% reported this as the main barrier to leaving home, compared with 26% of people without profound or severe limitation. Other reasons given by people without profound or severe limitation included another person's disability or condition (17%), could not be bothered or nowhere to go (14%), and cost/affordability (13%) (AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers Confidentialised Unit Record File).

Lack of companionship and 'other reasons' as main barriers to going out were reported more often by people living alone who experience profound or severe limitation compared with other groups; few in this group reported another person's disability or condition as a main barrier to going out. In the absence of profound or severe limitation, people not living alone who said they could not go out as often as they wished most often attributed this

to their own disability or health condition (moderate or mild core activity limitation, or long-term health condition but no core activity limitation) or another person's disability. The last-mentioned reason points to possible effects arising from the responsibilities and relationships associated with a caregiver role.

The data highlight two important points. First, many older people with high levels of activity limitation want to be able to leave home and participate in community, yet feel disabled by their functional capacity. Verbrugge and Jette (1994) define 'social disadvantage' as the 'placement of impediments in the path of limited/disabled people so they cannot do the things they want and are able to do' and caution that 'feedback loops' are a common feature of the disablement process for frail people and people with long-term disability. Second, activity limitation is not the only cause of social disablement—psychosocial factors and service issues (for example access to transport or respite care) are implicated, again suggesting the importance of addressing social participation needs in order to maintain and perhaps enhance individual functioning.

Unmet need for assistance

Information collected by the ABS Survey of Disability, Ageing and Carers on unmet need for formal and informal assistance in the older population covers 10 broad areas of activity: self-care, mobility, oral communication, cognitive or emotional tasks, health care, household chores, meals preparation, property maintenance, private transport and paperwork. Mobility and transport have previously been reported as particular areas of unmet need among older people (AIHW 2005). Table 3.22 gives a breakdown of reported unmet need by broad area of activity and whether more assistance is desired from formal or informal providers.

Older people who report unmet need for assistance divide into two broad groups according to type of unmet need. Nearly all of those who report unmet need for assistance in core activities are people with profound or severe limitation. On the other hand, those who report unmet need in other activities, such as transport, household chores or home maintenance, are a mix of people with core activity limitation and others who have a disability without core activity limitation. The distinction of need for assistance in core activities (self-care, mobility, communication) versus other activities reflects people at different stages of the disablement process: some with advanced care needs and others whose care needs are just beginning to show or whose reduced ability to move about in the community and perform domestic tasks is a short-term or transient need (for a more theoretical discussion of disablement see Verbrugge & Jette 1994).

Most notable in the reports of unmet need in 2003 were 102,000 community-dwelling older people with unmet need for formal assistance with property maintenance (Table 3.22). The most common main reason for not using more formal assistance for property maintenance was cost (40,000 people), followed by pride (19,000), not knowing about services (16,000) or considering the need as not important enough to ask for help (16,000). A related area of unmet need for formal assistance is household chores, reported by 61,000 people.

Transport is a critical area of assistance for supporting independence, community engagement and access to services. Around 46,000 older people reported unmet need for formal transport services, for example for shopping, social outings and getting to medical appointments. While access to a motor vehicle to drive is high for the population overall—86% of Australian adults have access to one or more registered motor vehicles—only 68% of people aged 75–84 years, and 32% of people aged 85 years or over in 2006 had access to

a private vehicle to drive (see Chapter 8). Vehicle ownership is just one consideration for the older person: health status, particularly visual acuity, licensing, road design and traffic volume are all relevant to the older person's ability to meet their own transport needs. Stopping driving becomes necessary for some older people for their and others' safety. It does, however, have major emotional and practical consequences, including being linked with social isolation and depression in older persons (NSWCOA 2000).

One practical implication of a lack of private transport or suitable public/community transport is a reduced ability to shop, which can reduce role satisfaction and sense of competency, ultimately leading to functional loss. For example, in losing the ability to shop, a person may cease to prepare meals. Over time they lose food preparation skills, become reliant on others for meals assistance, experiencing reduced activity and life satisfaction as a result. Particularly in rural areas, the impact of losing access to a car is stark: distances to needed destinations are great and getting to them is unlikely to be possible by other means (NSWCOA 2000). The decision to make a sea or tree change in early retirement is often predicated on private car use, which remains relatively high (75%) up to around age 75 years. When that is no longer possible, life for the older person who lives a distance from services can become very difficult. As more people retire to regional areas and age into the older age groups at those locations, pressure on regional transport systems is likely to increase.

People with unmet need for community services may need to relocate because of anxiety about home upkeep, physical risks associated with poorly maintained dwellings and grounds, and/or limited capacity to get about in the community. Data from the Survey of Disability, Ageing and Carers suggest that these needs may arise relatively early in the development of functional limitation at older ages (that is, in connection with mild or moderate, as distinct from profound or severe, limitation) but if they remain unmet or are not addressed in some way they can have long-lasting and serious effects. Intervention and support for older people with less severe limitations can enhance independence, reduce individuals' perception of disability, and thus remove some of the 'push factors' that cause a loss of confidence in being able to live in the community.

Table 3.22: Household population aged 65 years or over with disability[(a)], need for more formal or informal assistance by broad area of activity, 2003 (per cent)

Broad area of activity	Need more formal assistance	Need more informal assistance	Total people with need for assistance in activity (number)
Property maintenance	17.7	9.6	576,600
Health care	7.2	2.9	473,200
Private transport	10.3	6.1	445,500
Household chores	13.9	6.1	437,300
Mobility (core activity)	10.2	7.2	339,800
Self-care (core activity)	5.5	4.6	207,900
Paperwork	4.8	1.7	167,300
Meal preparation	7.7	2.3	166,400
Cognitive or emotional tasks	14.9	8.7	143,800
Oral communication (core activity)	8.5	3.7	37,000

(a) Total people with need for health care includes older people without disability who have a long-term health condition.

Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

3.11 Aged care expenditure

The Australian Government is the largest source of funding for the aged care system primarily because of its responsibility for residential aged care. It also provides funding for a range of other aged care programs including CACP, EACH, ACAP, Multi-purpose Services and flexible care, the HACC program, Veterans' Home Care, the NRCP and the Transition Care Program. The HACC program, Transition Care Program and ACAPs are cost-shared with state and territory governments. State and territory governments also provide some funding for other areas of aged care, including residential and assessment services. Governments are not the only source of funding in the aged care system. Users of programs meet part of the costs, and non-government community service organisations contribute funds to some services (see Chapter 7). In addition, the sector receives services from volunteers.

Government expenditure on aged care

Aged care expenditure is spread across both health and welfare services. When classifying expenditure to either health or welfare, expenditure on high care clients in residential aged care services is generally included in health while expenditure on low level residential care and community–based programs is allocated to welfare. This discussion of aged care expenditure includes expenditure on low level residential care and community-based programs as well as on high level residential care. For this reason, the figures presented here differ from those in Chapter 7 for expenditure on older people. The data presented here do not capture all sources of aged care expenditure. In particular, expenditure by local government and non-government organisations is not included. Government concessions (such as concessional land and water rates) and welfare-related social expenditures (for example, the Age Pension) that can be accessed by older people are discussed in Chapter 7.

Total Australian Government, state and territory recurrent government expenditure on aged care services increased from $7,715 million in 2003–04 to $8,580 million in 2005–06 (see Table A3.20). The largest area of expenditure was in residential aged care ($5,608 million), representing 65% of total expenditure in 2005–06 compared with 69% in 2003–04. The overwhelming majority of these funds—99%—was spent on residential care subsidies. Recurrent expenditure on residential care subsidies increased by 32% between 2001–02 and 2005–06.

Expenditure on older people in the HACC program was the second largest area of expenditure. Overall $1.4 billion in capital and recurrent funding was provided for HACC in 2005–06. Of this an estimated $1,069 million was used to deliver services to people aged 65 years or over. In 2005–06, HACC accounted for 12% of recurrent expenditure on aged care, a similar proportion to that observed for the previous 2 years and slightly down from the 13% observed for the few years before that. This decline reflects the relatively greater increases in expenditure on other programs rather than a decrease in expenditure on HACC (HACC funding has been growing in real terms for a number of years).

In 2005–06 expenditure on CACP packages amounted to $357 million. EACH packages continue to grow and in 2005–06 EACH Dementia packages became available, with resulting expenditure in 2005–06 for both programs amounting to $67 million. CACP, EACH and EACH Dementia packages accounted for 5% of government expenditure on aged care services.

This volume reports on expenditure on a number of programs supporting carers, including Carer Allowance and Carer Payment. The proportion of these payments attributed to aged care has been based on the proportion of care recipients aged 65 years or over who are cared for by a Carer Allowance recipient. The inclusion of other carer support programs results in significantly higher expenditure being reported than in previous volumes ($912 million in 2005–06, over 10% of aged care expenditure).

Program expenditure from year to year as expressed in constant prices shows whether there has been growth in expenditure after allowing for inflation. In real terms, total government expenditure on aged care services increased by 22% over the 5 years examined, from $7,024 million in 2001–02 to $8,580 million in 2005–06 (expressed in 2005–06 dollars, Table 3.23).

Expenditure in real terms on HACC services provided to people aged 65 years or over increased by 17% over this period. If the expenditures on HACC and Veterans' Home Care, which provide similar home–based services, are combined, then the rise was 20%. Expenditure in real terms on other community support programs (CACP, EACH, EACH Dementia and NRCP) grew strongly. Combined expenditure on these programs grew by 50% over this period, although from a relatively small base. Overall expenditure on the largest program, residential aged care, rose 19% in the period 2001–02 to 2003–04. However, expenditure in real terms on residential aged care has declined between 2003–04 and 2005–06, reflecting the reduction in real expenditure on residential aged care subsidies.

The segment of the population most likely to be in need of assistance from aged care programs in general is people aged 65 years or over with profound or severe limitation. In 2001–02, total aged care expenditure in real terms broadly equated to $12,671 for every person aged 65 or over with profound or severe limitation (in 2005–06 prices). By 2005–06, this figure rose by 9% to reach $13,760. Most of this growth took place between 2002–03 and 2003–04. Since 2003–04 real expenditure per person aged 65 or over with profound or severe limitation has declined, reflecting the reduction in real per capita expenditure on residential aged care subsidies. Growth in expenditure calculated in these terms varied from year to year and across programs. For example, areas of major increase such as EACH (460% growth over this period) are growing from a very small base. Real expenditure on NRCP in relation to this population increased by 40% between 2001–02 and 2003–04 but declined by 4% between 2003–04 and 2004–05.

User contributions to the cost of aged care

Users of many aged care services pay a contribution towards the provision of the service, subject to government-set limits on fees chargeable by providers of residential and community care. Clients of the HACC program, Veterans' Home Care, CACP and EACH may all be required to make a copayment for certain services. If such a contribution causes financial difficulty for the user, providers are usually required to reduce or waive charges.

Care fees payable by people in residential aged care depend on both the person's resident status and pensioner status. For all respite residents and pensioner permanent residents (both full and part-pension recipients), the maximum basic daily care fee is set at 85% of the Age Pension ($30.77 at 1 March 2007). Non-pensioner permanent residents can be charged a higher basic daily care fee—up to $38.35 as at 20 March 2007 (DoHA 2007b).

Table 3.23: Recurrent government expenditure on aged care programs, 2001–02 to 2005–06[a]

Program	2001–02	2002–03	2003–04	2004–05	2005–06	2005–06
	Constant 2005–06 prices					Current prices
Residential aged care—subsidies	4,897.3	5,047.4	5,823.9	5640.4	5,565.8	5,565.8
Residential aged care—resident and provider support	11.0	17.4	22.3	41.7	42.2	42.2
Community Aged Care Packages	285.2	322.4	336.5	343.2	356.6	356.6
Home and Community Care	910.8	955.2	1,002.3	1,031.3	1,069.3	1,069.3
Veterans' Home Care and DVA in-home respite	71.7	104.7	99.6	105.1	112.4	112.4
Other veterans' aged care programs	45.3	39.1	45.5	33.5	25.0	25.0
Extended Aged Care at Home	10.3	11.8	16.9	34.9	65.3	65.3
Extended Aged Care at Home Dementia	. .	. .	. .	. .	1.2	1.2
Transition Care	. .	. .	. .	. .	3.3	3.3
Day Therapy Centres	33.9	34.7	34.5	34.0	33.3	33.3
Multi-purpose and flexible services	46.7	57.6	66.3	70.4	85.4	85.4
National Respite for Carers	79.4	105.2	110.9	106.2	140.8	140.8
Support for Carers[b]	522.7	586.9	749.7	824.6	912.3	912.3
Assessment	47.5	48.0	52.9	55.5	55.6	55.6
Commonwealth Carelink Centres	13.3	13.5	15.2	14.6	16.4	16.4
Accreditation	14.5	13.3	7.1	18.0	9.6	9.6
Flexible care pilot projects	. .	5.2	19.2	26.3	21.7	21.7
Other	34.1	31.0	29.1	47.3	64.5	64.5
Total	**7,023.7**	**7,393.4**	**8,431.9**	**8,427.0**	**8,580.4**	**8,580.4**
Amount per person aged 65 or over with profound or severe limitation (dollars)	**12,671**	**12,980**	**14,418**	**13,948**	**13,760**	**13,760**
GFCE deflator	86.3	89.3	91.5	95.5	100.0	. .

(a) Expenditure excludes departmental program administration and running costs. State and territory funding for high-level residential aged care subsidies and HACC only have been included.

(b) Includes Carer Allowance, Carer Payments, Assistance for Carers and the price of departmental outputs for the proportion of care recipients aged 65 years or over among those cared for by people receiving Carer Allowance.

Notes

1. See notes to Appendix Table A3.20 for information on expenditure derivation and comparability with previous volumes. Constant dollar values were calculated using the GFCE deflator referenced to 2005–06.
2. Components may not add to total due to rounding.

Sources: Tables A3.20, A3.21.

In addition to basic daily care fees, permanent residents who receive a part-pension or do not receive a pension at all, and who are on higher incomes may be required to pay additional income-tested care fees (reviewed quarterly). Currently, income-tested fees are capped at 25 cents for every additional dollar of income over the relevant pension income test free area, and cannot exceed 3 times the daily standard pensioner rate or the cost of care, whichever is the lower (DoHA 2001:Section 7.3.4.1). As at 20 March 2007, the maximum daily income-tested fee payable by part-pension recipients and non-pensioners was $53.96. In 2004–05, basic daily care fees yielded $1,555.7 million in user contributions, and income-tested fees amounted to $157.7 million. Basic daily care fees raised $1,665.9 million in 2005–06, while the income-tested fees totalled $183.6 million (information supplied by the Australian Government Department of Health and Ageing). These user contributions were in addition to the $5,565.8 million spent in 2005–06 on residential aged care subsidies by the Australian, state and territory governments (Table A3.20). Basic daily care fees and income-tested fees paid by residents accounted for 25% of the total $7,430.1 million spent on care in residential aged care services in 2005–06, compared with 22% in 2003–04 (AIHW 2005).

In addition to the basic and income-tested care fees, people entering permanent residential aged care may contract, on entry, to make accommodation payments to contribute to the cost of their accommodation. These payments are assets-tested, and can only be charged to people who have assets exceeding a prescribed minimum level and who entered into an accommodation payment agreement on entry into their current permanent care. Payments may be in the form of either an accommodation bond or an accommodation charge. An accommodation bond is an amount payable by people who enter residential care at low level care, and by those who receive care on an extra service basis (with either high or low level care needs). An accommodation charge is an additional daily amount which is payable by people who enter permanent residential care at a high level of care; it is payable for up to 5 years.

The amount of the accommodation bond or charge is agreed by the resident and the aged care provider, and may vary widely between residents, both within a residential aged care service and between services. The Australian Government does not dictate the amount of bonds for residents at different assets levels, but provides a number of legislative protections, including the requirement that residents be left with a minimum level of assets after payment of the accommodation bond; as at 1 January 2007 this minimum was set at $32,000. Other than meeting the minimum assets requirement, there is no upper limit for an accommodation bond. Unlike accommodation bonds, maximum daily accommodation charges are set by the Australian Government, with annual indexation. However, the daily rate for existing residents does not change when these indexations occur. For 2006–07, the maximum daily accommodation charge for new residents was $17.13 (DoHA 2007b). In addition, residents may choose to pay for extra services not funded through care fees.

In 2005–06 an estimated $278.0 million in income to residential aged care providers was raised through accommodation charges paid by residents ($278.3 million in 2004–05). The value of accommodation bonds held by providers at the end of the 2005–06 financial year was estimated at $5,333.6 million ($4,270.3 million at the end of financial year 2004–05) (estimates supplied by the Australian Government Department of Health and Ageing).

3.12 Summary

This chapter focuses on older Australians—their living arrangements, participation in the workforce and social activities, care needs and the provision of care—and the interaction of social and economic policy in this context. Over the last 10 years population ageing has attracted considerable policy and research attention that focused on the economic and fiscal implications of a population with a larger number and proportion of older people. The development of the National Strategy for an Ageing Australia ensured that the policy and research agenda also included concerns with quality of life for older people and harmony between generations.

Ageing in Australia

On 30 June 2006, an estimated 2.7 million Australians were aged 65 years or over, accounting for 13% of the Australian population compared with 12% in 1996. It is the population aged 85 years or over, however, which has grown most rapidly, reaching 322,000 people in 2006, and projected to grow to about 576,000 by 2021. It is growth in the very old population, along with their health status and disability rates, that will be a major influence on government spending on health and aged care in the future.

People aged 65 years or over make up just 3% of the Indigenous population while Indigenous people aged 50 years or over account for 11% (55,000 people). Overseas-born older people account for 35% of all people aged 65 years or over, with those born in non-English-speaking countries making up 21% of the older population. Italy and Greece are the major countries of birth for older immigrants, but all birthplace countries of origin are represented. This considerable diversity among the older population poses policy and service provision challenges for the delivery of culturally appropriate and sensitive services including in locations and for population subgroups with relatively small numbers.

Living arrangements and social participation

The large majority of older people (94%) live in private dwellings, but the use of cared accommodation (including aged care homes) increases with age. Only around 5% of older people live in cared accommodation but this is the situation for 31% of those aged 85 years or over. Of significance to policy considerations is the proportion of older people living alone (29%). This proportion also rises with age, reflecting loss of spouses and partners—around 39% of those aged 85 years or over live alone.

Quite apart from functional limitation, the loss of personal relationships that commonly occurs in old age can have negative consequences for social participation. At very old ages people are also participating to a lesser extent than younger people in group activities, are less likely to have private transport, and find it harder to engage in community activities because of this. A recent Australian study which looked at the prevalence and correlates of loneliness in older people reported findings consistent with research from other countries: that being widowed, living alone and poor self-rated health are predictors of loneliness in older people (Steed et al. 2007). Moreover, the study established a strong relationship between amount of time spent alone and loneliness.

Psychosocial needs continue to be a factor prompting some older people to seek admission to aged care homes, especially at lower levels of care. The need for social interaction and participation experienced by some older people living alone also points to the importance of community-based services and informal care that provide social support, transport and companionship. There is therefore a continuing issue of building system capacity for

addressing the spectrum of care needs of people, including social support needs as well as physical support needs, while still targeting services on the basis of need.

Over half of all people aged 65 years or over experience some type of disability and more than one in five (23%) have a profound or severe limitation. Profound or severe limitation is also strongly age-related, affecting 12% of 65–74 year olds and increasing to 58% of those aged 85 years or over. About 70% of those with profound or severe limitation live in aged care accommodation. The most common core activity limitation experienced by older people living in households is mobility limitation with or without a self-care limitation. Disability prevention through such means as the management of chronic health conditions, injury prevention, age-friendly housing, the use of assistive technology, occupational therapy and activity programs for older people will reduce demand on aged care services by enabling people to live as independently and actively for as long as possible. Strategies that reduce mobility limitation in older people and forestall the development of self-care limitation as a direct result of mobility limitation are critical to supporting frail older people in the community.

Work and retirement

Labour force participation of mature-age-people is a major focus of policy initiatives that aim to ensure future economic growth. Participation in the workforce by the age group 45–64 years increased by 6.2 percentage points over the decade 1996–2006, largely due to rising participation by mature-age-women. However, there remains considerable room for growth if older workers are willing to prolong their working lives. Female labour force participation rates drop sharply between the age groups 45–54 years (76.7%, as at December 2006) and 55–59 years (59.3%), and male labour force participation shows a similar level of decline between the age groups 55–59 years (76.1%) and 60–64 years (55.8%). At the end of 2006, only 13.8% of men and 4.5% of women aged 65 years or over were employed or looking for work.

These days, retirement from work is less often the sudden and complete withdrawal from full-time employment experienced by earlier generations of retirees; flexible workplace arrangements that enable mature-age-workers to achieve their mid-life lifestyle aspirations and, for an increasing number, to balance work and family commitments, will be critical in encouraging people to delay full retirement. Notwithstanding the importance of labour supply to the national economy, due recognition should be given to the other ways that retired people contribute both economically and socially, for example, by providing child care assistance to younger working family members, through volunteer work, and by assisting young and older family members with illness or disability.

Support and care for older people

Three-quarters of the population who had reached the qualifying age for the Age Pension received the Age Pension or similar income support payment from the DVA in 2006. Of the 1.9 million people receiving the Age Pension, 38% received a part-pension. By 2050 it is expected that two-thirds of pensioners will receive a reduced government pension owing to rising superannuation coverage and, potentially, future higher workforce participation rates.

More frail older people receive assistance from informal providers than from any single government-funded aged care program. Spouses and adult children, mostly daughters, made up equal proportions of all primary carers of older people (43%). Income support for carers (Carer Payment) was received by 39,500 carers of older people, and 5% of Carer

Payment recipients were over the age of 65 years. A larger group of older people were eligible for Carer Allowance (96,200) and 145,900 people who cared for an older person received Carer Allowance.

Formal service provision to high care clients in the community is often predicated on parallel provision of informal care. Among the household population aged 65–74 years, 75–84 years and 85 years or over with profound or severe limitation, 890, 810 and 850 per 1,000 persons respectively have informal providers of assistance (carers). In the two younger groups, it is more often the case that a carer lives with the person who needs care, reflecting a large element of spousal care in these age groups. Very old people with profound or severe limitation who receive informal care are more likely than not to have a non-resident carer. When considering the wider population of older people with disability (not limiting disability to core activity limitation), it can be seen that relatively larger numbers of people in the two age groups 75–84 years and 85 years or over have non-resident carers. High care in the community relies heavily on support for carers, and with increasing numbers of very old people needing high care, carer support will increasingly need to cater for the needs of both older and younger, possibly employed, family carers.

Aged care services

The use of aged care places by older people, including care packages (CACP and EACH) and residential aged care places, increased by approximately 7% in the 5 years to 2006, driven by substantially increased use of care packages (48% growth in usage overall). More people in each age group 65–74 years, 75–84 years and 85 years or over make use of residential aged care places (accounting for 9, 55 and 241 residents per 1,000 persons respectively in 2006) than care packages (4, 15, and 38 recipients per 1,000 persons respectively). Nevertheless, the use of care packages increased between 2001 and 2006 across the three age groups, while corresponding rates of use of residential aged care fell. Even in the oldest age group, 85 years or over, the use of care packages rose by 34% over the period, while use of residential care fell by 7%. There are thus two established and related trends: increasing numbers of older people who need daily living assistance and increased use of community care packages.

HACC remains the largest program for the provision of aged care, in terms of number of clients, and plays a central role in preventive care by delivering a comprehensive range of support services that include nursing and allied health care. In 2004–05 over 560,000 older people received HACC-funded assistance. Use of HACC within the older population increased from 181 clients per 1,000 people in 2001–02 to 211 clients per 1,000 in 2004–05. The arrangements by which people access HACC services are therefore critical to ensuring timely service provision for people with aged care needs.

Multiple program use is common among people referred for ACAT assessment. Over 50% of older ACAT clients with a recommendation to live in the community had been receiving care services funded by more than one program before assessment and 78% were recommended for more than one program as a result of ACAT assessment. If a person has access to a service provider with funding from multiple programs, the fact that assistance is delivered through multiple programs can be virtually invisible to the consumer. In other situations, such as where a person has multiple service providers in order to access different types of assistance, there may be a lack of overall service coordination, placing greater demands on consumers and family carers. Receipt of assistance via multiple programs, as recommended by an ACAT, would depend on where a person is located in relation to allocations made through submission-based funding.

There is an unanswered question about whether ACAT clients with high or complex needs who are recommended for support from multiple programs go on to receive multiple program support, whether the arrangements are satisfactory, and whether outcomes compare favourably with those of clients using coordinated packages of care. Measures announced as part of the Securing the Future of Aged Care for Australians package will benefit people with high care needs living in the community, and their carers. Increased provision of community care packages (CACP, EACH and EACH Dementia) will mean that more people have access to assistance in the form of individually tailored packages and case management. Perhaps even more significantly, for the first time a separate provision ratio has been created for high level community care.

An established trend of rising age at admission in aged care programs is associated with increasing longevity and changing health profiles of the older population that has been occurring for some years. Disability is the main driver of the need for care, and disability is strongly age-related. In 2005–06, over 70% of new admissions to permanent residential aged care were people aged 80 years or over, up from 64% in 1998–99. Around 40% of CACP clients are aged 85 years or over, and 82% of people starting on a package in 2005–06 were aged 75 years or over. As the ageing of the baby-boomer generation brings increasing numbers of more healthy younger old, it is essential that analyses of older people' needs and outcomes distinguish the well old from their age counterparts with higher levels of activity limitation.

This chapter explores the limited data that are available to touch on the issue of whether older people feel supported in terms of daily living assistance and opportunity for community participation. This is an important question, since perceived unmet need is predictive of higher levels of disability and increased use of institutional care. More importantly, it goes to the issue of quality of life and whether older people are regarded and regard themselves as valued members of society. Projections of future costs of aged care and associated policy analysis frequently assume that current and historical patterns of aged care provision will continue in the future. This could be taken to imply that such provision adequately meets the needs of older people. There are only limited data available to explore the question of aged care outcomes, and most of these are at a system level. Measures of consumer satisfaction with aged care services are few and far between, and aggregate reporting of individual outcomes is poor by comparison with some other areas of social service.

Understanding the needs of older people

The key to improved support for older people lies in a more complete understanding of their service needs and experiences. Concerted research efforts are being undertaken in this area, for example, through the Ageing Well, Ageing Productively Grants and the Dementia Initiative. Research findings that are directly relevant to the health and care of older people promise benefits to service systems and consumers. Other efforts related to service delivery frameworks, including work under A New Strategy for Community Care—The Way Forward, are aiming to deliver improved information on aged care clients and the services they receive. Consistency of data and reporting across programs and systems is needed, as is a greater capacity to integrate program data with population data such as the Census and the Survey of Disability, Ageing and Carers. In addition, there is scope for improved reporting of client outcomes in the form of direct feedback from consumers across the range of programs about whether services meet their needs and how they might be improved.

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4 Disability and disability services

4.1 Introduction

Disability affects many people, directly or indirectly. It may be a life-altering event or experience; it may have large or small effects on people's daily lives. Increasingly, disability is recognised as something that affects most people in the population, to varying degrees and at varying life stages. It can be measured along a continuum, and estimates of its prevalence vary with the particular definition used.

In 2003 there were an estimated 3.9 million people (20% of the population) in Australia whose lives were affected by an impairment, activity limitation or participation restriction in the environment in which they lived—2.6 million were aged under 65 years (15% of the population aged under 65 years). This is a very broad construct of disability, however, and many of these people would not identify themselves as 'a person with disability'. Among the 3.9 million people, 1.2 million sometimes or always required help or supervision with self-care, mobility or communication. Of these, 0.7 million were aged under 65 years.

This chapter provides a profile of people who are at various points on this disability continuum, but with an emphasis on those facing more severe limitations. Information is presented on both mainstream and sector-specific service use, and the outcomes associated with the use of these services. The focus in this chapter is on people aged under 65 years; Chapter 3 reports on the characteristics and circumstances of older Australians.

Significant social and demographic changes, and current policy trends, have important implications for people with disability. Increases in life expectancy, for example, have occurred for people with disability as well as for the broader population (see the Glossary for definition of life expectancy). Medical advances have increased life expectancy for those with conditions as diverse as Down syndrome and cystic fibrosis, for example. The ageing of people with disability has emerged as a current policy challenge, with a number of policy responses under development or implementation. The Disability Aged Care Interface Pilot projects, for example, were implemented by the Department of Health and Ageing from late 2003. These provided aged care services to people living in supported accommodation funded under the Commonwealth State/Territory Disability Agreement (CSTDA). Attention has also been focused on expanding the services and support available to ageing parents (those aged 65 years or over) still caring for an adult child with disability. More generally, the needs of carers in all age groups have received increased policy attention in recent years, as the importance of the role played by informal assistance has been more widely recognised.

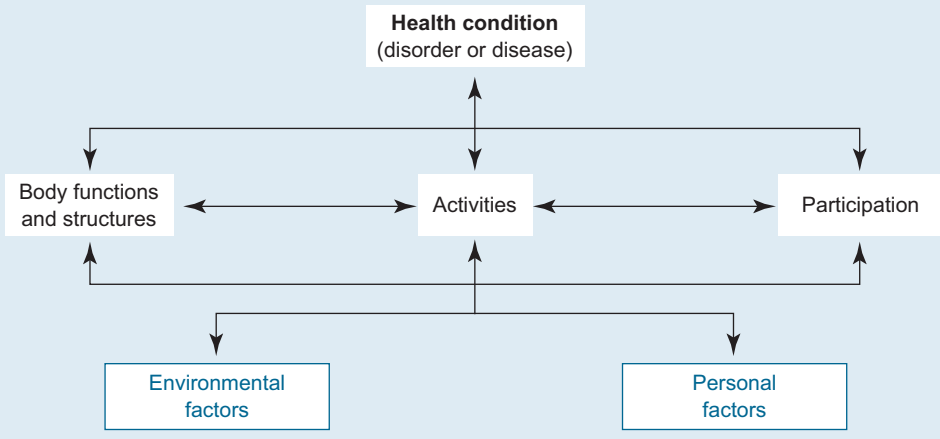
The ageing of the population also has implications for the disability workforce, both from the demand side, as an older population will have, on average, a higher number of people with disability, and the supply side, as the disability workforce is, on average, older than the general Australian workforce and the projected retirements from the disability workforce will put pressure on the size of that workforce.

A policy reform of relevance to people with disability is the emphasis on promoting workforce participation among groups with lower levels of participation, including the long-term unemployed, single parents, mature age workers and people with disability. The Welfare to Work initiative of the Australian Government was introduced from 1 July 2006. Its policy changes include the provision of extra employment services for people with disability to increase their participation in the workforce.

Another important issue in the disability services sector concerns the respective roles of sector-specific and 'generic' or 'mainstream' services; these latter terms are used to refer to services, such as the Pharmaceutical Benefits Scheme or hospital services, which are accessible by all persons regardless of their level of disability. The third CSTDA for funding specialist disability services was scheduled to expire on 30 June 2007, but it has been extended while a fourth agreement is negotiated by the Australian Government and the state and territory governments. Issues recommended for consideration by the Senate Standing Committee on Community Affairs (2007) report *Funding and operation of the Commonwealth State/Territory Disability Agreement* concerned the unmet need for accommodation services and support, the development of appropriate outcomes measures and the further development of disability data in Australia.

Disability is a characteristic that goes beyond the individual; it relates to the way in which the individual functions in his or her society and as such is crucially influenced by environmental factors. The International Classification of Functioning, Disability and Health (ICF) recognises that the components of functioning and disability—body functions and structures, activities and participation—reflect an interaction between health conditions and the person's environment (Figure 4.1). This important conceptual framework underpins much Australian data.

Section 4.2 of this chapter gives an overview of disability in the Australian population, including a brief discussion of the main types of disabling conditions and activity limitations experienced by people with disability, and the effects on disability prevalence of recent gains in life expectancy in the Australian population (see the Glossary for definition of life expectancy). Data on services and assistance for people living with disability are presented



Source: WHO 2001:18.

Figure 4.1: Interactions between components of the ICF

in Section 4.3 while Section 4.4 presents estimates of unmet demand for disability support services and a discussion of broad status indicators relating to a person's quality of life and participation in various life areas. The focus is mainly on trends in three major life areas—community living, employment and school attendance—based on analyses of data from five consecutive disability surveys. Section 4.5 summarises and concludes the chapter.

Box 4.1: Human rights and ethics

Most modern disability policies are based on a human rights philosophy, and encapsulate the basic principle that people with disability should have the same basic rights and opportunities as other members of society (see, for example, UN 1994).

In March 2007, Australia was among the first of around 80 nations to sign the United Nations Convention (treaty) on the Rights of Persons with Disabilities (HREOC 2007a). The stated purpose of the convention is to 'promote, protect and ensure the full and equal enjoyment of human rights and fundamental freedoms, for all persons with disability, and to promote respect for their inherent dignity' (UN 2007). Australian delegates from government, the disability sector and the Human Rights and Equal Opportunity Commission (HREOC) were involved in the development of the convention. The Australian Government is currently undertaking the process of discussing the convention to decide whether it should be ratified (Downer et al. 2007).

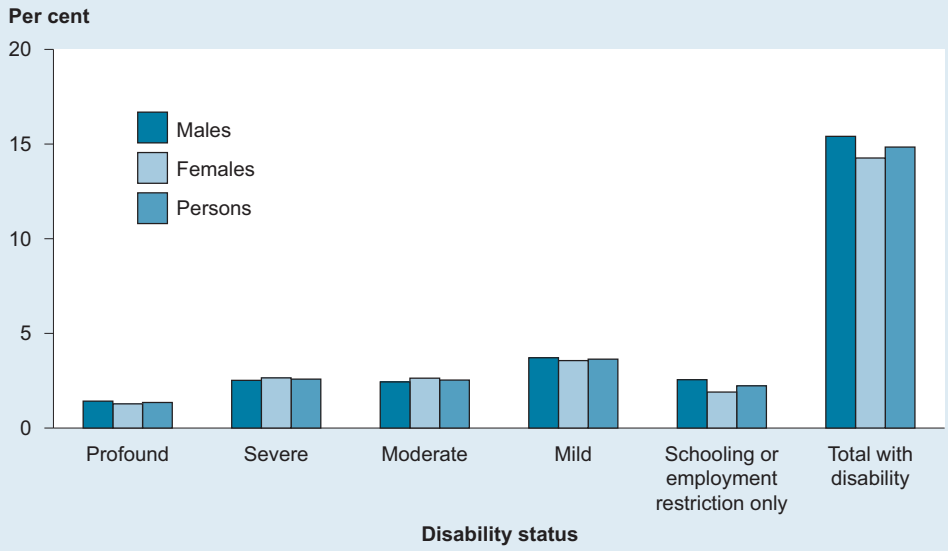
4.2 Disability in the Australian population

This section presents an overview of the patterns of prevalence of disability and need for assistance in the Australian population. The effects of population changes on disability prevalence and growth in need for assistance are reviewed. Disabilities among children and Aboriginal and Torres Strait Islander people are also discussed. Chapter 3 includes discussions about disabilities among older Australians.

Disability status

'Disability' is defined by Australian Bureau of Statistics (ABS), Survey of Disability, Ageing and Carers (SDAC) as having one or more of 17 impairments, activity limitations or participation restrictions that have lasted, or are likely to last, for at least 6 months and that restrict everyday activities (ABS 2004). Estimates of the prevalence of disability, based on the most recent ABS SDAC conducted in 2003, reported 3.9 million people with disability (20% of the Australian population). Of these, approximately 2.6 million people were aged under 65 years (15% of the population in that age range) (Figure 4.2, Table 4.1, Table A4.1).

Of the 3.9 million people with disability, 1.2 million (6.3% of the population) had a severe or profound core activity limitation, meaning that they sometimes or always needed personal assistance or supervision with one or more core activities, including self-care, mobility and communication. Among these people, 677,700 were aged under 65 (3.9% of the population aged under 65), of whom 342,800 were male (51%) and 334,900 were female (AIHW 2005a:Table A5.1). In this chapter, 'a severe or profound core activity limitation' is sometimes abbreviated to 'a severe or profound limitation' (see the Glossary for definition of 'core activity').



Source: AIHW 2005a.

Figure 4.2: People with disability aged 0–64 years, disability status by sex, 2003

Although the likelihood of disability generally increases with age, it can also reflect people's life cycle, their changing environments and the risks they encounter. Focusing on the age-specific prevalence rates of a severe or profound limitation, the peak in early childhood and school years may reflect the effects of early intervention services and the school environment on the identification of disability. The prevalence rates were lower among adolescents than children (4.3%), and remained at a rate just under 2.5% among people in their 20s and early 30s (AIHW 2005a:Figure 5.3, Table A5.2). This may be, to some extent, related to a change in the survey collection method—from parental reporting for children under 15 years of age to self-reporting for those aged 15 years or over (with parental permission for those aged 15 to 17 years (also see the section 'Children with disability').

Young adulthood may see the onset of psychiatric disabilities. From age 35, disability prevalence rates increase with age, as risk of injury, including work-related injuries, becomes relatively high. Late working age years may also see the onset of musculoskeletal and other conditions such as arthritis and heart disease associated with physical disabilities.

In the older ages, limitations in functioning are more likely to be associated with diseases and long-term conditions such as cardiovascular diseases, cancers, dementia, and hearing and vision impairments (AIHW 2005a).

States with a relatively higher proportion of older people, such as South Australia and Tasmania, tended to have higher prevalence rates of disability and severe or profound limitation than the national average. The Australian Capital Territory has a younger population age structure and correspondingly relatively low disability prevalence rates (Table 4.1).

Table 4.1: People with disability, by severity of core activity limitation, as a proportion of the state/territory or Australian population of that age[(a)], 2003 (per cent)

	NSW	Vic	Qld	WA	SA	Tas	ACT	Australia[(a)]
0–64 years								
Profound	1.2	1.5	1.5	1.5	1.3	1.5	*0.7	1.4
Severe	2.0	2.8	3.2	2.6	3.1	3.8	1.9	2.6
Moderate	1.9	2.3	3.4	3.0	3.0	4.2	1.4	2.5
Mild	3.7	3.4	3.5	4.0	4.3	3.6	2.7	3.6
Schooling or employment restriction only	1.6	2.3	2.6	2.6	3.4	2.5	2.0	2.2
Total with profound or severe	3.2	4.2	4.6	4.0	4.5	5.4	2.6	3.9
Total with profound or severe adjusted[(b)]	3.2	4.2	4.6	4.1	4.4	5.2	2.7	. .
Total with disability	*12.7*	*14.7*	*17.1*	*16.2*	*18.0*	*18.2*	*11.3*	*14.8*
Total with disability adjusted[(b)]	**12.6**	**14.7**	**17.0**	**16.3**	**17.6**	**17.8**	**11.6**	**. .**
Total population ('000)	**5,740.2**	**4,348.4**	**3,267.2**	**1,730.1**	**1,299.9**	**406.6**	**289.6**	**17,222.5**
All ages								
Profound	2.9	3.2	3.3	2.7	3.1	3.2	1.5	3.0
Severe	2.6	3.4	4.0	3.1	3.9	4.5	2.7	3.3
Moderate	2.9	3.4	4.5	4.1	4.0	4.7	1.7	3.5
Mild	5.4	5.3	4.8	5.4	6.8	5.7	3.7	5.4
Schooling or employment restriction only	1.4	2.0	2.3	2.4	2.9	2.2	1.8	1.9
Total with profound or severe	5.5	6.6	7.3	5.9	7.0	7.8	4.1	6.3
Total with profound or severe adjusted[(b)]	5.5	6.5	7.5	6.2	6.4	7.3	4.8	. .
Total with disability	*17.9*	*20.1*	*22.2*	*20.6*	*23.8*	*23.6*	*14.2*	*20.0*
Total with disability adjusted[(b)]	**17.7**	**20.0**	**22.5**	**21.5**	**22.5**	**22.6**	**15.7**	**. .**
Total population ('000)	**6,597.8**	**4,999.3**	**3,712.6**	**1,947.7**	**1,523.8**	**472.9**	**318.7**	**19,719.3**

(a) Estimates for Northern Territory (NT) were included in total Australia. The survey sample in the NT was reduced to a level such that the NT records contributed appropriately to national estimates but could not support reliable estimates for the NT (ABS 2004:58).

(b) Adjusted percentages were calculated using the age- and sex-specific rates for the Australian population at 30 June 2003.

(c) The estimates of disability are based on the confidentialised unit record file (CURF) of the ABS 2003 Survey of Disability, Ageing and Carers. To protect confidentiality, some children's records and any households that were identifiable have been dropped from the CURF. Therefore, the estimates based on the CURF do not exactly match those of ABS published reports. CURF estimates are used throughout the chapter for internal consistency.

Source: Table A4.1.

Disability groups

In Australia, disabilities are often classified into groups that provide a broad categorisation of disabilities based not only on underlying long-term health conditions and impairments but also on activity limitations and participation restrictions (AIHW 2003a). Disability groups are generally recognised in the disability field and in legislative and administrative contexts in Australia such as the CSTDA. Prevalence estimates of disability groups vary with the scope and level of disability under consideration. The last volume of this report presented four sets of prevalence estimates of disability groups using four approaches, to provide a spectrum of estimates that may suit different applications (Box 4.2; AIHW 2005a:Table 5.2).

Box 4.2: Four sets of prevalence estimates of disability groups

All the estimates start with the base 'disability' population defined by the SDAC. The four types of estimates differ in terms of their use of SDAC information about impairment, main disabling condition, all disabling conditions, activity limitations and participation restriction, as well as need for assistance with core activities.

Estimates based on reported **main disabling condition** related to conditions that were identified by the survey respondents as causing the most problems.

The remaining three sets of estimates are based on all disabling conditions and are in diminishing size, corresponding to increasingly restrictive definitions of the group according to severity, need for assistance, activity limitation or participation restriction. The estimates based on **all disabling conditions** are the most inclusive of the four sets of estimation. These estimates include all reported disabling conditions, whether or not they are main disabling conditions.

The approach using data on **all disabling conditions plus activity limitations and participation restrictions** relies on multidimensional survey information. The estimates from the previous approach are now narrowed down by applying a 'filter'—only people who have reported activity limitations or participation restrictions in one or more activities of daily or social life are retained in the group.

The approach using data on **all disabling conditions plus a severe or profound core activity limitation** is similar to the previous approach except that a more exclusive 'filter' is used to select only people who reported a severe or profound core activity limitation (refer to the Glossary for definitions of 'main disabling condition' and 'core activity').

Sources: AIHW 2003a, 2005a.

Considering the estimates based on all disabling conditions, with a focus on people aged under 65 years, physical/diverse disability was the most commonly reported disability. Physical/diverse disability is associated with the presence of an impairment that may have diverse effects within and among individuals, including effects on physical activities such as mobility. The next most commonly reported disabilities were sensory/speech disability and psychiatric disability (Table 4.2). Males reported higher prevalence of intellectual, sensory/speech and acquired brain injury-(ABI) related disabilities than females.

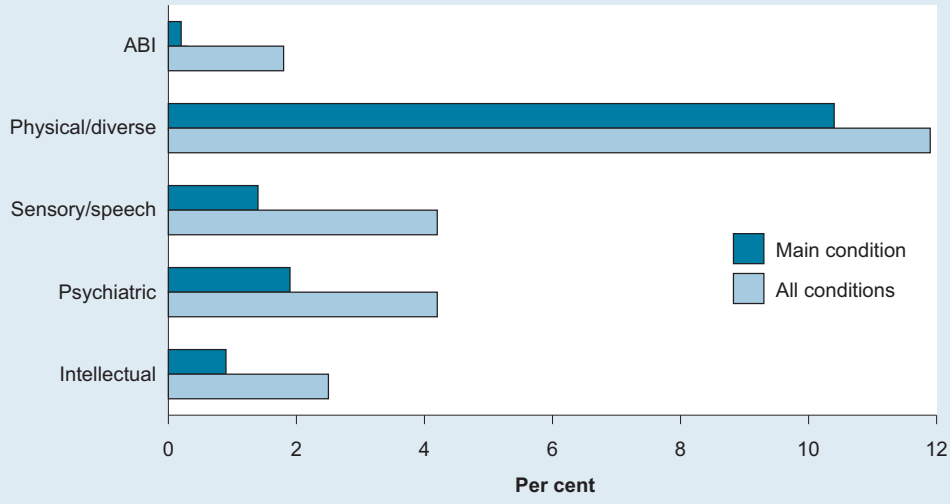
Table 4.2: Estimates of main disability groups in Australia, 2003

	Persons aged under 65 years							
	Males		Female		Persons		All persons	
	Number ('000)	Per cent	Number ('000)	Per cent	Number ('000)	Per cent	Number ('000)	Per cent
All disabling conditions								
Intellectual	279.3	3.2	157.0	1.8	436.2	2.5	588.7	3.0
Psychiatric	346.9	4.0	375.2	4.4	722.1	4.2	1,017.9	5.2
Sensory/speech	465.3	5.3	262.9	3.1	728.3	4.2	1,496.3	7.6
Acquired brain injury[(a)]	216.3	2.5	101.1	1.2	317.4	1.8	438.3	2.2
Physical/diverse	1,022.4	11.8	1,021.0	12.0	2,043.4	11.9	3,350.6	17.0
All disabling conditions and activity limitations and participation restrictions								
Intellectual	276.1	3.2	155.9	1.8	432.0	2.5	584.5	3.0
Psychiatric	345.8	4.0	374.1	4.4	720.0	4.2	1,015.8	5.2
Sensory/speech	454.8	5.2	258.4	3.0	713.2	4.1	1,481.2	7.5
Acquired brain injury[(a)]	211.6	2.4	100.2	1.2	311.8	1.8	432.7	2.2
Physical/diverse	996.8	11.5	998.5	11.7	1,995.3	11.6	3,302.6	16.7
All disabling conditions and profound or severe core activity limitations								
Intellectual	134.4	1.5	80.6	0.9	215.1	1.2	351.0	1.8
Psychiatric	132.4	1.5	145.4	1.7	277.7	1.6	492.8	2.5
Sensory/speech	158.2	1.8	96.5	1.1	254.7	1.5	579.8	2.9
Acquired brain injury[(a)]	62.2	0.7	37.8	0.4	99.9	0.6	157.5	0.8
Physical/diverse	239.6	2.8	273.0	3.2	512.6	3.0	1,051.1	5.3
Main disabling condition								
Intellectual	116.2	1.3	46.5	0.5	162.7	0.9	165.7	0.8
Psychiatric	160.7	1.8	165.4	1.9	326.0	1.9	432.2	2.2
Sensory/speech	154.7	1.8	92.4	1.1	247.1	1.4	412.3	2.1
Acquired brain injury[(a)]	20.5	0.2	*6.8	*0.1	27.3	0.2	28.7	0.1
Physical/diverse	888.0	10.2	904.8	10.6	1,792.8	10.4	2,907.4	14.7
Total with disability	**1,340.1**	**15.4**	**1,215.9**	**14.3**	**2,556**	**14.8**	**3,946.4**	**20.0**
Total population	**8,697.8**	**. .**	**8,524.7**	**. .**	**17,222.5**	**. .**	**19,719.3**	**. .**

(a) Acquired brain injury is included in 'physical/diverse' when only four main disability groups are being considered (see AIHW 2005a: Box 5.3).

Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

The prevalence estimates of particular disability groups are more likely to be underestimated if main conditions only are considered, since people with multiple conditions are counted only once, according to the main condition. Figure 4.3 compares the prevalence of the five main disability groups according to whether they were reported as the main disabling condition or among a number of disabling conditions (see the Glossary for definition of main disabling condition). The differences in prevalence estimates reflect the occurrence of multiple conditions among people with disability, especially those with an ABI or a sensory disability.



Source: Table 4.2.

Figure 4.3: People aged 0–64 years with disability: prevalence rate of disability group, by main or all conditions, 2003

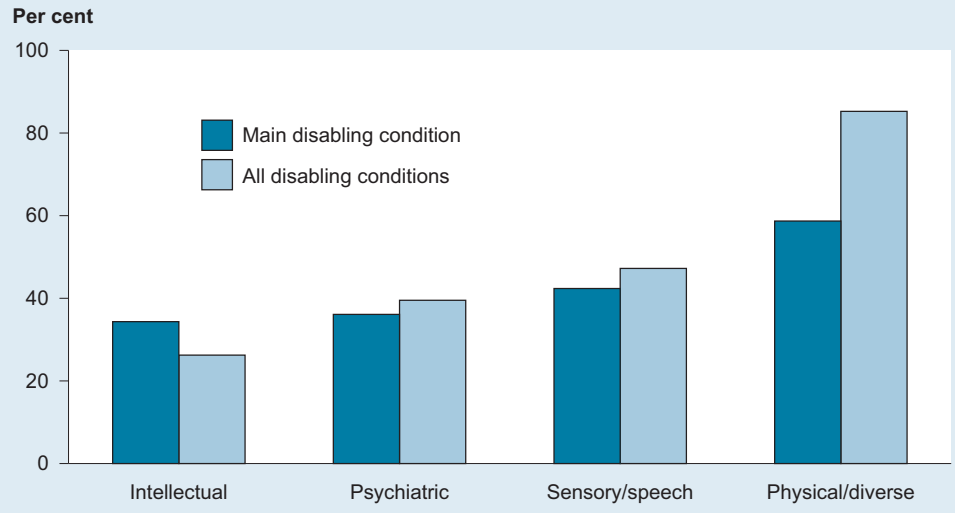
For example, estimate based on ABI as one of all disabling conditions and that based on ABI as the main disabling condition reflects high rates of comorbidity and multiple disabilities among people with ABI-related disabilities, and the complex causes and effects of ABI (refer to the Glossary for definitions). More than four-fifths (85%) of people with ABI-related disabilities, defined by all reported disabling conditions, also had physical/diverse disability, about 47% had sensory/speech disability, 40% had a psychiatric disability, and 26% had an intellectual disability (Figure 4.4). (See AIHW 2007a for more analyses on people with an ABI-related disability).

People with incontinence-related disability

In 2003, of almost four million people with disability, 284,500 (1.4% of the population) experienced severe incontinence, that is, they always or sometimes needed assistance with bladder or bowel control and/or used continence aids. A further 320,400 people with disability (1.6% of the population) reported having difficulty with managing their bladder or bowel control but did not need assistance (AIHW 2006a:Chapter 4).

Activities with which assistance is needed

In 2003, 1.1 million people (5.3% of Australians) with a severe or profound limitation living in households reported need for assistance with at least one of 10 specific activities (including core activities and non-core activities) (Table 4.3). Of these, 649,500 people were aged under 65 years (3.8% of that age group) and 405,100 people were aged 65 years or more (16% of that age group). Around 243,500 people aged under 65 years (37% of people aged under 65 years with a severe or profound limitation) needed assistance with two or three core activities (AIHW 2005a:Table 5.4).



Source: Table A4.2.

Figure 4.4: All people with ABI (based on main disabling condition or all disabling conditions), reported other disabilities, 2003

Table 4.3: People with severe or profound core activity limitation living in households, by activity type in which assistance needed and age groups, 2003

	Age group (years)							
	0–14	15–19	20–29	30–44	45–64	Total <65	65 or over	All ages
	Per cent of total severe or profound							
Self-care	48.3	33.7	39.1	47.8	51.9	48.2	51.1	49.3
Mobility	47.9	68.3	73.9	79.5	79.4	70.5	83.5	75.5
Communication	63.7	55.9	22.4	*7.8	4.1	23.8	8.8	18.1
Health care	36.2	51.3	48.9	49.2	49.6	46.2	70.4	55.4
Housework	. .	35.9	47.2	51.5	55.6	39.3	69.3	50.7
Property maintenance	. .	*25.2	44.0	53.0	63.6	42.1	71.6	53.4
Paperwork	. .	53.6	41.6	26.2	18.5	19.1	31.8	24.0
Meal preparation	. .	34.3	30.2	25.6	19.7	17.6	36.1	24.6
Transport	. .	37.6	59.3	53.7	54.9	40.6	73.3	53.0
Cognition or emotion	67.3	81.7	63.5	42.3	31.7	47.9	26.3	39.7
Total needing assistance	**98.1**	**97.7**	**96.9**	**97.8**	**98.8**	**98.2**	**99.6**	**98.7**
	Number ('000)							
Total needing assistance[(a)]	161.9	29.9	59.7	124.7	273.4	649.5	405.1	1,054.7
Total severe or profound	**165.0**	**30.6**	**61.6**	**127.5**	**276.7**	**661.4**	**406.9**	**1,068.4**
Total population	**3,850.6**	**1,345.1**	**2,872.5**	**4,469.5**	**4,684.7**	**17,222.5**	**2,496.8**	**19,719.3**

(a) The total number of people needing assistance is less than the sum of activity types since people may need help with more than one activity.

Source: Table A4.3.

People aged under 65 years with a severe or profound limitation living in households most commonly needed help with mobility (71%), self-care (48%), cognition or emotion (48%) and health care (46%) (Table 4.3). For children aged under 15 years, cognition or emotion (67%) and communication (64%) were the most commonly reported activities in which assistance was needed, reflecting the high prevalence of intellectual disabilities in this age group. The need for assistance with most activities generally increased with age after 45 years.

Disability, ageing and growth in profound or severe core activity limitations

The number of people with a severe or profound limitation is projected to increase as the population grows and ages. This section provides a brief overview of the influence of two aspects of ageing on the increasing prevalence of disability and the need for services indicated by the growth in severe or profound core activity limitation (see the Glossary for definition of 'core activity'). The two aspects of ageing are the ageing of individuals—getting older and living longer and population ageing—an increasing proportion of older people in the population. Section 4.4 includes more discussion on influences on demand for services.

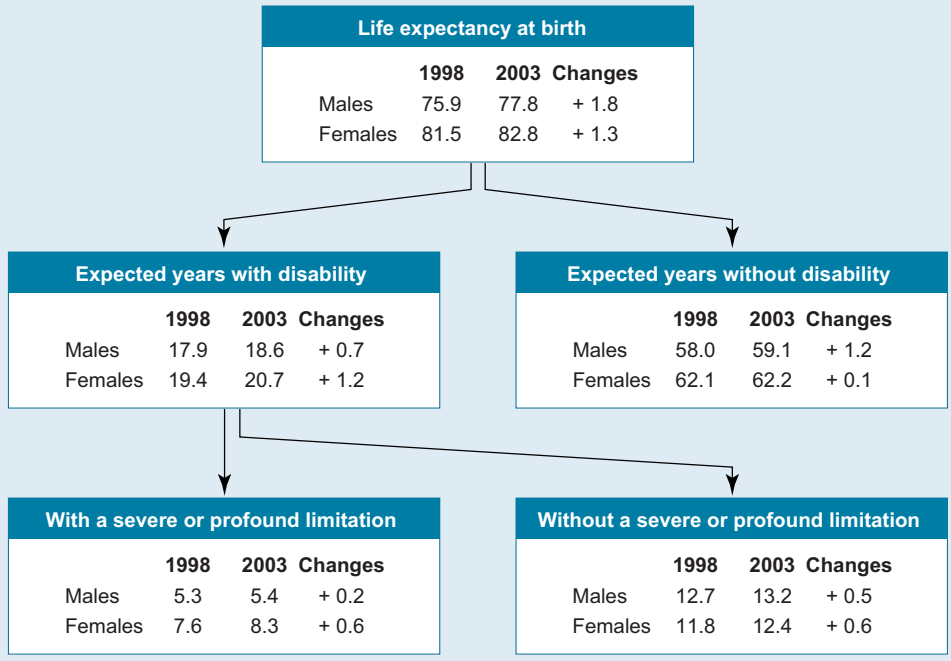
Expected years of life with disability

Australians are living longer and their life expectancy has increased markedly over the last century. Has the number of years lived with disability fallen or risen as overall life expectancy has lengthened (refer to the Glossary for definitions)? Considering recent changes from 1998 to 2003, as well as the 15 years from 1988 to 2003, gains in life expectancy were accompanied by an increase in expected years of life with disability or a severe or profound limitation (AIHW 2006b). Between 1988 and 2003, the expected years of life with disability increased from 14.7 years to 18.6 years for males, and from 16.0 years to 20.7 years for females. The expected years of life with a severe or profound limitation increased from 3.2 years to 5.4 years for males, and from 6.0 years to 8.3 years for females (AIHW 2006b:Table 2).

Recent trends (1998–2003) showed that, overall, a larger proportion of the gain in female life expectancy comprised extra years with disability (90%), compared with the proportion for males (37%) (Figure 4.5). This pattern applied across all age groups and was particularly evident among the older population aged 65 years or over and children aged under 15 years (AIHW 2006b). For older males, 67% of gains in life expectancy at age 65 years (1.5 years over that period) were years with disability (1 year), including 27% of years with a severe or profound limitation (0.4 year). For older females, over 90% of their gains in life expectancy at age 65 years (1.2 years) were years with disability (1.1 years), and about 58% were years with a severe or profound limitation (0.7 year) (AIHW 2006b:Table 1).

Overall, females had higher expectancies than males in both years lived with disability and years lived free from disability, although these gaps were much smaller at older ages. The proportion of expected life free from disability was lower for females than for males, in particular the proportion of expected life free from a severe or profound limitation among older people (AIHW 2006b).

Overseas analyses of longitudinal survey data have suggested that the greater proportion of years lived with disability or daily activity limitations by women may be explained by the longer survival of women after the development of these problems (Robine et al. 1999).



Source: AIHW 2006b.

Figure 4.5: Life expectancy and disability, by sex, 1998 and 2003

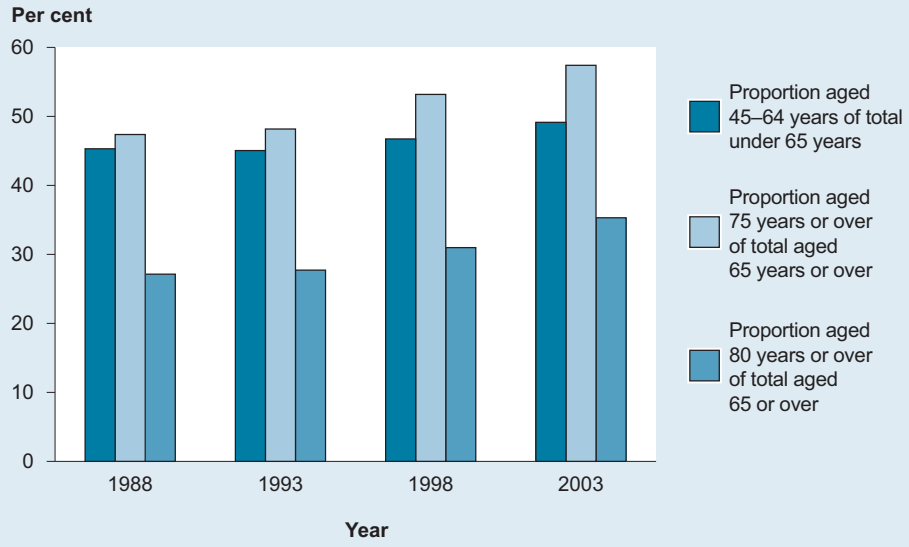
Ageing of people with disability

On the one hand, like the general population, people with disability are living longer, including many people with an early onset disability (AIHW 2000; AIHW: Hales et al. 2006). On the other hand, in line with the ageing of the Australian population, people with disability are also ageing. This is reflected in an increasing proportion of older people in the population with disability (AIHW 2000). During the 15 years from 1988 to 2003, among people aged under 65 years with disability, the proportion of those aged 45–64 years increased from 45% to 49%. Of all people aged 65 years or more with disability, the proportion of those aged 75 years or more increased from 47% to 57%, and the proportion of those aged 80 years or more increased from 27% to 35% (Figure 4.6).

Growth in severe or profound core activity limitations

In Australia, there has been no significant change in the age-standardised rates of severe or profound limitations over the last two decades (AIHW 2005a, AHIW 2007b). The reported age-standardised rates of 'severe disability' were fairly stable between 1981 and 1993 (see the Glossary for a definition of age-standardised rate). There was an increase in the rates from 1993 to 1998, largely attributed to changes in the survey methods. The 2003 survey maintained the 1998 survey methods, and the results confirmed the previous, stable rates of 'severe disability'.

Internationally, a recent study on disability trends among the older population in 12 OECD (Organisation for Economic Co-operation and Development) countries found that a majority of the 12 countries either reported an increasing rate of severe disability



Source: Table A4.4.

Figure 4.6: Ageing of people with disability, 1988 to 2003

(Belgium, Japan and Sweden), a stable rate (Australia and Canada), or no consistent trends (France and United Kingdom). Only five countries reported a decline in the rate (Denmark, Finland, Italy, the Netherlands and the United States) (OECD:Lafortune et al. 2007).

Even though underlying prevalence rates appear relatively stable, the ageing of the Australian population and the greater longevity of individuals, including those with disability, are leading to increasing numbers of people with disability and a severe or profound limitation, especially at older ages.

Based on the age- and sex-specific prevalence rates of the 2003 SDAC, the population aged 0–64 years with a severe or profound limitation is projected to increase to 752,100 people (an increase of 34,700 people, or 4.8%) by 2010. The projected growth in the working-age population (15–64 years) with a severe or profound limitation is 6.9%, or 37,500 people (Table 4.4; AIHW 2007c).

Overall, the total number of Australians of all ages with a severe or profound limitation is projected to increase by 8.7% (116,300 people). This overall projected growth is mainly attributable to rapid growth in the age groups of 65 years or over (13%, or 81,600 people) and 45–64 years (10%, or 32,800 people)(AIHW 2007c).

Children with disability

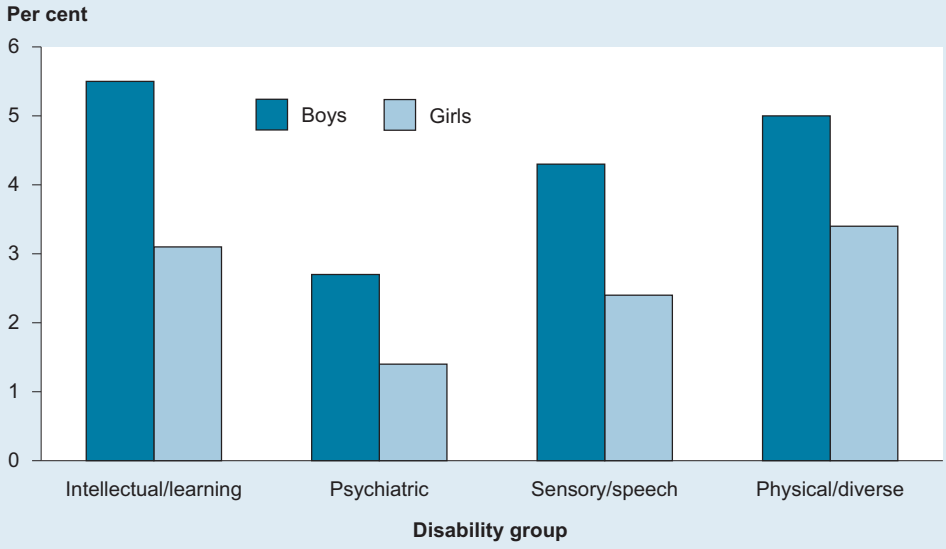
While in general the likelihood of disability tends to increase with age, the age-specific rate of disability also peaks during early childhood and the school years (see the Glossary for a definition of 'age-specific rate'). In 2003, about 1 in 12 children aged 0–14 years had disability (8.3% of all children, or 317,900 children). About half of these children had a severe or profound limitation (4.3%, 165,300).

Table 4.4: Projected population of persons with a severe or profound core activity limitation by age, 2006 to 2010 ('000)

Age (years)	Year					Changes 2006–2010	
	2006	2007	2008	2009	2010	Number ('000)	Per cent of change
0–14	170.5	169.9	169.2	168.5	167.7	*–2.8	*–1.7
15–19	32.0	32.3	32.6	32.9	33.0	**1.1	**3.3
20–29	62.4	63.2	63.9	64.6	65.2	*2.8	*4.4
30–44	134.5	134.5	134.4	134.7	135.3	**0.8	**0.6
45–64	318.1	327.2	336.5	344.1	350.9	32.8	10.3
65 or over	623.6	642.9	662.3	683.3	705.2	81.6	13.1
Total 0–64	*717.5*	*727.1*	*736.6*	*744.7*	*752.1*	*34.7*	*4.8*
Total 15–64	*547.0*	*557.2*	*567.4*	*576.2*	*584.5*	*37.5*	*6.9*
Total	**1,341.1**	**1,370.0**	**1,399.0**	**1,428.0**	**1,457.3**	**116.3**	**8.7**

Sources: ABS 2003; AIHW 2007c; AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

Overall, boys were more likely than girls to have disability (10% of all children compared with 6.5%), and to have a severe or profound limitation (5.4% compared with 3.1%). Boys also had higher prevalence rates for all of the five main disability groups. Girls and boys differed in their most prevalent disability group: for girls it was physical/diverse disability (3.4% of girls) (Figure 4.7) whereas for boys it was intellectual/learning disability (5.5% of all boys).



Source: AIHW 2006c; Table A4.5.

Figure 4.7: Children aged 0–14 years with disability: prevalence rate of disability groups based on all conditions by sex, 2003

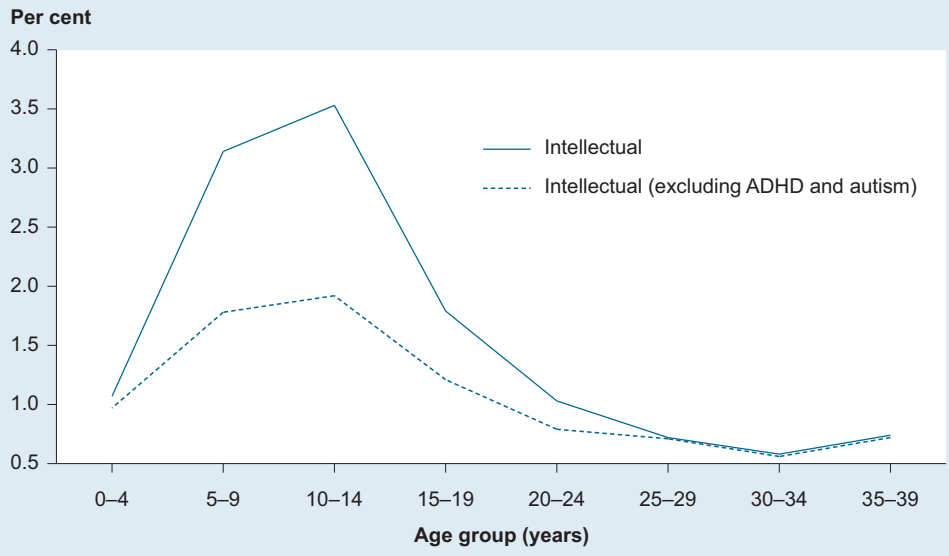
There were an estimated 54,600 people who were primary carers of co-resident children with a severe or profound limitation, the great majority of whom (91%) were mothers (see the Glossary for definition of primary carer). Many of these co-resident primary carers of children, about 1 in 2 (48%), reported needing more support—more respite care and financial assistance were their greatest needs.

Almost all (97%) children aged 5–14 years with disability were attending school—89% of them in 'ordinary' schools and 9% in 'special' schools. Around 63% of school children with disability experienced difficulty at school—intellectual/learning difficulties, fitting in socially and communication difficulties were the most common (AIHW 2006c).

There were reported increases in the last decade or more in the prevalence rates of long-term health conditions associated with childhood, especially attention deficit hyperactivity disorder (ADHD) and autism-related disorders. This increase may largely reflect changes in diagnosis and increased awareness among parents, educators and health professionals, which may have contributed to the increases in the reported prevalence (AIHW 2006c).

Autism and ADHD are two major conditions within the intellectual/learning disability group, in particular among children with a severe or profound limitation. The peak in the prevalence of intellectual/learning disability among children aged 5–14 years with a severe or profound limitation becomes far less pronounced when ADHD and autism are excluded (Figure 4.8).

Autism and intellectual impairment were associated with high proportions of severe or profound limitation—87% and 75% of children with these conditions, respectively, also had a severe or profound limitation.



Source: AIHW 2006c.

Figure 4.8: People aged under 40 years with a severe or profound core activity limitation: prevalence of intellectual disability, including and excluding ADHD and autism, by age, 2003

Disability among Aboriginal and Torres Strait Islander peoples

Information about the need for assistance with basic daily activities due to disability, long-term health condition or older age was collected in the 2006 Census, which will provide improved disability data for relatively small population groups such as Indigenous Australians. However, the data were not available at the time of preparing this report.

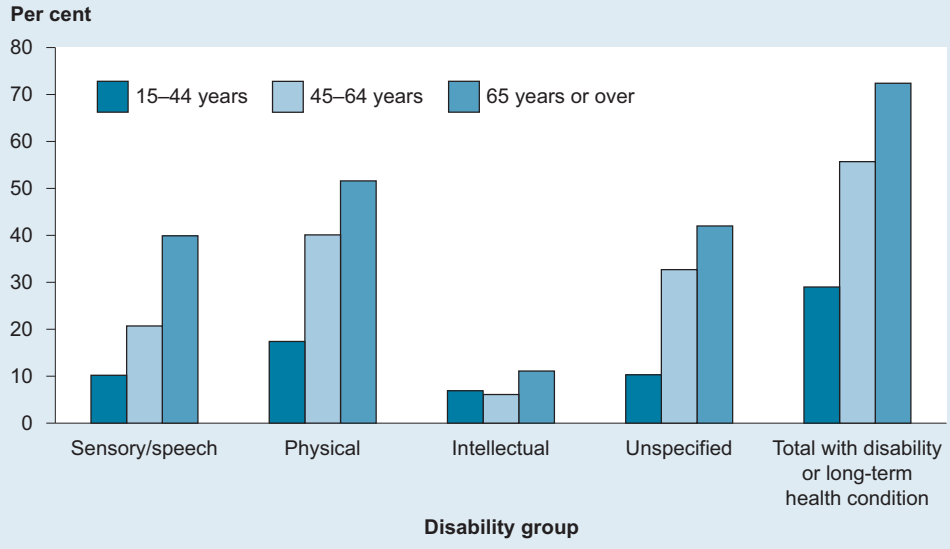
The 2002 National Aboriginal and Torres Strait Islander Social Survey included, for the first time, a short set of screening questions relating to disability that provide data generally comparable with that obtained from the 2002 General Social Survey for the Australian population (ABS & AIHW 2005).

In 2002, 102,900 (37%) Indigenous Australians aged 15 years or over had disability or a long-term health condition. Of these, 21,800, or 8% of the Indigenous population aged 15 years or over, had a severe or profound limitation (ABS & AIHW 2005).

Overall, the prevalence rate of disability or long-term health condition was similar for males (37%) and females (36%). The overall rate of a severe or profound limitation was also similar for males (7.4%) and females (8.0%). These rates increased with age for both sexes (Figure 4.9; ABS & AIHW 2005).

Considering people with different disability types as a proportion of the Indigenous population, around 24% of Aboriginal and Torres Strait Islander peoples had a physical disability, 14% had a sensory/speech disability and 7% had an intellectual disability (Figure 4.9). About 16% of Indigenous Australians had an unspecified long-term health condition that could not be coded to disability type (ABS & AIHW 2005).

A comparison of the disability status of Indigenous and non-Indigenous Australians based on prevalence estimates from the 2002 National Aboriginal and Torres Strait Islander Social Survey and 2002 General Social Survey found that the prevalence of disability among



Source: Table A4.6.

Figure 4.9: Aboriginal and Torres Strait Islander people aged 15 years or over, disability groups by age, 2002

Indigenous Australians was higher at all ages, and severe or profound disability rates were at least twice as high among Indigenous Australians (ABS & AIHW 2005; AIHW 2006d).

Having an early onset disability and experiencing premature ageing as a result of disability are more common among Indigenous than non-Indigenous Australians. In 2002, one-half of Indigenous Australians aged 45–54 years and over two-thirds of those aged 55–64 years had disability or long-term health condition. Almost three-quarters (72%) of Indigenous Australians aged 65 years or over had disability or long-term health condition, and one-quarter (25%) had a severe or profound limitation. The earlier onset of disability and earlier ageing with disability indicate the comparatively higher need for service provision for Indigenous Australians with disability at younger ages (ABS & AIHW 2005).

The comparative analyses of the two survey data also found that, while Indigenous people are generally disadvantaged when compared with non-Indigenous people, those with disability were likely to experience a further degree of social and economic disadvantage (ABS & AIHW 2005) On average, Indigenous Australians with disability or a long-term health condition had completed fewer years of formal education than Indigenous Australians without disability: they were about half as likely to have completed Year 12, were less likely to participate in the labour force and much less likely to be employed, and had a lower level of income and were more likely to be living in households that had experienced financial stress (ABS & AIHW 2005).

Disability data developments

Disability data continue to improve in Australia. The ABS 2006 Population Census has, for the first time, collected disability-related information. The Census data will provide better information on the need for assistance with core activities due to disability, long-term health condition or older age among relatively small population groups, including Indigenous Australians, and in small geographic areas for planning purposes. The disability information can also be related to a rich array of other social data from the Census. Although the Census data are scheduled for release during 2007, they will not be available in time to be included in the discussion in this chapter. However, detailed discussions of Census-related disability data will be presented in future AIHW reports.

As the currently available disability data do not allow direct estimates of disability prevalence for a small geographic area, the National Disability Administrators have collaborated with the ABS to produce estimates of disability at the local government area across Australia (NDA 2007a). These estimates are based on a modelled combination of data collected from the 2003 Survey of Disability, Ageing and Carers, and the 2001 Census. They are currently available for some jurisdictions and under development in other jurisdictions.

The ABS has developed a disability module, which is a relatively short version of the disability measure used in the major national disability survey. The ABS has been using the disability module to identify the disability population in a range of other national population household surveys, such as education and household expenditure surveys, the General Social surveys and the National Aboriginal and Torres Strait Islander Social Survey. The disability module will also be included in the 2007 National Survey of Mental Health and Wellbeing and the 2007–08 National Health Survey. The data collected from various national population surveys provide integrated and comprehensive information on disability.

4.3 Care, services and assistance

Unpaid care

Around 2.6 million carers in Australia provided unpaid assistance to people with disability or the aged in 2003 (ABS 2004). Discussion of carers' issues usually focuses on the main provider of care, also referred to as the primary or principal carer. These carers are about 20% of the 2.6 million carers identified (ABS 2004). Around 80% of carers are non-primary carers, sometimes called secondary carers (see the Glossary for definition of primary carer). Chapter 3 on ageing and aged care has more detail about the numbers of main and other providers of informal care to people with disability.

The impact of long-term caring has generally been framed either as a stressor that worsens over time or as a process of adaptation whereby carers accumulate coping skills (Cuskelly 2006). The experience of care giving is multifaceted, with positive and negative aspects, and changes over time as the carer and circumstances change (Rowbotham 2005). In addition, carers bring different personal, financial and social resources to the role. Their experiences, and their desire for formal support services, differ (Cuskelly 2006).

The issues for carers of people with different types of disability have been highlighted by recent work. A review of mental health care in Australia found that the carers of people with psychiatric disability may find their role more demanding due to an ongoing lack of treatment and accommodation services for the person they care for (MHCA 2005). Other issues for these carers include the stigma associated with mental illness which can lead to social isolation of the whole family, and a decreased capacity for employment.

A substantial proportion of parents of younger children with disability report a need for more support (48%)(AIHW 2006c). Respite care and financial assistance are the most frequently requested types of support for primary carers of children aged 0–14 years.

Some people with disability provide unpaid care to others in their family or community. For example, parents with disability care for their children and many older spouses care for their partners even though they have significant disabilities themselves. Not surprisingly, the proportion of carers that has a disability increases with age, from 25% of carers aged 15–45 years to 59% of carers aged 65 years and older (Table 4.5).

Table 4.5: Primary carers disability status by age group, 2003

	Age group of carer (years)			
Disability status	**15–45**	**45–64**	**65 or over**	**Total**
		Number ('000)		
Severe or profound	11.9	16.4	15.1	43.4
Moderate or mild	*9.9	51.5	44.0	105.4
Total with disability	*35.8*	*85.4*	*66.4*	*187.5*
Total without disability	*108.9*	*129.3*	*46.8*	*285.0*
Total primary carers	**144.7**	**214.7**	**113.2**	**472.5**
		Per cent of all primary carers		
Severe or profound	8.2	7.7	13.3	9.2
Moderate or mild	*6.9	24.0	38.9	22.3
Total with disability	*24.7*	*39.8*	*58.7*	*39.7*
Total without disability	*75.3*	*60.2*	*41.3*	*60.3*
Total primary carers	**100.0**	**100.0**	**100.0**	**100.0**

Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

Box 4.3: Welfare to Work reforms

The Welfare to Work package—an Australian Government initiative designed to support and assist those people that can move off welfare and into work—was introduced on 1 July 2006. A key feature of this reform is that the Disability Support Pension is no longer available to people with disability who are new claimants of income support and who are able to work more than 15 hours per week. These applicants will instead receive the Newstart Allowance. This change was accompanied by extra employment services designed to promote workforce participation: disability open employment services, the Job network, vocational rehabilitation and the Personal Support Program. This program assists people who face multiple non-vocational barriers to employment such as psychological problems, homelessness, drug and alcohol abuse or domestic violence.

The development of the Job Capacity Assessment program is a further significant feature of the Welfare to Work reform for people with disability. Job capacity assessments will identify a person's ability to work and any barriers they face to getting a job. Hence the job capacity assessments will influence both referral to employment assistance and income support entitlement.

Income support

There is a range of payments and allowances available for people with disability and their carers. These payments can be categorised as income support payments and income supplements. Income support payments provide an income to people whose capacity for work is restricted by disability or caring responsibilities. Income support payments include the Disability Support Pension (DSP), Sickness Allowance, Newstart Allowance (Incapacitated), Wife Pension, Carer Payment and Disability Pension (Department of Veterans ' Affairs—DVA). Income supplements may assist with certain costs or recognise activities such as caring. These include the Mobility Allowance, Carer Allowance and Continence Aids Assistance Scheme. Table 4.6 outlines the number of recipients, administered expenses and dollar value of these payments.

The Continence Aids Assistance Scheme was extended to cover people over 5 years of age in July 2007. Previously it was available to those aged 16–64 years. It is anticipated that this will double the number of recipients (Santoro 2007).

The main source of income support for people of working age with disability is the DSP. There has been a steady increase in the number of people receiving the DSP since 1997 (Table 4.7). This increase is part of a longer term trend that started in the 1980s, and accelerated after the 1991 Disability Reform Package changes (DEWR 2005a). The rate of increase has slowed in recent years. In 2004–2005, the relatively smaller increase in the number of recipients was due to fewer men claiming payments together with more rejections and cancellations (DEWR 2005a). There was another small increase in 2006 before the Welfare to Work changes. Under these changes, from July 2006 the DSP is no longer available to applicants who are assessed as being able to work for 15 hours or more a week at award wages or above. These applicants will instead receive the Newstart Allowance together with extra employment assistance. This change may further slow growth in the DSP program.

Table 4.6: Australian Government disability-related payments and allowances, recipients, expenditure and payment rate (all ages), 2005–06

	Recipients as at June 2006	Administered expenses 2005–06 ($m)	Maximum payment rate for a single adult at 1 July 2006 (per fortnight)
Disability Support Pension	712,163	8,256	$499.70
Mobility Allowance	51,669	95.9	$74.30
Sickness Allowance[a]	7,510	85.4	$420.90
Carer Allowance (Child/Adult)[b]	366,960	1,258.4[c]	$94.70
Carer Payment (DSP/AP/other)	105,058	1,220.8	$499.70
Wife Pension (DSP)	24,627	258.5	$499.70
Newstart Allowance (incapacitated)	40,535	n.a.[d]	$420.90
Youth Allowance (incapacitated)	3,203	n.a.[d]	$348.10
Continence Aids Assistance Scheme	19,599	11.2	$18.08[e]
Disability Pension (DVA)	145,546	1,327	$832.10[f]

(a) From July 2002 the Australian Government Department of Family and Community Services introduced a revised method of counting Sickness Allowance, Newstart Allowance, Mature Age Allowance, Partner Allowance, Widow Allowance, Special Benefit, Youth Allowance and Austudy Payment clients, based on eligibility and entitlement.

(b) Excluded from this count: 15,966 who received Carer Allowance (Child) Health Care Card only.

(c) Administered expenses and recipients for Carer Allowance (Child) and Carer Allowance (Adult) are combined.

(d) Administrative expenses for Newstart Allowance (incapacitated) and Youth Allowance (incapacitated) are not available as they are included in the larger funding budget for these two programs.

(e) The Continence Aids Assistance Scheme payment rate was $470 per year.

(f) This payment rate applies to special rate disability pensioners who are totally and permanently incapacitated. Other rates of disability pension (DVA) apply according to eligibility.

Sources: DEWR 2006a, 2006b. DoHA personal communication. DVA 2006. FaCSIA unpublished data.

Box 4.4: Advisory bodies

A range of advisory bodies provide advice to Australian governments as well as information to policy makers and the public more generally. Nationally focused non-government organisations include:

- the National Disability and Carer Ministerial Advisory Council, which met for the first time in October 2006. This body provides the government with advice on issues affecting people with disability and their carers in Australia
- the Australian Federation of Disability Organisations, which was established in November 2004 with a mission to 'champion the rights of people with disability in Australia and help them participate fully in Australian life'
- National Disability Services, formerly known as ACROD, which describes itself as the national industry association for disability services, with a network of state, territory and national offices.
- the Association of Competitive Employment, which describes itself as the national peak body for open employment services to people with disability across Australia.

There are state counterparts of many of these organisations, as well as specific groups representing, for instance, people with particular disabilities or health conditions.

Table 4.7: Recipients of disability-related payments and allowances (all ages), June 1997 to June 2006

	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Disability Support Pension (all)[a]	527,514	553,336	577,682	602,280	623,926	658,915	673,334	696,742	706,782	712,163
Mobility Allowance[b]	26,595	28,975	31,001	35,154	37,574	41,997	44,562	47,402	49,215	51,669
Sickness Allowance[c]	15,759	16,285	11,181	10,733	10,942	9,522	8,755	8,478	8,367	7,510
Carer Allowance (Child)[d]	95,520	90,830	100,452	116,955	111,691	115,404	119,003	96,153	102,535	106,622
Carer Allowance (Adult)[e]	44,103	45,675	51,857	84,104	123,350	156,641	180,606	201,454	237,470	260,338
Carer Payment	29,558	33,979	40,070	47,550	57,190	67,260	75,937	84,082	95,446	105,058
Wife Pension (DSP)	91,307	79,892	68,523	59,935	51,225	44,238	37,880	33,183	28,144	24,627
Newstart Allowance (incapacitated)	n.a.	48,792	59,670	68,016	76,850	76,882	54,243	51,171	47,751	40,535
Youth Allowance (incapacitated)	n.a.	n.a.	3,929	5,883	5,959	5,792	3,941	3,861	3,633	3,203
Disability Pension (DVA)	160,145	161,829	162,810	162,730	162,505	159,425	157,865	154,602	150,615	145,546

(a) Data for 2005 reflects the number of current and suspended recipients as at 10 June 2005.

(b) Data for 2005 reflects the number of recipients as at 10 June 2005.

(c) Data for 2005 reflects the number of current customers (excluding zero paid) as at 17 June 2005.

From July 2002 the Australian Government Department of Family and Community Services introduced a revised method of counting Sickness Allowance, Newstart Allowance, Mature Age Allowance, Partner Allowance, Widow Allowance, Special Benefit, Youth Allowance and Austudy Payment clients, based on eligibility and entitlement.

(d) Carer Allowance commenced on 1 July 1999. The figures presented previous to this date relate to recipients of Child Disability Allowance (for children) and Domiciliary Nursing Care Benefit (for adults). Recipients of Carer Allowance (Child) Health Care Card only (for data from 1999 on) are excluded from these counts.

(e) From 2001 includes those who receive both Carer Allowance (Adult) and Carer Allowance (Child) and those not coded by type of payment. The number of recipients in 2002 has been updated.

Sources: AIHW 2005a, DVA 2005, 2006; FaCSIA unpublished data; DEWR 2005b, 2006, 2006a; DEWR administrative data (SuperSTAR point in time data).

Over the last decade there has been steady growth in the number of recipients of Mobility Allowance (Table 4.7). Most recipients also receive the DSP (DEWR 2005c) so the growth in Mobility Allowance may mirror that of DSP. The number of Carer Payment recipients has increased rapidly, as has the number of Carer Allowance recipients . The closure of the Wife Pension may have contributed to the rise in Carer Payment numbers. The numbers of Sickness Allowance and Newstart (incapacitated) recipients have both been falling in recent years. It is unclear why these payments, which provide income support to people with a temporary inability to work, have fallen.

The longer term trend toward increasing numbers of DSP recipients has generated considerable interest and has been investigated in two recent studies. A Productivity Commission Staff Working Paper looked at male DSP recipients and found a variety of social and economic influences on the number of recipients over time (Lattimore 2007). These influences include social norms, individual motivation and social welfare incentives. They also include labour market factors such as the decreasing demand for unskilled labour. This has had a disproportionate effect on men with disabilities as they generally have lower educational qualifications.

Labour market factors were also identified by the Melbourne Institute in a study of people who had received the DSP. This study found that the people least likely to exit from DSP included those who were receiving unemployment payments before they began receiving the DSP. It was concluded that labour market difficulties, not just disability, affect the the number of people receiving DSP. Other groups who were unlikely to exit the DSP included people with no earnings while on the DSP, Indigenous people, people with psychological or psychiatric conditions, males over 55 years and females with dependent children under 12 years (Cai et al. 2006).

Concessions

A number of concession cards are issued by Centrelink. These include the Pensioner Concession Card, Health Care Card and Low Income Health Care Card. Core concessions provided include cheaper pharmaceuticals, electricity and public transport. The amount and variety of concessions can vary from state to state.

A companion card scheme now operates in Victoria, Tasmania and Western Australia. This scheme assists businesses to meet their anti-discrimination obligations, and enables a person with disability to attend venues or events that they may previously have been unable to attend without a carer. The scheme allows the carer to be admitted free of charge (Victorian Government 2004).

A recent innovation in the area of concessions has been the introduction of a carer's card. In July 2006, the Northern Territory Government introduced the NT Pensioner and Carer Concession Scheme. This scheme provides recognition of the contribution of carers through extra concessions for people who receive the Carer's Allowance (NT Government 2006). Carers NSW have also proposed a carers' card for their state, based on the extra costs faced by carers (Carers NSW 2007).

Compensation

Compensation to people who acquire disability through an accident or work-related injury may also be a source of financial assistance. These arrangements are complex and entitlements vary across different schemes. There has been some suggestion that the coverage of workers' compensation schemes is decreasing. Factors contributing to this decrease include changes in the coverage of schemes and the greater proportion of casual jobs in the labour market. These may be leading to a decrease in the number of people claiming workers' compensation and an increase in the number of people claiming income support from Centrelink. However, the magnitude of these changes is unknown (Lattimore 2007).

At the same time, applicants for income support are obliged to take reasonable action to obtain compensation. The receipt of compensation, or the refusal to pursue it, may lead to a non-payment period or a reduction in the amount of income support (Centrelink 2007). In the period 2003–2005, about 2%–3% of DSP claim rejections were due to compensation (DEWR 2005a; FaCS 2003, 2004).

The Office of the Australian Safety and Compensation Council reports data about workers' compensation. A recent report shows that 'body stressing' (comprising muscular stress and repetitive movement injuries) has accounted for around 40% of workers' compensation claims in recent years. When falls, slips and trips, being hit by an object or hitting an object are included, around 80% of claims are accounted for. The duration of claims can give some indication whether workplace injuries are temporary or leading to longer term disability—around 60% of claims were for less than 6 weeks whereas about 9% of claims were for 52 weeks or more (WRMC 2006).

Disability support services

CSTDA-funded disability support services and expenditure

Services provided under the Commonwealth State/Territory Disability Agreement (CSTDA) are targeted at people with a need for ongoing support in everyday activities, and aim to 'maximise the opportunity for people with disabilities to participate socially and economically in the community' (CSTDA 2003:12). The 2002–07 Agreement specifies that disability experienced by a CSTDA service user should be manifest before the age of 65 years; however, services generally do not place upper age restrictions on their clients.

Within the CSTDA there are seven service groups that offer specialist support for people with disability. These service groups are accommodation support services; community support services; community access services; respite services; employment services; advocacy, information and print disability services; and other support services. Definitions of these service groups are provided in Box 4.7.

National data on services provided under the CSTDA are collected through the CSTDA National Minimum Data Set (NMDS), which includes information relating to CSTDA-funded services and the people who use these services throughout a financial year. Data are collected by each state and territory and the Australian Government, and forwarded to the AIHW for collation and analysis on an annual basis. Data presented here are from the 2005–06 data collection, the third full year of the CSTDA NMDS data collection.

During the period 1999–2002, the CSTDA NMDS underwent a major redevelopment. Before this, the data were collected on a 'snapshot' (single-day) basis, but since 2003–04 have been collected for all people on a full-year, ongoing basis. Three full financial years of data from the redeveloped CSTDA NMDS collection are now available (2003–04 to 2005–06), which allow some analyses of basic trends for people accessing disability support services in Australia.

Box 4.5: The Commonwealth State/Territory Disability Agreement

The third Commonwealth State/Territory Disability Agreement (CSTDA) for funding specialist disability services was scheduled to expire on 30 June 2007 but it has been extended while a fourth agreement is negotiated between the Australian Government and the state and territory governments. Although a new agreement has not yet been finalised, it is likely to have a greater emphasis than previous CSTDA agreements on the achievement of measurable outcomes for people with disability.

The 2007–08 federal Budget repeated the Commonwealth's current CSTDA offer to the states and territories of $3.3 billion over 5 years, and assumed an indexation rate of 1.8%. Commonwealth payments to the states and territories in the current CSTDA total $2.9 billion over 5 years. The Australian Government anticipated spending $2.5 billion during the course of the next CSTDA agreement on employment services. In April 2007, the Commonwealth made an additional offer to match new state and territory funding for accommodation and respite services dollar-for-dollar.

Box 4.6: Workforce issues

The ageing of the Australian population is likely to affect the disability workforce in two ways. Firstly, as the population ages, the number of people with disability is projected to rise. Secondly, the disability workforce is, on average, older than the general workforce in Australia and, therefore, is likely to experience a shortage of available workers sooner than other industries, given the number of people projected to retire in the next 10 years. Thus there is a need to develop workforce strategies focused on re-skilling and retention. There is also a need to explore non-traditional sources of workforce, such as workers seeking a second career and workers displaced from other industries (NDA 2006).

Box 4.7: Definitions of service groups covered by the Commonwealth State/Territory Disability Agreement

Accommodation support	These are services that provide accommodation to people with disability and services that provide the support needed to enable a person with disability to remain in his or her existing accommodation, or move to a more suitable or appropriate accommodation.
Community support	These services provide the support needed for a person with disability to live in a non-institutional setting (not including support with the basic needs of living, such as meal preparation and dressing, included under accommodation support).
Community access	These are services designed to provide opportunities for people with disability to gain and use their abilities to enjoy their full potential for social independence. People who do not attend school or who are not employed full time mainly use these services.
Respite	Respite services provide a short-term and time-limited break for families and other voluntary caregivers of people with disability, to assist in supporting and maintaining the primary caregiving relationship while providing a positive experience for the person with disability. Although there are therefore two 'clients'—the carer and the person with disability—in the CSTDA NMDS collection, the person with disability is regarded as the client. Statistical tables in this report reflect this perspective.
Employment	There are two types of employment services that provide employment assistance to people with disability. The first type, open employment, provides assistance in obtaining and/or retaining paid employment in the open labour market. The second type, supported employment, provides employment opportunities and assistance to people with disability to work in specialised and supported work environments. Before 1 December 2004, there was also a third employment service type, dual open/supported services, which provided a combination of both open and supported employment services.

Continued next page

Advocacy, information and print disability	Advocacy services are designed to enable people with disability to increase the control they have over their lives through the representation of their interests and views in the community. Information services provide accessible information to people with disability, their carers, families and related professionals. This service group also includes mutual support or self-help groups—special interest groups which promote self-advocacy—and print disability, which includes alternative formats of communication for people who by reason of their disability are unable to access information provided in a print medium.
Other	These include research and evaluation, training and development, peak bodies, and any other support services outside any of the defined service types above.

CSTDA service users

In 2005–06, there were 217,143 service users who accessed CSTDA-funded services (Table 4.8). The highest overall service use in 2005–06 was recorded in Victoria (80,953 service users), followed by New South Wales (51,133) and Queensland (30,804). Of the five major service groups, the highest number of service users were recorded in community support (96,664) followed by employment services (73,157), community access (47,738), accommodation support (35,566) and respite (27,319). Users of accommodation support services include 5,059 service users in institutional/residential care, 11,414 in group homes and a further 19,714 who utilised other accommodation support services (for example, in-home accommodation support or alternative family placement).

The number of service users has steadily risen over the two previous reporting periods, from 187,806 in 2003–04 and 200,493 in 2004–05 (AIHW 2005b, 2006f). The largest increase over this period has been seen in community support (an increase of 17,817 service users from the 2003–04 collection). Additionally, the number of service users accessing employment services and respite services has increased by 8,876 and 6,772 people respectively since 2003–04.

Across all CSTDA service users, the main primary disability reported was intellectual disability (72,226 users), accounting for one-third (33%) of all service users (Figure 4.10). In 2003–04, intellectual disability was reported as a primary disability by 38% of service users. The actual number of service users reporting intellectual disability as a primary disability has seen a slight increase since 2003–04 (by 525 users), although, due to a more rapid increase in other reported primary disabilities, intellectual disability has proportionally decreased as primary disability. Psychiatric disability was the second most frequent primary disability reported (30,064 users or 14%), followed by physical disability (25,712 or 12%) and neurological disability (12,471 or 6%). Comparisons of primary disability with all significant disabilities reveal some marked differences across the types of disability reported. The most notable was that, while only 1,790 people reported speech as a primary disability, 22,387 people reported speech as one of their significant disabilities. Intellectual disability was the highest reported of all significant disabilities (83,733 users), followed by physical disability (46,174), psychiatric disability (38,086) and neurological disability (28,896).

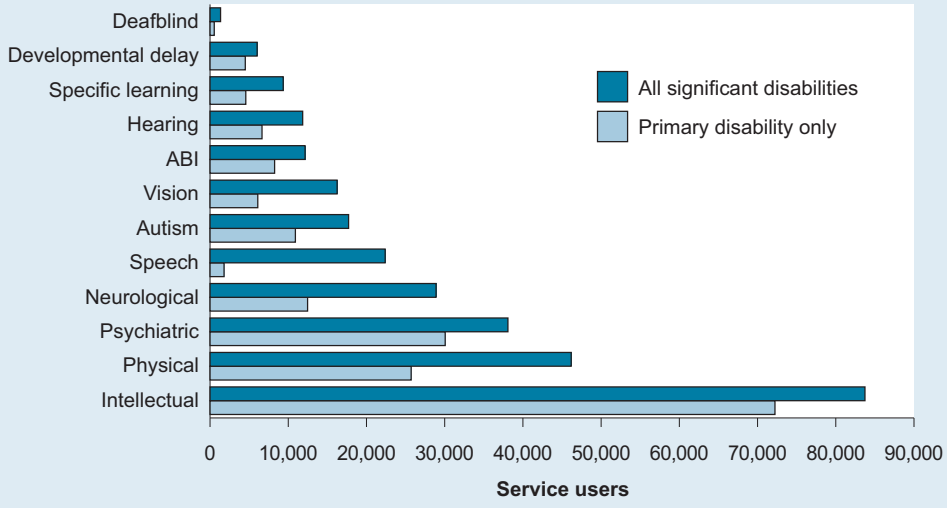
Table 4.8: Number of service users for CSTDA-funded services, by service type, by state and territory, 2005–06

Service type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
State and territory funded services									
Institutions/residentials	1,866	739	871	441	908	234	0	0	5,059
Group homes	3,398	4,331	943	1,157	787	452	201	145	11,414
Other accommodation support	1,877	8,813	3,735	1,898	2,734	446	129	86	19,714
Accommodation support total	*7,095*	*13,666*	*5,394*	*3,441*	*4,333*	*1,100*	*324*	*217*	*35,566*
Community support	21,067	34,121	9,654	16,048	11,348	2,163	2,073	423	96,664
Community access	7,690	21,585	7,172	4,358	4,629	1,592	376	355	47,738
Respite	4,593	13,719	4,451	2,293	1,538	279	292	195	27,319
Subtotal (state/territory-funded services)	*31,897*	*64,515*	*18,190*	*19,191*	*15,958*	*3,902*	*2,606*	*1,021*	*156,878*
Australian Government-funded services									
Open employment	14,556	15,467	12,079	5,126	3,831	1,540	662	321	53,440
Supported employment	7,797	4,770	2,336	2,195	2,820	607	234	120	20,810
Employment total	*21,981*	*19,949*	*14,292*	*7,193*	*6,536*	*2,121*	*887*	*433*	*73,157*
All services	**51,133**	**80,953**	**30,804**	**24,042**	**20,607**	**5,716**	**3,327**	**1,389**	**217,143**

Notes

1. Service user data are estimates after use of a statistical linkage key to account for individuals who received services from more than one service type outlet during the 12 months from 1 July 2005 to 30 June 2006. Row totals may not be the sum of the components because individuals may have accessed services from more than one state or territory over the 12 month period. Column totals may not be the sum of components because individuals may have accessed services from more than one service type during the 12 month period.
2. Data quality—in particular varied response rates—should be considered when making comparisons between jurisdictions. See AIHW 2007d for more information.

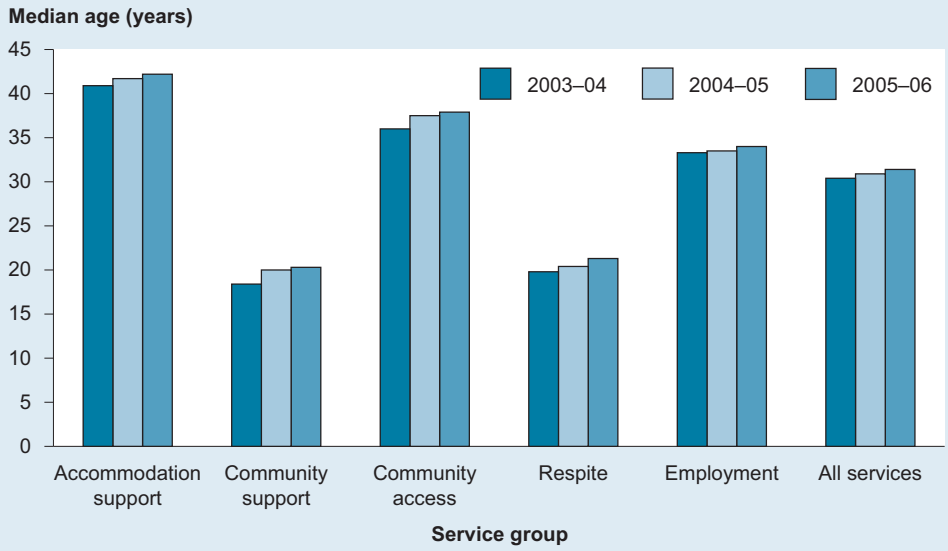
Source: AIHW 2007d.



Source: Table A4.7.

Figure 4.10: Users of CSTDA-funded services, primary disability group and all significant disabilities group, 2005–06

The median age of all service users in 2005–06 was 31.4 years (Figure 4.11). This value has increased across three CSTDA collections from 30.4 years of age in 2003–04. Comparison of median age across the different service groups in 2005–06 shows that accommodation support had a higher median age (42.2 years) than all other service groups, with the lowest median age recorded in community support (20.3 years). The higher median age of persons requiring accommodation support may be partially explained by very young people not generally requiring accommodation assistance. Conversely, the lower median age for community support may be attributed to services which target younger service users, for example early childhood intervention. Over the last three CSTDA collections the median age of those utilising employment services has increased slightly, by 0.7 years, while larger increases were seen in community support and community access (both increased by 1.9 years). Interestingly, the median age for open employment and supported employment service users are quite different. In 2005–06, the median age for supported employment users was 38.7 years and for open employment users was 31.6 years. Since 2003–04, this age difference has slightly narrowed, from 7.4 years to 7.1 years (Table A4.8). As per previous collections, there was a greater proportion of male service users (58%) than female (42%) (AIHW 2007d).



Source: Table A4.9.

Figure 4.11: Users of CSTDA-funded services, median age by service group, 2003–04 to 2005–06

Overall, 7,182 service users (3.3%) reported that they were of Aboriginal and/or Torres Strait Islander origin (Table 4.9). This increase from 2.7% in 2003–04 may be attributed to a variety of factors, including better self-identification, more accurate identification of Indigenous people in the data set or an increase in service use by Indigenous people (AIHW 2005b). As would be expected from general population patterns, representation of Indigenous service users was lower in Major Cities (2.0%) and Inner Regional areas (3.4%) than in other areas. Around 8% of service users in Outer Regional areas were Indigenous, compared with 19% in Remote areas and 39% in Very Remote areas (Table 4.9). This is similar to the profile of Indigenous people in the general population—the 2001 Census

identified that about one in four (26%) of Indigenous Australians was living in Remote or Very Remote areas compared with one in fifty (2%) non-Indigenous people (ABS 2006b). As a greater number of Indigenous than non-Indigenous Australians are living in Remote areas, it is likely that Indigenous people may experience additional disadvantage as some services may not be available to them.

Table 4.9: Users of CSTDA-funded services, location by Indigenous status, 2005–06

	Major Cities	Inner Regional	Outer Regional	Remote	Very Remote	Not Known	Total
				Number			
Indigenous	2,629	1,761	1,756	459	431	146	7,182
Non-Indigenous	118,955	45,630	18,309	1,773	514	1,624	186,805
Not stated	12,456	5,080	2,002	237	172	3,209	23,156
Total	**134,040**	**52,471**	**22,067**	**2,469**	**1,117**	**4,979**	**217,143**
				Per cent			
Indigenous	2.0	3.4	8.0	18.6	38.6	2.9	3.3
Non-Indigenous	88.7	87.0	83.0	71.8	46.0	32.6	86.0
Not stated	9.3	9.7	9.1	9.6	15.4	64.5	10.7
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Notes

1. Service user data are estimates after use of a statistical linkage key to account for individuals who received services from more than one service type outlet during the 12-month period.
2. The number of service users in each remoteness area (RA) were estimated based on service users' residential postcodes. Some postcode areas were split between two or more RAs. Where this was the case the data were weighted according to the proportion of the population of the postcode area in each RA.

Source: AIHW 2007d.

The most commonly reported primary disability groups for Indigenous service users were intellectual (39%), physical (14%) and psychiatric (12%). Indigenous service users were more likely than other service users to report a primary disability of developmental delay (3.8% of Indigenous service users compared with 2.2% of non-Indigenous) and ABI (6.3% of Indigenous service users compared with 4.0% of non-Indigenous), and less likely to report a psychiatric primary disability (12% compared with 15%) (AIHW 2007d).

In order to provide a holistic view of disability service users, the CSTDA collects information on the carers of people with disability as well as those with disability who are using the services. Information is requested about the existence of an informal carer, whether the carer is a primary carer and whether the carer lives with the person for whom they provide care. An informal carer is considered to be a person, such as a family member, friend or neighbour, who provides regular and sustained care and assistance to the person requiring support, usually on an unpaid basis (AIHW 2005c). A primary carer is defined as a carer who assists with at least one activity of daily living (ADL); ADLs included are help with self-care, mobility and communication (AIHW 2005c).

In 2005–06, 45% of service users reported the existence of an informal carer. Approximately 37% of service users reported that they had a primary carer and just over one in four people (26%) indicated they had a co-resident carer (Table 4.10). People who utilised respite services were most likely to report having an informal carer (90%), followed by those who accessed community support services (55%). People using employment services

were the least likely to report an informal carer (33%); this is due to employment service users having a high proportion of people who do not require assistance with ADLs and are therefore less likely to need a carer (AIHW 2007d). Those who used respite services were the most likely service users to report the existence of a primary carer (84% of all users and 93% of all users with a carer).

Service users accessing respite services (52%) were most likely to report a co-resident carer; however, users of community support services had the highest proportion of co-resident carers (78%) when only those with an informal carer were considered (Table 4.10). Overall, the proportion of informal care, primary carer status and co-residency status was generally lower for service users of accommodation support services than other service groups. This may be partially due to the 'formal' nature of these services.

Table 4.10: Users of CSTDA-funded services, existence of an informal carer, primary carer and co-resident carer by service group, 2005–06

	Has an informal carer		Has a primary carer			Has a co-resident carer		
Service group	Number	Per cent of all users	Number	Per cent of all users	Per cent of users with a carer	Number	Per cent of all users	Per cent of users with a carer
Accommodation support	14,696	41.3	11,247	31.6	76.5	5,502	15.5	37.4
Community support	53,341	55.2	47,611	49.3	89.3	41,641	43.1	78.1
Community access	22,396	46.9	18,674	39.1	83.4	14,118	29.6	63.0
Respite	24,648	90.2	22,854	83.7	92.7	14,146	51.8	57.4
Employment	24,448	33.4	—	—	—	—	—	—
Total	**97,410**	**44.9**	**79,316**	**36.5**	**81.4**	**55,619**	**25.6**	**57.1**

Notes

1. Service user data are estimates after use of a statistical linkage key to account for individuals who received services from more than one service type outlet during the 12-month period. Column totals may not be the sum of components because individuals may have accessed services in more than one service group over the 12-month period.
2. Service users accessing employment services were not required to report 'carer–primary status' or 'carer–residency status'; however, some users did so. These counts are not reported separately but are included in totals.

Source: AIHW 2007d.

The reported relationship of the primary carer to the service user in 2005–06 identified that mothers were by far the most commonly reported primary care givers, accounting for 65% of all relationships for those with a primary carer (Table 4.11). The spouse of the service user was the next most common primary care-giver (8%), followed by fathers (6%) and other family members (for example in-laws) (also 6%). Comparatively, population-based data from the 2003 SDAC yielded somewhat different results, and indicated that spouses provided the most common form of primary carer relationship for people with disability (44%), followed closely by mothers (41%) (AIHW analysis of ABS 2003 SDAC confidentialised unit record file). However, the difference between the CSTDA and the SDAC may be attributed to the age of the person receiving care. Approximately 60% of the SDAC population with a primary carer is aged over 24 years, compared with only 47% for CSTDA service users (AIHW 2007d; AIHW analysis of ABS 2003 SDAC confidentialised unit record file). As the SDAC has a greater proportion of recipients above the age of 24 years, it is more likely that a spouse or partner would be the primary carer than a mother. Conversely, the younger CSTDA service users are more likely to have a mother as a primary carer.

Table 4.11: Users of CSTDA-funded services who reported the presence of a primary carer, relationship of carer by age of service user, 2005–06

Relationship of service user to carer	Age group (years)						Total
	Under 15	15–24	25–44	45–64	65 or over	Not stated	
				Number			
Spouse	—	147	1,689	2,950	1,190	13	5,989
Mother	23,034	13,560	12,056	2,723	33	18	51,424
Father	1,320	1,421	1,620	483	7	2	4,853
Child	—	44	116	383	525	2	1,070
Other family	676	730	1,162	1,507	302	3	4,380
Friend/neighbour	136	253	498	438	139	—	1,464
Not stated	3,194	2,433	2,528	1,637	342	2	10,136
Total	**28,360**	**18,588**	**19,669**	**10,121**	**2,538**	**40**	**79,316**
				Per cent			
Spouse	—	0.8	8.6	29.1	46.9	32.5	7.6
Mother	81.2	73.0	61.3	26.9	1.3	45.0	64.8
Father	4.7	7.6	8.2	4.8	0.3	5.0	6.1
Child	—	0.2	0.6	3.8	20.7	5.0	1.3
Other family	2.4	3.9	5.9	14.9	11.9	7.5	5.5
Friend/neighbour	0.5	1.4	2.5	4.3	5.5	—	1.8
Not stated	11.3	13.1	12.9	16.2	13.5	5.0	12.8
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

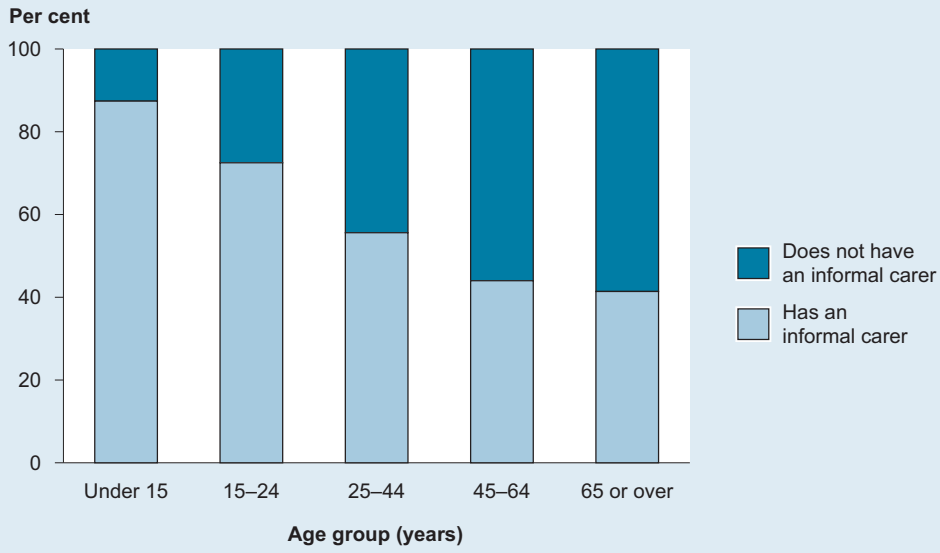
Note: Service user data are estimates after use of a statistical linkage key to account for individuals who received services from more than one service type outlet during the 12-month period.

Source: AIHW 2007d.

Across CSTDA service user age groups, mothers held the primary care-giving role for 81% of service users under the age of 15 years and 73% of service users between the ages of 15 and 24 years (Table 4.11). Primary care-giving from a spouse was most common for the age groups of 45–64 years and 65 years and over, which accounted for 29% and 47% of carer relationships respectively. For those aged 65 years and over, a child was the primary care-giver more than one-fifth of the time (21%), although the specific ages of the child carers were not collected.

For service users needing support with the three 'core' activities of daily living (self-care, mobility and/or communication), the proportion of service users who reported an informal carer tends to decrease with age (Figure 4.12). The vast majority of service users under 15 years of age who always or sometimes require assistance with ADL (87%) reported that they had an informal carer, whereas this was significantly lower for those aged 65 years or more (41%).

Expenditure by the Australian Government and all state and territory governments on disability support services during 2005–06 totalled $3.95 billion (Table 4.12). Of this total, just under half ($1.92 billion) was used to fund accommodation support services. Community support services accounted for a further $484 million (or 12%), community access funding totalled $463 million (12%), employment $400 million (10%) and $228 million (6%) went towards funding for respite services. Administration costs over the year totalled $315 million, with a further $138 million in funding spent on advocacy, information and print disability as well as other forms of support.



Source: Table A4.10.

Figure 4.12: Existence of an informal carer for service users who always or sometimes need support for activities of daily living by service user age group, 2005–06

Table 4.12: Expenditure on disability support services by Australian, state and territory governments, by service group and administration expenditure, 2005–06 ($m)

Service group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aus Govt	Australia
Accommodation support	672.9	590.0	237.3	171.6	145.0	59.5	29.9	16.1	—	1,922.3
Community support	98.4	193.5	70.3	54.5	38.1	9.1	11.8	8.2	—	483.9
Community access	139.5	169.7	83.7	24.5	16.8	15.1	4.7	2.3	7.0[a]	463.3
Respite	73.0	59.8	48.6	20.9	8.7	5.9	4.5	1.9	4.9[a]	228.2
Employment	—	—	—	—	—	—	—	—	400.2	400.2
Advocacy, information and print disability	6.9	7.4	7.3	4.9	2.8	1.9	1.1	0.2	13.8	46.3
Other support	2.6	22.9	9.3	11.2	21.6	1.5	2.1	0.0	20.9	92.1
Subtotal	*993.3*	*1,043.3*	*456.5*	*287.6*	*233.0*	*93.0*	*54.1*	*28.7*	*446.7*	*3,636.2*
Administration	122.0	78.3	49.2	15.9	8.1	8.7	5.3	1.6	26.1	315.2
Total	**1,115.3**	**1,121.6**	**505.7**	**303.5**	**241.1**	**101.7**	**59.4**	**30.3**	**472.8**	**3,951.4**

(a) Some Australian Government-funded community access and respite services are funded under the CSTDA from the Employment Assistance and Other Services appropriation.

Note: Figures may vary from those published in the *Report on government services 2007* (SCRGSP 2007) owing to the use of different counting rules in particular jurisdictions (e.g. some jurisdictions may include funding for psychiatric-specific services in Table 4.12 but not in SCRCSSP 2007).

Sources: SCRCSSP 2007; unpublished data provided to AIHW from each jurisdiction.

Other disability-specific services

Home and Community Care

The Home and Community Care (HACC) program is jointly funded by the Australian Government and state and territory governments. It provides services to frail older people, people with disability and their carers. HACC services aim to increase independence and prevent admission to residential care (DoHA 2004). In the period from 2002–03 to 2005–06 there was a small increase in the proportion of HACC clients aged under 65 years (Table 4.13). At the same time, the average number of support hours received by people under 65 years declined from 64 to 58 hours per year. For further information about people aged over 65 years, see Chapter 3 on ageing and aged care.

There are also differences between the service types used by the under and over 65 years age groups. Younger people with disability are more likely to receive counselling and respite care, but less likely to receive home help or meals (AIHW 2007c).

Table 4.13: HACC clients: clients and average hours received per year, by age[a], 2001–02 to 2004–05

Age group (years)	2001–2002[b]		2002–2003		2003–2004		2004–2005	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
0–39	43,161	7.4	48,268	7.3	52,823	7.5	56,489	7.6
40–49	24,667	4.2	28,165	4.3	32,051	4.5	34,489	4.6
50–54	17,034	2.9	19,407	3.0	21,775	3.1	22,177	3.0
55–59	20,218	3.5	24,279	3.7	27,324	3.9	30,594	4.1
60–65	28,391	4.9	33,101	5.0	36,101	5.1	38,659	5.2
Total under 65	133,471	22.9	153,220	23.3	170,074	24.0	182,408	24.5
65 or over	449,711	77.1	504,046	76.7	537,133	76.0	561,789	75.5
All clients[c]	**583,182**	**100.0**	**657,266**	**100.0**	**707,207**	**100.0**	**744,197**	**100.0**
			Average hours received per year[d]					
0–39	75.2		74.8		70.5		62.8	
40–49	71.9		72.3		68.9		63.7	
50–54	61.5		59.0		61.1		58.6	
55–59	55.6		55.3		55.3		54.4	
60–64	47.7		47.7		48.1		46.4	
Total under 65	64.2		63.6		61.9		57.6	
65 or over	45.0		45.2		45.7		45.3	
All clients	**49.6**		**49.6**		**49.8**		**48.6**	

(a) Clients with missing age are included in 65 or over totals, and 'all clients'. Only clients with recorded assistance are included in this table.

(b) The Home and Community Care (HACC) Program NMDS collection commenced in January 2001. The 2001–02 data were the first data extraction and should therefore be interpreted with caution.

(c) Client numbers include all clients who received assistance, although around 10%–13% of clients (2001–02 = 73,600; 2002–03 = 73,900; 2003–04 = 79,200; 2004–05 = 80,000) only received assistance which is not measured in hours of service (that is, home modification, receipt of goods and equipment, meals, transport and linen deliveries).

(d) Amount of service measured in hours is averaged only over HACC clients receiving services measured in hours.

Source: AIHW analysis of the HACC NMDS.

Young people in residential aged care

As at 30 June 2006, 6,562 younger people (under 65 years of age) were permanent residents of Australian Government-funded residential aged care services. Seventy per cent of these younger people were aged between 55 and 64 years; a further 26% were aged 40 to 54 years; the rest were people younger than 40 years of age (AIHW 2007e :Table 4.29). Younger residents are mostly in high care, with 70% at Resident Classification Scale levels 1 to 3 in 2006 (AIHW 2007e).

In recognition that residential aged care is often unsuitable for younger people with disability, the COAG has funded a new program to relocate younger people in residential aged care and to divert younger people at risk of entering residential aged care to more appropriate forms of accommodation (COAG 2006). Initial priority will be given to people under 50 years of age, currently numbering about 1,000 in residential aged care.

Box 4.8: Young people in residential aged care

At its February 2006 meeting, the Council of Australian Governments (COAG) made a commitment to reduce the number of younger people with disability living in residential aged care. COAG agreed to establish a 5-year program, beginning in July 2006, with three elements:

- move younger people with disability currently accommodated in residential aged care into appropriate supported disability accommodation where it can be made available and if this is what clients choose
- divert future admission of younger people with disability who are at risk of admission to residential aged care into more appropriate forms of accommodation
- enhance the delivery of specialist disability services to those younger people with disability who choose to remain in residential aged care or for whom residential aged care remains the only available suitable supported accommodation option.

The AIHW has been commissioned to develop a national data set and collection process that enables each jurisdiction to collect the data necessary to meet performance reporting and evaluation elements of the younger people in residential aged care program.

Rehabilitation, hearing services and equipment

CRS Australia is the Australian Government's vocational rehabilitation service. It provides services for people with disability, both lifelong and acquired through injury or illness. From 1 July 2006, referral to CRS Australia is based on a job capacity assessment organised by Centrelink (CRS Australia 2007).

Vocational rehabilitation services provided by CRS Australia encompass both assistance to the individual with disability, and changes to the workplace to facilitate the person's participation. Services include counselling, job search training, injury management and workplace modifications (CRS Australia 2007). In 2005–06, 25,482 new assistance programs were provided by CRS Australia. Over 44,000 clients were assisted in total. In 2005–06, 36% of clients assisted through vocational rehabilitation found employment of at least 8 hours per week for a period of 13 weeks. This proportion is slightly less than in 2004–05 (38%). The capacity of CRS Australia is being increased by $192 million over the 3 years to June 2009. It is expected that an additional 48,000 people will receive services over the period (DEWR 2006a).

The Office of Hearing Services manages a voucher system whereby eligible adults can access hearing services from the provider of their choice. Services include hearing assessment, fitting and maintenance of hearing devices, counselling and rehabilitation. Australian Hearing is the Australian Government provider of voucher services, and also provides services to children, young people up to age 21 and Indigenous people under community service obligations (Australian Hearing 2006). A total of 461,976 clients received services in 2005–06 from Australian Hearing or one of 199 other contracted providers. An extension of services to Aboriginal and Torres Strait Islander people aged over 50 years and Community Development Employment Program participants in 2005 led to services being provided to an extra 501 people by June 2006 (DoHA 2006).

The provision of equipment, such as aids and home modifications, to people with disability in Australia is complex. The health, community and public sectors all have some involvement. There are no national data available.

Relevant generic services

Health

Access to generic health services for people with disability is often restricted by issues such as insufficient training of the health workforce, communication difficulties associated with some disability, and the misinterpretation of symptoms (Lennox et al. 2007). The University of Queensland recently completed a trial of a comprehensive health assessment program for people with intellectual disability. They found significant improvements in several areas compared with the control group. These included the detection of new disease, which increased by 1.6 times. Health promotion and disease prevention activities also increased. These effects were due to a more systematic approach to gathering health information, which in turn improved health review and planning (Lennox et al. 2007).

Box 4.9: Disability Discrimination Act

The *Disability Discrimination Act 1992* is a significant piece of Australian legislation that makes discrimination on the grounds of disability unlawful and provides a framework and process for the setting of a range of disability standards. Recent developments relating to the Act include:

- the commencement in mid-2007 of a review of the 2002 Disability Standards for Accessible Public Transport
- the availability of on-line information relating to progress against the compliance targets for the Disability Standards for Accessible Public Transport, available in all Australian jurisdictions
- drafting of guidelines for access to buildings and services, for use by a range of parties including businesses, service providers and governments.

Source: HREOC 2007b.

Transport

Access to transport is fundamental for people with disability to participate in community and economic life. Public transport infrastructure has not always been able to meet the needs of everyone, including older people, parents with prams and people with disability. The Disability Standards for Accessible Public Transport commenced in October 2002.

These standards clarify the obligations of transport providers under the *Disability Discrimination Act 1992*. Under the standards, public transport infrastructure will be updated over a period of 30 years to increase its accessibility (Attorney-General's 2006).

There has been some progress towards accessibility goals since the introduction of the standards. For example, in New South Wales, 43% of State Transit buses were accessible by April 2006 (NSW MoT 2007). The first 5 year review of the efficiency and effectiveness of the standards is due in late 2007.

Education and training

Students with disability in state and territory public schools overwhelmingly attend mainstream, rather than special schools (Table 4.14). This reflects the continuum of support that is available to students with disability. That is, most jurisdictions offer support ranging from assistance or adjustment for students with disability in mainstream classes, through to specialised support units in mainstream schools, and special schools.

Generally, eligibility for support is based on a formal assessment of the student's disability by an appropriate professional. The effects of the disability on the student's ability to participate in the academic program is central to the assessment. Support is provided for a range of disabilities including physical, sensory, intellectual, language, mental health and autism. There is flexibility to support students with other conditions as recognised by the *Disability Discrimination Act 1992*. Family input also influences the type of educational support provided to students in several jurisdictions.

Students with disability in non-government schools are even more likely to be in a mainstream rather than a special school. In the Australian Capital Territory and Northern Territory there are no students with disability in non-government special schools.

A new class of non-government school was recognised in April 2006 through amendments to the *Schools Assistance (Learning Together—Achievement Through Choice and Opportunity) Act 2004*. This new type of school aims to meet the needs of students with social, emotional and behavioural difficulties. Unlike mainstream schools, the funding provided is not influenced by the socioeconomic status of the school community. In 2006, Special Assistance Schools catered for 1,119 students (full-time equivalent)(DEST personal communication).

The Australian Government is also addressing flexibility and choice for parents of students with disability in the non-government sector. It has committed $5.8 million to investigate alternative funding models for students with disability. The aim of any new model adopted would be to provide greater flexibility, particularly in portability of funding (Bishop 2006).

The Vocational Education and Training sector (VET) in Australia aims to deliver technical skills to students for use in the workforce. It includes technical and further education colleges across the country. The proportion of students reporting a disability in VET has grown slowly over the past few years, from under 4% in 2000 to 6% in 2005 (NCVER 2006).

Students with disability in higher education are supported by the Australian Government through the Higher Education Disability Support Program. This program included funding of $1.3 million in 2006 to assist higher education providers to attract and retain students with disability. It also includes around 30 staff across Australia who assist people with disability with their post-school options. The support and equipment needs of people with disability in higher education are addressed by the Additional Support for Students with Disability program (DEST 2006).

Table 4.14: Students with disability attending government and non-government schools, 2006 (FTE)[a]

	NSW[b]	Vic	Qld	WA[c]	SA	Tas	ACT	NT	Total
Government schools[d]									
Mainstream	36,147	9,371	14,409	4,251	13,428	2,802	1,403	3,886	85,697
Special	4,573	7,299	2,960	3,126	976	174	287	254	19,649
Total	*40,720*	*16,670*	*17,369*	*7,377*	*14,404*	*2,976*	*1,690*	*4,140*	*105,346*
Percentage attending mainstream schools	88.8	56.2	82.9	57.6	93.2	94.1	83.0	93.9	81.3
Percentage of all government school students	5.5	3.1	3.8	2.9	8.6	4.8	4.8	12.5	4.6
Non-government schools									
Mainstream	10,107	6,662	3,417	1,845	2,463	355	331	214	25,394
Special	1,405	134	150	37	135	18	0	0	1,879
Total[e]	*11,512*	*7,132*	*3,614*	*1,903*	*2,598*	*373*	*332*	*214*	*27,678*
Percentage attending mainstream schools	87.8	93.4	94.5	96.9	94.8	95.1	99.7	100.0	93.1
Percentage of all non-government school students	3.1	2.4	1.7	1.7	3.0	1.7	1.3	2.4	2.4
Total students with disability	**52,232**	**23,802**	**20,983**	**9,280**	**17,002**	**3,349**	**2,022**	**4,354**	**133,024**
Total all students ('000)	1,110.8	832.8	670.2	365.7	253.2	83.4	59.6	42.2	3,417.9
Percentage of all school students	4.7	2.9	3.1	4.6	6.7	4.0	3.4	10.3	3.9

(a) FTE (full-time equivalent) students are not the actual number attending. For example, a student attending for half the normal school hours will be half an FTE student. The number of enrolled students will normally be greater than the number of FTE.

(b) Data for government mainstream schools in New South Wales includes students in support classes in regular schools and students with confirmed disability, some of whom are supported through the Integration Funding Support Program and some through the Learning Assistance Program.

(c) Western Australia introduced new data collection methods in 2005 that include extra eligibility groups and unverified disabilities; eliminated double counting.

(d) Data for government schools in New South Wales exclude students in preschools; in Queensland exclude kindergarten level and may include early special education facilities depending on where they are based; in Western Australia, include kindergarten; in South Australia exclude preschools but includes adults enrolled in Adult School Re-Entry Colleges; in Tasmania exclude kindergarten and early special education facilities; in the Northern Territory include preschools; and in the Australian Capital Territory include kindergarten.

(e) Totals include students at Special Assistance Schools—a new class of schools established in April 2006 to cater for students with social, emotional or behavioural difficulties.

Sources: DEST unpublished data; data provided to AIHW by state and territory education authorities.

In August 2005 the Disability Standards for Education 2005 came into effect. These standards clarify the responsibilities of education providers under the *Disability Discrimination Act 1992*. Under the standards, schools and other education providers are required to make 'reasonable adjustments' to allow a student with disability to participate in a manner comparable with students without disability. In the process of considering adjustments, education providers are to have regard for both the student's learning needs and the interests of other parties involved, such as staff and other students. An education provider may refuse to make an adjustment where it would impose an 'unjustifiable hardship'(Attorney–General's 2006b). National data are not yet available regarding

expenditure on changes made under the standards. However, the ACT Department of Education's 2005–06 annual report stated that $890,000 was allocated for capital works to schools arising from the disability standards. This has resulted in physical modifications to 13 schools throughout the territory (ACT DET 2006).

Box 4.10: National inquiry into employment and disability

In late 2005, HREOC released a report of the national inquiry into employment and disability. The 30 recommendations included:

- the development of a whole-of-government approach to ensuring financial and practical support to people with disability
- improvement of the effectiveness of government-funded service delivery for people with disability and their employees
- improvement of transition-to-work strategies
- increasing of recruitment and retention of people with disability
- the development of a benchmarking, monitoring and reporting system to ensure accountability and ongoing improvement to the incentives, supports and services available to people with disability and employers.

Source: HREOC 2005.

Employment assistance

The Australian Government Department of Employment and Workplace Relations (DEWR) provides an avenue that allows people with disability to access mainstream employment services. The Active Participation Model is available to all job seekers and is designed to improve access for job seekers with disability by more actively engaging them through Job Network and other complementary employment and training programs. Following registration with Centrelink, job seekers with disability are referred to a single Job Network member who will provide Job Search support and Intensive Support. The level of support provided to each job seeker is tailored to meet their individual support requirements. Those who are unemployed for at least 12 months, or who are deemed to be highly disadvantaged, are eligible to receive Intensive Support customised assistance. This type of support, including $1,350 for purchasing services and products to assist in gaining employment, is designed to address the individual barriers that some job seekers encounter when seeking employment.

From 1 July 2005 to 30 June 2006, more than 56,100 people with disability were placed into the Job Placements program, with nearly 76,000 people with disability placed into Intensive Support employment assistance (respectively 8.8% and 12% of all 638,200 job seekers in the program) (DEWR 2006c).

A 'positive outcome' through the Job Network program is achieved through an individual's gaining employment, or participating in training or education 3 months after the completion of the program. The data, collected from 1 April 2005 through to 30 March 2006, shows the proportion of positive outcomes achieved at 30 June for job seekers with disability and for all job seekers (Table 4.15). Of the 5,341 job seekers with disability who exited the Job Placements program, 61% achieved positive outcomes compared with 76% of all job seekers. Of the job seekers with disability exiting customised Intensive Support, 47% achieved positive outcomes compared to the 54% of all job seekers exiting this type

of support. Additionally, 52% of the 3,814 job seekers with disability, compared with 60% for all job seekers, had positive outcomes while after exiting Job Search training support.

The number of exits for customised Intensive Support has increased substantially since 2003–04 from 18,984 to 43,858 for job seekers with disability and from 185,126 to 313,723 for all job seekers (DEWR 2004, 2006c). Those exiting Job Search training have increased from 2,907 to 3,814 exits for those with disability, and from 133,136 to 136,524 for all job seekers. Overall, while these figures do fluctuate over time, the proportion of positive outcomes has remained fairly constant over the past 3 years.

Table 4.15: Job seekers exiting Job Network programs and proportion achieving positive outcomes, 2005–06

	Job seekers with disability		All job seekers	
	Number of exits	Positive outcomes (per cent)	Number of exits	Positive outcomes (per cent)
Job Placements	5,341	61.2	96,569	76.1
Intensive Support: customised assistance	43,858	46.9	313,723	54.0
Intensive Support: Job Search training	3,814	51.8	136,524	59.9

Note: Information relates to job seekers exiting services, as at June 2006.
Source: DEWR 2006c.

The Australian Government also provides online employment assistance to people with disability through JobAccess. JobAccess provides free information to people with disability and offers assistance in gaining and maintaining employment. As well as providing job network services, JobAccess offers advice and refers people who believe their job may be in jeopardy as a result of their disability. In addition to this, the Workplace Modification Scheme assists people with disability by covering the costs of purchasing adaptive equipment and making workplace modifications. This helps people with disability to overcome some of the environmental obstacles in the workplace and makes it easier for people with more severe disabilities to begin and keep employment. Some more specialised employment assistance services are available such as the Disability Employment Network and Business Services (see Box 4.11 for information).

Housing and accommodation assistance

Ideally, people with disability would be able to choose a housing option from the full range of options typically available to other community members. In practice, however, people with disability are often limited in their options. For example, while around 19% of the population has a disability, only around 12% of home purchasers have a disability (AIHW 2005a:Table A6.8).

Public housing is an important source of housing for people with disability. While the number of public dwellings has steadily fallen over recent years, the proportion of tenants with disability has risen. Public tenants with disability usually pay the same proportion of their income in rent as people without disability—commonly around 25% (SCRGSP 2006). People with disability may have extra expenses than those without disability (Saunders 2006). They may also require adjustments to their dwellings. No data are compiled on modifications made to public housing dwellings to meet the needs of people with disability. However, tenant surveys have found that around 77% of tenants who required them, were satisfied with modifications to their dwelling (AIHW 2006e).

Low income private renters are assisted through the Commonwealth Rent Assistance (CRA) program. The amount of assistance provided by CRA is influenced by the cost of rent. Between 2000 and 2005 average private rents rose $64 per fortnight whereas average CRA payments rose $18 (ABS 2006a). A substantial proportion of people with disability pay more than 30% of their income in rent. This is often referred to as being in 'housing stress'. In 2006 32% of Disability Support Pension households remained in housing stress even after CRA had been received (SCRGSP 2006).

Box 4.11: CSTDA-funded employment services

CSTDA-funded employment services are aimed at assisting people with disability who are unable to attain or retain employment without assistance. Supported employment services support or employ people with disability within the service provider organisation, while open employment services provide assistance to help people get or keep a job in another organisation.

In late 2004, administration of CSTDA open employment services moved from the then Department of Family and Community Services to the Department of Employment and Workplace Relations. The Disability Employment Network (DEN) is designed to assist job seekers with employment preparation, job search, job placement and post-placement support. A person may be referred to the DEN program if they:

- have a permanent (or likely to be permanent) disability and
- have a reduced capacity for communication, learning or mobility and
- will require support for more than 6 months after placement in employment and/or
- require specialist assistance to build capacity in order to meet participation requirements.

The DEN program has capped and uncapped streams. The capped stream caters to people who need ongoing support in the workplace or are unable to work at award wages. It has 38,000 places nationally. The DEN uncapped stream is designed to support job seekers who are receiving Newstart Allowance, Youth Allowance or Parenting Payment, and who have the ability to work independently at full wages in the open labour market after receiving up to 2 years' assistance.

The Department of Employment and Workplace Relations also funds Vocational Rehabilitation Services , which provides employment assistance to job seekers with disabilities, injuries or health conditions with the aim of enabling them to work independently in the open labour market. Like DEN, there is a capped and uncapped stream.

CSTDA-supported employment services (also known as 'business services') are administered by the Department of Families, Community Services and Indigenous Affairs . Business services are targeted at people with 'significant disability who are not able to make an immediate attachment to the open labour market at or above the relevant award wage or its equivalent and who need ongoing support for a substantial period to obtain or retain paid employment'. To be eligible, a person must have a disability, be of working age, be able to work for at least 8 hours a week, and require ongoing assistance in the workplace to maintain employment.

The DEN, the Personal Support Program and Vocational Rehabilitation Services all received funding for new places in the 2007–08 federal Budget. The DEN capped program will grow by 987 places and Vocational Rehabilitation by 1,480 places. The Personal Support Program will grow by 2,000 places.

Boarding houses have traditionally provided an alternative to private rental for people on low incomes, including those with disability. Boarding houses can be supportive of people with disability because they often provide services such as the provision of meals (Anderson et al. 2003). However, the number of boarding houses has declined due to influences such as the imposition of the GST, the retirement of older proprietors and increased fire and safety regulations (Bleasdale 2006; Anderson et al. 2003; Greenhalgh et al. 2004). There have been two views about the decline in boarding houses. On the one hand, concerns have been raised that closures are further limiting the housing options available to people with disability (Greenhalgh et al. 2004). On the other hand, standards in boarding houses were often below community expectations and government regulation helps to raise standards (SA DFC 2006).

Data on people with disability accessing homelessness services are limited. The primary support service for people who are homeless is the Supported Accommodation Assistance Program (SAAP). Disability status is not included as a data item in the SAAP national data collection. A special report on people with mental health and substance use issues, some of whom have an associated disability, in SAAP services was released in 2007. See Chapter 6 for more information.

People with disability are often discussed in the homelessness literature, particularly those with disabilities associated with mental illness or substance use. While mental illness and substance use can make people more vulnerable to homelessness, recent research has supported the notion that these difficulties often develop after a person becomes homeless. In the case of substance abuse, it was found that two-thirds developed problematic use after they became homeless. Just over half of people with mental health problems developed them after they became homeless (Chamberlain et al. 2007).

4.4 Outcomes

This section provides an overview of outcomes for people with disability from two broad aspects. The first aspect is outcomes measured in a service-specific context, relating to service goals, effectiveness and access to services; the focus is on a recent major AIHW study of unmet demand for disability support services. The second aspect is outcomes measured as broad status indicators relating to a person's quality of life and participation in various life areas; the focus is on trends in three major life areas, community living, employment and school attendance, based on analyses of data from five consecutive disability surveys.

Box 4.12: The Senate Standing Committee on Community Affairs report

The Senate Standing Committee on Community Affairs report *Funding and operation of the Commonwealth State/Territory Disability Agreement* was released in February 2007. Its primary recommendation was that Commonwealth, state and territory governments jointly commit as part of the fourth CSTDA to substantial additional funding to address identified unmet need for specialist disability services, particularly accommodation services and support. Other recommendations include those supporting the inclusion of outcomes data in the CSTDA NMDS, the addition of realistic outcomes-based performance reporting requirements to the CSTDA and the provision of funding to improve NMDS data and further its analysis to better inform policy makers and the public about the effectiveness of disability services.

Service-related outcomes

The Australian National Audit Office noted in its report on the CSTDA that, while the objective of the CSTDA is to enhance the quality of life experienced by people with disability, there are currently no adequate measures of whether, or to what extent, the CSTDA is meeting its objective (ANAO 2005). Further, as noted in Box 4.12, the Senate Committee on Community Affairs recommended a greater focus on outcomes and service effectiveness in the monitoring of services funded under the CSTDA.

The Australian Government has made the focus on outcomes a central feature of its offer as part of the fourth CSTDA negotiations and, although the negotiations have yet to be finalised, it is likely that any final agreement will include outcomes reporting requirements.

Demand and unmet demand for disability support services

The AIHW was commissioned by the Disability Policy and Research Working Group (DPRWG) to conduct a study on current and future demand for specialist disability services (AIHW 2007c). The DPRWG provides advice and assistance to the Commonwealth and state/territory governments on the implementation of the CSTDA. The findings of the study were to inform discussion and negotiations regarding the fourth CSTDA. The study addressed the following questions:

- What is the profile of current CSTDA-funded service users (see Section 4.2)?
- How much unmet demand is there currently for accommodation and respite services, community access services and disability employment services?
- What factors affect levels of demand, and how are levels of demand expected to change over coming years?
- What are the important interfaces with other service sectors, and what issues at these interfaces affect levels of demand for disability services?

Estimated unmet demand for specific disability services

Unmet demand was estimated through analysis of the 2003 SDAC. The CSTDA target group corresponds closely to the SDAC definition of people with a 'severe or profound core activity limitation'—that is, people who sometimes or always need help with activities of self-care, mobility or communication (see the Glossary for definition of 'core activity'). The baseline estimates, derived from the 2003 SDAC data, were updated to 2005 to account for population growth and increased supply of CSTDA services between 2003 and 2005. These were compared with jurisdictional waiting list information to produce three consolidated estimates of unmet demand. All three estimates of unmet demand are considered conservative (AIHW 2007c:Chapter 5).

It was estimated that in 2005 there were 23,800 people with unmet demand for accommodation and respite services. The estimate is subject to a relative survey standard error of 17% (4,000). Therefore, there are about 19 chances in 20 that the number of people is within the range of 15,900 to 31,700.

In 2005 unmet demand for community access services was estimated at 3,700 people. The estimate is subject to a relative standard error of 40% (1,500)—therefore, there are about 19 chances in 20 that the number of people is within the range of 1,000 to 6,600.

The 2005 estimate suggests a low level of unmet demand for disability employment services (1,700 people). The estimate is subject to a very high relative standard error (55%) and is considered too unreliable for general use. However, the very low estimate should not be interpreted as an indication of no unmet demand for disability employment services. It is partly due to the decline in the number of people of working age with a severe or profound limitation who were in the labour force (a decrease of 21,200 people between 1998 and 2003) (AIHW 2007c:Table 5.6). Recent changes in disability employment policy and programs are not reflected in the available data used as basis for the 2005 estimate. Some of the policy changes are aimed at encouraging people with disability to move into the labour market. This may increase the demand as well as unmet demand for disability employment services.

Based on projected trends in the ageing of the Australian population, the broad CSTDA target population is projected to grow substantially between 2006 and 2010 (see Section 4.2). Other factors that may contribute to an increase in future demand for disability services include:

- increases in the prevalence of some long-term health conditions particularly related to disability
- increases in levels and types of need for assistance, due to ageing of the CSTDA service-user population and ageing of their carers
- the ongoing trend towards community-based living arrangements for people with disability
- decreases in access to some mainstream housing options of particular relevance to people with disability, particularly public housing and boarding houses
- a projected fall in the ratio of informal carers to people with disability.

Issues relating to interfaces with other service sectors

Like the general population, people with disability rely on a range of government-funded services to meet their various needs. Disability services alone cannot meet all the needs of people with disability. Levels of access to generic services, such as aged care and health, can affect levels of demand and unmet demand for CSTDA services (AIHW 2007c:Chapter 7).

Ageing of the general population, and of the population with disability, is likely to increase the demand for complementary services provided by both the disability and aged care sectors. The interface between the two sectors is of particular relevance to people ageing with an early onset disability and younger people with disability living in residential aged care accommodation.

The Aged Care Innovative Pool Disability Aged Care Interface Pilot, an initiative of the Australian Government Department of Health and Ageing that commenced in November 2003, trialled a new approach to providing aged care for people in the CSTDA target group. The initiative targeted people living in disability supported accommodation facilities at risk of entering residential aged care. It made available a limited pool of service places that delivered individually tailored aged care services to people in their current residential setting. An evaluation of the pilot (AIHW: Hales et al. 2006) found that the benefits of this approach include helping people to age in place and avoid or delay entry into residential aged care, improving the quality of life of participants as a result of receiving community-based aged care, and helping to identify factors that contribute to premature entry into residential aged care.

Regarding the demand for disability employment services, it is important to consider both the interface between CSTDA-funded employment services, generic employment services, and other general service programs such as education and health, and between CSTDA-funded employment services and other CSTDA service types.

National research (commissioned by the Australian Government Department of Families, Community Services and Indigenous Affairs on behalf of the DPRWG) is under way into how to improve the day activity options and employment interface (NDA 2007b).

Therapy and equipment needs of people with cerebral palsy and like disabilities

A joint study by the AIHW and CP Australia found that there were approximately 33,800 people in Australia in 2003 with cerebral palsy or similar disabilities who may need therapy and equipment services (AIHW 2006g).

While many of their needs were met, people with cerebral palsy or like disabilities, and their families and therapists, did report unmet need in a number of areas, as well as long waiting times for accessing therapy and equipment. Many people did not have enough access to 'hands on' therapy, especially physiotherapy, social work, psychology and family support. Unmet need was particularly high for services that support participation, especially in employment and social activities, and also higher for adults than for children.

Outcomes for people with disability

The previous volumes of this biennial report presented analyses of outcomes of participation in Australian society for people with disability, with reference to the ICF 'activities and participation' life areas in which all people, irrespective of disability, expect to participate. Although people with disability are participating actively in all areas of Australian life, the analyses showed that very large numbers of people experienced difficulties in mobility, interpersonal relationships and other 'major life areas' such as employment. The areas in which the need for personal assistance was most often reported were mobility, domestic life, interpersonal interactions and relationships, and employment (AIHW 2005a).

The analyses also found that people with disability tended to report lower levels of health, and were less likely to have finished school or be active in the paid labour force. They tended to have lower incomes than the rest of the population, although the receipt of government payments diminished these differences (AIHW 1999; 2003b). Their predominant social activities were visits from and to family and friends, who were also the main providers of assistance to them (AIHW 1999, 2003b, 2005a).

This section uses available time-series data from the five ABS SDAC surveys (1981, 1988, 1993, 1998 and 2003) to examine trends in community living, employment status and school attendance among people with disability over the last two decades. For comparative purposes, disability data for the 1981, 1988 and 1993 SDAC were re-derived using criteria common to the three surveys. Some substantial changes were made to the 1998 SDAC methods and maintained in the 2003 SDAC, which 'captured' a larger number of people with a severe or profound limitation than the previous SDAC. Therefore, the analyses focuse on broad trends over the two decades, and percentages have been age-standardised using the age and sex distribution of the 2003 Australian population.

Trends towards community living

Living in community settings is a common goal of people with disability and, as with aged care, deinstitutionalisation has also been a policy driver nationally in the disability field. In disability services, group homes emerged as a dominant service model in the

deinstitutionalisation process in the 1980s. In more recent years there has been an increasing awareness that a mix of services is preferred. There is recognition of the need to offer genuine choice, including not only group homes, home-based support services and individualised funding packages but also redesigned facilities, such as cluster housing developments (AIHW 2001: Chapter 4).

Comparative analyses of the five SDAC data, including the most recent 2003 SDAC, confirm the continued trends towards community care and away from institutional care that have been reported previously (AIHW 1999, 2001). For over two decades (1981–2003), there have been consistent increases in the number and rate of people living in households and decreases in the number and rate of people living in institutional settings—'cared accommodation'—among people aged under 65 years with a severe or profound limitation (Figure 4.13; Table 4.16).

The increase in the number of people living in the community was markedly greater than the decease in the number of those living in cared accommodation (Table 4.16). Between 1981 and 2003, the number of people living in households increased by 156%. Over the same period, the number of those who lived in cared accommodation declined by 40%. The large difference suggests that the trend towards community living is mainly due to potential new service users remaining in community–based living arrangements, rather than changes by the population currently in cared accommodation.

Table 4.16: Number of people with a profound or severe core activity limitation aged 5–64 years, by place of residence, selected years

	Number of people ('000)				
	1981	**1988**	**1993**	**1998**	**2003**
Households	244.1	302.5	349.1	608.5	625.7
Cared accommodation[b]	27.0	24.2	19.2	20.0[a]	16.1[a]
	Per cent changes				
	1981–1988	**1988–1993**	**1993–1998**	**1998–2003**	**1981–2003**
Households	23.9	15.4	74.3	2.8	156.3
Cared accommodation[b]	–10.4	–20.7	4.3	–19.4[a]	–40.3[a]

(a) In the 1981, 1988 and 1993 surveys three levels of severity of core activity limitation (severe, moderate and mild) were applied to both household and cared accommodation components. In 1993 the severe limitation was further divided into severe or profound limitation, but the severe limitation category was not applied to the cared accommodation component. In the 1998 and 2003 surveys both the severe or profound limitation categories were applied to the cared accommodation components.

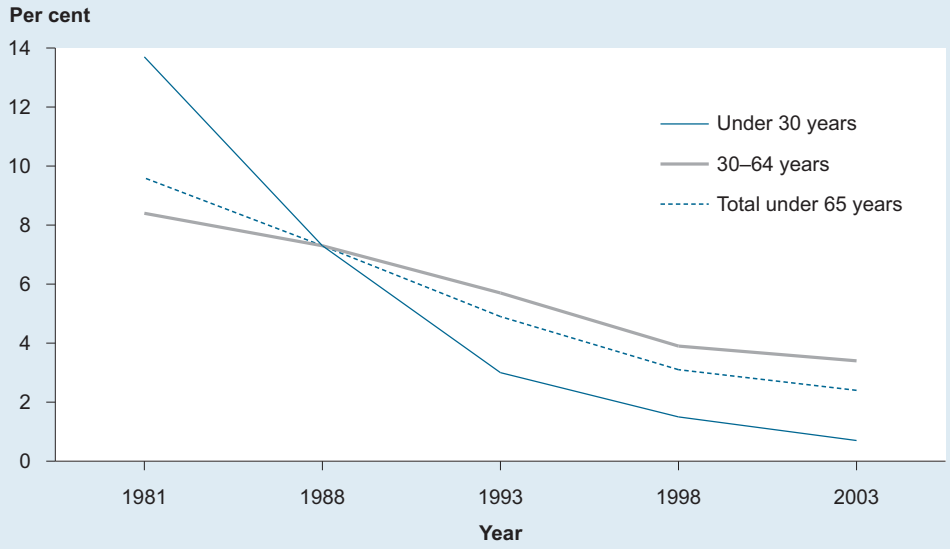
(b) 'Cared accommodation' in the survey includes hospitals, homes for the aged such as nursing homes and aged-care hostels, cared components of retirement villages, and other 'homes' such as children's homes (ABS 2004:71). Smaller disability group homes (with fewer than six people) were not included in the cared accommodation component (ABS 2004:57).

Sources: AIHW analysis of ABS 1993, 1998 and 2003 Survey of Disability, Ageing and Carers confidentialised unit record file, unpublished data tables from the ABS 1981 and 1988 disability surveys.

The trend is even clearer among younger people with a severe or profound limitation. The proportion of people aged under 30 years living in cared accommodation in 1981 was substantially higher than that of those aged 30–64 years (14% versus 8.4%). By 1988, the proportions for the two age groups were the same (7.3%), reflecting a particularly strong trend towards community living among young people in the 1980s. By 2003 only 0.7% of people aged under 30 years were in cared accommodation, compared with 3.4% for those aged 30–64 years (Figure 4.14; Table A4.12).

Source: Table A4.11.

Figure 4.13: Prevalence rate of people aged 5–64 years with a severe or profound core activity limitation, by place of residence, 1981 to 2003



Source: Table A4.12.

Figure 4.14: Proportion living in cared accommodation among people aged under 65 years with a severe or profound core activity limitation, by age, 1981 to 2003

The findings from analysis of data on users of CSTDA-funded services are in line with the trend reflected in population data. Data from snapshot day collections indicated that, between 1997 and 2001, community-based accommodation support services increased by 3,500, while there was a decrease of 1,700 services received in institutions, large residentials and hostels (AIHW 2002). Full-year data collections showed that the increase in community-based accommodation support service users and the decrease in service users in institutional settings had continued between 2003–04 and 2005–06 (Table A4.13; AIHW 2005b, 2007d).

These trends suggest that the future growth in demand for disability support services, in particular accommodation services, is more likely to be met through a further increase of community-based care rather than an expansion of institutional care. The trends also show clearly the importance of service programs to support carers, and to support the stability of community living and caring arrangements.

The nature and quality of community-based service and caring arrangements remain important issues. The planning for the development of community-based services must take into account not only those who would previously have been cared for in an institution, but also those who always have been and continue to be cared for in the community (AIHW 2001:Chapter 4).

Trends in employment participation

The most recent SDAC (2003) data showed that the labour force participation rate was markedly lower for people with disability (53%) than for people with no disability (81%). The participation rate for people with a severe or profound limitation was even lower (30%). Participation rates for females were consistently lower than for males across different disability status (Table 4.17).

Table 4.17: People aged 15–64 years living in households: labour force participation rates[a] by disability status by sex, selected years (per cent)

		Core activity limitation			Schooling or employment restriction only	Total with specific limitations or restrictions	Disability without restriction	Total with disability	No disability	Total
	Year	Severe	Moderate	Mild						
Participation rate										
Males	1981	36.2	54.5	56.3	49.5	48.8	90.0	66.5	n.a.	n.a.
	1988	36.4	48.0	61.0	67.1	53.8	88.3	60.5	90.0	85.7
	1993	33.4	46.6	54.0	69.9	52.1	84.3	60.4	88.3	83.9
	1998	36.5	49.8	64.4	69.9	54.8	85.8	59.3	89.0	83.7
	2003	33.9	56.3	53.1	73.1	53.4	85.5	59.3	89.0	84.0
Females	1981	23.0	31.1	31.9	27.1	27.6	49.4	36.1	n.a.	n.a.
	1988	30.3	32.3	39.6	44.1	35.9	55.6	39.0	61.7	58.9
	1993	24.9	37.5	43.2	55.4	39.5	56.0	43.3	64.8	62.0
	1998	31.4	40.2	45.3	55.4	41.3	65.4	44.6	70.6	66.3
	2003	26.9	40.3	48.1	61.8	42.1	73.9	47.0	72.3	68.1
Persons	1981	29.4	44.8	45.7	38.7	38.9	72.7	52.8	n.a.	n.a.
	1988	33.0	41.0	51.0	57.9	45.5	75.0	50.7	75.8	72.4
	1993	29.1	42.6	49.0	64.1	46.4	72.5	52.8	76.4	73.0
	1998	33.9	45.2	55.4	63.7	48.3	76.3	52.2	79.8	75.1
	2003	30.1	48.0	50.6	68.4	47.8	80.4	53.3	80.6	76.1

(a) The rates have been age standardised using the age and sex distributions of the Australian population as at June 2003 for comparative purposes.

Sources: AIHW analysis of ABS 1993, 1998 and 2003 Survey of Disability, Ageing and Carers confidentialised unit record file; unpublished data tables from the ABS 1981 and 1988 disability surveys.

In 2003, the unemployment rate for people with disability (8.5%) was higher than that for people with no disability (5.0%). The unemployment rate for people with a severe or profound limitation (10.1%) was twice as high as that for those with no disability (5.0%) (Table 4.18).

Over the last two decades (1981–2003), there was little change in overall labour force participation rates for people with disability, varying slightly between 51% and 53%, while the rates for people with no disability increased from 76% in 1988 to 81% in 2003 (Table 4.17). However, among people with disability, participation rates varied depending on the severity of limitations and employment restrictions. For people with disability but no employment restrictions or activity limitations, the rate increased from 73% in 1981 to 80% in 2003, similar to that for people with no disability. Participation rates for people with a 'schooling or employment restriction only' increased most significantly: from 39% to 68%. In contrast, participation rates for people with a severe or profound limitation did not increase over the period, remaining at around 30% or slightly above. The marked increase in participation rates for people with less severe disability may reflect a greater effort by those people to join the labour force, or an increasing number of people in the labour force experiencing, or willing to report, restrictions (AIHW 1997). Another explanation may be an increase in the proportion of those people reporting disability generally (AIHW 2001).

Table 4.18: People aged 15–64 years living in households: unemployment rate[(a)] by disability status by sex, selected years

		Core activity limitation			Schooling or employment restriction only	Total with specific limitations or restrictions	Disability without restriction	Total with disability	No disability	Total
	Year	Severe	Moderate	Mild						
Unemployment rate										
Males	1981	6.5	7.4	8.4	19.3	9.8	4.5	6.7	n.a.	n.a.
	1988	*7.5	10.2	7.8	16.9	10.9	6.5	9.6	6.5	6.8
	1993	17.2	13.7	21.9	20.5	19.2	14.5	17.5	11.4	12.1
	1998	11.8	15.6	11.6	18.6	14.0	11.0	13.4	7.6	8.4
	2003	*9.8	*7.2	9.0	14.3	10.3	4.4	8.7	4.8	5.3
Females	1981	12.8	12.1	15.7	21.0	15.0	11.7	13.2	n.a.	n.a.
	1988	13.6	9.0	11.9	16.7	12.5	13.9	12.9	9.4	9.7
	1993	17.9	18.5	17.8	15.1	17.1	16.6	17.0	11.9	12.4
	1998	*9.8	*9.1	*5.5	*9.4	8.0	9.8	8.4	8.0	8.0
	2003	*10.5	*8.1	*6.3	14.3	9.3	4.5	8.2	5.2	5.6
Persons	1981	9.0	8.8	10.6	19.9	11.5	6.6	8.7	n.a.	n.a.
	1988	10.6	9.8	9.3	16.8	11.5	8.8	10.8	7.7	8.0
	1993	17.5	15.6	20.3	18.6	18.4	15.2	17.3	11.6	12.2
	1998	10.8	12.8	9.2	15.2	11.5	10.5	11.3	7.8	8.2
	2003	10.1	7.6	7.7	14.3	9.8	4.4	8.5	5.0	5.4

(a) The rates have been age standardised using the age and sex distributions of the Australian population as at June 2003 for comparative purposes.

Sources: AIHW analysis of ABS 1993, 1998 and 2003 Survey of Disability, Ageing and Carers confidentialised unit record file; unpublished data tables from the ABS 1981 and 1988 disability surveys.

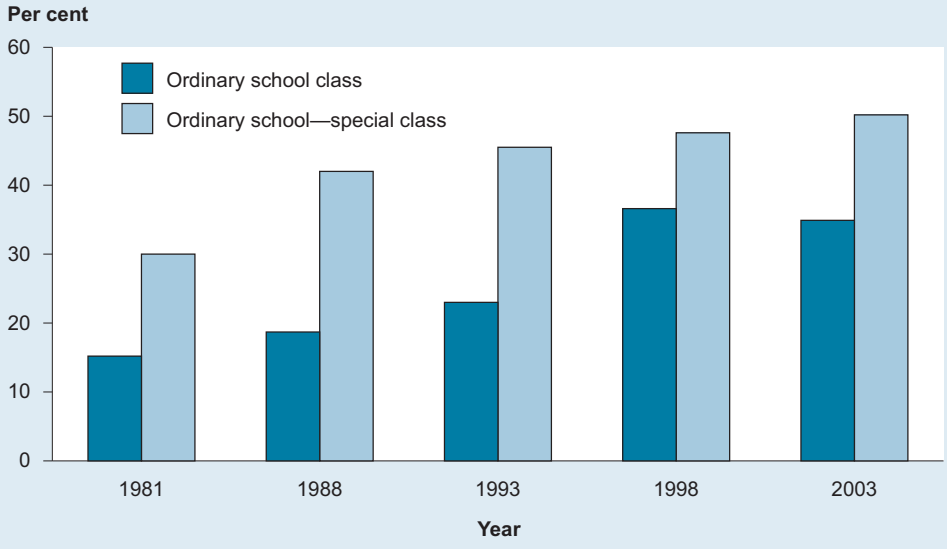
There was a sharp increase in the unemployment rate for people with disability between 1988 (11%) and 1993 (17%). The rate has fallen since 1993, and dropped to 11% in 1998 and 8.5% in 2003 (Table 4.18). This change partly reflects the general improvement of the labour market, and is similar to patterns for those without disability.

Trends in education participation

Integration of students with disability into the mainstream school environment is now a general policy of most state and territory governments. A comparative analysis of reported school attendance data from the five SDAC surveys sheds light on trends in the type of school attended by people with disability aged 5–20 years.

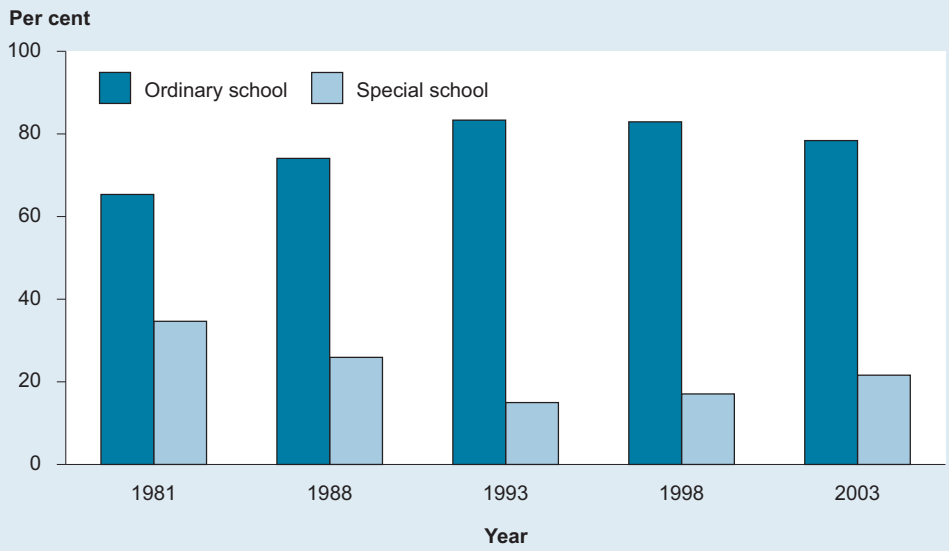
Overall, there was a higher proportion of students aged 5–20 years with a severe or profound limitation attending 'ordinary' (mainstream) schools in 2003 than in 1981. This trend can be observed in two ways. The first is to look at students with disability attending ordinary or special class in ordinary school. The proportion of those with a severe or profound limitation attending ordinary classes in ordinary school in 2003 was twice (35%) as high as in 1981 (15%). The proportion attending special classes in ordinary schools also increased, from 30% in 1981 to 50% in 2003 (Figure 4.15; Table A4.14).

Another perspective looks at the proportion of students attending specific types of school as a proportion of total students with a severe or profound limitation who were attending school. The time series data show that they were more likely to attend ordinary schools (including special classes in ordinary schools) and less likely to attend special schools in 2003 than in 1981. The proportion of those attending special schools dropped from 35% in 1981 to 22% in 2003, while the proportion attending ordinary schools increased (Figure 4.16; Table A4.15).



Source: Table A4.14.

Figure 4.15: Students aged 5–20 years with disability attending ordinary schools, proportion with a profound or severe core activity limitation, by type of class, 1981 to 2003



Note: Per cent is calculated as a proportion of total students of that group who were attending school.

Source: Table A4.15.

Figure 4.16: Students aged 5–20 years with a profound or severe core activity limitation, type of school attending, 1981 to 2003

The rising percentage of people with disability, and of those with a severe or profound limitation attending schools, partly reflects the increase in disability prevalence in the school age population over the years (see Section 4.2 for more information about children with disability).

Although the disability survey data on participation in education among people with disability are not directly comparable with the collections of education departments (see Table 4.14), the trend towards enrolment in mainstream schools evident in the reported survey data is consistent with the trends reflected in administrative data. Of all students with disability across all levels of severity, the proportion of those attending special schools declined from 21% in 1998 to 7% in 2006 (AIHW 1999:Table 7.16; Table 4.14).

4.5 Summary

Disability services are being delivered in Australia in a context of continuing change, presenting a number of challenges. Although the prevalence of people living with a severe or profound activity limitation in each specific age group (who are the primary users of disability services) is not projected to change greatly in the foreseeable future, the ageing of the Australian population means that the number of people in those age groups where disability is most prevalent is projected to grow. This means that the total number of people with a severe or profound activity limitation will also grow. Unpaid carers remain the main providers of assistance to people with disability and the ratio of informal carers to the number of people with disability is projected to fall.

A further challenge is the increasing emphasis on measuring the outcomes of the provision of disability services for people living with disability. Current monitoring of disability services has traditionally focused on inputs (the costs of providing the services) and

outputs (the number of services provided and the number of people accessing the services). While these are important in monitoring service provision, there is an increasing focus on measuring the extent to which the services have achieved their goals in improving the quality of life for people with disability. This presents significant challenges in defining measurable outcomes and developing reliable data to monitor these outcomes.

This chapter, and the AIHW's work in this field, attempt to provide statistics that inform people interested in disability and those attempting to meet the challenges of this changing context.

Population

In 2003, there were 3.9 million people with disability (20% of the Australian population). Of these, the majority (2.6 million) were aged under 65 years (15% of the population aged under 65 years). Of the people with disability, 1.2 million (6.3% of the population) had a severe or profound limitation. Among these people, 677,700 were aged under 65 years (3.9% of the population aged under 65 years), of whom 342,800 were male (51%) and 334,900 were female (49%). Among people aged under 65 years, physical/diverse disability were the most commonly reported disability, followed by sensory/speech disability and psychiatric disability.

In Australia, gains in life expectancy were accompanied by an increase in expected years of life with disability or a severe or profound limitation (see the Glossary for definition of expected years of life with disability). Even though underlying prevalence rates appear relatively stable, the ageing of the Australian population and the greater longevity of individuals, including those with disability, are leading to increasing numbers of people with disability and a severe or profound limitation. The population aged 0–64 years with a severe or profound limitation is projected to increase to 752,100 people (an increase of 34,700 people, or 4.8%) by 2010. The projected growth in the working-age population (15–64 years) with a severe or profound limitation is 6.9%, or 37,500 people.

The prevalence rates of severe disability among Indigenous Australians were at least twice as high as those of other Australians.

Services and assistance

The largest income support programs in 2005–06 were the DSP, the Carer Allowance (Child/Adult) and the Carer Payment (DSP/AP/other); and the Disability Pension (DVA).

In 2005–06, there were 217,143 service users who accessed CSTDA-funded services. Of the five major service groups, the highest number of service users was recorded in community support followed by employment services, community access, accommodation support and respite. Government spending on disability support services during 2005–06 totalled $3.95 billion. Of this total, just under half was used to fund accommodation support services.

The number of CSTDA service users has steadily risen over the two previous reporting periods, with the largest increase in community support and significant increases in employment services and respite services.

Overall, 3.3% of service users reported that they were Aboriginal and/or Torres Strait Islanders. This increase from 2.7% in 2003–04 may be attributed to a variety of factors, including better self-identification, more accurate capturing of Indigenous people in the data set or an increase in service use by Indigenous people. As would be expected

from general population trends, representation of Indigenous service users was lower in Major Cities (2.0%) and Inner Regional areas (3.4%) than in other areas. Around 8% of service users in Outer Regional areas were Indigenous, compared with 19% in Remote areas and 39% in Very Remote areas—this is similar to the profile of Indigenous people in the general population.

Many CSTDA service users rely on informal carers. People who utilised respite services were most likely to report having an informal carer (90%), followed by those who accessed community support services (55%). People using employment services were the least likely to report an informal carer (33%).

As at 30 June 2006, 6,562 younger people (under 65 years of age) were permanent residents of Australian Government-funded residential aged care services. Seventy per cent of these younger people were aged between 55 and 64 years; a further 26% were aged 40 to 54 years; the rest were people younger than 40 years of age.

Outcomes

For over two decades (1981–2003), there have been consistent increases in the number and rate of people living in households and decreases in the number and rate of people living in institutional settings—'cared accommodation'—among people aged under 65 years with a severe or profound limitation. Over the same period, there have been consistent trends towards community-based care for people with a severe or profound disability, largely due to potential new service users remaining in community-based living arrangements rather than changes in the current population in cared accommodation. These trends suggest that the future growth in demand for disability support services, in particular accommodation services, is unlikely to be met through the expansion of institutions. The trends also show clearly the importance of service programs to support carers and to support the stability of community living and caring arrangements.

In 2003, the labour force participation rate was markedly lower for people with disability (53.3%) than for people with no disability (80.6%). The participation rate for people with a severe or profound limitation was even lower (30.1%). The unemployment rate for people with disability (8.5%) was higher than that for people with no disability (5.0%). The unemployment rate for people with a severe or profound limitation (10.1%) was twice as high as that for those with no disability (5.0%).

Over the last two decades (1981–2003), there was little change in overall labour force participation rates for people with disability, remaining between 51% and 53%, while the rates for people with no disability increased from 76% in 1988 to 81% in 2003. There was a sharp increase in the unemployment rate for people with disability between 1988 (10.8%) and 1993 (17.3%). The rate has fallen since 1993, and dropped to 11.3% in 1998 and 8.5% in 2003. This change partly reflects the general improvement of the labour market and is consistent with trends in the general population.

Integration of students with disability into the mainstream school environment is now a general policy of most state and territory governments. The analyses of time series data show that the 'inclusion' policy in school education resulted in a significantly higher proportion of students with disability, especially a severe disability, attending mainstream schools.

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5 Housing for health and welfare

5.1 Introduction

Housing plays a major role in the health and well-being of Australians; 'adequate housing is essential for decent health, education, employment and community safety outcomes' (FaCSIA 2007a). The cost of housing remains a major burden for many low and moderate income households. There is a high level of housing need among Indigenous Australians and a relatively large proportion of Indigenous households receive housing assistance. Australian Governments are examining new approaches to better meet Australians' housing needs.

This chapter examines several aspects of the need for housing assistance for low and medium income households as well as other demographic and social characteristics of the population that impact on housing assistance. Assistance provided to households is examined in terms of government programs aimed at households that are renting covering private, public and community housing. The issue of homelessness is raised in this context but is discussed in more detail in Chapter 6. Assistance to home owners who are buying or have purchased their home is also examined. Current policy issues and reforms are then discussed. The level of reporting on housing programs and reforms and initiatives in housing assistance raises a number of data development and measurement issues which are also discussed.

Importance of housing and housing assistance to health and welfare

A dwelling can provide shelter, a clean environment and protection from the outside environment, including physical dangers and thus housing is an important component of healthy living. Housing also contributes to the other aspects of welfare status raised in this report covering autonomy, participation, and social cohesion (ABS 2001).

There has been a trend, beginning in the 1970s, to diversify housing assistance through various programs and policies aimed at spreading the assistance safety net wider. The key assistance areas are Commonwealth Rent Assistance (CRA), an income support payment for private renters linked to the eligible household's private rental costs; public rental housing; community housing managed by not-for-profit organisations; the First Home Owner Grant; and various types of home ownership assistance targeted at low- and moderate-income households, including low start loans, capital indexed loans and shared equity schemes (Box 5.1).

Many of the issues described in the rest of this section have been the focus of policy and program reform by Australian governments in recent years, either through the Council of Australian Governments (COAG) agenda or the outcomes of ministerial meetings across relevant health, housing and community services areas.

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, that are 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 people
- 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 and people with high and complex needs. Eligibility is determined by multi-faceted criteria designed to identify those most in need. State and territory governments provide and administer publicly owned dwellings that are funded through the Commonwealth State Housing Agreement. These dwellings 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. The dwellings include state owned and managed Indigenous 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, religious 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.

Commonwealth Rent Assistance is also available to community housing tenants, and state owned and managed Indigenous housing tenants in New South Wales, who pay rents above specified threshold levels.

Home purchase or home ownership assistance

Home purchase or home ownership assistance is provided for people who wish to buy their own house 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.

Housing and health

The World Health Organization (WHO) has recognised that poorly constructed and inadequately maintained houses can put people's health and lives at risk. In its world health report it identified several features of the housing environment that directly or indirectly affect the health of occupants, including:

- the structure of the shelter, including the extent to which it protects the occupants from the elements
- the provision of adequate water supplies
- the provision of proper sanitation and waste disposal
- overcrowding, which can lead to household accidents and the increased transmission of airborne infections such as acute respiratory infectious diseases, pneumonia and tuberculosis (WHO 1998).

Housing is also an important factor in general health and wellbeing. A Tasmanian survey found that subjective quality of life increases as the sense of housing adequacy increases, and declines as the sense of housing adequacy declines (Tas DHHS 1999:72). In the survey, housing adequacy referred to the areas of living space, privacy, number of bedrooms, health issues (such as dampness), distance from work and services, and location.

Often poor housing does not feature prominently as a health issue because the health-housing link is still not well accepted and/or it is not seen as part of a health care responsibility. Examples of the relationship between housing and health are evident in recent New Zealand research that has demonstrated that properly insulating the houses occupied by low-income earners can result in significant health gains. The results showed significant improvements (10%–11%) in the health and quality of life of the occupants compared with low income earners in households with no insulation. Adults and children had reduced wheezing, colds and respiratory problems (40%–50% reduction). People on low incomes living in insulated houses were also less likely to take days off work and school (40%–50% reduction) than low-income earners in houses without insulation. There were also fewer visits to general practitioners and fewer hospital admissions for respiratory conditions (Howden-Chapman et al. 2007). The study found that improvements to the housing environment with insulation resulted in a 30% reduction in the frequency with which occupants were exposed to temperatures below 10 degrees Celsius, and mean relative humidity causing dampness was down by 4%. Insulated houses used less energy (81% of the energy used by non-insulated houses), which could result in more income available to be spent on non-housing essentials such as food and clothing.

A recent WHO-initiated synthesis of housing and health used a wide definition of housing-related health effects, and explored the relevance of housing conditions as a factor influencing mental health, sleep quality, indoor air, home safety, accessibility, obesity, mould growth, energy consumption, perception of crime, and residential quality (WHO 2004).

In examining the role of housing in health the WHO used broad conceptual definition of housing with four interrelated dimensions:

- the house—the physical structure of the dwelling as a shelter
- the home—the mental construct of the home as a safe harbour and refuge as well as the place where family life occurs (the meaning of home for a family and each individual)

- the immediate housing environment—the external dimension of the immediate housing environment (the quality and infrastructure of the neighbourhood)
- the community and its residents or neighbours, which form a social climate (Bonnefoy et al. 2003a).

Overcrowding

The effects of overcrowding on people's health are difficult to isolate, as overcrowding is often associated with other factors such as a low socioeconomic status and higher unemployment. However, overseas studies have shown that overcrowding is associated with a number of negative health outcomes such as meningococcal disease, tuberculosis, rheumatic fever, respiratory infections, and *Haemophilus influenzae* and *Helicobacter pylori infection* (Howden-Chapman & Wilson 2000). It has also been shown to be associated with higher rates of smoking and hazardous drinking, and with poorer self-reported mental and physical health in adults (Waters 2001). Waters points out that 'it is difficult to speculate on whether overcrowding in Australian homes is likely to have a direct effect on health' (Waters 2001:17).

Housing New Zealand is currently conducting the 5-year Crowding and Health Study. This study will assess the relationship between household overcrowding and hospitalisation rates for diseases such as meningococcal disease, pneumonia and skin infections, and whether moving to a less crowded house reduces the risk of such diseases (Baker et al. 2006). This follows the implementation of a pilot program, the Healthy Housing program, which focused on reducing diseases associated with overcrowding and generally improving the condition of Housing New Zealand properties (Housing New Zealand 2003).

Indigenous households

Many Indigenous Australians live in substandard overcrowded houses, particularly in remote areas, and these housing conditions have been recognised as contributing to the lower than average health status of Indigenous Australians (CSTHMWGIH 1999).

Australian research has shown that to maintain good health among residents, the 'health hardware' (toilets, lights, drains, taps, showers, kitchens) of most houses in a community must function most of the time (Pholeros et al. 1993). In particular the breakdown in the major 'health hardware' of homes—water, waste removal and power facilities—has contributed to the high incidence among Indigenous people, especially children, of such conditions as skin and eye infections, diarrhoeal disease, respiratory illness and hepatitis (CSTHMWGIH 1999).

In May 2001, Australian housing ministers presented their 10-year statement of new directions for Indigenous housing—Building a Better Future: Indigenous housing to 2010 embracing a policy theme of 'Safe, healthy and sustainable housing for Indigenous Australians' (see Section 5.4). Implementation of this policy is designed to provide better housing and housing-related infrastructure, which it is hoped will lead to improved environmental health outcomes for Indigenous people. Box 5.2 describes the 11 critical healthy living practices contained in this strategy.

Box 5.2: Approaches to healthy housing

Under the National Framework for the Design, Construction and Maintenance of Indigenous Housing there are 36 healthy living practices. Of these, the 11 critical healthy living practices are:

- power, water, waste connected
- safety: electrical system is safe
- safety: gas supply is safe
- safety: structure of and access to the house is safe
- safety: fire egress is available and safe
- shower working
- washing children: basin/bath/tub working
- laundry services OK
- flush toilet working
- waste removal from all other areas working (that is, non-toilet)
- ability to store and prepare and cook food.

Source: FaCS 2003.

Mental health

One of the primary functions of housing is to provide a shelter from outside pressures. The nature of what is a home for a person can contribute to a person's mental, emotional and spiritual health.

> To live somewhere means to develop a special relationship to space, time, luminosity, self and others. A house, in its concrete reality, brings support to certain aspects of individual psychological structuring—it is the 'central reference point of human existence' (Relph 1976:20).

The need for a private space differs from one individual to another and varies according to culture. However, homelessness, lack of control, deportation, being uprooted, and intrusion can have effects on health status and the incidence of illness that illustrate the importance of a house to an individual (Bonnefoy 2004:19). Several studies, particularly in the field of social and environmental psychology, have shown the influence of environmental factors such as pollution, level of noise and crowding on mental health, depressive symptoms, and social wellbeing (Phibbs & Young 2005).

Loss of control over the residential environment, or difficulties in appropriating space will unsettle individuals and groups (Kearns et al. 2000:388–90). Children who live in overcrowded conditions have also been shown to be more likely to experience broken sleep, due to sharing rooms, and to be more aggressive than their non-crowded peers (Phibbs 2002).

In addition, symptoms of stress, anxiety, irritability, depression, even social misconduct (violence, vandalism) and alteration of attention capacities at school, in children may be related to noise exposure in relation to the housing conditions. It is also accepted that stressful housing conditions can aggravate pre-existing psychiatric pathologies (Evans 2003).

Major housing events such as moving house and eviction are recognised as major life events that may affect a person's mental health. In a study of public housing tenants in Queensland (Morrison 2000), tenants were asked about the effects of public housing on their lives. The most frequent response was that it provided security of tenure and a sense of physical and psychological security (see Chapter 6 for further details of mental health among homeless populations).

Home accidents

Deaths and injuries from home accidents is a significant public health problem. They can also be considered a housing problem. In this context the evidence shows that, far from being a place of safety, the home is more dangerous than the working environment and more dangerous than public roads. Not only is it a dangerous place to be, those who spend the most time in the home are the most vulnerable—children, the elderly, and those who unable to work or go to school (ABS 1979a, 1979b). There is growing acceptance that many public health issues (such as accidental home injuries) should also be acknowledged as housing issues.

Tenure type

Home owners tend to have better health than people who rent. For example, people who own their own home have a healthier and longer life and have lower death rates than those in rented properties (Waters 2001). People in rental accommodation have been found to be more likely than home owners to report fair or poor health and to visit the doctor more often. Howden-Chapman and Wilson (2000) suggest that security of tenure and control over accommodation may be important contributors to the health benefits of home ownership.

Homelessness has also been found to be associated with poor health. In general, homeless people have been found to have much poorer health than the general population (Dunn & Hayes 2000).

Welfare and housing

Housing assistance by its nature differs from most of the community services programs discussed in other chapters of this report as it provides shelter which is basic to general health and wellbeing (AIHW 2001). A lack of housing can be a trigger that contributes to the need for broader types of welfare assistance. For example, an eviction in some circumstances can lead to children being placed in 'foster' care, changing education and job opportunities, and a life event that may have negative effects on a person's physical and mental wellbeing.

As well as affecting personal health and wellbeing the adequacy of housing can also affect neighbourhoods and community wellbeing and function. Housing and urban design can be important enabling factors in determining overall levels of participation and inclusion for communities. Concepts such as locational disadvantage and social exclusion usually include several dimensions of housing adequacy, location and amenity.

In 2003–04, the Australian Bureau of Statistics (ABS) estimated that almost one in five (19%) lower income households could be classified as being in housing stress. This included 4% of households who spent more than 50% of their gross income on housing costs (Table 8.5). Over the period 2000–01 to 2003–04, the proportion of lower income households that spent 30% or more of their gross income on housing costs remained stable at around 19% (ABS 2006).

About one in five lower income households with a mortgage and two in five private renters spent 30%–50% of their income on housing costs; around one in 10 of each household type spent more than 50%.

The most noticeable effect of housing assistance on welfare is its ability to improve a household's command over goods and services, by reducing the amount of household budget that has to be allocated to meet housing costs (AIHW 2001:164–5). Burke and Ralston (2003) reported that, in 1998–99, 45% of low-income private renters and 39% of public renters could not afford to pay for utilities. This compares with 16% for all households. In addition, 13% of low-income private renters and 8% of public renters went without a meal, compared with 3% of all households. Low-income private renters and public renters and were also over 4 times as likely to seek assistance from welfare agencies: 15% and 16% respectively, compared with 4% for all households (see Table A5.1).

A lack of affordable housing can lead to overcrowding, which has been shown to affect children's academic achievement. Those living in crowded conditions do not perform as well in reading, language and arithmetic as those children with private home space (Phibbs 2002).

Financial stress also affects a household's ability to achieve security of tenure, which has a range of non-housing effects. For example, frequent moves have been shown to negatively affect children's school performance, particularly if the move is unplanned and occurs during the school year. This may be particularly difficult for low-income families who are often forced to move into a completely new area to access crisis or other affordable housing. Families can also experience increased pressure on relationships due to leaving behind important social networks and links to the local community (Phibbs 2002).

Deinstitutionalisation of disability and other welfare services

The term deinstitutionalisation has traditionally been most closely associated with mental health and intellectual disability. In this context, its original meaning referred to the movement of individuals from an institutional setting to a community setting. Over time the term has attained a broader meaning in policy debates, being used in relation to the shift away from institutional services toward care in the home and the community, regardless of the movement of particular individuals. Across population groups the principles of facilitating the move from segregated, institutionalised services to community-based services, and increasing the range of service options available, has been the major feature of such activity (AIHW 2001:96–7).

In the fields of aged care, disability services and mental health, the establishment of income support payments has underpinned the shift toward community-based care. The contemporary array of income support payments includes the Age Pension, the Disability Support Pension, the Mobility Allowance, the Sickness Allowance, the Carer Allowance, and the Carer Pension (see chapters 3 and 4 of this report for more information on these payments).

The importance given to the link between housing and the health and welfare outcomes of people affected by deinstitutionalisation was emphasised in the Senate Select Committee on Mental Health 2006 report: *A national approach to mental health—from crisis to community*. The report notes that deinstitutionalisation requires a whole range of support and assistance, including housing, living skills and social connection in addition to the devolvement of therapy and treatment into community settings. This broad spectrum of services, one of which is housing, comprised the community-based services that consumers and carers required (Senate Select Committee on Mental Health 2006).

These issues were raised in the Report of the *National Inquiry into the Human Rights of People with Mental Illness* (the Burdekin Report) in 1993, which stated that 'one of the biggest obstacles in the lives of people with a mental illness is the absence of adequate, affordable and secure accommodation' (HREOC 1993:337).

The 2006 Senate report included in its recommendations for state and territory governments (Recommendation 13) the establishment of 'more longer term supported, community-based housing for people with mental illnesses with links to community mental health centres for clinical support' and also 'more respite and step up/step down accommodation options in conjunction with the federal government *Better Mental Health in the Community* program'.

5.2 Economic and social issues impacting on housing assistance

Demographic and social background

This section examines some of the factors that currently shape the demand for housing assistance in Australia. Along with the rising demand for affordable housing there has been a drop in the level of public housing stock, decreasing nationally from around 372,100 dwellings in 1996 to 341,400 dwellings in 2006 (Table A5.2). Community housing tenancies have remained more or less constant (Table 5.14). Also, the availability of low-rent housing in the private rental market has not kept pace with the increased demand by low-income households (Yates et al. 2004).

Current analysis indicates that several of the links between housing consumption and the life-cycle stages of individuals and families have been changing and will continue to change. This research indicates:

- regional differences in housing opportunities, along with a mismatch between housing location and labour markets (Bradbury & Chalmers 2003; Taylor et al. 2004)
- falling home purchase rates among 25–34 year olds
- people remaining longer in the private rental market
- delays in leaving the parental home
- delays in household formation
- fewer households with children and more children being raised in one parent households
- people living longer, with a rise in the number of very old people (older than 85 years) which has implications for the provision of housing for this group
- people not achieving or unable to sustain home ownership.

There has also been varying rates of growth in Australia's population across age groups. In the past decade or so, growth has been highest among those aged 45 years or over, who as a group are more likely to be trading up to more expensive houses than entering the home purchase market for the first time (Table A5.3). This is offset by the observation that, since 1996, there has been virtually no population growth in the 25–34 age group, which is the group most likely to include the majority of first home buyers.

In the long term these changes, particularly around the structural ageing of the population along with reduced ability to achieve home ownership, may result in:

- persons who have spent all or most of their adult lives in private rental housing having higher lifetime housing costs, with subsequent implications for their ability to achieve financial independence in retirement
- a reduced ability to keep older Australians in their own homes because they are rented rather than owned
- growing long-term demand for private rental assistance
- the need for new types of housing assistance within the social housing sector.

Research by the Australian Housing and Urban Research Institute (AHURI), funded by the Australian, state and territory governments suggests that Australia is on the threshold of a steady and sustained increase in the number of low-income, older renters, with the number of people aged 65 years or over living in low-income rental households projected to more than double from 195,000 in 2001 to 419,000 in 2026 (Jones et al. 2007:Table 16). The greatest projected change is in the 85 or over age range, where the number of low-income renters is estimated to increase from 17,300 to 51,000.

The number of low income aged persons living alone is projected to more than double from 110,800 households in 2001 to 243,600 in 2026, with single women accounting for two-thirds of these households (Jones et al. 2007:Table 17) . The demand for housing for low-income, aged couple households is projected to increase from 32,200 to 69,900 over this period.

Household formation

Based on current estimates the number of dwellings required nationally will grow more rapidly than the aggregate population if the average number of people per household continues to fall. During the 1990s and into the 2000s, the number of households increased by 1.8% per year while the population has grown 1.2%, meaning that average household size declined from 2.8 to 2.6 persons (AIHW 2003). The shift to smaller households accounted for about 40% of the growth in the number of households in the first half of the 1990s and 30% in the second half (BIS Shrapnel 2004).

Table 5.1 shows the projected growth of households, families and the population between 2001 and 2026. The number of households is expected to grow by 42% and the number of families by 31% compared with population growth of 25%. Single-person households are projected to show the greatest increase (75%) and families of couples with children the least (5%).

The link between population growth and household formation is influenced by a large number of social and demographic factors. The current major influences include population ageing, the growing incidence of family breakdown, the declining birth rate, more people remaining single, and young adults staying at home for longer. Some of these factors encourage household formation and some work against it. Overall, these trends are increasing the demand for housing.

Table 5.1: Projected growth of households, families and population, 2001–26

	Number		Change (per cent)
	2001	2026	
Households			
Family	5,269,000	6,920,000	31.3
Group	293,000	371,000	26.6
Lone person	1,805,000	3,149,000	74.5
Total	**7,368,000**	**10,441,000**	**41.7**
Families			
Couple families with children	2,492,000	2,610,000	4.7
Couple families without children	1,918,000	3,108,000	62.0
Lone parent	838,000	1,192,000	42.2
Other families	99,000	111,000	12.1
Total	**5,346,000**	**7,022,000**	**31.4**
Population	19, 413,200	24,201,800	24.7

Note: Projections based on Series II assumptions (see ABS 2004a for further assumptions). The total number of families exceeds the total number of family households as some households contain two or more families.

Source: ABS 2004a:tables 6.2 to 6.4.

Housing affordability and income

As discussed in *Australia's welfare 2005*, there has been an increased focus by governments and the community on the level of and trends in housing affordability and changes in economic and social variables that underlie the demand for and supply of affordable housing.

Household income

Table 5.2 shows household income distribution by tenure type based on equivalised gross household income. In the lower income quintiles, public housing renters and owners without a mortgage are over-represented, while in the higher income groups owners with a mortgage are more common. Private renters are fairly evenly distributed across all income groups, accounting for between 17% and 22% in all quintiles.

Compared with all other tenure types, households renting from a state or territory housing authority are more likely to have a gross household income in the lowest quintile (66% of all public renters). In addition, only 14% of households renting from a state or territory housing authority have a gross income above the second quintile.

Table 5.2: Income quintiles of households, 2002 (per cent)

Equivalised gross household income quintiles[(a)]	Owner without mortgage	Owner with mortgage	Renter with state or territory housing authority	Renter with private landlord	All other tenure types	All persons
Lowest	25.6	8.2	66.2	16.9	26.0	19.6
Second	20.6	14.2	19.6	22.0	23.2	18.7
Third	17.6	20.6	9.2	21.4	14.4	18.9
Fourth	16.7	26.3	4.0	18.3	18.3	19.9
Highest	19.5	30.7	1.0*	21.4	18.0	22.9
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) Excludes persons where household income was not known or was not adequately reported.

Source: Harding et al. 2004:Table 3.

Affordability for low-income households

The issue of housing affordability for people on low incomes is usually measured in terms of housing stress. This measure uses a household's or income unit's housing cost as a proportion of its income and is restricted to those in the bottom 40% of income distribution. An income unit is the basic unit used to determine eligibility for social security payments. Income units are analogous to family units with the distinction that non-dependent children and other adults living in the same household are treated as separate income units. Children receiving income support , for example Youth Allowance, are also treated as separate income units even though they may not be regarded as independent.

Analysis undertaken by the National Centre for Social and Economic Modelling (NATSEM) estimated that in 2004 there were 883,000 families and singles in housing stress. This represents 9% of all income units or 1.7 million people (Harding et al. 2004). The definition of housing stress used by NATSEM was:

> Families and singles were in housing stress if their estimated housing costs exceeded 30 per cent of their disposable income and they were in the bottom 40 per cent of the equivalent income distribution using an OECD equivalence scale (Harding et al. 2004:5).

Table 5.3 shows that two-thirds of all families and singles in housing stress are private renters, followed by owners with a mortgage (one-quarter). The risk of being in housing stress, expressed as a proportion of the tenure type, also focuses on private renters, with 21% or around one in five families and singles privately renting being in housing stress. This proportion is much lower for all other tenures, with owners with a mortgage the next highest group at 9%.

Of those families and singles in housing stress, it was estimated that 55% of them were single-person income units, 18% were couples with children, 14% were couples with children and 13% were sole parents. The estimated risk of being in housing stress for each of these family types was 10% for singles, 5% for couples with no children, 14% for couples with children and highest for sole parents at 17% (Harding et al. 2004: Figures 5 and 6). Related data for households show that 13% of private renters and 9% of owners with a mortgage who are in the two lowest gross weekly income quintiles spend more than 50% of their gross income on housing costs (AIHW 2005a:Table 2.6).

Table 5.3: Income units in housing stress, June 2004

	Owners		Renters			
	Without mortgage	With mortgage	Public	Private	Other tenure	Total
			Number of income units			
In housing stress	38,000	231,000	23,000	590,000	0	883,000
Not in housing stress	3,114,000	2,233,000	433,000	2,249,000	1,143,00	9,173,000
Total	**3,152,000**	**2,464,000**	**456,000**	**2,839,000**	**1,143,000**	**10,056,000**
			Per cent of tenure			
In housing stress	1.2	9.4	5.1	20.8	0.0	8.8
Not in housing stress	98.8	90.6	94.9	79.2	100.0	91.2
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total in housing stress (per cent)	**4.3**	**26.2**	**2.6**	**66.8**	**0.0**	**100.0**

Note: Cell numbers may not add to total due to rounding.

Source: Harding et al. 2004:Table 3.

Duration of housing stress for low-income households

Recent analysis by AHURI of the Household, Income and Labour Dynamics in Australia Survey data gives an indication of how some households move in and out of housing stress. One out of every two persons living in a household paying at least 30% of its gross household income in meeting housing costs in 1 year will still be living in such a household in the following year; and approximately one out of every three persons living in a household will still be living in such a household in the 2 following years.

In other words, although the affordability measures employed are based on current income and current housing costs data, longitudinal data suggest that, for a significant proportion of those with high housing cost ratios, affordability problems are protracted rather than transient (Yates et al. 2004:Chapter 4).

5.3 Summary of housing assistance programs

The value and distribution of government assistance

The range of housing assistance types for different types of tenure is illustrated in Figure 5.1.

The distribution of government housing benefits and taxes has been illustrated in recent research by Yates (2002; see also AIHW 2004). The most obvious is the assistance provided through capital and recurrent funding through the CSHA and CRA to public and private renters. The effect of this form of assistance is immediate and fairly easily measured.

A less obvious form of assistance is provided through the taxation and regulatory mechanisms of government. These areas of assistance may provide benefits to households over a lifetime and not be immediately obvious. In particular, the relatively high level of home ownership in Australia and the investment by Australians in their own home

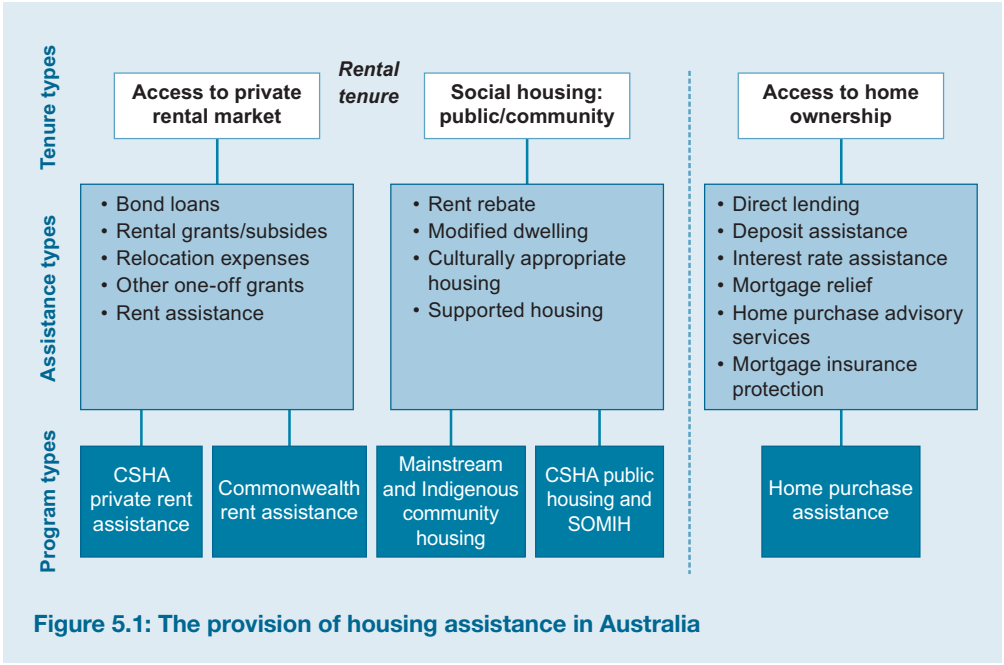


Figure 5.1: The provision of housing assistance in Australia

or as small property investors are facilitated by the assistance provided through tax and regulatory markets.

The value of the major forms of direct and indirect government assistance in 1999 is shown at Table 5.4.

- CRA expenditure provided recipients on average with $1,655 per year in benefits. The greatest value of benefits went to lower income households, which also comprised the majority of recipients. Average benefit values vary by the size of the income unit (AIHW 2004).
- The First Home Owner Grant provided eligible home purchasers with at least $7,000 per household.
- The average value of rent rebates provided to public renters was $3,698 per annum. The greatest value of benefits went to lower income households, which also comprised the majority of recipients. Average benefit values vary by geographic location and household size (AIHW 2004).
- On average it is estimated that home owners received the equivalent of $4,400 per year through tax expenditures.
- Home purchasers are estimated to have received the equivalent of $900 on average through Australian Government tax expenditures (excluding state exemptions and subsidies such as stamp duties and land tax exemptions).

Table 5.4: Value of direct and indirect assistance to households[a], 1999 ($)

	Household quintile (by weekly income from all sources)					
	Lowest	Second	Third	Fourth	Highest	All
Recurrent expenditure						
Private renter—CRA amount	1,645	1,694	1,709	1,342	979	1,655
First Home Owner Grant 'one-off' amount[b]	7,000	7,000	7,000	7,000	7,000	7,000
Capital expenditure						
Public renters subsidy	3,550	3,990	3,710	3,325	. .	3,698
Tax expenditure						
Outright owners	0	2,100	2,500	4,600	8,800	4,400
Home purchasers	0	400	100	500	2,100	900

(a) Annual average amount.

(b) Represents the lump sum one-off payment of $7,000 and is not an annual recurring benefit. Estimate of First Home Owners Grant value for 1999 based on value at time of introduction on 1 July 2000.

Source: AIHW 2004.

Of all the public renter households in receipt of a rental subsidy, 90% have an income within the lowest two income quintiles (Table A5.14). Almost 60% of these households receive an income within the lowest income quintile. This indicates that this form of direct assistance is highly targeted to households within the lower income quintiles. CRA is also similarly targeted to households within these income quintiles; however, the highest proportion of recipients of this benefit, 42%, receive an income within the second income quintile, not the first.

The proportion of households purchasing their own dwelling is skewed towards the highest income quintile. Only 5% of households that are purchasing their own home have incomes within the lowest income quintile while 33% have an income within the highest income quintile. Of those households that own their homes outright, the majority (52%), have an income within the lowest two income quintiles. The remaining households that own their home outright appear to be distributed relatively evenly between the third, fourth and fifth quintile. When grouped together as 'all owners', home owners and purchasers are distributed evenly between all the income quintiles, increasing slightly as the level of income increases.

In 2005–06, the value of assistance provided to private renters was over $2.0 billion. This comprised nearly $2.0 billion from the CRA program, and $72.6 million through CSHA private rent assistance (Table 5.4). Also in 2005–06, the Australian, state and territory governments provided just over $1.3 billion for housing programs under the CSHA (Table A5.4), with public and community housing accounting for the majority of this funding. The Australian Government paid to the states and territories $93 million for the Aboriginal Rental Housing Program, $66 million for community housing and $41 million for crisis accommodation.

Another form of assistance that helps income support recipients is Centrepay, which allows Centrelink clients to have automatic deductions taken from their Centrelink payments for various purposes, such as payment of rent thus ensuring a more secure living environment by reducing the possibility of rent arrears and eviction. This method of payment also allows other housing related payments such as gas, water, rates or electricity to be automatically deducted, providing assistance in managing finances and meeting household commitments (FaCSIA 2007c).

The First Home Owner Grant Scheme is part of the Australian Government's tax reform package to help first home owners. The scheme was established to offset the effect of the goods and services tax (GST) on home ownership by providing a one-off $7,000 grant to first home buyers. The scheme was introduced on 1 July 2000 and is ongoing with no end date yet identified. Eligible first home owners can receive the grant regardless of their income, the area in which they are planning to buy or build, or the value of their first home. The grant is not means tested and no tax is payable on it.

Trends in Commonwealth State Housing Agreement and Commonwealth Rent Assistance funding

Over the period 1994–95 to 2003–04, there were significant shifts in government expenditure for the CSHA and CRA. In 1994–95, government expenditure for the CSHA was 4% higher than for CRA. However, an increase of 9% for CRA expenditure and a 31% decrease for CSHA expenditure between 1994–95 and 2003–04 resulted in CRA expenditure surpassing that for the CSHA (Table A5.4). The trends should be interpreted with caution because of the differing nature of the programs. CRA is a recurrent expenditure program that is driven by demand (SCRCSSP 2002). Increases in CRA expenditure over the period are due to the extended coverage of the program and also to increases in the maximum rates of CRA during the early 1990s (FaCS 2001a, 2001b). CSHA expenditure includes recurrent and capital components. The capital component has provided funding for public housing stock totalling over $30 billion that is continually used for housing assistance (FaCS 2001a). Recent trends have shown a decline in public housing stock (see Table A5.2).

Commonwealth Rent Assistance

CRA is a non-taxable income supplement paid through Centrelink to individuals and families who rent in the private rental market. CRA is also available to community housing tenants and state owned and managed Indigenous housing tenants in New South Wales who pay rents above specified threshold levels. It aims to address basic living costs by reducing the proportion of an income unit's budget that has to be spent on housing. In 2003–04 the CRA program provided nearly $2.0 billion of assistance to private renters (see Table A5.4).

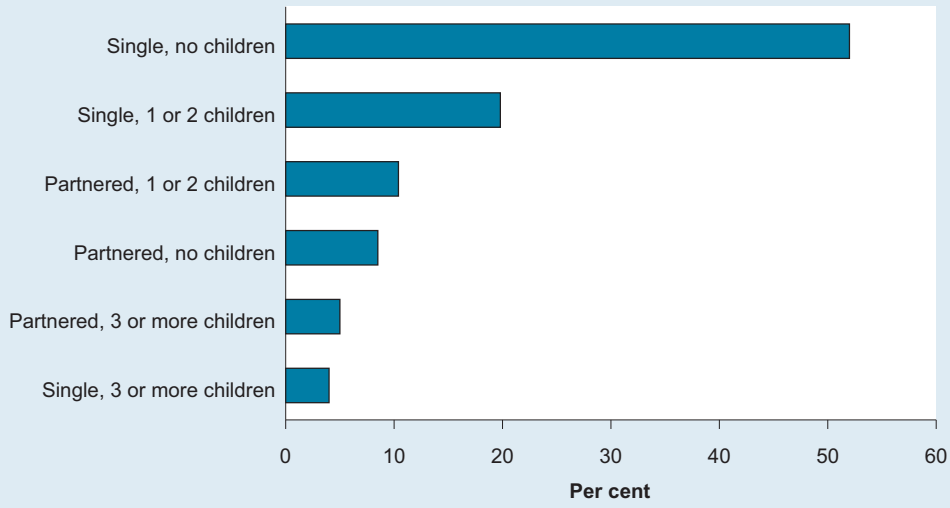
Recipients of a Centrelink pension or allowance, or an amount of Family Tax Benefit over the base rate of Family Tax Benefit Part A, who are also paying private rent above minimum thresholds, may be eligible for CRA. It is generally not paid to home owners or purchasers, people living in public housing, or people living in residential aged care services with government-funded beds.

CRA is paid at a rate of 75 cents for every dollar paid by the income unit above the thresholds until a maximum rate is reached. The maximum rates and thresholds vary according to a client's family situation, the number of dependent children and the amount of rent paid. For single people without children, the rent threshold and maximum rate also vary according to whether or not accommodation is shared with others. Rent thresholds and maximum rates are indexed twice each year (March and September) to reflect changes in the consumer price index. More information on CRA eligibility rules, including minimum rent amounts and maximum amounts of CRA payable for various income unit types, can be obtained from Centrelink's website at <http://www.centrelink.gov.au>.

The results presented in this section are derived using data on income units that were in receipt of a Centrelink pension or allowance, or an amount of Family Tax Benefit over the base rate of Family Tax Benefit Part A, for the fortnight ending June 2006. The source for all data presented here is the Australian Government Department of Families, Community Services and Indigenous Affairs (FaCSIA) housing data set.

Profile of Commonwealth Rent Assistance recipients

In June 2006, of the 4,046,180 Centrelink clients, 947,333 (23%) had an ongoing entitlement to and were receiving CRA. (This subgroup of income units is hereafter referred to as 'CRA recipients'.) Figure 5.2 shows the significant differences in CRA recipient rates between income unit types, ranging from 52% for single people without children to 4% for lone parents with three or more children. The proportion of people in different groups (for example age, income unit type, Indigenous status) eligible for CRA depends on a number of factors, including the level of home ownership, the availability of public housing, the number of young people living with parents, and rental obligations. Separate analysis of the CRA entitlement rate based on these variables is difficult to undertake as the rental circumstances of income units not entitled to CRA may not be verified or updated.



Source: Australian Government Housing Data Set, June 2006.

Figure 5.2: Distribution of Commonwealth Rent Assistance recipients, by income unit type, June 2006

Impact on housing affordability

The aim of CRA is to assist low-income families and single persons with meeting their private housing rental costs. It is not intended to meet a specific benchmark for housing affordability but rather to improve affordability. This section examines the impact CRA has on housing affordability by comparing the proportion of income that recipients would spend on rent both before and after CRA is received. CRA has been treated as a housing subsidy, and deducted from rent, to calculate affordability after CRA is received.

Nationally 32% of CRA recipients pay more than 30% of income on rent after CRA; without CRA 59% of these households would pay more than 30% of income on rent. With CRA 23% of all CRA recipients pay in the range of more than 30% to 50% of income on rent and 8% pay more than 50% of income on rent. Without CRA these proportions are 35% and 24% respectively (Table 5.5).

The Australian Capital Territory and New South Wales had the largest proportions of CRA recipients paying more than 50% of their income on rent before CRA (31% and 27% respectively). The Australian Capital Territory remained the jurisdiction with the highest proportion of such recipients after receiving CRA (14%), followed by New South Wales (10%).

The proportion of income spent on rent varies widely across income unit types (Table 5.6). With CRA 68% of all CRA recipients pay 30% or less of income on rent. For the four major groups of income units this ranged from 58% of single-person income units, 75% for partners with no children, 77% of single-person with children income units up to partnered with children income units where 88% paid 30% or less of income on rent. For the two groups with children, those with three or more children were more often represented in this affordability category than those with only one or two children.

Table 5.5: Recipients (income units) of Commonwealth Rent Assistance, proportion of income spent on rent with and without CRA, by state/territory, June 2006 (per cent)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Over 30% to 50%									
With CRA	25.0	22.6	23.3	20.1	21.6	19.8	23.6	23.4	23.2
Without CRA	35.1	36.9	34.4	35.4	34.5	37.5	25.5	36.0	35.3
Over 50%									
With CRA	10.1	8.3	8.0	5.5	5.9	4.8	14.1	6.9	8.4
Without CRA	26.7	23.9	23.4	19.1	20.9	19.2	30.6	22.9	24.0

Notes

1. The proportion of income spent on rent (often referred to as affordability) without CRA is the ratio of rent to total income (excluding CRA), and expressed as a proportion. It is calculated by 'Affordability without CRA' = rent/total income * 100. Affordability with CRA is calculated by subtracting CRA from the actual rent paid, then dividing this by total income (excluding CRA), and expressed as a proportion. That is, 'Affordability with CRA' = (rent less CRA)/(total income excluding CRA) * 100. The approach used here follows the convention used in national reporting by FaCS and the Productivity Commission (SCRCSSP 2002).
2. Total CRA recipients excluded 719 income units with missing income or nil income and 230 income units with unknown state or territory.

Source: Australian Government Housing Data Set, June 2006.

Table 5.6: Recipients of Commonwealth Rent Assistance, by income unit type and proportion of income spent on rent with and without CRA payment, June 2006 (per cent)

	Proportion of income spent on rent				Total CRA recipients (number)
Income unit type	30% or less	Over 30% to 50%	Over 50%	Total	
With CRA					
Single, no children[(a)]	57.7	29.9	12.5	100.0	491,689
Single, 1 or 2 children	*75.4*	*20.8*	*3.8*	*100.0*	*188,020*
Single, 3 or more children	*82.4*	*16.0*	*1.6*	*100.0*	*37,709*
Single with children income units	76.6	20.0	3.4	100.0	225,729
Partnered, no children	74.5	18.9	6.5	100.0	80,451
Partnered, 1 or 2 children	*86.2*	*9.7*	*4.1*	*100.0*	*98,786*
Partnered, 3 or more children	*92.6*	*6.0*	*1.4*	*100.0*	*47,259*
Partnered with children income units	88.2	8.5	3.2	100.0	146,045
Total[(b)]	**68.4**	**23.2**	**8.4**	**100.0**	**946,614**
Without CRA					
Single, no children[(a)]	23.2	39.9	36.9	100.0	491,689
Single, 1 or 2 children	*50.4*	*37.2*	*12.5*	*100.0*	*188,020*
Single, 3 or more children	*55.5*	*38.9*	*5.6*	*100.0*	*37,709*
Single with children income units	51.2	37.5	11.3	100.0	225,729
Partnered, no children	50.7	36.4	12.9	100.0	80,451
Partnered, 1 or 2 children	*75.1*	*16.7*	*8.2*	*100.0*	*98,786*
Partnered, 3 or more children	*82.3*	*14.2*	*3.5*	*100.0*	*47,259*
Partnered with children income units	77.4	15.9	6.7	100.0	146,045
Total[(b)]	**40.7**	**35.3**	**24.0**	**100.0**	**946,614**

(a) The category 'Single, no children' includes single people in shared accommodation.

(b) Total CRA recipients include 2,700 income units who were identified as partnered, no children, temporarily separated or separated due to illness, and exclude 791 income units with nil total income or missing rent.

Source: Australian Government Housing Data Set, June 2006.

As expected, single-person income units feature more prominently in the high-cost—low-affordability category with 13% paying more than 50% of their income in rent with CRA—more than 3 times as large as income units with children and double the partnered no children group. The proportion of single-person income units also showed the largest reduction in those paying more than 50% of their income in rent, from 37% without CRA to 13%.

Commonwealth State Housing Agreement program areas

Six housing assistance program areas operate under the CSHA: public rental housing, Aboriginal Rental Housing Program (also referred to as state owned and managed Indigenous housing (SOMIH)), community housing, home purchase assistance, private rent assistance and the Crisis Accommodation Program. In 2005–06, governments provided $1.307 billion for housing assistance under the CSHA, of which the greatest proportion went to public rental housing.

Table 5.7: Commonwealth State Housing Agreement funding, 2004–05 and 2005–06 ($m)

Funding arrangement	2004–05	2005–06
Base funding grants[a]	733.8	743.9
Aboriginal Rental Housing Program	102.1	93.3
Crisis Accommodation Program	40.1	40.7
Community Housing Program	64.7	65.6
State matching grants	359.2	364.1
Total	**1,299.9**	**1,307.6**

(a) Includes public housing, home purchase assistance and private rental assistance programs.

Sources: FaCSIA 2006:Table 2.2; FaCSIA 2007b.

Table 5.8 shows that public rental housing is the larger form of housing provided under the CSHA, accounting for 88% of all dwellings at 30 June 2006. Community housing accounted for 7% of the dwellings, SOMIH 3% and the Crisis Accommodation Program the remaining 2% (Table 5.8).

Table 5.8: Households assisted and dwellings for all Commonwealth State Housing Agreement programs, 2005–06

	Public rental housing	SOMIH	Community housing	Crisis Accommodation Program	Private rent assistance	Home purchase assistance
Households at 30 June 2006	333,968	12,386	28,582	. .	. .	. .
Households assisted in 2005–06	. .	. .	. .	62,383[a]	133,981	36,998
Dwellings at 30 June 2006	341,378	12,893	26,210[b]	7,346[c]	. .	. .

. . means the data item is not relevant to this program.

(a) Data was only available for New South Wales, Victoria, Queensland and Western Australia. For New South Wales, the number of instances, and not the number of households, is counted.

(b) This is for 'tenancy rental units', that is, a unit of accommodation to which a rental agreement can be made.

(c) This is the total for all jurisdictions. The total number of dwellings for New South Wales, Victoria, Queensland and Western Australia only is 6,506.

Sources: AIHW 2006a, 2006b, 2007b, 2007c, 2007d, 2007e.

At 30 June 2006 374,936 households were either in public housing, SOMIH or community housing. In addition, 233,362 households were assisted during 2005–06 by the three smaller programs: private rent assistance, home purchase assistance and the Crisis Accommodation Program.

Households in public rental housing

Household composition

Overall, the most common household type in public rental housing and SOMIH was single adult, comprising nearly half (44%) of all households, with single-parent families the next most common at 21%. Couples with children accounted for only 7% of all households. Just over one third (37%) of households had a male as the main tenant, and 63% had a female as the main tenant (Table 5.9).

The average age of the main tenant in public rental housing was 62 years for women and 55 years for men. This compares with an average age in SOMIH of 53 years for women and 48 years for men. The 2001 Census shows that the social housing system (of which public rental housing is the major provider) provides over half of all rental housing for people aged 65 or over. Jones and colleagues (2007) have projected an increase of 115% from 2001 to 2026 in the number of low-income households in this age group. Given the high percentage of single–adult families currently in public housing, it is difficult to see how the current supply could meet this increasing demand.

Table 5.9: Sex of main tenant for public rental housing and state owned and managed Indigenous housing by household composition, 2005–06

Household composition	Male—public housing	Male—SOMIH	Female—public housing	Female—SOMIH	Total[a]
Single adult	64,905	944	86,991	1,429	153,909
Single parent	7,087	493	59,850	4,303	71,733
Couple only	19,566	318	7,508	268	27,660
Couple with children	11,295	662	12,747	987	25,691
Group household	5,187	227	15,623	612	21,649
Mixed composition	6,800	361	11,926	1,020	20,107
Other singles	273	30	812	143	1,258
Total[b]	**115,113**	**3,035**	**195,457**	**8,762**	**346,354[c]**

(a) Totals include households where the sex of the main tenant is unknown.

(b) Totals include households where the household composition is unknown.

(c) Includes households where household composition and sex of main tenant is unknown.

Source: AIHW analysis of the national housing assistance data repository.

The next most common type of household for both public rental and SOMIH households was single parent, at 22% and 41% of all households respectively. Women were more likely to be the main tenant for both programs, representing 89% of all sole parents in public rental housing and 90% for SOMIH.

Research has shown that almost 50% of sole parents live in a very difficult financial situation, unable to afford adequate food and heating, and experience problems meeting bills (Birrell et al. 2002). Public rental housing will therefore continue to be an important tenure for this group, given its affordability compared with the private sector.

Household income

The level of income coming into a household affects the amount of rent it pays. For both public rental housing and SOMIH, rents are calculated so that households pay no more than 25% of their income on rent. The difference between this amount and the full market rent of the dwelling is called the rebate amount. This capping of a tenant's housing costs assists the household by allowing a greater level of spending on other goods and services, and is particularly important to low-income households (Bridge et al. 2003).

In 2005–06, 88% of public rental households and 84% of SOMIH households effectively received a total of $27.7 million and $1.0 million in rebates respectively. The average weekly rebate for these tenants was $94.61 for public renter rebated households and $97.09 for SOMIH rebated households (AIHW 2006a, 2006b).

The principal source of income in 2005–06 for over 90% of rebated households in public housing and SOMIH was a government cash pension or allowance (92% and 91% respectively). Of these, the main pension type was the Disability Support Pension (31% and 19% of pensions respectively). Wages and salary were the main source of income for 6% of public renter households and 7% of SOMIH households (Table A5.8).

Priority allocation

Of the 28,853 households newly allocated to either public housing or SOMIH in 2005–06, 10,824 (37%) were classified as in greatest need. This means that they were homeless, their life or safety was at risk, their health condition was aggravated by their housing, their housing was inappropriate to their needs or they had very high rental housing costs. Of those 10,824, over half (51%) were housed within 3 months of joining the waiting list.

Table 5.10: New allocations of public rental housing and state owned and managed Indigenous housing to households in greatest need, by time to allocation, July—September 2005

Time period	Public rental housing	SOMIH
Less than 3 months	5,334	175
3 months to less than 6 months	1,918	78
6 months to less than 1 year	1,728	50
1 year to 2 years	994	41
2 years or more	489	17
Total all greatest need allocations	**10,463**	**361**
Total all new allocations	**27,482**	**1,371**

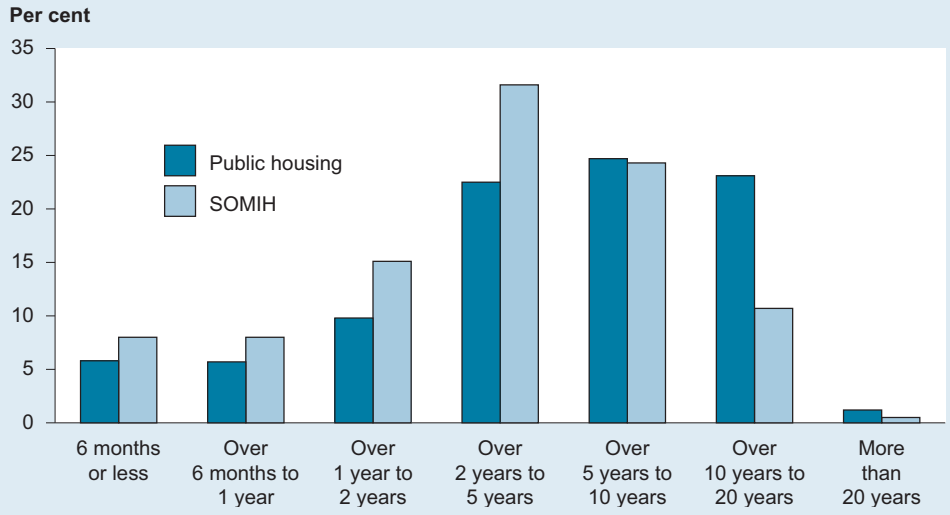
Sources: AIHW 2006a, 2006b.

In a study of public housing and community housing practitioners, over 70% said their allocation system worked well or very well. Targeting was generally supported across both sectors, but there were some concerns expressed that other households were missing out (Hulse & Burke 2005). Reforms to housing allocation have been implemented overseas and there are moves in Australia to follow this trend. At least five jurisdictions are either implementing or considering implementing a single waiting list for all their public rental housing, SOMIH and community housing dwellings.

Length of tenancy

The median length of tenancy was greater for households in public rental housing (2,198 days) compared with SOMIH (1,293 days) (Table A5.6 and A5.7). At 30 June 2006, the greater proportion (25%) of public renter households had a tenure time of over 5 to 10 years, whereas the greater proportion of SOMIH households (32%) had a tenure time of over 2 to 5 years. SOMIH households were also more likely than public renter households to have tenure periods of 2 years or less, 31% compared with 21%.

The effects of security of tenure are not well understood in Australia. While there is some evidence that it brings improved social cohesion and education outcomes, there is not sufficient evidence to say for certain. Evidence of the impact of security of tenure on employment outcomes is mixed, ranging from a positive outcome to a negative one as a consequence of the lack of willingness to move to a location with better employment prospects (Bridge et al. 2007).



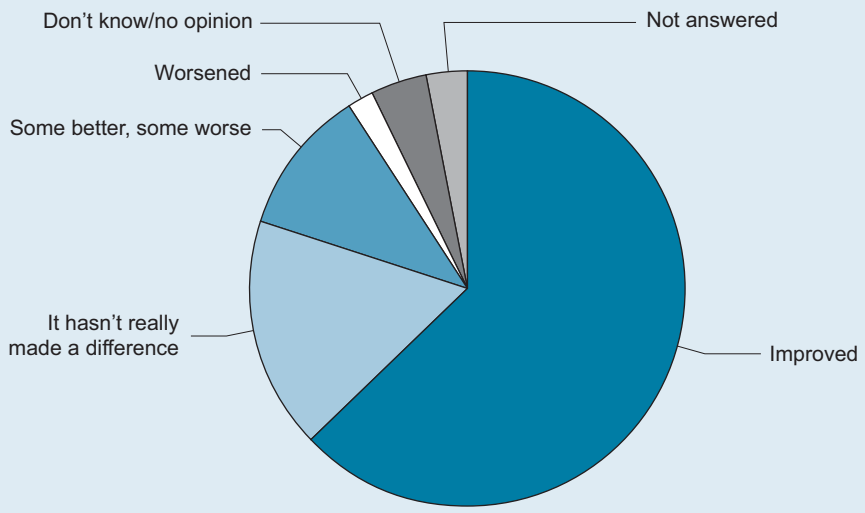
Sources: Tables A5.6, A5.7.

Figure 5.3: length of tenure of public rental housing and SOMIH households at 30 June 2006

Public housing outcomes

In 2005, the most cited reason for moving into their current housing for both public renters and SOMIH households was that they couldn't afford private rental (67% and 35% respectively). For those in public rental housing the next most cited reasons were security of tenure (32%) and they wanted to live in this area (18%). For those in SOMIH the next most cited reasons were they wanted to live in this area (22%) and they wanted a better house (20%) (Table A5.9).

Nearly two-thirds (63%) of respondents said that their quality of life had improved since moving into public rental housing, with only 2% reporting that it had worsened (Figure 5.4). This question was not asked of SOMIH households.



Source: TNS Social Research 2005b.

Figure 5.4: Effect on households' quality of life since moving into public rental housing, 2005 (per cent)

When public renter households were asked about the specific benefits of public housing, the top three reasons were 'they felt more settled in general' (91%), 'they were more able to manage their money' (90%) and 'it allowed them to remain living in the area' (89%). SOMIH households also cited 'it allowed them to remain living in the area' (91%) and 'they felt more settled in general' (90%) but also gave a high score to 'they felt more able to cope' (89%) (Table A5.10).

Tenant satisfaction with service delivery

In the 2005 National Social Housing Survey (NSHS), for both public rental and SOMIH households, tenants were asked to rate their overall satisfaction with the service provided by their state housing authority. Overall, SOMIH households showed a lower level of satisfaction than those in public rental housing, with the amount either satisfied or very satisfied being 63% for SOMIH households and 71% for public rental housing households. In addition, SOMIH households were more likely to be dissatisfied, 24% compared with 16% for those in public rental housing (Table A5.11).

Labour force participation

In 2005, almost half (49%) of tenants were not actively looking for work in the previous 4 weeks. Tenants who were not actively looking for work cited such reasons as being unable to work (55%), having a permanent medical condition (43%) and needing more training, education or experience (24%). Just over one-fifth (22%) were concerned that their pension or benefits might be reduced and 18% that their rent might go up.

This issue was explored by AHURI in its attitudinal survey of 400 unemployed housing assistance recipients. AHURI found that the majority (79%) of respondents were looking for a clear financial benefit of at least $100 per week and half wanted a net gain of at least $200. Other problems cited included poor skills, age discrimination, travel costs and poor location. In fact, 42% of public renters said they would be willing to move if it meant finding a suitable job (Whelan 2005).

Households in community housing

Household information presented for community housing is either from the 2005 NSHS, where one person responded on behalf of the household, or the 2006–07 national collection of household-level data.

Household composition

In 2005, 35% of NSHS respondents were aged between 35 and 54 years and 18% between 55 and 64 years. The majority of these tenants (65%) were female. The most common household type was single adult, comprising nearly half (46%) of all households, with single–parent families the next most common at 18%. Couples with children only accounted for 6% of all households (TNS 2005a).

In 2005–06, 1,663 (6%) households in community housing were identified as Indigenous households. Another 7,718 (27%) households contained a household member with disability and 3,567 (12%) were from non-English speaking backgrounds (Table A5.12).

Household income

The 2005 NSHS shows that the principal source of income in 2005 for the greater majority (about 80%) of community housing households was a government cash pension or allowance, of which the most common pension type was the disability pension (about 27%). This was closely followed by the Age Pension (about 26%). Of main income earners 14% received a wage or salary.

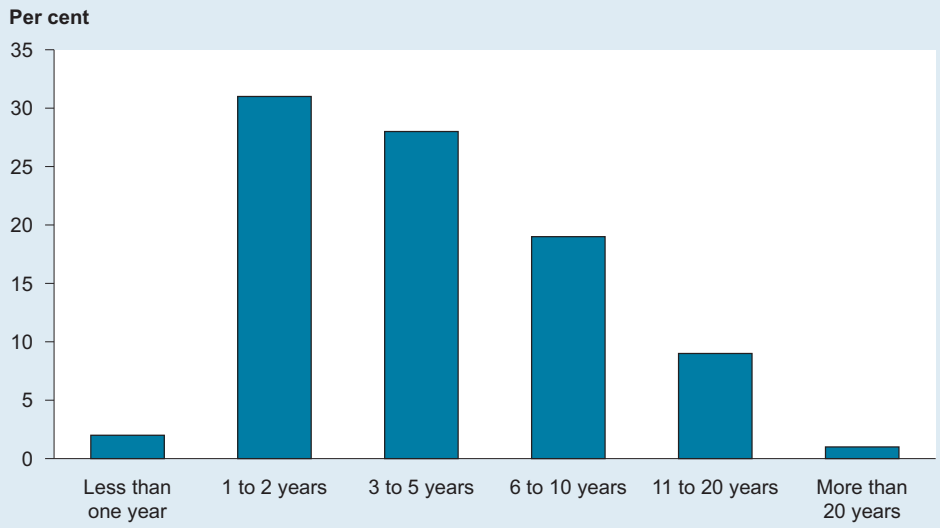
In 2005–06, 83% of community housing households paid no more than 25% of their income in rent. A further 11% paid between 25% and 30% of their income in rent, with only a small proportion (6%) paying above 30% (AIHW 2007b).

Length of tenancy

In 2005 the greater proportion (31%) of community housing households had been at their current address for 1 to 2 years, with a further 28% having been at their current address for 3 to 5 years. Only 10% of households had been at their current address for 11 or more years (Figure 5.5).

Community housing organisations

At 30 June 2006, 1,115 community housing organisations managed around 31,584 dwellings (Table 5.11). Organisations vary in size depending on the number of dwellings they manage. A small proportion of organisations managed a large proportion of dwellings, with only 3% of organisations managing about 43% of all dwellings. Conversely, a large proportion of organisations managed a relatively small proportion of dwellings, with 77% of organisations managing just 20% of all dwellings.



Source: TNS Social Research 2005a.

Figure 5.5: Length of tenancy at current address for community housing households, 2005

Table 5.11: Community housing organisations and dwellings by organisation size, at 30 June 2006

Organisation size	200 or more dwellings	100–199 dwellings	50–99 dwellings	20–49 dwellings	Less than 20 dwellings	Total
Total organisations	32	31	38	156	858	1,115
Total per cent of organisations	2.9%	2.8%	3.4%	14.0%	77.0%	100.0%
Total dwellings	13,718	4,262	2,648	4,636	6,320	31,584
Total per cent of dwellings	43.4%	13.5%	8.4%	14.7%	20.0%	100.0%

Notes

1. Percentages may not add to 100 due to rounding.
2. Excludes the Australian Capital Territory as it did not participate in the administrative data collection.

Source: AIHW 2007a.

Community housing organisations offer a range of support services to tenants including information, advice and referral, personal support, community living support, training and employment support, and financial and material assistance (AIHW 2007b). In 2005, 25% of tenants reported that at least one household member required support within the last month. Of these, 6% required daily living support, 47% required personal support and 38% required community living support.

One way in which community housing differs from public rental housing is that it allows households to be involved in the decision making and management of the community housing organisation. In 2005, the most common forms of tenant involvement were providing help when possible or when asked (31%) and attending meetings (27%). Other forms of tenant involvement included attending social events and activities (20%), being a member of the organisation (18%) and helping with general maintenance and working bees (11%) (TNS Social Research 2005a).

Community housing outcomes

For over half (57%) of respondents to the 2005 NSHS, one of their reasons for moving into community housing was that they couldn't afford private rental. The house better suited the need of 45% of respondents, and 38% and 36% respectively cited security of tenure and difficulties with accessing public housing as a reason (Table A5.9).

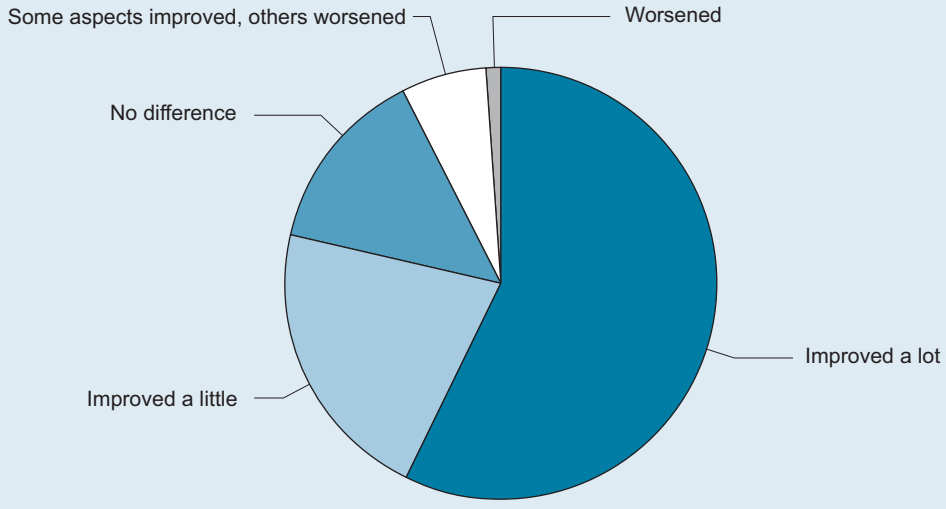
More than two-thirds (74%) of respondents said that their quality of life had improved since moving into community housing, with only 1% reporting that it had worsened (Figure 5.6). When tenants were asked about the specific benefits, the top four reasons were 'it allowed them to remain living in the area' (93%), 'they felt more settled in general' (92%), 'they were more able to manage their rent and money' (90%) and 'they felt more able to cope' (86%) (Table A5.10).

Research has also shown that community housing contributes to community building. In a series of focus groups with 12 service providers, 13 tenants and 12 policy and program administrators, AHURI found that community housing:

- 'restores individual capacities to live independently
- brokers access for tenants to the wider community
- provides the skills and supports that actually led to social participation and
- the organisations play a lead role in the community, for example through forming partnerships and providing leadership on community issues' (Barbato et al. 2003).

Tenant satisfaction with service delivery

In the 2005 NSHS, tenants were asked to rate their overall satisfaction with the service provided by their community housing organisation. Nationally 85% of community housing tenants stated they were satisfied overall with the service provided by their housing organisation (Table A5.11).



Source: TNS Social Research 2005a.

Figure 5.6: Effect on household quality of life since moving into community housing (per cent)

When looking at overall satisfaction for all tenants, there were some differences between different subgroups of tenants:

- Consistent with most satisfaction surveys, overall satisfaction for both service delivery and condition of the home increased with age.
- Households without dependants were generally more satisfied with both service delivery and the condition of their home than those with dependants.
- Tenants living in semi-detached houses or flats/apartments were generally more satisfied with the condition of their home than those living in shared accommodation or separate houses.

Crisis Accommodation Program

The Crisis Accommodation Program provides capital funding for services funded under the Supported Accommodation Assistance Program. The majority of funds are used for the purchase, construction and lease of dwellings for people who are homeless or in crisis. The crisis nature of this type of housing is demonstrated by the fact that in 2005–06, for the four jurisdictions that were able to provide both dwelling and household numbers, 59,383 households were assisted with 6,773 dwellings. This equates to 8.8 households per dwelling (AIHW 2007c). Details of persons assisted under the Supported Accommodation Assistance Program are provided in Chapter 6 of this publication.

CSHA private rent assistance

CSHA private rent assistance is provided to eligible low-income households to assist them with securing or maintaining rental in the private sector. This program is in addition to the CRA Program, which is not a CSHA program and is administered by Centrelink.

Table 5.12 shows the range of private rent assistance programs current during 2005–06. All jurisdictions provide bond loans, five provide rental grants and subsidies, but only three provide relocation expenses or other one-off grants.

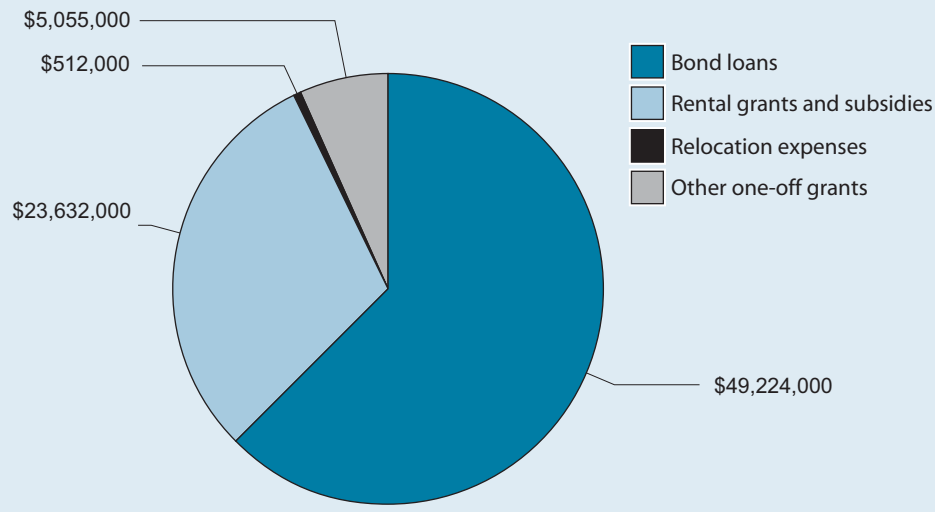
Table 5.12: Commonwealth State Housing Agreement private rent assistance program coverage by jurisdiction, 2005–06

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
Bond loans	✓	✓	✓	✓	✓	✓	✓	✓
Rental grants/subsidies	✓	✓	✓	. .	✓	✓	. .	. .
Relocation expenses	. .	✓	. .	. .	. .	✓	✓	. .
Other one-off grants	✓	✓	. .	. .	. .	✓	. .	. .

Note: 'Current' represents programs that are accepting new clients for the year ending 30 June 2005. Where a jurisdiction is phasing out a program and only continuing to service ongoing clients until the end of their contractual obligations (that is, not accepting any new clients), these programs are not counted as current.

Source: AIHW 2007e.

Seventy-eight million dollars worth of private rent assistance was provided to just fewer than 134,000 households in 2005–06. The greatest area of expenditure was bond loans, which accounted for nearly two-thirds (63%) or $49 million of private rent assistance (Figure 5.7).



Source: Table A5.13.

Figure 5.7: Value of private rent assistance by type and jurisdiction, 2005–06 ($'000)

CSHA home purchase assistance

Home purchase assistance is provided to eligible households to assist them in securing or maintaining home ownership. It is provided in addition to the First Home Owner Grant, which is not a CSHA program and which is administered by state Treasury Departments.

Table 5.13 shows the range of home purchase assistance programs current during 2005–06. Direct lending is provided by five jurisdictions, four jurisdictions provide interest rate assistance and mortgage relief and three jurisdictions provide deposit assistance and advice and counselling.

Table 5.13: Commonwealth State Housing Agreement home purchase assistance program coverage by jurisdiction, 2005–06

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
Direct lending	. .	✓	✓	✓	✓	. .	. .	✓
Deposit assistance	. .	. .	✓	. .	. .	✓	. .	✓
Interest rate assistance	. .	. .	✓	✓	✓	. .	. .	✓
Home purchase advisory and counselling	✓	. .	. .	✓	. .	✓	. .	. .
Mortgage relief	✓	✓	✓	✓	. .	. .	✓	. .
Other	. .	✓	✓	✓	. .	. .	. .	. .

Note: 'Current' represents programs which are accepting new clients for the year ending 30 June 2005 (that is, where a jurisdiction is phasing out a program and only continuing to service clients until the end of their contractual obligations, these programs are not counted as current).

Source: AIHW 2007d.

In total, $1,001 million was provided to 36,122 households in home purchase assistance in 2005–06. The bulk of this funding ($969 million) went to providing 20,293 households with some form of direct lending. The next most common form of home purchase assistance was advisory and counselling services, which were provided to 12,726 households at a cost of $3 million (Table 5.14).

Table 5.14: Commonwealth State Housing Agreement home purchase assistance: households assisted and value of assistance by assistance type, 2005–06

	Households assisted (number)	Value of assistance ($'000)
Direct lending	20,293	968,694
Deposit assistance	46	268
Interest rate assistance	3,207	25,414
Mortgage relief	299	2,621
Advisory and counselling services	12,726	2,950
Other	381	1,138
Total	**36,122**	**1,001,085**

Note: Not all jurisdictions have all types of programs. Some jurisdictions were also unable to provide data. Figures for direct lending are from Victoria, Queensland, Western Australia and Northern Territory, for deposit assistance from Queensland and Tasmania, for interest rate assistance from Queensland, Western Australia and South Australia, mortgage relief from New South Wales, Victoria, Queensland, Tasmania and the Australian Capital Territory, advisory and counselling services from New South Wales and Tasmania, and 'other' from Victoria and Queensland.

Source: AIHW 2007e.

Trends in social housing under the 2003 CSHA

Examining data for the three major CSHA programs, public rental housing, SOMIH and CSHA-funded community housing for the last 4 years shows some of the long-term trends in social housing assistance. While there has been a decline in the number of households accommodated in public housing in the last 4 years, the proportion receiving rent rebates has remained steady at 87%–89% (Table 5.15). This pattern is most likely due to the continuing high proportion of new tenants on rebated rents being offset by existing tenants improving their incomes to the point where they pay market rents.

Table 5.15: Households assisted and rebate status for the three Commonwealth State Housing Agreement social housing programs, 2003 to 2006

	Public housing	SOMIH	Community housing
Households at 30 June (number)			
2003	338,035	11,963	28,480
2004	336,254	12,219	26,083
2005	335,264	12,286	26,248
2006	333,968	12,386	28,684
Proportion of rebated tenants (per cent)			
2003	89	86	85
2004	88	83	89
2005	87	82	n.a.
2006	88	84	n.a.

Sources: AIHW 2003b,c,d, 2004b,c,d, 2005d,e,f, 2006a,b, 2007b.

The number of new households assisted each year has declined in public housing and SOMIH sectors, while remaining relatively stable in the community housing sector in the last 3 years (Table 5.16). For public housing, the reduced turnover of tenancies results from fewer opportunities for low-income households to move into other tenures, and greater longevity among older tenants.

Table 5.16: New households assisted for the three Commonwealth State Housing Agreement social housing programs, 2003 to 2006

	Public housing	SOMIH	Community housing
2003	33,365	1,657	n.a.
2004	30,962	1,667	6,108
2005	27,776	1,497	8,793
2006	27,544	1,376	6,489

Sources: AIHW 2003b,c,d, 2004b,c,d, 2005d,e,f, 2006a,b, 2007b.

The number of applicants on the waiting list for public housing has declined, mainly due to more active management of the list, tightening of eligibility and processes to explore alternative housing options with potential applicants. The SOMIH waiting list has remained relatively stable, while the waiting list for community housing has grown as more households become aware of this housing option (Table 5.17). The extent of double-counting across these waiting lists is not known, but moves in a number of jurisdictions to combine their waiting lists across all three programs will alleviate this uncertainty.

Table 5.17: Applicants on waiting list for the three Commonwealth State Housing Agreement social housing programs, 2003 to 2006

	Public housing	SOMIH	Community housing
Applicants on wait list at 30 June			
2003	208,056	10,503	33,325
2004	204,247	10,660	31,719
2005	203,905	11,174	37,384
2006	186,934	9,815	36,983

Sources: AIHW 2003b,c,d, 2004b,c,d, 2005d,e,f, 2006a,b, 2007b.

The total dwelling numbers for public housing, SOMIH and community housing have declined in the last 4 years by around 6,000, with losses in public housing dwellings (6,634) offset by smaller increases in SOMIH and community housing dwellings (Table 5.18). This decline in public housing reflects a long-term trend, with numbers reducing from 365,000 in 1995 to 341,000 in 2006.

Table 5.18: Dwellings for the three Commonwealth State Housing Agreement social housing programs, 2003 to 2006

	Public housing	SOMIH	Community housing	Total
2003	348,012	12,563	29,367	389,942
2004	345,335	12,725	26,753	384,813
2005	343,301	12,860	29,279	385,440
2006	341,378	12,893	29,693	383,964

Source: AIHW 2003b,c,d, 2004b,c,d, 2005d,e,f, 2006a,b, 2007b.

The number of low-income tenants as a proportion of all new tenants has slowly grown over time for public housing and SOMIH. Data on community housing is shown but survey response rates appear to have affected the consistency of data over the period (Table 5.19).

Table 5.19: Low-income tenants as a proportion of all new households for the three Commonwealth State Housing Agreement social housing programs 2003 to 2006 (per cent)

	Public housing	SOMIH	Community housing (new and existing households)
2003	99.5	99.0	88.2
2004	99.7	99.1	95.6
2005	99.6	98.2	91.8
2006	99.7	99.3	90.3

Sources: AIHW 2003b,c,d, 2004b,c,d, 2005d,e,f, 2006a,b, 2007b.

An increasing proportion of new tenancies are being made to those households with special needs, defined as Indigenous households, household member with disability, or the principal tenant is aged 24 or under or 75 or over (55 or over for SOMIH) (Table 5.20).

Table 5.20: Proportion of new tenancies allocated to households with special needs, 2003 to 2006 (per cent)

	Public housing	SOMIH	Community housing
2003	48.1	39.5	63.3
2004	53.5	43.6	65.0
2005	58.2	48.1	69.9
2006	59.8	48.8	68.4

Note: Data should be interpreted with caution as disability and Indigenous information is self-identified and not mandatory.
Sources: AIHW 2003b,c,d, 2004b,c,d, 2005d,e,f, 2006a,b, 2007b.

There has been an increase in the proportion of new allocations to those in greatest need in public housing and SOMIH, and some decrease in community housing (Table 5.21). These figures need to be treated with caution, since they are not consistently collected across jurisdictions and sectors.

Table 5.21: Greatest need allocations as a proportion of all new allocations, 2003 to 2006 (per cent)

	Public housing	SOMIH	Community housing
2003	37.9	23.3	84.6
2004	36.3	26.5	70.1
2005	37.7	27.5	78.9
2006	38.1	26.3	71.0

Notes

1. The criteria used for determining greatest need were expanded during 2005–06.
2. Data should be interpreted with caution as some priority applicants may bypass the priority process in low waiting time areas.

Sources: AIHW 2003b,c,d, 2004b,c,d, 2005d,e,f, 2006a,b, 2007b.

Other program areas

In addition to CSHA-funded housing assistance, governments and other organisations also provide housing assistance primarily through community housing. For example, several community housing organisations provide non-CSHA housing to aged persons that was established through subsidies provided by the Commonwealth Government under the Aged Persons' Homes Act. The largest area of community housing not funded under the CSHA is Indigenous community housing.

Indigenous community housing

At 30 June 2006 there were 22,192 Indigenous community housing dwellings across Australia: 20,159 were administered through the state governments and 2,033 were administered through the Australian Government. The Australian Government, through FaCSIA (and formerly through Aboriginal and Torres Strait Islander Services), is directly responsible for the administration of Indigenous community housing in three jurisdictions—Queensland, Victoria and Tasmania. In Victoria and Tasmania there is only Australian Government Indigenous community housing, while in Queensland, some of the housing is administered by the Australian Government and some by the state government. In the five remaining jurisdictions—New South Wales, Western Australia, South Australia, the Australian Capital Territory and the Northern Territory—funding from the relevant state or territory and the Australian Government is pooled and the state or territory government has sole responsibility for the administration of the Indigenous community housing (AIHW 2007f).

The Northern Territory, with 6,807 dwellings, had the largest number of Indigenous community housing dwellings, followed by Queensland with 5,671. Almost one third (30%) of dwellings managed by Indigenous housing organisations required major repair or replacement. There were 294 dwellings in Australia not connected to an organised water supply, 405 not connected to an organised sewerage system and 336 not connected to an organised electricity supply (AIHW 2007).

The average weekly rent collected for Indigenous community housing dwellings ranged from $29 in South Australia to $98 in the Australian Capital Territory. The low value of rent charged also means that many tenants of Indigenous community housing organisations are ineligible for CRA.

As noted earlier, housing ministers have adopted policies to improve the environmental health outcomes for Indigenous people. The Fixing Houses for Better Health program funded by FaCSIA uses this improved housing for health approach. It reports on the functionality of 'health hardware' in a house (before and after the program) in relation to whether it can support 11 critical healthy living practices that are required for good health (see Box 5.2).

Also under the reforms, efforts are being directed to improve the management of Indigenous community housing. In 2005–06 there were 559 Indigenous community housing organisations in Australia. All states and territories have strategies in place to assist these organisations to develop housing management plans and to improve their effectiveness in managing Indigenous housing. However one quarter of organisations did not have a current housing management plan in 2005–06 (AIHW 2007f).

5.4 Current housing policy issues

Under the 2003 CSHA, housing ministers and Australian, state and territory government housing agencies have initiated a range of new policies and programs as well as continuing reforms begun under the 1999 CSHA to ensure housing assistance meets government priorities. The major areas being addressed include:

- Indigenous housing issues
- affordable housing
- reducing barriers to home ownership
- addressing homelessness
- meeting the housing needs of tenants with high and complex needs.

Several of these areas aim to directly improve the health and welfare of Australians while others produce changes in the way housing is provided by governments, the private sector and the community and indirectly improve wellbeing through changing housing markets and infrastructure.

Indigenous housing issues

Indigenous Australians suffer from above-average levels of substandard housing, overcrowding and homelessness. This is most evident in remote Australia where access to services and opportunities are also restricted by distance.

Indigenous Australians generally do not have the same levels of access to affordable, secure housing as other Australians. This can be the result of low income levels, discrimination on the part of landlords and rental agencies, or a lack of suitable housing. Additionally, some Indigenous Australians leave their homes for long periods to fulfil cultural obligations and this may lead to the loss of a permanent dwelling (AIHW 1999).

Nearly 59% of Indigenous households in Australia are in some form of rental housing with 9% in housing provided by Indigenous or community organisations, 20% renting from state or territory housing authorities and 30% renting from private or other landlords. Just over one-third of Indigenous households were home owners (AIHW 2007f).

In addition to the Indigenous-specific programs, Indigenous households can also access mainstream housing programs. At 30 June 2006, 6% of households (21,141) in public housing and 6% of households (1,663) in mainstream community housing had one Indigenous member or more. A lower proportion of Indigenous households (3% or 30,168 households) were receiving assistance through the CRA Program (AIHW 2007f).

According to the 2006 ABS Census, an estimated 4,118 Indigenous people (0.8% of the population) were classified as homeless because their accommodation fell below community standards. These included 2,284 without conventional accommodation, 659 in homeless hostels and 1,175 staying with friends and relatives (AIHW 2007f).

In May 2001, housing ministers endorsed a 10-year statement of new directions for Indigenous housing, Building a Better Future: Indigenous housing to 2010 (HMC 2001). Building a Better Future recognised that Indigenous housing was a major national issue requiring priority action and sought to improve housing and environmental health outcomes for Indigenous Australians. The focus of Building a Better Future was on 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; and establishing a national framework for the development and delivery of improved housing outcomes for Indigenous Australians by state, territory and community housing providers. The seven outcome areas are shown in Box 5.3.

Part of this policy was to measure and monitor the housing needs of Indigenous Australians. The *Indigenous housing needs 2005: a multi-measure needs model* report (AIHW 2005b) assessed housing needs with the use of a multi-measure needs model. The report presented data from the five endorsed dimensions of need:

- homelessness
- overcrowding
- affordability
- dwelling conditions
- connection to essential services.

It also assessed the feasibility of including an additional three dimensions in the model:

- appropriateness of housing
- security of tenure
- emerging housing needs.

Also under Building a Better Future changes have been made across Australia in the area of addressing Aboriginal issues in accessing mainstream social housing. Jurisdictions have reviewed and amended operational policies to improve Aboriginal people's access to public rental housing and improving data collection processes to better understand the numbers of Aboriginal households living in mainstream social housing.

Box 5.3: Building a Better Future: Indigenous housing to 2010 outcome areas

1. **Better housing**—Housing that meets agreed standards, is appropriate to the needs of Aboriginal and Torres Strait Islander people, and contributes to their health and wellbeing
2. **Better housing services**—Services that are well managed and sustainable
3. **More housing**—Growth in the number of houses to address both the backlog of Indigenous housing need and emerging needs of a growing Indigenous population
4. **Improved partnerships**—Ensuring Indigenous people are fully involved in planning, decision making and delivery of services
5. **Greater effectiveness and efficiency**—Ensuring that assistance is properly directed to meeting objectives, and that resources are being used to best advantage
6. **Improved performance linked to accountability**—Program performance reporting based on national data collection systems and good information management
7. **Coordination of services**—A whole-of-government approach that ensures greater coordination of housing and housing-related services linked to improved health and wellbeing outcomes.

Source: HMC 2001.

Australian Remote Indigenous Accommodation (ARIA) program

The Australian Government has implemented a significant strategy of major reforms to help fix the Indigenous housing problem, particularly in remote Australia. The Australian Government's Australian Remote Indigenous Accommodation (ARIA) program was provided $293.6 million in new funds in the 2007–08 Budget, over and above the current level of Indigenous housing funding of around $380 million per year (FaCSIA 2007a).

These funds will be used in remote locations across Australia where Indigenous housing need is greatest to construct new houses and repair and upgrade existing houses. ARIA funds would be spent on new houses or upgrades only where ownership of the houses could be transferred to state or territory housing authorities and made available for purchase by individuals. This approach has been undertaken in response to the ABS analysis showing that the Indigenous community housing stock had increased by only 2% since 2001 and in the Northern Territory there are 271 fewer houses than there were 5 years ago. The ARIA program will also provide assistance for Indigenous people to directly purchase new homes or to lease–purchase a home.

The program aims to improve the management of houses through management by state or territory housing authorities or private owners. This would in many cases replace the current situation where the majority of stock is managed by Indigenous community housing organisations (ICHOs). These organisations will have the opportunity to upgrade their properties, where they agree to private ownership opportunities or to transfer title to state housing authorities.

Affordable housing

The Housing Industry Association (HIA) estimated that, in 2006–07, 10% of households with mortgages were in housing stress and 12% of private renters were in housing stress (Table 5.22).

Table 5.22: Households in housing stress, 2006–07

Year	NSW	Vic	Qld	WA	SA	Tas	ACT/NT	Australia
Number of households in housing stress								
Private renters	100,000	61,000	85,000	16,000	15,000	3,000	6,000	286,000
Households with mortgages	124,256	51,700	55,735	13,015	10,261	3,227	2,806	261,000
Total	**224,256**	**112,700**	**140,735**	**29,015**	**25,261**	**6,227**	**8,806**	**547,000**
Proportion of households in housing stress								
Private renters	12.7	10.4	16.8	6.8	8.0	5.1	10.2	12.0
Households with mortgages	14.3	8.0	10.0	5.0	4.9	5.1	4.4	10.0
Total	**13.5**	**9.1**	**13.2**	**5.9**	**6.4**	**5.1**	**7.2**	**11.0**

Sources: HIA, NATSEM

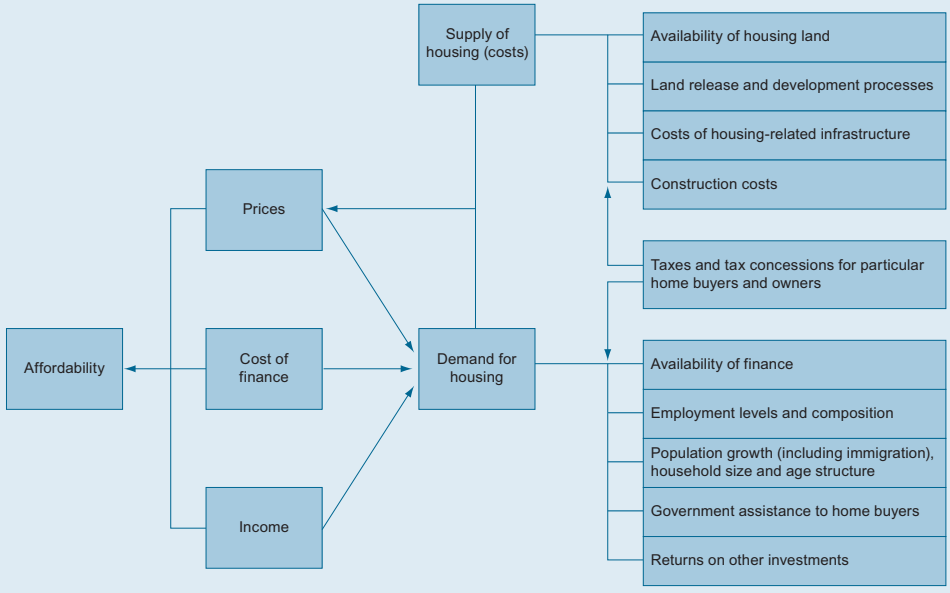
In July 2007 the HIA noted that action was needed as the number of Australian families in rental stress was about to rapidly increase, creating what it calls a 'rent crisis'. The HIA with the NATSEM undertook research that estimated that over the next 3 years, the number of private households paying more than 30% of their income in rent will jump by 230,000 to about 750,000 households. The HIA noted that to address record rent rises and record low rental vacancy rates there was an urgent need to boost the supply of affordable rental housing (ABC 2007).

The factors affecting the affordability of housing in Australia were examined by the Productivity Commission and the main components summarised in Figure 5.8.

In seeking to address affordability, governments and housing researchers are currently examining a range of policies and programs to identify which are the most appropriate (Berry & Hall 2001; Milligan et al. 2004). The areas being examined fall into six categories:

1. Housing market efficiency—to improve the operation of the housing market generally so that it produces and allocates dwellings at lowest cost and prices.
2. Affordable housing market efficiency—to improve efficiency in the management/delivery of affordable or subsidised housing.
3. Supply-side subsidies—to expand the stock of affordable housing.
4. Demand-side subsidies—to provide explicit or implicit income assistance for lower income renters and buyers.
5. Fund-raising regulatory or taxation measure—to raise cash or in-kind resources to fund the subsidies in categories 3 and 4 above.
6. Ethical investment and charities—as a means of funding affordable housing subsidies.

A number of affordable housing initiatives have been developed in recent years by state housing authorities, state land commissions, state planning and development agencies, local authorities, and the not-for-profit sector. Many are demonstration or pilot projects and some schemes operate under the broad framework of the CSHA while others are non-CSHA initiatives. They have in common a broad goal to make housing more affordable for lower income Australians (Milligan et al. 2005).



Source: Productivity Commission 2004: Figure 1.1.

Figure 5.8: Multiple determinants of housing affordability

Barriers to home ownership

Related to housing affordability is the sustainability of home ownership levels around 70% of all tenures which is a key feature of the Australian housing system. Successive governments have reinforced the goal of home ownership, with the Australian social security system traditionally being underpinned by high rates of owner occupation (McDonald 2003). Section 5.3 outlined the range of assistance to home owners. For some households home purchase may be attempted but not maintained as a result of change in the economic and social environment of the household. Also low- and medium-income households may need assistance to enter home ownership.

Across the states and territories governments have implemented a range of programs around affordable housing aimed at supporting home ownership for renters. These programs often include shared equity approaches. Shared equity housing helps low- and moderate-income households become homeowners. Shared equity schemes aim to facilitate home purchase by people who cannot afford the mortgage repayments on 100% of a home's purchase price, but whose incomes would allow them to pay a proportion of the mortgage. The remaining proportion would be paid for and owned by another party in a shared equity arrangement. The other parties might be a financial institution, not-for-profit organisation or government agency.

For example, under the Western Australian State Government's shared equity housing scheme the Department of Housing and Works will help first home buyers on low incomes by buying up to 40% of the value of a property below a $365,000 threshold. This will reduce both the deposit and monthly repayments to affordable levels because the home owner will only pay a mortgage on the share they own. The $300 million First Start program is expected to help 3,000 first home owners (WA DHW 2007).

Housing assistance and homelessness

Homeless people are the most disadvantaged in relation to housing. Homeless people can be simply defined as those with no housing or those residing in temporary or emergency accommodation. However, the concept of homelessness depends on prevailing community standards. According to the Chamberlain and MacKenzie (2003) definition adopted by the ABS, people are considered homeless if their accommodation falls below the minimum community standard of a small rental flat with a bedroom, living room, kitchen, bathroom and an element of security of tenure.

In their 2003 report, Chamberlain and McKenzie used a different definition of homelessness for Indigenous people by excluding Indigenous people who lived in certain types of improvised dwellings. In the 1996 Census, if a dwelling did not have a working shower or toilet it was classified as improvised. In some Indigenous communities, however, bathrooms and toilets are provided in properly constructed amenity blocks and used by multiple households. Chamberlain and McKenzie argued that these dwellings were culturally appropriate housing. The definition of an improvised dwelling was modified for the 2001 Census so these dwellings were not classified as improvised even though they fell below the general community standard used to define homelessness.

Chapter 6 of this report provides a range of data on homeless persons and on the assistance to support and accommodate them.

Housing assistance to homeless persons can take a variety of forms and the relative success of transitions from marginal to stable accommodation varies. Social housing programs provide a priority access to accommodation for people who are homeless or at risk of homelessness. Private rent assistance may also provide early assistance to people at risk of homelessness by reducing financial stress due to high housing costs.

As the targeting of social housing to those in greatest need continues, jurisdictions continue to implement broad programs that support a range of homelessness assistance services such as a mix of capital units and short-term leases, partnerships with outreach support services and other flexible short-term accommodation assistance. An example of this approach in the New South Wales is shown in Box 5.4.

Housing assistance and tenants with high and complex needs

The increased targeting of housing assistance based on relative need in recent CSHAs has seen social rental housing become a key part of assistance for households facing challenging circumstances. This has seen public housing authorities and community housing organisations increasingly allocate rental housing to accommodate individuals with high and complex needs.

Box 5.4: Inner City Homelessness Outreach and Support Service

The Inner City Homelessness Outreach and Support Service (I-CHOSS) provides a range of services to homeless people in the inner city of Sydney.

The I-CHOSS began on 27 January 2006. This service replaced two separate services that had been operating in the inner city, the Homelessness Action Team Support and Outreach Service and the City of Sydney Street Outreach Service.

The new service model is the result of an independent evaluation of phase one of the Inner City Homelessness Action Plan undertaken by an independent consultant, which recommended that a 'one service' model of support be developed to help homeless people in the inner city.

The new service operates 7 days a week and provides regular patrols to all known and emerging 'hot spot' locations across the inner city. I-CHOSS works directly with homeless people on the streets, providing a range of support to meet their individual needs.

I-CHOSS staff provides assistance with health care, counselling, mental health, drug and alcohol issues, and transport.

I-CHOSS works closely with a range of government and non-government agencies to ensure that homeless people can sustain housing in the long term. An evaluation of the Inner City Homelessness Action Plan recommended that strategies for enhancing the service's capacity to support people with high and complex needs be developed, along with the further development of effective housing and support models.

In particular, the evaluation recommended that existing governance structures be strengthened, including extending the membership to a broader range of stakeholders. As a result of this, the former Street Outreach and Support Services Committee (SOSSC) has evolved into the Inner Sydney Homelessness Action Committee (ISHAC).

Source: NSW DoH 2006.

In the context of housing assistance the term 'high and complex needs' usually refers to individuals who not only require housing assistance but also need other services to maintain stable accommodation. This additional support may include personal support, assistance with activities of daily living and medical care, and may feature recurrent use of crisis accommodation and care facilities. The tenants in this group are often a subset of the aged, disabled or ill households mentioned previously, but specifically refer to those tenants at risk of tenancy failure. In this subgroup there is often the existence of multiple factors of disadvantage, including combinations of various forms of disability, mental illness, personality disorders, cognitive deficits, ill health, substance dependency and antisocial or behavioural issues. In some instances the group also includes repeat offenders.

People with high and complex needs that are not being successfully managed are susceptible to changes in their accommodation. Persons not in stable accommodation may find it difficult to sustain home ownership and renters may lose their tenancy. Achieving stable accommodation with appropriate care and support for people with high and complex needs would minimise:

- the movement of persons living in stable accommodation either home ownership or rental tenancies into institutionalized care
- the movement of persons living in stable accommodation to marginal accommodation or becoming.

Appropriate care or support here refers to the range of health, housing or community services or assistance that would enable the person to maintain their current tenancy by reducing any adverse effects of their high or complex needs on their circumstance. While existing households may be considered to have high and complex needs requiring extra assistance, it is often the people who have recently moved from an institution or marginal housing who require most assistance.

The management of high and complex need tenancies in social housing adds to the cost of support. Loss of tenancy may make it even more difficult for a person to be rehoused. By their very nature, sustaining a tenancy for such people requires programs available across a range of program areas. The aim of these programs should be to move people either out of the high and complex needs group, or to provide stability in the way their high and complex needs affect the probability of maintaining their current tenure.

Housing agencies are currently exploring a range of models for delivery of modified and supported accommodation and related services. Some key drivers include:

- increasing numbers of people with complex needs seeking housing assistance, particularly in inner city locations
- the impact of de-institutionalisation and community care policies across government with people being assisted in the community rather than in an institutional setting
- the high financial and social costs of tenancy failure for people with complex needs
- the potential for non-government services to deliver greater opportunities to innovate, where tenants have access to CRA.

Partnerships/interdependencies with other agencies

A major factor in improving housing outcomes for tenants with high and complex needs is the engagement of other government human services agencies as well as non-government organisations. This has led to the establishment of across-government and agency housing

and human services accords, and service-level agreements. These structures establish the framework for cross-agency housing and support service agreements for social housing tenants with complex needs.

This approach often includes 'shared access' systems, whereby support agencies will share 'nomination rights' to public housing on behalf of their clients to provide support and enhance the quality of life and community participation of social housing tenants with complex needs.

Mental health and housing assistance

As mentioned previously the deinstitutionalisation of people with mental illnesses who require support has led to increased stresses on the infrastructure that provides housing or homelessness assistance. These pressures have led to partnerships being developed between housing providers and health workers under the auspices of the National Mental Health Plan 2003–2008. The plan was endorsed by all Australian health ministers in July 2003 and states:

> Improving the mental health of Australians cannot be achieved within the health sector alone. A whole-of-government approach is required which brings together a range of sectors that impact on the mental health of individuals, such as housing, education, welfare and justice. Together these sectors have an important role to play in promoting the mental health and wellbeing of the general population and assisting with the recovery of those experiencing mental health problems and mental illness. Partnerships with these other sectors must be fostered in order to develop a broader, whole of government approach to mental health that promotes positive reforms. (Australian Health Ministers 2003:13)

In 2006 COAG acknowledged the problems that mental health presents to the community and is preparing an action plan that includes 'getting the balance right between hospital care, community and primary care and the best type of accommodation for people who are unable to mange on their own' (COAG 2006:13).

Many people with mental illnesses are eligible for 'out of turn' public housing allocations. To reduce problems with maintaining tenancy responsibilities state housing authorities have developed and implemented programs that give households support to successfully maintain a tenancy. An example of this approach in the Northern Territory is shown in Box 5.5.

Meeting housing needs for tenants with a diverse range of high and complex needs

The provision of housing assistance to tenants with high and complex needs requires a substantial amount of flexibility as this tenant group contains a range of people with multiple disadvantages that range from poor education and discrimination to a range of complex health problems not necessarily based around mental illness.

A range of approaches have been developed by state housing providers and community housing organisations to provide appropriate housing. Often with support from other agencies, new service delivery arrangements have been developed to accommodate population groups that are unable to find assistance elsewhere. An example of such an approach is shown in Box 5.6.

Box 5.5: TEAMHealth Supported Living Services, Northern Territory

Territory Housing rents three-bedroom houses and two-bedroom flats to TEAMHealth, a non-government mental health organisation, which then becomes responsible for the tenancy obligations. The target population is homeless mental health consumers, usually with dual disabilities (mental health with alcohol or other drugs).

This program aims to provide assistance to seriously mentally ill persons in Darwin who become homeless due to relapses of their mental illness and are unable to maintain a tenancy without support. There are a limited number of accommodation options if public housing is denied. Cheap private accommodation options in Darwin are not available.

TEAMHealth furnishes the houses and flats and becomes the landlord for the consumers. TEAMHealth pay the fixed rental rate to Territory Housing. The number of beds fluctuates but is currently around 20.

TEAMHealth are funded by the Department of Health and Community Services to supply outreach support to mental health consumers in Darwin. Some of this funding is used to support the consumers living in the supported living service. It has been identified that if there was an increase in the outreach/recovery support component more accommodation would be made available.

Source: Teamhealth 2006.

Box 5.6: Port Jackson Supported Housing Program

The Port Jackson Supported Housing Program was established by the NSW Department of Housing, to meet the needs of those who are unable to sustain a tenancy in the public, community or private rental markets due to their high support needs.

The Port Jackson Supported Housing Program aims to expand the range of housing options for people who are homeless, frail aged, people with disability, people with a mental illness, youth, and other people with support needs in the inner city suburbs of Sydney.

The Port Jackson Supported Housing Program is operated by a registered community housing provider. The program uses a range of different types of dwelling, including houses, units, single living units (furnished accommodation with utilities) and some hostel-style accommodation. The program has over 21 registered partners that provide support and care to tenants. This involves the development of an intensive supported tenancy management approach.

Partnerships—The Port Jackson Supported Housing Program has formal partnerships. All partner support agencies sign a service agreement with the housing provider outlining the roles and responsibilities of each partner and also develop an individual support plan with the client to outline the support that will be provided. The program does not have a waiting list or housing register. Instead all prospective tenants are nominated by the support agencies working in partnership. These support agencies are also responsible for assessing the support needs of clients and arranging for the ongoing provision of support services.

Scale of operation—Up to 211 properties are to be provided for the program, consisting mainly of single dwellings made up from capital, acquisitions, leasehold and stock transfer

from public housing. Currently the Port Jackson Supported Housing Program has 21 registered preferred partners and continues to receive applications from support services seeking to take part in the program.

Typically, support agencies receive funding from other human service agencies for their designated target group. To become a preferred partner, agencies are required to demonstrate that they have their funding agency's endorsement to assist their client group in partnership with the Port Jackson Supported Housing Program.

Source: NSW DOH 2006b.

5.5 Pressure for change in delivery of housing assistance

This section looks at the other issues relevant to government housing assistance into the future. These issues may be addressed during the renegotiation of the next CSHA in 2008.

Reform of social housing

Reform of social housing includes:

- changing eligibility and tenure conditions for social housing
- reconfiguration of portfolio in line with need. A major challenge to implementation of targeting is the lack of alignment between current stock and the needs of future tenants
- major urban renewal and redevelopment in areas that have high concentrations of public housing and high levels of disadvantage
- improving the viability and sustainability of social housing through rent-setting changes and other charges.

Changing eligibility and tenure conditions for social housing

Under the 2003 CSHA the increased targeting of housing to those in need for the duration of that need has led state housing authorities to revise many of their tenancy criteria. For example, the New South Wales Government in April 2005 introduced Reshaping Public Housing reforms which included incorporating housing need along with financial need as the primary eligibility criteria (that is tenancies matched to need); new categories of fixed-term tenure based on housing need (ending the 'tenancy for life' policy); changing calculations for rental subsidies; introducing water usage charges; and investing in a targeted community regeneration program (NSW DOH 2005).

Reconfiguration of portfolio in line with need

A major challenge to meeting the increased targeting of social housing in the areas highlighted in Section 5.4 comes from the lack of alignment between the current stock of social housing in jurisdictions and the needs of current and future tenants (Office of Housing, Vic DHS 2006a).

To address this most jurisdictions are modifying their current dwelling stock portfolio through a range of reforms covering:

- reducing stock in lower demand areas
- acquiring stock in high demand areas
- reducing concentrations on estates
- increasing assets close to services and transport
- implementing maintenance programs to remedy the maintenance backlog on current stock or disability modification.

Major urban renewal and redevelopment

Across Australia housing agencies are working to improve the communities and neighbourhoods for social housing tenants. This stems from the concern that many areas that have high concentrations of public housing also can be considered as areas with high levels of disadvantage, including locational disadvantage.

An example of redevelopment is the Carlton redevelopment project being undertaken in Victoria (Office of Housing, Vic DHS 2006b:8–9). The project involves a major redevelopment of the Carlton public housing estates. These estates comprise 192 walk-up flats and 6 high-rise towers, as well as the former Queen Elizabeth Centre that contains vacant institutional buildings, some of which are heritage-listed. The redevelopment will involve replacement of all the 1960s-style walk-up flats on the estates with a mix of new social and private housing, and the re-integration of the Victorian Office of Housing estates into the local neighbourhood.

Redevelopment of the property began with demolition in 2006. New construction will continue in stages over 7 years. The project will yield up to 795 new units (245 public and 550 private).

These major urban renewal projects are aimed at delivering significant benefits to these areas through creating sustainable local neighbourhoods with better and more appropriate housing, improving services and infrastructure, supporting innovative urban design, improving transport, promoting a safer community and environment, and enhancing economic growth in the local area.

Improving the viability and sustainability of social housing

Social housing rent policy encompasses a range of objectives that must deliver affordable housing and equity outcomes for tenants. Rents for public housing are set as a proportion of income (income–based rents) and rent rebates are not funded. This level of subsidy leads to state housing authorities operating with a deficit as rental revenue does not meet the expenditures from provision of public housing.

Table 5.23 shows the average market rent value, the rent revenue per week that public housing authorities receive from tenants and the average direct costs that they must meet to maintain the current viability of providing assistance. At 30 June 2006 the average rent paid across Australia by public housing tenants was $90.56 while the average direct cost, excluding capital costs, was $98.64. For most jurisdictions the income from rent did not meet the direct cost of provision. Due to the large subsidy under the current rent-setting policies, for many housing authorities the income from rent was under half of the amount of rent that could be charged based on the market value of the dwelling. Such shortfalls must either be covered through an operating deficit or from drawing on the capital

funding the Australian Government provides under the CSHA. The need to increasingly target available vacancies to those most in need may result in further reduction in income from rent for state housing authorities.

Table 5.23: Average weekly market rent, rent charged and direct costs per dwelling for public rental housing, 30 June 2006

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
	Average weekly $ per dwelling								
Market rent	198.09	160.15	168.09	135.98	147.52	150.29	234.17	188.11	173.80
Rent paid by tenants	91.52	89.56	95.05	81.35	86.68	84.19	111.34	94.35	90.56
Direct cost per dwelling	98.50	81.40	90.75	103.50	101.60	131.02	147.79	178.92	98.94

Source: AIHW 2006a:Tables 4.4, 4.10 and 4.11.

As many jurisdictions have ageing public housing stocks this rent revenue shortfall has led to many public housing authorities having to dedicate CSHA capital funds to stock renewal, often at the expense of increasing stock numbers (Hall & Berry 2004).

Another important driver for rent reform options is the proposition that tenants of social housing are discouraged from workforce participation under current rent rebate arrangements. This is because public housing rebate policy and Centrelink taper rates, act to impose high marginal penalties when income increases. Significant income increases result in a disproportionate improvement in disposable funds. To date housing authorities have relied on rebate concessions such as 'rent holidays' and 'rent free' areas to assist transition to paid work by tenants. These concessions, however, act to reduce revenue to authorities and affect the jurisdiction's viability (Hulse et al. 2003).

The need to consider rent reform is the subject of a forthcoming AHURI report *Operating deficits and public housing: policy options for reversing the trend: 2005/06 update* and may be addressed in the context of the next CSHA to be renegotiated in 2008.

5.6 Information issues facing housing assistance

There are a range of information gaps relating to housing status and need. Information is not consistent across tenure and program areas.

- Information on tenants in private rental is less than that available for public housing, even though they represent a larger proportion of low- and middle-income renters. In particular, data such as that collected in the NSHS are currently missing.
- Indigenous community housing data are patchy and less than mainstream community housing.
- Community housing administrative data are still being developed.
- Data on affordable housing initiatives, access to mainstream assistance for Indigenous households and the transition of homeless people to independent tenure are limited.
- Data are sparse on how the housing circumstance of individuals may affect other social and economic activities such as workforce participation, education and training.

The inclusion of health and welfare information outside the housing sphere, such as information on primary care and community health or disease and functioning would add to the usefulness of these data across areas of government and service provision.

Record linkage

Record linkage offers a tool to help to build a common information vocabulary that enables us to connect the dots among health, community services, housing and sustainability of tenures.

Examining high and complex needs

Operational reporting and data development initiatives are showing increasing evidence of both the effectiveness and potential limitations of service models.

Data are needed to identify whether flexibility of service delivery and coordinated cross-portfolio approaches are providing broad social or economic outcomes while still ensuring individual program accountability.

Cost of provision and cost shifting

Under a number of established reporting protocols, including within the CSHA, some services may be identified as comparatively expensive or inefficient as the broader cost savings to communities and governments (such as reduced admissions to acute facilities including hospitals) are not identified. Similarly, the provision and cost of non-housing activity from housing budgets, such as security and law enforcement, needs to be measured.

5.7 Summary

Appropriate housing not only meets the housing needs of the population but contributes to broader outcomes, such as the improved social and economic wellbeing of individuals, families and communities. Housing provides shelter and a place where people are guaranteed security and privacy, and where they can form and maintain relationships with family and friends.

Having a home also enables people to engage with the wider community—socially, recreationally and economically—and may influence both their physical and mental health. The ageing of Australia's population and the decline in average household size is generating an increased need for different housing types and houses in different locations.

Housing assistance has undergone considerable change during the 2003 CSHA and it is likely this reform of assistance to low- and moderate-income households will continue under the 2008 CSHA. With concerns around housing affordability for low- and middle-income households, governments are looking to identify and develop new approaches to the provision of housing assistance. As the population ages, maintaining the current level of home ownership is important as the capacity for private and social rental housing to meet the growing needs of low-income households is limited on current evidence. Improvements to the supply of low-rent housing to meet housing needs will remain a major challenge to governments.

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6 The dynamics of homelessness

6.1 Introduction

People experiencing homelessness have a diverse range of circumstances and needs, but they are all among Australia's most socially and economically disadvantaged. Despite Australia's current period of economic prosperity, homelessness continues to be a major social problem, and affects a considerable proportion of the population. According to accepted estimates, around 100,000 Australians are homeless. The rate of homelessness ranges from 1 in 253 people in the Australian Capital Territory to 1 in 35 people in the Northern Territory (Chamberlain & MacKenzie 2003:5). These figures are derived from the 2001 Census of Population and Housing. The equivalent estimates from the 2006 Census will not be available until 2008. In terms of the major program response to homelessness, in 2005–06, at least 1 in every 126 Australians received assistance from the Supported Accommodation Assistance Program (SAAP) because they were homeless or at imminent risk of homelessness (AIHW 2007a:13).

Recent evidence suggests that the traditional stereotype of homelessness mainly affecting older men with drug and alcohol problems remains a widely held perception among the Australian public (Melsom 2007). The reality, however, is that homelessness is also experienced by significant proportions of families, women, children and young people for a range of reasons, including domestic violence, poverty or financial crisis, family and relationship breakdown, or due to a lack of affordable housing. In response to the heterogeneity of the homeless population and complexity of need within it, there has been an increased effort to develop service responses that are appropriate for different segments of the homeless population, such as women escaping domestic violence, families, Aboriginal and Torres Strait Islander people in rural and remote Australia, children and young people.

Responding to homelessness is a complex endeavour, and governments at all levels and non-government organisations currently emphasise the need for using integrated approaches in their responses to homelessness. In particular, since the introduction of the Australian Government's National Homelessness Strategy in 1999, efforts have increased to develop stronger and more effective cross-program relationships (FaCSIA 2007a). This includes linkages between SAAP and other health and welfare services.

Resolving homelessness is not limited to addressing a lack of adequate shelter. In SAAP, a wide range of non-accommodation support services may be utilised according to the particular needs of clients. In addition to the provision of crisis accommodation, SAAP agencies may also help their clients obtain or maintain tenancies in transitional housing, public or community housing, or the private rental market. Various projects have also been developed that aim to utilise linkages between crisis services such as SAAP and mental health and other health services, drug and alcohol programs, income support, employment programs and family and relationship counselling. These developments in homelessness assistance are encapsulated in the three key strategic priorities of the new SAAP Multilateral Agreement, SAAP V (2005–2010):

- pre-crisis intervention
- post-crisis transition
- better linkages to allied support services for people with multiple and/or complex support needs (FaCSIA 2006).

One example of an innovative approach to cross-program service delivery is YP[4], a 3-year trial offering homeless young people a single point of contact for employment, housing, educational and personal support. Due for completion in 2008, the trial involves four non-government organisations working in partnership, and combines funding and other resources from the National Homelessness Strategy, SAAP, Community Jobs Program, Personal Support Program, Job Network, and the Job Placement, Employment and Training Program, among others (Hanover 2007). One of the key aims of the National Homelessness Strategy in supporting these types of projects is to identify best practice models that can be promoted and replicated to enhance existing homelessness policies and programs, and to build the capacity of the non-government sector to improve linkages and networks (FaCSIA 2007b).

Cross-program responses to homelessness are also evident in the Council of Australian Government's (COAG) National Action Plan on Mental Health 2006–2011, which includes various measures to reduce the prevalence of mental health problems in the homeless population. Research suggests that mental health and substance use problems are more prevalent in the homeless population than in the general population (Lunn 2007; St Vincent's Mental Health Service & Craze Lateral Solutions 2006; Teesson et al. 2000). It has also been suggested that there is a clear link between homelessness and mental illness and problematic substance use, with many of these problems actually developing after a person becomes homeless. SAAP data on clients with mental health and substance use problems are detailed in this chapter.

SAAP service delivery is structured differently for different segments of the homeless population. Initiatives notwithstanding, differences in the operational practices of SAAP agencies according to target groups may affect who, out of the total homeless population, is more likely to gain access to SAAP services and the type of support they are likely to receive when they do. These differences in access and services for different client groups is a particular focus of this chapter.

The stronger emphasis on the delivery of cross-program responses to homelessness has begun to influence the way in which data and information are collected and reported. This is also in line with the continued emphasis on the need for a person-centred perspective to measure the outcomes of government-funded policies and programs. Substantial progress has been made towards the development of methods to link data both within and across programs. In the SAAP National Data Collection, the introduction of a new statistical linkage key that is consistent with that used in other community services and health data collections will enable the reporting of de-identified statistical information that relates to the person rather than the program. This is an important step in providing the kind of statistical information necessary to inform whole-of-government and inter-jurisdictional agendas in homelessness policy.

Chapter outline

This chapter explores the relationships between the number of people experiencing homelessness, different experiences of homelessness and homelessness assistance, drawing largely from the SAAP National Data Collection. Section 6.2 examines how

structural differences influence service delivery to different groups of people experiencing homelessness. Structural constraints in service delivery are further explored in Section 6.3 through an examination of homeless people who are unsuccessful in their attempts to be accommodated in SAAP. It also considers those people who, for various reasons, are excluded or evicted from SAAP agencies. Section 6.4 turns to the larger issue of the relationship between people seeking SAAP accommodation and the total homeless population, by examining data from the Australian Bureau of Statistics' (ABS) Census of Population and Housing and the consequent point-in-time estimate of the homeless population derived by the Counting the Homeless project. In Section 6.5, the categories of the homeless population defined in Counting the Homeless are applied to the ongoing SAAP National Data Collection to illustrate the temporal characteristics of homelessness.

Section 6.6 examines the prevalence of mental health and problematic substance use among the various client groups in SAAP. Data on the housing circumstances of clients, including those with mental health and problematic substance use issues, are presented in Section 6.7. Selected SAAP data from 1996–97 to 2005–06 are presented in Section 6.8. Section 6.9 contains an overview of major policy initiatives that have been developed since *Australia's welfare 2005*, and data developments related to SAAP are outlined in Section 6.10.

6.2 The major program response to homelessness

There are many Australian Government and state and territory government responses to homelessness, of which SAAP is by far the largest. SAAP is designed to deliver services to people who are homeless or at risk of homelessness (see Box 6.1). SAAP-funded agencies exist in every state and territory, in metropolitan, rural and remote areas, and, while every agency caters to those who are homeless or at risk of homelessness, each agency varies in the services it provides and can largely decide its own policies and procedures for delivering those services. The range of services that might be provided range from supported accommodation to services designed to prevent clients becoming homeless, such as financial help or family reconciliation. They may also include non-accommodation services for those who are marginally housed, such as showers, laundry facilities, meals and access to health professionals such as general practitioners, psychiatrists, psychologists or podiatrists.

Before SAAP was established, various programs catered to particular groups of the homeless, such as young people, women escaping domestic violence, or single men. These independent programs were brought together with the launch of SAAP in 1985, a joint Commonwealth and state and territory government initiative. Since then, the program has continued to

Box 6.1: The SAAP Act: definition of homelessness

According to the *Supported Accommodation Assistance Act 1994*, a homeless person is a person who does not have access to safe, secure and adequate housing. A person is considered not to have access to safe, secure and adequate housing if the only housing to which they have access damages, or is likely to damage, their health; threatens their safety; marginalises them through failing to provide access to adequate personal amenities, or the economic and social supports that a home normally affords; places them in circumstances which threaten or adversely affect the adequacy, safety, security and affordability of that housing; or has no security of tenure—that is, they have no legal right to continued occupation of their home. A person is also considered homeless if he or she is living in accommodation provided by a SAAP agency or some other form of emergency accommodation.

evolve, and the establishment of particular SAAP agencies has in large part been the outcome of submission-based funding patterns influenced by various state-level policy directives, as each state and territory administers the agencies within their jurisdiction. The number of funded services has grown from around 500 in 1985 to 1,300 in 2005–06 (AIHW 2003a:401, 2007a:7).

Across Australia, SAAP agencies collect data on the services provided to clients and their accompanying children using the definitional framework provided by the National Data Collection (see Box 6.2 for the key definitions used in this chapter). SAAP agencies supported an estimated 161,200 people during 2005–06, of whom around 106,500 were SAAP clients and 54,700 were accompanying children (AIHW 2007a:13). In 2005–06, the 106,500 SAAP clients were provided with 180,000 support periods. The greater number of

Box 6.2: Key definitions used in the SAAP National Data Collection

An **accommodation period** is the period during which a client was in SAAP-supported accommodation. A client may not be accommodated at any time within a support period, or they may have one or more accommodation periods within a support period. The dates on which each accommodation period began and ended during the support period are collected for clients but not for accompanying children. However, it can be reasonably assumed that an accompanying child will have the same accommodation period start and end dates as their parent(s) or guardian(s) in the majority of cases.

An **accompanying child** is a person aged under 18 years who has a parent or guardian who is a SAAP client, and who accompanies that client to a SAAP agency any time during that client's support period, and/or receives assistance directly as a consequence of a parent or guardian's support period.

A **client** is a person who is homeless or at imminent risk of homelessness and who is accommodated by a SAAP agency, or enters into an ongoing support relationship with a SAAP agency, or receives support or assistance from a SAAP agency which entails generally 1 hour or more of a worker's time, either with that client directly or on behalf of that client, on a given day. This includes people who are aged 18 years or older and people of any age not accompanied by a parent or guardian.

A **closed support period** is a support period that had finished on or before the end of the reporting period. In this chapter, this means on or before 30 June 2006.

For the purposes of the National Data Collection, a **referral** involves a formal process, not simply the provision of information. A (formal) referral occurs when a SAAP agency contacts another organisation and that organisation accepts the person concerned for an appointment or interview. A referral has not been provided if the person is not accepted for an appointment or interview.

A **support period** is the period of time that a client receives support and/ or supported accommodation from a SAAP agency. A support period commences when a client begins to receive support and/or supported accommodation from a SAAP agency. The support period is considered to finish when the client ends the relationship with the agency, or the agency ends the relationship with the client.

Supported accommodation consists of accommodation paid for or provided directly by a SAAP agency. The accommodation may be provided at the agency or may be purchased using SAAP funds—at a motel, for example.

Source: AIHW 2005b.

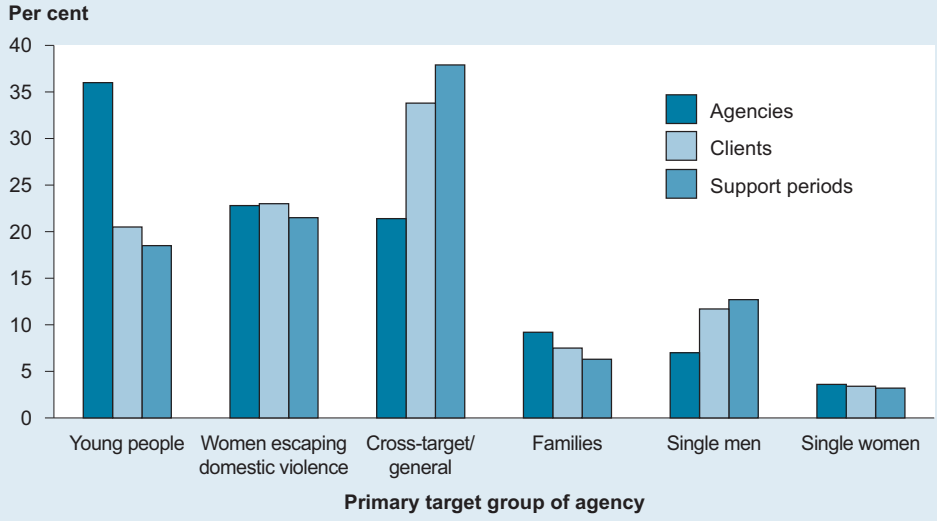
support periods than clients indicates that some clients accessed SAAP services more than once during the year.

The 54,700 accompanying children were provided with around 81,700 support periods. Overall, 1 in every 88 Australian children aged 0–17 years accompanied a parent or guardian to a SAAP agency in 2005–06, with 0–4 year olds having the highest rate of SAAP use—around 1 in every 57 children in this age group (AIHW 2007a:28; see also Section 2.6).

Primary target groups in SAAP

The primary target group of an agency is reported in the SAAP National Data Collection by their state or territory funding department. Many SAAP agencies are funded to target quite specific client groups, such as young people, single men or single women, women and children escaping domestic violence, or families, although other agencies have cross-target or more general client groups. Agencies targeting young people, the largest primary target group, totalled 36% of all agencies in 2005–06, with the next largest group of agencies catering for women and children escaping domestic violence (23%), followed by cross-target or generalist agencies (21%). Agencies targeting families accounted for 9% of all agencies at the national level (Figure 6.1).

Different jurisdictions, however, can depart quite markedly from this national pattern (Table A6.1). In Tasmania in 2005–06, for example, 60% of agencies were generalist and 29% targeted young people, in the Northern Territory 32% were generalist, 27% targeted women and children escaping domestic violence and 22% were for young people, while in Western Australia the majority of agencies targeted either women and children escaping domestic violence or young people (30% of agencies each) while 24% were generalist. The mix of agencies available to homeless people in any one location strongly influences who can access SAAP. It is also one indicator of who are considered the most vulnerable and in need of a homelessness service in any given jurisdiction.



Sources: Tables A6.1 and A6.2.

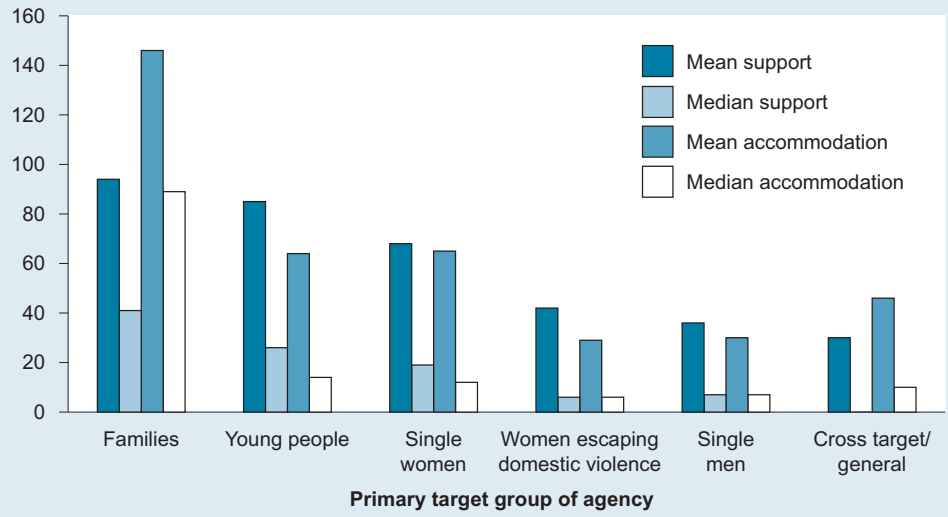
Figure 6.1: SAAP agencies, clients and support periods, by primary target group, 2005–06

Both historical factors and the differing needs of various client groups have influenced the operational procedures of the various SAAP sectors, often leading to the primary target group sectors having quite distinct methods of operation. Agencies targeting young people, for example, are very often small services and may have legal requirements to provide around-the-clock care, while many agencies that target single men are often much larger operations with high client turnovers and less intensive client contact. As a consequence, the average number of clients and the proportion of support periods provided can vary significantly between the sectors (Figure 6.1), leading to differences in the level of support generally available to their clients, notwithstanding the intensity of those clients' needs.

Agencies targeting young people comprised 36% of agencies nationally, but accounted for just 21% of all clients and provided 19% of all support periods, indicating the more intensive nature of the support provided by these agencies. In contrast, 21% of all agencies were generalist but these accounted for 34% of all clients and 38% of all support periods. Likewise, while only 7% of services targeted single men, they accounted for 12% of all clients and 13% of all support periods (Figure 6.1).

A related indicator of the differences between the SAAP target groups is provided by the average lengths of support and accommodation within the various target groups (Figure 6.2). It should be noted that a support period may or may not include a period of SAAP accommodation. A SAAP support period includes a range of support services, possibly including accommodation; the term 'accommodation period' refers specifically to the length of time spent in accommodation. Figure 6.2 presents both the mean and the median lengths of support periods in the various sectors, as well as the mean and median lengths of time for which clients were accommodated in SAAP. The accommodation periods exclude those that started and ended on the same day.

Agencies targeting families generally provide their clients with both longer support and longer accommodation periods. The mean length of support in this target group was 94 days and the mean length of accommodation was 146 days. This target group also



Source: Table A6.2.

Figure 6.2: Mean and median lengths of support and accommodation, by primary target group, 2005–06

had the smallest disparities between the means and medians of the lengths of support and accommodation. The median length of support was 41 days and the median length of accommodation was 89 days, indicating greater consistency in the extended level of support and accommodation offered to clients of family agencies than clients in other target groups. Such consistency in service provision could be influenced by organisational differences between the target groups, as well as reflecting possible differences in the levels of need or housing exit options for the clients of these agencies.

In contrast, cross-target or generalist agencies, which provided the majority of SAAP support periods in 2005–06, had the shortest average length of support (30 days), with the median length of support being less than 1 day. This means that at least half of all support periods of the clients visiting these agencies were for less than 1 day. Agencies targeting women and children escaping domestic violence and those targeting single men provided the shortest average length of accommodation (29 and 30 days, respectively). The median lengths of support and accommodation in these sectors were 6 and 7 days, respectively.

From Figure 6.1 it can be seen that there were large differences across the SAAP sectors in the number of agencies funded nationally, the number of clients accessing each sector and the number of support periods for those clients. The largest proportion of agencies in the SAAP sector targeted young people, but the largest number of clients and support periods were provided by generalist agencies. Figure 6.2 shows that the sectors also differed greatly in the average lengths of support and accommodation provided by agencies to their clients. The three SAAP sectors with the shortest mean and median lengths of both support and accommodation were those targeting women escaping domestic violence, single men and cross-target agencies.

These sector differences may limit access for particular SAAP client groups. The support period distribution of client groups in each of the sectors is shown in Table 6.1, to examine whether the differences between the SAAP sectors have the potential to affect particular client groups more than others.

Given that cross-target agencies provided the largest proportion of support periods of any target group (Figure 6.1), it is not surprising that for most client groups this was the sector that provided the largest proportion of their support periods. The three client groups who differed from this pattern were the younger women and men (aged under 25 years) who presented at a SAAP agency on their own, who had the majority of their support periods (60%) provided by young people's agencies, and women with children, with 54% of support periods provided by domestic violence agencies (Table 6.1). These three client groups were also able to access a range of other SAAP target groups.

Older men (those aged 25–44 years and 45 years or over) in general accessed just two primary target group sectors in SAAP, those agencies targeting single men and cross-target agencies. The majority of support periods for both the older male age groups (around 57% in both groups) were provided by cross-target agencies and another 40% were in agencies for single men. That is, over 97% of support periods for both of these groups were in two of the sectors providing the shortest lengths of support and accommodation.

Although no other client group had such restricted SAAP experience, women presenting without children in the older age groups (25–44 years and 45 years or over) also went to generalist agencies for the majority of their support periods (46% and 47%, respectively). However, these older women were able to access more diverse SAAP sectors. As well as visiting domestic violence agencies (in 40% of support periods), these two client groups also accessed agencies targeting single women in around 10% of their support periods.

Table 6.1: SAAP support periods: client group by primary target group of agency, 2005–06 (per cent)

Client group (years)	Young people	Single men only	Single women only	Families	Women escaping DV	Cross-target/ multiple/ general	Total	
							Per cent	Number
Male alone, under 25	59.6	13.5	—	1.1	0.5	25.3	100.0	19,700
Male alone, 25–44	1.1	40.0	0.1	1.2	0.5	57.0	100.0	32,300
Male alone, 45 or over	0.7	40.3	0.1	1.0	0.3	57.7	100.0	14,800
Female alone, under 25	59.5	0.2	3.8	1.7	14.0	20.8	100.0	22,400
Female alone, 25–44	1.3	0.8	10.3	2.0	39.7	45.9	100.0	21,600
Female alone, 45 or over	0.9	0.7	9.1	2.2	40.0	47.1	100.0	9,700
Couple no children	22.6	2.2	1.1	9.5	4.9	59.8	100.0	4,900
Couple with children	14.4	0.7	0.7	38.4	4.0	41.8	100.0	7,000
Male with children	7.1	2.5	0.8	34.0	2.2	53.4	100.0	2,400
Female with children	8.2	0.3	3.5	13.6	54.4	20.0	100.0	38,800
Other	24.3	2.1	3.4	11.1	8.7	50.4	100.0	800
Total (per cent)	**18.1**	**12.7**	**3.2**	**6.4**	**21.6**	**38.1**	**100.0**	**. .**
Total (number)	**31,600**	**22,100**	**5,500**	**11,100**	**37,600**	**66,400**	**. .**	**174,400**

Notes

1. Number excluded due to errors and omissions (weighted): 5,595 support periods.
2. Figures have been weighted to adjust for agency non-participation and client non-consent.

Sources: SAAP Client and Administrative Data Collections.

These data show how access to the various SAAP sectors can depend on which client group a client falls into. Taken together with the significant differences in the lengths of support and accommodation generally provided by those sectors, and the large variation of SAAP sectors across jurisdictions, the implication is that structural considerations strongly influence the SAAP experiences of various client groups. Older single men are a good example of this.

What becomes clear from this discussion is that, while individual factors, such as the depth and complexity of client needs, will have an influence on the types of services provided, the SAAP experiences of various client groups are also constrained by differences between the standard service provision of those SAAP sectors they are able to access. The fact that services provided do not necessarily reflect the services needed, due to the historical development of services and social perceptions of vulnerability, will be returned to later in Section 6.6, which discusses clients with mental health and problematic substance use issues.

Female Aboriginal and Torres Strait Islander SAAP clients, especially those living in remote areas, have a unique pattern of SAAP use. Data on the length of accommodation in SAAP for women with children from different cultural backgrounds are shown in Table 6.2. This table shows that 37% of these closed support periods with accommodation in 2005–06 were for Aboriginal and Torres Strait Islander women with children.

Indigenous women with children had shorter lengths of SAAP accommodation than women with children in other cultural groups. For all non-Indigenous groups of women with children, the most common length of stay in SAAP accommodation was either 4–13 weeks or greater than 13 weeks, with at least 19% of such closed support periods falling into these groups (Table 6.2). For Indigenous females with children, however, the most

common length of stay was between 2 and 7 days (in 36% of closed support periods), and the next most common was for 1 day or less (in 26%).

Further, for Indigenous women with children this disparity increased dramatically with remoteness. Indigenous women with children accessing SAAP services in Very Remote areas are most likely to have a SAAP bed for 1 day or less (in 45% of closed support periods) or for between 2 and 7 days (42%). Those in Remote areas are most likely to have a SAAP bed for between 2 and 7 days (in 45% of closed support periods) rather than for 1 day or less (31%).

Table 6.2: SAAP closed support periods for females with children in which they were accommodated: length of SAAP accommodation by cultural and linguistic diversity, 2005–06 (per cent)

Cultural and linguistic diversity	1 day or less	2–7 days	>1–2 weeks	>2–4 weeks	>4–13 weeks	>13 weeks		Total	
								Per cent	Number
Indigenous Australians	25.7	36.2	9.7	8.8	11.3	8.5	100.0	36.7	4,900
Remote area[a]	30.9	45.3	9.9	5.5	5.7	2.7	100.0	. .	900
Very Remote area[a]	45.0	42.4	6.6	2.8	2.3	0.8	100.0	. .	800
Australian-born non-Indigenous	12.9	19.8	10.7	12.0	21.2	23.4	100.0	47.5	6,300
Overseas-born, mainy English-speaking countries[b]	12.6	23.6	10.8	8.4	25.7	19.0	100.0	4.0	500
Overseas-born, mainly non-English speaking-countries[c]	12.3	18.0	9.7	11.9	23.7	24.4	100.0	11.8	1,600
Total (row per cent)	**17.5**	**25.8**	**10.2**	**10.7**	**18.0**	**17.9**	**100.0**	**100.0**	**. .**
Total (number)	**2,300**	**3,400**	**1,400**	**1,400**	**2,400**	**2,400**	**. .**	**. .**	**13,300**

(a) Unweighted data. Figures could not be weighted to adjust for agency non-participation and client non-consent at the remoteness level. The remoteness of SAAP agencies has been assigned using the Australian Standard Geographical Classification Remoteness Structure (ABS 2001). SAAP agencies are categorised based on the postcode supplied by the relevant state or territory community services department. Please note that this postcode forms part of the mailing address of the agency and may not match the actual location of the agency.

(b) Mainly English-speaking countries: Canada, Ireland, New Zealand, South Africa, the United Kingdom, the United States of America and Zimbabwe.

(c) Mainly non-English-speaking countries: countries, excluding Australia, that are not listed as mainly English speaking.

Notes

1. Number excluded due to errors and omissions (weighted): 1,034 support periods.
2. Figures have been weighted to adjust for agency non-participation and client non-consent.

Source: SAAP Client Collection.

This supports other evidence that SAAP services in these areas are used as 'safe houses', providing a temporary haven as needed. A recent report, *Family violence among Aboriginal and Torres Strait Islander peoples*, states that for Indigenous female clients in SAAP escaping domestic violence, the average number of support periods per client increased with remoteness, from 1.4 support periods per client in Major Cities to 2.1 in Very Remote areas (AIHW: Al-Yaman et al. 2006:77).

It is evident from the data presented above that structural elements can influence service delivery to particular sections of the homeless population, with access to the various SAAP primary target group sectors sometimes dependent on the client group that a client belongs to. This in turn can influence different client groups' experiences of SAAP, due in part to the significant differences in the lengths of support and accommodation provided by various SAAP sectors. Clearly, sector differences can also be mediated by location and cultural factors, as in the case of SAAP service delivery in remote areas.

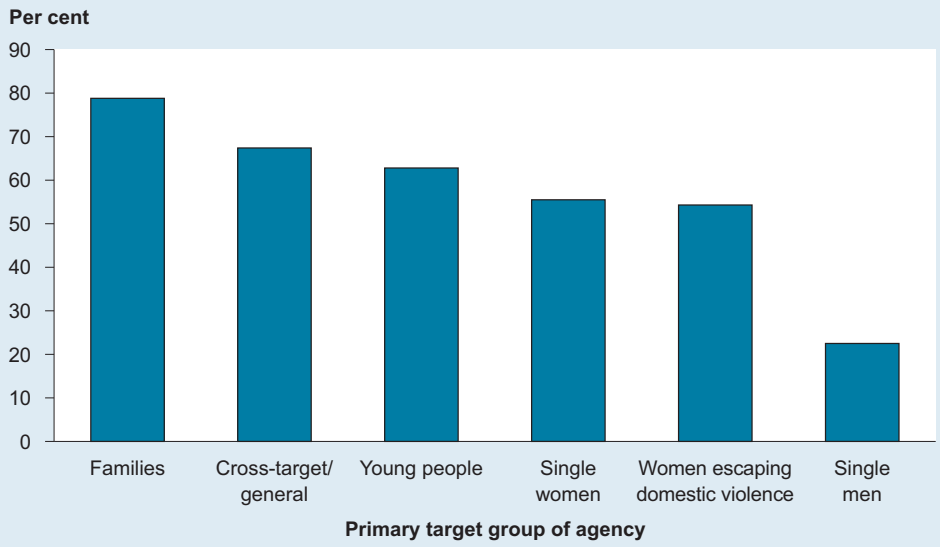
6.3 Who is turned away from SAAP accommodation?

This section begins by examining who is seeking accommodation in SAAP and who is turned away because of lack of resources. Data are from two SAAP data collections: the Client Collection and Demand for Accommodation Collection. The Demand for Accommodation Collection covers 2 separate weeks each year, and is used in conjunction with the ongoing Client Collection to estimate the number of people who are turned away from SAAP accommodation. Some data from the New South Wales Ombudsman's inquiry (2004) will also be presented, which confirms that people with mental health and problematic substance use issues, in particular, may be excluded from even accessing SAAP services. Considered together, these data give an indication of the difficulties faced by various client groups in obtaining access to SAAP accommodation.

While SAAP agencies accommodate many individuals on a daily basis, there are still instances when an agency cannot provide the accommodation requested by people in crisis. These turn-away rates reflect the proportion of people who could not be accommodated after they made a valid request for immediate accommodation at a SAAP agency during the Demand for Accommodation Collection period. The turn away-rates show that, overall, SAAP agencies, particularly agencies targeting families, are operating at capacity.

Nationally, all agency target groups had to turn people away from accommodation, but agencies targeting families had the highest turn-away rate (79%) (Figure 6.3). Cross-target agencies also reported a high turn-away rate (67%). These are agencies that generally accept a wide range of clients, including family groups. Agencies that primarily targeted single men reported the lowest average daily turn-away rate (23%).

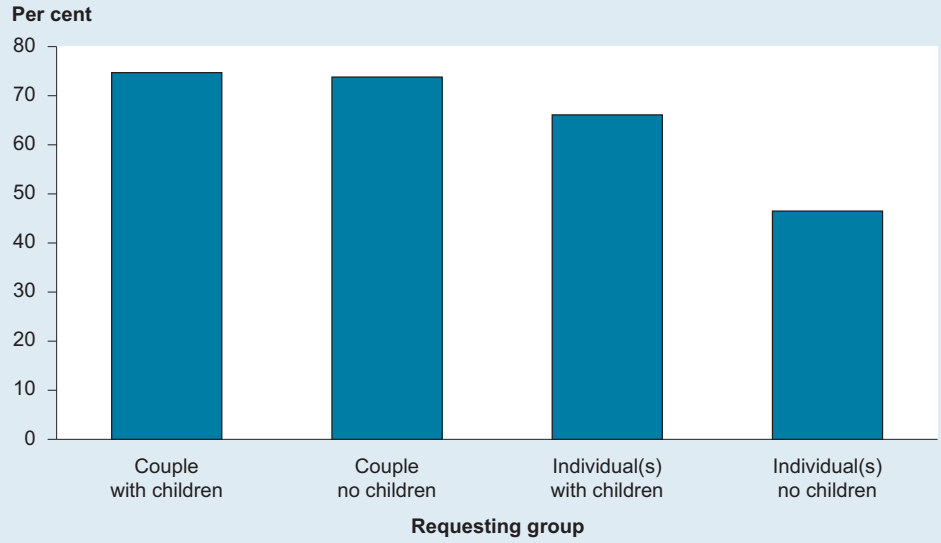
Figure 6.3 suggests that the SAAP service system nationally is better able to meet valid requests for immediate accommodation for individuals than for family groups. Figure 6.4 supports this suggestion, showing that family groups—couples with children (75%), couples without children (74%) and individual(s) with children (66%)—had more difficulty obtaining SAAP



Source: Table A6.3.

Figure 6.3: People turned away by primary target group of agency, 7–13 December 2005 and 17–23 May 2006

accommodation than people requesting accommodation on their own without children (47%). In fact, not only did family groups have a higher turn-away rate during the Demand for Accommodation Collection period, they also had higher levels of unmet need for accommodation reported annually in the Client Collection (AIHW 2007d).



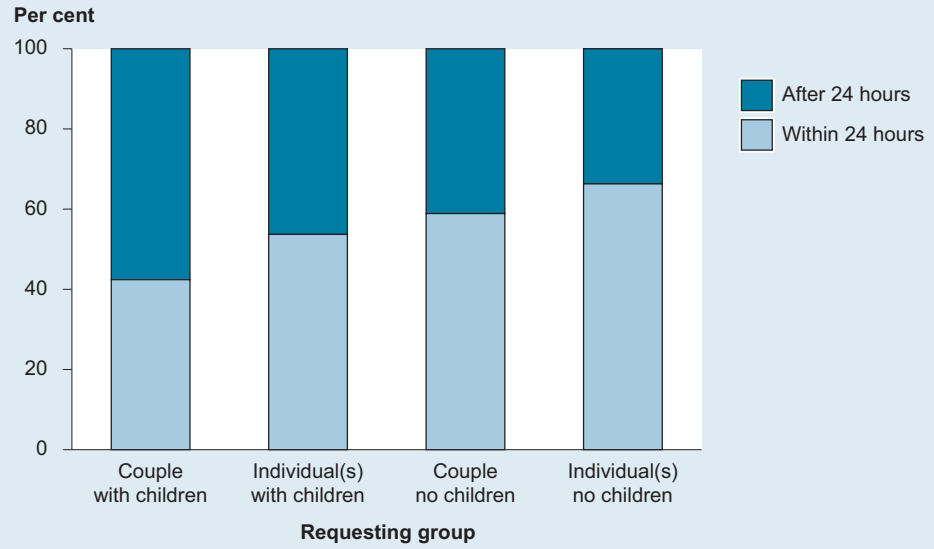
Source: Table A6.4.

Figure 6.4: People turned away by requesting group, 7–13 December 2005 and 17–23 May 2006

It is only possible to generate turn-away rates for people who request accommodation that will begin within 24 hours. Figure 6.5 shows the proportion of people in different groups who made requests for accommodation to begin within 24 hours and those where it was to begin after 24 hours. Family groups requested accommodation within 24 hours less often than people presenting alone, which means that a smaller proportion of requests made by family groups contributed to the turn-away rates presented above, and suggests that people with children are more likely than people without children to attempt to make forward plans for accessing SAAP services. From the examination of accommodation length in Section 6.2, we know that once accommodated in an agency targeting families, clients do not move on as quickly as other client groups. This may further reduce the chances of these potential clients gaining accommodation when they need it.

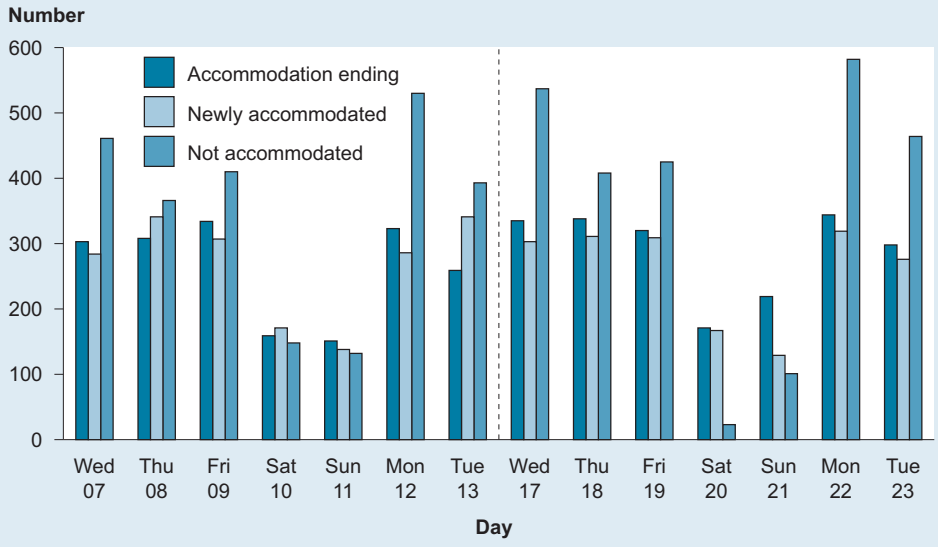
Figure 6.6 presents the daily demand for accommodation in SAAP, bringing together the numbers, on a given day, for people entering SAAP, people leaving SAAP and people being turned away from SAAP. This shows that on any given day in the period there was little variation between the entries and the exits, indicating that generally each bed was taken up when it became vacant and that SAAP was operating at capacity.

It also suggests that the proportion of people being turned away followed roughly the same pattern as the throughput: the more beds there were available, the more people there were who turned up looking for accommodation (and then were turned away). In other words, the demand for beds appears to follow the supply of beds, rather than vice versa. This conjecture is supported by the 'weekend effect' visible in the graph. When fewer beds are available—less throughput—less people approach SAAP services and get turned away.



Source: Table A6.5.

Figure 6.5: Immediacy of need for accommodation, by requesting group, 7–13 December 2005 and 17–23 May 2006



Source: Table A6.7.

Figure 6.6: Daily demand for SAAP accommodation, 7–13 December 2005 and 17–23 May 2006

After the weekends on Mondays, the throughput reaches the week's high, as does the turn-away rate. It should be noted, however, that this 'weekend effect' could be a result of agency operating practices such as closure or reduced staffing at weekends, but there is no data to support this.

There is another group of people who attempt to get into SAAP agencies and are unsuccessful, but who most likely do not show up in the turn-away rates. These are the people who are excluded from SAAP services. Although there is very little data available on these people, the data that are available clearly shows that it is likely to be people with mental health and substance use problems who have the most difficulty in obtaining a SAAP program response to their needs.

The most comprehensive data source on exclusions from SAAP services is the NSW Ombudsman's (previously the Community Services Commission) inquiry held in New South Wales in 2001–02 (NSW Ombudsman 2004). This represents the only in-depth survey of obstacles to accessing SAAP services. This review of the exclusion policies and procedures of SAAP agencies in New South Wales showed how eligibility policies prevent potential clients from gaining access. It showed that exclusion can operate through practices such as banning, blacklisting, eviction and background checks. Although this was a New South Wales study, these practices are not necessarily limited to New South Wales. Two other studies, one from Queensland, and one from Victoria on homeless young people, had similar results (AIHW 2005a:338; Keys et al. 2005) and it is likely that similar practices exist in other jurisdictions.

The Ombudsman's survey identified three ways in which people may be denied SAAP services:

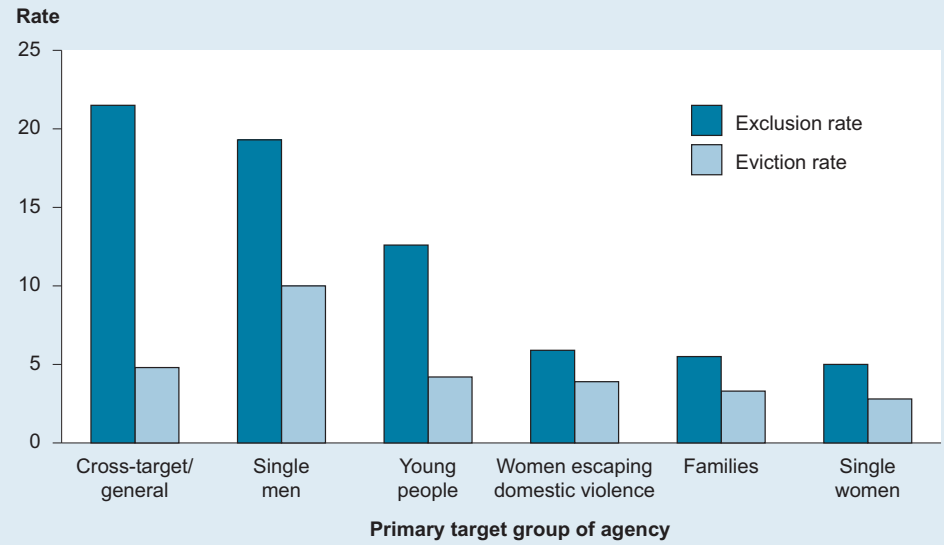
- some agencies may deny access to potential clients for reasons other than no vacancy or capacity of the service to support—exclusions
- some clients may be asked to leave agencies—early exits or evictions
- some clients may be temporarily exited from SAAP agencies—time out.

Agencies estimated that, in the 6 months before the inquiry, there were 2,250 occasions on which people were excluded from 165 agencies. The majority of agencies (57%) turned away between 1 and 20 people in the 6 months before the survey, 11% of agencies turned away over 40 people and 17% of agencies turned away no-one. Of those people excluded, 470 people were excluded because of a problematic substance use issue, 290 because of a mental illness and 275 exhibited violent behaviour.

There were high rates of exclusions from cross-target and single men's agencies (Figure 6.7). As mentioned previously, single men aged 25 years or over had large proportions of their support periods at agencies with these primary target groups. This suggests that single older men with problematic alcohol and substance use issues and mental health issues who seek to access SAAP services may face more obstacles than other client groups. This is supported by the data available on evictions.

Clients had an early unplanned termination of their accommodation from 205 agencies on approximately 1,090 occasions in the 6 months before the survey. Of the 1,090 instances of eviction, 32% (345 instances) were as a result of violence, threatening behaviour, and theft or damage to property, and 24% (260 instances) were as a result of evidence of substance use or intoxication. A majority of agencies (71%) terminated the accommodation of between 1 and 20 people, and a small number (4%) terminated the accommodation of between

21 and 60 people. Twenty-five per cent of agencies did not terminate the accommodation of anyone earlier than planned. Agencies for single men had a much higher termination rate per agency than other target groups (Figure 6.7), with men exiting early in circumstances of violent conduct, intoxication, or substance abuse, supporting the evidence that alcohol and mental health issues limit the access of single older men to SAAP services.



Source: NSW Ombudsman 2004.

Figure 6.7: Exclusions and evictions from SAAP services, New South Wales, 2001

6.4 Who counts as homeless?

The pattern of throughput in SAAP indicates that it is operating at capacity in terms of accommodation, and not everyone who requests accommodation receives it. In addition to those accommodated in SAAP, many of the people who are turned away are likely to be included in the estimate of the homeless population derived by the Counting the Homeless project.

Australia is one of the few countries in the world that can claim to rigorously estimate their homeless population (AIHW 2005a). This count is based largely on the ABS Census of Population and Housing held every 5 years, with additional statistics collected from homeless refuges for the SAAP National Data Collection and the National Census of Homeless School Students. These sources are used to derive an estimate of the homeless population in the Counting the Homeless project.

The relative consistency and reliability of the estimates from both the Counting the Homeless project and the SAAP National Data Collection are notable, given the difficulties in collecting quality data on a population that differs markedly in circumstances, and that may wish to remain undetected and anonymous. The estimates from these sources have proved beneficial for both policy development and advocacy purposes. However, used in isolation, estimates of the number of homeless people or the number of people supported by SAAP may suggest that homelessness is a static, one-off experience.

This section discusses the Counting the Homeless project's estimate. In the next section, the categories of homelessness from the project are used to examine the housing circumstances of SAAP clients, both before and after they were accommodated in SAAP. Combining the snapshot picture of homelessness from the Counting the Homeless project in this way with SAAP data with more temporal characteristics allows the broad picture of homelessness to be more fully described.

Estimates of the homeless population based on the 2006 Census of Population and Housing were not available for this volume of *Australia's welfare*. This section therefore presents an analysis of homelessness using 2001 estimates. The ABS Census of Population and Housing measures the number of people in Australia on census night, their key characteristics and their dwellings. The nature, purpose and scope of this Census is described in Box 6.3.

The Counting the Homeless project uses data from the Census to derive an estimate of homelessness in Australia. For this project to be successful, homelessness first needs to be defined. A cultural definition, developed by Chamberlain and MacKenzie in 1992, has underpinned the estimation of homelessness in the 1996 and 2001 Censuses of Population and Housing, and has been used again for the analysis of the 2006 census data. The definition has been reviewed in three previous volumes of *Australia's welfare* (see AIHW 2001, 2003 and 2005).

The Counting the Homeless project defines homelessness in terms of security of tenure and standard of dwelling, that is, the degree to which a person's dwelling meets with the conventional expectations of a house, such as having different rooms to sleep and live in, a kitchen and a working bath or shower and toilet, as well as having some security of tenure.

Applying this definition to census data, people have been defined as homeless if they had no access to such housing. Chamberlain and MacKenzie (2003:11) state there are three groups that fall below the minimum community standard for adequate housing.

Box 6.3: The ABS Census of Population and Housing

The Population Census is conducted every 5 years and collects a range of demographic, social and economic information from all people and dwellings (excluding diplomatic personnel and dwellings) in Australia on census night. Information is available for all geographic areas from collection district upwards.

Purpose

The purpose of the Census is to measure the number and key characteristics of persons and dwellings in Australia on census night. This provides a reliable basis to estimate the population for each state and territory and local government area for electoral purposes and distribution of government funds. The Census also provides the characteristics of the population and its housing for small areas and small population groups to support the planning, administration and policy development activities of governments, business and other users.

Scope

All persons and dwellings in Australia and the external territories of Christmas Island and Cocos (Keeling) Islands on census night, excluding diplomats, their families and diplomatic dwellings, and visitors from overseas who are not required to undergo migration formalities, such as foreign crews on ships (ABS 2007).

These three groups, or tiers, are described as primary homelessness for people without any conventional housing, secondary homelessness for people who were staying with friends or relatives short-term or were accommodated in SAAP on census night, and tertiary homelessness for people living in boarding houses. The Counting the Homeless project estimated that the number of people in these categories on Census night 2001 totalled 99,900. In addition there is a group of almost 23,000 people that were identified as 'marginally housed' (see Box 6.4).

The route from census data to an estimation of homelessness, however, is not always straightforward. A case in point is the classification of boarding houses. The Census distinguished between persons who were resident in private and non-private dwellings, with non-private dwellings having 19 categories of both communal and transitory accommodation, including 'hotel, motel' and 'boarding houses, private hotel'.

The Counting the Homeless project had some practical difficulties with these classifications. For example, when accommodation for workers in remote communities was classified by the ABS as a boarding house, these and other such dwellings were reclassified for the Counting the Homeless project based on a consideration of tenants' work status and income. Similar considerations also led to some hotels being reclassified as boarding houses. In addition, not all the tenants in the remaining dwellings classified as boarding houses were counted as homeless, with owners, staff and guests with another usual address removed from the count (see *Australia's welfare 2003*). Similar considerations were integral to deriving the homelessness estimates for all tiers of homelessness in the Counting the Homeless project.

An implication of this approach is that such tiers of homelessness may be seen as representing degrees of housing disadvantage, with those people experiencing secondary and tertiary homelessness experiencing decreasing levels of disadvantage relative to those people experiencing primary homelessness. This assumption is implicit in the argument by some that boarding house residents should be excluded from the homelessness estimate derived from the Census (AIHW 2003a:324).

Box 6.4: The ABS's operational categories of homelessness

Primary

People without conventional accommodation, such as people living on the streets or in parks, squatting in derelict buildings, using cars or railway carriages, and living in makeshift dwellings.

Secondary

People who were staying with friends or relatives and who had no other usual address, as well as people in SAAP services. This category excluded short-term residents of boarding houses.

Tertiary

People living in boarding houses, both short and long term.

Marginal

People renting a caravan in a caravan park, with no-one in the caravan having full-time employment and all persons in the caravan at their usual address.

Source: Chamberlain & MacKenzie 2003.

A contrasting approach to applying the homelessness definition was suggested by the Western Australia Homelessness Taskforce and the Technical Forum on the Estimation of Homelessness in Australia, and others (see AIHW 2003a:392). Rather than narrowing the definition of homelessness, they have argued that a consistent application of the tertiary homeless definition would lead to widening the category to include marginal residents of caravan parks in addition to some residents of boarding houses.

Boarding houses typically provide only basic amenities and no security of tenure to people living in single rooms. The majority of people identified as marginal residents of boarding houses in the 2001 Census were male (72%), of whom 74% were either unemployed or not in the labour force. Boarding houses are generally in urban areas, with 67% of those identified in the Counting the Homeless project located in capital cities (Chamberlain & MacKenzie 2003:63).

In regional centres, country towns and remote locations, caravan parks can be said to have taken over the role of providing cheap accommodation (Chamberlain & MacKenzie 2003:38, 51). Marginal residents of caravan parks were defined as those people who were renting a caravan in a caravan park, with no-one in the caravan having full-time employment and all persons in the caravan at their usual address (see Box 6.4).

Such marginal residents belong to the tertiary homelessness category both for reasons of insecurity of tenure as well as a failure to meet minimum community standards on housing. Of those people identified in the 2001 Census as marginal residents of caravan parks, 78% were housed in caravan parks outside capital cities, and many of the remainder were in caravan parks in the industrial areas or outer suburbs of major cities (AIHW 2005a:325).

In 2001 the definition of primary homelessness was changed so that it was no longer applicable throughout Australia. An exception was made for remote Aboriginal and Torres Strait Islander communities, where a residence did not need to have both a working shower or bath and a toilet to be defined as a house. The reasons for this change were the reported difficulties in applying the definition in communities where amenity blocks were used by multiple households. As a consequence, the Census Field Officer's Manual (remote Indigenous communities) was changed so that 'to be counted as a house for the census a dwelling needs to be a permanent structure built for the purpose of housing people' (Chamberlain & MacKenzie 2003:22). It was argued that in remote Indigenous communities such housing was culturally appropriate as it accorded with the wishes of the local community.

Homeless people on census night

Marginal residents of caravan parks were categorised as belonging to the tertiary homelessness category when the total number of people estimated to have been experiencing homelessness on census night 2001 was derived (Table 6.3). Of the 122,770 homeless people, the largest proportion (40%) were those staying with friends or relatives with no other usual address. Interestingly, for Indigenous people defined as experiencing homelessness, the smallest proportion of the homeless were in this category (Chamberlain & MacKenzie 2003:39). As another example of the potential difficulties of applying definitions cross-culturally, it has been argued that the ABS methodology for deriving usual place of residence could be problematic within particular Indigenous communities (see *Australia's welfare 2005*).

Table 6.3: The whereabouts of homeless people on census night, 2001 (per cent)

Categories of homelessness		Male	Female	Total	Total Per cent	Total Number
Primary:	(sleeping rough/improvised)	61	39	100.0	11.5	14,158
Secondary:	(friends/relatives)	53	47	100.0	39.6	48,614
Secondary:	(SAAP)	47	53	100.0	11.6	14,251
Tertiary:	(boarding houses)	72	28	100.0	18.6	22,877
Tertiary:	(caravan parks)	n.p.	n.p.	. .	18.6	22,868
Total homeless		**. .**	**. .**	**. .**	**100.0**	**122,768**

Source: Chamberlain & MacKenzie 2003.

On socioeconomic measures, both marginal residents of caravan parks and boarding house residents experienced similar levels of disadvantage, and far more disadvantage than people staying with friends and relatives (Chamberlain & MacKenzie 2003:52). The limited data that is available from the Counting the Homeless project also indicates that between 60% and 70% of people in improvised dwellings, boarding houses and SAAP experienced a sustained period of homelessness (6 months or longer), dropping to about 50% of adults staying with friends and family (Chamberlain & MacKenzie 2003:51–2, 63).

When comparing marginal residents of caravan parks and boarding houses with those staying with friends and relatives, Chamberlain and MacKenzie argued that people in boarding houses and caravan parks were more likely to have 'been around the system' for a sustained period of time, to have fewer options and to have been longer without conventional accommodation (Chamberlain & MacKenzie 2003:53). Temporality, they concluded, was an important issue in homelessness. The following section looks at the circumstances of SAAP clients before and after their support periods to examine if these clients came from, or exited to, other tiers of homelessness.

6.5 Homelessness before and after SAAP accommodation

In order to look more closely at the interplay between degrees of homelessness and temporality, this section presents data on people who have been accommodated by SAAP, investigating their housing experiences before and after SAAP support using the categories of homelessness outlined in Counting the Homeless. The data show that people may move through primary, secondary or tertiary homelessness throughout their homeless experience or experiences. Individuals may not only experience one tier of homelessness, but may move from one tier to another, and this movement may vary for different groups in the homeless population.

This section looks at those SAAP clients who were accommodated at least once during their support period, or, in Counting the Homeless terms, those who would fall into the secondary (SAAP) homelessness category during their support period. In any one support period a client may have been accommodated for all or only some of the time, or not at all, during the total time they were supported. Furthermore, they may have had just one or several periods of accommodation within a single period of support.

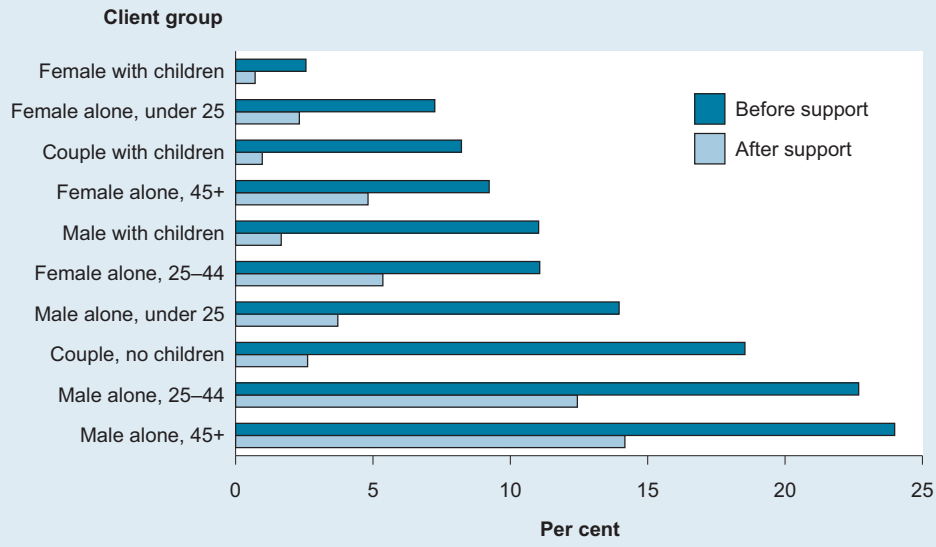
It should be noted that, in the SAAP National Data Collection, although information is collected on the housing situation, tenure type and who clients were living with both

before and after their SAAP support period, the after information is less reliable and care needs to be taken when interpreting these data. Useable after support information was not returned in between 32% and 39% of closed support periods with accommodation for these questions.

Primary homelessness in the SAAP context

The SAAP National Data Collection collects information on whether clients were living rough or in improvised dwellings before and after support. This category of dwelling type is equivalent to the Counting the Homeless project's category of primary homelessness. On census night 2001, the figures showed that 12% of the homeless population were in this primary category and that the majority were male (61%) (Table 6.3).

Looking at the most recent SAAP data (2005–06), overall, clients were living rough before 13% of closed support periods including accommodation, and left to no conventional accommodation after 5% of such support periods (Table A6.9). As seen in Counting the Homeless, the majority of SAAP clients who were living rough before and/or after their support periods were male (75% before support and 73% after) (AIHW unpublished data). Figure 6.8 shows that this overall drop from before to after support is also seen in each client group, although there were marked differences between the groups. A higher proportion of males presenting to a SAAP agency alone, particularly older males, were living rough. Males aged 45 years or older reported the highest proportion (24% before support and 14% after support), followed by males alone aged 25–44 years (23% before support and 12% after support). Females with children were least likely to be living rough before and/or after support (3% before and 1% after support).



Source: Table A6.9.

Figure 6.8: SAAP closed support periods in which clients were accommodated: living rough or in improvised dwellings before and/or after support, by client group, 2005–06

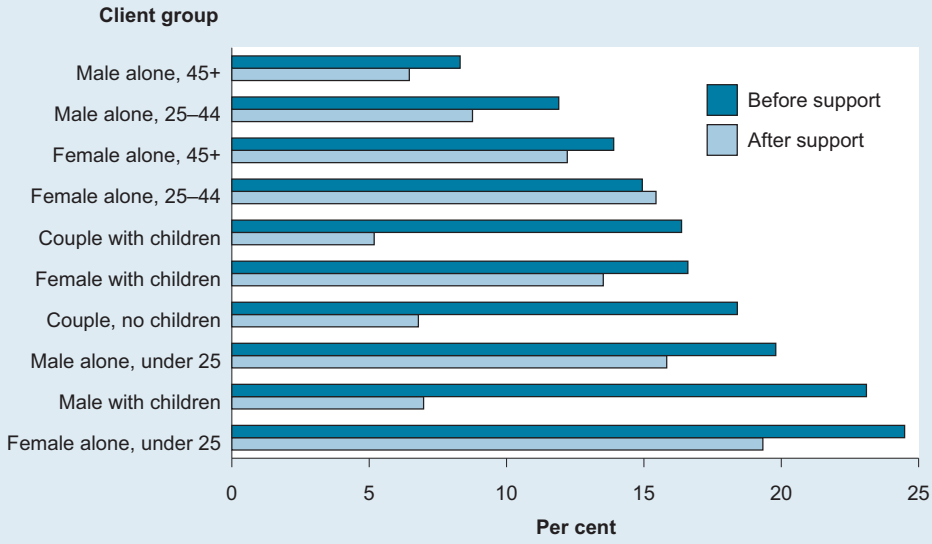
Secondary homelessness in the SAAP context

The next category discussed in Counting the Homeless was secondary homelessness and consisted of two parts. One part captured people who were visiting at an address and reported having no usual address of their own, while the second part captured those staying in SAAP accommodation.

People who were visiting at an address and reported no usual address of their own formed the largest category identified as homeless in the Counting the Homeless project (40%; Table 6.3). Males represented just over half (53%) of people identified in this category. In SAAP, a close parallel can be drawn with those living short-term with friends or family before or after their support period.

Overall, SAAP clients were living short-term with friends or family in much lower proportions than the overall homeless population; before 16% of support periods with accommodation, and after 13% of such support periods (Table A6.10). Unlike in the Counting the Homeless project, the majority of SAAP clients staying with friends or family short-term before and/or after support were female (58% before support and 66% after), and females were also more likely to have reported this living situation before and/or after support (18% before support and 15% after for females compared with 14% before and 10% after for males) (AIHW unpublished data). For people approaching SAAP agencies on their own, all three female age groups had greater percentages of clients staying with friends or family before and after support than the equivalent male groups (Figure 6.9). Within the SAAP population then, this type of secondary homelessness is one that seems to stand out as more likely to represent the homelessness experience of women.

The second group of people making up the secondary homeless group were those accommodated in a SAAP agency on census night (12%; Table 6.3). From the 2005–06 SAAP data, it is evident that a significant proportion of clients move from accommodation in

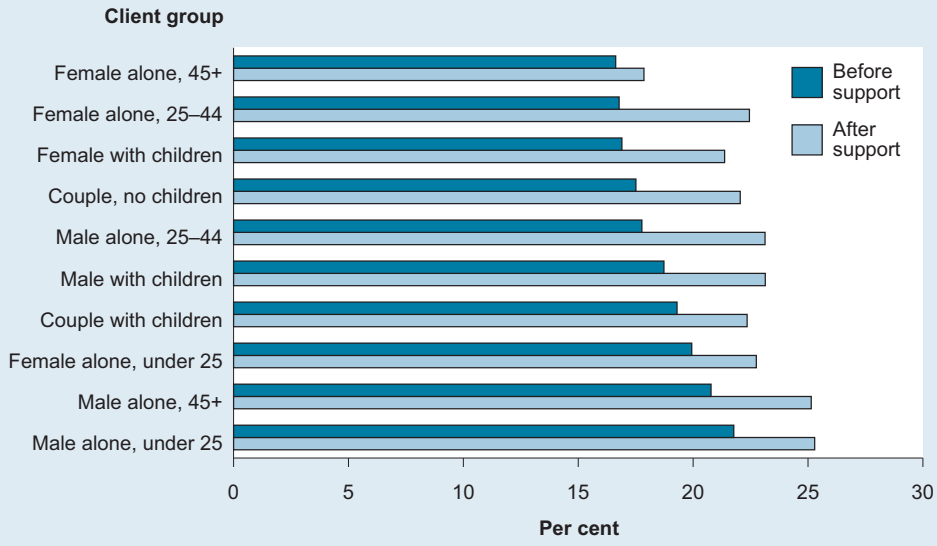


Source: Table A6.10.

Figure 6.9: SAAP closed support periods in which clients were accommodated: living short term with friends and family before and/or after support, by client group, 2005–06

one SAAP agency to another. Overall, clients were accommodated in a SAAP agency before 19% of all support periods including accommodation, and left to SAAP accommodation in 23% of such support periods (Table A6.11). Figure 6.10 shows that there was less variation between the client groups for this measure than is seen for others in this section. Before SAAP support between 17% and 22% of clients in all groups had been in SAAP accommodation and, when the small outlier group 'other' is excluded, between 18% and 25% were in SAAP accommodation after support. Again, excluding the 'other' group, a greater proportion of clients in all groups were in SAAP accommodation after support than before.

Chamberlain and MacKenzie suggest that people experiencing homelessness may approach SAAP agencies as a last resort after they have exhausted their own support networks (2003:61). This may explain the lower proportions of SAAP clients who stay short term with friends or family before and/or after support compared with the overall homeless population, and may also explain the higher proportion of SAAP clients who are in SAAP accommodation before and/or after support. People experiencing homelessness may, for a period, be able to live temporarily with friends or family members. However, if their period of homelessness continues, they may exhaust these options and then seek SAAP accommodation.



Source: Table A6.11.

Figure 6.10: SAAP closed support periods in which clients were accommodated: staying in SAAP accommodation before and/or after support, by client group, 2005–06

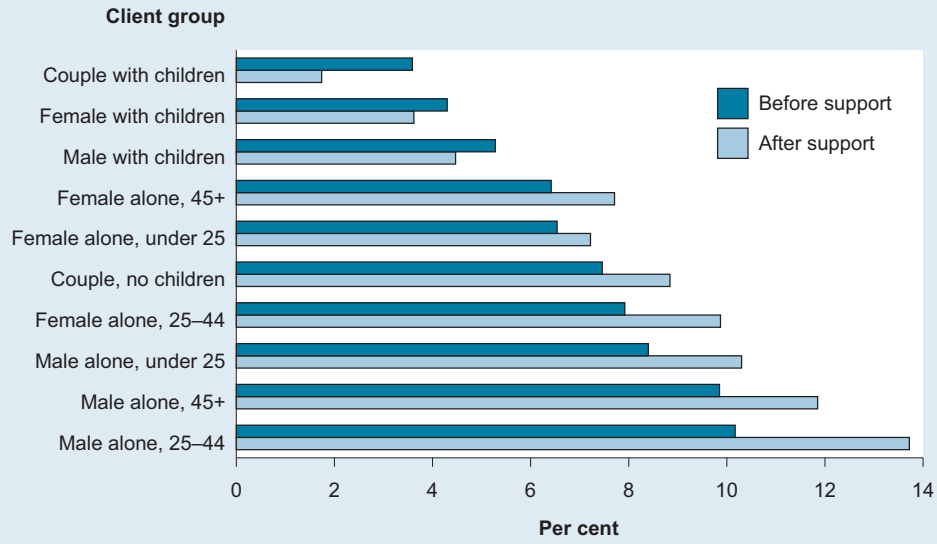
Tertiary homelessness in the SAAP context

In the 2001 Census, around 19% of the homeless population were identified as tertiary homeless because they lived in boarding houses, and of these 72% were male. (Table 6.3; see also AIHW 2003a:394 for adjustments made to the estimate of boarding house residents). The SAAP equivalent to tertiary homelessness is living in boarding/rooming houses.

A lower proportion of SAAP clients were living in boarding or rooming houses before and/or after closed support periods in which they were accommodated than was seen for the overall homeless population (before and after 8% of such support periods) (Table A6.9). Like the overall homeless population, a higher proportion of SAAP clients who came from or exited to boarding or rooming houses were male (61% before support and 58% after support) (AIHW unpublished data). Figure 6.11 shows that the most likely group to be living in this type of accommodation before and/or after support were males who presented alone. The highest proportion was for males aged 25–44 years, who reported living in boarding or rooming houses 10% of the time before support and 14% of the time after support.

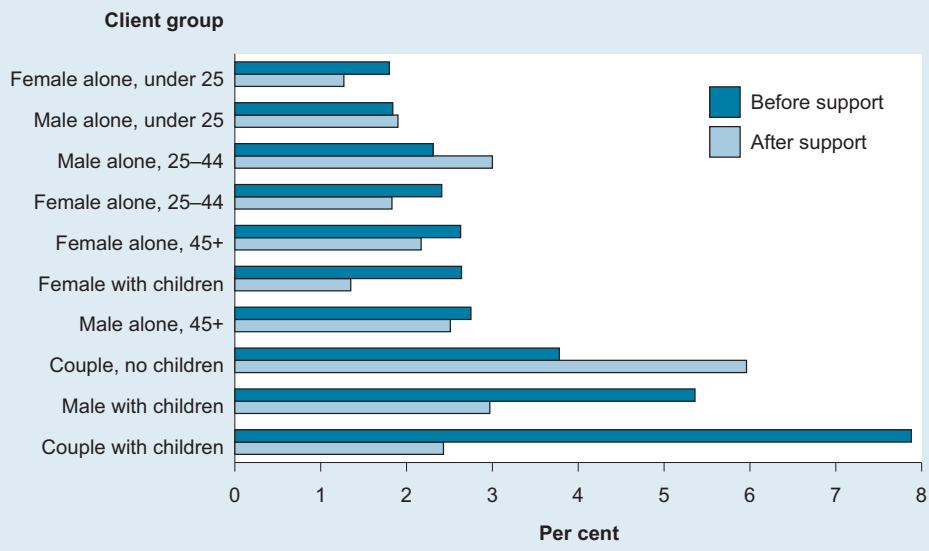
In the Counting the Homeless project, there was another group that may be considered to be in the tertiary homelessness category. These were people identified as living in caravan parks and where there was no full-time employed person residing in the caravan. These people represented 19% of the total homeless population (Table 6.3).

A roughly equivalent category can be reported with 2005–06 SAAP data: those clients who identified themselves as having lived in a caravan before or after their SAAP support period. Overall, clients were living in caravan parks before 3% of closed support periods including accommodation, and left to caravan parks after 2% of such support periods (Table A6.9). Higher proportions of couples both with and without children, and males with children, were in this type of accommodation. Eight per cent of couples with children were staying in a caravan before SAAP support, dropping to 2% after support. An opposite trend was seen for couples without children; 4% were staying in a caravan before support, rising to 6% after support. Males with children were staying in a caravan before 5% and after 3% of closed accommodated support periods (Figure 6.12).



Source: Table A6.9.

Figure 6.11: SAAP closed support periods in which clients were accommodated: living in boarding houses before and/or after support, by client group, 2005–06



Source: Table A6.9.

Figure 6.12: SAAP closed support periods in which clients were accommodated: living in caravan parks before and/or after support, by client group, 2005–06

SAAP clients may have been in caravans before and/or after their accommodated support periods less frequently than the overall homeless population figures might suggest because of the location of most SAAP agencies. Chamberlain and MacKenzie suggest that caravans may be more commonly used by people experiencing homelessness in more remote locations (2003:49). Most SAAP agencies, however, are located in Major Cities (57%) or Inner Regional centres (23%) (AIHW 2007a:11).

The proportion of SAAP clients coming from or exiting to the housing circumstances discussed in this section could differ to the proportions identified in the Counting the Homeless project for several reasons. One is the influence of the large number of SAAP clients who reported being accommodated in a house or flat before or after support (59% before support and 68% after). The majority of these clients also reported 'secure' tenure (54% before support and 60% after; discussed in Section 6.7) and therefore, by the Counting the Homeless criteria, may not have been homeless before and/or after their SAAP support period (AIHW unpublished data).

A second factor that could contribute to these proportional differences is the demographic variation seen between the SAAP client population and the overall homeless population. In SAAP in 2005–06, 50% of all closed accommodated support periods were for women, while the Counting the Homeless figures indicate that 42% of the overall homeless population were female (AIHW unpublished data; Chamberlain & MacKenzie 2003:38). In addition, when Chamberlain and MacKenzie looked at where different family types were accommodated, they found that families (that is, at least one adult and a child aged 17 years or younger) were much more often accommodated in SAAP than either couples or single people. They found that 41% of families experiencing homelessness on census night 2001 were in SAAP accommodation, compared with 8% of singles and 4% of couples (Chamberlain & MacKenzie 2003:35).

These data reinforce the idea, discussed in Section 6.2, that factors such as the target group of agencies may affect which people experiencing homelessness are able to access SAAP services, and suggest that SAAP clients may not be representative of all people experiencing homelessness. They also support the literature on iterative experiences in SAAP presented in *Australia's welfare 2005*. This literature suggests that for many homeless people it is the repeated moves through marginal accommodation that is the main feature of their homeless experience, rather than any single instance of being without conventional housing. Iterative homelessness is discussed further in Section 6.7.

6.6 People in SAAP with mental health and problematic substance use issues

Governments are paying increasing attention to people with mental health and problematic substance use issues, particularly in relation to the homeless population (see Box 6.5). This section begins by looking at the prevalence of mental health and substance use issues in SAAP.

Box 6.5: Mental health and homelessness

People experiencing homelessness and mental illness often require access to a range of services provided by the Australian Government, state and territory governments and the non-government sector. There has been significant investment in mental health services by all governments in recent years, with the *National mental health report 2005* finding that Australian governments spent a total of $3.2 billion in 2002–03 (DoHA 2005). Several new government initiatives have been developed to improve service responses to people with mental health issues, with some that are designed to address mental health and homelessness.

COAG's *National Action Plan on Mental Health 2006–11* (COAG 2006) involves new investment by all governments over 5 years totalling about $4 billion. The measures in the plan aim to promote better mental health and provide additional support to people with mental illness, their families and their carers. The plan sets out agreed outcomes and specific policy directions that emphasise coordination and collaboration between government and non-government providers in order to deliver a connected care system.

This National Action Plan focuses on promotion, prevention and early intervention; improving mental health services; providing opportunities for increased recovery and participation in the community and employment, including through more stable accommodation; providing better coordinated care; and building workforce capacity.

The success of the plan will be monitored against nationally agreed progress measures over the 5-year period. One of these progress measures is to increase the ability of people with a mental illness to participate in the community, employment, education and training, including through an increase in access to stable accommodation. With regard to homelessness, progress will be measured by whether there is a decreased prevalence of mental illness in homeless populations. How this will actually be measured is currently under development.

The Personal Helpers and Mentors Program is one initiative of the plan that aims to assist people who have a severe functional limitation resulting from a mental illness to better manage their daily activities and to access a range of appropriate services, including housing support, when they need them (FaCSIA 2007c).

Quantifying the extent to which people with a mental health or problematic substance use issue appear in the SAAP population can be difficult. As can be seen from the criteria used to form the groups below, there is no single data item that allows easy identification of clients who have these issues.

In addition, it is most likely that the prevalence of mental health and substance use issues is underreported in the National Data Collection. For example, clients may not identify mental health as a reason for seeking assistance, and it is likely to be understated for a number of reasons, including the well-documented stigma attached to mental illness and the fact that gaining assistance for this problem may not be the most pressing issue at the time.

In this section the SAAP client population is divided into four main client groups:

1. Mental health

This group includes clients who met at least one of the following criteria:

- were referred from a psychiatric unit
- reported psychiatric illness and/or mental health issues as reasons for seeking assistance
- were in a psychiatric institution before or after receiving assistance
- needed, were provided with or were referred on for support in the form of psychological or psychiatric services.

2. Substance use

This group includes clients who met at least one of the following criteria:

- reported drug, alcohol and/or substance abuse as a reason for seeking assistance
- needed, were provided with or were referred on for support in the form of drug and/or alcohol support or intervention.

3. Comorbidity

This group includes clients who reported at least one of the mental health characteristics and at least one of the substance use characteristics listed above in the same support period. Support periods in the comorbidity group do not appear in the mental health or substance use groups.

4. Other

This group includes clients who met none of the criteria used to form the mental health and substance use groups.

In 2005–06, 13,500 SAAP clients (or around 13%) reported a mental health problem and 14,100 (also around 13%) reported a problematic substance use issue (Table 6.4). Some clients reported both a mental health and a problematic substance use issue (comorbidity) within the same support period (6,700 or around 6% of clients). The majority of clients in the substance use and comorbidity groups were males (60% and 58% respectively), while most of the clients in the mental health group, as well as SAAP overall, were female (both at 60%).

Table 6.4: SAAP clients: mental health, substance use and comorbidity by sex and age, 2005–06

	Mental health		Substance use		Comorbidity		Other		Total	
Sex and age	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number
Males[a]	**39.9**	**5,400**	**60.2**	**8,400**	**58.3**	**3,900**	**37.2**	**31,300**	**39.8**	**42,400**
0–24 years	26.4	1,400	25.2	2,100	24.3	900	35.0	10,700	32.5	13,500
25–44 years	50.9	2,700	54.0	4,500	58.9	2,300	44.8	13,800	47.1	19,500
45–64 years	20.7	1,100	19.5	1,600	16.1	600	17.2	5,300	17.9	7,400
65 years or over	1.9	100	1.3	100	0.7	<50	3.0	900	2.6	1,100
Total males (per cent)	**100.0**	**. .**	**100.0**	**. .**	**100.0**	**. .**	**100.0**	**. .**	**100.0**	**. .**
Females[a]	**60.1**	**8,100**	**39.8**	**5,600**	**41.7**	**2,800**	**62.8**	**52,900**	**60.2**	**63,900**
0–24 years	32.2	2,500	38.4	2,100	40.8	1,100	38.1	19,500	37.5	23,200
25–44 years	52.4	4,100	53.0	2,900	50.6	1,400	48.9	25,100	49.4	30,600
45–64 years	14.4	1,100	8.2	400	8.4	200	11.4	5,800	11.6	7,200
65 years or over	1.0	100	0.3	<50	0.3	<50	1.7	900	1.6	1,000
Total females (per cent)	**100.0**	**. .**	**100.0**	**. .**	**100.0**	**. .**	**100.0**	**. .**	**100.0**	**. .**
Total SAAP clients[b]	**12.7**	**13,500**	**13.2**	**14,100**	**6.3**	**6,700**	**79.2**	**84,300**	**n.a.**	**106,500**

(a) Sex totals include number excluded due to errors and omissions in 'age'. Consequently, age group figures may not sum to the sex total.

(b) Totals include records excluded due to errors and omissions in 'sex' and 'age'. Consequently, the sex totals and age figures may not sum to the total.

Notes

1. Number excluded due to errors and omissions in 'sex' and 'age' (weighted): 428 'mental health'; 290 'substance use'; 163 'comorbidity'; 2,280 'other' and 3,063 'total' clients.
2. Client groups are not mutually exclusive. A client can have more than one support period in a year and their circumstances might vary between support periods. Consequently, the number of clients in the 'substance use', 'mental health', 'comorbidity' and 'other' groups will not sum to the total number of clients.
3. Figures have been weighted to adjust for agency non-participation and client non-consent.

Source: SAAP Client Collection.

Table 6.5 shows the proportion of support periods for each family type in the four groups. When interpreting these data it must be kept in mind that a support period where comorbidity for mental health and substance use issues was reported is placed in the comorbidity group, and will not appear in either of the mental health or substance use groups. Males who presented to a SAAP agency alone accounted for a disproportionate number of the support periods in the substance use and comorbidity groups. Specifically, support periods for single males aged 25–44 years made up the largest individual proportion for both groups: 32% of support periods in the substance use group and 35% in the comorbidity group. These clients only had 19% of the total number of support periods.

Single women, in contrast, had more support periods in the mental health group than either the substance use or comorbidity groups, as did females with children, who made up 20% of the mental health group compared with 12% of the substance use group and 10% of the comorbidity group.

Table 6.5: SAAP support periods by client group, 2005–06 (per cent)

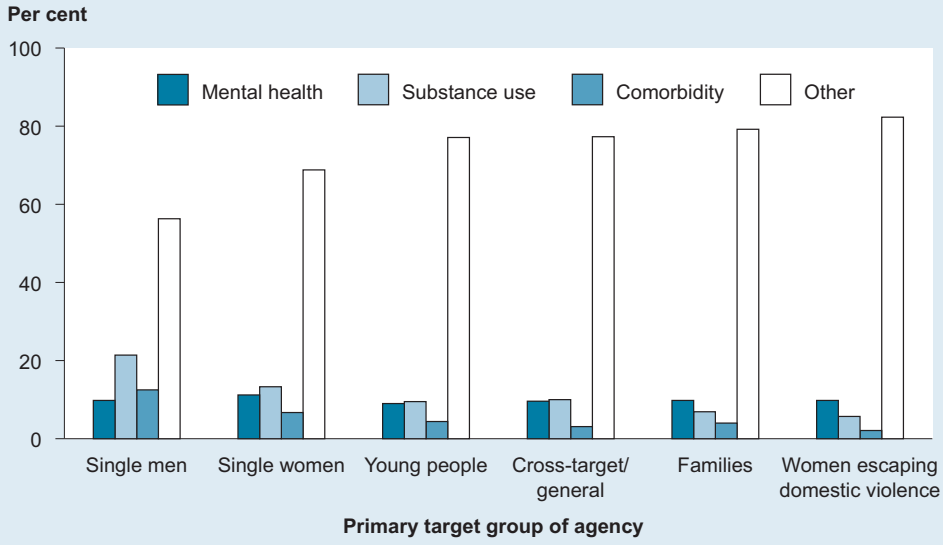
	Mental health	Substance use	Comorbidity	Other	Total	
					Per cent	Number
Male alone, under 25 years	9.7	13.1	13.2	11.1	11.3	19,700
Male alone, 25–44 years	19.4	31.6	35.0	15.3	18.5	32,300
Male alone, 45 years or over	9.3	14.7	10.1	7.3	8.5	14,800
Female alone, under 25 years	13.3	9.4	12.2	13.4	12.9	22,400
Female alone, 25–44 years	14.2	11.1	11.4	12.4	12.4	21,600
Female alone, 45 years or over	7.2	2.7	2.6	6.0	5.6	9,700
Couple, no children	2.1	2.1	1.9	3.1	2.8	4,900
Couple with children	3.2	2.2	2.4	4.5	4.0	7,000
Male with children	0.9	1.2	0.8	1.5	1.4	2,400
Female with children	20.3	11.8	10.2	24.9	22.3	38,800
Other	0.4	0.3	0.2	0.5	0.4	800
Total (per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**. .**
Total (number)	**17,100**	**19,800**	**8,600**	**128,900**	**. .**	**174,400**

Notes

1. Number excluded due to errors and omissions (weighted): 5,595.
2. Figures have been weighted to adjust for agency non-participation and client non-consent.

Source: SAAP Client Collection.

Figure 6.13 locates clients with these issues within the SAAP primary target group sectors. Agencies are distinguished by their nominated primary target group, then the percentage of their support periods where mental health, substance use, comorbidity or other issues were identified. This type of analysis enables those agencies supporting higher proportions of clients with more complex needs than others to be identified.



Source: Table A6.8.

Figure 6.13: SAAP support periods: mental health, substance use and comorbidity by primary target group of agency, 2005–06

Single men's agencies reported the greatest proportion of support periods for clients with substance use issues or comorbidity (21% and 13% of support periods provided by these agencies respectively). Single women's agencies had the greatest proportion of support periods for clients with mental health issues (11%), and the second highest proportion of support periods for clients with comorbidity (7%). Agencies targeting women escaping domestic violence provided the greatest proportion of support periods to other clients (82%), and had the smallest proportion of support periods for clients with substance use problems or comorbidity.

These figures suggest that single men's agencies face more of a service burden than the other SAAP sectors with regard to dealing with clients with high and complex needs. It is even more interesting that this sector is also one of the most likely to provide short accommodation periods, with a mean stay of 30 days and a median of just 7 days (Figure 6.2). The indications are that this sector also has a much higher eviction rate per agency than other target groups, with men exiting early in circumstances of violent conduct, intoxication, or substance abuse (Figure 6.7; NSW Ombudsman 2004).

Another important issue is the question of which of the services required by clients with mental health or substance use issues do SAAP agencies find the most difficult to meet. Table 6.6 presents a selection of specialist services that SAAP workers indicated these clients needed and gives the percentage of these that were not able to be met.

For clients with mental health issues, intellectual disability services were unmet following 24% of closed support periods where a SAAP worker indicated that it was needed. For physical disability services the corresponding figure was 22%, while psychiatric services remained unmet following 13% of such closed support periods.

Table 6.6: SAAP closed support periods: selected specialist services required by clients with mental health and/or substance use issues: proportion that were neither provided nor referred, 2005–06 (per cent)

Type of specialist service	Mental health	Substance use	Comorbidity	Total SAAP population
Psychological services	8.1	n.a.	13.3	9.6
Psychiatric services	13.2	n.a.	14.2	13.7
Drug/alcohol support	n.a.	14.2	22.4	16.9
Health/medical services	6.1	5.9	7.2	5.9
Physical disability services	22.4	16.2	16.7	17.2
Intellectual disability services	24.3	32.0	24.9	24.2

Notes

1. Number excluded due to errors and omissions (weighted): 3,631 (closed support periods with no information on service requirements or provision).
2. This table presents the percentage of support periods where a need for a service was recorded and that service was neither provided nor referred. The proportion of each service 'provided', 'referred' or 'neither provided nor referred' equals 100% for each client group (this table only presents the 'neither provided nor referred' component of this).
3. Figures have been weighted to adjust for agency non-participation.

Source: SAAP Client Collection.

For those clients with substance use issues, drug and/or alcohol support or intervention services remained unmet following 14% of closed support periods where a SAAP worker indicated that it was needed, and intellectual disability services went unmet after 32% of such closed support periods.

A higher level of unmet need was recorded for clients with comorbidity who were assessed to need drug and/or alcohol support or intervention; this service was not provided after 22% of these closed support periods. Similarly, psychological services were not provided or referred after a greater proportion of closed support periods in which the services were required for clients with comorbidity (13%) than for clients with mental health issues alone (8%).

6.7 Iterative homelessness and SAAP

In Section 6.5 the homelessness experiences of SAAP clients before and after SAAP support periods with accommodation were examined using SAAP categories equivalent to those outlined in the Counting the Homeless project. The ensuing discussion canvassed the proposition that a dynamic understanding of homelessness, one describing a cycling through precarious housing, from boarding houses to friends, to SAAP and the street and back, might be more appropriate, at least for SAAP clients.

In this section this idea is followed up by incorporating, as far as the data allow, the idea of movement through tenuous housing by analysing the housing circumstances of clients before and after SAAP support. Such housing circumstances are grouped according to security of tenure, using an analysis of how precarious or secure clients were before and after those SAAP support periods with accommodation, as an indicator of vulnerability to homelessness.

Precarious housing is defined as clients who had the following tenure arrangements either before or after support:

- SAAP/Crisis Accommodation Program accommodation
- institutional setting
- improvised dwellings/sleeping rough
- other 'no tenure'
- rent-free accommodation
- boarding.

Clients who were purchasing or had purchased their own home or who were renting in the private, public or community housing sectors are considered to have 'secure' housing for the purposes of the analyses presented in this section.

The proportion of precarious to secure housing for each client group, both before and after SAAP support periods with accommodation, is shown in Table 6.7. The youngest of the single men and single women (aged under 25 years) had the largest proportions of precarious housing both before and after such support periods, as might be expected. The other client groups most likely to be in precarious housing circumstances both before and after a SAAP support period with accommodation were single men aged 25 years or over. Interestingly, couples with and without children and males with children were the client groups who appeared to gain the most benefit from having been accommodated in SAAP. These groups showed the largest increases in secure housing from before support to after support.

Table 6.7: SAAP closed support periods in which clients were accommodated: security of housing tenure before and after support by client group, 2005–06 (per cent)

	Before support				After support			
	Precarious housing	Secure housing	Total	Total (number)	Precarious housing	Secure housing	Total	Total (number)
Male alone, under 25 years	81.2	18.8	100.0	8,300	71.9	28.1	100.0	5,100
Male alone, 25–44 years	72.5	27.5	100.0	13,400	66.3	33.7	100.0	6,700
Male alone, 45 years or over	71.1	28.9	100.0	5,900	63.1	36.9	100.0	3,500
Female alone, under 25 years	75.5	24.5	100.0	7,700	67.9	32.1	100.0	5,800
Female alone, 25–44 years	53.2	46.8	100.0	6,200	51.6	48.4	100.0	4,400
Female alone, 45 years or over	48.7	51.3	100.0	2,100	42.3	57.7	100.0	1,700
Couple no children	66.7	33.3	100.0	1,000	46.1	53.9	100.0	700
Couple with children	59.3	40.7	100.0	1,700	35.5	64.5	100.0	1,500
Male with children	64.7	35.3	100.0	500	40.9	59.1	100.0	500
Female with children	41.1	58.9	100.0	13,200	37.9	62.1	100.0	11,200
Other	61.1	38.9	100.0	200	29.8	70.2	100.0	100
Total (per cent and number)	**63.7**	**36.3**	**100.0**	**60,100**	**54.8**	**45.2**	**100.0**	**41,300**

Notes

1. Number excluded due to errors and omissions before support (weighted): 9,345.
2. Number excluded due to errors and omissions after support (weighted): 28,167.
3. Figures have been weighted to adjust for agency participation and client non-consent.

Source: SAAP Client Collection.

Vulnerability to homelessness is also high for those clients with substance use issues, who were in precarious housing before 73% of SAAP closed support periods with accommodation (Table 6.8), dropping to 65% after SAAP accommodation. Perhaps contrary to expectations (see Robinson 2003), these data show that clients with mental health issues were less likely than those with substance use issues to be experiencing precarious housing either before or after SAAP accommodation (66% before support and 57% after support). Clients with comorbidity came from precarious accommodation in a greater proportion of their accommodated support periods than clients who reported only one of these, and also left to precarious accommodation after a greater proportion (76% before support and 68% after support).

Homelessness and Aboriginal and Torres Strait Islander peoples

The experience of homelessness may be mediated by culture, and perhaps especially so for Indigenous Australians. In this light, the following tables in this section present some data on the security of accommodation before and after accommodated support periods for SAAP clients from different cultural backgrounds.

Table 6.8: SAAP closed support periods for clients with mental health and substance use issues in which they were accommodated: security of housing tenure before and after support by mental health and/or substance use, 2005–06

	Before support		After support	
	Per cent	Number	Per cent	Number
Clients with mental health issues				
Precarious housing	66.0	4,400	57.2	2,800
Secure housing	34.0	2,300	42.8	2,100
Total	**100.0**	**. .**	**100.0**	**. .**
Total (number)	**. .**	**6,700**	**. .**	**5,000**
Clients with substance use issues				
Precarious housing	73.3	7,900	65.2	4,700
Secure housing	26.7	2,900	34.8	2,500
Total	**100.0**	**. .**	**100.0**	**. .**
Total (number)	**. .**	**10,800**	**. .**	**7,300**
Clients with comorbidity				
Precarious housing	76.2	3,600	67.8	2,100
Secure housing	23.8	1,100	32.2	1,000
Total	**100.0**	**. .**	**100.0**	**. .**
Total (number)	**. .**	**4,800**	**. .**	**3,100**

Notes

1. Number excluded due to errors and omissions before support (weighted): 2,457.
2. Number excluded due to errors and omissions after support (weighted): 9,434.
3. Figures have been weighted to adjust for agency participation and client non-consent.

Source: SAAP Client Collection.

Although nationally the majority (68%) of SAAP clients were Australian-born and did not identify as Aboriginal and/or Torres Strait Islander, Indigenous people were over-represented as SAAP clients relative to their population size. Of all Australians aged 10 years or over, 2% were estimated to be Aboriginal and/or Torres Strait Islander in June 2004, a considerably smaller proportion than the 17% of SAAP clients who so identified in 2005–06. Some states had a higher proportion of Aboriginal and/or Torres Strait Islander clients than others, with the Northern Territory and Western Australia having the highest proportions (63% and 41%, respectively), and overall a greater proportion of female clients were Indigenous (21% of female clients compared with 12% of male clients) (AIHW 2007a, 2007b, 2007c).

Data on the security of tenure before and after SAAP support periods with accommodation for different cultural groups in Australia, including Indigenous Australians, are presented in Table 6.9. As well, Indigenous data are given for both Remote and Very Remote areas. Indigenous Australians seem to be the least likely, of all four cultural groups, to live in precarious housing either before or after SAAP support periods with accommodation, and this effect became more pronounced as the SAAP agencies became more remote (from 55% of support periods before SAAP overall, to 26% in Very Remote areas).

Table 6.9: SAAP closed support periods in which clients were accommodated: security of housing tenure before and after support by cultural and linguistic diversity, 2005–06 (per cent)

	Indigenous Australians						Total	
	Remote area[a]	Very Remote area[a]	Total	Australian-born non-Indigenous	Overseas-born, mainly English-speaking countries[b]	Overseas-born, mainly non-English-speaking countries[c]	Per cent	Number
Before support								
Precarious housing	45.7	25.6	54.6	67.9	62.4	55.9	63.7	38,000
Secure housing	54.3	74.4	45.4	32.1	37.6	44.1	36.3	21,700
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**. .**
Total (number)	**1,800**	**1,900**	**13,300**	**38,400**	**3,000**	**5,100**	**. .**	**59,700**
After support								
Precarious housing	41.0	23.3	47.7	58.1	55.5	48.6	54.7	22,400
Secure housing	59.0	76.7	52.3	41.9	44.5	51.4	45.3	18,600
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**. .**
Total (number)	**1,300**	**1,700**	**9,400**	**25,700**	**1,900**	**3,900**	**. .**	**41,000**

(a) Unweighted data. Figures could not be weighted to adjust for agency non-participation and client non-consent at the remoteness level. The remoteness of SAAP agencies has been assigned using the Australian Standard Geographical Classification Remoteness Structure (ABS 2001). SAAP agencies are categorised based on the postcode supplied by the relevant state or territory community services department. Please note that this postcode forms part of the mailing address of the agency and may not match the actual location of the agency.

(b) Mainly English-speaking countries: Canada, Ireland, New Zealand, South Africa, the United Kingdom, the United States of America and Zimbabwe.

(c) Mainly non-English-speaking countries: countries, excluding Australia, that are not listed as mainly English-speaking.

Notes

1. Number excluded due to errors and omissions before support (weighted): 9,791.
2. Number excluded due to errors and omissions after support (weighted): 28,486.
3. Figures have been weighted to adjust for agency non-participation and client non-consent.

Source: SAAP Client Collection.

In the Northern Territory and Western Australia, there were more Indigenous female clients than other Australian-born female clients—76% compared with 21% in the Northern Territory and 53% compared with 34% in Western Australia (AIHW 2007b, 2007c). Furthermore, on a national basis, 27% of all accompanying children in 2005–06 were Aboriginal and/or Torres Strait Islander (AIHW 2007a). Given the large number of Indigenous women and children in SAAP, Table 6.10 presents security of tenure data for women with children in different cultural groups. The pattern of decreasing precarious housing by remoteness is also evident for Indigenous women with children, but Indigenous women with children were less likely to be in precarious housing before and after SAAP support than Indigenous clients overall. However, they were more likely to be in precarious housing before support than clients born overseas in non-English-speaking countries (40% compared with 35%). Women with children in each of the four cultural groups had similar proportions of precarious housing after support (from 37% to 40%). For all SAAP clients, precarious housing after support ranged from 48% to 58%.

These tables seem to suggest that Indigenous Australians generally are the least likely, of all four cultural groups, to live in precarious housing either before or after SAAP accommodation.

But to assume this is to ignore the potential problems that exist in attempting to apply definitions cross-culturally. There may be a variety of factors that have resulted in Aboriginal and Torres Strait Islander SAAP clients having higher proportions of security of tenure. A far more thorough analysis would need to be done before any conclusions can be drawn.

Table 6.10: SAAP closed support periods for females with children in which they were accommodated: security of housing tenure before and after support by cultural and linguistic diversity, 2005–06 (per cent)

	Indigenous Australians						Total	
	Remote area[a]	Very Remote area[a]	Total	Australian-born non-Indigenous	Overseas-born, mainly English speaking countries[b]	Overseas-born, mainly non-English speaking countries[c]	Per cent	Number
Before support								
Precarious housing	37.4	20.2	39.5	44.0	43.3	34.5	41.2	5,300
Secure housing	62.6	79.8	60.5	56.0	56.7	65.5	58.8	7,500
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**..**
Total (number)	**800**	**800**	**4,600**	**6,200**	**500**	**1,500**	**..**	**12,800**
After support								
Precarious housing	35.1	21.0	38.0	37.4	39.5	38.2	37.8	4,100
Secure housing	64.9	79.0	62.0	62.6	60.5	61.8	62.2	6,700
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**..**
Total (number)	**600**	**700**	**3,600**	**5,300**	**500**	**1,400**	**..**	**10,800**

(a) Unweighted data. Figures could not be weighted to adjust for agency non-participation and client non-consent at the remoteness level. The remoteness of SAAP agencies has been assigned using the Australian Standard Geographical Classification Remoteness Structure (ABS 2001). SAAP agencies are categorised based on the postcode supplied by the relevant state or territory community services department. Please note that this postcode forms part of the mailing address of the agency and may not match the actual location of the agency.

(b) Mainly English-speaking countries: Canada, Ireland, New Zealand, South Africa, the United Kingdom, the United States of America and Zimbabwe.

(c) Mainly non-English-speaking countries: countries, excluding Australia, that are not listed as mainly English speaking.

Notes

1. Number excluded due to errors and omissions before support (weighted): 1,516.
2. Number excluded due to errors and omissions after support (weighted): 3,466.
3. Figures have been weighted to adjust for agency non-participation and client non-consent.

Source: SAAP Client Collection.

6.8 SAAP data from 1996–97 to 2005–06

This section presents time series data from the SAAP program, including funding levels, the number of clients and support periods, and the average number of support periods per client. Total recurrent funding for SAAP has risen by 59% over the 10 years of the collection, from $219.8 million in 1996–97 to $348.8 million in 2005–06 (Table 6.11). When these figures are adjusted for inflation, in real terms total funding increased by 20%. When recurrent funding to agencies is examined, total funding increased by 66%, from $200.5 million in 1996–97 to $333.4 million in 2005–06. In real terms, this represented an increase of 26% over the 10 years.

Table 6.11: SAAP funding to agencies and mean funding per support period and client: current and constant 2005–06 dollars, 1996–97 to 2005–06

Reporting period	Total recurrent funding[a]	Funding to agencies[a]	Funding per support period[b]	Funding per client[b]
		Current $		
1996–97	219,771,000	200,539,000	1,280	2,410
1997–98	223,661,000	212,768,000	1,300	2,260
1998–99	229,889,000	220,328,000	1,350	2,430
1999–00	245,511,000	231,717,000	1,470	2,570
2000–01	268,537,000	251,367,000	1,470	2,700
2001–02	285,039,000	268,960,000	1,520	2,810
2002–03	310,359,000	296,635,000	1,680	3,040
2003–04	321,413,000	308,749,000	1,650	3,080
2004–05	331,802,000	319,778,000	1,850	3,190
2005–06	348,836,000	333,432,000	1,850	3,130
		Constant 2005–06 $		
1996–97	289,987,000	264,611,000	1,690	3,180
1997–98	288,232,000	274,193,000	1,670	2,910
1998–99	299,569,000	287,110,000	1,760	3,170
1999–00	299,815,000	282,970,000	1,800	3,140
2000–01	321,570,000	301,009,000	1,760	3,240
2001–02	333,712,000	314,887,000	1,780	3,290
2002–03	349,696,000	334,232,000	1,900	3,430
2003–04	346,875,000	333,207,000	1,780	3,320
2004–05	343,594,000	331,142,000	1,910	3,300
2005–06	348,836,000	333,432,000	1,850	3,130

(a) 'Total recurrent funding' and 'Funding to agencies' for 1999–00, 2000–01 and 2001–02 includes relatively small amounts provided through the Partnerships Against Domestic Violence Program. 'Total recurrent funding' and 'Funding to agencies' for 2003–04, 2004–05 and 2005–06 includes state-only recurrent allocations which are in addition to the SAAP agreement between each of those jurisdictions and the Australian Government.

(b) 'Funding per support period' and 'Funding per client' are based on SAAP recurrent allocations to agencies and do not take into account other funding sources that may be used by agencies to support SAAP clients.

Notes

1. In 2005–06 the definition of a support period, the definition of a client and the statistical linkage key were changed. Data using these are therefore not comparable to previous years.
2. Support period figures have been weighted to adjust for agency non-participation.
3. Client figures have been weighted to adjust for agency non-participation and client non-consent.

Source: AIHW 2007a.

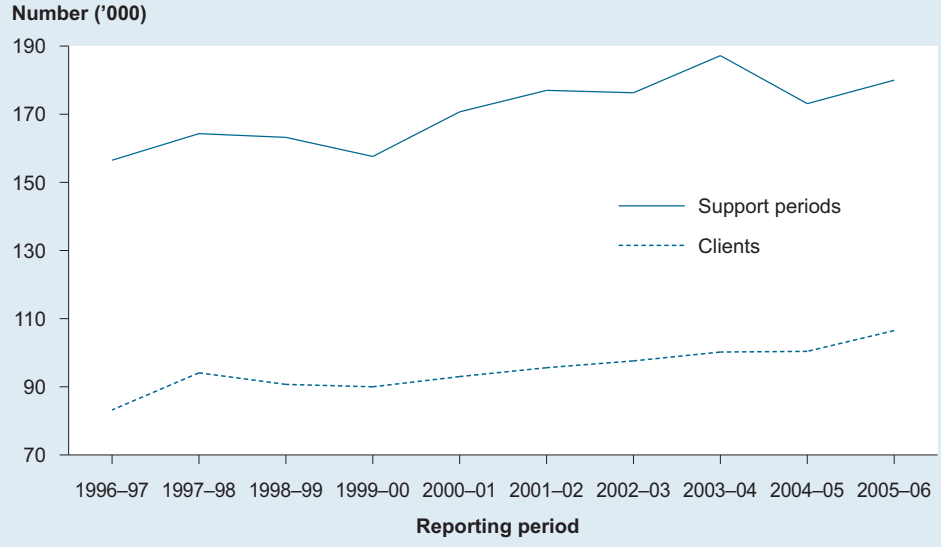
There seems to be an obvious relationship between funds available to agencies and the amount of support they can provide for people who are homeless or at risk of becoming homeless. Nevertheless, as Table 6.11 shows, an increase or decrease in funding to agencies does not automatically translate into more or fewer resources being spent on each support period or client, into more or fewer clients being supported, or into how often they are supported. The actual funding outcome per client or support period depends on a number of factors, among them the demand for assistance, the types of services that clients need, the ability of agencies to meet those needs, the length of time a client is supported and the costs agencies incur in providing services. For example, while the number of agencies 'in scope' to participate in the Client Collection decreased from 1,225 in 2003–04 to 1,212

in 2004–05 and in real terms recurrent funding to agencies decreased by 1%, funding per support period increased in real terms by 7% (from $1,780 in 2003–04 to $1,910 in 2004–05) and funding per client remained relatively steady (at $3,320 in 2003–04 and $3,300 in 2004–05) (Table 6.11; AIHW 2007a). It should be noted that agencies often procure other non-SAAP funds to support their clients, and these funding sources are not included in the amounts described above.

In 1996–97, there were an estimated 156,500 support periods (Figure 6.14). This increased to 164,300 in 1997–98 but dropped back over the next 2 years, returning almost to 1996–97 levels in 1999–00. In 2000–01 there was a sharp rise to 170,700 support periods. The main cause of this increase was the participation of one agency that had not previously participated in the Client Collection. Although the weighting system adjusts for non-participation, it does not allow for non-participating agencies, such as this one, that are significantly different from other agencies.

The number of support periods increased further in 2001–02 to 177,000. However, a change in reporting practice part-way through the 2002–03 financial year by the previously mentioned high-volume agency decreased the number of support periods reported to 176,300. If this agency had reported consistently throughout the year, the total number of support periods in 2002–03 was estimated to be about 178,700. This agency reported a full year under its new guidelines in 2003–04, resulting in a substantial decrease from the previous year in the number of support periods reported by this agency.

However, in 2003–04, there was still a sharp increase to 187,200 support periods. This was due to the participation of another large agency in 2003–04 that had not participated in the Client Collection since 1997–98. The decrease in 2004–05 to 173,100 support periods was mainly due to an adjustment to the definition of an ongoing support relationship in 2004–05 in preparation for the introduction of the core data set in July 2005.



Source: AIHW 2007a.

Figure 6.14: Number of SAAP support periods and clients, by reporting period, 1996–97 to 2005–06

The number of support periods in 2005–06 was 180,000. The core data set, including refined definitions and a new statistical linkage key, was introduced in this year. The statistical linkage key is fundamental in estimating the number of clients and, with the introduction of the new key, estimates of the number of clients in 2005–06 are not strictly comparable with data from the first 9 years of the collection. In general, the new statistical linkage key reduces the rate of duplication, meaning that two clients with similar names and the same year of birth are now more likely to be counted as separate clients. For this reason, some increase in the numbers of clients in 2005–06 was expected.

Trends in the number of clients provided with SAAP services showed a pattern similar to that for support periods over the first 9 years of the collection, although the changes were less pronounced in the last 5 years. In 1996–97 an estimated 83,200 clients were provided with support; the figure rose to 94,100 in 1997–98 and then fell to 90,000 in 1999–00. In 2000–01 the number of clients increased again to 93,000 and has continued to increase each year since then. The highest number of clients of any of the 9 years was recorded in 2004–05, with 100,400 clients provided with SAAP services. In 2005–06, the number of clients was 106,500.

Nationally, the rate of SAAP use was highest in 1997–98, when 59 people out of every 10,000 aged 10 years and over were SAAP clients (Table 6.12). The lowest rate during the 9 years presented was in 1999–00, when 55 people per 10,000 aged 10 years and over used SAAP services at some time during the year. There was considerable variation in the rate of SAAP use across the states and territories: in New South Wales over the 9 years, there

Table 6.12: Number of SAAP clients per 10,000 population, and average number of SAAP support periods per client, 1997–98 to 2005–06

	1997–98	1998–99	1999–00	2000–01	2001–02	2003–03	2003–04	2004–05	2005–06
	Age-standardised number of clients per 10,000 population aged 10 years or over								
NSW	54	50	47	46	47	44	43	41	43
Vic	71	73	70	68	69	71	81	82	83
Qld	56	51	52	58	58	58	54	51	49
WA	52	49	52	59	53	54	49	50	45
SA	70	60	61	61	70	74	75	74	77
Tas	97	90	90	91	97	110	116	115	110
ACT	79	72	74	72	63	58	54	51	62
NT	180	183	170	167	169	166	172	162	156
Australia	**59**	**56**	**55**	**56**	**56**	**57**	**58**	**57**	**58**
	Average number of SAAP support periods per client								
Australia	**1.72**	**1.80**	**1.75**	**1.83**	**1.85**	**1.81**	**1.87**	**1.72**	**1.69**

Notes

1. Since a client may have support periods in more than one state or territory, national numbers of clients per 10,000 population and support periods per client are not the simple mean of the state and territory figures.
2. 'Clients per 10,000 population aged 10 years or over' shows how many people out of every 10,000 aged 10 years or over in the general population became clients of SAAP. The rate is estimated by comparing the number of SAAP clients aged 10 years or over with the estimated resident population aged 10 years or over at 30 June just before the reporting period. Age-standardised estimates have been derived to allow for different age distributions in the various jurisdictions.
3. The method used to calculate the number of support periods per client was adjusted in 2002–03. The adjusted method has been applied to data on support periods per client presented in this table with the exception of that for 1997–98.
4. Figures have been weighted to adjust for agency non-participation and client non-consent.

Sources: AIHW 2002, 2003b, 2004, 2006, 2007a.

were between 41 and 54 clients per 10,000 of the population; in the Northern Territory the number of clients per 10,000 was between 156 and 183. The number of support periods that clients received in a reporting period has remained relatively stable over time, ranging between 1.7 and 1.9 support periods per client across the years (Table 6.12).

6.9 Policy initiatives

There are many Australian Government initiatives that have been implemented to assist the homeless and those at risk of becoming homeless. These include the National Homelessness Strategy, Housing Assistance programs, the Stronger Families and Communities Strategy, and the Household Organisational Management Expenses advice program. The Australian Government funds programs that target specific groups, such as youth (for example, Job Placement and Employment Training, and Reconnect). In addition, each state and territory government has a homelessness strategy to respond to homelessness at the local level. The pathways into and out of homelessness for different sectors of the population, such as women and children escaping family violence, Indigenous people and people with mental health and substance use issues are also addressed in various strategies. *Australia's welfare 2005* provided an overview of both Australian Government and state and territory government programs.

The non-government sector also has an important role to play in the development of policies for homeless people. Peak bodies, such as Homelessness Australia (formerly the Australian Federation of Homelessness Organisations), ensure that the views of both service providers and homeless people are represented to governments. Another example of the non-government sector taking a leadership role in policy initiatives is detailed in Box 6.6, which discusses the independent Inquiry into Youth Homelessness led by the National Youth Commission.

The SAAP V Multilateral Agreement (2005–10)

The SAAP V Multilateral Agreement began in September 2005, and sets out the Australian and state and territory governments' financial and operational obligations to SAAP. Bilateral agreements detail how the program is delivered in each state and territory (FaCSIA 2007d). The Australian Government has committed $932 million to SAAP V over the 5 years of the agreement. Of this, $892 million will be provided directly to state and territory governments to help them meet their partnership responsibilities. The remaining $40 million of the total Australian Government contribution will be invested in SAAP Innovation and Investment Fund pilot projects, with $39 million of this contribution to be administered by the state and territory governments.

Under the SAAP V Agreement total resources available to the program will be an estimated $1.82 billion. The SAAP V Agreement includes a change in funding agreements between the Australian and state or territory governments, which will see a transition to a minimum of 50% funding from the states and territories. The SAAP V Agreement also provides for a national research program that is funded through the Innovation and Investment Fund and the Data and Program Evaluation Fund whereby:

> The Australian Government, in cooperation with the state and territory governments, has agreed to focus on the following three strategic priorities over the life of the SAAP V Agreement:

- **Pre-crisis intervention** for people who are at imminent risk of homelessness. Investment in this area recognises that timely intervention leading to the prevention of homelessness can often minimise or prevent a range of secondary problems such as loss of employment and disruption to client's (and their children's) social and educational networks and supports.
- **Post-crisis transition** support for clients exiting SAAP services. Targeted support provided at this time can provide clients with the skills, confidence and management strategies to enable them to secure and maintain appropriate long-term housing. The primary target group for this priority area are clients who have multiple or complex support needs, such as mental health issues, drug or alcohol addiction, or experience long-term unemployment. These clients are inclined to experience cyclical or chronic homelessness.
- **Better linkages** to allied support services and government and non-government agencies in areas such as health, education and employment services. The emphasis on improved linkages recognises that the causes of homelessness are generally varied and complex. Addressing the causes of homelessness and finding sustainable solutions can require the development and implementation of a tailored suite of integrated and well-coordinated supports. (FaCSIA 2006)

The SAAP V agreement requires a mid-term review to be completed in 2007 and a final evaluation to be completed by 30 June 2009. A national evaluation research agenda has been developed, and includes a number of proposed projects, including extensive SAAP National Data Collection analysis, an environmental factor scan to assess possible pressures on the ability of SAAP to meet its objectives, and national sector surveys to measure the implementation of the strategic priorities. The evaluation will have a strategic focus on:

- significant stakeholder engagement with the evaluation process
- integration with the ongoing work of the sector
- helping to drive the SAAP V reform agenda
- an action research approach where possible
- ongoing quantitative and qualitative information gathering and sharing.

The national evaluation aims to assess how well SAAP V has achieved its objectives. This includes the extent to which the program contributed to the overall aim of SAAP to promote 'self-reliance and independence for people who were homeless or at imminent risk of homelessness' (FaCSIA 2007e).

The SAAP Innovation and Investment Fund

The Innovation and Investment Fund is a collaborative venture between the Australian Government and the state and territory governments. The fund was initiated in response to the findings of the SAAP IV National Evaluation regarding sector reform. The fund has a focus on pilot and research projects that will help to identify the key characteristics of good practice in relation to the SAAP strategic priority areas of pre-crisis intervention, post-crisis transition and improved linkages to other support services such as mental health, education and employment services (FaCSIA 2007f).

This fund will be resourced through the combination of Australian Government, state and territory cash contributions and some approved state-only funded SAAP services that meet the strategic directions for SAAP V. The fund will total around $125.5 million over 5 years, of which the Australian Government will contribute $39.9 million over 5 years and the state and territory governments $85.6 million.

The roll-out of the Innovation and Investment Fund has three key stages over the 5 years of the SAAP V Agreement:

- **Year 1 (2005–06)**—The Australian Government and the state and territory governments, through the National SAAP Co-ordination and Development Committee, developed a national action plan to determine funding priorities and outcome objectives for the Innovation and Investment Fund.
- **Years 2 and 3 (2006–07 and 2007–08)**—A range of research and pilot projects will be established based on the priorities identified in the national action plan developed in Year 1. These projects will help to identify the elements of good practice and innovation that contribute to the three strategic priorities covered above. These services will be fully evaluated.
- **Years 4 and 5 (2008–09 and 2009–10)**—Innovation and Investment Funds will be used to promote and replicate the successful service delivery models that were piloted in years 2 and 3 across the whole SAAP sector. (FaCSIA 2007f)

The Innovation and Investment Fund projects will participate in the SAAP National Data Collection in order to evaluate the effectiveness of each project and to allow comparison with SAAP as a whole.

Box 6.6: National Youth Commission Inquiry into Youth Homelessness

The fact that homelessness continues to affect many young people has this year prompted an independent inquiry into youth homelessness, the first since the Human Rights and Equal Opportunity Commission's inquiry in 1989. This inquiry showed that an estimated 20,000 to 25,000 young people were homeless across Australia. Almost 20 years later, it is estimated that there are still around 20,000 homeless children and young people.

The new National Youth Commission (NYC) inquiry will investigate why youth homelessness continues to be a major problem in Australia. It is funded by the Caledonia Foundation and headed by Major David Eldridge from the Salvation Army. The NYC Inquiry aims to develop solutions to youth homelessness, a situation that the NYC believes may worsen over the next 20 years due to recent trends in the housing market, such as decreasing housing affordability, and the increasing number of children and young people involved in the child protection system (Lunn 2007; NYC 2007; also see Chapter 2 and Chapter 5).

Another aim of the of the inquiry is to explore the basis for a renewed national youth homelessness accord between the community, the non-government sector and the Australian and state and territory governments (NYC 2007). The NYC inquiry provided a process for all stakeholders to provide evidence about the issue and ideas for action, and hearings were held in all states and territories during 2007.

6.10 Data development

The evaluation of the SAAP IV Agreement (2000 to 2005) identified a need to improve the timeliness, relevance and accessibility of program information while streamlining data collection processes and maximising cost-effectiveness. This section provides a summary of the new directions in data collection in SAAP, including the initiative in Victoria to integrate the SAAP data collection into the Victorian Homelessness Data Collection (see Box 6.7). A key theme for these new directions is linking SAAP data with other program data collections to enable analyses of homelessness pathways.

The core data set and the new statistical linkage key

Following the evaluation of SAAP IV, the SAAP core data set was developed and introduced in July 2005. The core data set is an overall reduction in the number of items collected in the original SAAP Client Collection, which had not been substantially changed since its introduction in July 1996. The core data set also introduced the collection of Indigenous status for accompanying children, and information about the tenure type of clients before and after support. There are also improved categories for identifying mental health issues. As discussed in Section 6.8, the first year of the core data set, 2005–06, has been collected and reported on by the Australian Institute of Health and Welfare (AIHW). The changes constitute a break in the SAAP National Data Collection data series and thus data for 2005–06 are not strictly comparable with previous years.

One of the most far-reaching changes with the introduction of the core data set is the introduction of a new Statistical Linkage Key, which aims to improve both the quality of the data and the ability to confidentially link with other community services data collections. This will enable better analyses of the pathways that people who are experiencing homelessness take into and out of SAAP, and their interaction with other services. Protocols governing the potential use of this linkage key have been developed.

A feasibility study was commissioned in 2006–07 by the Community and Disability Services Minister's Advisory Council to investigate the readiness for linkage of three community services data collections: SAAP, Child Protection and Juvenile Justice. The AIHW is currently investigating the feasibility of linking data from the Juvenile Justice National Minimum Data Set with the SAAP data collection. The aim of subsequent analyses using a linked database would be to establish the extent to which young people are clients of both SAAP services and juvenile justice. This work could be further extended when child protection unit record data become available. Such cross-sectoral data linkage activity would enable statistical analysis of the characteristics of young people who flow between these three care sectors.

The new SAAP weighting system

The SAAP client collection is subject to incomplete coverage because about 5% of agencies do not participate in the client collection and a little over 10% of clients do not consent to their personal details being reported. To account for these factors, a sophisticated system for adjusting for non-consent and non-participation was developed in 1999. This weighting system has been applied to client collection data every year from 1996–97 to 2005–06.

Since the development of the weighting system, a number of changes have occurred in the SAAP client collection. They include the implementation of the core data set and the new statistical linkage key, an increased uptake in SMART (the SAAP Management

and Reporting Tool, an electronic data collection instrument) and consequent changes to client consent patterns. For example, clients are now less likely to have mixed consent (providing consent for some support periods but not for others) within the same agency. As a result, the AIHW is developing a new weighting methodology to adjust for agency non-participation and client non-consent. The new methodology will produce more robust estimates of SAAP clients and support periods in the new data collection environment.

Box 6.7: Data collection innovation—the Victorian Homelessness Data Collection

The Office of Housing in the Victorian Department of Human Services has developed the Victorian Homelessness Data Collection as a key action of the Victorian Homelessness Strategy. Released in 2002, the strategy is the overarching framework for homelessness responses in Victoria. The Victorian Homelessness Strategy encompasses services funded through the SAAP, the Transitional Housing Management Program, the Housing Establishment Fund, and services for homeless people delivered through other Department of Human Services programs or other government departments. The strategy provides a blueprint for tackling homelessness, with an emphasis on prevention and early intervention strategies.

The Victorian Homelessness Strategy identified the need for better, more consistent data to underpin service planning and resource allocation to improve client outcomes, develop integrated and sustainable service responses, and increase the focus on prevention of homelessness among the most vulnerable groups. One of the key objectives of the Victorian Homelessness Data Collection is therefore to report on client pathways through the homelessness service system using statistical record linkage of de-identified client records.

Currently in Victoria, homelessness data are collected and reported separately across the SAAP, Transitional Housing Management program and the Housing Establishment Fund. At present, each of these programs has significantly different data collection and reporting requirements. Although these programs are providing a similar response to the same client group, the response cannot be measured or compared across the three programs. Furthermore, client pathways through the homelessness service system, such as the number of people moving from crisis to transitional accommodation, cannot currently be easily measured or understood.

The Victorian Homelessness Data Collection, scheduled for implementation in 2008, will aim to overcome these obstacles to provide an evidence base for researchers, peak bodies, agencies and government to understand more about specific issues related to homelessness in Victoria. The AIHW has been contracted to pilot, implement and manage the ongoing collection.

The Victorian Homelessness Data Collection is an agreed set of data concepts and definitions that underpin the collection of information about homelessness service delivery and clients. It was developed using the two national reporting frameworks that relate to homelessness assistance in Victoria. These are the SAAP National Data Collection and the Commonwealth State Housing Agreement Performance Indicator Framework. While these two separate frameworks serve as a basis for the data collection, the emphasis was on adapting these frameworks to the information needs of the Victorian Homelessness Service system as a whole. The Office of Housing developed the data collection in collaboration with the AIHW and representatives of the homelessness sector.

Sources: DHS 2007, unpublished documents

6.11 Summary

This chapter has explored the relationships between the number of people experiencing homelessness, different experiences of homelessness and homelessness assistance. SAAP was presented in the context of the structural elements which influence service delivery to people experiencing homelessness. Structural elements can influence service delivery to particular sections of the homeless population, with access to the various SAAP sectors sometimes dependent on which client group a client belongs to. This in turn can influence the SAAP experiences of those different client groups because of the significant differences in the lengths of support and accommodation provided by various SAAP sectors. Such sector differences can be mediated by cultural factors, as in the case of SAAP service delivery in remote areas.

The pattern of throughput indicates that SAAP is operating at capacity in terms of accommodation, and not everyone requesting an accommodation response to their homelessness needs is getting one. Some groups in particular, such as families with children, experience increased difficultly in acquiring the SAAP accommodation they request. It also seems to be apparent that there are other people, particularly older single men with drug and alcohol and/or mental health issues, whose circumstances become an obstacle to their right to ask for a SAAP bed or support.

The larger issue of the relationship between people seeking SAAP accommodation and the total homeless population was also examined in the chapter. The static dimensions of the homeless population categorised in the Census were used as a lens to examine the temporal characteristics of homelessness that are evident from the ongoing SAAP National Data Collection. Homelessness affects different SAAP client groups differently, sometimes contrary to what might be suggested by the Census. The categories of homelessness outlined in the Counting the Homeless project may imply a static representation of different degrees of homelessness. However, the SAAP data presented in this chapter instead suggest a homeless population that is very dynamic. Throughout their experience or experiences of homelessness, people may move back and forth between primary, secondary or tertiary homelessness. They may also move in and out of homelessness and stable housing situations. For many homeless people it is the repeated moves through marginal accommodation that is the main feature of their homeless experience, rather than any single instance of being without conventional housing.

Responses to homelessness through SAAP and other Australian Government and state and territory governments are not limited to addressing a lack of adequate shelter. The large range of non-accommodation support services provided by SAAP alone is evidence of this. In addition, various projects now exist that aim to utilise linkages between SAAP and other health and community services. These developments in homelessness assistance are encapsulated in the three key strategic priorities of the new SAAP Multilateral Agreement, SAAP V (2005–2010): early intervention, post-crisis support, and improved service linkages for people with multiple and/or complex support needs.

The stronger emphasis on the delivery of cross-program responses to homelessness has started to influence approaches to collecting and reporting data and information. There is increasing attention being paid to the possibilities of collecting and reporting cross-program, client-centred information to measure the outcomes of government-funded policies and programs. Important steps have been made in the past several years towards this goal, with the development of methods to link data both within and across programs.

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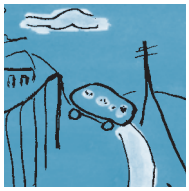
7 Welfare services resources



7.1 Introduction

While other chapters include a wealth of information on the numbers and nature of various types of welfare services and related benefits, this chapter brings information on them together, using common ways of describing them:

- in terms of the amounts of money spent on them
- in terms of the staffing and other human resources applied to them.

Using information on expenditure and human resources allows comparisons to be made of the amount and overall nature of services. Information on expenditure allows us to understand, for example, whether aged care is a 'larger' component of welfare services than disability services, and to what extent the services are accompanied by benefits such as cash payments or concessions. Information on staffing allows us to understand whether aged care services, for example, employ more staff, or a different mix of staff, compared with child care services.

In bringing information together on the various welfare services, this chapter also provides:

- a whole-of-government view of welfare service provision, relating to the separate components of the Australian Government, the separate components of the state and territory governments, and all governments
- a view of welfare services that encompasses the involvement of both government and non-government sectors (for profit, and not-for profit), and households
- a view of welfare services that encompasses service provision for people at all life stages
- comparisons of Australia's welfare expenditure with that of other countries.

What are the questions that can be answered using information on expenditure and human resources for welfare? In general terms, the information in this chapter answers questions such as:

- What amounts are spent on welfare services in Australia? How have they been changing over time?
- Who has been spending the money? What types of services and benefits is the money spent on?
- What is the source of the money for welfare—governments, non-government sources, individuals? How have the sources changed over time?
- How does our expenditure compare internationally?
- How many people are employed to provide welfare services? Where do they work? What are their characteristics? Have the characteristics changed over time?
- Are there workforce shortages? How many potential entrants to the welfare workforce are there?

- What is the role and contribution of unpaid volunteers and informal carers in provision of welfare services?

The scope of this chapter

This chapter presents information on financial resources for welfare and for welfare services, and on human resources relevant to the major areas of welfare services. The scope differs to some extent according to the availability of data and the purpose of the analysis. In general terms, however:

- The scope of information on expenditure and funding of welfare and welfare services is based on the Australian Bureau of Statistics' (ABS) Government Purpose Classification (GPC) categories of welfare for families and children, for the aged, for those with disability and others (Box 7.1).
- The scope of information on human resources for welfare services is based on the ABS's categories for community services industries and community services occupations (see Section 7.7).

This means that the scope for this chapter can differ from the scope of other chapters in this report. Financial resources for welfare services defined according to the four GPC categories do not include all government expenditure on welfare services programs in Australia (Table 7.1). For example, some programs relevant to people with disability fall into categories such as education, health, and housing and community development. Among these programs are grants by the Australian Government to state and territory governments for special education programs for people with disability, which are classified in the education category. People with disability may receive hearing aids, expenditure on which is classified in the health category.

Box 7.1: Government Purpose Classification for financial information

The sections in this chapter on financial resource use the ABS GPC to present the data on the financial transactions involved in providing welfare services:

- family and child welfare services (GPC 2621)
- welfare services for the aged (GPC 2622)
- welfare services for people with disability (GPC 2623)
- other welfare services not elsewhere classified (n.e.c.) (GPC 2629).

Other expenditure data, mainly relating to specific programs and/or specific funding sources, are included in the ageing and aged care, the disability and disability services, and children's services chapters. As noted above, they may include program expenditures outside the scope of the welfare services categories used in this chapter so will not necessarily match the data presented here.

How the resources devoted to welfare have changed over time depends on a number of factors, including population growth, inflation rate and government policies. This chapter includes some notes about major changes to policy that resulted in marked changes to financial and/or human resources for welfare. More detail about changes to policies relating to welfare over the last few years is included in the other chapters in this report.

Table 7.1: Government programs of policy relevance to particular welfare areas, by Government Purpose Classification (GPC) in 2004–05

	Welfare areas				
Government Purpose Classification	**Assistance to families/ people in crisis**	**Children's services**	**Housing assistance**	**Aged care services**	**Services for people with disability**
Education		• Preschool services			• Special education program
Health					• Hearing aids & medical rehabilitation
Welfare services	• Supported Accommodation Assistance Program	• Long day care		• Community Aged Care Packages	• Community accesss, respite, community support, and employment
	• Youth services	• Before and after school care		• High and low care residential care	• Group homes & residential institutions
	• Counselling	• Occasional care		• Transport concessions	• Transport concessions
	• Child protection	• Family day care		• Aged care assessment	• Print disability services
	• Support for carers	• Child care for migrants		• Support for carers	• Non-medical rehabilitation
		• Subsidies for child care costs			• Support in private home
Social security	• Family payments		• Rent assistance	• Age Pensions	• Disability Support Pension
				• Department of Veterans' Affairs pensions	• Mobility allowance
				• Carer Payment, Carer Allowance and Wife Pension	• Carer Payment, Carer Allowance
					• Wife Pension (DSP)
					• Sickness allowance
Housing and community development			• Aboriginal rental housing program	• Self-care units in retirement villages	• Accommodation
			• Loan and mortgage subsidies		
			• Crisis Accommodation Program		
Recreation and culture				• Senior citizen centres	

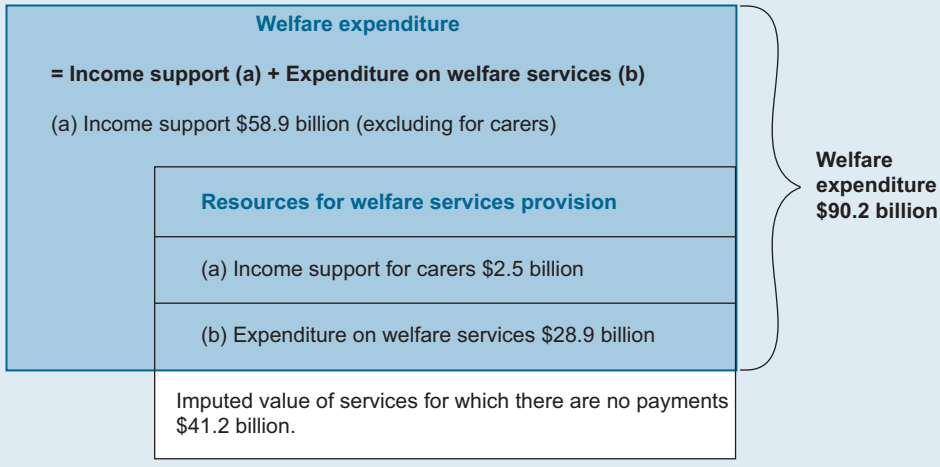
7.2 Total financial and human resources for welfare

This section presents a summary of the estimated total financial and human resources for welfare in Australia.

Financial resources are summarised in Figure 7.1. They include expenditure on (or funding for):

- 'welfare expenditure', defined as the combined total of the expenditure on welfare services that give 'benefits-in-kind' and the expenditure on direct income support, 'cash benefits'. In 2005–06, total welfare expenditure was $90.2 billion, of which $61.4 billion (68%) were cash benefits or income support and the remaining $28.9 billion (32%) were benefits-in-kind (Table 7.17).
- 'welfare services resources' has three components: services for which payments are made (and for which there was a 'benefit-in-kind'), payments to carers, and the imputed value of services for which there are no payments. The total value of resources used in providing welfare services during 2005–06 was estimated at $72.6 billion. Of this, 39.8% ($28.9 billion) related to services for which expenditure was incurred. Of the remaining $43.7 billion, some $41.2 billion was 'imputed' as the value of services where no payments or expenses were actually incurred (Box 7.2). The remaining $2.5 billion was payments to carers by the Australian Government through the social security system. This is treated separately from other types of income support because care or services are provided by carers, who receive the payments.

More details on welfare expenditure (including cash benefits) are in Section 7.5. More details on the $28.9 billion expenditure on welfare services for which payments are made are in sections 7.3 and 7.4.



Note: Total may not add due to rounding.

Figure 7.1: Summary of the components of welfare expenditure, welfare services expenditure and welfare services resources, 2005–06

Box 7.2: Valuing unpaid work

Services that are provided to recipients without charge, so that no financial transaction is involved, include care that families or neighbours provide to older people and people with disability. They also include the work that volunteers do through non-government community service organisations that provide welfare services. The value of these unpaid welfare services has been estimated in this section, to give a comprehensive picture of the total value of welfare services provided to Australians.

In valuing unpaid time spent by members of households in providing welfare services, the average time per day spent by them in 2005–06 was assumed to be similar to that identified in the 1997 time use survey conducted by the ABS (ABS 1999). This was adjusted by changes in the size of population subgroups between 1997–98 and 2005–06. For this report, a further adjustment was made for the male and female populations aged 15–64 years, to take account of changes in the proportions of those populations that were employed. This was considered to have a potential effect on the quantity of time available to those people to provide unpaid welfare services.

The estimated hours spent in providing welfare services was multiplied by the average hourly rates of pay for 'Community and personal service workers' (ABS 2006a) that might have been incurred for an appropriately qualified person to provide the care identified in the time use study.

The number of full-time equivalent (FTE) persons was derived by dividing the number of hours spent in providing welfare services by weekly hours paid for full-time non-managerial adult employees times 48 weeks.

The paid resources in welfare services provision in 2005–06 encompassed the following:

- for the government sector:
  - employee expenses (wages, salaries, superannuation) in providing administrative or program management and direct services provision
  - program costs, including grants and subsidies to providers of welfare services
  - concessions on core public utilities (council rates, water and sewerage rates, public transport, electricity and gas, and motor vehicle registration) to eligible recipients
  - capital expenditures such as Community Aged Care Package establishment grants to service providers from the Department of Health and Ageing.
- for the non-government sector:
  - client fees for services
  - operating expenses for non-government community services organisations (NGCSOs) (including employee expenses as for the government sector above) from their own funding sources, that is, their total operating expenses less government funding in the form of grants and subsidies, and less client fees.

Figure 7.2 summarises the financial and human resources devoted to welfare services in Australia in 2005–06. The paid workforce providing these services was estimated at around 481,000 full-time equivalent (FTE) workers in 2005–06. The unpaid workforce of carers and others was estimated to be about twice the number of the paid workforce in terms of FTE. However, within the unpaid workforce, there are carers of older Australians

and people with disability who received Carer Allowance and/or Carer Payments. The amount of Carer Allowance and Carer Payment, which in 2005–06 was $2.5 billion, is listed separately from the $41.2 billion that is the value of all other services provided by the unpaid workforce. Altogether the unpaid workforce delivered services with a value of $43.7 billion. Combined, the paid and unpaid workforces provided services valued at $72.6 billion.

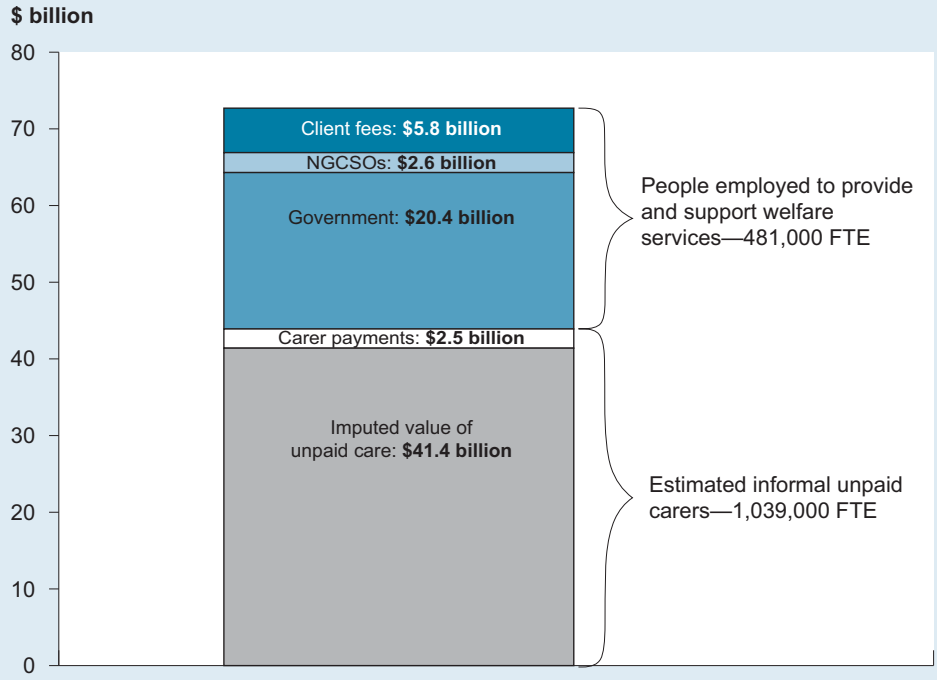


Figure 7.2: Summary of financial and human resources for welfare services, 2005–06

7.3 Expenditure on welfare services

In 2005–06, total expenditure on welfare services (Box 7.3), in current prices, was estimated at $28.9 billion, 3.0% of GDP (gross domestic product) (Table 7.2). This amount includes only expenditure on services for which payments were made (that is, there was a benefit-in-kind received). Unlike the description of financial resources for welfare services in Section 7.2, it does not include payments to carers by the Australian Government nor the imputed value of services for which there are no payments.

Comparing constant prices expenditure (expenditure adjusted for inflation), there was an annual average growth of 3.7% in welfare services expenditure between 1998–99 and 2005–06, and an annual growth of GDP of 3.2% over the same period. The highest real growth in welfare services expenditure was 7.8% in 2003–04. GDP growth rate was also the highest at 4.1% in that year. Welfare services expenditure as a proportion of GDP in current prices was fairly constant over this period at around 3.0% of GDP. Welfare services expenditure now includes high care residential aged care, which was previously classified as health expenditure. Hence these data are not comparable with previously published estimates.

Box 7.3: Defining welfare expenditure and funding

Welfare expenditure

Welfare expenditure is reported in terms of who incurs the expenditure, rather than who ultimately provides the funding for that expenditure. Expenditure on welfare services in Australia involves all three levels of government (Australian Government, state and territory, and local), non-government community service organisations and individual households. In the case of disability services, for example, expenditures are incurred by the states and territories, the Australian Government and by non-government organisations that provide services. Disability support pensions are expenditures incurred by the Australian Government.

Welfare funding

Welfare funding is reported in terms of who provides the funds that are used to pay for the provision of welfare services. Many of the services are funded by the Australian, state and territory and local governments. Non-government community service organisations fund some services from donations and others from their own resources. Households also pay part of the costs of various welfare services such as child care. Some welfare services are effectively funded by voluntary carers and others who give freely of their time and effort in the service of friends, neighbours or the community generally.

At the macro level, expenditure equals funding—all expenditure is funded from one source or another.

Table 7.2: Welfare services expenditure, current and constant prices, share of GDP, GDP in constant prices and annual growth, 1998–99 to 2005–06

	Current prices		Constant prices[a]			
	Expenditure ($m)	Share of GDP (per cent)	Expenditure ($m)	Welfare services growth (per cent)	GDP ($m)	GDP growth (per cent)
1998–99	17,748	2.9	22,432	. .	774,632	. .
1999–00	18,343	2.8	22,765	1.5	805,440	4.0
2000–01	19,755	2.9	23,499	3.2	821,120	1.9
2001–02	20,795	2.8	24,025	2.2	852,043	3.8
2002–03	23,007	2.9	25,744	7.2	878,901	3.2
2003–04	25,420	3.0	27,758	7.8	914,521	4.1
2004–05	26,897	3.0	28,164	1.5	938,998	2.7
2005–06	28,875	3.0	28,875	.2.5	966,442	2.9
Average annual growth rate						
1998–99 to 2005–06	—	—	—	3.7	—	3.2

(a) Constant price estimates are expressed in terms of 2005–06 prices.

Source: AIHW 2007.

Most expenditure on welfare services is for recurrent purposes. These are payments for wages and salaries and other operating expenses or running costs incurred by governments, non-government organisations and individuals in providing welfare services and in managing welfare services programs. In 2005–06, recurrent expenditure was estimated at $28,490 million, and $385 million was capital expenditure by governments (Table 7.3).

The average expenditure on welfare services per Australian resident in 2005–06 was $1,404, up $77 from 2004–05 and $461 from 1998–99 (Table 7.4). Per person expenditure grew, in real terms, by 2.4% per year over the period between 1998–99 and 2005–06.

Table 7.3: Welfare services expenditure, by type of expenditure, current prices, 1998–99 to 2005–06 ($m)

	Recurrent expenditure	Capital expenditure[(a)]	Total
1998–99	17,545	203	17,748
1999–00	18,110	234	18,343
2000–01	19,480	275	19,755
2001–02	20,590	205	20,795
2002–03	22,782	225	23,007
2003–04	25,144	275	25,420
2004–05	26,596	301	26,897
2005–06	28,490	385	28,875

(a) Only includes capital expenditure that was funded by governments.

Note: Total may not add due to rounding.

Source: AIHW 2007.

Table 7.4: Average welfare services expenditure per person, current and constant prices and annual real growth, 1998–99 to 2005–06 ($)

Year	Current prices	Constant prices[(a)]	Annual real growth (per cent)
1998–99	943	1,192	. .
1999–00	963	1,195	0.3
2000–01	1,024	1,219	1.9
2001–02	1,064	1,230	0.9
2002–03	1,163	1,301	5.8
2003–04	1,269	1,386	6.5
2004–05	1,327	1,389	0.2
2005–06	1,404	1,404	1.1
Average annual growth rate			
1998–99 to 2005–06	—	—	2.4

(a) Constant price estimates are expressed in terms of 2005–06 prices.

Source: AIHW 2007.

Of the total welfare services expenditure, the proportion incurred by NGCSOs has been higher than for government and households. It rose from 63% in 1998–99 to 70% in 2005–06. The proportion of expenditure incurred by government fell from 36% in 1998–99 to 29% in 2005–06. The proportion of expenditure incurred by households has been low, at less

than 1% on average for the period 1998–99 to 2005–06 (Table 7.5). However, the estimates of expenditure incurred by households are exclusively fees provided for the provision of informal child care services. While there are carers for older people and people with disability that are provided by the informal sector, there is not enough information available to accurately estimate expenditure relating to client fees for the services they provide.

Of the total welfare services expenditure of $28.9 billion, NGCSOs incurred about 70% ($20.3 billion) (Table 7.5), indicating that they were the predominant providers of welfare services.

Table 7.5: Welfare services expenditure, by sector incurring expenditure, current prices, 1998–99 to 2005–06 (per cent)

Year	Sector incurring expenditure			All sectors ($m)
	Governments[a]	NGCSOs	Households[b]	
1998–99	36.3	62.6	1.1	17,748
1999–00	34.1	65.0	1.0	18,343
2000–01	34.8	64.4	0.8	19,755
2001–02	33.1	66.2	0.7	20,795
2002–03	32.6	66.7	0.7	23,007
2003–04	28.6	70.6	0.7	25,420
2004–05	26.9	72.3	0.8	26,897
2005–06	28.9	70.3	0.8	28,875

(a) Government expenditure includes that of the Australian Government, state and territory governments and local governments.

(b) Includes only estimated fees provided for the provision of informal child care services by households.

Note: Total may not add due to rounding.

Sources

Australian Government—compiled from Department of Immigration and Ethnic Affairs unpublished data; Department of Veterans' Affairs unpublished data; DEWR 2005, 2006a; DHAC 1999, 2000, 2001; DoHA 2002, 2003, 2004, 2005, 2006; FaCS 1999, 2000, 2001, 2002, 2003, 2004, 2005; FACSIA 2006.

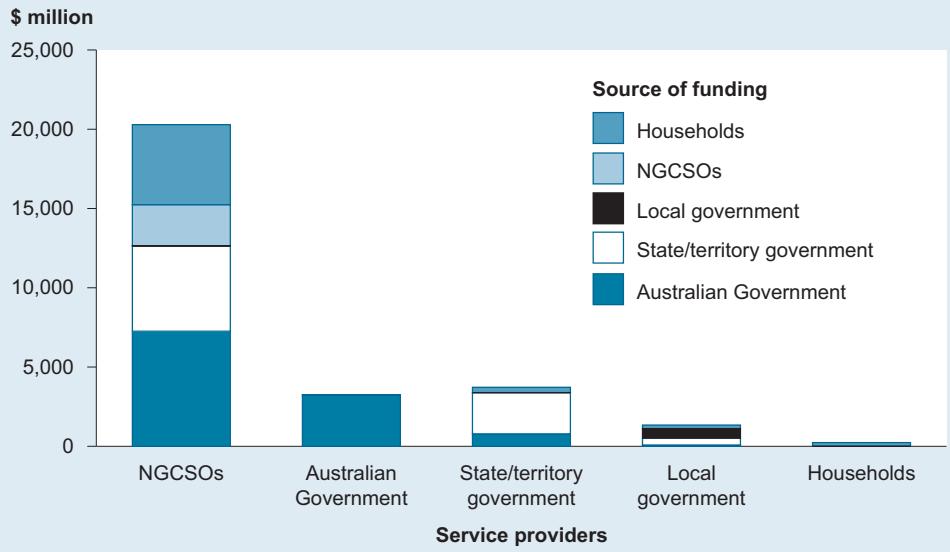
State/territory government—Recurrent expenditure: ABS unpublished public finance data; SCRGSP 2006, 2007; Capital expenditure: ABS unpublished public finance data; Victoria: Department of Human Services Victoria unpublished data for 1998–99 to 2004–05, AIHW estimates for 2005–06.

Local government—ABS unpublished public finance data.

NGCSOs—AIHW estimates based on a sample of NGCSOs' financial reports (about 900).

Household sector—Child care service clients' contribution estimated by AIHW from ABS 1997a, 2000, 2003, 2006b; Other services provided by governments: ABS unpublished public finance data; Services provided by NGCSOs: AIHW estimates based on a sample of NGCSOs' financial reports.

Figure 7.3 combines information on expenditure by provider type and the funding source; detailed information on funding sources is in Section 7.4. It shows that, although most expenditure was provided by NGCSOs, the majority of welfare services expenditure was funded by governments (about 71%). NGCSOs funded about 9% of welfare services expenditure from their own resources. Among the three levels of government, the Australian Government was predominantly a funder of services rather than a provider, funding 40% and providing 11%. State and territory governments funded 29% and provided 13%, while local governments funded 2% and provided 5% of services (see Table A7.1).



Source: Table A7.1.

Figure 7.4: Funding of, and expenditure on welfare services by service provider type, 2005–06

7.4 Funding for welfare services

This section describes the sources of funding for welfare services expenditure in 2005–06. As in Section 7.3, the amounts include only expenditure on services for which payments were made (that is, there was a benefit-in-kind received) and does not include payments to carers by the Australian Government nor the imputed value of services for which there are no payments.

As summarised in Figure 7.3, funding for welfare services comes largely from governments, particularly the Australian Government and state and territory governments. Local governments also provide funding for some welfare services. Households that use welfare services are charged fees for some services that are provided by governments, NGCSOs and individuals in the informal sector. NGCSOs use their own resources to support some of the welfare services that they provide.

In 2005–06, 71% ($20.4 billion) of welfare services expenditure was funded by governments, with the remaining 29% ($8.4 billion) funded by the non-government sector (Table 7.6). In current prices, funding by the Australian Government, state and territory governments, local governments and households rose, compared with 2004–05. Funding by NGCSOs fell.

Between 1998–99 and 2005–06, the share of welfare services expenditure funded by NGCSOs was highest in 2003–04 (12%) and lowest in 2005–06 (9%). The highest share for governments was in 2001–02 (72%) and for households, it was in 2005–06 (20%).

Table 7.6: Funding for welfare services by source, current prices, 1998–99 to 2005–06 ($m)

Year	Government funding sources				Non-government funding sources			Total funding
	Australian Government	State and territory	Local	Total	NGCSOs	Households	Total	
Amount ($ million)								
1998–99	7,062	5,174	254	12,490	1,713	3,545	5,258	17,748
1999–00	7,107	5,519	249	12,875	1,914	3,554	5,468	18,343
2000–01	8,099	5,798	238	14,134	1,951	3,670	5,621	19,755
2001–02	8,542	6,024	314	14,879	2,000	3,915	5,915	20,795
2002–03	9,175	6,515	616	16,306	2,392	4,309	6,700	23,007
2003–04	10,242	6,883	627	17,753	2,973	4,694	7,667	25,420
2004–05	10,708	7,701	537	18,947	2,660	5,291	7,950	26,897
2005–06	11,413	8,414	610	20,437	2,589	5,848	8,438	28,875
Proportion of total funding (per cent)								
1998–99	39.8	29.2	1.4	70.4	9.7	20.0	29.6	100.0
1999–00	38.7	30.1	1.4	70.2	10.4	19.4	29.8	100.0
2000–01	41.0	29.3	1.2	71.5	9.9	18.6	28.5	100.0
2001–02	41.1	29.0	1.5	71.6	9.6	18.8	28.4	100.0
2002–03	39.9	28.3	2.7	70.9	10.4	18.7	29.1	100.0
2003–04	40.3	27.1	2.5	69.8	11.7	18.5	30.2	100.0
2004–05	39.8	28.6	2.0	70.4	9.9	19.7	29.6	100.0
2005–06	39.5	29.1	2.1	70.8	9.0	20.3	29.2	100.0

Note: Total may not add due to rounding.

Source: AIHW 2007.

Funding by governments

A little over half (56%) of estimated recurrent funding by governments for welfare services in 2005–06 came from the Australian Government (Table 7.7). The shares of funding by the three levels of government varied to some extent during the period from 1998–99 to 2005–06. When the share of the Australian Government funding was high, the share of the state and territory government funding was low, and vice versa. The range of funding by the Australian Government was between 55% in 1999–00 and 58% in 2003–04, while the share of state and territory government funding ranged between 39% in 2003–04 and 43% in 1999–00. The local government share varied between 1.7% in 2000–01 and 3.8% in 2002–03.

Only recurrent funding by the Australian Government and the state and territory governments is included in the remainder of the discussion of government funding of welfare services. This is because data are not available to allow reliable disaggregation of funding by local governments by area of expenditure. Hence the term 'government funding' used in the rest of this section refers to recurrent funding by the Australian Government and state and territory governments.

Table 7.7: Recurrent government funding for welfare services, by level of government, current prices, 1998–99 to 2005–06

	Australian Government	State and territory government	Local government	Total	Total government
		Per cent			$m
1998–99	56.5	41.4	2.0	100.0	12,490
1999–00	55.2	42.9	1.9	100.0	12,875
2000–01	57.3	41.0	1.7	100.0	14,134
2001–02	57.4	40.5	2.1	100.0	14,879
2002–03	56.3	40.0	3.8	100.0	16,306
2003–04	57.7	38.8	3.5	100.0	17,753
2004–05	56.5	40.6	2.8	100.0	18,947
2005–06	55.8	41.2	3.0	100.0	20,437

Note: Total may not add due to rounding.
Source: AIHW 2007.

Government funding for welfare services grew in real terms at 3.5% per year between 1998–99 and 2005–06 (Table 7.8). The most rapid growth was in welfare services for families and children, averaging 6.2% per year over the period. The second highest growth area was in welfare services for people with disability. This averaged 4.0% per year over the period. Average annual rate of growth of funding for older people and other recipients of welfare services were 2.3% and 1.8% respectively.

Some of the significant year-on-year increases shown in Table 7.8 can be attributed to particular initiatives. The high growth of 8.3% for families and children in 2004–05 was due partly to an increase in child care benefits from $1,388 million in 2003–04 to $1,463 million in 2004–05. Growth of 11% in welfare services expenditure for older people in 2003–04 was partly due to a one-off payment in 2003–04 of $518 million (in current prices) to approved residential aged care providers for improvements to safety and building standards (DoHA 2004:134). In current price terms, funding for community care and support for carers also increased in 2003–04 by $87 million—from $1,106 million in 2002–03 to $1,193 million in 2003–04 (DoHA 2004:128). Growth of 7.8% in welfare services for people with disability in 2002–03 was due mainly to the increase in state government funding from $2.6 billion in 2001–02 to $2.9 billion in 2002–03.

The share of funding between the Australian Government and state and territory governments varied for the four welfare services categories (tables 7.10 to 7.13). Between 1998–99 and 2005–06, the Australian Government's share was higher for welfare services for older people (78% on average) and welfare services for families and children (53%). The state and territory governments' share was higher for welfare services for people with disability (68%) and for other welfare services (76%).

Table 7.8: Recurrent funding of welfare services by the Australian, state and territory governments, by major area of expenditure, constant prices[(a)], and annual real growth, 1998–99 to 2005–06

	Families and children		Older people		People with disability		Other recipients of welfare services		Total welfare services	
Year	Amount ($m)	Growth (per cent)	Amount ($m)	Growth (per cent)	Amount ($m)	Growth (per cent)	Amount ($m)	Growth (per cent)	Amount ($m)	Growth (per cent)
1998–99	3,013	. .	7,653	. .	3,599	. .	1,026	. .	15,291	. .
1999–00	3,481	15.6	7,336	–4.1	3,759	4.5	896	–12.6	15,474	1.2
2000–01	3,546	1.9	7,932	8.1	3,781	0.6	1,024	14.2	16,283	5.2
2001–02	3,996	12.7	7,811	–1.5	3,946	4.4	876	–14.5	16,629	2.1
2002–03	4,106	2.8	8,093	.6	4,254	7.8	942	7.6	17,396	4.6
2003–04	4,187	2.0	8,953	10.6	4,438	4.3	906	–3.6	18,484	6.3
2004–05	4,535	8.3	8,854	–1.1	4,563	2.8	1,050	15.9	19,003	2.8
2005–06	4,597	1.4	8,987	1.5	4,739	3.9	1,165	10.9	19,489	2.6
Average annual growth rate										
1998–99 to 2005–06	—	6.2	—	2.3	—	4.0	—	1.8	—	3.5

(a) Expressed in terms of 2005–06 prices.

Note: Total may not add due to rounding.

Source: AIHW 2007.

Australian Government recurrent funding

Total Australian Government recurrent funding in 2005–06 was $11.4 billion. Of this, 26% ($1.9 billion) was Specific Purpose Payments (SPPs) through which the Australian Government funded state and territory governments for a number of programs. The amount of SPP funding varied across the four welfare services areas. SPPs for families and children was $107 million, for others n.e.c. $118 million, for older people $824 million, and for people with disabilities $853 million (derived from Table 7.9).

The largest Australian Government recurrent funding was in welfare services for older people, accounting for 64% of Australian Government funding. Welfare services for families and children accounted for 21% of funding, welfare services for people with disability, 13%, and the remaining 2% went to other welfare services (derived from Table 7.9).

State and territory government recurrent funding

In 2005–06, total recurrent funding by state and territory governments was $8.1 billion, of which 39% went to welfare services for people with disability, 25% to welfare services for older people, 26% to welfare services for families and children, and the remaining 10% to other welfare services (derived from tables 7.10 to 7.13). Detailed information on the welfare programs and services funded by the state and territory governments is not available.

Table 7.9: Australian Government recurrent expenditure in current prices by welfare services category, Specific Purpose Payments to state and territory governments and other programs, 2005–06

Welfare services category	Specific Purpose Payments to state and territory governments and other Australian Government programs	Amount ($m)
Family and child welfare	Specific Purpose Payments to state and territory governments	
	• Child care and other family services	11.5
	• Unattached humanitarian minors	1.5
	• Supported Accommodation Assistance Program for youth	61.4
	• Compensation for extension of fringe benefits	32.8
	Other Australian Government programs	
	• Child care assistance (Child care benefits, Support for child care, Child care for sole parents undergoing training)	1,749.5
	• Youth, reconnect, family violence and child abuse	122.5
	• Other	293.6
	Subtotal	*2,214.4*
Welfare services for older people	Specific Purpose Payments to state and territory governments	
	• Home and Community Care Program	652.1
	• Aged care assessment	55.5
	• Compensation for extension of fringe benefits	116.6
	Other Australian Government programs	
	• Community Aged Care Packages	356.6
	• DoHA residential care subsidies (high and low care)	4,527.1
	• Veterans' residential care, home care and other aged care	882.1
	• Multi-purpose and flexible services	158.9
	• National respites for carers	138.7
	• Other	327.9
	Subtotal	*7,215.3*
Welfare services for people with disability	Specific Purpose Payments to state and territory governments	
	• Disability services	599.8
	• Home and Community Care Program	205.7
	• Compensation for extension of fringe benefits	47.5
	Other Australian Government programs	
	• Employment assistance and other services	226.1
	• Rehabilitation service	125.7
	• Other	307.6
	Subtotal	*1,512.3*
Other welfare services	Specific Purpose Payments to state and territory governments	
	• Supported Accommodation Assistance Program, other than for youth	117.1
	• Compensation for extension of fringe benefits	0.7
	Other Australian Government programs	
	• Emergency relief (including Tropical Cyclone Larry assistance)	73.6
	• Migrant resources centres and Integrated humanitarian settlement scheme	71.8
	• Other	149.3
	Subtotal	*412.4*
Total		**11,354.4**

Table 7.10: Government recurrent funding of welfare services for families and children, current prices, 1998–99 to 2005–06

	Australian Government		State and territory governments		Total governments	
Year	Amount ($m)	Share (per cent)	Amount ($m)	Share (per cent)	Amount ($m)	Share (per cent)
1998–99	1,182	49.8	1,192	50.2	2,374	100.0
1999–00	1,430	51.1	1,367	48.9	2,798	100.0
2000–01	1,577	53.1	1,393	46.9	2,970	100.0
2001–02	1,907	55.2	1,548	44.8	3,456	100.0
2002–03	1,961	53.5	1,705	46.5	3,665	100.0
2003–04	1,991	52.5	1,841	47.5	3,831	100.0
2004–05	2,157	53.1	2,170	46.9	4,327	100.0
2005–06	2,214	53.5	2,382	46.5	4,597	100.0
Average proportion	**. .**	**52.7**	**. .**	**47.3**	**. .**	**100.0**

Note: Total may not add due to rounding.

Source: AIHW 2007.

Table 7.11: Government recurrent funding for welfare services for older people, current prices, 1998–99 to 2005–06

	Australian Government		State and territory governments		Total governments	
Year	Amount ($m)	Share (per cent)	Amount ($m)	Share (per cent)	Amount ($m)	Share (per cent)
1998–99	4,746	78.6	1,293	21.4	6,039	100.0
1999–00	4,522	76.7	1,376	23.3	5,898	100.0
2000–01	5,235	78.6	1,422	21.4	6,657	100.0
2001–02	5,231	77.5	1,518	22.5	6,750	100.0
2002–03	5,707	79.0	1,520	21.0	7,227	100.0
2003–04	6,500	78.1	1,592	21.9	8,193	100.0
2004–05	6,832	78.0	1,623	22.0	8,455	100.0
2005–06	7,215	78.2	1,772	21.8	8,967	100.0
Average proportion	**. .**	**78.1**	**. .**	**21.9**	**. .**	**100.0**

Note: Total may not add due to rounding.

Source: AIHW 2007.

Table 7.12: Government recurrent funding for welfare services for people with disability, current prices, 1998–99 to 2005–06

	Australian Government		State and territory governments		Total governments	
Year	Amount $m)	Share (per cent)	Amount ($m)	Share (per cent)	Amount ($m)	Share (per cent)
1998–99	896	31.6	1,940	68.4	2,836	100.0
1999–00	908	30.1	2,109	69.9	3,017	100.0
2000–01	1,021	32.3	2,141	67.7	3,162	100.0
2001–02	1,145	33.6	2,271	66.5	3,416	100.0
2002–03	1,211	31.9	2,585	68.1	3,796	100.0
2003–04	1,325	31.9	2,737	68.1	4,062	100.0
2004–05	1,381	31.9	2,974	68.1	4,355	100.0
2005–06	1,512	32.3	3,227	67.7	4,739	100.0
Average proportion	**. .**	**31.9**	**. .**	**68.1**	**. .**	**100.0**

Note: Total may not add due to rounding.

Source: AIHW 2007.

Table 7.13: Government recurrent funding for other welfare services, current prices, 1998–99 to 2005–06

	Australian Government		State and territory governments		Total governments	
Year	Amount ($m)	Share (per cent)	Amount ($m)	Share (per cent)	Amount ($m)	Share (per cent)
1998–99	174	21.4	639	78.6	813	100.0
1999–00	169	23.6	548	76.4	717	100.0
2000–01	193	22.5	663	77.5	855	100.0
2001–02	191	25.2	567	74.8	757	100.0
2002–03	217	25.8	622	74.2	839	100.0
2003–04	240	23.7	591	76.3	830	100.0
2004–05	266	24.2	736	75.8	1,001	100.0
2005–06	412	24.3	753	75.7	1,165	100.0
Average proportion	**. .**	**23.8**	**. .**	**76.2**	**. .**	**100.0**

Note: Total may not add due to rounding.

Source: AIHW 2007.

Government funding through concessions expenditure

The recurrent expenditure estimates for welfare services presented in this chapter as funded by governments include estimates of concessions provided to eligible recipients on core public services.

Concessions represent revenue forgone by governments, as they occur when the governments do not receive full fees for services provided to clients. Due to data availability, only expenditure on the core concessions to households on charges for energy (electricity and gas), public transport, water and sewerage services, local government rates and motor vehicle registration are presented here.

Recipients of social security payments gain access to core concessions through holding a Pensioner Concession Card. In some circumstances, some Health Care Card (HCC) and Commonwealth Senior Health Care Card holders are also able to access some core concessions. Veterans and their dependants gain access to similar concessions through their Department of Veterans' Affairs (DVA) concession cards. These cards have different eligibility criteria and conditions. Access to the associated concessions depends on a client's meeting those criteria. The Health Care Card, for example, is short term and subject to review every 3–6 months, while the Pensioner Concession Card is issued annually to pensioners and certain older benefit recipients who have received income support payment for at least 39 weeks. DVA card holders have ongoing eligibility for concessions of the type that are available to the other social security recipients.

Most core concessions are funded by state and territory governments. However, the Australian Government provides SPPs—for compensation for extension of fringe benefits—to states and territories under bilateral agreements that require the states and territories concerned to extend eligibility for core concessions to recipients of part-pensions.

The total value of core concessions in 2005–06 was estimated at $1.7 billion (Table 7.14). Of this, the states and territories provided an estimated $1.5 billion. The rest was funded by the Australian Government through SPPs for compensation for the extension of fringe benefits to part-pensioners. On average, concessions represented about 21% of total funding of welfare services by state and territory governments over the period 1998–99 to 2005–06.

Another form of indirect government funding besides concession expenditure is tax expenditure. Because the majority of tax expenditure is income support in nature, more detailed information on tax expenditure is provided in Section 7.5 on welfare expenditure. Although there are some items that are related to services assistance, it is not practical to split these between welfare services expenditure and income support. In assistance for families and children, for example, the Australian Government from 1 July 2000 combined 12 existing types of assistance for families into three main types administered through the tax and social security systems. These were:

- Family Tax Benefit Part A
- Family Tax Benefit Part B
- Child Care Benefit.

Table 7.14: Core government concessions for welfare services target populations, current prices, 1998–99 to 2005–06 ($m)

	Core concession type					
Year	Energy	Public transport	Water and sewerage	Council rates	Motor vehicle registration	Total concessions
Estimated total expenditure on concessions						
1998–99	179	412	161	222	301	1,274
1999–00	213	403	162	226	310	1,313
2000–01	229	421	179	221	318	1,368
2001–02	271	429	189	248	336	1,473
2002–03	264	439	207	258	348	1,517
2003–04	292	461	211	271	372	1,608
2004–05	342	495	216	288	301	1,642
2005–06	328	598	223	286	311	1,747
Funded by the Australian Government through SPPs to states and territories for extension of concessions to part-pensioners						
1998–99	24	48	19	26	35	152
1999–00	25	48	19	27	37	155
2000–01	28	51	22	27	38	164
2001–02	31	50	22	29	39	171
2002–03	31	52	23	31	42	178
2003–04	34	53	24	31	43	185
2004–05	40	57	25	33	35	191
2005–06	37	68	25	32	35	198
Funded by states and territories from own sources						
1998–99	179	364	142	196	265	1,146
1999–00	184	355	142	200	273	1,153
2000–01	201	370	157	194	280	1,203
2001–02	232	379	167	219	297	1,295
2002–03	228	387	168	227	306	1,316
2003–04	259	408	187	240	329	1,423
2004–05	303	438	191	254	266	1,451
2005–06	291	530	198	254	276	1,549

Note: Total may not add due to rounding.

Source: AIHW 2007.

Funding by households

Households pay fees for the services provided by governments and NGCSOs. In addition, fees are paid by clients for some services provided by informal carers in the household sector; the only client fees data available are for child care services. It is possible that informal care provided to older people and people with disability may also attract client fees, but these are not captured in the reported expenditure data.

Client fees for welfare services were estimated at $5.8 billion in 2005–06 (Table 7.15). Of this, client fees for child care services totalled $234 million. Across the provider sectors, 86% of the total was paid to NGCSOs, 10% to government service providers and 4% to households. These relative shares fluctuated somewhat over the period from 1998–99 to 2005–06.

Table 7.15: Funding of welfare services, through fees paid by clients, amount and share, by provider sector, current prices, 1998–99 to 2005–06

	Provider sector							
	Governments		NGCSOs		Households as providers of informal childcare		Total client fee funding	
	Amount ($m)	Share (per cent)	Amount ($m)	Share (per cent)	Amount ($m)	Share (per cent)	Amount ($m)	Share (per cent)
1998–99	249	7.0	3,104	87.6	192	5.4	3,545	100.0
1999–00	273	7.7	3,102	87.3	179	5.0	3,554	100.0
2000–01	315	8.6	3,189	86.9	167	4.5	3,670	100.0
2001–02	350	9.0	3,408	87.0	155	4.0	3,915	100.0
2002–03	400	9.3	3,736	86.7	172	4.0	4,309	100.0
2003–04	413	8.8	4,089	87.1	191	4.1	4,694	100.0
2004–05	379	7.2	4,698	88.8	211	4.0	5,291	100.0
2005–06	560	9.7	5,048	86.3	234	4.0	5,848	100.0

Note: Total may not add due to rounding.

Source: AIHW 2007.

Funding of expenditure by non-government community services organisations

This section details the sources of funds for NGCSOs that provide welfare services. Expenditure by NGCSOs is funded by governments, the NGCSOs themselves, and households (in the form of client fees).

NGCSOs' expenditure on welfare services was estimated at $20.3 billion in 2005–06 (Table 7.16). Of this, 62% ($12.7 billion) was funded by governments; a quarter (25%) by client fees ($5.0 billion); and the remainder by the NGCSOs (13% or $2.6 billion).

Government funding to NGCSOs in current prices doubled from $6,295 million in 1998–99 to $12,652 million in 2005–06. NGCSOs' own source funding increased from $1,713 million in 1998–99 to $2,589 million—an increase in nominal terms of 51%. The funding amount was highest in 2003–04 ($2,973 million). Funding by clients also increased, from $3,104 million in 1998–99 to $5,048 million in 2005–06.

In terms of relative shares, the government proportion of funding increased most years, rising from 57% in 1998–99 to 62% in 2005–06. The share of funding from NGCSOs' own funds fluctuated during the period 1998–99 to 2005–06, reaching its peak at 17% in 2003–04, and declining in the following 2 years, to 13% in 2005–06. The share of funding from client fees fluctuated, ranging between 23% in 2003–04 and 28% in 1998–99.

Table 7.16: Recurrent funding of NGCSOs' welfare services expenditure, amount and share, by source of funds, current prices, 1998–99 to 2005–06

	Funding source						Total expenditure by NGCSOs	
	Governments		NGCSOs		Client fees			
	Amount ($m)	Share (per cent)	Amount ($m)	Share (per cent)	Amount ($m)	Share (per cent)	Amount ($m)	Share (per cent)
1998–99	6,295	56.7	1,713	15.4	3,104	27.9	11,112	100.0
1999–00	6,900	57.9	1,914	16.1	3,102	26.0	11,916	100.0
2000–01	7,580	59.6	1,951	15.3	3,189	25.1	12,720	100.0
2001–02	8,355	60.7	2,000	14.5	3,408	24.8	13,763	100.0
2002–03	9,211	60.1	2,392	15.6	3,736	24.4	15,339	100.0
2003–04	10,888	60.7	2,973	16.6	4,089	22.8	17,950	100.0
2004–05	12,091	62.2	2,660	13.7	4,698	24.2	19,449	100.0
2005–06	12,652	62.4	2,589	12.8	5,048	24.9	20,289	100.0

Note: Total may not add due to rounding.

Source: AIHW 2007.

7.5 Welfare expenditure

This section presents information on welfare expenditure, which is defined as cash paid to social security/income support recipients (carer payments included) plus welfare services for which payments are made (that is, there was a benefit-in-kind) (see Figure 7.1). It does not include the imputed value of services for which there are no payments.

The cash benefits that are categorised as part of welfare expenditure are provided to groups of people classified in the four GPC welfare services categories—families and children, older people, people with disability and 'other welfare'.

Cash benefits provided by the Australian Government to families and children include:

- Double Orphan Pension
- under the More Help for Families package, one-off payments under *Family Assistance Legislation Amendment 2004*
- Family Tax Benefits Part A and Part B
- Maternity Allowances
- Maternity Payment
- Large Family Supplement
- Partner Allowance
- Partner Benefits
- Parenting Payments (partnered and single).

Cash benefits to older people include:

- Age Pension
- Aged Persons Savings Bonus
- Self-funded Retirees' Supplementary Bonus
- Seniors Concession Allowance

- Telephone Allowance for Commonwealth Seniors Health Card Holders
- Utilities Allowance
- Wife Pension (Age)
- Support for Carers (Aged)
- DVA Service Pension
- DVA Income Support Pension.

Cash benefits to people with disability include:

- Disability Support Pension
- Mobility Allowance
- Sickness Allowance
- Wife Pension
- Support for Carers (Disabled)
- DVA Disability Pension.

Cash benefits classified as 'other welfare' expenditure include:

- Bereavement Payments
- Widow Allowance
- Widow B Pension
- Special benefit
- DVA Dependents and Widows Pension
- War Widows Pension.

In 2005–06, cash benefits were $61.4 billion and accounted for 68% of total welfare expenditure. The remaining 32% ($28.9 billion) was for welfare services (benefits-in-kind) (derived from Table 7.17). Between 1998–99 and 2005–06, the average proportions were 70% for cash benefits and 30% for welfare services.

In 2005–06, most ($80.8 billion) of the total welfare expenditure of $90.2 billion could be allocated by welfare category. Welfare expenditure on older people was the highest at $34.2 billion. Families and people with disability received $26.6 billion and $16.9 billion respectively, and $3.2 billion was provided for 'other welfare' (Table 7.17).

Between 1998–99 and 2005–06, welfare expenditure for older people was the highest on average, accounting for 44% of combined Australian Government and state and territory government expenditure. About one-third (33%) of welfare expenditure was for families. One-fifth (19%) went to people with disability and the remaining 4% to 'other welfare'.

Welfare expenditure for people with disability increased each year, from $9.9 billion in 1998–99 to $16.9 billion in 2005–06. Welfare expenditure for the remaining three target groups did not increase every year. Welfare expenditure for older people fell in 2001–02 because of a fall in cash benefits. Apart from the aged pension, which increased from $15.6 billion in 2000–01 to $16.7 billion in 2001–02, the other types of income support fell across the board, particularly One-off Payments and Self-funded Retirees Supplementary Bonuses.

Welfare expenditure for families fell from $27.1 billion in 2003–04 to $26.6 billion in 2005–06, due mainly to the one-off payment for the Family Assistance Legislation Amendment payment included in 2003–04 ($2.2 billion was paid out in 2003–04 and $0.02 billion in 2005–06).

Table 7.17: Welfare expenditure estimates, current prices, 1998–99 to 2005–06 ($m)

	1998–99	1999–00	2000–01	2001–02	2002–03	2003–04	2004–05	2005–06	Average proportion 1998–99 to 2005–06 (per cent)
Australian Government and state and territory governments[a]									
Families	16,088	17,329	20,168	21,893	22,195	27,122	25,760	26,580	33.2
Cash benefits	13,714	14,531	17,198	18,438	18,530	23,291	21,433	21,984	27.9
Benefit-in-kind	2,374	2,798	2,970	3,456	3,665	3,831	4,327	4,597	5.2
Older people	23,362	23,650	28,981	27,594	29,228	32,378	33,308	34,160	43.6
Cash benefits	17,323	17,752	22,324	20,845	22,001	24,185	24,853	25,172	32.7
Benefit-in-kind	6,039	5,898	6,657	6,750	7,227	8,193	8,455	8,987	10.9
People with disability	9,916	10,326	11,232	12,158	13,051	14,138	14,671	16,870	19.2
Cash benefits	7,080	7,309	8,070	8,742	9,255	10,076	10,317	12,130	13.7
Benefit-in-kind	2,836	3,017	3,162	3,416	3,796	4,062	4,355	4,739	5.5
Other welfare	2,363	2,280	2,597	2,652	2,823	2,918	3,182	3,230	4.1
Cash benefits	1,550	1,562	1,742	1,895	1,985	2,087	2,181	2,065	2.8
Benefit-in-kind	813	717	855	757	839	830	1,001	1,165	1.3
Four category subtotal	51,728	53,584	62,979	64,298	67,297	76,555	76,922	80,840	. .
Cash benefits	39,667	41,155	49,334	49,920	51,770	59,639	58,784	61,352	. .
Benefit-in-kind	12,061	12,430	13,644	14,378	15,527	16,917	18,138	19,489	. .
Other unable to be allocated by category[b]									
Benefit-in-kind	5,686	5,914	6,111	6,416	7,479	8,506	8,759	9,387	. .
Grand total	**57,415**	**59,498**	**69,089**	**70,714**	**74,777**	**85,058**	**85,681**	**90,227**	**. .**
Cash benefits	**39,667**	**41,155**	**49,334**	**49,920**	**51,770**	**59,639**	**58,784**	**61,352**	**. .**
Benefit-in-kind	**17,748**	**18,343**	**19,755**	**20,795**	**23,007**	**25,420**	**26,897**	**28,875**	**. .**

(a) For the benefits-in-kind category, the Australian Government expenditure includes both recurrent and capital expenditure but the state and territory government expenditure comprises recurrent expenditure only.

(b) Included are state and territory capital expenditure, and expenditure funded by local government (both recurrent and capital), NGCSOs and households.

Note: Total may not add due to rounding.

Sources: Benefits in kind: AIHW; Cash benefits: FaCS 1999, 2000, 2001, 2002, 2003, 2004, 2005; FaCSIA 2006.

Tax expenditure

A tax expenditure is a tax concession that provides a benefit to a specified activity or class of taxpayer. Various forms of tax expenditure include tax exemptions, tax deductions, tax offsets, concessional tax rates and deferral of tax liability. Australia measures tax expenditures using an approach that treats the expenditure as revenue forgone, consistent with OECD (Organisation for Economic Co-operation and Development) reporting methods. This approach measures how much tax revenue is reduced relative to a benchmark for each tax expenditure.

Tax expenditure by the Australian Government in 2005–06 was estimated at $25.7 billion (Table 7.18). Of this, 80% was directed at older people and a further 11% was for families and children. Total welfare expenditure would have been higher had the amount of tax expenditure been included.

Table 7.18: Tax expenditures by the Australian Government for welfare services, current prices, 1998–99 to 2005–06 ($m)

Tax expenditure type	1998–99	1999–00	2000–01	2001–02	2002–03	2003–04	2004–05	2005–06
Tax expenditure for older people								
Superannuation concession	10,100	10,675	9,920	11,140	10,100	13,540	16,600	18,080
Transitional tax exemption for certain life insurance management fees	. .	—	180	270	200	250	290	—
Concessional treatment of non-superannuation termination benefits	1,130	1,050	970	410	360	320	320	30
Capped taxation rates for lump sum payments for unused recreation and long service leave	260	250	210	230	210	190	180	150
Capital gains tax exemption on the sale of a small business at retirement	25	25	35	55	85	120	185	180
Senior Australians' tax offset	25	30	1,490	1,480	1,620	1,800	1,920	1,830
Savings tax offset	350	520	. .	. .	. .	. .	. .	. .
Exemption from income tax of one-off payment to senior Australians	. .	. .	540	2	. .	. .	. .	. .
Small business 15-year capital gains tax exemption	. .	. .	. .	5	10	16	13	. .
Total tax expenditure for older people	*11,890*	*12,550*	*13,345*	*13,592*	*12,585*	*16,236*	*19,508*	*20,580*
Tax expenditure for families								
Exemption from income tax of Family Tax Benefit, including expense equivalent	. .	. .	1,980	1,800	1,720	2,560	2,370	2,400
Family Tax Assistance Parts A and B	400	380	. .	. .	. .	. .	. .	. .
Exemption from income tax of Child Care Benefit	. .	. .	330	340	360	360	380	390
Tax offset for sole parents	250	260	50	. .	. .	. .	. .	. .
Exemption from income tax of the Baby Bonus	. .	. .	. .	. .	7	19	30	35
Total tax expenditure for families	*650*	*640*	*2,360*	*2,140*	*2,087*	*2,939*	*2,780*	*2,825*
Tax expenditure for others								
Taxation of 5% of unused long service leave accumulated by 15 August 1978	160	160	135	115	100	85	90	85
Tax offset for dependant spouse, etc. who cares for a prescribed dependant	420	430	360	350	360	370	390	390
Tax offset for low-income earners	490	440	460	410	410	400	670	690
Exemption of certain income support benefits, pensions or allowances from income tax	1,330	1,460	880	900	940	980	990	940
Capped exemption from Fringe Benefits Tax for public benevolent institutions	190	210	230	230	165	210	250	250
Total other tax expenditure	*2,590*	*2,700*	*2,065*	*2,005*	*1,975*	*2,045*	*2,390*	*2,335*
Total tax expenditure	**15,130**	**15,890**	**17,770**	**17,737**	**16,647**	**21,220**	**24,678**	**25,740**

Note: Total may not add due to rounding.

Sources: Treasury 2003, 2004, 2005, 2006, 2007.

7.6 International comparisons

Australia's welfare expenditure (as defined in Section 7.5) can be compared internationally through use of the OECD's Social Expenditure Classification (SOCX). There are nine social or welfare expenditure (SOCX) categories used by the OECD. Australia's welfare expenditure corresponds to those for old age, survivor, incapacity and family and part of other SOCX categories (Table 7.19). The OECD categories include benefits-in-kind and cash benefits for the four welfare services groups described elsewhere in this chapter—older persons, persons with disability, families and children and 'other welfare'.

SOCX includes superannuation benefits payments (both lump sum and pension), which AIHW does not include as welfare expenditure earlier in this chapter. For comparability with the other OECD countries, they are included here.

Australia's welfare expenditure as a proportion of GDP in 2003 was estimated at 13.8% and ranked 20 out of 29 countries. This compares to the OECD average for welfare expenditure of 14.7% of GDP (Table 7.20).

Table 7.19: OECD Social Expenditure Classification categories and their treatment in respect of the scope of welfare expenditure

SOCX category number	SOCX category title	Mapped to GPCs	Treatment
1	Old age	GPC2612—Benefits to ex-service personnel and their dependents (part only)	Included
		GPC2614—Old age benefits	Included
		GPC2622—Welfare services for the aged	Included
2	Survivor	GPC2615—Widows, deserted wives, divorcees and orphan benefits	Included
		GPC2629—Other welfare services (part only, e.g. funeral expenses)	Included
3	Incapacity-related benefits	GPC2611—Sickness benefits	Included
		GPC2612—Benefits to ex-service personnel and their dependants (part only)	Included
		GPC2613—Permanent disability benefits	Included
		GPC2623—Welfare services for people with disability	Included
4	Health	GPC25xx—Health	Excluded
5	Family	GPC2617—Family and child benefits	Included
		GPC2618—Sole parents benefits	Included
		GPC2621—Family and child welfare services	Included
6	Active labour market programs	GPC333x—Labour and Employment Affairs	Excluded
7	Unemployment	GPC2616—Unemployment benefits	Excluded
8	Housing	GPC27xx—Housing and community amenities	Excluded
		GPC2621—Family and child welfare services (SAAP—part)	Included
		GPC2629—Other welfare services (SAAP—part)	Included
9	Other social policy areas	GPC2619—Social security, n.e.c.	Excluded
		GPC2629—Other welfare services (part)	Included

Table 7.20: International comparison of welfare expenditure by OECD SOCX category[a], current prices, 2003 (A$)

Country	Per person expenditure (A$)						Total expenditure[b] (A$ million)	Total expenditure as per cent of GDP
	Old age	Survivors	Incapacity-related	Family	Other	Total[b]		
Sweden	4,835	273	2,751	1,410	303	9,572	**85,745**	**24.0**
Austria	5,559	160	1,461	1,279	164	8,623	**69,998**	**20.8**
Switzerland	5,051	666	2,141	693	340	8,890	**65,832**	**19.8**
Norway	3,896	163	3,655	1,732	322	9,767	**44,586**	**19.4**
Italy	4,712	929	849	480	96	7,067	**407,078**	**19.1**
Denmark	3,884	4	1,861	1,642	422	7,814	**42,116**	**18.8**
France	4,060	732	832	1,156	403	7,183	**443,883**	**18.8**
Belgium	3,839	867	1,147	1,090	486	7,428	**77,060**	**18.3**
Germany	4,469	161	1,175	749	216	6,771	**558,733**	**18.2**
Netherlands	3,682	153	2,181	707	958	7,681	**124,614**	**17.9**
Finland	3,302	361	1,777	1,133	241	6,815	**35,526**	**17.8**
United Kingdom	4,287	93	1,230	1,188	359	7,156	**426,188**	**17.7**
Poland	1,779	162	534	234	7	2,716	**103,750**	**17.4**
Luxembourg	4,584	1,918	3,011	3,069	414	12,997	**5,848**	**17.3**
Greece	3,323	232	487	349	362	4,753	**52,391**	**17.2**
Portugal	2,137	384	740	376	269	3,906	**40,781**	**16.4**
Iceland	2,649	262	2,027	1,295	221	6,453	**1,867**	**15.9**
Hungary	1,536	230	604	718	27	3,116	**31,565**	**15.3**
Japan	4,251	478	298	280	74	5,381	**686,732**	**14.2**
Australia[c]	3,114	98	706	1,354	537	5,809	**116,329**	**13.8**
Czech Republic	1,856	48	698	444	145	3,192	**32,559**	**13.7**
United States	4,626	408	876	350	283	6,542	**1,904,206**	**13.1**
Canada	3,401	179	414	453	963	5,410	**171,271**	**13.0**
Slovak Republic	1,207	31	407	346	253	2,244	**12,073**	**12.7**
Spain	2,629	189	791	349	59	4,017	**168,718**	**12.0**
New Zealand	1,395	33	911	719	47	3,104	**12,537**	**9.8**
Ireland	1,317	371	709	1,168	213	3,778	**15,078**	**8.2**
Korea	832	57	166	43	127	1,225	**58,600**	**4.7**
Mexico	124	37	9	136	67	374	**38,362**	**2.9**
OECD[d]	**3,561**	**334**	**774**	**536**	**251**	**5,457**	**5,920,163**	**14.7**

(a) Includes public, mandatory private and voluntary private social expenditures.

(b) Excludes health, active labour market programs, unemployment and housing, but includes superannuation payments.

(c) Includes superannuation payments.

(d) The OECD averages are weighted by population or GDP. Turkey excluded.

Note: Expenditure converted to Australian dollar values using GDP purchasing power parities.

Source: OECD SOCX database 2007.

7.7 Human resources for welfare services

People who provide welfare services fall into three categories:

- workers in paid employment (the 'workforce')
- volunteers who contribute their time in an organised or formal manner to welfare services providers
- carers who provide personal assistance to family members or others on an informal basis.

Each of these groups is discussed in the following sections of this chapter. While the emphasis may seem to be on the paid welfare services workforce, this is mainly due to the greater availability of data on these workers, collected by the ABS as part of its routine monitoring of Australia's labour force. Also, a number of data collections focus on specific sections of the welfare or community services sector, such as child care services and aged care services, and workforce information from these sectors is also included.

While the role of volunteers and carers in providing community services is widely recognised, information on them is limited to several less-frequent ABS surveys and a few ad hoc special surveys.

An understanding of the supply of human resources for welfare services requires information on both its stocks (current numbers of paid workers, volunteers, carers) and flows (new entrants, exits and re-entrants) (Box 7.4).

Box 7.4: Measures of human resources for welfare services

Information on the stocks of human resources is relatively straightforward and regularly collected by the ABS and other stakeholders. For the flows, however, direct information on entrants is limited to numbers completing training courses, while information on exits can only be inferred from the age structure of the current workforce. Information on migrants entering (or leaving) the welfare services workforce (derived from the information cards completed by all incoming and outgoing passengers) is not considered accurate enough for publication, and there is only anecdotal information about re-entrants to the workforce.

The stocks are also affected not only by the number of people in each of the service provider categories but also by the amount of time spent by the workers, volunteers and carers in providing services. The main source of detailed information on hours worked is the ABS Labour Force Survey, and this is used here to estimate full-time equivalent (FTE) paid worker numbers and rates (FTEs per 100,000 population). This is referred to as the workforce 'supply'. FTE estimates for volunteers and carers are presented in Section 7.2.

The information presented here on the supply of human resources could be accompanied by a discussion of the demand for these resources. This is a complex issue. For example, consider the effects of an ageing population: on the one hand, the number of people leaving the paid workforce is likely to increase in years to come, and, on the other hand, the number of older people requiring assistance will increase. Together, these factors imply an increased demand for new entrants into the aged care workforce. At present there are insufficient hard data on these effects, and the only information on demand presented here is on the areas of identified current workforce shortages.

Community services industries and occupations

To describe the overall welfare workforce in this chapter, ABS data sources have been used. These data sources include information on the *industry* in which people work and their *occupation*. Industries are defined according to the services they provide, while occupations are defined by the activities of the workers. For the purposes of this chapter, information on the ABS categories of 'community services industries' and 'community services occupations' is presented.

Community services *industries* comprise organisations, agencies and individuals that are mainly engaged in providing various types of care and welfare services. As defined by the Australian and New Zealand Standard Industrial Classification (ABS 2006a), these range from accommodation for the aged, assistance for people with disability, and residential and non-residential services for people experiencing housing difficulties, to marriage counselling and child care services. In 2006, 268,400 people worked in community services industries, 2.6% of all workers (Figure 7.4). The community services industries, as defined here, may not align completely with the 'welfare services' categories for which expenditure is described earlier in this chapter, nor with the scope of services described in other chapters of this report.

Community services *occupations*, as specified in the Australian Standard Classification of Occupations (ABS 1997b), include those that provide care (for children, the aged and people with special needs) and counselling (including social workers). In 2006, 363,100 workers were classified in community services *occupations*, 3.6% of all workers. Just under one-half (48%) of those working in community services *occupations* worked in community services *industries*, with the other half spread across other industries, particularly the health, education, government administration and defence industries.

In 2006, 65% of the workers in community services *industries* were in community services occupations. The remainder worked in other occupations.

	Community services industries	Other industries	Total
Community services occupations	174,500 persons employed in community services occupations in community services industries e.g. children's care workers in the child care services industry	188,600 persons employed in community services occupations in other industries e.g. counsellors in the education industry	**363,100 (290,400 FTE)**
Other occupations	93,900 persons employed in other occupations in community services industries, e.g. managers, accountants, auditors, tradespersons and computing professionals		
Total	**268,400 (220,800 FTE)**		

Source: Unpublished data from ABS Labour Force Survey 2006.

Figure 7.4: Relationship of community services occupations to community services and other industries, 2006

7.8 Community services occupations

About 30 occupations in the Australian Standard Classification of Occupations are included in the community services grouping. However, the numbers of workers in some of these occupations are small, and thus it is necessary, particularly when using sample surveys such as the ABS Labour Force Survey, to group some of them together. In the following tables, nine categories of occupations are used (Box 7.5). Although they are categorised as community services occupations, some categories (for example, drug and alcohol counsellor, Aboriginal and Torres Strait Islander health worker) could be regarded as health occupations for some purposes.

Persons employed in community services occupations comprised 3.6% of the total labour force in 2006, a slight increase from 3.5% in 2001 (Table 7.21). The largest group among community services occupations in 2006 was children's care workers (which includes child care coordinators), with 99,800 workers, or 27% of all workers in community services occupations. Other large groups were special care workers (23%), education aides (16%)

Box 7.5: Community services occupations

Nine categories of community services occupations, based on the Australian Standard Classification of Occupations (ABS 1997a), are used in the analysis in this section:

- Pre-primary school teacher—teaches the basics of numeracy, literacy, music, art and literature to students at pre-primary schools and promotes students' social, emotional, intellectual and physical development
- Special education teacher—includes special needs teacher and teacher of the hearing or sight impaired
- Social worker—assesses the social needs of individuals and groups, and assists people to develop and use the skills and resources needed to resolve social and other problems
- Welfare and community worker—assists individuals, families and groups with social, emotional and financial difficulties to improve quality of life; facilitates community development initiatives and collective solutions to address issues, needs and problems
- Counsellor—includes rehabilitation, drug and alcohol, family, careers and student counsellor
- Welfare associate professional—includes parole or probation officer, youth worker, residential care officer, disability services officer and family support worker
- Education aide—includes preschool aide, integration aide, teacher's aide and Indigenous education worker
- Children's care worker—includes child care coordinator and child care worker
- Special care worker—includes hostel parent, child or youth residential care assistant, refuge worker, aged or disabled person carer, and therapy aide.

In addition to these categories, three smaller categories are included in the total numbers for community services occupations: social welfare professionals not further defined, carers and aides not further defined, and Aboriginal and Torres Strait Islander health workers. The latter are included among community services workers because much of their work involves liaising on behalf of patients and their families with the health care system.

and welfare and community workers (10%). Over the 5-year period from 2001 to 2006, the number of workers in community services occupations increased 16%, compared to a 12% increase for all occupations. The community services occupation experiencing the highest growth in numbers over this period was welfare and community workers (52%).

Table 7.21: Persons employed in community services occupations, by industry, 2001 and 2006

	2001			2006		
Occupation	Community services industries	Other industries	All industries	Community services industries	Other industries	All industries
Pre-primary school teacher	*2,400	11,200	13,600	*3,400	15,800	19,200
Special education teacher	. .	10,500	10,600	. .	13,600	13,600
Social worker	*3,400	6,800	10,200	*4,200	9,300	13,500
Welfare and community worker	13,000	12,000	25,100	15,000	23,000	38,100
Counsellor	*4,800	8,700	13,500	*4,400	10,700	15,000
Welfare associate professional	8,800	8,200	17,000	12,700	9,000	21,700
Education aide	. .	48,900	49,800	. .	58,200	59,000
Children's care worker	60,100	28,800	88,800	81,000	18,800	99,800
Special care worker	45,200	40,300	85,600	53,000	29,100	82,100
Total community services occupations[(a)]	**139,900**	**175,300**	**314,200**	**174,500**	**188,600**	**363,100**
Total other occupations	80,500	8,664,500	8,744,900	93,900	9,692,300	9,786,200
Total all occupations	**219,400**	**8,839,800**	**9,059,200**	**268,400**	**9,880,900**	**10,149,300**

Note: columns and rows may not sum to the totals shown due to rounding.

* The ABS advises that levels at which Labour Force Survey estimates have a relative standard error of 25% or more is 4,900. Estimates below 4,900 therefore should be used with caution. Estimates below 1,000 have a relative standard error greater than 50% and are considered too unreliable for general use.

(a) Includes social welfare professionals not further defined, carers and aides not further defined, and Aboriginal and Torres Strait Islander health workers.

Source: Unpublished data from ABS Labour Force Surveys 2001 and 2006. Figures shown here are averages over four quarters in each year.

Supply of community services workers

For a more accurate picture of the supply of workers in these occupations, it is necessary to adjust their numbers by their average hours worked to obtain an estimate of full-time equivalent workers, with 35 hours per week being regarded as the standard for 'full time' for the purposes of this report. In 2006, the average time worked per week in these occupations was 28.0 hours, and the supply of community services workers was 1,403 FTE workers per 100,000 population (Table 7.22). The decline in average hours worked between 2001 and 2006 was more than offset by the 16% increase in worker numbers over the same period, resulting in a 6% increase in supply (the FTE rate).

Table 7.22: Persons employed in community services occupations in all industries: average hours worked per week and full-time equivalent (FTE) rate[a], 2001 and 2006

	2001		2006		Change 2001–2006 (per cent)	
Occupation	Average hours worked per week	FTE rate[a]	Average hours worked per week	FTE rate[a]	Average hours worked per week[b]	FTE rate[a]
Pre-primary school teacher	33.7	67	29.9	79	–11	18
Special education teacher	33.3	52	32.5	61	–2	17
Social worker	30.2	45	32.0	60	6	33
Welfare and community worker	32.8	121	31.9	167	–3	38
Counsellor	32.5	64	31.6	66	–3	2
Welfare associate professional	31.9	80	31.0	94	–3	17
Education aide	23.6	173	24.0	196	2	13
Children's care worker	30.1	393	28.6	394	–5	0
Special care worker	25.7	324	25.1	284	–2	–12
Total community services occupations[c]	28.6	1,319	28.0	1,403	–2	6
Total other occupations	35.4	45,451	34.8	47,031	–2	3
Total all occupations	**35.1**	**46,834**	**34.6**	**48,434**	**–2**	**3**

(a) Number of FTE workers per 100,000 population, based on 35 hours per week as the standard for 'full-time'.

(b) The change in average hours worked per week between 2001 and 2006 was statistically significant at the 95% level only for pre-primary school teachers.

(c) Includes social welfare professionals not further defined, carers and aides not further defined, and Aboriginal and Torres Strait Islander health workers.

Source: Unpublished data from ABS Labour Force Surveys 2001 and 2006. Figures shown here are averages over four quarters in each year.

Characteristics of community services workers

The age and sex profile of workers in community services occupations (Table 7.23) indicates that as a group they are predominantly female. In 2006, 87% were females, a similar proportion as in 2001 (88%), but much higher than the total workforce in 2006 (45%). The concentration of females was greatest among pre-primary school teachers (98%), children's care workers (95%) and education aides (93%). The group is ageing, with 14% being aged 55 years or over in 2006, up from 10% in 2001. Over one-quarter of counsellors (26%) and one-fifth special care workers (21%) and special education teachers (21%) were estimated to be aged 55 years or over in 2006. A relatively small proportion (7%) of children's care workers, however, was in the older age category.

One recent study of the care workers in community services, undertaken for the Australian Council of Social Services by Meagher and Healy (2005), found that such work is highly labour intensive and is performed predominantly by women. This study found that the care workforce is ageing at a faster rate than the workforce more generally, and this ageing is independent of any change in the occupational structure of the workforce. The ageing of the care workforce was most evident in those sectors of community services that deliver aged care, as opposed to child care, services.

Table 7.23: Persons employed in community services occupations: proportion female and proportion aged 55 years or over, 2001 and 2006 (per cent)

	2001		2006	
Occupation	Per cent female	Per cent aged 55 or over	Per cent female	Per cent aged 55 or over
Pre-primary school teacher	96	*7	98	*9
Special education teacher	89	*18	81	21
Social worker	86	*9	81	*18
Welfare and community worker	75	12	79	16
Counsellor	73	*12	72	26
Welfare associate professional	72	*7	68	14
Education aide	94	11	93	13
Children's care worker	96	6	95	7
Special care worker	86	15	84	21
Total community services occupations[(a)]	**88**	**10**	**87**	**14**
Other occupations	43	11	43	14
Total all occupations	**44**	**11**	**45**	**14**

* These estimates have a relative standard error greater than 25% and should be used with caution.

(a) Includes social welfare professionals not further defined, carers and aides not further defined and Aboriginal and Torres Strait Islander health workers.

Source: Unpublished data from ABS Labour Force Surveys 2001 and 2006. Figures shown here are averages over four quarters in each year.

The relatively low earnings of community services workers is shown in the results of the biennial ABS Survey of Employee Earnings and Hours, which measures weekly earnings for various categories of employees by occupation and industry (ABS 2006a). According to the 2006 survey, the average total weekly earnings of full-time non-managerial employees working in all but one of the community services occupations was lower than the average for all occupations ($1,045 per week). The average weekly earnings of social workers ($1,055) was above the average for all occupations, while child care workers ($656) and education aides ($673) were below the average (Table 7.24). Average hours paid for also varied among the occupations.

Earnings of workers in these community services occupations also varied depending on the industry in which they worked. In 2006, the average total weekly earnings of those working in most community services occupations and whose jobs were in the community services industry were less than the earnings of those with community services occupations in other industries ($790 compared with $904 per week respectively). The greatest difference was for social workers, where those in community services industries earned $284 less per week, on average, than those in other industries (Table 7.24).

Workforce shortages

Information on workforce shortages in various community services occupations is published by the Australian Government Department of Employment and Workplace Relations (DEWR). DEWR monitors occupational labour markets in Australia and assesses whether skill shortages exist through consultation with employers, industry, employer and employee organisations, and education and training providers. DEWR does not quantify the skill shortage of the occupations that it identifies are in shortage.

Table 7.24: Average hours paid for and average weekly earnings, full-time non-managerial adults, selected community services occupations, by industry, 2006

	Community services industry		Other industries		All industries	
Occupation	Average hours paid for[a]	Average weekly earnings ($)[b]	Average hours paid for[a]	Average weekly earnings ($)[b]	Average hours paid for[a]	Average weekly earnings ($)[b]
Pre-primary school teacher	*	*	37.2	1,080	37.5	1,033
Special education teacher	*	*	35.8	1,022	36.0	1,009
Social worker	38.0	800	38.7	1,085	38.6	1,055
Welfare and community worker	38.1	922	37.3	1,020	37.5	992
Counsellor	40.1	853	37.1	1,142	38.8	980
Welfare associate professional	38.4	894	37.8	971	38.1	936
Education aide	. .	. .	36.1	673	36.1	673
Child care coordinator	38.1	850	35.9	819	37.2	838
Child care worker	38.0	646	37.6	677	37.9	656
Special care worker	38.8	812	43.2	926	40.5	855.4
All community services occupations[c]	**38.3**	**790**	**37.6**	**904**	**37.9**	**858**
All occupations	**38.2**	**840**	**39.7**	**1,049**	**39.7**	**1,045**

* Not shown due to small numbers.

(a) Includes ordinary time and overtime hours.

(b) Average weekly total cash earnings comprises regular wages and salaries in cash, including amounts salary sacrificed, ordinary time cash earnings and overtime earnings.

(c) Includes Aboriginal and Torres Strait Islander health workers.

Source: Unpublished data from ABS Employee Earnings and Hours Survey 2006.

In 2006, DEWR identified shortages of child care coordinators and workers in nearly all jurisdictions, and pre-primary school teachers were also in demand in New South Wales and Victoria (Table 7.25). Registered nurses for aged care were also in demand in all jurisdictions for which data were collected.

Table 7.25: Shortages in community services occupations, states and Northern Territory, 2006

Client group/occupation	NSW	Vic	Qld	WA	SA	Tas	NT
Child care coordinator	M, R-D	S	S	S	D	S	*
Child care worker	M	S	S	S	S	S	S
Pre-primary school teachers	M	D	*	*	*	*	*
Special needs teachers	*	*	*	*	*	*	D
Social workers	*	R-D	*	*	*	*	R-D
Aged care registered nurse	S	S	S	S	S	S	S

Note: S = state-wide shortage, M = shortage in metropolitan (capital city) areas, R = shortage in regional areas, D = recruitment difficulty, R-D = recruitment difficulty in regional areas, * = no shortage assessed. For ACT, only information and communication technology skills shortages data were collected.

Source: DEWR 2006b.

Potential entrants to the workforce

There are three main sources of additional workers to maintain and/or increase the paid workforce. These are re-entry into the paid workforce from extended leave or retirement (see Section 3.3); migration of skilled labour from other countries; and the education system, more specifically, vocational or higher educational institutions. Of these three, the main source is the education system. Some information on higher education course completions is available from the Australian Government Department of Education, Science and Training (DEST). Because of changes in the classification of courses, however, comparisons over time cannot be made for data before 2001.

Between 2001 and 2004 the number of students completing courses related to community services occupations increased from 4,915 to 5,416, a 10% increase (Table 7.26). Almost three-quarters completed undergraduate degrees (72% in 2004). Special education teaching and counselling were largely postgraduate courses. As with the employed labour force, students in community services fields were predominantly female, 89% in 2001 and 2004.

Table 7.26: Australian citizens/permanent residents completing selected community services-related higher education courses, sex and course level, 2001 and 2004

	2001			2004		
Field of education	**Number**	**Per cent female**	**Per cent undergraduate**	**Number**	**Per cent female**	**Per cent undergraduate**
Teacher education: early childhood	1,615	98	91	1,828	97	92
Teacher education: special education	503	90	29	555	88	30
Human welfare studies and services	481	81	68	441	83	72
Social work	1,330	87	90	1,354	86	87
Children's services	25	96	96	17	100	88
Youth work	85	80	100	97	85	100
Care for the aged	45	93	33	40	90	53
Care for the disabled	73	88	92	123	90	91
Counselling	482	76	20	645	77	22
Welfare studies	231	84	86	173	87	80
Human welfare studies and services, n.e.c.	45	69	36	143	73	38
Total	**4,915**	**89**	**74**	**5,416**	**88**	**72**

Source: AIHW analysis of DEST data.

7.9 Community services industries

As noted in the previous section (Figure 7.4 and Table 7.21), 268,400 persons were employed in community services industries in 2006, with two-thirds of these having a community services occupation, that is, one which provides care and welfare services. The remaining 93,900 have other occupations, such as administration, food service, transportation and facilities maintenance. This section explores workforce issues for some of these industries—child care, aged care and disability services—where there are

available data. Efforts to expand this information continue, with impetus coming from the Structural Issues in the Workforce Sub-Committee of the Community and Disability Services Ministers' Advisory Council.

Child care industry workers

Child care is a large industry, with rapid growth driven by the demand for and supply of this service, as described in Section 2.4. Information on workers in child care services is available from the Census of Child Care Services conducted every 2 years by the Australian Government Department of Families, Community Services and Indigenous Affairs (FaCSIA). The census collects information about service operation and characteristics of children, parents and staff, from child care services funded by the Australian Government, including those for which parents can claim the Child Care Benefit.

In addition to the FaCSIA censuses, information is available from the 2004 National Children's Services Workforce Study, commissioned by the Community Services Ministers' Advisory Council (CSMAC 2006). This study covered all children's services licensed by the states and territories—long day care, outside school hours/vacation care, occasional care and (in some jurisdictions) preschools/kindergartens—but not family day care.

According to the FaCSIA child care census conducted in 2006, there were 87,851 paid workers (including both caregivers and support staff) in these services, supplemented by 1,069 unpaid workers (Table 7.27). The number of paid workers in 2006 represents an increase of 13% over comparable figures from 2001 and 35% from 1997. At the same time, the number of unpaid workers has declined. The distribution of workers across the various service types is largely dependent on the numbers of places for children using the services and their ages.

Table 7.27: Estimated number of paid and unpaid child care workers in Australian Government-supported child care services, 1997 to 2006

	1997		2002		2006	
Type of service	**Paid**	**Unpaid**	**Paid**	**Unpaid**	**Paid**	**Unpaid**
Long day care services	36,779	2,675	40,787	2,549	58,009	850
Family day care/in home care coordination unit staff	1,663	53	1,693	36	1,958	18
Family day care/in home care carers	14,039	n.a.	13,047	n.a.	11,922	n.a.
Before/after school care	7,633	452	10,457	411	14,516	152
Vacation care	3,514	320	9,950	445	14,588	217
Occasional care/other	1,494	221	1,581	129	1,446	49
Total	**65,122**	**3,721**	**77,515**	**3,570**	**87,851**	**1,069**

Notes

1. Data were adjusted (weighted) by FaCSIA for service provider non-response.
2. Family day care/in home care carers are not classified as paid/unpaid.
3. Totals do not include workers in vacation care, since many of these would have also been working in before/after school care services.
4. Occasional care/other includes occasional care centres, multifunctional Aboriginal children's services, mobile children's services and toy libraries.

Source: Unpublished data from FaCSIA Censuses of Child Care Services 1997, 2002 and 2006.

A large proportion of the staff in child care services are in positions where the majority of their work was spent in direct contact with children. In 2006, 53,578 people were employed as direct contact staff in long day care centres, providing care for children below school age (Table 7.28). This figure is 92% of all paid staff in such centres. Comparable figures for the two forms of care for school-age children, before/after school care and vacation care, were 95% and 96% respectively.

The conditions of employment varied between the service types. Over three-quarters (76%) of paid contact staff in long day care centres were employed on a permanent basis, compared to 30% of those in before/after school care and 22% in vacation care (Table 7.28). High proportions of the paid contact staff in before/after school care and vacation care were employed on a casual basis.

Most carers in family day care and in home care services are classified as self-employed, and therefore the categories 'permanent' and 'casual' are not relevant for this group. The average weekly hours worked by these carers was relatively high, at over 44 hours, compared to 30 hours per week for paid contact staff in long day care centres and 24 hours per week for those in vacation care. Paid contact staff in before/after school care worked only 9 hours per week on average (Table 7.28).

Table 7.28: Direct contact staff and carers working in Australian Government-supported child care services: hours worked and employment status, 2006

	Paid contact staff				Unpaid contact staff	
Type of service	Permanent contact staff (per cent)	Casual contact staff (per cent)	Total paid contact staff (number)	Average hours worked	Total unpaid contact staff (number)	Average hours worked
Long day care services	76	21	53,578	29.6	647	18.2
Family day care/in home care carers	n.a.	n.a.	11,922	44.1	n.a.	n.a.
Before/after school care	30	66	13,843	8.6	112	6.1
Vacation care	22	76	13,962	23.7	173	20.6
Occasional care/other	65	29	1,231	25.3	36	14.3

Notes

1. This table includes only 'primary contact staff', 'other contact staff' and 'carers'; it excludes 'administration', 'other workers' and coordination unit staff.
2. Data were adjusted (weighted) by FaCSIA for service provider non-response.
3. Most family day care/in home care carers are classified as self-employed ('not an employee'), and therefore the categories 'permanent', 'casual' and 'unpaid' are not applicable.
4. 'Permanent' and 'casual' do not total to 100% because some staff are classified as 'fixed term contract' and 'not an employee'.
5. Occasional care/other includes occasional care centres, multifunctional Aboriginal children's services, mobile children's services and toy libraries.

Source: Unpublished data from FaCSIA Census of Child Care Services 2006.

An important issue in the development of the child care industry in Australia has been the quality of the care provided, a key component of which is the qualifications and training of the staff. According to the 2006 Census of Child Care Services, 61% of the staff in long day care services had relevant qualifications and 77% had undertaken in-service training in the previous 12 months (Table 7.29). Less than one-third (32%) of care providers in family day care and in home care services had relevant qualifications; 38% had 3 or more years

of experience and 67% had taken in-service training in the previous 12 months. Just under one-half (48%) of staff in before/after school care and vacation care services had relevant qualifications, and 71% had some form of training in the previous year.

The 2004 National Children's Services Workforce Study provides some demographic information on the staff in the services covered (long day care, outside school hours/vacation care, occasional care and preschools/kindergartens where they were licensed) (CSMAC 2006). It estimated there were 99,275 people working in these services. Over half (56%) worked in long day care, 23% in outside school hours/vacation care, 15% in preschools/kindergartens, and 6% in occasional care services.

The age profiles of the different service types were quite different. The average ages of staff in long day care and outside school hours/vacation care were 33 years and 34 years respectively, compared with 39 years in occasional care and 41 years in preschools/kindergartens.

Table 7.29: Qualifications and training of workers in Australian Government-supported child care services, 2006 (per cent)

	Level of qualifications					In-service training in previous 12 months		
Type of service	Has qualifi-cations	Studying for qualifi-cations	3+ years' exper-ience	None of these	Total	Training under-taken	No training undertaken	Total
Long day care services	61	11	12	17	100	77	23	100
Family day care/in home care coordination unit staff	72	2	20	6	100	89	11	100
Family day care/in home care carers	32	6	38	24	100	67	33	100
Before/after school care	48	19	13	20	100	71	29	100
Vacation care	48	21	11	20	100	71	29	100
Occasional care /other	60	8	19	12	100	75	25	100

Notes

1. Data were adjusted (weighted) by FaCSIA for agency non-response.
2. Workers include paid and unpaid workers.
3. Each worker has been counted once for level of qualifications and once for in-service training. However, a qualified worker may also be studying for a qualification and have 3 or more years of experience. In such cases, the worker has been counted in the highest category, beginning with 'Has qualifications'.
4. Double-counting may occur for workers in before/after school care and vacation care services.
5. Some rows may add to less than or greater than 100 due to rounding.
6. Occasional care/other includes occasional care centres, multifunctional Aboriginal children's services, mobile children's services and toy libraries.

Source: Unpublished data from FaCSIA Census of Child Care Services 2006.

Aged care services workers

As described in Section 3.7, there are a variety of programs providing services to older Australians, those aged 65 years or over, particularly those with care needs due to frailty or disability. Some of these are residential care services for older people who can no longer live at home, while others are non-residential (or 'community') services aimed at assisting older people in their own homes or the homes of their carers. The ageing of Australia's population will increase the demand for workers in these services.

Recent government initiatives have recognised the critical importance of a skilled workforce for the efficient and effective delivery of aged care programs (Box 7.6).

Box 7.6: Measures to support and strengthen the aged care workforce

Better Skills for Better Care, aimed to deliver funding of $101.4 million over 4 years will deliver Certificate Level III and IV training in aged care targeted at personal care workers, English language training, training in medication administration for enrolled nurses and 1,600 new nursing places at universities (2004–05 Budget).

The **National Aged Care Workforce Strategy,** released in 2005, provides a framework for the aged care sector to plan and develop best practice workplace models.

Forty additional **aged care specialist university nursing places** began in January 2005 and $3.3 million is to be allocated to increase additional places to 109 by 2008. The target is a total of 1,203 aged care nursing places by 2008 at an approximate cost of $36 million over 4 years.

All aged care workers in Australia were required to have a **police background check** by June 2007 and police checks were to be incorporated into employment procedures for potential new aged care workers by March 2007.

New funding of $21.6 million over 4 years for **Encouraging Best Practice in Residential Aged Care**, a program designed to identify and promote best clinical practice by staff in residential care (2006–07 Budget).

New funding of $13.4 million over 4 years to support **training for around 2,700 direct care workers**, with priority to be given to workers involved in Extended Aged Care at Home (EACH) and EACH Dementia package delivery (2006–07 Budget).

Continued funding for **aged care nursing scholarships** and **training support** for aged care workers in smaller residential facilities and rural and isolated locations.

Securing the future of aged care for Australians package, announced in February 2007, provides $32.1 million over 4 years for 6,000 training places for personal care workers and 410 nursing scholarships.

Workers in aged care are not readily identified in the ABS Labour Force Survey statistics discussed above (tables 7.21–7.24; see also AIHW: Vaughan 2006 and Meagher & Healy 2005). According to the 2001 Census, there were 65,884 workers in nursing homes and 17,958 in aged care accommodation services (AIHW 2003). There also were 80,669 workers in non-residential care services, but it is not possible to distinguish how many of these were providing aged care services.

A study of the residential aged care workforce was commissioned in 2003 by the Australian Government Department of Health and Ageing (DoHA) and carried out by the National Institute of Labour Studies (NILS). Using data from residential aged care facilities, this study estimated that there were 115,661 workers involved in direct care for residents (Table 7.30). Over half of these (58%) were personal carers, with the remainder being registered nurses (21%), enrolled nurses (13%) and allied health workers (8%). As in most community services sectors (see Table 7.23), workers involved in direct care in residential aged care were predominantly female, with 6% being males. The average age of all these workers was 45 years, ranging from 43 years for personal carers to 49 years for registered nurses. Average weekly hours ranged from 29 for allied health workers to 32 for registered nurses. NILS is currently conducting a second study of the aged care workforce for DoHA, which also covers the non-residential aged care sector.

Table 7.30: Workers in residential aged care facilities: selected characteristics by type of worker, 2003

	Type of worker				
	Registered nurse	Enrolled nurse	Personal carer	Allied health worker	Total
Number	24,019	15,604	67,143	8,895	**115,661**
Average age (years)	48.6	43.5	43.0	46.0	**44.8**
Per cent male	5.6	4.3	6.8	9.0	**6.3**
Average hours usually worked per week	32.3	30.3	29.2	29.0	**30.2**

Sources: Richardson & Martin (2004); additional tabulations provided by NILS.

The *Review of pricing arrangements in residential aged care* (Hogan 2004) identified a shortage of trained nursing staff; workforce ageing; barriers to recruitment; retention and re-entry to the workforce; poor job satisfaction among workers; and the changing profile of consumers as particular challenges for the residential aged care sector. A key recommendation of the review was an increase in the number of registered nurse places at Australian universities by 2,700 over 3 years, with 1,000 first-year commencements in the 2005 academic year as well as training targets for enrolled nurses and vocationally trained aged care workers, supported by government and residential care providers. The Securing the Future of Aged Care for Australians package, announced in February 2007, included some nursing scholarships in response to this recommendation (Box 7.6).

Disability services workers

Information on the supply of workers in disability services is available through the Commonwealth State/Territory Disability Agreement (CSTDA) National Minimum Data Set. In this data set, funded services (described in greater detail in Section 4.3) provide information on the hours worked by both paid and unpaid staff in their agencies during a representative week. The number of FTE workers can thus be estimated by dividing the total hours worked by 35, the number of hours in the standard working week.

In 2005–06, 90% of the CSTDA-funded disability services outlets provided information on staff hours. Based on this information, there were 45,401 FTE paid staff and 1,413 FTE unpaid staff in these services, with 62% of paid staff and 86% of unpaid staff working in non-government agencies (Table 7.31). The majority (56%) of FTE paid staff worked in accommodation support services, with the remainder in employment services (14%), community access services (13%), community support services (8%), respite services (6%) and other services (3%), including advocacy and publicity.

In 2005, the National Disability Administrators (NDA) commissioned an investigation into workforce capacity issues in the disability sector. According to information supplied by the relevant government departments in each state and territory for this investigation, there were 19,578 government-employed direct-contact workers in the sector in 2005. The disability workforce was a substantial component of the human services workforce in each state and territory. In addition, the Australian Government disability workforce was about 6,800 in 2003. The report from this investigation estimated the total disability workforce to be around 60,000 (NDA 2006).

Table 7.31: Disability services workers, paid and unpaid full-time equivalent[(a)] numbers by service type, 2005–06

	Accommodation support	Community support	Community access	Respite	Employment	Other	All services
Government agencies							
Paid workers	11,139	1,541	577	727	2,763	442	**17,189**
Unpaid workers	104	4	12	26	28	26	**199**
Non-government agencies							
Paid workers	14,350	1,963	5,231	2,019	3,548	1,100	**28,212**
Unpaid workers	242	42	390	148	53	339	**1,214**
All agencies							
Paid workers	25,489	3,504	5,808	2,745	6,311	1,542	**45,401**
Unpaid workers	346	46	402	174	81	365	**1,413**

Note: These data have not been adjusted (weighted) for agency non-response.

(a) Based on 35 hours per week as the standard for 'full-time'.

Source: Unpublished tabulations from the CSTDA MDS.

The investigation also found that the disability workforce is, on average, older than the general workforce in Australia. Disability services may therefore experience shortages sooner than other industries due to the number of disability services workers expected to retire in the next 10 years. Strategies were outlined in the report to retain older workers through re-skilling and improved conditions, and in attracting new workers from sources such as those seeking a second career, those displaced from other industries, and those from culturally and linguistically diverse backgrounds.

7.10 Unpaid workforce

As explained earlier in this chapter, people who provide welfare services on an unpaid basis are:

- volunteers who contribute their time in an organised or formal manner to welfare services providers
- carers who provide personal assistance to family members or others on an informal basis.

Volunteers

Many organisations in the community, including those that provide community or welfare services, depend heavily on volunteers. Some information on unpaid workers (volunteers) in child care services and disability services was presented in the previous sections (tables 7.27, 7.28 and 7.31), using data specific to those sectors. Other information is available from the ABS General Social Survey (GSS) conducted in 2006.

According to the 2006 GSS, over one-third (34%) of the population aged 18 years or over (5.2 million persons) participated in some form of volunteer work in sporting, school, community, welfare and other organisations in the previous 12 months (Table 7.33). For those undertaking volunteer work for community or welfare organisations, the GSS recorded a volunteering rate of 7% in 2006.

Table 7.33: Persons aged 18 years or over participating or not participating in volunteer work in last 12 months: number, rate[(a)], median age and median annual hours, by sex, 2006

	Number	Rate[(a)]	Median age (years)	Median annual hours[(b)]
Males				
Volunteered in any organisation	2,405,200	31.8	44	30
Volunteered in a community/ welfare organisation	*423,100*	*5.6*	*54*	*36*
Did not volunteer	5,148,100	. .	44	—
Total	**7,553,300**	**. .**	**44**	**. .**
Females				
Volunteered in any organisation	2,821,300	36.4	44	36
Volunteered in a community/ welfare organisation	*700,000*	*9.0*	*52*	*40*
Did not volunteer	4,932,400	. .	45	—
Total	**7,753,800**	**. .**	**44**	**. .**
Persons				
Volunteered in any organisation	5,226,500	34.1	44	36
Volunteered in a community/ welfare organisation	*1,123,100*	*7.3*	*53*	*40*
Did not volunteer	10,080,500	. .	45	—
Total	**15,307,100**	**. .**	**44**	**. .**

(a) Number of volunteers as a percentage of the relevant population aged 18 years or over.

(b) Median annual hours are for organisational involvements. On average, a volunteer undertook 1.5 involvements; a volunteer for community/welfare organisations averaged 1.1 involvements of this organisation type.

Sources: ABS 2007; unpublished data from ABS General Social Survey 2006.

The 2006 GSS also found that females were more likely than males to undertake voluntary work, both overall (36% compared with 32%) and for community or welfare organisations (9% compared with 6%). Females also volunteered more hours than did males in any organisation and in a community or welfare organisation. Volunteers in community or welfare organisations tended to be older than volunteers as a whole, with a median age of 53 years compared with 44 years for all volunteers.

Rates of volunteering in any organisation are also affected by employment status, with those in paid employment having higher rates of volunteering than those who were unemployed or not in the labour force (the latter group including, among others, retired people and stay-at-home mothers) (Table 7.34). Although the rates of participating in volunteering were lower for the retired, retired volunteers contributed an average of 228 hours per year compared with 115 hours per year for employed people who volunteered (ABS 2007). Rates of volunteering in a community or welfare organisations, according to the 2006 GSS, were higher among those not in the labour force, 9%, compared with 6% for both the unemployed and those in paid employment.

Table 7.34: Persons aged 18 years or over participating or not participating in volunteer work in last 12 months, by employment status, 2006 (per cent)

	Employed	Unemployed	Not in the labour force	Total
Volunteered in any organisation	37	26	30	34
Volunteered in a community or welfare organisation	*6*	*6*	*9*	*7*
Did not volunteer	63	74	70	66
Total (per cent)	**100**	**100**	**100**	**100**
Number of persons	**10,026,000**	**472,000**	**4,809,000**	**15,307,000**

Source: Unpublished data from ABS General Social Surveys 2006.

Carers

Unpaid carers are a large and often under-recognised part of the community services workforce. For the purposes of its Survey of Disability, Ageing and Carers, the ABS defines a carer as:

> A person of any age who provides any informal assistance, in terms of help or supervision, to persons with disability or long-term conditions, or older persons… This assistance has to be ongoing, or likely to be ongoing, for at least 6 months (ABS 2004).

The Survey of Disability, Ageing and Carers found that, in 2003, there were about 2.6 million people who were carers, representing approximately 13% of people living in households. Just over half (54%) of all carers were females. The proportion of people who were carers ranged from 4% in the under 18 age group to 22% in the 55–64 age group (ABS 2004). Primary or principal carers, those who were the main provider of care, were about 20% of the 2.6 million carers, with the remaining 80% of carers being non-primary carers, sometimes called secondary carers.

Several chapters in this volume of *Australia's welfare* have pointed out the contributions that unpaid carers make in providing welfare services, such as for children, the aged and persons with disability.

Grandparent families, in which grandparents are raising their grandchildren, are highlighted in Section 2.3. According to the ABS Family Characteristics Survey, in 2003 there were 22,500 grandparent families raising 31,100 children aged 17 years or under. Grandparents are also the largest providers of informal child care. The 2005 ABS Child Care Survey found that grandparents provided informal care to 20% of all children aged 0–12 years (661,200 children), a similar proportion to previous years.

Section 2.3 also shows that a considerable number of children and young people provide informal care to parents, relatives or other people with disability or a long-term health condition. According to the Survey of Disability, Ageing and Carers, in 2003 about 300,900 people aged under 25 years (2.2% of this age group) were caring for a household member with a long-term health condition or disability, or for an elderly household member.

Section 3.6 analyses unpaid care for the elderly. In 2003, about 239,400 primary carers were providing assistance to one or more persons aged 65 years or over. Around 43% of these carers were spouses and a similar proportion were children of the person needing care. Primary carers of older people are concentrated in the mature age and older age groups: 40% were themselves older people, aged 65 years or over.

Section 4.3 includes a discussion on unpaid carers for people with disability, with an analysis of the impact of long-term caring roles on carers. For example, carers of people with psychiatric disability face issues such as ongoing lack of treatment and accommodation services, the stigma associated with mental illness that can lead to social isolation of the whole family, and a decreased capacity for employment. Section 4.3 also discusses people with disability who provide unpaid care to others in their family or community. Examples include parents with disability who care for their children and older spouses who care for their partners even though they have significant disability themselves.

7.11 Summary

Financial resources

The total value of resources devoted to providing welfare services in Australia in 2005–06 was estimated at $72.6 billion, $41.2 billion of which was the imputed value of unpaid services by members of the household sector provided either independently or through organisations. Carer payments were $2.5 billion. The remaining $28.9 billion was welfare services where there were financial transactions involved, that is, paid services.

This $28.9 billion of paid services represented 3.0% of GDP. Welfare services expenditure as a proportion of GDP has been relatively stable over the period from 1998–99 to 2005–06, ranging between 2.8% (in 1999–00 and 2001–02) and 3.0% in the last 3 years of the period.

Per person expenditure in current prices increased from $943 in 1998–99 to $1,404 in 2005–06. In real prices (adjusted for inflation), per person expenditure on welfare services increased from $1,192 to $1,404 corresponding to an average real growth of 2.4% per year.

In 2005–06, 71% ($20.4 billion) of total funding was by the government sector, 20% ($5.8 billion) by households, and 9% ($2.6 billion) by NGCSOs. Of the total recurrent government funding, just over half (56%) was by the Australian Government, 41% by state and territory governments, and the remaining 3% was by local governments.

Of the total Australian Government recurrent funding, services for older people accounted for 64%. Of the balance, 21% went to families and children, 13% to services for people with disability, and 2% to other welfare services.

Of the total state and territory government recurrent expenditure, welfare services for people with disability accounted for 39%, for families and children, 26%, and for older people, 25%. The remaining 10% was for other welfare services.

Other forms of funding by governments are tax expenditure and concessions. These are governments' revenue forgone when governments provides a benefit such as tax exemption, tax deductions, concessional tax rates and concessional services charges to a specified activity/services or class of taxpayer and eligible recipients. Total tax expenditure by the Australian Government in 2005–06 was estimated at $25.7 billion, more than three-quarters of which was for older people. Total value of core concessions was estimated at $1.7 billion.

The NGCSOs' role is predominantly as providers of welfare services. The expenditure they incurred in 2005–06 was $20.3 billion, and represented 70% of the total expenditure on welfare services in that year. Expenditure by NGCSOs almost doubled between 1998–99 and 2005–06, from $11.1 billion to $20.3 billion.

About 60% of expenditure incurred by NGCSOs was funded by governments, and a quarter from clients in the form of fees charged for welfare services. The NGCSOs themselves provided 13% from their own funds.

Welfare expenditure is composed of expenditure on welfare services (benefits-in-kind) and income support payments (cash benefits). In 2005–06, welfare expenditure was $34.2 billion for older people, $26.6 billion for families, $16.9 billion for people with disability, and $3.2 billion for other disadvantaged groups.

Australia's welfare expenditure as a proportion of GDP was 13.8% (if superannuation benefits payments are included). This compares to the OECD average for welfare expenditure of 14.7% of GDP (Table 7.20).

Human resources

People who provide welfare services fall into three categories: workers in paid employment (the 'workforce'); volunteers who contribute their time in an organised or formal manner to welfare services providers; and carers who provide personal assistance to family members or others on an informal basis.

In 2006, 268,400 people worked in community services *industries*, 2.6% of all workers. A total of 65% of the workers in community services *industries* were in community services *occupations*. The remainder worked in other occupations.

In 2006, 363,100 workers were classified in community services *occupations*, 3.6% of all workers. Just under one-half (48%) of those working in community services *occupations* worked in community services *industries*, with the other half spread across other industries, particularly the health, education, government administration and defence industries.

The largest group among community services occupations in 2006 was children's care workers (which includes child care coordinators), with 99,800 workers, or 27% of all workers in community services occupations.

In 2006, the average hours worked per week in these occupations was 28.0, and the supply of community services workers was 1,403 per 100,000 population.

In 2006, the average total weekly earnings of full-time non-managerial employees working in most community services occupations and whose jobs were in the community services industry were less than the earnings for corresponding employees in other industries. The greatest difference was for social workers, where those in community services industries earned $284 less per week, on average, than those in other industries.

According to the census of child care services conducted in 2006, there were 87,851 paid workers (including both caregivers and support staff) in these services, supplemented by 1,069 unpaid workers (Table 7.27). The number of paid workers in 2006 represents an increase of 13% over comparable figures from 2001. The number of unpaid workers declined.

Using data from residential aged care facilities, a 2003 study estimated that there were 115,661 workers involved in direct care for residents. Over half of these (58%) were personal carers, with the remainder being registered nurses (21%), enrolled nurses (13%) and allied health workers (8%).

In 2006, there were 45,401 FTE paid staff and 1,413 FTE unpaid staff in CSTDA-funded disability services.

According to the GSS, over one-third of the population aged 18 years and over (5.2 million persons) participated in some form of volunteer work in 2006. A total of 1.1 million, or 7% of the adult population, volunteered in community or welfare organisations.

The Survey of Disability, Ageing and Carers found that there were about 2.6 million people who were carers in 2003, representing approximately 13% of people living in households.

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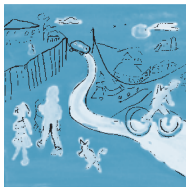
8 Indicators of Australia's welfare



8.1 Introduction

Welfare is a difficult concept to define, and views surrounding welfare are coloured by political, cultural and sociological factors. In the context of this chapter, 'welfare' refers to individual and societal wellbeing, not merely services provided by government to the least advantaged members of society. Many aspects of wellbeing are intricately related to each other (for example education, financial status and health), and are influenced by personal and environmental factors as well as the system of formal welfare interventions.

In accordance with the conceptual approach developed in earlier volumes of *Australia's welfare*, in the context of this chapter welfare is considered to comprise three main components (AIHW 2001, 2003; AIHW: Bricknell et al. 2004):

- healthy living—representing the basic needs for water, food, shelter, good health and freedom from harm
- autonomy and participation—representing the human needs for self-determination and freedom to participate in the social, recreational and economic aspects of life
- social cohesion—representing the reality that people exist and flourish in relationship with each other, through both individual associations and, more broadly, as members of society (Figure 8.1).

Promoting welfare, in this sense, involves improving and maintaining high standards of healthy living, autonomy and participation among society's members, and having a cohesive community. In countries like Australia, government interventions are more or less aimed at achieving this end, targeting specific areas perceived as important contributors to welfare. A key step in this process is periodically assessing the welfare of individuals and communities, by asking the following questions:

- How does Australia measure up against various components of wellbeing?
- In which aspects of life do Australians enjoy a relatively high degree of wellbeing?
- What areas of Australians' lives fail to meet standards in a way that may be detrimental to their overall welfare?
- Is wellbeing evenly distributed throughout the population? If not, who experiences lower levels of wellbeing than the general population, and in which aspects?
- Have any components of Australia's welfare changed significantly in recent years?
- How does Australia compare with other societies? What can be learned from the differences?

No attempt is made here to produce a single summary measure of welfare or wellbeing, although this has been addressed elsewhere (Australian Unity 2006; UN 2006). Instead, this chapter will present national data on 13 indicator topics related to the three main components of welfare (Figure 8.1), building on previous volumes of *Australia's welfare*

(AIHW 2001, 2003, 2005). The indicators detailed here are not exhaustive and do not exist in isolation. Rather, they were chosen for their ability to provide sensitive, reliable, robust and readily understood statistical information that reflects issues of importance to the Australian population (AIHW: Bricknell et al. 2004). Statistics on some similar areas are included in the Australian Bureau of Statistics' (ABS) *Measures of Australia's progress* (ABS 2007a); however, the scope of the ABS publication goes beyond the welfare framework dealt with here.

On each of the 13 indicator topics, the following measures are presented (where available):

- measures of average or level (for example, the percentage of the population enrolled in a course of study)
- measures of distribution or inequality (for example, participation in education across age groups or population groups)
- measures of disadvantage or social exclusion (for example, the percentage of the population that has not completed high school).

Within society there exist broad groups that may have different experiences from the wider population in many aspects of welfare—groups such as young people, people living in rural and remote areas, people from culturally and linguistically diverse backgrounds and people with disabilities. While the relative disadvantage experienced by Aboriginal

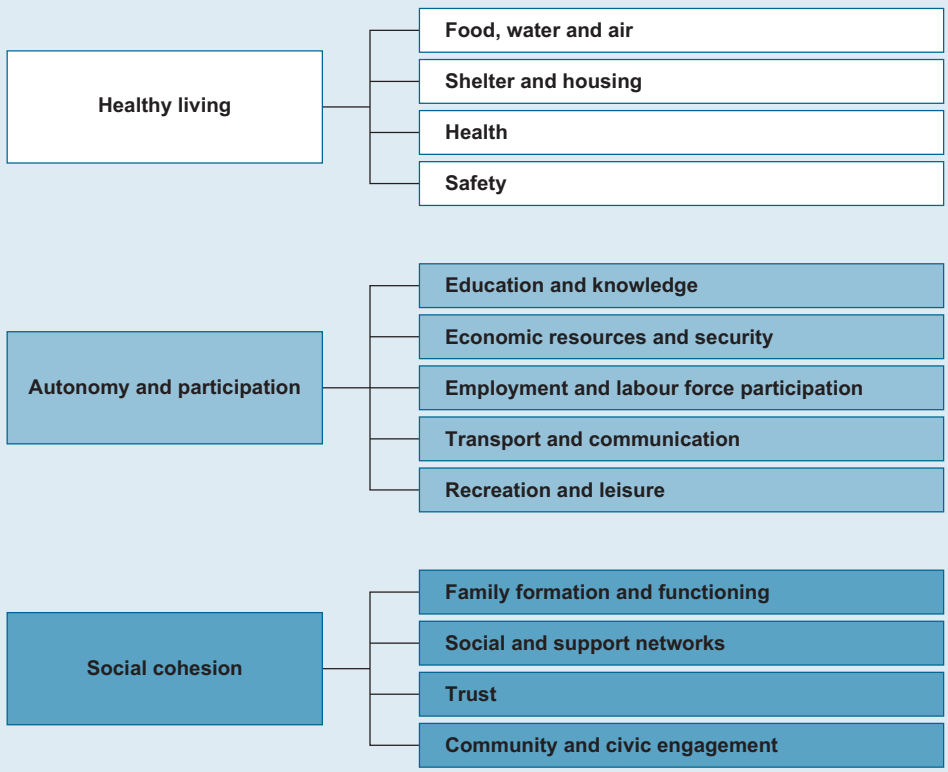


Figure 8.1: Welfare components and related indicator topics

and Torres Strait Islander people in many areas of life is well known, new and updated data are available for a number of the indicator topics discussed here. Therefore, in this volume of *Australia's welfare*, the welfare of Aboriginal and Torres Strait Islander people is described for each indicator topic, where possible. A separate report on the health and welfare of Indigenous people is due for release in 2008 (ABS & AIHW forthcoming). In order to provide some context to the Australian experience international comparisons are also made in a number of areas, where the availability of data permits.

The welfare of Australians, how it has changed and how it is distributed throughout society are continual and important topics of community discussion. Issues currently being debated in the public sphere include:

- How have changes in society's values, norms and structures affected the way Australians relate to each other—within families and as communities?
- What are the economic resources of individual Australians?
- How do Australians participate in education, employment and the community, and how has the nature of these engagements changed?
- Do Australians enjoy balance in their lives—that is, are they able to participate in work, education, family life, leisure activities and engage with their communities?

This chapter attempts to contribute to these discussions by presenting current national data on a diverse array of topics related to Australia's welfare.

8.2 Healthy living

Healthy living represents the basic necessities of everyday living, such as nutritious food, clean air and water, appropriate shelter and positive feelings of safety. All of these factors play an important role in the promotion and maintenance of physical, mental, and social wellbeing.

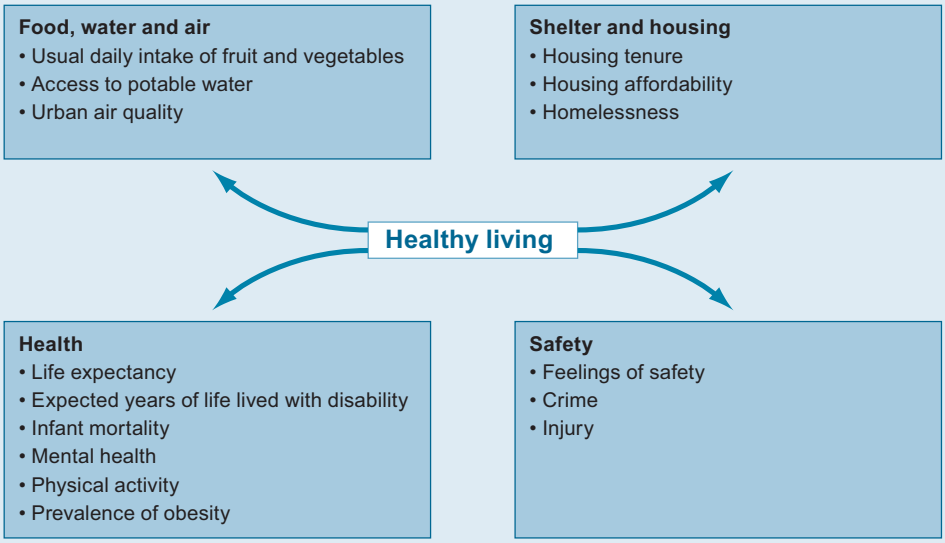


Figure 8.2: Indicators of healthy living

Food, water and air

Living in an environment free from harmful levels of pollution, with access to safe drinking water and nutritious food, are fundamental needs of healthy living. These basic requirements greatly influence the health and wellbeing of individuals and communities. The indicators presented in this section represent key issues relating to the opportunities, constraints and choices that face Australians as they seek to lead healthy lives.

Usual daily intake of fruit and vegetables

Daily consumption of fruit and vegetables plays an important role in maintaining good health across the life span. Consumption of fruits and vegetables has been shown to contribute to the prevention of coronary heart disease, hypertension, stroke, various types of cancer, overweight and obesity, and Type 2 diabetes (WHO 2003). The Dietary Guidelines for Australian Adults recommend that men and women eat at least two serves of fruit and at least five serves of vegetables per day (NHMRC 2003a; see Glossary for the definition of a serve of fruit or vegetables). The Dietary Guidelines for Children and Adolescents in Australia recommend that children aged 4–7 years consume one serve of fruit and two serves of vegetables per day; children aged 8–11 years eat one serve of fruit and three serves of vegetables per day; and 12–18 year olds eat three serves of fruit and three serves of vegetables each day (NHMRC 2003b).

According to self-reported data, in 2004–05, slightly more than half (54%) of all Australians aged 12 years or over ate two or more serves of fruit per day, while fewer than one in seven (14%) ate five or more serves of vegetables daily (Table 8.1). Fruit and vegetable consumption was related to age, with older people (55–64 years and above) being generally more likely to eat two or more serves of fruit, or five or more serves of vegetables, than younger people. Females were more likely than males to consume the recommended amount of fruit and vegetables in almost all age groups. The proportion of Australians who eat the recommended amount of vegetables increased slightly since 2001, while fruit intake remained about the same (ABS 2002a). While many people enjoy a healthy diet,

Table 8.1: Self-reported usual daily intake of fruit and vegetables, persons aged 12 years or over, by age group and sex, 2004–05 (per cent)[(a)]

Age group (years)	Two or more serves of fruit			Five or more serves of vegetables		
	Males	Females	Persons	Males	Females	Persons
12–14	53.9	58.0	56.0	7.3	8.1	9.9
15–24	41.4	51.9	46.5	8.4	9.2	8.8
25–34	39.4	53.6	46.5	7.7	13.5	10.6
35–44	42.6	56.0	49.4	11.5	14.6	13.1
45–54	50.1	61.5	55.8	13.3	19.4	16.4
55–64	56.2	70.4	63.3	16.4	22.8	19.6
65–74	60.7	68.3	64.7	12.7	15.8	19.9
75 or over	61.9	70.0	66.5	17.2	14.5	15.6
Total	**47.9**	**59.8**	**53.9**	**12.1**	**15.8**	**13.9**

(a) Percentage of the population within each age group.

Note: Data are not available for children aged less than 12 years.

Source: ABS 2006a:Table 29.

a considerable number does not consume sufficient fruit and vegetables. Possible barriers to healthy eating include lack of knowledge, cost and quality of fresh produce, lack of time to prepare vegetables and personal food preferences.

Selected dietary habits of Aboriginal and Torres Strait Islander people were investigated in the 2004–05 National Aboriginal and Torres Strait Islander Health Survey. In non-remote areas, 42% of Aboriginal and Torres Strait Islander people aged 12 years or over usually ate two or more serves of fruit per day and 10% usually ate five or more serves of vegetables. Indigenous people living in non-remote areas generally ate less fruit than non-Indigenous people, but had similar vegetable intake (ABS 2006b). People in remote areas were not asked to specify how many serves of fruit or vegetables they ate most days. However, the survey found that one in five (20%) Indigenous people living in remote areas had no usual daily fruit intake, compared with one in eight (12%) living in non-remote areas. Indigenous people living in remote areas were also less likely to eat vegetables, with 15% reporting no usual daily intake, compared with 2% of Indigenous people in non-remote areas (ABS 2006b).

Access to potable water

Access to a reliable supply of clean water is essential to good health and is important for the prevention of disease and sickness. The Australian Drinking Water Guidelines indicate acceptable standards for drinking water, in terms of both health-related and aesthetic qualities (NHMRC & NRMMC 2004). Not only should water be free from contaminants (such as bacteria and pesticides) and safe to drink, it should also be clear and taste- and odour-free.

In Australia, the responsibility for implementing water quality guidelines lies with each state and territory. Water authorities in each jurisdiction are required to regularly monitor and report on the quality and safety of the water they distribute. The National Performance Report for Urban Water Facilities found that compliance with the guidelines was high in 2005–06. All major water utilities supplying water to capital cities reported 100% compliance with microbiological and health-related chemical standards (Water Services Association of Australia 2007). Outside capital cities, two major utilities (supplying water to more than 50,000 properties) and six non-major utilities (with between 10,000 and 50,000 connected properties) reported less than 100% (93.2%–99.8%) microbiological compliance, measured in terms of the percentage of the population where microbiological compliance was achieved. A number of utilities reported incomplete chemical compliance in a minority of water supply zones.

The Community Housing and Infrastructure Needs surveys provide data on access to water in Indigenous communities. In 2006, information was collected for 1,187 discrete Indigenous communities with a combined reported usual population of 92,960 (ABS 2007b). Almost all (94%) of these communities were in remote or very remote areas. The majority (58%) of communities reported bore water as their main source of drinking water, while 18% reported a town water supply and 1% (nine communities) had no organised water supply. The number of communities with no organised water supply fell from 21 in 2001. In 2006, 164 communities that were not connected to a town water supply had their drinking water sent away for testing during the year. Of these, water from 48 communities (with a combined population of 12,059 people) failed testing. In 2001, 56 communities (with a combined population of 17,028 people) had water that failed testing, out of 169 communities tested (ABS 2002b).

Urban air quality

Air quality in Australian cities is generally good, although some localised problems still occur as a result of bushfires or industrial pollution (Beeton et al. 2006). While environmental regulations have reduced ambient levels of a number of air pollutants, three pollutants remain of particular concern (DEH 2004). These are airborne particulate matter of 10 µm in diameter or less (PM_{10}), particulate matter of 2.5 µm in diameter or less ($PM_{2.5}$) and photochemical oxidants (as ozone). Levels of these pollutants are measured in terms of the number of days per year that the average concentration exceeded the National Environment Protection (Ambient Air Quality) Measure (AAQ NEPM).

Adverse health effects resulting from air pollution are well established. Exposure to PM_{10} is associated with increased hospitalisation caused by asthma, chronic obstructive pulmonary disease, and other respiratory illnesses (Brunekreef & Forsberg 2005), and mortality due to lung cancer (Abbey et al. 1999). Finer $PM_{2.5}$ are able to be inhaled deep into lung tissue, and may even penetrate the bloodstream, resulting in increased cardiovascular disease risk, among other effects (Miller et al. 2007). Ground ozone, the main component of smog, is formed when pollutants react with sunlight. Ozone exposure is associated with reduced lung function, airway inflammation, coughing and pain, and exacerbation of symptoms of respiratory diseases such as asthma (Folinsbee 1992).

PM_{10} concentrations have fluctuated over the period 2000–05 (Table 8.2). Between 2000 and 2003 there was an apparent increase in the number of days where PM_{10} concentration exceeded 50 µg/m^3 in most major capital cities; however, this fell or remained stable in 2004 and 2005. The peaks in Sydney in 2002 and Melbourne in 2003 may have been due to severe bushfires and dust storms (ABS 2005a); even taking these into account particle levels were generally higher in larger cities. Perth was the only major city not to exceed the maximum allowable days of high PM_{10} concentration (that is, 5 days per year) over the 6-year period.

Table 8.2: Number of days per year when concentrations of PM_{10} and ozone exceeded the AAQ NEPM standard levels, in major capital cities, 2000 to 2005

	2000	2001	2002	2003	2004	2005
Number of days when concentration of PM_{10} exceeded 50 µg/m^3 (over 24 hours)[a]						
Sydney	2	5	17	10	2	2
Melbourne	0	2	6	13	11	9
Brisbane	0	1	7	2	2	2
Perth	0	1	2	1	1	3
Adelaide	n.a.	n.a.	1	6	4	6
Number of days when concentration of ozone exceeded 0.10 ppm (over 1 hour)[b]						
Sydney	4	9	2	4	7	6
Melbourne	1	0	0	2	1	0
Brisbane	0	0	2	0	0	0
Perth	0	0	0	0	1	0
Adelaide	n.a.	n.a.	0	0	0	0

(a) The maximum allowable exceedence is 5 days per year, to be achieved by 2008.

(b) The maximum allowable exceedence is 1 day per year, to be achieved by 2008.

Sources: AIHW 2005a; NEPC 2006, 2007.

In 2005, Sydney was the only capital city to exceed the AAQ NEPM for ozone concentration of 1 day per year over 10 ppm (Table 8.2). It remains the only major capital city that consistently failed to meet this standard. All other recorded capital cities show evidence of maintaining low levels of ozone over the period 2000–05.

In 2003, the AAQ NEPM was amended to include monitoring of $PM_{2.5}$. The concentration of these particles in 2005 exceeded 25 μg/m^3 in Sydney on 7 days, on 3 days in Melbourne and Perth, and did not exceed this level in Brisbane and Adelaide (NEPC 2007).

Shelter and housing

Access to adequate shelter and housing is recognised as a basic human need. As well as providing protection from environmental elements and access to facilities such as heating and sanitation, housing gives people a place to enjoy privacy and recreational activities, keep their possessions, spend time with friends and family, and express their identity (ABS 2001a). Housing equity is also a major component of personal wealth (see 'Economic resources and security' in Section 8.3).

In this section, three indicators are presented to describe the housing circumstances of Australians. Housing tenure relates to the issues of security and stability; home ownership also gives autonomy and a form of social insurance to owners. Housing affordability affects the broader economic and social wellbeing of individuals and communities. Homelessness indicates housing deprivation, but as it is influenced by a wide range of social issues (such as mental health and family breakdown) it also provides a gauge of more general social dysfunction (ABS 2001a). For further analysis of housing issues in the welfare context, see Chapter 5.

Housing tenure

In 2003–04 there were more than 7.7 million households in Australia (Table 8.3). The majority (70%) owned their home, while 21% were private renters and 5% were renting from a public housing authority. Among home owners, there were similar numbers of mortgagees and outright owners (2.7 million households in each category).

Tenure type varied considerably according to household composition. More than half (52%) of couple-only households and 41% of lone-person households owned their homes outright, compared with 18% of households comprising couples with dependent children. This partly reflects age effects—home ownership rates increase with age, and many couple-only households comprise older couples whose children have left home, while many lone persons who own their home outright are older people whose partners have died.

Trends in housing tenure are driven by a multitude of factors. Some of these include changes in household structure, cost, supply, expectations of future economic security, investment decisions, personal preferences and lifestyle choices. Between 1994–95 and 2003–04, the percentage of households that owned their home (either as outright owners or as mortgagees) was stable, at around 70%–71%, while the proportion of renter households grew from 26% to 28% (ABS 2006c). Over this period the proportion of outright owners fell by 7 percentage points while the proportion of mortgagees rose by 6 points. The trend away from outright home ownership was even more marked for younger age groups. Declining home ownership rates among young people appears to be associated with delayed marriage and family formation (McDonald & Baxter 2005). Another factor in the move away from outright home ownership is the number of recent home buyers. Almost 1.2 million households, accounting for 15% of all households, purchased their dwelling in the 3 years

before 2003–04. About two-thirds (66%) of these recent home buyers were existing home owners (ABS 2006d). In comparison, 13% of households were recent home buyers in 1994 (ABS 1995). Home owners may also draw on their housing equity to finance the purchase of other assets, fund household expenditure or repay other debt. In 2004, an estimated 7% of households made a net withdrawal of housing equity, excluding those engaged in property transactions (Schwartz et al. 2006).

Table 8.3: Tenure type and composition of households, 2003–04 (per cent)

	Owner		Renter		Total[a]	
	Without a mortgage	With a mortgage	Public[b]	Private landlord	Per cent	Number
Couple-only households	52.3	28.5	2.2	14.0	100.0	2,019,000
Couple family with dependent children households	17.8	60.8	1.5	16.2	100.0	2,096,400
One-parent, one-family households with dependent children	10.8	28.6	17.4	37.8	100.0	526,000
Other one-family households	44.8	33.4	3.4	15.8	100.0	804,500
Lone person	40.8	19.2	9.0	25.6	100.0	1,964,900
Group households	11.4	15.4	**1.2	67.7	100.0	247,500
Total (per cent)[c]	**34.9**	**35.1**	**4.9**	**21.2**	**100.0**	**—**
Total (number)[c]	**2,702,900**	**2,713,800**	**376,400**	**1,638,400**	**—**	**7,735,800**

(a) Includes other renters and other tenure type.

(b) Renting from a state or territory housing authority.

(c) Includes multiple family households.

Note: Columns and rows may not add up to totals due to rounding.

Source: ABS 2005b:Table 11.

Changes in the size and nature of housing also affects trends in tenure type. Over the period 1994–95 to 2003–04, the average number of bedrooms per dwelling rose from 2.9 to 3.0 (ABS 2006d). At the same time, average household size decreased from 2.7 to 2.5 persons as the proportion of all households comprising a lone person increased by 3 percentage points—a continuation of a long-term trend.

Indigenous households were less likely than the general population to own their homes. In 2002, 30% of Indigenous households were outright owners or mortgagees (Table 8.4). More than one in five (23%) Indigenous households were renting from a state or territory housing authority, and a further 15% were renting from Indigenous and mainstream community housing organisations. The high rate of public or community housing among Indigenous households may be due, in part, to the prevalence of land tenure arrangements in remote communities, which tend to result in community, rather than individual, ownership of dwellings (ABS & AIHW 2003).

Table 8.4: Tenure type of Indigenous households, 2002

		Renter				
	Home owner/ purchaser	State/territory housing	Indigenous/ community housing	Private/other landlord	Other	Total
Number	50,400	37,700	24,500	46,700	6,200	165,700
Per cent	30.4	22.8	14.8	28.2	3.7	100.0

Source: ABS & AIHW 2005:Table 4.2.

Housing affordability

A widely used indicator of housing affordability is the percentage of households that spends more than 30% of their income on housing costs. Data are also presented on the proportion of households spending more than 50% of their income on housing costs—an indicator of severe risk of housing stress. These measures are restricted to lower income households, that is, households whose equivalised disposable income is ranked between the bottom 10% and bottom 40% of income distribution. The ABS excludes households in the bottom 10% from the lower income household group:

> Studies of income and expenditure reported in the 2003–04 ABS Household Expenditure Survey (HES) have shown that [some] households in the bottom income decile and with negative gross incomes tend to have expenditure levels that are comparable to those of households with higher income levels, indicating that these households have access to economic resources, such as wealth or that the instance of low or negative income is temporary, perhaps reflecting business or investment start up (ABS 2006d).

In 2003–04, almost one in five (19%) lower income households would be classified as being in housing stress, including 4% of households that spent more than 50% of their gross income on housing costs (Table 8.5). About one in five lower income households with a mortgage and two in five private renters spent more than 30% to 50% of their income on housing costs; around one in 10 of each household type spent more than 50%. Comparing housing affordability between renters and purchasers is difficult as they represent different measures and are subject to data limitations. In particular, purchasing a house provides an asset to the households, and households may choose to experience higher levels of housing stress than necessary to reduce future expenses. Paying rent does not involve asset accumulation or enable flexibility in meeting current and future housing costs. Some housing costs may be reimbursed, but this information is not collected in the ABS Survey of Income and Housing. For example, recipients of the Commonwealth Rent Assistance scheme tend to be private renters who may also receive other government benefits. Additionally, some housing costs not included in the scope of the survey, including repairs, insurance and body corporate fees, are more likely to be incurred by home owners than renters (ABS 2006d).

Table 8.5: Lower income households[a] that spent more than 30% of their gross income on housing costs[b], by tenure type, 2003–04 (per cent)[c]

	Proportion of gross income spent on housing costs	
Tenure type	**More than 30% to 50%**	**More than 50%**
Owner without a mortgage	n.p.	—
Owner with a mortgage	20.8	10.3
Renter—state/territory housing authority	*3.6	—
Renter—private landlord	41.8	8.9
All tenure types (per cent)[d]	**14.3**	**4.2**
All tenure types (number)	**328,400**	**96,500**

(a) Lower income households are defined as those with an equivalised disposable household income that is between the bottom 10% and bottom 40% of the income distribution.

(b) Housing costs include major cash outlays on housing, that is, mortgage repayments and property rates for owners, and rent. Housing costs here do not include outlays such as repairs, maintenance and dwelling insurance.

(c) Per cent of all lower income households.

(d) Includes other renters.

Source: ABS 2006d:Table 5.

Over the period 2000–01 to 2003–04, the proportion of lower income households that spent more than 30% of their gross income on housing costs remained stable, at around 19%. However, there was a notable decline in this measure among lower income households that rent privately, from 59% of households to 51%.

For detailed analyses of factors contributing to housing affordability problems, and housing assistance provided by governments, see *Australia's welfare 2001* (AIHW 2001) and Chapter 5.

Homelessness

Homelessness refers not only to the absence of conventional accommodation (for instance, people sleeping rough, squatting in derelict buildings or living in cars or makeshift dwellings), but also to people with transient accommodation, such as those staying with friends or relatives, using Supported Accommodation Assistance Program (SAAP) services and living in boarding houses. The measurement of homelessness can vary with different cultural understanding of homelessness, especially in relation to Aboriginal and Torres Strait Islander people. Estimates of homelessness in Australia, derived from the ABS Census of Population and Housing, are based on three groups (Chamberlain & MacKenzie 2003): people without conventional accommodation ('primary homelessness'); people staying with friends or relatives and who have no other usual address, and people in SAAP services ('secondary homelessness'); and people living in boarding houses, both short- and long-term ('tertiary homelessness'). However, these categories are neither straightforward nor uncontested. See Chapter 6 for further discussion about counting the homeless.

On census night in 2001 almost 100,000 people in Australia were estimated to be homeless (Table 8.6). About half (49%) were staying with friends or relatives, almost a quarter (23%) were living in boarding houses and 14% were accessing SAAP services. The number of homeless people in 2001 was smaller than in 1996, largely due to a drop in the number of people who were counted in the primary homelessness category. This is likely to be a result of changes to the counting rules between 1996 and 2001 concerning improvised dwellings in remote Indigenous communities (Chamberlain & MacKenzie 2003).

Table 8.6: The whereabouts of homeless people on census night, 1996 and 2001

	1996		2001	
	Number	Per cent	Number	Per cent
SAAP accommodation[a]	12,926	12	14,251	14
Boarding house	23,299	22	22,877	23
Friends/relatives	48,500	46	48,614	49
No conventional accommodation[b]	20,579	20	14,158	14
Total homeless	**105,304**	**100**	**99,900**	**100**

(a) Provided under the Supported Accommodation Assistance Program.

(b) Includes improvised dwellings, tents and sleepers out. Counting rules in the 1996 Census included any dwelling which did not have a working bath/shower and toilet as an improvised dwelling. This methodological approach was not taken in 2001, to account for those Indigenous households who used bathroom and toilet facilities in properly constructed amenity blocks.

Sources: Chamberlain 1999; Chamberlain & MacKenzie 2003.

For the 2006 Census, the ABS developed the Homeless People Enumeration Strategy, aimed at obtaining more accurate homelessness data by addressing social and cultural barriers to counting homeless people (ABS 2006e). However, the 2006 census-based estimates of homelessness were not available at the time of publication.

Health

Health has been defined as 'a state of complete physical, mental and social wellbeing and not merely the absence of disease and infirmity' (WHO 1946). As a part of the welfare framework, good health represents quality of life in terms of longevity, functioning and participation, all of which play an important role in everyday living. In this section six indicators are presented that represent different aspects of health. Other indicators of important determinants of health were presented in the 'Food, water and air' section. A more thorough investigation of these indicators and other determinants of health is provided in *Australia's health 2006* (AIHW 2006a).

Life expectancy

Life expectancy is a well-established and widely accepted indicator of the general health of a population. It is defined as the average number of years of remaining life a person at a given age can expect to live, assuming death rates do not change (AIHW 1996). Life expectancy at birth estimates the average life span of a newborn, providing an indication of population mortality at a given time, while life expectancy at older ages (such as 65 years) is an indicator of mortality among older people.

In 2003–05, the life expectancy at birth in Australia was 78.5 years for males and 83.3 years for females (ABS 2006f). The life expectancy for females was greater than males throughout the 20th century, although the gap is closing. For both sexes, life expectancy in Australia in 2003–05 was the highest in the nation's recorded history.

Aboriginal and Torres Strait Islander people have significantly lower life expectancy than the general population. During the period 1996–2001, Indigenous life expectancy at birth was estimated to be 59.4 years for males and 64.8 years for females—about 17 years less than the corresponding life expectancies for all Australians at a similar time (ABS & AIHW 2005). While unreliable data on Indigenous people in several states means it is not possible to analyse long-term trends at the national level, good quality data spanning four decades in the Northern Territory are available. Between 1967 and 2004, the life expectancy at birth of Aboriginal and Torres Strait Islander people increased by about 8 years for males, and 14 years for females in the Northern Territory (Wilson et al. 2007). Over the same period, life expectancy at birth for the Australian population as a whole rose by about 10 years for males and 9 years for females.

In 2000–05 Australia had the third highest life expectancy in the world for both males (behind Iceland and Hong Kong at 79 years) and females (behind Japan and Hong Kong at 85 years). Global life expectancy at birth is estimated to be 63.9 years for males and 68.3 years for females (UN 2007).

Expected years of life lived with disability

Indicators of health and functioning provide insight into the quality of life of Australians across the life span. Expected years lived with disability is an estimate of how many years an individual can expect to live, on average, with disability. In this context, disability refers to the presence of one or more impairments, limitations, restrictions or disabling conditions that have lasted, or are expected to last, 6 months or more, and which restrict

everyday activities (see Chapter 4 for further detail about the concept of disability). This indicator is a reflection of the health status of the Australian population, rather than a prediction of any individual's experience.

In 2003, Australians could expect to live about one-quarter of their life with some form of disability—18.6 years (24%) for males, and 20.7 years (25%) for females (AIHW 2006b). Years lived with disability include an average of 5.4 years (males) and 8.3 years (females) with a severe or profound core activity limitation—that is, sometimes or always needing assistance with mobility, self-care or communication. Disability is strongly related to age, so most of the years lived with disability are expected to occur at older ages.

Between 1988 and 2003, life expectancy at birth grew by 4.7 years for males and 3.3 years for females. These gains were accompanied by rises in expected years of life with disability—an extra 3.9 years for males, and 4.7 years for females. Expected years lived with disability increased as a proportion of total life expectancy over this period; however, most of this was due to an increase in the expected number of years lived with less severe disability (AIHW 2006b).

Data on expected years of life lived with disability at age 65 are included in Chapter 3.

Infant mortality

Most childhood deaths (68%) occur in the first year of life (AIHW 2006a). Infant mortality is defined as the number of deaths of children aged under 1 year in the same calendar year (ABS 2006f). Infant mortality is covered comprehensively in *Australia's health 2006* (AIHW 2006a), with key data provided here.

In 2005 there were 5.0 infant deaths per 1,000 live births—1,300 deaths in total (ABS 2006f). Almost half (43%) occurred within the first day of birth. The mortality rate was slightly higher for boys (5.4 per 1,000) than girls (4.7 per 1,000). The leading cause of infant mortality over the period 1997–2001 was sudden infant death syndrome, accounting for 10% of infant deaths (AIHW National Perinatal Statistics Unit 2004).

The overall infant mortality rate fell dramatically throughout the last century, from 81.8 deaths per 1,000 live births in 1905. More recently, the rate has halved from 9.9 deaths per 1,000 live births in 1985.

While complete and reliable national data on infant mortality among Aboriginal and Torres Strait Islander people are not available, data from three jurisdictions (Western Australia, South Australia and the Northern Territory) show that rates were generally higher for Indigenous than non-Indigenous infants, ranging from 5 to 27 deaths per 1,000 live births over the period 1991–2003. Generally, there has been a reduction in Indigenous infant mortality over recent years (ABS & AIHW 2005).

In 2005, Australia's infant mortality rate ranked 8th highest out of 27 countries in the OECD (Organisation for Economic Co-operation and Development) for which data were available. The lowest rates (2.3 deaths and 2.4 deaths per 1,000 live births) were in Iceland and Sweden, respectively (OECD 2007a). Australia's infant mortality rate was lower than the estimated global average (53.9 in 2006) by a factor of more than 10 (UN 2007).

Mental health

Mental health problems can cause considerable suffering and may contribute to individuals experiencing social isolation, poor quality of life and higher mortality rates, as well as having negative effects on families and the wider community (WHO 2006a). In 2004–05, there were approximately 2.1 million Australians of all ages living with a long-term (that

is, lasting or expected to last 6 months or more) mental or behavioural condition, based on self-reported survey data—about 11% of the population (ABS 2006a). This percentage had increased from 6% in 1995, perhaps partly due to more people being willing to report mental health problems as the stigma associated with mental illness diminishes.

Complementing data on the prevalence of mental health conditions, levels of psychological distress were determined in the National Health Survey based on respondents' answers to questions about their emotional state over a 4-week period. More than 0.5 million adults in Australia (4%) were considered to have very high levels of psychological distress, while an additional 1.4 million (9%) had high levels of psychological distress. Females were more likely than males to have very high levels of psychological distress in most age groups (Table 8.7). Similar levels of psychological distress were reported in 2001 (ABS 2006g).

Selected questions about emotional wellbeing and psychological distress were included in the 2004–05 National Aboriginal and Torres Strait Islander Health Survey. The majority of Aboriginal and Torres Strait Islander people aged 18 years or over reported generally feeling happy (71%), calm and peaceful (56%) and/or full of life (55%). A small proportion felt nervous (9%), without hope (7%) and/or so sad that nothing could cheer them up (7%) all or most of the time during the 4 weeks before the survey (ABS 2006b).

Additional detailed statistics relating to mental health issues in Australia include data on psychiatric disability (Chapter 4), mental illness among homeless SAAP clients (Chapter 6), hospitalisation and mortality due to mental or behavioural disorders (AIHW 2006a), and mental health care provided by a range of services (AIHW 2007a).

Table 8.7: Prevalence of very high levels of psychological distress[(a)][(b)], persons aged 18 years or over, by age group and sex, 2004–05 (per cent)[(c)]

Age group (years)	Males	Females	Persons
18–24	3.3	3.5	3.4
25–34	2.3	3.5	2.9
35–44	3.4	5.1	4.3
45–54	4.0	5.5	4.8
55–64	4.6	4.3	4.4
65 or over	2.9	3.5	3.2
Total (per cent)[(d)]	**3.3**	**4.3**	**3.8**
Total (number)	**246,000**	**325,800**	**571,300**

(a) Based on the Kessler 10 scale of psychological distress, where persons with scores of 30 to 50 are rated as having very high levels of psychological distress. See ABS 2006a.

(b) Based on self-reported data.

(c) Per cent of the population in each age group

(d) Total is age-standardised and includes 'not stated' responses.

Source: ABS 2006a:Table 14.

Physical activity

Regular physical exercise plays an important role in preventing many chronic diseases including Type 2 diabetes, cardiovascular diseases, obesity, some cancers and musculoskeletal disorders, and can also provide social and mental health benefits (WHO 2006b). The National Physical Activity Guidelines for Australians recommend adults undertake at least 30 minutes of moderate to high intensity physical activity on most, preferably all, days of the week in order to receive health benefits (DoHA 1999).

Based on reported details of exercise undertaken for recreation, sport or fitness, in 2004–05, an estimated one in three Australians had sedentary levels of exercise—that is, less than 100 minutes over 2 weeks (Table 8.8). Exercise levels varied between age groups, with young people aged 18–24 years least likely to be sedentary (29%) and people aged 75 years or over most likely (56%). Additionally, 33% of men and 39% of women reported low exercise levels (between 100 and 1600 minutes over a 2-week period). The proportions of people reporting sedentary or low levels of exercise were similar between 1995 and 2004–05 (ABS 2006h).

About three out of every four (75%) Indigenous Australians aged 15 years or over who lived in non-remote areas reported sedentary or low exercise levels in 2004–05—an increase of 5 percentage points since 1995 (ABS 2006b).

Table 8.8: Persons aged 18 years or over reporting sedentary levels of exercise[a], by age group and sex, 1995 and 2004–05 (per cent)[b]

	Males		Females		Persons	
Age group (years)	**1995**	**2004–05**	**1995**	**2004–05**	**1995**	**2004–05**
18–24	24.4	24.9	28.1	32.3	26.2	28.6
25–34	30.8	26.3	30.1	29.4	30.5	27.9
35–44	35.8	34.4	34.1	32.1	35.0	33.3
45–54	38.7	36.5	34.7	32.9	36.7	34.7
55–64	38.6	38.5	36.8	31.5	37.7	35.0
65–74	35.6	31.9	43.7	40.5	40.0	36.3
75 or over	44.9	51.5	54.0	58.6	50.5	55.6
Total[c]	**35.0**	**33.6**	**35.4**	**34.4**	**35.3**	**34.1**

(a) Sedentary exercise level is defined as less than 100 minutes (including no exercise) in the 2 weeks before interview relating to sport, recreation or fitness.

(b) Proportion of the population within each age group.

(c) Total is age-standardised, standardised to the estimate resident population on 30 June 2001.

Source: ABS 2006a:Table 23.

Prevalence of obesity

The health consequences of obesity include increased risk of Type 2 diabetes, cardiovascular disease, high blood pressure and some cancers (WHO 2000). Obesity in adults is defined as having a body mass index (BMI) of 30 or more, while people with a BMI of 25 to less than 30 are classified as overweight but not obese.

In 2004–05, excluding those for whom BMI could not be derived, 18% of the Australian population aged 18 years or over were obese and a further 33% were overweight but not obese, based on self-reported height and weight data (ABS 2006a). Males (19%) were more likely than females (17%) to be obese. Between 1995 and 2004–05 the proportion of the adult population that was obese rose considerably, from 11% to 16% (AIHW 2006a).

In 2004–05, 24% of Aboriginal and Torres Strait Islander people aged 15 years or over were classified as obese, based on self-reported height and weight data (ABS 2006b). A further 23% were overweight but not obese. In non-remote areas, Indigenous people were more likely than non-Indigenous people to be obese across all age groups (Table 8.9). Between 1995 and 2004–05, after adjusting for non-response, the proportion of Indigenous people living in non-remote areas that was overweight or obese rose from 48%to 56%; however, this increase was not statistically significant.

Table 8.9: Prevalence of obesity: persons aged 15 years or over, by Indigenous status, age group and sex, 2004–05 (per cent)

	Indigenous			Non-Indigenous		
Age group (years)	Males	Females	Persons	Males	Females	Persons
15–24	12	12	12	5	6	6
25–34	22	28	25	17	13	15
35–44	33	30	31	21	15	18
45–54	29	34	32	23	18	21
55 or over	30	33	32	18	18	18

Note: Non-response rates were generally higher for Indigenous persons than non-Indigenous persons.

Source: ABS 2006b:Table 21.

Safety

Safety is an important component of both physical and mental wellbeing. The idea of safety includes perceptions as well as protection from actual harm. Experiences of crime or injury can be seriously detrimental to feelings of safety, not only for those directly affected but also for those who witness these events or are involved through family, friendship or community ties. In this section, three indicators of safety are presented: perceptions of personal safety, experience of crime and occurrence of injury (including intentional self-harm).

Feelings of safety

Feelings of safety are commonly measured in terms of whether people feel safe in selected situations when they are alone. In this sense, safety refers to individuals' perceptions of their vulnerability to or protection from personal harm, rather than, for example, national security.

In 2005, most people aged 18 years or over felt safe when at home alone during the evening or night (ABS 2006i). More men (95%) felt safe than women (83%). Almost one in three women (31%) did not walk alone in their local area after dark because they felt unsafe, and one in five (19%) did not use public transport alone after dark because of safety fears. In contrast, around 5% of men avoided these situations because they felt unsafe. Of those men and women who did use public transport alone after dark, or walked in their local area alone after dark, more than two-thirds felt safe when doing so. Between 1996 and 2005, the proportion of women who felt safe in each of these situations increased by 5–8 percentage points. Comparable trend data are not available for men.

Lone parents, people living in capital cities and people aged 65 years or over were less likely than average to feel safe or very safe when at home alone, either after dark or during the day (ABS 2006j).

Crime

In order to capture an accurate picture of crime statistics in Australia, data are collected from two main sources: household surveys and police reports. This multiple source approach is taken as some crimes are not reported to police, nor are all incidents recorded as actual crimes. Examining data from two different perspectives reflects a more complete account of crime in Australia. It should be noted, however, that nationally consistent data are not yet available for all categories of crime. In particular, drug offences, antisocial behaviour, fraud and cyber crime are not covered here.

An estimated 488,200 households (6%) were victims of a break-in, attempted break-in and/or motor vehicle theft in 2005 (ABS 2006j). About 259,800 households (3%) experienced at least one break-in, 205,400 households (3%) experienced at least one attempted break-in, and 74,800 households (1%) had at least one motor vehicle stolen. In 2002, 9% of all households experienced one or more of these crimes.

In 2005, 5% of people aged 15 years or over (770,600 people) were victims of an assault crime, while fewer than 1% (58,900 people) were victims of a robbery. Additionally, around 44,100 people aged 18 years or older were victims of sexual assault. Data on children and young people as victims of crime are included in Chapter 2.

Police data on recorded crime show that the highest victimisation rates in 2006 were associated with theft (excluding motor vehicles), unlawful entry with intent, and motor vehicle theft (Table 8.10). Males were more likely than females to be victims of murder, attempted murder, robbery and blackmail/extortion. On the other hand, females were more likely to be victims of kidnapping/abductions (ABS 2007c).

Between 1996 and 2006, the victimisation rates of a number of crimes decreased significantly.

Table 8.10: Victims of recorded crime by offence category, all ages, 1996–2006 (number per 100,000 persons)

	1996	1998	2000	2002	2004	2006
Murder	1.7	1.5	1.6	1.6	1.3	1.4
Attempted murder	1.8	2.1	2.1	2.0	1.5	1.2
Manslaughter	0.2	0.3	0.2	0.2	0.2	0.2
Driving causing death	1.9	1.5	1.4	1.1	1.2	n.a.
Kidnapping/abduction	2.6	3.8	3.6	3.6	3.8	3.5
Robbery	89.4	127.1	121.8	106.9	82.2	83.9
Blackmail/extortion	1.5	1.5	1.3	1.8	1.9	2.1
Unlawful entry with intent	2,196.2	2,319.5	2,281.3	2,007.9	1,536.6	1,271.2
Motor vehicle theft	671.4	702.7	725.2	577.7	437.8	364.6
Other theft	2,850.0	3,008.9	3,556.8	3,466.7	2,731.8	2,511.8

Notes

1. Refers to incidents of victimisation that came to the attention of, and were recorded by, police in each calendar year.
2. The definition of a victims varies according to the offence category. See ABS 2007c for more information, including differences in categorisation of crimes between jurisdictions.
3. National data on assault and sexual assault are not available due to differences between jurisdictions in recording practices for these offences.
4. Robbery includes armed and unarmed robbery. Unlawful entry with intent includes both incidents where property was taken and where no property was taken.

Sources: ABS 2006k, 2007c:Table 1.

The rates of motor vehicle theft and other theft fell to their lowest level since national reporting for these crimes began, in 1993 and 1995, respectively (ABS 2007c). The victimisation rate of unlawful entry with intent was at its lowest in a decade. National data on assault and sexual assault were not available due to differences in recording practices between jurisdictions. In 2006, assault victimisation rates were higher than in 2005 in most states and territories, which may in part be related to new police reporting procedures related to domestic violence, while there was no clear trend in victimisation rates of reported sexual assault across jurisdictions.

The most recent available data on crime victimisation rates among Aboriginal and Torres Strait Islander people are from 2002, when 24% of Indigenous Australians aged 15 years or over reported having been the victim of a violent crime (ABS 2004). The age-standardised rate of crime victimisation was twice as high for Indigenous persons (20%) aged 18 years or over than for non-Indigenous persons (9%).

Further information about individuals' experience of violence, harassment and stalking is contained in the 2005 Personal Safety Survey (ABS 2006i). In 2005, 11% of men and 6% of women aged 18 years or over had experienced one or more incidents of violence in the past year. Males were more likely than females to experience physical violence (threat or assault), but less likely to experience sexual violence (Table 8.11). Almost one in five women (19%) and 12% of men experienced some form of harassment, such as obscene phone calls, indecent exposure, unwanted sexual touching or inappropriate comments about their body or sexual life. Additionally, as many as 3.7 million men (50%) and 3.1 million women (40%) had experienced physical and/or sexual violence at some time since the age of 15, and more than half of all women (56%) had experienced harassment (ABS 2006i).

Table 8.11: Individuals' experience of harassment, stalking or violence in the past 12 months, persons aged 18 years or over, by sex, 2005

	Males		Females		Persons	
	Number	Per cent	Number	Per cent	Number	Per cent
Harassment	864,300	11.6	1,459,500	19.0	2,323,800	15.3
Stalking	110,700	1.5	195,400	2.5	306,100	2.0
Physical threat and/or assault	779,800	10.4	363,000	4.7	1,142,700	7.5
Sexual threat and/or assault	46,700	0.6	126,100	1.6	172,800	1.1

Source: ABS 2006i:Tables 1 & 6.

Injury

This section presents data on 'community injury'— that is, injuries due to complications of surgical or medical care are excluded (Berry & Harrison 2006). This definition of injury includes poisoning and drowning as well as 'intentional injury'—homicide and intentional self-harm. There is some relationship between injury and other indicators in the welfare framework. For example, homicide rates affect peoples' feelings of safety, and intentional self-harm can be viewed as an indicator of social detachment or exclusion.

Injuries are responsible for a great deal of suffering and economic cost in Australia. In 2003–04, there were more than 370,000 hospital stays due to injury, accounting for 5% of all inpatient episodes (Berry & Harrison 2006). More than one in three (36%) were due to unintentional falls; 14% were associated with transport-related injuries. Injuries resulted in 1.4 million patient days at an average of 4.1 days per episode. Injury has chronic as well as acute dimensions. Many people experience permanent disability as a result of injury. An estimated 16% of the population aged 15 years or over (2.1 million people) had a long-term condition resulting from injury in 2004–05 (ABS 2006a). Furthermore, chronic health conditions such as osteoporosis are risk factors for injury.

Injuries accounted for 9,924 deaths (7% of all deaths) in 2003–04 (Henley et al. 2007). After adjusting for differences due to age, males (66.8 deaths per 100,000 population) were 2.1 times as likely as females (31.6 per 100,000) to die as a result of injury. One-quarter of all people who died from injuries were aged 20–39 years. Injury is the most common cause of death in the age group 1–44 years (AIHW 2006a).

The most common causes of injury death in 2003–04 were unintentional falls (30%), intentional self-harm (22%) and transport-related injuries (17%) (Henley et al. 2007). Falls were strongly age-related, with mortality rates of less than 2 per 100,000 under the age of 50 years, less than 10 per 100,000 in the age range 50–69 years and thereafter rising rapidly to about 550 deaths per 100,000 people aged 85 years or over. The mortality rates were not significantly different for males and females. The age-adjusted death rate due to intentional self-harm in 2003–04 was 10.8 per 100,000. The rate among males (17.4 per 100,000) was almost 4 times the female rate (4.6 per 100,000). Intentional self-harm rates peaked around 16–17 deaths per 100,000 in the age group 25–44 years and declined in middle age before rising to 13–14 deaths per 100,000 among people aged 75 years or over (Henley et al. 2007).

Mortality rates due to injury and poisoning halved between 1955 and 2004 (AIHW 2006a). More recently, age-adjusted mortality rates fell for both males (by 19%) and females (by 17%) over the period 1997–98 to 2003–04; however, it is not clear to what extent this may have been affected by data quality issues related to possible undercounting of injury deaths (Henley et al. 2007).

Injury mortality rates are generally higher for Aboriginal and Torres Strait Islander people than other Australians. Over the period 1997–2000, Indigenous people living in Western Australia, South Australia, Queensland and the Northern Territory were 2.8 times as likely to die from injury-related causes as other people in these jurisdictions, after adjusting for age differences (Helps & Harrison 2004). Indigenous mortality rates due to intentional self-harm and transport-related injuries were 1.6 times and 2.3 times as high as those for the rest for the population.

8.3 Autonomy and participation

Autonomy and participation are considered to be essential indicators of welfare, and reflect the very human and personal aspects of individuality, and workplace and community interactions that are vital to positive wellbeing. Data relating to autonomy—the capacity to have freedom of opportunity and choice in daily living—and participation in the community provide information on personal and environmental factors that make up welfare.

This section presents five facets of autonomy and participation: education and knowledge, economic resources, employment, transport and communication, and recreational use of time. These indicators not only identify our individual resources and our national employment patterns, but also reflect the ways in which Australians interact within society.

Education and knowledge

Education and knowledge help to empower individuals and allow them to become more autonomous within society. Education is increasingly viewed as a lifelong process by which both individuals and their communities benefit from the acquisition of new knowledge and skills. Education relates to many other facets of society, including employment, health and participation in the civic, cultural and social life of communities.

Data concerning three major indicators of education and knowledge are presented here: participation, attainment and literacy. The focus is largely on non-school education, as education of children and youth, including pre-school education, is described in detail in Chapter 2.

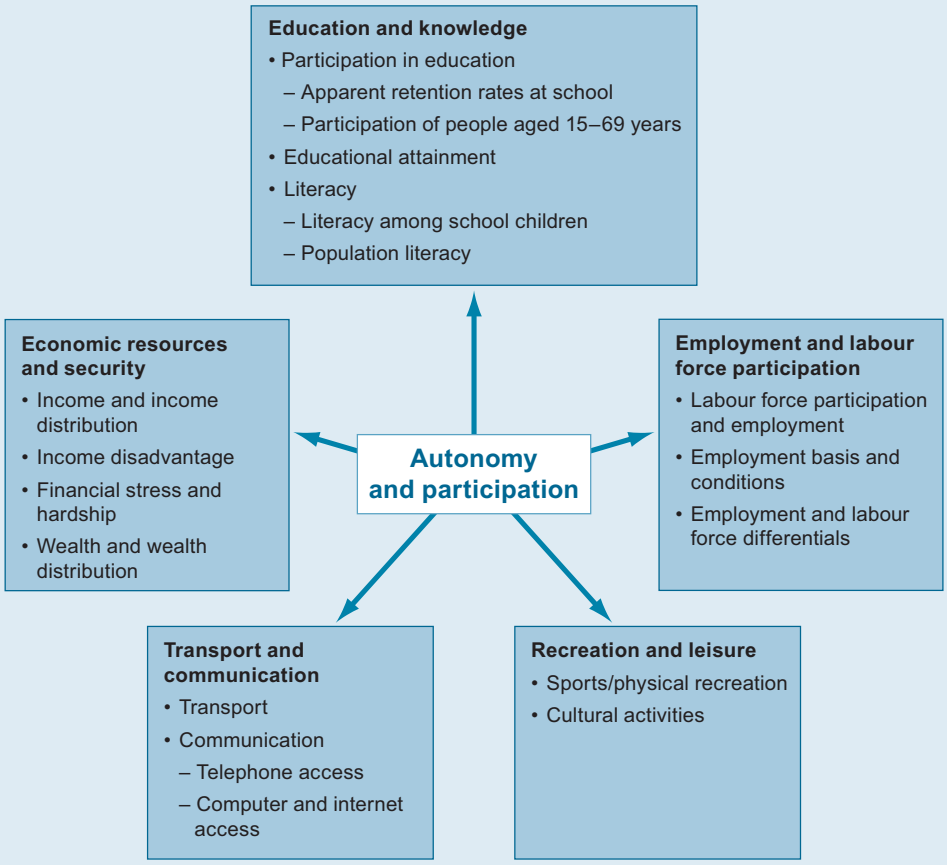


Figure 8.3: Indicators of autonomy and participation

Participation in education

Apparent retention rates at school

Students who stay in secondary school until the final year are more likely to continue their education and training. Higher levels of education are positively correlated with labour market participation and employment prospects, future earnings and other social advantages (Fullarton et al. 2003).

Apparent retention rates reflect the proportion of students in a given cohort considered to be continuing students. For the data presented here, this represents students who remain at school until Year 12. The retention rates are considered 'apparent' as the figures do not account for mature-age, part-time or repeating students, or students who move to a different schooling jurisdiction. It should also be noted that retention to Year 12 does not indicate successful completion of secondary schooling.

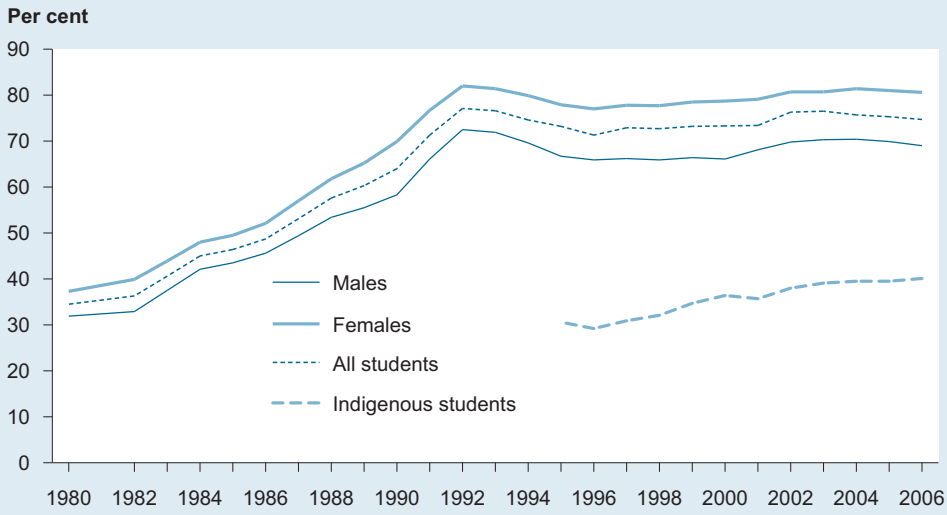
In 2006, the national apparent retention rate to Year 12 was 75%—higher for females (81%) than males (69%). Retention rates more than doubled throughout the 1980s and early 1990s, peaking at 77% in 1992 (Figure 8.4). However, there has been little change since. Changes in apparent retention rates over time are driven by a number of factors.

Chief among these are labour market conditions, particularly the availability of full-time jobs for teenagers (Ryan & Watson 2003)—the peak in national retention rates occurred at a time of high unemployment.

National data are available on apparent retention rates of Aboriginal and Torres Strait Islander students from 1995, when 31% remained in school until Year 12, compared to 73% of the Australian cohort as a whole (Figure 8.4). In 2006, Indigenous students (apparent retention rate 40%) were about half as likely as students in the wider population to remain in school until Year 12, but the gap appears to be narrowing. Patterns of retention among Indigenous students are affected by a number of interrelated factors. Some of these are comparatively low literacy and numeracy skills, high levels of absenteeism, family and household structure including crowding and poorly maintained housing, involvement with the juvenile justice system, and cultural and historical experiences shaping Indigenous people's perceptions of and attitudes to education (Schwab 1999).

Participation of people aged 15–69 years

In 2005, about 2.7 million people aged 15–69 years, or 19% of the population in this age group, were studying for a qualification (ABS 2006l). An additional 0.4 million people (3% of the population) were enrolled in courses that did not lead to a qualification as their only course of study, such as bridging, recreational and personal enrichment courses. Females (24%) were more likely than males (21%) to participate in education. More than one in four people studying for a qualification (26%, or 0.7 million people) were enrolled at Year 12 level or below, while 37% were studying for a diploma, advanced diploma or certificate, 24% were studying for a bachelor degree, and 9% were enrolled in a postgraduate course.



Note: The apparent retention rate to Year 12 is the percentage of students who remain in secondary education from the start of secondary schooling to Year 12. To calculate the apparent retention rate in Year 12 in 2006, the total number of full-time students enrolled in Year 12 in 2006 is divided by the number of full-time students who were in the base year—Year 7 in NSW, Vic, Tas and the ACT in 2001, and Year 8 in Qld, SA, WA and the NT in 2002.

Source: Table A8.1.

Figure 8.4: Year 12 apparent retention rate, by sex and Indigenous status, 1980 to 2006

Participation in education was highest among people aged 15–24 years, largely due to the strong retention rate to Year 12. Around 61% of people in this age group were studying for a qualification, including 26% enrolled in Year 12 or below and 17% enrolled in a bachelor degree (ABS 2006l). The proportion of the population studying for a qualification fell with each successive age group, from 17% of 25–34 year olds to 3% of those aged 55–69 years. People aged 55–69 years were most likely of all age groups to be enrolled only in a course that did not lead to a qualification (4%, or 122,000 people).

The educational experience of people aged 65–69 years was included in the ABS Survey of Education and Work for the first time in 2005. As a result, trend data are not available for the broad 15–69 years age group. However, between 1995 and 2005, there was no statistically significant change in the proportion of people aged 15–64 years participating in education (ABS 2005c).

In 2004–05, 19% of Aboriginal and Torres Strait Islander Australians aged 15 years or over were enrolled in an educational institution (Australian Institute of Health and Welfare (AIHW) analysis of 2004–05 National Aboriginal and Torres Strait Islander Health Survey). The broad participation rate is similar to that of the overall Australian population; however, this is related to the younger age structure of the Indigenous population—43% of Indigenous students aged 15 years or over were enrolled at school. Aboriginal and Torres Strait Islander people living in non-remote areas were more likely than those in remote areas to be enrolled at all types of educational institutions in 2004–05. Between 2002 and 2004–05 there was a small increase in the percentage of Indigenous persons enrolled in educational institutions (from 18% to 19% of those aged 15 years or over), due to higher rates of participation in secondary school.

Educational attainment

Attainment of non-school qualifications (see Glossary) improves employment prospects and potential earning capacity. People who graduate from higher education institutions have higher rates of labour force participation and lower rates of unemployment than people with no non-school qualifications (Lamb 2001). Completion of vocational and other training courses increases the rate of full-time employment among former students, and employees are more likely to receive a pay rise and/or permanent employment after completing a course (Ryan 2002).

This section presents data on the highest level of formal education completed by Australians. Since many people aged 15–24 years have not yet completed their formal education, the main focus here is on the 25–64 years age group. See Chapter 2 for detailed analysis of the 15–24 years age group.

In 2006, almost one in four (24%) Australians aged 25–64 years had a bachelor or higher degree (Table 8.12), while slightly more (28%) reported a certificate or diploma as their highest educational attainment. Generally, educational achievement was negatively correlated with age. People in the 25–34 years age group were most likely to have a bachelor or higher degree (29%), whereas people aged 55–64 years were least likely (18%). The proportion of people aged 55–64 years whose highest reported educational attainment was Year 10 (40%) was almost 3 times as high as those aged 25–34 years (14%). This indicates that educational attainment has increased over successive age cohorts. The trend has continued in recent years. Between 1996 and 2006 the proportion of Australians aged 15–64 years with a bachelor or higher degree rose by 8 percentage points, from 13% to 21%, while the proportion with no non-school qualifications fell 9 percentage points, from 58% to 49% (Figure 8.5).

Table 8.12: Level of highest educational attainment[a], persons aged 25–64 years, by age group, 2006 (per cent)[b]

Age group (years)	Bachelor degree or above[c]	Certificate or diploma[d]	Year 12	Year 11	Year 10 or below
25–34	29.2	27.5	23.3	5.2	13.7
35–44	24.1	28.6	15.1	7.5	23.4
45–54	22.6	28.5	13.0	6.3	28.3
55–64	17.9	25.3	10.7	4.9	39.5
Total 25–64 years (per cent)	**23.8**	**27.6**	**15.8**	**6.1**	**25.4**
Total 25–64 years (number)	**2,523,100**	**2,924,300**	**1,675,000**	**641,900**	**2,686,900**

(a) The levels of education are not necessarily listed in order from highest to lowest.

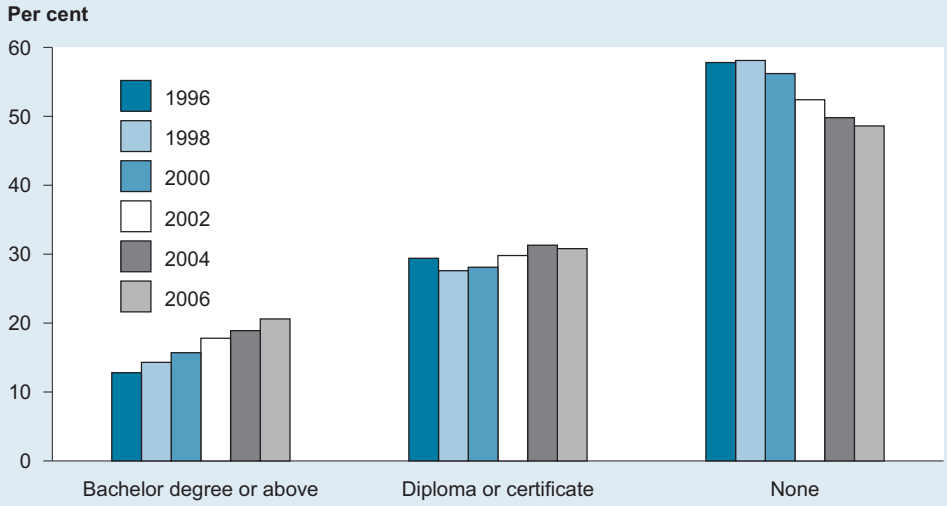
(b) Percentage of the population within each age group.

(c) Includes bachelor degree, graduate diploma or graduate certificate, and postgraduate degree.

(d) Includes Certificate I, II, III or IV, certificate not further defined, diploma and advanced diploma.

Note: Categories do not add to 100% as the level of highest educational attainment could not be determined for some people, and some people never attended school.

Source: ABS 2006m:Table 14.



Source: Table A8.2.

Figure 8.5: Highest non-school qualification of persons aged 15–64 years, 1996–2006)

Educational attainment among Aboriginal and Torres Strait Islander people has historically been lower than the general Australian population. This is due to a number of factors, including comparatively low retention to Year 12 (see above), literacy and numeracy skills, attitudes to education, lack of access to educational institutions in some areas, and financial disadvantage (ABS & AIHW 2005). In 2004–05, 21% of Indigenous persons aged 18 years or over had a non-school qualification at the Certificate III level or above, compared with 44% of non-Indigenous persons (SCRGSP 2007:Table 3A.4.15). Educational attainment is related to age, and the Aboriginal and Torres Strait Islander population has a younger age structure than the non-Indigenous population. However, even among the age groups 18–24 years and 25–34 years, the proportion of non-Indigenous persons with a Certificate III or above was more than twice that of Indigenous persons.

Literacy

Literacy among school children

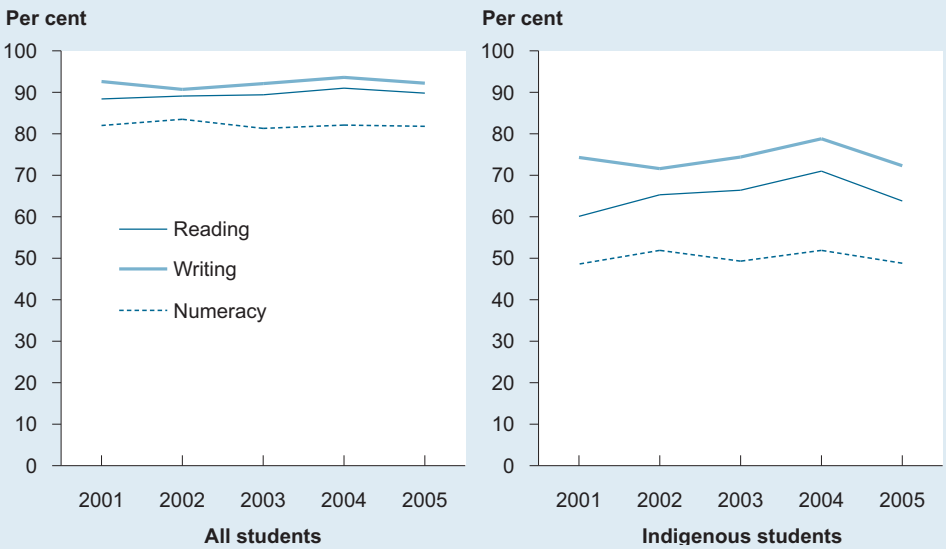
In 1999, the Ministerial Council on Education, Employment, Training and Youth Affairs (MCEETYA) endorsed a set of national educational goals for schooling. A key goal was that 'every student should be numerate, able to read, write, spell and communicate at an appropriate level' (MCEETYA 1999). To monitor progress towards this goal, students in Years 3, 5 and 7 have been assessed annually against a set of national benchmarks that represent nationally agreed minimum acceptable standards of reading, writing and numeracy (MCEETYA 2007).

The majority of Year 3, 5 and 7 students have consistently met the benchmarks in each of the three areas tested. Of the three skill areas, more students fail to meet the numeracy benchmarks than reading or writing. Across all three grades, slightly higher proportions of girls than boys met the reading and writing benchmarks, while no sex difference was apparent in numeracy skills.

In 2005, 90% of Year 7 students met the national reading benchmarks and 92% met the writing benchmarks. Significantly fewer (82%) met the numeracy benchmarks. There have been only marginal changes in the proportion of students meeting each of the benchmarks since 2001 (Figure 8.6).

Low literacy levels have been identified as a key barrier to overcome in order to improve the health and welfare of Aboriginal and Torres Strait Islander people (Schwab & Sutherland 2004). The percentage of Indigenous students meeting the benchmarks in 2005 was significantly lower than the national rate for all three subject areas and in each grade. In the area of reading, the gap between Indigenous students and all students increased from 15 percentage points in Year 3 to 26 points in Year 7. Similarly, the difference in proportions of students meeting the numeracy benchmark was significantly higher among Year 7 students (33 points) than Year 3 students (14 points). In the area of writing, the gap (19–20 points) was similar for students in all grades. Between 2001 and 2005 there was no obvious trend towards greater proportions of Indigenous students meeting the benchmarks (Figure 8.6).

For further analysis, including detailed results for students in Year 3 and Year 5, and international comparisons of student performance in key learning areas, see Chapter 2.



Note: The data represent students who have achieved the benchmark as a percentage of the students participating in the state and territory testing, including students who were formally exempted (these students are reported as below the benchmark). Students who were absent or withdrawn by parents/caregivers from the testing, and students attending a school not participating in the testing, are not included in the data.

Source: Table A8.3.

Figure 8.6: Year 7 students achieving national educational benchmarks, by Indigenous status, 2001 to 2005

Population literacy

The concept of literacy in developed countries has evolved from a threshold of basic reading ability to a term that describes how people use various forms of written information to function in society. The findings of the International Adult Literacy Survey, bringing together data collected in 23 countries throughout the 1990s, reported that literacy 'is a necessary ingredient for citizenship, community participation and a sense of belonging' (OECD 2000).

The literacy skills of Australians were measured in the 1996 Survey of Aspects of Literacy, conducted as part of the International Adult Literacy Survey. Among Australians aged 15–74 years, the pattern of distribution of skills on the prose, document and quantitative literacy scales were similar (ABS 1997a). Fewer than one in five (16%–18%) people had good or very good skills as measured against each of the three scales. Between 46% and 48% of Australian adults did not attain Skill Level 3 on each of the three scales, the level considered by most experts as a suitable minimum level for coping with the demands of the emerging knowledge society and information economy. These adults could be expected to experience at least some difficulty in using printed materials found in daily life and work. Young people tended to have higher levels of literacy than older people, and females generally had higher skill levels than males. Indigenous Australians, and people whose first language was not English, had significantly lower levels of literacy than the general population.

Literacy skills among the Australian population were in the mid-range of countries participating in the International Adult Literacy Survey. Australia was ranked (by average score) 9th out of 23 on the prose scale, 11th on the document scale, and 12th on the quantitative literacy scale (OECD 2000).

More recent information on the literacy of Australian adults is expected to be available in late 2007, based on the results of the Adult Literacy and Life Skills Survey conducted in 2006.

Economic resources and security

The material standard of living enjoyed by individual Australians primarily depends on their command of economic resources, both in the immediate and long term. Economic factors are related to all aspects of the welfare framework, including health, education, employment and social networks. In this section, a number of indicators are presented to describe the economic wellbeing of Australians. While income data are the most commonly reported measures of economic status, an individual's income can fluctuate dramatically across different life stages, and alone does not determine material quality of life. Other factors are the extent to which income is 'buffered' by accumulated wealth, and the amount of economic resources needed to fulfil different financial commitments. Therefore indicators of wealth and financial hardship are included alongside income data. As there is some degree of relativity by which material standard of living is judged within societies, indicators of income and wealth distribution are also presented.

Income and income distribution

The indicators presented here in relation to income are based on equivalised disposable household income. Disposable income is gross income minus income tax and the Medicare levy (where applicable). Income data are reported at the household level because, while income is usually received by individuals, it is generally shared between co-resident family members and, to a lesser extent, other household members who benefit from economies of scale. Equivalence scales are applied to account for different income levels required by households of different size to achieve a similar standard of living. Data presented here are standardised to the equivalent income requirements of a single-person household (ABS 2007e:Appendix 2).

In 2005–06, the median weekly equivalised disposable household income was $563 (Table 8.13). Real median income increased by 34% between 1995–96 and 2005–06; the relative increase was 31% for low-income households (those in the second and third income deciles) and 40% for high-income households (those in the top income quintile). The mean equivalised household income in 2005–06 was $644. The mean was higher than the median due to the asymmetrical nature of household income distribution—most households report low or middle incomes, while a relatively small number report high incomes.

Table 8.13: Weekly equivalised disposable household income[a], by quintile, 2005–06 (dollars)

	Weekly household equivalent disposable income quintile[b][c]					All households
	Lowest	Second	Third	Fourth	Highest	
Median income	274	415	563	743	1,073	563
Mean income	255	414	565	746	1,239	644

(a) In 2005–06 dollars, adjusted using changes in the Consumer Price Index.

(b) The modified OECD equivalence scale has been used to facilitate comparisons of income levels across different household types. Data have been standardised to the income requirements of a single-person household.

(c) Quintiles have been calculated by ranking persons on the basis of weekly equivalised disposable household income and allocating an equal number of persons to each quintile.

Source: ABS 2007f:Table 6.

Income distribution may be assessed by various different measures. Some of the most widely used indicators are illustrated in Table 8.14. A number of methodological improvements were introduced to the ABS Survey of Income and Housing in 2003–04, making it difficult to identify long-term trends. However, the extent of income inequality in 2005–06 does not appear to be significantly different to that in 1995–96.

Table 8.14: Trends in income inequality measures, 1995–96 to 2005–06

	1995–96	1997–98	2000–01	2002–03	2003–04[a]	2005–06
Share of total income received by persons in low-income and high-income households (per cent)						
Low income[b]	11.0	10.8	10.5	10.6	10.8	10.6
High income[c]	37.3	37.9	38.5	38.3	37.6	38.5
Income ratio						
P80/P20[d]	2.58	2.56	2.63	2.63	2.50	2.55
P90/P10[e]	3.74	3.77	3.98	4.00	3.75	3.92
Summary measure						
Gini coefficient[f]	0.296	0.303	0.311	0.309	0.297	0.307

(a) A number of changes were introduced to the survey methodology in 2003–04. See ABS 2006m for details.

(b) Persons in the second and third income deciles after being ranked by their equivalised disposable household incomes.

(c) Persons in the top income quintile after being ranked by their equivalised disposable household incomes.

(d) The income at the top of the 80th percentile divided by the income at the top of the 20th percentile.

(e) The income at the top of the 90th percentile divided by the income at the top of the 10th percentile.

(f) The Gini coefficient provides a measure of the distribution of income. A value of 0 represents absolute equality, that is, all persons have the same income. A value of 1 represents absolute inequality—one person has all the income.

Source: ABS 2007f:Table S5.

Aboriginal and Torres Strait Islander people tend to have lower incomes than non-Indigenous Australians. In 2004–05, Indigenous adults were twice as likely as non-Indigenous adults to be in the lowest gross equivalised household income quintile (41% compared with 20%), and almost one-quarter as likely to be in the highest quintile (6% compared with 23%) (SCRGSP 2007: Figure 3.6.3). Between 1994 and 2004–05 the median equivalised gross household income of Aboriginal and Torres Strait Islander people aged 18 years or over rose by 6% in real terms, while the mean rose by 16%. The household circumstances of Indigenous people may be affected by a number of differences between family size and composition between Indigenous and non-Indigenous populations; however, Aboriginal and Torres Strait Islander people were also disproportionately represented in the lower quintiles of the gross individual income distribution (SCRGSP 2007: Figure 3.6.5).

Income disadvantage

Income disadvantage can be thought of in absolute or relative terms. Measures of absolute income disadvantage define an income level below which the basic necessities of life (such as food, clothing and housing) may be unaffordable. However, the placement of such a 'poverty line' is controversial, as beliefs about what constitutes material necessity vary widely. Alternatively, measures can focus on people or households whose incomes are relatively low, compared with the overall population, and who may therefore experience comparatively lower material living standards than society's norm. A commonly used measure is the proportion of households whose equivalised disposable income is below 50% of the national median. As this figure may be particularly sensitive to small changes

in income support payments, two additional measures are presented here—one based on a broader definition of relatively low incomes (below 60% of the median), and one more narrowly defined (below 40% of the median).

In 2005–06, more than 2.2 million Australians (11% of all persons) lived in households with a reported equivalised weekly disposable income below 50% of the national median—that is, about $282 per week or less (Table 8.15). According to other measures of relatively low income, 20% of Australians (3.9 million people) lived in households with a reported equivalised weekly disposable income below 60% of the median (about $338 per week), and 4% of the population (0.9 million people) lived in households with reported equivalised weekly disposable income below 40% of the median (about $225 per week).

Between 1995–96 and 2005–06, there was a statistically significant increase in the percentage of Australians living in households with weekly equivalised disposable income below 50%, or below 60%, of the median (Table 8.15). However, due to methodological changes introduced to the ABS Survey of Income and Housing in 2003–04, it is not possible to ascertain whether these differences represent a real increase in relative income disadvantage over the past decade.

Table 8.15: Australians living in households with reported weekly equivalised disposable income below 40%, 50% and 60% of the median for all households, 1995–96 to 2005–06[a]

	1995–96	1997–98	2000–01	2002–03	2003–04[b]	2005–06
				Number		
Below 40% of median	856,200	856,900	989,700	988,600	816,600	868,000
Below 50% of median	1,580,200	1,549,400	2,062,100	2,178,500	1,969,900	2,246,500
Below 60% of median	3,334,400	3,427,600	3,883,400	3,912,400	3,854,600	3,947,400
				Per cent		
Below 40% of median	4.8	4.7	5.2	5.1	4.2	4.4
Below 50% of median	8.8	8.5	10.9	11.3	10.0	11.3
Below 60% of median	18.7	18.8	20.6	20.3	19.7	19.8
Median income[c]	421	442	475	485	522	563

(a) A number of methodological changes were introduced to the Survey of Income and Housing in 2003–04, which may impact on the comparability with estimates from previous years. See ABS 2006m for details.

(b) Estimates for 2003–04 have been revised to include salary sacrificed income not already included in wages and salaries, in line with 2005–06 estimates. As a result, revised data may differ slightly from that published in ABS 2005b.

(c) In 2005–06 dollars, adjusted using changes in the Consumer Price Index.

Sources: ABS Surveys of Income and Housing, 1995–96, 1997–98, 2000–01, 2002–03, 2003–04 and 2005–06 (unpublished data).

Financial stress and hardship

Measures of economic wellbeing may also examine whether individuals experience material deprivation or hardship due to shortage of money. The General Social Survey collects information on the incidence of certain cash flow problems, such as being unable to pay particular bills on time, having pawned or sold a possession because cash was needed, seeking financial assistance, and going without meals. In 2006, most people (82%) aged 18 years or over reported that they did not experience cash flow problems in the previous 12 months (ABS 2007g). Almost 6% had experienced three or more cash flow problems in the last 12 months. The most common cash flow problem was an inability to pay electricity, gas or telephone bills on time, reported by 11% of people surveyed.

Experiences of cash flow problems varied with different household types. Of selected household types, one-parent households with dependent children were most likely to report having experienced three or more different types of cash flow problems in the last 12 months, followed by lone persons aged less than 35 years (Table 8.16). More than one in three (34%) one-parent families and one in four (26%) young lone-person households reported being unable to pay a utility bill on time. In addition, many people in these households experienced frequent difficulty in paying bills—9% of one-parent families and 8% of lone persons aged less than 35 years reported having difficulty paying bills 10 or more times in the last 12 months (ABS 2007g). See Chapter 2 for further details of financial stress in families.

In 2002, more than half (54%) of all Indigenous persons aged 15 years or over were living in households where the household spokesperson reported that they would be unable to raise $2,000 in a week for something important (ABS 2004a). This is 4 times as high as for non-Indigenous persons (14%).

It is important to note that measures of income disadvantage do not strongly correlate to financial stress. Cash flow problems were reported by about one in four households whose equivalised gross household income were in the two lowest quintiles in 2006; conversely, many households in the highest income quintile (around 8%) reported one or more cash flow problems in the last 12 months (ABS 2007g). This reflects the reality that, to some extent, the experience of financial stress is a function of spending and money management habits, and not just income received.

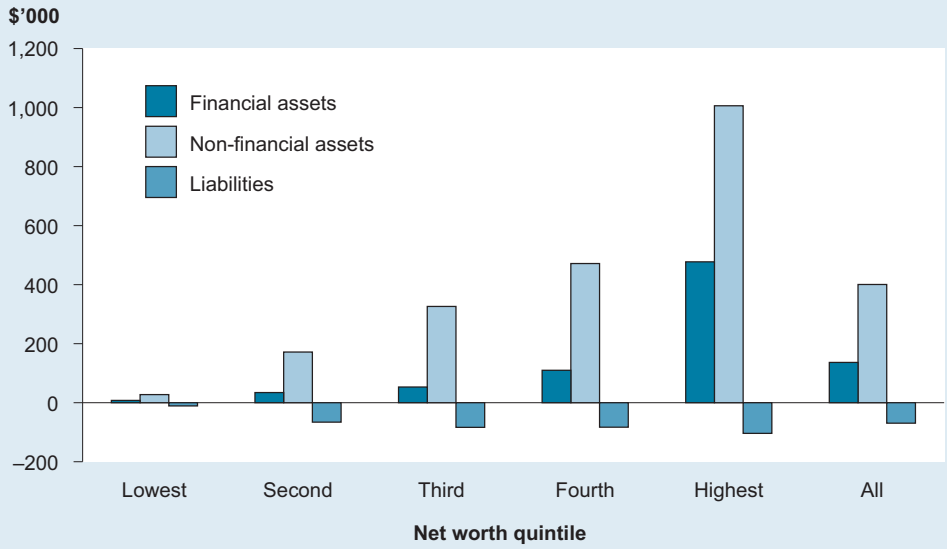
Table 8.16: Proportion of households reporting three or more different types of cash flow problems in last 12 months, by household composition, 2002 and 2006

	2002		2006	
Household composition	**Number**	**Per cent**	**Number**	**Per cent**
Couple-only household (reference person aged under 35)	45,500	5.7	53,400	5.9
Couple-only household (reference person aged 65 or over)	1,200	**0.1	n.p.	n.p.
Couple-family household with dependent children	292,600	6.3	297,300	6.5
One-parent household with dependent children	137,300	21.8	124,600	20.0
Lone person (aged under 35)	52,800	15.4	48,800	16.9
Lone person (aged 65 or over)	5,200	*0.8	6,300	*0.9

Sources: ABS 2003:Table 31; ABS 2007g:Table 38.

Wealth and wealth distribution

In 2003–04, Australian households had an average of $537,100 each in assets (Figure 8.7)—25% of which were financial assets (including shares, superannuation, and savings), and 75% non-financial assets (including property and the value of vehicles and home contents). Property (60%) and superannuation (12%) comprised the largest asset components. The average household debt was $69,400, resulting in a mean net worth of $467,600. The median net worth of Australian households was $294,700 (ABS 2006n). The large difference between the mean and median net worth indicates an uneven distribution of wealth throughout the population. The wealthiest 20% of households (that is, those in the highest net worth quintile) had assets valued at 42 times those of the least wealthy 20%, and liabilities 10 times as high.



Note: Financial assets include the value of children's assets and loans to persons not in the same household.
Source: Table A8.4.

Figure 8.7: Components of household wealth, by net household worth quintile, 2003–04

The distribution of wealth among Australian households in 2003–04 was less equitable than income distribution. The wealthiest 20% of households accounted for 59% of total household net worth, while the least wealthy 20% owned 1% of national household net worth. By comparison, the shares of total income received by the households with the highest and lowest disposable income quintile were 37% and 8%, respectively (ABS 2005b, 2006n).

Distribution of wealth is not directly correlated with income. Many households, particularly those comprising younger people, had high incomes but relatively little wealth, while some of the wealthiest households had very low or nil income. This observation reflects the way in which wealth is usually acquired over an individual's working life, and then drawn upon in retirement (ABS 2006n). It also reinforces the point, made above in the discussion of financial hardship, that income alone is not necessarily a sufficient indicator of economic wellbeing.

Components of wealth varied substantially between net worth quintiles. The wealthiest 20% of households were more likely than the average to have assets in their own incorporated businesses (12%), shares (5%) and trusts (3%). The least wealthy 20% of households, on the other hand, had a greater than average percentage of their assets in home contents (46%) and vehicles (16%), and a much lower ownership of property (16% of total asset value, compared with the national average of 60%).

Employment and labour force participation

Employment provides avenues for income and as such is a major factor influencing material wellbeing. In addition, employment is strongly related to other aspects of the welfare framework. It is recognised as an integral part of adult participation in society, providing individuals with opportunities for personal development and social interaction.

Lack of work is associated with crime, poor health, and decreased social cohesion, in addition to reduced financial wellbeing (Borland and Kennedy 1998 cited in ABS 2006o). The relationships between these factors are complex, as is the extent and direction of causality.

In the context of the welfare framework, describing employment is not simply a matter of counting the number of people participating in paid work. Stability of employment, the basis and conditions under which people are employed and hours worked all affect the way in which work relates to Australians' sense of autonomy and participation.

Box 8.1: Labour force terms

Employed person Person aged 15 years or more who, during the reference week of the labour force survey, worked for one hour or more for pay, profit or commission.

Labour force underutilisation rate The unemployed plus the underemployed, as a percentage of the labour force.

Labour force All employed and unemployed persons.

Part-time worker Employed person who usually worked more than one but less than 35 hours per week.

Underemployed person Employed person working less than 35 hours per week who is willing and available to work more hours.

Unemployed person Person aged 15 years or more who was not employed during the reference week but who had actively looked for work or was currently available for work.

Source: ABS 2007h.

Labour force participation and employment

The labour force comprises all people who are employed as well as all people who are looking for work and available to start work in the reference week, whether or not they receive unemployment benefits. In 2006–07, the labour force participation rate (that is, the proportion of all persons aged 15 years or over that was in the labour force) was 65% (Table 8.17). The rate was higher for males (72%) than females (58%). The overall participation rate rose only marginally over the last decade, from 63% in 1996–97. However, trends in participation rates are affected by changes in the age structure of the population, as population ageing results in increasing numbers of older people who have retired from the workforce. When persons aged 65 years or over are excluded, there has been considerable growth in labour force participation among the working age population (15–64 years), from 71% in 1996–97 to 76% in 2006–07 (ABS 2007i).

Between 1996–97 and 2006–07, men's participation in the labour force fell by 1 percentage point overall. Participation rates decreased for all age groups up to 44 years, but increased among men aged 45 years or over. Over the same period, the participation rate among women rose by 4 percentage points, with increases observed in all age groups. The trend towards greater participation of women in the labour force has been ongoing for more than 25 years, with the most rapid increase occurring in the mid- to late 1980s (ABS 2007i).

In 2005, Australia's labour force participation rate (64%) ranked 10th highest in the OECD, well above the average of 60%. International comparisons are confounded by differing statistical practices across countries, such as the treatment of defence force personnel and people in institutions, paid maternity leave and missing data for some age brackets. The Productivity Commission has calculated that, after adjusting for some key differences in statistical practices, Australia's overall participation rate ranked 5th highest in the OECD in 2005 (Abhayaratna & Lattimore 2006). However, the participation rate of some population groups—particularly males aged 25–54 years, females of child-bearing age and persons nearing retirement—remained lower than in countries with broadly similar social, cultural and institutional characteristics to Australia.

In 2006–07, 4.5% of the labour force was unemployed (Table 8.17). Unemployment had fallen substantially since 1996–97, when the rate was 8.3%. The proportion of the labour force who were unemployed for 12 months or more (defined as long-term unemployed) had also fallen significantly over the preceding decade, from 2.3% in 1996–97 to 0.8% in 2006–07. Unemployment rates fell in more than two-thirds of OECD countries between 1996 and 2006. Australia experienced one of the largest declines, both in absolute and relative terms. In 2006, Australia's standardised unemployment rate (4.8%), was 12th lowest out of 27 OECD countries, well below the OECD average of 6.0% (OECD 2007b).

Table 8.17: Employment and labour force indicators, persons aged 15 years or over, 1996–97 to 2006–07

	1996–97	1998–99	2000–01	2002–03	2004–05	2006–07
			Number ('000)			
Labour force size	9,169	9,379	9,674	10,004	10,367	10,824
			Per cent			
Participation rate[a]	63.4	63.1	63.4	63.6	63.9	64.8
Employed persons[a]	58.1	58.4	59.3	59.7	60.6	61.9
Unemployment rate[b]	8.3	7.4	6.4	6.1	5.2	4.5
Long-term unemployment rate[b]	2.3	2.2	1.5	1.3	1.0	0.8
Labour force underutilisation rate	13.8	13.0	10.9	12.1	11.1	9.8
Part-time workers[c]	25.2	26.1	26.8	28.6	28.4	28.5
Employees without leave entitlements[c]	26.1	26.9	27.3	27.3	27.7	26.9
Persons working 50 hours or more per week[d]	24.3	24.9	24.0	24.4	23.8	21.6
			Hours			
Average hours worked (full-time workers)	41.0	41.1	40.6	41.0	40.6	39.4

(a) Per cent of the total population aged 15 years or over.

(b) Per cent of the labour force.

(c) Per cent of all employed persons.

(d) Per cent of full-time workers.

Note: Reference periods are annual averages for the year ending 30 June, except for employees without leave entitlements (August) and labour force underutilisation (September).

Source: ABS 2006c, 2007j, 2007i:Data cubes LM8, EM1 and UM2.

Employment basis and conditions

In 2006–07, 29% of all workers were employed on a part-time basis (Table 8.17). A higher percentage of females (45%) worked part time than males (15%). Part-time employment rates are strongly related to age, with two-thirds (67%) of employees aged 15–19 years and half (52%) of employees aged 65 years or over working part time in 2006–07 (ABS 2007i). In contrast, one-quarter (25%) of workers aged 20–64 years were employed on a part-time basis. Over the past decade, the part-time workforce has grown from 25% of all employees in 1996–97 to 29% in 2006–07. The increase in take-up of part-time work was seen in both sexes, albeit at a greater rate among males than females, and in all age groups, most markedly among people aged 20–24 years and 60–64 years. Recent trends in employment of young people (15–24 years) are discussed in detail in Chapter 2, while Chapter 3 covers work patterns of older people and the transition to retirement.

For the purpose of international comparisons, part-time workers are considered to be employees aged 15 years or over who usually work less than 30 hours per week. Using this definition, Australia's part-time workforce in 2005 was 27%, the second highest in the OECD behind the Netherlands (OECD 2007c). The OECD average was 16%.

In 2006–07, 27% of all employees were not entitled to paid sick leave or holiday leave, and are considered to be casual workers for statistical purposes (Table 8.17). Females (29%) were more likely than males (20%) not to have paid leave entitlements, which is largely related to the higher proportion of females in part-time employment. More than half (56%) of all part-time employees did not have paid leave entitlements, compared with one in ten (11%) full-time employees. The proportion of the workforce without leave entitlements has remained at slightly more than one-quarter (26%–28%) over the past decade.

Average weekly hours worked by full-time employees in 2006–07 was 39.4 hours per week (Table 8.17). More than one in five (22%) full-time employees worked 50 or more hours per week, with men (26%) being more likely than women (14%) to work very long hours (ABS 2007i). Among full-time employees, average hours worked and the proportion of people working very long hours had both fallen slightly since 1996–97.

Part-time employees worked an average of 16 hours per week in 2006–07, compared with 15 hours per week in 1996–97 (ABS 2007i). According to the 2006 Underemployed Workers Survey, about one in five (20%) part-time employees preferred to work more hours (ABS 2007j). Many of these are considered to be underemployed workers (see Glossary). The labour force underutilisation rate (combining unemployed and underemployed persons) provides a broader measure of extra labour force capacity. In September 2006 the rate was 10% of the labour force, down from 14% a decade earlier (Table 8.17). Since individuals differ in the number of hours, or extra hours, they would like to work, another measure of labour force underutilisation quantifies the hours of available labour that are unutilised. A discussion of 'volume measures' of labour force underutilisation is provided in ABS 2007h.

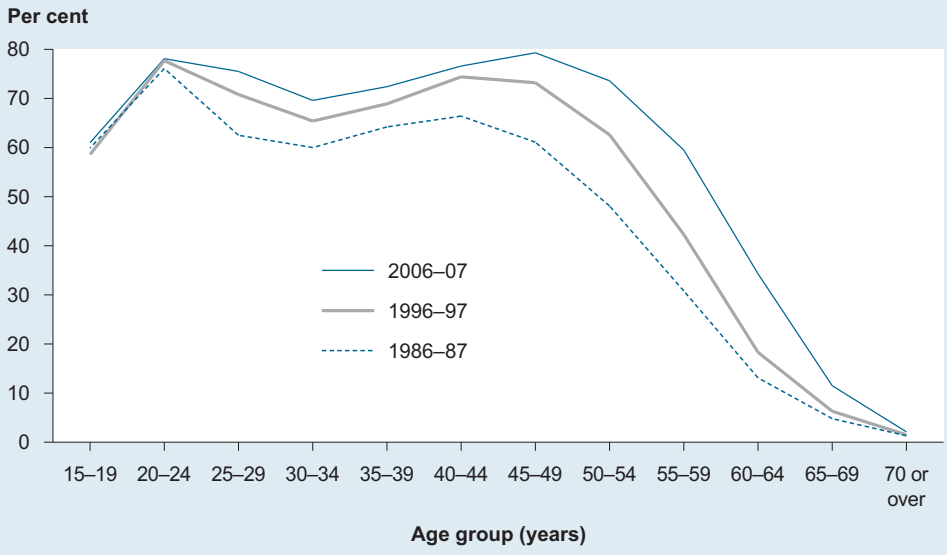
Employment and labour force differentials

Labour force participation is strongly related to life cycle. In 2006–07, 60% of young people aged 15–19 years were in the labour force—similar proportions of males and females (ABS 2007i). Participation rates rose sharply after the age of 20, in line with the transition of a large cohort from mainly educational settings to the workforce. For males between 20 and 54 years of age, participation rates were 85% or higher. Female participation rates in this age range were somewhat lower, between 73% and 78%, with a dip in the 30–34 years age group associated with child bearing. An ongoing trend over recent years has seen this dip

in female participation rates become shallower, but broader (Figure 8.8). This reflects the greater likelihood of women with children remaining in the workforce, or returning to the workforce sooner, than in the past, as well as the increase in average maternal age. In 2006–07, the female participation rate peaked in the 45–49 years age group, whereas in the past participation was highest among women aged 20–24 years. Patterns of employment among women with children are discussed in more detail in Chapter 2. Labour force participation rates for both sexes fell with each age group after 55 years, although as many as 8% of people aged 65 years or over remained in the workforce in 2006–07. A key trend over the last 10 years has been a strong rise in participation rates of people aged 55–64 years. This is discussed in detail in Chapter 3.

Unemployment rates also varied with age. At all age groups above 24 years, the unemployment rate was less than 5% in 2006–07 (ABS 2007i). About 6.3% of people aged 20–24 years who were in the labour force were unemployed. The unemployment rate of the 15–19 years age group (13.9%) was almost 3 times as high as the overall rate (4.5%). Due to the combination of high rates of unemployment and relatively low labour force participation, just over half (51%) of young people aged 15–19 years were employed in 2006–07, compared with around 80% of people aged 20–54 years. The experiences of young people in the labour force are examined in more detail in Chapter 2.

Aboriginal and Torres Strait Islander people generally have lower rates of labour force participation, and higher rates of unemployment, than non-Indigenous Australians. After adjusting for differences in the age structure of the two populations, 59% of Indigenous persons aged 15–64 years participated in the labour force in 2004–05 compared with 78% of non-Indigenous persons (SCRGSP 2007). Further, the age-standardised unemployment rate among Aboriginal and Torres Strait Islander people (12.9% of the labour force) was almost 3 times as high as for non-Indigenous people (4.4%). Nationally, about one in ten Indigenous people were participants in the Community Development Employment



Source. Table A8.5.

Figure 8.8: Labour force participation rates, all females aged 15 years or over, by age group, 1986–87, 1996–97 and 2006–07

Projects (CDEP) program, accounting for one-fifth of all Indigenous people classified as employed (Table 8.18). This Australian Government-funded program provides opportunities for Indigenous people to develop work skills and move into employment. CDEP participants are classified as employed for statistical purposes (SCRGSP 2007).

Employment rates and CDEP participation of Aboriginal and Torres Strait Islander persons varied considerably with remoteness, although labour force participation rates were similar (Table 8.18). In 2004–05, the unemployment rate was lower for Indigenous people living in remote areas than those in non-remote areas, while CDEP participation was much greater in remote areas. More than one-quarter of Indigenous people aged 15–64 years living in remote areas participated in the CDEP program, compared with 4% in non-remote areas. Overall employment rates were similar between remote and non-remote areas due to a greater involvement in non-CDEP employment in non-remote areas. Between 2002 and 2004–05 the unemployment rate fell from 23% to 16% nationally while among employed people there was a shift towards greater participation in non-CDEP employment (Table 8.18).

It is noted that these data trends will be affected by recent policy changes, including the phasing out of CDEP in the Northern Territory from September 2007.

Table 8.18: Labour force indicators, Aboriginal and Torres Strait Islander persons aged 15–64 years, by remoteness, 2002 and 2004–05

	2002			2004–05		
	Remote	Non-remote	Total	Remote	Non-remote	Total
			Number			
Labour force size	44,200	124,400	168,600	44,300	124,500	168,800
			Per cent[a]			
Participation rate[b]	60.6	63.3	62.6	58.4	60.6	60.0
Employed persons[b]						
CDEP	34.2	4.7	12.7	28.8	4.3	10.9
Non-CDEP	20.2	41.2	35.5	22.7	46.2	39.8
Total employed	*54.5*	*45.9*	*48.2*	*51.4*	*50.4*	*50.7*
Unemployment rate[c]	10.2	27.6	23.0	12.0	16.8	15.5

(a) Percentages are not age-standardised—differences between data presented here and elsewhere in the text may be due to the younger age structure of the Indigenous population compared with the non-Indigenous population.

(b) Per cent of the Aboriginal and Torres Strait Islander population aged 15–64 years.

(c) Per cent of the labour force.

Source: Unpublished analysis of 2002 National Aboriginal and Torres Strait Islander Social Survey and 2004–05 National Aboriginal and Torres Strait Islander Health Survey provided to the AIHW by the ABS.

Transport and communication

Transport and communication are fundamental to autonomy and participation. Having access to reliable transport allows people to participate and interact with the community. Reliable transport can not only enhance social wellbeing but can also broaden access to jobs, which in turn may increase financial security.

Access to means of communication is also beneficial to many aspects of welfare. The rapid increase in communication technologies is making interpersonal communication more accessible through mobile phones and over the Internet. This enables greater access to many more educational and social resources.

Transport

Most Australians use private motor vehicles to get around. In 2006, 80% of people aged 18 years or over mainly used a private vehicle to travel to work or study, while 14% took public transport and 6% walked or cycled (ABS 2006p). Fewer than one in five (18%) drivers took passengers. A slightly higher proportion of people used public transport to get to work or study than in 1996 (12%).

Among those people who did not take public transport to work or study, the most commonly given reasons for their choice were that no service was available (28%) or that no service was available at the right/convenient time (25%). The most common reason given for not walking or cycling was that the distance was too far (70%).

Private motor vehicles were also strongly favoured in day-to-day trips—92% of trips other than to work or study involved a private vehicle, 20% involved walking or cycling and 15% involved public transport.

In 2006, 86% of people aged 18 years or over reported having access to a motor vehicle to drive (Table 8.19)—a similar proportion to 2002 (85%). Access was higher for males than females at all ages, and peaked in the age group 35–44 years. Fewer than one-third (32%) of all people aged 85 years or over had access to a motor vehicle to drive, with females in this age group much less likely than males to have access.

Table 8.19: Persons aged 18 years or over with access to motor vehicles to drive, by age group and sex, 2006 (per cent)

	Age group (years)								
	18–24	25–34	35–44	45–54	55–64	65–74	75–84	85 or over	Total
Male	82.3	89.8	93.4	93.1	93.1	92.5	83.2	63.7	90.2
Female	73.7	87.6	91.2	89.8	87.9	71.9	55.3	*14.2	82.2
Persons	78.1	88.7	92.3	91.4	90.5	82.0	67.8	32.0	86.1

Source: ABS 2007g:Tables 2–4.

Most Australians are able to travel around the community with little trouble (Table 8.20). In 2006, 84% of people reported being able to get to places needed easily. People aged 35–44 years were most able to get around easily (89%), compared with about three-quarters of people aged 18–24 years (77%) or those aged 75–84 years (76%), and less than two-thirds (65%) of people aged 85 years or over. Ease of travel was related to income—people in the lowest quintile of the equivalised gross household income distribution were most likely to have difficulty often, or be unable to get where they needed to go (10%), compared with 1% of people in the highest quintile (ABS 2007g). Similar patterns were observed in 2002.

Table 8.20: Ease of getting to places needed, persons aged 18 years or over, by age group and sex, 2006 (per cent)

	Age group (years)								
	18–24	25–34	35–44	45–54	55–64	65–74	75–84	85 or over	Total
Can easily get to the places needed	77.3	84.1	88.5	86.2	86.2	84.6	75.5	65.1	84.1
Cannot get, or often has difficulty getting, to the places needed	4.0	3.5	2.7	4.5	3.7	4.4	9.9	*16.7	4.3

Note: Not all categories are shown.
Source: ABS 2007g:Tables 2–4.

Taking different age structures of the populations into account, Aboriginal and Torres Strait Islander people experienced more transport difficulties than non-Indigenous people. In 2002, 71% of Indigenous people could easily get where they needed, and 12% often had difficulty or could not get to places needed (ABS 2004). Indigenous people living in remote areas were almost twice as likely as those in non-remote areas to report being unable to get to places they needed to go. This may be related to greater access to motor vehicles in non-remote areas—48% of Indigenous people in remote areas aged 18 years or over, compared with 64% in non-remote areas, had access to a motor vehicle to drive.

Communication

Communication involves sharing knowledge and information, and developing and maintaining social ties. Advances in communication technologies allow people to maintain independence while still remaining in contact with families and the community. Computers and Internet technology are becoming an increasingly important means of finding information and staying informed.

Telephone access

In June 2005, there were approximately 11.5 million fixed line services in Australia, down from 11.7 million 1 year earlier (ACMA 2005). In contrast, the use of mobile phones continued to grow. There were 18.4 million mobile phone services in June 2005, compared with 16.5 million in June 2004. The number of services more than doubled between 2000 and 2005.

Both the number of payphones in operation and the number of sites where payphones were provided decreased by 5% in the 12 months to 30 June 2005 (ACMA 2005). In June 2005 there were about 23,500 Telstra-operated payphone sites remaining nationwide.

Australia's mobile phone coverage in 2005—90 phone subscribers per 100 people—was higher than the OECD average of 80, but 21st overall out of 30 countries. Luxembourg, with 157 subscribers per 100 people, had the highest mobile phone usage in the OECD (OECD 2007d).

In 2002, 71% of Indigenous Australians had access to a working telephone in the home—82% in non-remote areas and 43% in remote areas (ABS 2004). In remote areas, public telephone access may substitute for telephone connections in the home. About 53% of discrete Aboriginal and Torres Strait Islander communities (630 communities) reported public telephone access in 2006, up from 49% in 2001 (ABS 2007b). Government initiatives aimed at improving telecommunications access to remote Indigenous communities include the Community Phones Program of the Telecommunications Action Plan for Remote Indigenous Communities, which began in 2004–05, and the Extended Mobile Phone Coverage in Regional Australia program, targeting new or improved mobile phone coverage to 17 remote Indigenous communities (ACMA 2005).

Computer and internet access

Internet use, both for social and business communication purposes, has increased rapidly over recent years. In 1998, 44% of households had a home computer, and 16% had Internet access at home. By 2005–06 these proportions were 70% and 60%, respectively (ABS 2006q).

Having a computer and/or Internet access at home was strongly related to household income. Among households in the lowest equivalised income quintile, fewer than half (44%) had a home computer and one-third (33%) had an internet connection in

2005–06. In comparison, 87% of households in the highest equivalised income quintile had a computer and 81% had Internet access. Households in metropolitan areas (63%) were more likely to have access to the Internet at home than households outside metropolitan areas (54%). About half (51%) of all people aged 15 years or over who had access to the Internet at home reported having broadband service, while 47% had dial-up service, and 2% had both or didn't know what type of access they had. The proportion of households with broadband internet access was considerably higher in metropolitan areas (58%) than non-metropolitan areas (37%).

Almost all (97%) people aged 15 years or over who accessed the Internet at home in 2005–06 reported using it for personal or private purposes (ABS 2006q). Additionally, almost half accessed the Internet for work or business purposes (49%) or educational/study purposes (48%). Between 2004–05 and 2005–06 the proportion of people aged 18 years or over who accessed the Internet for work or study purposes increased slightly. (People aged 15–17 years were not included in the 2004–05 survey.) Almost 1.5 million children aged 5–14 years accessed the Internet at home in 2006. The most common reported purposes for children accessing the Internet were for school or educational activities (82%), playing online or Internet-based games (51%), emailing or messaging (48%) and leisure (46%).

Home internet use among Aboriginal and Torres Strait Islander people was lower than for the Australian population generally. In 2005–06, 31% of Indigenous people aged 15 years or over reported using the Internet at home, compared with 57% of non-Indigenous people (ABS 2006vq).

In 2005, Australia ranked 10th highest out of 30 countries in the OECD in terms of the proportion of households with access to a home computer, and 11th in terms of home internet access (ABS 2006q). Australia's use of broadband internet technology (19.2 subscribers per 100 people in December 2006) was higher than the OECD average (16.9 subscribers per 100 people) (OECD 2007e). Proportionally more of Australia's broadband subscriptions were to DSL (digital subscriber line) connections (78%, compared with the OECD average of 62%). Denmark, with 31.9 subscribers per 100 people, has the highest broadband internet use in the OECD.

Recreation and leisure

Participation in recreational and leisure activities contributes to overall wellbeing through benefits to physical and mental health, and by providing opportunities for social interaction and community engagement. The importance of leisure time is recognised by the United Nations Universal Declaration of Human Rights, which states that 'Everyone has the right to rest and leisure, including reasonable limitation of working hours and periodic holidays without pay' (UN 1948).

Previous volumes of *Australia's welfare* have presented information from the ABS Time Use surveys, which showed that Australians spent an average of 268 minutes per day on recreational and leisure activities in 1997. As the most recent data on the daily allocation of time are 10 years old, this section will instead present new data concerning the numbers of Australians who participate in various recreational and leisure activities. These are broadly divided into sports/physical recreation and cultural activities.

Sports/physical recreation

In 2005–06, about 10.5 million Australians aged 15 years or over (66%) participated in sports and other physical recreation, excluding time spent coaching, refereeing and performing other official roles (ABS 2007k). Of these, 4.7 million people (29% of the population aged

15 years or over) participated at least twice per week throughout the year—hereafter referred to as 'regularly participating'. More than one-quarter of the population (28%) had been involved in physical recreational activities organised by a club, association or some other group (4.4 million people).

While males and females were equally likely to participate in physical activities over the year, more females (32%) than males (27%) were regular participants (Table 8.21). Participation rates also varied by age group. People aged 15–17 years (75%) and 25–34 years (75%) had the highest rates of overall participation, while people aged 65 years or over had the lowest (49%). However, regular participation was most commonly reported by people aged 55–64 years (32%).

Table 8.21: Participation in sports and physical recreation, persons aged 15 years or over, by age group and sex, 2005–06 (per cent)[(a)]

	Regularly participating[(b)]			Total participating		
Age group (years)	**Males**	**Females**	**Persons**	**Males**	**Females**	**Persons**
15–17	33.4	23.5	28.3	77.3	72.1	74.6
18–24	26.9	26.1	26.5	78.3	71.8	72.6
25–34	26.3	33.0	29.7	76.3	74.0	75.1
35–44	26.4	35.0	30.7	66.7	69.1	68.0
45–54	27.1	33.9	30.6	63.5	65.7	64.6
55–64	27.1	37.1	32.1	60.4	64.6	62.5
65 years or over	26.6	26.4	26.5	50.8	48.2	49.4
Total (per cent)	**27.1**	**31.7**	**29.4**	**66.0**	**65.7**	**65.9**
Total (number)	**2,134,200**	**2,573,100**	**4,707,300**	**5,205,700**	**5,336,400**	**10,542,100**

(a) Percentage of the population within each sex and age group.

(b) Regular participation is defined as more than twice a week.

Source: ABS 2007k:Table 5.

There may be a number of motivators for participating in sports and physical recreation. The most commonly reported reasons for participating were health and fitness (reported by 82% of people who participated in activities 13 times or more in a year), enjoyment (54%) and wellbeing (41%). People who did not participate in any activity, or participated 12 or fewer times over a year, cited insufficient time due to work or study (23%), lack of interest (19%) and age (17%) as the most common reasons for non-participation or low-level participation (ABS 2007k).

Cultural activities

In the 12 months prior to survey in 2005–06, 85% of Australians aged 15 years or over (13.6 million people) attended at least one cultural venue or event (ABS 2007l). The most commonly attended venues were cinemas (attended by 65% of people), zoos and aquariums (36%), libraries (34%) and botanic gardens (34%). Attendance rates were higher for females than males (Table 8.22), and negatively correlated with age. Almost all (97%) people aged 15–17 years attended at least one venue or event in 12 months, compared with 59% of people aged 75 years or over.

The rate of attendance at different events was associated with an individual's employment status and income (ABS 2007l). Relatively more unemployed (48%) than employed people (31%) visited a library, while employed people had higher attendance rates at classical and

popular music concerts, theatre performances, and musicals and operas than people who were unemployed or not in the labour force. Generally, people with higher gross household incomes had higher attendance rates at all venues and events, except libraries.

Table 8.22: Attendance at selected cultural venues and events in the previous 12 months, persons aged 15 years or over, by sex, 2005–06

	Males		Females		Persons	
	'000	Per cent	'000	Per cent	'000	Per cent
Cinemas	4,934.5	62.5	5,496.9	67.7	10,431.4	65.2
Zoological parks and aquariums	2,656.1	33.7	3,043.7	37.5	5,699.8	35.6
Botanic gardens	2,447.0	31.0	2,943.9	36.3	5,390.9	33.7
Libraries	2,108.7	26.7	3,345.8	41.2	5,454.5	34.1
Popular music concerts	1,955.1	24.8	2,080.8	25.6	4,035.9	25.2
Museums	1,713.6	21.7	1,898.3	23.4	3,611.9	22.6
Art galleries	1,570.6	19.9	2,060.2	25.4	3,630.7	22.7
Other performing arts	1,166.1	14.8	1,488.8	18.3	2,655.0	16.6
Theatre performances	1,033.1	13.1	1,690.1	20.8	2,723.2	17.0
Musicals and opera	944.7	12.0	1,669.2	20.6	2,613.9	16.3
Classical music concerts	643.8	8.2	864.3	10.6	1,508.1	9.4
Dance performances	546.5	6.9	1,078.5	13.3	1,625.0	10.2
At least one venue or event	**6,502.1**	**82.4**	**7,072.1**	**87.1**	**13,574.1**	**84.8**

Source: ABS 2007l:Table 3.

8.4 Social cohesion

Social cohesion refers to the interrelatedness and unity between the individuals, groups and associations that exist within society. This unity is established through social relationships based on trust, shared values, feelings of belonging and the expectation of reciprocity. However, given the diversity of values and relationships that exist in a pluralist society, a high degree of unity between some individuals and groups may result in the mistrust or exclusion of others. Therefore inequalities and exclusion (of self or others) are to be minimised for society as a whole to be truly cohesive.

Family formation and functioning

Families are the core unit of society in which people are supported and cared for and social values are developed. The role of each member within a family can be affected by changes in family situations and changes in the formation of the family itself. How well families function is a key factor in their ability to nurture personal wellbeing and serve as the basis for a cohesive society.

Family formation

The structure of Australian families has undergone considerable transformation over recent years, reflecting wider social, demographic and economic changes. In this section, social marriage status, family composition and age-specific divorce rates are presented as indicators of family formation and dissolution. Together, they illustrate some of the main ways in which the concept of family continues to develop and change.

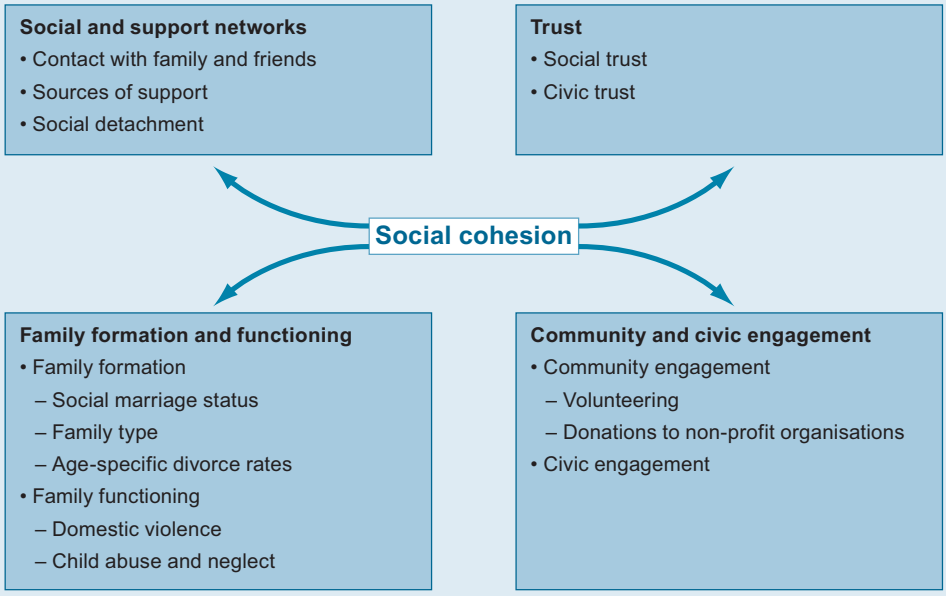


Figure 8.9: Indicators of social cohesion

Social marriage status

In 2006, half of all Australians aged 15 years or over were in a registered marriage, 9% were in a de facto marriage (including same-sex couples) and 41% were not married (Table 8.23). Social marriage (either registered or de facto) was strongly related to age, with the majority of people aged 15–24 years or 85 years or over unmarried. De facto marriage rates were highest among people aged 25–34 years (19%) while people aged 55–64 years were most likely to be in a registered marriage (70%).

Over the period 1996–2006 there was an overall trend towards increased de facto marriage rates, with a corresponding fall in the proportion of registered marriages. However, different patterns emerged within selected age groups. In 2006, people aged 15–64 years were more likely to be unmarried than 10 years previously, while those aged 65 years or over were less likely to be unmarried (Table 8.23). Among the older age group, the proportion in registered marriages was considerably higher in 2006 than in 1996. This is likely to be largely due to rises in life expectancy, which has the effect of reducing the number of older people who would otherwise have been widowed.

Family type

For statistical purposes, a family is defined as two or more persons, one of whom is at least 15 years of age, who usually live in the same household and are related by blood, marriage (registered or de facto), adoption, step or fostering. In the context of family statistics, 'children' can refer to people of any age (ABS 2006r). In 2006 there were approximately 5.2 million families in Australia (Table 8.24). Just under half (45%) of all families comprised a couple living with children, while 37% were couples with no children. One-parent families accounted for 16% of all families in 2006.

Table 8.23: Social marriage status of Australians aged 15 years or over[a], by age group, 1996, 2001 and 2006 (per cent)

Age group (years)	Registered marriage			De facto marriage[b]			Not married		
	1996	2001	2006	1996	2001	2006	1996	2001	2006
15–24	6.1	4.2	3.5	6.9	7.2	8.1	87.0	88.5	88.4
25–34	51.4	45.4	42.2	11.9	15.3	18.5	36.7	39.3	39.2
35–44	70.3	66.0	63.2	6.7	8.6	11.0	23.0	25.4	25.8
45–54	74.4	70.5	66.9	4.3	5.9	7.5	21.3	23.7	25.6
55–64	74.4	72.5	69.9	2.1	3.2	4.6	23.5	24.2	25.5
65–74	65.6	66.6	67.2	0.9	1.3	1.9	33.6	32.1	30.9
75–84	47.4	50.0	52.3	0.4	0.6	0.8	52.2	49.3	46.8
85 or over	25.5	27.7	29.8	0.2	0.5	0.7	74.2	71.8	69.5
Total (per cent)	**54.1**	**51.9**	**50.4**	**6.0**	**7.3**	**8.8**	**39.9**	**40.7**	**40.8**
Total ('000)	**6,874.2**	**7,012.6**	**7,158.7**	**763.7**	**989.2**	**1,242.8**	**5,075.5**	**5,497.5**	**5,788.6**

(a) Excludes 'Persons in non-classifiable households', 'Persons in non-private dwellings', 'Persons in migratory, off-shore or shipping CDs', and 'Persons who are visitors (from within Australia)'.

(b) Includes same-sex couples.

Source: ABS 2007m.

In 32% of lone-parent families and 18% of couple families with children, only non-dependent children were living with the family (ABS 2007n)—see Glossary for definition of dependent and non-dependent children. Young people who had not moved out of the family home account for some of these families, while others comprise one or more adults living with elderly parent(s).

Changes in family composition in Australia are due to a number of factors. Most important among these, in recent years, are decreased family size and increased longevity. Between 1996 and 2006, couples without children increased as a proportion of all families while the proportion of couples with children fell (Table 8.24). These changes are related to population ageing, which results in increasing numbers of older couples whose adult children no longer live at home ('empty nesters'), as well as the growing number of couples who do not have children, or have children later in life. The proportion of one-parent families increased slightly over the past decade.

Table 8.24: Composition of Australian families[a], 1996, 2001 and 2006 (per cent)[b]

	Couple with no children	Couple with children	One-parent family	Other family[c]	Total
1996	34.1	49.6	14.5	1.8	4,655,900
2001	35.7	47.0	15.4	1.8	4,936,800
2006	37.2	45.3	15.8	1.7	5,219,200

(a) Excludes 'Persons in non-private dwellings' and 'Persons in migratory, off-shore and shipping CDs'.

(b) Per cent of all families.

(c) 'Other family' is defined as related individuals living in the same household, who do not belong to a couple or one-parent family, e.g. two siblings living together, neither of whom is in a spouse/partner, lone-parent or child relationship.

Sources: ABS 1997b, 2006r, 2007n.

Age-specific divorce rates

In 2006, about 51,400 divorces were granted, equating to a crude divorce rate of 2.5 per 1,000 people (ABS 2007o). The number of divorces granted peaked in 2001 (55,300 divorces), and has fallen each year since. Age-specific divorce rates in 2006 were highest for men aged 40–44 years and for women aged 35–39 years (Table 8.25). The median duration of marriages that ended in divorce in 2006 was 12.5 years—a slight increase from 11.0 years in 1996 (ABS 2007o).

Over the period 1996–2006, the overall divorce rate fell slightly from 2.9 per 1,000 to 2.5 per 1,000 estimated resident population. However, while age-specific divorce rates fell among people aged less than 40 years, rates generally rose among older people, particularly those aged 50–64 years (Table 8.25). In 2006, divorces were more likely than 10 years earlier to be filed jointly (30%, versus 22% in 1996). This represents a continuation of a long-term trend—in 1986, 7% of divorces applications were filed jointly. Wives were more likely than husbands to lodge individual applications for divorce throughout the last two decades.

Table 8.25: Age-specific divorce rates[a], by age group and sex, 1995, 2000 and 2005

	Age group (years)										
	< 24[b]	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65 or over	All ages
Husbands											
1996	0.8	8.0	13.0	13.8	13.0	11.6	9.1	6.1	3.9	1.5	2.9
2001	0.5	6.2	12.4	13.6	13.3	12.1	9.9	6.8	4.4	1.5	2.9
2006	0.4	4.2	9.1	11.2	11.6	11.2	9.5	6.9	4.7	1.6	2.5
Wives											
1996	1.9	12.2	14.4	13.5	12.3	9.9	6.9	3.9	2.4	0.6	2.9
2001	1.3	10.0	14.4	13.9	12.8	10.6	7.4	4.7	2.5	0.6	2.9
2006	0.9	7.1	11.1	12.1	11.9	10.3	7.6	4.9	2.9	0.6	2.5

(a) Per 1,000 estimated resident males and females respectively, at 30 June for each year shown.

(b) Males under 18 years and females under 16 years are excluded from this population.

Source: ABS 2007o:Table 1.

Family functioning

Family functioning is concerned with whether the interpersonal relationships within a family unit are largely positive, enhancing wellbeing, or negative. In a sense it is a form of social cohesion that exists within the confines of the family. Positive family functioning can be viewed as good communication skills between family members with greater unity through stressful times. The following indicators reflect the negative facets of family functioning by focusing on incidence and prevalence of domestic violence and child abuse/neglect. These two indicators provide insight into family discord and, in the case of child abuse/neglect, clear evidence of adverse wellbeing.

Domestic violence

National data on the experience of domestic or intimate partner violence inflicted on both women and men are available for the first time in the 2005 Personal Safety Survey (ABS 2006i). In the context of this survey, violence refers to both threats and assaults, whether physical and/or sexual in nature. It does not include emotional or financial abuse.

In 2005, 1% of men (68,100 men) and 2% of women (160,100 women) aged 18 years or over reported having experienced violence by their current partner at some time since

the age of 15 (Table 8.26). Additionally, 367,300 men (5%) and 1.1 million women (15%) had experienced violence by a previous partner. There was a small overlap between these groups—more than 5,000 men and 15,000 women reported violence by both a current and a previous partner (ABS 2006i).

Table 8.26: Experience of violence by a current or previous partner since the age of 15, persons aged 18 years or over, by age group and sex, 2005

	Males		Females	
	Number	Per cent	Number	Per cent
Current partner				
18–34 years	*11,200	*16.5	33,600	21.0
35–44 years	*16,900	*24.7	38,300	23.9
45–54 years	*22,200	*32.5	46,000	28.7
55 years or over	*17,900	*26.3	42,200	26.4
Total	**68,100**	**100.0**	**160,100**	**100.0**
Previous partner				
18–34 years	82,200	22.3	265,500	23.3
35–44 years	114,900	31.3	287,900	25.4
45–54 years	94,700	25.8	273,700	24.1
55 years or over	75,500	20.6	308,300	27.2
Total	**367,300**	**100.0**	**1,135,500**	**100.0**

Source: ABS 2006i:Tables 20–21.

Almost one in five (19%) women who had experienced current partner violence described the most recent incident as sexual in nature, including 17% who suffered sexual assault. In addition, 28% of women and 6% of men who experienced violence by their previous partner were the victim of sexual threat or assault in the most recent incident. More than half of all women (54%) and three-quarters of men (74%) who had suffered violence by their current partner said that there was only one incident. However, about two-thirds (66%) of those who experienced threats or abuse by a previous partner reported that violence occurred on multiple occasions.

Experiences of violence can have severe negative consequences for victims. One in five (20%) women and one in twelve (8%) men who had experienced current partner violence reported feeling fear or anxiety in the last 12 months. This includes 13,000 women (8% of those reporting current partner violence) who felt fear or anxiety every day. However, most (84%–85%) people who experienced current or previous partner violence reported not feeling anxiety or fear in the last 12 months. Men were more likely than women to be free from fear and anxiety despite their experience (ABS 2006i).

Research shows that psychological trauma, manifesting in emotional and social problems, educational difficulties and poor health, are common problems among children who have witnessed domestic violence (Lundy & Grossman 2005). In 2005, almost half a million people who experienced violence by a previous partner, and 60,700 people who experienced violence by their current partner, reported that violence was witnessed by children in their care (ABS 2006i). Women who suffer intimate partner violence during pregnancy have increased risk of pregnancy complications, including perinatal death (Janssen et al. 2003). Of the 1.1 million women who experienced violence by a previous partner,

21% (239,800 women) reported that violence occurred during a pregnancy. For about half (51%) of these women, violence occurred for the first time when they were pregnant (ABS 2006i).

Many people, especially women, seek crisis accommodation as a result of domestic violence. In 2005–06 domestic violence was given as the main reason clients sought assistance through the Supported Accommodation Assistance Program (SAAP) in 36,500 (22%) support periods (Table A2.22). The rate was higher for women accompanied by children (45%).

Child abuse and neglect

Data relating to child abuse and neglect are commonly reported in terms of numbers of children who were the subject of a child protection substantiation. A substantiation means that an investigation into a child protection notification concluded that there was reasonable cause to believe that the child had been, was being, or was likely to be abused, neglected or otherwise harmed.

Rates of children in child protection substantiations in 2005–06 varied considerably between states and territories (AIHW 2007b). In part, these differences may be attributable to different child protection policies and practices, and data systems across jurisdictions. Substantiation rates generally decreased with age (Table 8.27). Children aged under 1 year were over 3 times as likely as 15–16 year olds to be the subject of a child protection substantiation. To some extent, this may be related to the recognition that younger children are more vulnerable, and so early intervention measures are in place in many jurisdictions to identify and respond to these cases.

Table 8.27: Children who were the subject of a child protection substantiation, by age group, Indigenous status, and state/territory, 2005–06 (number per 1,000 childern)

Age group (years)	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
Under 1	19.5	15.3	23.6	4.0	13.0	10.2	20.1	19.1
1–4	9.3	7.3	12.3	2.3	5.9	6.0	14.9	9.8
5–9	7.9	6.3	10.9	1.9	4.6	4.5	11.6	8.0
10–14	7.8	6.0	9.9	2.0	3.2	5.0	10.9	6.9
15–16	4.1	3.9	5.2	0.7	1.3	4.0	6.3	1.8
All children	**8.4**	**6.7**	**10.9**	**2.0**	**4.5**	**6.1**	**12.0**	**8.1**
Indigenous	**44.2**	**67.7**	**23.0**	**10.9**	**32.3**	**4.4**	**56.8**	**15.2**
Other Australian children	**6.9**	**6.0**	**10.1**	**1.4**	**3.5**	**6.2**	**10.9**	**3.2**

Notes

1. Data from Tasmania should be interpreted carefully due to the high proportion of investigations not finalised by 31 August 2006, and a lower rate of recording Indigenous status at the time of the substantiation compared with other jurisdictions.
2. Other Australian children includes children whose Indigenous status in unknown.

Source: AIHW 2007b:Tables 2.7–2.9.

Aboriginal and Torres Strait Islander children were more likely than other children to be the subject of a child protection substantiation, in all jurisdictions except Tasmania (Table 8.27). A number of factors may contribute to the over-representation of Indigenous children in the child protection system, including lower socioeconomic status, cultural differences, and the effects of past separations from family and culture, including forced removal (HREOC 1997).

Chapter 2 contains further data relating to child protection issues in Australia.

Social and support networks

Social and support networks are the connections between individuals and groups. In the context of this section, these networks refer to the informal relationships people have with family, friends, neighbours, work colleagues and other members of their community. Support networks can act in a variety of ways, such as provision of information or emotional, practical or financial support, and these in turn provide individuals with a sense of belonging.

Contact with family and friends and sources of social support are presented here as indications of the positive aspects of social networks. Data relating to social detachment provide indications of people who may lack social and support networks, and may miss out on the sense of belonging that other community members feel.

Contact with family and friends

In 2006, most (79%) Australians aged 18 years or over reported having face-to-face contact with family and friends living outside the household in the past week (ABS 2007g). Males and females of all ages were essentially equally likely to have social contact. Including other forms of social contact, such as by mail, telephone, email or SMS, 96% of adult Australians reported having social contact with family or friends with whom they did not live in the past week. This represents a small but statistically significant increase since 2002 (95%).

Sources of support

In 2006, most (93%) people aged 18 years or over felt that they can ask people not living with them for small favours. Further, a similar proportion of people (93%) reported feeling able to ask for help in a time of crisis. The same results were reported in 2002. People are more likely to seek help from informal support networks, such as family members or friends, than formal services (Table 8.28). Almost half (49%) of all people aged 18 years or over reported that they provided unpaid assistance (including emotional support, providing transport, domestic work and child care) to someone living outside their household in the previous 4 weeks (ABS 2007g).

Table 8.28: Sources of support in times of crisis, persons aged 18 years or over, by sex, 2006 (per cent)

	Males	Females	Persons
Family member	78.4	81.0	79.7
Friend	66.7	66.8	66.8
Neighbour	32.2	33.5	32.8
Work colleague	23.7	20.0	21.8
Community, charity or religious organisation	11.2	13.8	12.5
Health, legal or financial professional	8.6	9.6	9.1
Local council or other government services	5.1	5.2	5.2
No support outside the household	7.5	5.8	6.7

Notes

1. Categories of sources of support are not mutually exclusive.
2. Types of crisis support include advice on what to do; emotional support; help when experiencing a serious injury or illness; help in maintaining family or work responsibilities; and provision of emergency money, accommodation and/or food.

Source: ABS 2007g:Table 25.

Social detachment

Being removed from support networks can have significant negative effects, particularly for people who are already experiencing some degree of social exclusion. Two indicators of social detachment are the rate of suicide in a population, and the number of people experiencing homelessness (see the sections on 'safety' and 'shelter and housing' in this chapter). People in prison may also be disengaged from support networks, and have difficulty rejoining society. Along with incidence of crime (discussed above in the context of healthy living), imprisonment provides a third indicator of social detachment.

At 30 June 2006, there were 25,790 prisoners held in adult custody throughout Australia (ABS 2006t). Of these, 22% were unsentenced (see Glossary). Most prisoners (70%) were aged 20–39 years. The vast majority (93%) were male while 7% were female. The charge or offence accounting for the most prisoners in 2006 was 'acts intended to cause injury' (18%), followed by 'unlawful entry with intent' (12%).

In the decade prior to 2006 the number of male prisoners increased by 39% (from 17,299 in 1996 to 23,963 in 2006), while the number of female prisoners almost doubled (from 964 in 1996 in 1,823 in 2006)). The Indigenous prisoner population in 2006, 24% of all prisoners, was the highest in 10 years.

Between 2000 and 2006 the age-standardised rate of imprisonment for non-Indigenous persons remained fairly stable, at 120–130 persons per 100,000 population (Table 8.29). Aboriginal and Torres Strait Islander persons were imprisoned at a rate 10–13 times that of non-Indigenous persons over the same period, although there was significant variation between states—from a 3-fold higher imprisonment rate in Tasmania to an 18-fold difference in Western Australia. The apparent increase in imprisonment rate between 2000 and 2006 should be interpreted with caution, as it may be partly due to changes in collecting and recording Indigenous information, and/or in increased willingness of Indigenous people to self-identify (ABS 2006t).

According to international data, Australia's prison population (including pre-trial detainees and remand prisoners) was 120 persons per 100,000 population in 2004, which is below the OECD average of 132 per 100,000 population. The United States, with 725 prisoners per 100,000 population, had the highest imprisonment rate in the OECD (OECD 2007f).

Table 8.29: Rates of imprisonment in adult custody, by Indigenous status, 2000 to 2006 (number per 100,000 population)

	2000	2001	2002	2003	2004	2005	2006
Indigenous prisoners	1,264.5	1,287.8	1,283.1	1,368.4	1,413.9	1,560.9	1,668.2
Non-Indigenous prisoners	128.0	123.4	121.8	124.8	126.7	128.8	129.8

Notes

1. Data were collected on all persons remanded or sentenced to adult custody on the night of June 30 of each reference year, based on administrative records held by corrective services in each Australian state and territory. Data exclude persons held in juvenile facilities, psychiatric custody, policy custody, home detention programs and immigration detention centres.
2. Persons remanded to adult custody are aged 18 years or over, except in Queensland where 'adult' refers to persons aged 17 years or over.
3. Rates are per 100,000 population and are age-standardised. They were derived using resident and estimated populations for each year, based on the 2001 Census of Population and Housing.
4. Data differ from those presented in *Australia's welfare 2005* due to recalculation of historical age-standardised rates by the ABS.

Source: ABS 2006t:Table 16.

In 2005–06 there were 13,254 young people under juvenile justice supervision throughout Australia, 83% of whom were male (AIHW 2007c). The rate of juvenile justice supervision for people aged 10–17 years was 5.0 per 1,000 population. Aboriginal and Torres Strait Islander people aged 10–17 years (44 per 1,000) were more likely to be under juvenile justice supervision than non-Indigenous young people (3 per 1,000).

Trust

Trust lies at the heart of all positive relationships, whether between individuals or groups, and as such is a key dimension of social capital. People's trust in others is often described with reference to the type of relationship: interpersonal trust refers to individuals well known to them, social trust refers to casual acquaintances or strangers, and civic trust refers to public or high-profile institutions.

Social trust

In 2006, just over half (54%) of all respondents to the ABS General Social Survey agreed that 'most people can be trusted' (ABS 2007g). Fewer than one in three respondents disagreed with the statement. Levels of trust were similar for males and females, and highest among people aged 75–84 years (59%).

A slightly different measure of trust asks respondents to choose between two statements: 'most people can be trusted' or 'you can't be too careful in dealing with people'. According to this measure, 39% of respondents to the Australian Survey of Social Attitudes (AUSSA) expressed social trust in 2003 and 2005 (AUSSA 2003 and 2005, unpublished analysis). Australians may be less socially trusting than in the past. The World Values Survey found that 40% of Australians agreed 'most people can be trusted' in 1995, compared with 46% in 1981. The extent of social trust in societies similar to Australia's at the end of the 20th century varied considerably. In surveys conducted between 1998 and 2000, 48% of New Zealanders expressed social trust, compared with 38% of Canadians, 36% of people in the United States, and 29% of people in Great Britain (World Values Survey, unpublished analysis).

Civic trust

Civic trust in populations is often measured by levels of confidence held in various institutions. Australians tend not to express confidence in civic institutions—the majority of the population expressed confidence in 5 of 12 selected institutions in the 2005 AUSSA (Table 8.30). The highest levels of confidence were held in the armed forces (80%), the Australian Broadcasting Corporation (ABC; 72%) and the police force (69%). Less than one-third of the population expressed confidence in banks and financial institutions (28%), the legal system and trade unions (both 30%), and the public service (31%).

Men and women expressed similar levels of confidence in most institutions. However, men were more likely than women to have confidence in major Australian companies (44% compared to 38%), while women (63%) were more likely than men (56%) to have confidence in charities (unpublished AIHW analysis of AUSSA 2005).

Generally, the 2005 AUSSA produced similar results to the 2003 survey. Notable differences were greater proportions of the population expressing confidence in churches and religious institutions (an increase of 7 percentage points) or the ABC (6 percentage points).

Table 8.30: Levels of confidence[a] in selected institutions, 2003 and 2005 (per cent)

	'A great deal' or 'Quite a lot'		Not very much		None at all	
	2003	2005	2003	2005	2003	2005
Armed forces	80	80	16	16	2	2
Australian Broadcasting Corporation	66	72	24	19	4	4
Police[b]	70	69	23	25	5	5
Universities	64	63	23	24	5	4
Charities	58	59	28	29	9	7
Major Australian companies	40	41	44	43	11	11
Churches and religious institutions	33	40	36	34	25	20
Federal government/parliament	39	38	44	43	14	16
The public service	31	31	50	52	16	15
Trade unions	27	30	45	45	23	19
Legal system	29	30	46	46	24	22
Banks and financial institutions	25	28	44	44	29	26

(a) In the text, 'confidence' refers to the responses 'A great deal' or 'Quite a lot'.

(b) The question relates to police in the respondent's own state or territory.

Sources: Australian Survey of Social Attitudes 2003 and 2005, unpublished analysis.

Community and civic engagement

Community and civic engagement can be expressed in various ways, such as being involved in the community or political life, or through volunteering. Community and civic engagement not only allows individuals to have a say in the future direction of their communities but also promotes a cohesive network of people from various backgrounds.

The networks formed within the confines of civic engagement are often seen as more formal than those that exist through family and friends. Due to the nature of these formal bonds, the community ties may not be as strong as informal bonds, although they may be more far-reaching. That is, while individuals may not have overly strong relationships that are established through community and civic engagement, more diversity and understanding is established throughout the community through the socialisation of people from various backgrounds who may not otherwise communicate or interact.

Community engagement

Volunteering

In 2006, 34% of Australians aged 18 years or over (more than 5.2 million people) had been engaged in voluntary work in the previous 12 months (ABS 2007g). People aged 35–44 years were most likely to be volunteers (43%) while people aged 85 years or over were least likely (14%). Many people volunteered a great deal of their time—more than one in three volunteers reported working 100 or more hours in the last 12 months.

While it is difficult to analyse trends in rates of volunteering due to differences in survey methodologies, there appears to have been a considerable increase in the proportion of the population that engaged in voluntary work over the period 1995–2006 (Table 8.31). In 1995, less than one-quarter of all people aged 18 years or over were volunteers. By 2006, this had risen to more than one-third (35%). Rates of volunteering were higher for women than men across the surveys.

Table 8.31: Participation in voluntary work in last 12 months, persons aged 18 years or over, by sex, 1995, 2000, 2002 and 2006 (per cent)

	1995	2000[a]	2002	2006[b]
Males	22.9	30.5	33.7	32.8
Females	24.4	33.0	35.1	38.0
Persons	**23.6**	**31.8**	**34.4**	**35.4**
Number ('000)	**3,189.4**	**4,395.6**	**4,989.0**	**5,418.7**

(a) Voluntary work for the Sydney 2000 Olympic and Paralympic Games is excluded from the data and thus does not account for the higher rate of volunteering in 2000 compared to 1995.

(b) The 2006 General Social Survey excluded from its definition of volunteer persons who were required to do unpaid community work (such as the Work for the Dole program, work under a Community Service Order or a student placement) from voluntary work estimates. This group is included in the estimate presented in the table to enable comparison with previous surveys; however, the figures quoted in the text refer only to those who voluntarily undertook unpaid community work.

Sources: ABS 1996, 2001b, 2003, 2007g.

Donations to non-profit organisations

According to the ABS General Social Survey, an estimated three in four Australians aged 18 years or over (77%, or 11.8 million people) donated money to non-profit organisations in 2006 (ABS 2007g). This proportion is slightly higher than in 2000 (74%). Rates of giving peaked among people aged 45–54 years (83%), and were lowest at the extremes of the age spectrum. Still, the majority of people aged 18–24 years (62%) and 85 years or over (72%) made at least one donation over a 12-month period. Of selected broad groupings, community and welfare organisations were most likely to receive donations (61% of adult Australians gave money to such organisations), followed by hospitals and health organisations (32%), schools (19%) and research organisations (18%).

Other recent research has estimated that 87% of Australians aged 18 years or over donated $5.7 billion to non-profit organisations in the 12 months before January 2005, with a median donation of $100 per donor (FaCS 2005). Additionally, around $2 billion was provided by support for fundraising events and 'charity gambling' such as raffles, lotteries and art unions. The *Giving Australia* report calculated that, between 1997 and 2004, donations by individuals increased by 58% in real (inflation-adjusted) terms, due to larger amounts being given per donor as well as a greater proportion of the population making donations (FaCS 2005). These figures should be interpreted with caution, as the *Giving Australia* survey had a high non-response rate, and the authors noted the likely exaggeration of donations reported due to positive endorsement of giving following the Asian tsunami appeals (although donations to these appeals were specifically excluded from the data).

Civic engagement

Almost one in five Australians aged 18 years or over (19%) actively participated in civic and political groups in 2006 (ABS 2007g). Participation was generally highest among people aged 45–54 years (24%), with some notable exceptions. For example, participation in welfare organisations was highest among people aged 65–74 years, while those aged 25–34 years were more likely than other age groups to be involved in environmental or animal welfare groups. Active participation in a political party was among the least popular forms of civic engagement (Table 8.32).

Table 8.32: Participation in selected groups in the last 12 months, persons aged 18 years or over, 2006

	Per cent
Trade union, professional or technical association	7.3
Welfare organisation	6.6
Service club	5.8
Environmental or animal welfare group	5.0
International aid and development	4.1
Emergency services	3.2
Human and civil rights group	2.2
Political party	1.3
Consumer organisation	1.0
Number of persons aged 18 years or over	**15,307,000**

Source: ABS 2007g:Table 29.

Many people may participate in civic and political life without belonging to a formal organisation. In 2006 almost one in four Australians aged 18 years or over boycotted products or made specific purchases for political, ethical or environmental reasons, and more than one in five (23%) signed a petition—the most commonly reported types of civic activity (Table 8.33). Participation was highest among people aged 45–54 years or 55–64 years for most of the civic activities specified.

Despite there being numerous avenues through which Australians can, and do, participate in civic life, many people still feel disconnected from public discussion. In 2006, fewer than one-third (29%) of all people aged 18 years or over felt able to have a say in the community on important issues all or most of the time, whereas almost half (46%) felt they were able to contribute little or never (ABS 2007g).

Table 8.33: Type of civic activity participated in over the last 12 months, persons aged 18 years or over, 2006

	Per cent
Community consultation/public meeting	7.8
Contacted local councillor/territory government member	13.8
Contacted member of parliament	5.8
Signed petition	22.5
Attended protest march/meeting/rally	5.2
Wrote letter to the editor of a newspaper	3.5
Participated in a political campaign	2.0
Boycotted or deliberately bought products for political, ethical or environmental reasons	24.6
Number of persons aged 18 years or over	**15,307,000**

Source: ABS 2007g:Table 29.

8.5 Summary

Healthy living

In general, Australians enjoy fairly healthy lives. Male and female life expectancies are among the highest in the world, and infant mortality rates are low. People living in major capital cities are exposed to relatively low levels of air pollution. Most people have access to housing, with about 70% owning or in the process of owning their house. Feelings of safety and freedom from harm enhance physical and mental wellbeing.

Despite these positive outcomes, the results of a number of indicators linked to poor physical and psychological health are a cause for concern:

- More than four out of five Australians aged 12 years or over consume insufficient vegetables to maintain optimal health, and almost half do not eat enough fruit.
- One in three Australians aged 18 years or over are sedentary.
- Almost one in five people aged 15 years or over are obese, and the obesity rate continues to increase.
- Close to one in five low-income households are susceptible to housing stress.
- Up to 100,000 people may experience some form of homelessness, including more than 14,000 people with no conventional accommodation.
- Almost one in five women and one in twenty men do not feel safe when alone at home at night.
- Robbery, physical assault or sexual assault directly affects about 5% of people aged 15 years or over each year.

Aboriginal and Torres Strait Islander people experience poorer outcomes against a diversity of indicators of healthy living. Compared with the overall population, Indigenous Australians have lower life expectancy, higher rates of infant mortality and death due to injury, higher rates of obesity, and are more likely to be victims of crime. Differences also exist between Indigenous people living in remote and non-remote areas. For example, Indigenous adults in remote areas are less likely to consume sufficient fruit and vegetables, and about 12,000 people living in remote communities had drinking water supplies that did not meet quality standards.

A number of trends are emerging in some areas related to healthy living. These are summarised in Table 8.34. Readers should note that a directional change in a measure, as signalled by the arrows in the table, does not necessarily imply improved or reduced wellbeing.

Table 8.34: Trends in selected indicators of healthy living

Indicator	Measure	Time period	Trend
Fruit and vegetable intake	Persons aged 12 years or over who usually ate sufficient vegetables (per cent)	2001 to 2004–05	↑
	Persons aged 12 years or over who usually ate sufficient fruit (per cent)	2001 to 2004–05	~
Access to potable water	Number of discrete Indigenous communities not connected to a town water supply whose drinking water failed testing	2001–2006	↓
Urban air quality	Number of days on which air pollution (PM10 and ozone particles) exceeded AAQ NEPM standard levels	2000–2005	~
Housing tenure	Households that own their home (per cent)	1994–95 to 2003–04	~
	Households that own their home outright (per cent)	1994–95 to 2003–04	↓
Housing affordability	Lower income households that spend 30% or more of their gross income on housing costs (per cent)	2000–01 to 2003–04	~
Life expectancy	Life expectancy at birth (all Australians)	1967–2004	↑
	Life expectancy at birth (Aboriginal and Torres Strait Islander Australians; Northern Territory only)	1967–2004	↑
Expected years of life lived with disability	Expected years lived with disability (per cent of total life expectancy)	1988–2003	↑
Infant mortality	Infant deaths (rate per 1,000 live births)	1985–2005	↓
Mental health	Persons aged 18 years or over reporting a long-term mental or behavioural condition	1995 to 2004–05	↑
	Persons aged 18 years or over reporting very high levels of psychological distress (per cent)	2001 to 2004–05	~
Physical activity	Persons aged 18 years or over reporting sedentary or low levels of exercise (per cent)	1995 to 2004–05	~
Prevalence of obesity	Persons aged 18 years or over who were obese (per cent)	1995 to 2004–05	↑
Feelings of safety	Women who felt safe alone in various situations (per cent)	1995–2005	↑
Crime	Victims of recorded crime: murder; attempted murder; robbery; motor vehicle theft; other theft; unlawful entry with intent (rate per 100,000 persons)	1996–2006	↓
	Victims of recorded crime: kidnapping/abduction; blackmail/extortion (rate per 100,000 persons)	1996–2006	↑
Injury	Deaths due to injury and poisoning (rate per 100,000 persons)	1955–2004	↓

Note: The indicators singled out here are those for which reasonably reliable trend data are available. A directional change in any measure does not necessarily imply improved or reduced wellbeing. Key:

↑ An increase against the measure was observed over the time period specified.

↓ A decrease against the measure was observed over the time period specified.

~ No significant change in the measure was observed over the time period specified, or no consistent trend could be determined.

Autonomy and participation

This collection of indicators suggests that many Australians have access to the tools necessary for independence, ability to exercise choice, and participation in different aspects of society. Around three million people participate in education beyond compulsory schooling, and the proportion of the population with tertiary qualifications continues to rise. The majority of schoolchildren meet national benchmarks for reading, writing and numeracy. Median household income has risen considerably over a decade, and most people do not experience financial hardship. Labour force participation is high and rising, particularly among women, while the unemployment rate has fallen steadily over the last decade. The nature of work is also changing, becoming more diverse. Much of the recent growth in employment is related to an expansion of the role of part-time workers in Australia's labour force. Most people are able to move around the community as needed, and communication is enhanced by increasing access to current telephone and internet technology. Balancing work and study, almost all Australians are able to enjoy recreational and leisure activities of various kinds.

Areas of particular concern, highlighted by the indicators presented in this chapter, include:

- Fewer than one in five adult Australians have good or very good literacy skills.
- Lone-parent families, and young people aged under 35 years living alone, are more likely than other households to experience frequent or multiple kinds of cash flow problems in a year.

Among Aboriginal and Torres Strait Islander people, the indicators show:

- Indigenous Australians are less likely than the broader population to remain in school until Year 12.
- Indigenous adults are less likely than non-Indigenous adults to have a non-school qualification at the level of Certificate III or above.
- Literacy among Indigenous school children is well below the national average.
- Indigenous households are over-represented in the lowest income quintile.
- Unemployment rates are higher than for the general population, both in remote and non-remote areas, although there has been considerable improvement in non-remote areas in recent years.
- Indigenous Australians are less likely than the general population to have access to communication technologies, including the Internet.

Trends in a number of indicators of autonomy and participation are illustrated in Table 8.35.

Table 8.35: Trends in selected indicators of autonomy and participation

Indicator	Measure	Time period	Trend
Retention rates at school	Apparent retention rates to Year 12: all students	1995–2006	~
	Apparent retention rates to Year 12: Indigenous students	1995–2006	↑
Participation in education	Persons aged 15–64 years enrolled in a course of study (per cent)	1995–2005	~
	Indigenous Australians aged 15 years or over enrolled in a course of study (per cent)	2002 to 2004–05	↑
Educational attainment	Persons aged 15–64 years with a non-school qualification (per cent)	1996–2006	↑
Literacy among schoolchildren	School students who met the national benchmarks for reading, writing and numeracy	2000–2005	~
Income	Median weekly equivalised household income (CPI-adjusted)	1994–95 to 2003–04	↑
	Income inequality (several measures)	1994–95 to 2003–04	~
Income disadvantage	Households with weekly equivalised disposable income below 40%, 50% and 60% of the median for all households (per cent)	1995–96 to 2003–04	~
Labour force/ employment	Participation in the labour force by women (per cent)	1996–97 to 2006–07	↑
	Participation in the labour force by men (per cent)	1996–97 to 2006–07	~
	Unemployment rate	1996–97 to 2006–07	↓
	Long-term unemployment rate	1996–97 to 2006–07	↓
Employment basis and conditions	Employees who work part-time (per cent)	1996–97 to 2006–07	↑
	Employees without leave entitlements (per cent)	1996–97 to 2006–07	~
	Full-time employees working 50 hours or more per week (per cent)	1996–97 to 2006–07	↓
	Average hours worked by full-time employees	1996–97 to 2006–07	↓
Employment differentials	Labour force participation rate of Indigenous Australians	2002 to 2004–05	~
	Unemployment rate of Indigenous Australians	2002 to 2004–05	↓
Transport	Persons aged 18 years or over who mainly used public transport to travel to work or study (per cent)	1996–2006	↑
	Persons aged 18 years or over with access to a motor vehicle to drive (per cent)	2002–2006	~
	Persons aged 18 years or over who can easily get to places needed (per cent)	2002–2006	~
Communication	Number of fixed line phone services in operation	2004–2005	↓
	Number of mobile phone services in operation	2000–2005	↑
	Households with a home computer (per cent)	1998 to 2005–06	↑
	Households with home internet access (per cent)	1998 to 2005–06	↑

Note: The indicators singled out here are those for which reasonably reliable trend data are available. A directional change in any measure does not necessarily imply improved or reduced wellbeing. Key:

↑ An increase against the measure was observed over the time period specified.

↓ A decrease against the measure was observed over the time period specified.

~ No significant change in the measure was observed over the time period specified, or no consistent trend could be determined.

Social cohesion

The majority of Australians belong to informal support networks, making regular contact with family and friends and feeling that they can rely on others in times of need. More than one in three adult Australians contribute to the wider community by participating in volunteer work, and around three-quarters donate money to charities and non-profit organisations. While a minority of people engage in civic society through participation in formal groups, more undertake private civic actions. Generally, Australians express low levels of confidence in civic institutions. However, some key institutions in society (such as the armed forces) enjoy the confidence of most people.

Significant changes have occurred in the Australian population over recent years (Table 8.36). Most notably, the concept of family has broadened, as the percentage of 'traditional' couple families with dependent children has declined, while couples without children and one-parent families have become more common. The number of couples in de facto marriages compared to registered marriages is also increasing steadily—a trend that is driven by particularly high de facto partnership rates in younger people.

Some Australians are still unable to fully enjoy social cohesiveness, both within their immediate family and in the context of the wider community. More than one in 20 people aged 18 years or over feel unable to get support in a time of crisis from someone living outside their household. Domestic violence is responsible for more than one in five

Table 8.36: Trends in selected indicators of social cohesion

Indicator	Measure	Time period	Trend
Social marriage status	Persons in a registered marriage: 15–64 years (per cent)	1996–2006	↓
	Persons in a registered marriage: 65 years or over (per cent)	1996–2006	↑
	Persons in a de facto marriage: all age groups (per cent)	1996–2006	↑
Family type	Families comprising a couple with no children (per cent)	1996–2006	↑
	Families comprising a couple with children (per cent)	1996–2006	↓
	Families comprising one parent with children (per cent)	1996–2006	↑
Divorce rates	Crude divorce rate	1996–2006	↓
	Age-specific divorce rates: persons aged less than 40 years	1996–2006	↓
	Age-specific divorce rates: persons 50–64 years	1996–2006	↑
Social and support networks	Persons who had recent contact with friends or family living outside the household (per cent)	2002–2006	↑
	Persons who felt they would have sources of support in a time of crisis (per cent)	2002–2006	~
Social detachment	Age-standardised rates of imprisonment: non-Indigenous persons	2000–2006	~
	Age-standardised rates of imprisonment: Indigenous persons	2000–2006	↑
Community engagement	Persons aged 18 years or over engaged in voluntary work (per cent)	1995–2006	↑

Note: The indicators singled out here are those for which reasonably reliable trend data are available. A directional change in any measure does not necessarily imply improved or reduced wellbeing. Key:

↑ An increase against the measure was observed over the time period specified.

↓ A decrease against the measure was observed over the time period specified.

~ No significant change in the measure was observed over the time period specified, or no consistent trend could be determined.

occasions of emergency accommodation assistance through SAAP services. Between 2 and 12 children per 1,000 are the subjects of child protection substantiations, and the rate is substantially higher among Aboriginal and Torres Strait Islander children. Indigenous Australians are also 10–13 times as likely to be imprisoned than non-Indigenous Australians. As was discussed above in the context of 'healthy living', peoples' experience of crime and feelings of vulnerability may impact negatively on social cohesion. And, despite many avenues through which Australians can participate in civic life, almost half feel that they have little or no say in the community on important issues.

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Appendixes

Appendix A: The national information infrastructure

Information agreements provide the structure and processes needed to support the national statistical effort in both welfare and health statistical work. These agreements are signed by the relevant government departments in all jurisdictions, the Australian Bureau of Statistics (ABS) and the Australian Institute of Health and Welfare (AIHW). Three such agreements are currently in operation in the welfare sector:

- the National Community Services Information Agreement renewed for a further 5 years in 2004
- the National Housing Data Agreement (NHDA; AIHW 2000a), renewed for a further 5 years in 2003
- the Agreement on National Indigenous Housing Information (ANIHI; AIHW 2000b), renewed in 2003.

A similar agreement in the health sector was renewed in 2004.

Under each of these agreements, information management groups, data committees and working groups are established to promote the development, collection and use of nationally consistent statistics. In addition, within program areas, groups of administrators support the development of nationally consistent data collections across jurisdictional boundaries. Such groups include the Disability Policy and Research Working Group, Home and Community Care Officials, the Supported Accommodation Assistance Program Coordination and Development Committee and the Australasian Juvenile Justice Administrators. Under the new NCSIA—negotiated in 2004—each of these groups has become a signatory to a Schedule to the Agreement as an indication of their commitment both to the principles of the NCSIA and to participating in achieving its objectives.

The goal pursued within the context of these national arrangements (for more quality and consistency in national statistics) is supported by a national metadata infrastructure for the development, processing, management and dissemination of data standards. This infrastructure has been developed and maintained by the AIHW since 1997. It includes three National Data Dictionaries (in Health, Community Services and Housing) and METeOR, the Institute's metadata online registry which is available at <www.meteor.gov.au>. METeOR was launched in mid-2005 as Australia's repository for national data standards for the health, community services and housing assistance sectors. It facilitates the work of the national health, community services and housing information committees in promoting greater consistency and comparability across these sectors. METeOR includes all data elements in the national data dictionaries, and over the past year, program specific national minimum data sets in the community services sector have been progressively re-formatted to the latest national and international standards for metadata representation and loading onto METeOR.

National community services information management

The development and management of the NCSIA and related structures and processes is the responsibility of the National Community Services Information Management Group (NCSIMG) which is a standing committee of the Community and Disability Services Ministerial Advisory Council (CDSMAC). Membership of the Management Group comprises representatives of signatories to the NCSIA and the groups of administrators who signed Schedules to the Agreement. The Advisory Council appoints one of its members as Chair of NCSIMG.

Under the NCSIA the NCSIMG oversees the work of the National Community Services Data Committee (NCSDC), as well as sector-specific working groups and ad hoc project groups to assist in its work. The NCSDC and ad hoc project groups undertake NCSIMG projects that cut across community services sub-sectors. The NCSDC also oversees the development and maintenance of the National Community Services Data Dictionary.

From 1999, national community service information development was guided by the priorities set down in the National Community Services Information Development Plan (AIHW 1999). This plan was reviewed by the NCSIMG in 2004 resulting in a second strategic plan to guide its work program from 2005 to 2009. The National Community Services Information Strategic Plan (AIHW 2005a) was released in December 2005 following extensive consultation with both government and non-government sectors. The strategic plan outlines key priorities under the following three domains:

- maintaining and strengthening national data standards infrastructure to support information activities across the community services sector
- improving the scope and quality of sector-specific data and information for reporting and monitoring within program areas
- developing cross-sectoral data that crosses program boundaries, and recognises the growing need for person-centred rather than program-centred information.

National housing information management

The 2003 Commonwealth State Housing Agreement (CSHA) continued the arrangement established in 1999 to include a subsidiary NHDA. The 2003 CSHA also strengthened existing arrangements to resource national data development work in Indigenous housing assistance, continuing the ANIHI. The two agreements were previously managed by the National Housing Data Agreement Management Group (including representatives of all jurisdictions, the AIHW and the ABS) and the National Indigenous Housing Information Implementation Committee (which similarly included representatives of all jurisdictions, the AIHW and the ABS). In 2006, the governance arrangements for the work programs under the two agreements were modified, and a single joint committee (the National Committee for Housing Information) with responsibility for information management in both Indigenous and mainstream housing was established. These arrangements maintain the national commitment to the development and provision of nationally consistent data and continue, for the duration of the current CSHA, the partnership between the Housing Ministers' Advisory Council and the AIHW to resource national data development work.

The NHDA identifies three major work areas comprising development of national minimum data sets, national performance indicators and national data definitions and standards. The work program also meets the national CSHA performance reporting requirements for the Council of Australian Governments' Review of Government Services. The work

program for Indigenous housing data development work supports the national reporting framework developed by the Standing Committee on Indigenous Housing. The major component of the work program for Indigenous housing data development is maintaining and improving the data for the National Reporting Framework for Indigenous Housing. The framework is a set of 37 performance indicators used to monitor changes in housing conditions for Aboriginal and Torres Strait Islander people (AIHW 2005b).

National Indigenous information development

Improving the quality and quantity of information available on Aboriginal and Torres Strait Islander people within community services and housing assistance data collections continues to be an area where the AIHW takes an active role across all their collections. Efforts to improve Indigenous statistics in the community services and housing areas are driven by the information governance bodies and articulated through the national information plans and agreements described above.

National reports describing the information available on Indigenous Australians in the community services and housing assistance areas are produced regularly. The most recent reports include *Indigenous housing indicators 2005–06* (AIHW 2007a) and *Family violence among Aboriginal and Torres Strait Islander peoples* (AIHW 2006a). The joint ABS/AIHW publication *The Health and welfare of Australia's Aboriginal and Torres Strait Islander peoples 2008* will be released in March 2008.

In addition, the AIHW updated and released a report in 2007 on the assessment of the quality of Indigenous identification in eight national community services data collections, including disability services, child protection, juvenile justice, alcohol and other drug treatment services, aged care and homelessness collections (AIHW 2007b).

National data dictionaries

National Community Services Data Dictionary

The National Community Services Data Dictionary V4 (AIHW 2006b) is the reference on agreed data definitions and information standards of relevance to the community services sector. In essence, the aim is to provide a 'common language' for the various agencies and governments involved in community services.

Version 4 (2006) of the dictionary contains data definitions presented in the latest format of the international standards for metadata representation (ISO 11179). It contains data standards common with the National Health Data Dictionary V13 (2006) and the National Housing Assistance Data Dictionary V3 (2006). It also includes refinement of existing items, in particular for consistency with the International Classification of Functioning, Disability and Health (WHO 2001) and with ABS standards used for population and household surveys. Version 5 of the data dictionary, due in 2008, will include a more comprehensive set of data standards incorporating items from 10 national community services data sets and national minimum data sets, including the Juvenile Justice NMDS, the Commonwealth State/Territory Disability Agreement NMDS, Supported Accommodation Assistance Program Client, Demand and Administration data collections, the Child Protection and Support Services data collections covering, notifications, investigations and substantiations, out-of-home care and care and protection orders, and the Children's Services NMDS. Subsequent versions of the dictionary will be produced electronically using METeOR.

Further work will continue to align data definitions between the community services, health and housing sectors where possible and desirable, and to improve access to national data standards for use in national data collections and national minimum data sets.

The dictionary is an initiative under the NCSIA, and all signatories to the agreement have agreed to use the dictionary as the authoritative source of information about endorsed metadata for use in data collections in the community services field. The data standards outlined in the dictionary are compiled by the NCSDC under the auspices of the NCSIMG.

National Housing Assistance Data Dictionary

The National Housing Assistance Data Dictionary is part of the national data infrastructure for housing assistance information development. It provides the basis for consistent national data and is designed to make data collection activities more efficient by providing standards for core data items, and more effective by ensuring that information to be collected is appropriate for its purpose. The dictionary is also designed to be compatible with national data dictionaries in other relevant sectors.

Version 3 of the dictionary (AIHW 2006c) incorporates new data items related to Indigenous housing and community housing and the specification of performance indicators under the 2003 CSHA National Performance Indicator Framework. In addition, it contains updated data standards and data items from the previous two versions, which includes the alignment of a number of data definitions with the health and community services sectors.

The dictionary forms the basis for six national collections relating to the CSHA, and is used to guide other related collections and initiatives such as the National Social Housing Surveys conducted at the direction of the National Committee for Housing Information and managed by the AIHW.

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AIHW 2007b. Quality of Aboriginal and Torres Strait Islander identification in community services data collections: update on eight community services data collections. Cat. no. HWI 95. Canberra: AIHW.

WHO (World Health Organization) 2001. International classification of functioning, disability, and health. Geneva: WHO.

Appendix B: Appendix tables

These tables expand the information in the individual chapters, and some sources refer to the references listed at the end of each chapter.

Chapter 2: Children, youth and families

Table A2.1: Age and sex distribution of Indigenous Australian and other Australian populations, 2001 (per cent)

	Males		Females		Persons	
Age (years)	**Indigenous**	**Other**	**Indigenous**	**Other**	**Indigenous**	**Other**
0–4	6.7	3.3	6.5	3.1	13.1	6.4
5–9	7.0	3.5	6.5	3.3	13.5	6.8
10–14	6.4	3.5	6.0	3.3	12.3	6.8
15–19	5.1	3.5	5.0	3.4	10.2	6.9
20–24	4.1	3.4	4.1	3.3	8.2	6.7
25–29	3.9	3.6	4.2	3.6	8.2	7.2
30–34	3.6	3.7	4.0	3.8	7.6	7.6
35–39	3.2	3.8	3.5	3.9	6.7	7.7
40–44	2.7	3.8	2.9	3.9	5.6	7.7
45–49	2.2	3.5	2.3	3.6	4.4	7.1
50–54	1.7	3.4	1.7	3.4	3.4	6.8
55–59	1.1	2.7	1.2	2.6	2.3	5.3
60–64	0.8	2.2	0.9	2.1	1.7	4.3
65–69	0.5	1.8	0.6	1.8	1.2	3.6
70–74	0.3	1.6	0.4	1.8	0.8	3.3
75 or over	0.4	2.3	0.6	3.6	0.9	5.9
Total (per cent)	**49.6**	**49.6**	**50.4**	**50.4**	**100.0**	**100.0**
Total (number)	**227,526**	**9,403,126**	**230,994**	**9,551,594**	**458,520**	**18,954,720**

Source: ABS 2003c.

Table A2.2: Countries of origin with the greatest increase in the proportion of overseas-born 0–24 year olds, 1996 and 2006

	Number		Per cent	
Country	**1996**	**2006**	**1996**	**2006**
China[a]	15,954	35,815	2.4	5.3
Sudan	866	16,255	0.1	2.4
Iraq	4,695	12,619	0.7	1.9
Afghanistan	2,633	9,266	0.4	1.4
Pakistan	2,470	5,564	0.4	0.8
Zimbabwe	2,786	5,336	0.4	0.8
Kenya	971	3,430	0.1	0.5
Bangladesh	1,606	3,346	0.2	0.5
Somalia	1,205	2,421	0.2	0.4
Ghana	414	869	0.1	0.1
All overseas-born 0–24 year olds	**669,454**	**677,608**	**100.0**	**100.0**

(a) Excludes SARs and Taiwan Province.

Source: ABS 2007b.

Table A2.3: Selected indicators of family formation and dissolution, 1981, 1991 and 2001

	Males			Females		
	1981	**1991**	**2001**	**1981**	**1991**	**2001**
Age-specific first marriage rate[a]						
19 years and under	5.5	1.9	0.9	30.8	9.5	4.2
20–24 years	88.9	46.6	23.1	141.2	82.4	42.3
25–29 years	119.2	94.0	66.5	120.7	109.6	83.2
30–34 years	78.4	73.0	63.1	71.5	69.4	65.2
35–39 years	45.4	42.5	38.4	41.4	36.6	33.0
40–44 years	24.0	21.7	21.1	21.9	16.8	16.6
45–49 years	13.3	12.6	11.1	14.9	11.0	9.3
50 years and over	5.6	3.8	3.5	2.6	2.1	2.5
Divorce rate[b]	11.9	11.6	13.1	11.9	11.5	13.1

(a) The rate is the number per 1,000 never-married males or females of the appropriate ages, at 30 June for each year shown.

(b) The divorce rate is the number per 1,000 married males or females at 30 June for each year shown.

Sources: ABS 2002a, 2006e, 2006n.

Table A2.4: Adoptions in Australia, by type of adoption, 1980–81 to 2005–06

	Children adopted from Australia		Children adopted from overseas		Total[a]	
Year	Number	Per cent	Number	Per cent	Number	Per cent
1980–81	2,872	95.2	127	4.2	3,018	100.0
1981–82	2,805	94.4	162	5.5	2,971	100.0
1982–83	2,884	93.9	188	6.1	3,072	100.0
1983–84	2,560	92.4	197	7.1	2,770	100.0
1984–85	2,045	89.1	235	10.2	2,294	100.0
1985–86	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
1986–87	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
1987–88	1,183	79.2	308[b]	20.6	1,494	100.0
1988–89	1,106	73.7	394	26.2	1,501	100.0
1989–90	874	67.5	420	32.5	1,294	100.0
1990–91	749	65.6	393	34.4	1,142	100.0
1991–92	713	67.8	338	32.1	1,052	100.0
1992–93	556	71.0	227	29.0	783	100.0
1993–94	542	70.9	222	29.1	764	100.0
1994–95	631	73.8	224	26.2	855	100.0
1995–96	394	59.0	274	41.0	668	100.0
1996–97	440	62.1	269	37.9	709	100.0
1997–98	332	57.5	245	42.5	577	100.0
1998–99	299	55.1	244	44.9	543	100.0
1999–00	265	46.8	301	53.2	566	100.0
2000–01	225	43.8	289	56.2	514	100.0
2001–02	267	47.6	294	52.4	561	100.0
2002–03	194	41.1	278	58.9	472	100.0
2003–04	132	26.3	370	73.7	502	100.0
2004–05	151	25.8	434	74.2	585	100.0
2005–06	155	26.9	421	73.1	576	100.0

(a) Includes children of unknown country of origin. Therefore numbers and percentages for subcategories may not add to those for total.

(b) Excludes Victoria for which data were not available.

Notes

1. National data were not collected in 1985–86 and 1986–87.
2. Data on adoptions by step-parents for New South Wales were not included from 1987–88 to 1993–94.

Sources: AIHW Adoptions data collection; AIHW 2006b.

Table A2.5: Living arrangements of children and young people, 1992 and 2003

	1992		2003		Change in number (per cent)
	Number	Per cent	Number	Per cent	
Couple families					
Children aged 0–14 years	3,263,000	65.8	3,137,900	63.2	–3.8
Dependent student aged 15–24 years[(a)]	752,100	15.2	848,800	17.1	12.9
Non-dependents aged 15–24 years	709,300	14.3	627,700	12.6	–11.5
Non-dependents aged 25 years or older	237,700	4.8	348,900	7.0	46.8
Total	*4,962,100*	*100.0*	*4,963,300*	*100.0*	*0.0*
One-parent families					
Children aged 0–14 years	542,000	54.1	751,600	58.7	38.7
Dependent student aged 15–24 years[(a)]	161,000	16.1	188,300	14.7	17.0
Non-dependents aged 15–24 years	155,600	15.5	152,000	11.9	–2.3
Non-dependents aged 25 years or older	143,800	14.3	189,500	14.8	31.8
Total	*1,002,400*	*100.0*	*1,281,400*	*100.0*	*27.8*
Lone mother					
Children aged 0–14 years	483,800	56.7	663,100	61.4	37.1
Dependent student aged 15–24 years[(a)]	119.200	14.0	153,600	14.2	28.9
Non-dependents aged 15–24 years	126,300	14.8	114,600	10.6	–9.3
Non-dependents aged 25 years or older	123,700	14.5	149,300	13.8	20.7
Total	*853,000*	*100.0*	*1,080,600*	*100.0*	*26.7*
Lone father					
Children aged 0–14 years	58,200	39.0	88,600	44.1	52.2
Dependent student aged 15–24 years[(a)]	41,800	28.0	34,700	17.3	–17.0
Non-dependents aged 15–24 years	29,300	19.6	37,300	18.6	27.3
Non-dependents aged 25 years or older	20,100	13.5	40,200	20.0	100.0
Total	*149,400*	*100.0*	*200,800*	*100.0*	*34.4*
Total children and young people in couple and one-parent families					
Children aged 0–14 years	3,805,000	63.8	3,889,500	62.3	2.2
Dependent student aged 15–24 years[(a)]	913,100	15.3	1,037,100	16.6	13.6
Non-dependents aged 15–24 years	864,900	14.5	779,700	12.5	–9.9
Non-dependents aged 25 years or older	381,500	6.4	538,400	8.6	41.1
Total	**5,964,500**	**100.0**	**6,244,700**	**100.0**	**4.7**

(a) Only includes full-time students.

Sources: ABS 1992 Survey of Families in Australia; ABS 2004a:24.

Table A2.6: Support provided by parents for children living outside the household, 2006 (per cent)

	Age of child (years)		
Type of support provided by non-resident parent	**0–17**	**18–24**	**0–24**
Child support payments	60.7	*2.4	21.9
Provide or pay for food	32.4	19.3	24.1
Provide or pay for clothing	46.0	14.4	25.0
Give them money to help pay rent and/or other housing costs	14.1	21.2	19.3
Give them money to pay bills or meet debt	18.1	29.8	26.5
Pay for education costs or textbooks	32.0	15.1	21.2
Give them pocket money or an allowance	38.7	11.6	20.4
Buy or give them money to buy big-cost items	21.9	18.2	19.7
Drive them places	41.1	18.8	26.5
Let them borrow your car	4.6	15.9	13.0

Note: Categories are not mutually exclusive.

Source: ABS 2007e:55.

Table A2.7: Most common form of assistance provided to parents by young carers aged 0–24 years, by sex of carer, 2003 (per cent)

Form of assistance provided	**Male**	**Female**	**Persons**
Provides assistance with self-care tasks	8.0	12.0	10.0
Provides assistance with home maintenance or gardening tasks	42.0	18.0	32.0
Provides assistance with mobility tasks	21.0	30.0	25.0
Provides assistance with household tasks	26.0	31.0	28.0
Provides assistance with private transport tasks	29.0	22.0	26.0

Source: AIHW analysis of the ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

Table A2.8: Employment status of parents with dependent children aged 0–24 years[(a)], by family type, June, 1997 and 2007 (per cent)

Family type	1997	2007
Couple families		
Both parents employed	56.5	62.4
Father only employed	31.8	29.6
Mother only employed	3.0	3.2
Neither parent employed	8.7	4.9
Total (per cent)	*100.0*	*100.0*
Total (number)	*1,992,000*	*2,086,000*
One-parent families		
Parent employed	46.6	58.8
Parent not employed	53.4	41.2
Total (per cent)	*100.0*	*100.0*
Total (number)	*511,000*	*609,000*

(a) Includes children aged under 15 years, and young people aged 15–24 years who are full-time students.

Source: ABS 2007l.

Table A2.9: Employment status of parents, by age of youngest dependent child[(a)], June, 1997 and 2007 (per cent)

	1997			2007		
	0–4 years	5–14 years	15–24 years	0–4 years	5–14 years	15–24 years
Couple families						
Both parents employed	44.0	64.9	67.9	48.9	70.6	74.8
Father only employed	44.4	24.1	17.7	44.1	21.2	14.8
Mother only employed	2.1	3.5	4.1	1.8	3.7	5.3
Neither parent employed						
Both parents unemployed	1.1	0.8	0.3	0.2	0.2	0.0
Both parents not in the labour force	3.5	4.5	7.5	3.3	3.5	4.5
Father unemployed, mother not in the labour force	4.7	2.1	2.4	1.8	0.6	0.3
Mother unemployed, father not in the labour force	0.1	0.1	0.0	0.0	0.2	0.3
Total with neither parent employed	*9.4*	*7.5*	*10.2*	*5.3*	*4.5*	*5.0*
Total (per cent)	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Total (number)	*847,000*	*852,000*	*293,000*	*857,000*	*892,000*	*337,000*
One-parent families						
Lone-mother families						
Mother employed	31.7	47.7	59.4	33.8	62.8	71.7
Mother unemployed	6.8	9.7	10.1	5.8	9.2	5.1
Mother not in the labour force	61.5	42.6	30.4	60.4	28.0	23.2
Total (per cent)	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Total (number)	*161,000*	*216,000*	*69,000*	*139,000*	*282,000*	*99,000*
Lone-father families						
Father employed	50.0	62.5	86.7	54.5	69.8	80.0
Father unemployed	20.0	7.5	0.0	9.1	5.7	4.0
Father not in the labour force	30.0	30.0	13.3	36.4	24.5	16.0
Total (per cent)	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Total (number)	*10,000*	*40,000*	*15,000*	*11,000*	*53,000*	*25,000*

(a) Includes children aged under 15 years, and young people aged 15–24 years who are full-time students.

Source: ABS 2007l.

Table A2.10: Employment status of mothers, by age of youngest dependent child[a], June 2007 (per cent)

	Age of youngest dependent child (years)				
	0–4	5–9	10–14	15–24	Total
Employed–full time	15.1	26.2	35.5	45.9	27.3
Employed–part time	33.2	41.7	39.8	32.3	36.5
Unemployed	2.7	5.3	3.3	2.3	3.4
Not in the labour force	49.0	26.7	21.4	19.5	32.8
Total (per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total (number)	**996,000**	**599,000**	**575,000**	**436,000**	**2,606,000**

(a) Includes children aged under 15 years, and young people aged 15–24 years who are full-time students.

Source: ABS 2007l.

Table A2.11: Recipients of family assistance, 2001 to 2006

	Number of families					
Type of payment	**2001**	**2002**	**2003**	**2004**	**2005**	**2006**
Family Tax Benefit Part A[a]						
Above the base rate						
Maximum rate (with income support payment)	509,800	485,900	475,800	473,400	465,000	446,400
Maximum rate (without income support payment)	127,200	134,400	139,400	142,400	146,000	145,700
Broken rate	406,100	431,600	427,500	423,500	536,800	522,300
Base rate	725,400	708,700	701,300	721,400	617,900	619,700
Below the base rate	31,200	34,200	39,300	47,000	62,500	77,700
Total	*1,799,700*	*1,794,800*	*1,783,300*	*1,807,700*	*1,828,300*	*1,811,800*
Family Tax Benefit Part B[a]						
Maximum rate (for sole parents)	559,400	570,700	583,500	595,000	603,500	591,900
Maximum rate (for couples)	290,000	300,400	322,400	298,800	366,500	354,600
Broken rate (for couples)	331,700	328,000	317,700	311,800	426,500	426,200
Total	*1,181,100*	*1,199,100*	*1,223,600*	*1,205,600*	*1,396,500*	*1,372,700*
Maternity Allowance[b]	210,100	212,200	207,000	209,200	22,300[c]	. .
Maternity Payment[b]	. .	. .	. .	. .	235,400[c]	268,800
Maternity Immunisation Allowance[b]	203,900	206,800	203,900	203,700	200,300	223,100
Multiple Birth Allowance[a]	. .	. .	. .	. .	. .	300
Double Orphan Pension[a]	1,200	1,200	1,100	1,200	1,300	1,300
Large Family Supplement[a]	. .	. .	. .	. .	. .	111,400
Parenting Payment (single)[d]	416,700	427,800	437,000	449,300	449,000	433,400
Parenting Payment (partnered)[d]	205,400	191,600	181,400	177,200	167,000	159,700

(a) The number of families who received fortnightly payments as at 30 June.

(b) The number of families who received a payment during the financial year (ending on 30 June in the year listed).

(c) The Maternity Payment replaced the Maternity Allowance and existing Baby Bonus from 1 July 2004. From 1 July 2007, the Maternity Payment was then renamed the Baby Bonus.

(d) The number of families who received a payment in June (not at 30 June).

Sources: AIHW 2005a; DEWR 2005, 2006; FaCS 2005; FaCSIA 2006a.

Table A2.12: Number of Australian Government-supported child care operational places, 1991 to 2006

Year	Long day care[(a)]	Family day care[(b)]	Outside school hours care[(c)]	Occasional care/other[(d)]	Total
1991	76,267	42,501	44,449	5,059	168,276
1992	93,472	45,454	48,222	5,634	192,782
1993	104,152	47,855	50,340	5,626	207,973
1994	123,773	51,651	59,840	6,228	241,492
1995	144,475	54,041	64,046	6,365	268,927
1996	168,063	60,091	71,846	6,575	306,575
1997	182,865	62,714	78,970	6,564	331,113
1998	194,554	63,725	134,354	6,722	399,355
1999	190,326	64,037	160,955	6,754	422,072
2000	190,915	66,294	179,743	6,492	443,444
2001	193,809	70,840	230,511	4,867	500,027
2003	211,645	71,123	229,934	4,952	517,654
2004	229,603	74,508	253,720	4,045	561,876
2006	262,931	75,138	274,132	3,928	616,129

(a) Includes community-based and private-for-profit long day care. From 2001, community-based long day care includes those operated by community groups, religious organisations, charities, local governments, and by or in state government premises. Employer and other non-profit centres are included as private-for-profit long day care until 2000. In 2001, with the introduction of the Child Care Operator System, data from employer and other non-profit centres were recorded according to ownership status to either community or private.

(b) Also includes family day care schemes offering in-home care and stand-alone in-home services; 2003 includes planned and pooled places as at 5 September 2003.

(c) The large increase between June 1997 and June 1998 is due to the inclusion for the first time of vacation care places previously funded under block grant arrangements and the change to a consistent counting methodology. Includes before and after hours school care and vacation care; 2003 includes planned and pooled places as at 5 September 2003.

(d) From 1992 to 1997 includes occasional care centres, neighbourhood model services, multifunctional Aboriginal children's services, and multifunctional services. After 1997 excludes neighbourhood model services. For 2004, components of multifunctional children's services are included in the relevant service type categories.

Sources: AIHW 2005a, FaCSIA unpublished data.

Table A2.13: Use of formal and informal child care by age, 2005 (per cent)

	Age of child (years)					
	Under 1	1–3	4	5	6–12	Total
Used child care						
Formal child care only	4.9	26.0	24.2	13.8	7.7	13.3
Informal child care only	27.4	23.7	25.0	24.5	25.0	24.8
Both informal and formal child care	*2.0	17.4	13.6	8.0	3.8	7.7
Total	*34.3*	*67.2*	*62.8*	*46.3*	*36.4*	*45.8*
Did not use child care	65.7	32.8	37.2	53.7	63.6	54.2
Total (per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total (number)	**242,600**	**750,000**	**256,600**	**259,600**	**1,881,400**	**3,390,300**

Note: Data relate to actual attendance during a school term reference week.

Source: ABS 2006g.

Table A2.14: Carers reporting difficulties in accessing child care during the last 12 months, 2003 (per cent)

	Level of difficulty			
Type of difficulty	**No problem at all (0)**	**Low (1–4)**	**Medium (5–7)**	**High (8–10)**
The cost of child care	31.3	22.8	24.0	21.9
Finding care for a sick child	32.9	21.8	14.8	30.5
Getting care for the hours needed	36.3	29.2	15.7	18.7
Finding the right person to take care of child	40.9	28.1	14.4	16.6
Finding good quality care	41.8	25.7	16.9	15.5
Finding care during the holidays	43.6	25.6	16.7	14.0
Juggling multiple child care arrangements	44.5	25.0	16.2	14.3
Finding care the child/ren are happy with	46.7	27.9	13.9	11.5
Finding a place at the child care centre of choice	47.1	20.2	11.2	21.6
Finding a child care centre in the right location	48.5	21.4	11.8	18.3

Source: Headey et al. 2006.

Table A2.15: Combinations of study and work, May 2006 (per cent)

	15–19 years	**20–24 years**
Full-time study only	41.3	10.0
Full-time work only	10.1	43.6
Full-time work and part-time study	5.4	8.6
Full-time study and full-time work	0.8	1.0
Full-time study and part-time work	27.2	13.1
Part-time study and part-time work	1.4	1.8
Part-time study only	0.6	1.0
Part-time work only	5.6	8.6
Not in education or work	7.7	12.3
Total (per cent)	**100.0**	**100.0**
Total (number)	**1,370,900**	**1,428,800**

Source: ABS 2006k.

Table A2.16: Unemployment rates, July 1987 to July 2007 (per cent)

Age group (years)	**1987**	**1989**	**1991**	**1993**	**1995**	**1997**	**1999**	**2001**	**2003**	**2005**	**2006**	**2007**
15–19	18.0	12.8	21.0	20.0	18.4	16.8	15.7	16.0	13.2	13.2	12.3	11.4
20–24	10.6	7.8	13.8	14.9	10.3	12.9	8.7	10.1	9.4	6.9	6.1	5.8
15 or over	7.6	5.6	9.2	10.0	7.5	7.7	6.2	6.3	5.6	4.6	4.3	3.9

Source: ABS 2007g.

Table A2.17: Labour force participation of young people, July 1987 and July 2007 (per cent)

	15–19 years		20–24 years	
Labour force status	**July 1987**	**July 2007**	**July 1987**	**July 2007**
Employed full time	31.7	17.9	66.2	54.3
Employed part time	17.4	33.4	8.8	22.0
Unemployed	10.8	6.6	8.9	4.7
Not in the labour force	40.2	42.1	16.1	18.9
Total (per cent)	**100.0**	**100.0**	**100.0**	**100.0**
Total (number)	**1,381,127**	**1,425,701**	**1,305,980**	**1,471,041**

Source: ABS 2007g.

Table A2.18: Children aged 0–17 years subject to notifications, finalised investigations or substantiations, 2001–02 to 2005–06 (number per 1,000 children)

Year	NSW[a]	Vic	Qld	WA	SA	Tas[b]	ACT	NT	Total
					Notifications				
2001–02	24.5	24.9	20.9	5.7	22.9	4.0	8.7	22.7	21.1
2002–03	41.4	24.6	23.3	4.4	26.5	4.6	19.4	23.5	27.5
2003–04	44.6	24.2	26.2	4.7	29.3	44.5	35.9	28.3	30.5
2004–05	48.9	24.6	30.7	6.1	33.3	49.5	46.7	30.2	33.7
2005–06	53.6	25.5	26.2	6.3	30.5	56.8	55.9	38.9	34.7
					Finalised investigations[c]				
2001–02	12.9	9.9	11.7	4.6	12.2	3.2	5.9	12.9	10.7
2002–03	11.2	9.6	13.9	3.7	13.1	3.7	8.5	11.7	10.5
2003–04	n.a.	9.3	18.3	4.0	13.6	6.0	11.0	15.7	n.a.
2004–05	17.0	9.1	19.6	4.6	12.6	9.1	21.9	16.2	13.9
2005–06	23.6	9.1	18.2	5.0	10.4	9.7	21.1	16.1	15.7
					Substantiations[d]				
2001–02	4.6	6.2	7.9	2.3	5.0	1.3	2.6	5.6	5.3
2002–03	7.2	5.9	9.5	1.8	5.4	1.8	3.4	5.5	6.5
2003–04	n.a.	6.1	13.3	1.9	5.6	2.8	6.3	8.3	n.a.
2004–05	5.8	6.0	13.4	2.1	5.2	5.4	11.4	7.6	7.1
2005–06	8.0	6.3	10.4	1.9	4.2	5.6	11.4	7.8	7.2

(a) New South Wales was unable to provide data on investigations and substantiations for 2003–04 due to ongoing implementation of a new data system.

(b) Data for notifications in 2003–04 and previous years should not be compared because of a change in recording practices due to the centralisation of the intake service, known as the Child Protection Advice and Referral Service. Data relating to finalised investigations for 2005–06 should be interpreted carefully due to a high proportion of investigations not finalised during 2005–06.

(c) Investigations refer only to children who are the subjects of finalised investigations for notifications received during 2005–06.

(d) Substantiations refer only to children who are the subjects of substantiations for notifications received during 2005–06.

Source: AIHW Child Protection Data Collection.

Table A2.19: Number of children aged 0–17 years on care and protection orders and children in out-of-home care, 30 June 2002 to 30 June 2006

Year	Children on care and protection orders	Children in out-of-home care
2002	20,557	18,880
2003	22,130	20,297
2004	n.a.	21,795
2005	25,065	23,695
2006	27,188	25,454

Note: Due to the introduction of a new client information system in New South Wales during 2003–04, New South Wales was able to provide only limited data. Due to the lack of data from New South Wales, the total number of children on care and protection orders for 2004 could not be calculated.

Source: AIHW Child Protection Data Collection.

Table A2.20: Children aged 0–17 years in out-of-home care, 30 June 2002 to 30 June 2006

Type of care	2002	2003	2004	2005	2006
			Number		
Foster care	9,668	10,348	11,589	12,680	13,368
Relative/kinship care	7,439	8,069	8,618	9,435	10,316
Other home-based care	164	217	268	312	333
Total home-based care	*17,271*	*18,634*	*20,475*	*22,427*	*24,017*
Family group homes[a]	. .	. .	67	155	158
Residential care	1,057	1,063	970	939	1,097
Independent living	221	210	221	125	138
Other[b]	331	390	62	49	44
Total	**18,880**	**20,297**	**21,795**	**23,695**	**25,454**
			Per cent		
Foster care	51.2	51.0	53.2	53.5	52.5
Relative/kinship care	39.4	39.8	39.5	39.8	40.5
Other home-based care	0.9	1.1	1.2	1.3	1.3
Total home-based care	*91.5*	*91.8*	*93.9*	*94.6*	*94.4*
Family group homes[a]	. .	. .	0.3	0.7	0.6
Residential care	5.6	5.2	4.5	4.0	4.3
Independent living	1.2	1.0	1.0	0.5	0.5
Other[b]	1.8	1.9	0.3	0.2	0.2
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) Included with 'residential care' before 2003–04.

(b) Includes unknown living arrangements.

Source: AIHW Child Protection Data Collection.

Table A2.21: Children aged 0–17 years in substantiations, on care and protection orders and in out-of-home care, as at June 2002 and 2006[(a)]

	Indigenous children			Other children		
	2002	2006	Per cent increase	2002	2006	Per cent increase
Substantiations	3,275	6,052	84.8	22,294	28,465	27.7
Care and protection orders	4,264	6,520	52.9	16,293	20,668	26.9
Out-of-home care	4,199	6,497	54.7	14,681	18,957	29.1

(a) For children who were the subjects of substantiations the percentage increase relates to financial year data over the period 2001–02 to 2005–06.

Source: AIHW Child Protection Data Collection.

Table A2.22: SAAP support periods: main reason for seeking assistance, 2005–06

	Per cent			
Main reason for seeking assistance	With accompanying children	Without accompanying children	Total	Total number
Time out from family/other situation	4.2	7.7	6.7	11,100
Relationship/family breakdown	8.0	11.1	10.3	16,900
Interpersonal conflicts	2.1	3.7	3.3	5,400
Sexual abuse	0.6	0.6	0.6	1,000
Domestic/family violence	44.8	13.4	22.1	36,500
Physical/emotional abuse	2.4	1.5	1.8	2,900
Gambling	0.1	0.4	0.3	600
Budgeting problems	2.0	3.4	3.0	4,900
Rent too high	1.4	0.7	0.9	1,400
Other financial difficulty	5.7	11.3	9.8	16,100
Overcrowding issues	3.9	1.6	2.2	3,700
Eviction/asked to leave	9.0	7.3	7.7	12,700
Emergency accommodation ended	1.8	4.3	3.6	6,000
Previous accommodation ended	3.2	5.2	4.7	7,700
Mental health issues	0.5	2.3	1.8	2,900
Problematic drug/alcohol/substance use	0.9	7.5	5.7	9,400
Psychiatric illness	0.1	1.3	1.0	1,600
Other health issues	0.6	1.3	1.1	1,900
Gay/lesbian/transgender issues	0	0.1	0.1	100.0
Recently left institution	0.4	1.7	1.4	2,200
Recent arrival to area with no means of support	2.7	4.7	4.1	6,800
Itinerant	1.5	3.0	2.6	4,300
Other	4.0	5.8	5.3	8,800
Total (per cent)	**100.0**	**100.0**	**100.0**	**. .**
Total (number)	**45,500**	**119,300**	**. .**	**164,900**

Notes

1. Number excluded due to errors and omissions (weighted): 15,116.
2. Figures have been weighted to adjust for agency non-participation and client non-consent.

Source: AIHW SAAP Client Collection.

Table A2.23: Age at first juvenile justice supervision, 2005–06 (per cent)

	Age								
	10	11	12	13	14	15	16	17	18 or over
Per cent of clients	1.4	3.0	5.4	12.1	17.4	20.1	20.7	14.6	5.0

Source: AIHW Juvenile Justice Data Collection.

Table A2.24: Young people under juvenile justice supervision, by Indigenous status, 2002–03 to 2005–06 (per cent)

Year	2002–03	2003–04	2004–05	2005–06
Indigenous	33.4	35.1	37.4	38.5
Non-Indigenous	59.7	58.9	57.5	55.9
Unknown	6.9	6.0	5.1	5.6
Total (per cent)	**100.0**	**100.0**	**100.0**	**100.0**
Total (number)	**13,162**	**12,953**	**12,475**	**12,999**

Source: AIHW Juvenile Justice Data Collection.

Table A2.25: List of 19 Priority areas and associated headline indicators as agreed to by Ministers in July 2006

Priority areas	Headline indicators
Smoking in Pregnancy	Proportion of women who smoked during the first 20 weeks of pregnancy #
Infant Mortality	Mortality rate for infants less than 1 year of age
Birth Weight	Proportion of live-born infants of low birthweight
Breastfeeding	Proportion of infants exclusively breastfed at 4 months of age #
Immunisation	Proportion of children on the Australian Childhood Immunisation Register who are fully immunised at 2 years of age
Overweight and Obesity	Proportion of children whose body mass index (BMI) score is above the international cut-off points for 'overweight' and 'obese' for their age and sex *
Dental Health	Mean number of decayed, missing or filled teeth (dmft/DMFT) among primary school children
Social and Emotional Wellbeing	**
Injuries	Age-specific death rates from all injuries for children aged 0–4, 5–9 and 10–14 years
Attending Early Childhood Education Programs	Proportion of children attending an early education program in the 2 years prior to beginning primary school #
Transition to Primary School	Proportion of children entering school with basic skills for life and learning *
Attendance at Primary School	Attendance rate of children at primary school *
Literacy	Proportion of primary school children who achieve the literacy benchmark
Numeracy	Proportion of primary school children who achieve the numeracy benchmark
Teenage Births	Age-specific fertility rate for 15 to 19 year old women
Family Economic Situation	Average real equivalised disposable household income for households with children in the 2nd and 3rd income deciles
Shelter	**
Child Abuse and Neglect	Rate of children aged 0–12 years who were the subject of child protection substantiation in a given year
Family Social Network	**

Notes

Shaded Data already available for reporting.

\# Data not currently being collected.

* Further development to the indicator needed before data collection and/or reporting.

** No indicator identified at present; to be developed.

Chapter 3: Ageing and aged care

Table A3.1: Growth in the estimated resident population aged 65 years or over, 1996 to 2006

Year (as at 30 June)	Estimated resident population			Ratio of estimated population from current year to base		
	65 or over	70 or over	85 or over	65 or over	70 or over	85 or over
1996 (base)	2,203,056	1,510,871	201,899	1.00	1.00	1.00
1997	2,248,685	1,558,932	213,263	1.02	1.03	1.06
1998	2,291,230	1,606,731	224,964	1.04	1.06	1.11
1999	2,335,474	1,655,562	238,907	1.06	1.10	1.18
2000	2,379,318	1,702,202	252,669	1.08	1.13	1.25
2001	2,435,534	1,753,021	265,235	1.11	1.16	1.31
2002	2,483,123	1,784,565	274,220	1.13	1.18	1.36
2003	2,529,707	1,812,498	280,836	1.15	1.20	1.39
2004	2,578,248	1,839,618	287,345	1.17	1.22	1.42
2005	2,632,461	1,871,311	302,669	1.19	1.24	1.50
2006	2,687,114	1,907,945	321,991	1.22	1.26	1.59

Source: ABS 2007e.

Table A3.2: Projected living arrangements of older people, by age group, 2006 and 2021

Household type	2006				2021			
	65–74	75–84	85 or over	Total	65–74	75–84	85 or over	Total
				Number				
Usual resident in private dwelling								
Family	1,069,900	556,000	114,400	1,740,300	1,863,500	811,500	198,800	2,873,800
Group	24,300	12,000	2,900	39,200	40,000	15,600	4,300	59,900
Lone person								
Male	111,400	84,300	29,400	225,100	202,900	123,800	53,800	380,500
Female	199,900	256,600	101,000	557,500	339,200	367,300	184,900	891,400
Total lone-person households	*311,300*	*340,900*	*130,400*	*782,600*	*542,100*	*491,100*	*238,700*	*1,271,900*
Usual resident in non-private dwelling	21,300	58,600	88,300	168,200	33,200	70,300	134,500	238,000
Total	**1,426,800**	**967,500**	**336,100**	**2,730,300**	**2,478,800.8**	**1,388,500**	**576,200**	**4,443,600**
				Per cent				
Family	75.0	57.5	34.0	63.7	75.2	58.4	34.5	64.7
Group	1.7	1.2	0.9	1.4	1.6	1.1	0.7	1.3
Lone person								
Male	7.8	8.7	8.7	8.2	8.2	8.9	9.3	8.6
Female	14.0	26.5	30.1	20.4	13.7	26.5	32.1	20.1
Total lone-person households	*21.8*	*35.2*	*38.8*	*28.7*	*21.9*	*35.4*	*41.4*	*28.6*
Usual resident in non-private dwelling	1.5	6.1	26.3	6.2	1.3	5.1	23.3	5.4
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Source: ABS 2004c.

Table A3.3: Age Pension recipients, by age and sex, 30 June 2006 (per cent)

	Under 65	65–69	70–74	75–79	80–84	85 or over	Total
Males							
Full pension	. .	17.1	17.2	15.0	6.4	4.1	59.8
Part-pension	. .	12.6	11.4	9.6	4.3	2.3	40.2
Total	. .	29.7	28.6	24.6	10.7	6.4	100.0
Total (number)	. .	*235,870*	*227,077*	*195,446*	*85,229*	*50,923*	*794,545*
Females							
Full pension	5.1	15.0	14.0	11.9	8.3	8.9	63.3
Part-pension	3.6	10.0	8.2	6.6	4.3	4.0	36.7
Total	8.7	25.0	22.2	18.5	12.6	12.9	100.0
Total (number)	*97,056*	*278,843*	*248,331*	*206,945*	*140,817*	*144,357*	*1,116,349*
Persons							
Full pension	3.0	15.9	15.3	13.2	7.5	6.9	61.8
Total (number)	**57,116**	**302,951**	**292,895**	**251,854**	**144,192**	**132,052**	**1,181,060**
Part-pension	2.1	11.1	9.6	7.9	4.3	3.3	38.2
Total (number)	**39,940**	**211,762**	**182,513**	**150,537**	**81,854**	**63,228**	**729,834**

Note: 1,183 manually assessed recipients and 3,716 suspended recipients paid by Centrelink and the 6,336 Age Pension recipients paid by DVA are not included in this table.

Source: Centrelink unpublished data.

Table A3.4: Carers receiving Carer Payment and Carer Allowance, as at 31 December 2006

	Carer Payment			Carer Allowance		
Carer age	**Males**	**Females**	**Persons**	**Males**	**Females**	**Persons**
Carer looking after person(s) aged under 65						
Under 25	1,169	1,985	3,154	1,483	4,246	5,729
25–34	2,364	4,256	6,620	3,748	32,741	36,489
35–44	4,454	9,837	14,291	8,699	69,395	78,094
45–54	5,944	15,615	21,559	10,214	46,080	56,294
55–64	9,611	14,597	24,208	14,150	31,421	45,571
Under 65	*23,542*	*46,290*	*69,832*	*38,294*	*183,883*	*222,177*
65–74	1,276	834	2,110	6,470	6,452	12,922
75 or over	45	143	188	876	2,485	3,361
65 or over	*1,321*	*977*	*2,298*	*7,346*	*8,937*	*16,283*
Total	**24,863**	**47,267**	**72,130**	**45,640**	**192,820**	**238,460**
Carer looking after person(s) aged 65 or over						
Under 25	224	357	581	289	485	774
25–34	707	986	1,693	875	1,540	2,415
35–44	2,236	3,615	5,851	3,019	6,289	9,308
45–54	3,614	7,920	11,534	5,437	14,730	20,167
55–64	3,771	12,323	16,094	6,054	26,818	32,872
Under 65	*10,552*	*25,201*	*35,753*	*15,674*	*49,862*	*65,536*
65–74	1,151	1,739	2,890	12,783	28,035	40,818
75 or over	393	438	831	19,003	20,573	39,576
65 or over	1,544	2,177	3,721	31,786	48,608	80,394
Total	**12,096**	**27,378**	**39,474**	**47,460**	**98,470**	**145,930**
All carers						
Under 25	1,393	2,341	3,734	1,779	4,737	6,516
25–34	3,064	5,200	8,264	4,613	34,265	38,878
35–44	6,678	13,366	20,044	11,679	75,557	87,236
45–54	9,548	23,514	33,062	15,586	60,408	75,994
55–64	13,379	26,917	40,296	20,079	57,589	77,668
Under 65	*34,062*	*71,338*	*105,400*	*53,736*	*232,556*	*286,292*
65–74	2,427	2,573	5,000	19,148	34,197	53,345
75 or over	438	581	1,019	19,849	23,004	42,853
65 or over	*2,865*	*3,154*	*6,019*	*38,997*	*57,201*	*96,198*
Total	**36,927**	**74,492**	**111,419**	**92,733**	**289,757**	**382,490**

Notes

1. Carers may look after more than one person in different age groups; consequently, the sum of carers looking after persons aged under 65 and carers looking after persons aged 65 or over in each age group may not sum to the total.
2. To avoid double-counting, the under-65 group includes people who care for a child under 16 and an adult 65 years or over.
3. Carer Allowance figures do not include those carers of a child with disability who are ineligible for the allowance but entitled to a Health Care Card due to the care needs of the child.

Source: Centrelink unpublished data.

Table A3.5: Care recipients of carers receiving Carer Payment and Carer Allowance, as at 31 December 2006

Age of care recipient	Carer Payment			Carer Allowance		
	Males	Females	Persons	Males	Females	Persons
0–14	1,595	1,072	2,667	81,287	37,517	118,804
15–24	4,716	3,282	7,998	19,659	11,433	31,092
25–34	3,859	3,621	7,480	7,549	6,062	13,611
35–44	5,794	5,198	10,992	10,199	8,456	18,655
45–54	9,183	7,716	16,899	14,426	12,312	26,738
55–64	15,800	10,294	26,094	32,164	19,527	51,691
65–74	8,190	6,108	14,298	28,753	23,267	52,020
75–84	4,438	10,550	14,988	31,784	33,094	64,878
85 or over	2,336	7,852	10,188	12,459	20,147	32,606
Total	**55,911**	**55,693**	**111,604**	**238,280**	**171,815**	**410,095**

Note: Carer Allowance figures do not include those carers of a child with disability who are ineligible for the allowance but entitled to a Health Care Card due to the care needs of the child.

Source: Centrelink unpublished data.

Table A3.6: New residential aged care allocations and operational places, 1994–95 to 2005–06

Financial year	New allocations	Increase in operational places	Provision ratio
1994–95	2,955	3,459	92.2
1995–96	1,253	2,041	90.6
1996–97	1,258	2,207	89.2
1997–98	0	859	87.1
1998–99	2,266	734	85.6
1999–00	2,946	511	83.6
2000–01	7,642	1,465	82.2
2001–02	6,286	2,032	81.7
2002–03	5,579	5,225	82.8
2003–04	5,889	5,255	84.2
2004–05	8,905	5,045	85.3
2005–06	5,227	4,476	85.6

Notes

1. Permanent and respite residential aged care places and Multi-purpose and flexible places included. Counts of residential aged care places are taken from the ACCMIS database in approximately October/November for the year in question.
2. Operational places (low and high care) per 1,000 population aged 70 years and over at the end of each financial year (30 June).

Sources: AIHW 2007b; Australian Government Department of Health and Ageing.

Table A3.7: Key statistics of clients (aged 65 years or over) of selected aged care programs, by country of birth

	ACAP 2004–05	HACC 2004–05	Residential respite 2005–06	CACP 30 June 2006	EACH 30 June 2006	Permanent residential care 30 June 2006
	Clients	Clients	Clients	Clients	Clients	Residents
Use (per cent)						
Australian-born	71.5	71.3	72.8	65.9	61.6	73.0
Overseas-born: main English-speaking countries	10.9	10.5	12.6	11.5	11.2	12.5
Overseas-born: non-English-speaking countries	17.6	18.1	14.6	22.6	27.2	14.5
Total	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Total (number)	*121,900*	*561,789*	*33,901*	*29,972*	*2,245*	*145,175*
Median age (years)						
Australian-born	84.0	80.5	84.7	83.6	80.8	86.1
Overseas-born: main English-speaking countries	84.0	80.9	85.0	84.1	80.9	86.4
Overseas-born: non-English-speaking countries	82.0	79.0	83.1	82.1	81.5	84.2
All	*84.0*	*80.3*	*84.5*	*83.3*	*81.1*	*85.9*
Ratio of female to male clients						
Australian-born	1.9	2.1	1.8	2.7	1.7	2.8
Overseas-born: main English-speaking countries	1.7	1.8	1.5	2.2	1.8	2.6
Overseas-born: non-English-speaking countries	1.5	1.8	1.5	2.4	1.2	2.1
All	*1.8*	*2.0*	*1.7*	*2.6*	*1.5*	*2.7*
Usage rate (per 1,000 people aged 65 years or over)	**45.7**	**210.6**	**12.3**	**11.0**	**0.8**	**53.1**
Usage rate per 1,000 people 65 years or over with profound or severe core activity limitation	**201.8**	**929.8**	**55.0**	**48.1**	**3.6**	**232.8**

Notes

1. The cultural diversity classification is based on country of birth. 'Australian-born' includes those born in Australian external territories. The main English-speaking country category for those born overseas comprises people born in New Zealand, Ireland, United Kingdom, United States of America, Canada or South Africa. The non-English-speaking country category for those born overseas comprises people born in other countries.
2. Population estimates by country of birth are derived from ABS estimates by country of birth for June 2004 in conjunction with the estimated resident population for June 2006.
3. Not all HACC agencies submitted data to the HACC MDS. For 2004–05, an estimated 82% of agencies submitted data in MDS v1. Figures for CACP recipients and residential care do not include clients of Multi-purpose and flexible services. Residential care annual figures exclude transfers between service providers for care of the same type (that is, respite care).
4. All cases with missing data are included in the table, using pro-rating. Missing rates (age, sex and/or country of birth) were as follows: HACC: 7.0%; CACP (country of birth only): 2.6%; RACS permanent (country of birth only): 0.6%; RACS respite (country of birth only): 0.3%: EACH (country of birth only): 0.2%.
5. EACH includes EACH Dementia.
6. Denominators for usage rates per 1,000 persons 65 years or over are ABS preliminary estimates of resident population at 30 June 2005 (2,668,001) and 30 June 2006 (2,734,107), as applicable. Denominators for usage rates per 1,000 persons 65 years or over with profound or severe core activity limitation are AIHW projections for 2005 (604,200) and 2006 (623,600) based on the 2003 ABS Survey of Disability, Ageing and Carers.

Sources: AIHW analysis of DoHA ACCMIS database (as at 16 October 2006); AIHW analysis of HACC MDS v1; ACAP National Data Repository unpublished data.

Table A3.8: Transition Care Program, allocation of flexible care places, 2004–05 to 2006–07

State/territory	Allocated places
New South Wales	703
Victoria	502
Queensland	351
Western Australia	160
South Australia	176
Tasmania	57
Australian Capital Territory	35
Northern Territory	16
Total	**2,000**

Source: Australian Government Department of Health and Ageing unpublished data.

Table A3.9: Key statistics of clients (aged 50 years or over) of selected aged care programs, by Indigenous status

	HACC 2004–05	Residential respite 2005–06	CACP 30 June 2006	EACH 30 June 2006	Permanent residential care 30 June 2006 (residents)
Use (per cent)					
Indigenous persons	2.1	0.8	3.6	1.1	0.6
Non-Indigenous persons	97.9	99.2	96.4	98.9	96.4
Total	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Total (number)	*657,676*	*35,351*	*31,617*	*2,399*	*150,729*
Median age (years)					
Indigenous persons	68.1	74.2	69.1	65.3	75.8
Non-indigenous persons	78.8	84.2	83.1	80.4	85.6
All persons	*78.6*	*84.1*	*82.8*	*80.4*	*85.6*
Ratio of female to male clients					
Indigenous persons	1.9	1.7	2.0	1.5	1.4
Non-Indigenous persons	2.0	1.7	2.5	1.5	2.6
All persons	*2.0*	*1.7*	*2.5*	*1.5*	*2.6*
Usage rate (per 1,000 people aged 50 years or over)	**107.1**	**5.6**	**5.0**	**0.4**	**23.7**

Notes

1. Figures for CACP recipients and residential care exclude clients of Multi-purpose and flexible services. Residential care annual figures exclude transfers between service providers for care of the same type (that is, respite care).
2. All cases with missing data are included in the table. No data on age and sex were missing. Cases with missing data on Indigenous status have been pro rated within sex/age groups.
3. EACH includes EACH Dementia.
4. Not all HACC agencies submitted data to the HACC MDS. For 2004–05, an estimated 82% of agencies submitted data in MDS v1. Figures for CACP recipients and residential care do not include clients of Multi-purpose and flexible services. Residential care annual figures exclude transfers between service providers for care of the same type (that is, respite care).

Sources: AIHW analysis of DoHA ACCMIS database (as at 16 October 2006); AIHW analysis of HACC MDS v1.

Table A3.10: National Respite for Carers Program, carers who received direct respite care services through Commonwealth Carer Respite Centres, 2004–05

	Males	Females	Not stated/ inadequately described	Persons	Males	Females	Not stated/ inadequately described	Persons
	Number				Per cent			
Under 25	145	297		442	0.3	0.7	0.0	1.0
25–44	987	6,054	74	7,115	2.3	14.1	0.2	16.6
45–64	2,689	11,185	11	13,885	6.3	26.1	0.0	32.4
65 or over	3,501	8,218	6	21,442	8.2	19.2	0.0	50.0
Total	**7,322**	**25,754**	**91**	**42,884**	**17.1**	**60.1**	**0.2**	**100.0**

Note: The NRCP funds other types of services clients besides direct respite care. Table excludes clients who received only services other than direct respite care.

Source: Australian Government Department of Health and Ageing unpublished data.

Table A3.11: Home and Community Care clients, living arrangement by sex and age group, 2004–05 (per cent)

Sex/living arrangement	65–74	75–84	85 or over	Total 65 or over[a]	Total 65 or over (number)	All ages (per cent)	All ages (number)
	Per cent						
Males							
Lives alone	9.0	9.0	9.7	9.2	51,438	9.0	67,279
Lives with family	20.0	18.4	14.3	17.7	99,224	18.5	137,665
Lives with others	1.5	1.0	1.0	1.1	6,334	1.8	13,428
Unknown	5.0	4.6	4.7	4.8	26,788	5.4	39,888
Total males	*35.5*	*33.0*	*29.6*	*32.7*	*183,784*	*34.7*	*258,260*
Females							
Lives alone	24.1	33.0	39.4	32.3	181,493	27.3	202,830
Lives with family	29.5	23.6	18.4	23.6	132,836	26.0	193,297
Lives with others	2.0	1.8	2.6	2.1	11,522	2.5	18,583
Unknown	8.5	8.3	9.6	8.8	49,608	9.1	67,516
Total females	*64.2*	*66.6*	*70.0*	*66.8*	*375,459*	*64.8*	*482,226*
Unknown							
Lives alone	0.1	0.1	0.1	0.1	768	0.1	922
Lives with family	0.1	0.1	0.1	0.1	529	0.1	737
Lives with others	—	—	—	—	62	0.0	85
Unknown	0.1	0.2	0.2	0.2	1,187	0.3	1,967
Total unknown	*0.3*	*0.4*	*0.4*	*0.5*	*2,546*	*0.5*	*3,711*
Persons							
Lives alone	33.2	42.1	49.2	41.6	233,699	36.4	271,031
Lives with family	49.6	42.1	32.7	41.4	232,589	44.6	331,699
Lives with others	3.6	2.7	3.6	3.2	17,918	4.3	32,096
Unknown	13.6	13.0	14.5	13.8	77,583	14.7	109,371
Total	**100.0**	**100.0**	**100.0**	**100.0**	**561,789**	**100.0**	**744,197**

(a) 65 or over includes age unknown.

Source: AIHW analysis of HACC Minimum Data Set version 1.

Table A3.12: Department of Veterans' Affairs Community Nursing clients aged 65 years or over, living arrangements by age group, 30 June 2006 (per cent)

Living arrangement	65–74	75–84	85 or over	Total
Lives alone	50.7	53.0	54.3	53.3
Lives with others	49.3	47.0	45.7	46.7
Total	**100.0**	**100.0**	**100.0**	**100.0**

Notes

1. Percentages are estimates from living arrangements of DVA Community Nursing clients who were receiving services on 30 June 2006 (15,207 clients).
2. Living arrangement unknown for 15.8% of clients aged 65 years or over who were receiving services on 30 June 2006.
3. Age as at 30 June 2006.

Source: DVA unpublished data, current as at 19 April 2007 but subject to change.

Table A3.13: Admissions to permanent residential aged care, RCS category and age group, 1 July 2005 to 30 June 2006

	Age group (years)					
	Under 50	50–64	65–74	75–84	85 or over	Total
			Number			
RCS 1	82	416	1,101	4,105	4,179	9,883
RCS 2	79	442	1,303	4,776	5,275	11,875
RCS 3	37	266	675	2,745	3,036	6,759
RCS 4	9	74	183	908	977	2,151
RCS 5	26	203	614	3,091	3,596	7,530
RCS 6	16	149	499	2,292	2,697	5,653
RCS 7	15	118	379	1,898	2,356	4,766
RCS 8	1	11	27	111	119	269
Total admissions	**265**	**1,679**	**4,781**	**19,926**	**22,235**	**48,886**
			Per cent			
RCS1	30.9	24.8	23.0	20.6	18.8	20.2
RCS 2	29.8	26.3	27.3	24.0	23.7	24.3
RCS 3	14.0	15.8	14.1	13.8	13.7	13.8
RCS 4	3.4	4.4	3.8	4.6	4.4	4.4
RCS 5	9.8	12.1	12.8	15.5	16.2	15.4
RCS 6	6.0	8.9	10.4	11.5	12.1	11.6
RCS 7	5.7	7.0	7.9	9.5	10.6	9.7
RCS 8	0.4	0.7	0.6	0.6	0.5	0.6
Total admissions	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Notes

1. Only the first permanent admission during the financial year is included.
2. Admissions for which RCS (Resident Classification Scale) category is unknown have been excluded.

Source: AIHW analysis of DoHA ACCMIS database (as at 16 October 2006).

Table A3.14: Department of Veterans' Affairs Community Nursing clients aged 65 years or over, need for assistance by selected core daily activity and age group, 30 June 2006 (per cent)

		Age group (years)			
Activity area	**Need for assistance**	**65–74**	**75–84**	**85 or over**	**Total**
Transfers	Needs assistance	17.8	16.7	19.8	18.1
	Does not need assistance	82.2	83.3	80.2	80.0
	Total	*100.0*	*100.0*	*100.0*	*100.0*
Toilet use	Needs assistance	15.1	12.8	14.3	13.5
	Does not need assistance	84.9	87.2	85.7	86.5
	Total	*100.0*	*100.0*	*100.0*	*100.0*
Dressing	Needs assistance	39.0	42.3	48.5	45.0
	Does not need assistance	61.0	57.7	51.5	55.0
	Total	*100.0*	*100.0*	*100.0*	*100.0*
Bathing/ showering	Needs assistance	45.8	50.4	58.7	54.0
	Does not need assistance	54.2	49.6	41.3	46.0
	Total	*100.0*	*100.0*	*100.0*	*100.0*

Notes

1. Percentages are estimates from dependency data for DVA Community Nursing clients who were receiving services on 30 June 2006 (15,207 clients).
2. Age as at 30 June 2006.

Source: DVA unpublished data, current as at 19 April 2007 but subject to change.

Table A3.15: Services received by Home and Community Care clients, by age, 2004–05 (per cent)

	Age group (years)				
	Under 65	65–74	75–84	85 or over	Total 65 or over
Assessment	28.4	31.9	33.3	32.8	32.7
Case management/planning/ review/coordination[(a)]	25.4	25.2	26.6	28.2	26.6
Domestic assistance	19.1	26.7	31.2	32.4	30.2
Meals (home and centre-based)[(a)]	10.2	14.7	21.1	28.6	21.5
Nursing (home and centre-based)[(a)]	24.7	20.5	19.7	23.0	20.8
Transport services	12.9	15.6	18.1	17.2	17.3
Allied health (home and centre-based)[(a)]	14.9	20.3	16.3	14.6	16.8
Home maintenance	8.9	15.9	17.3	14.7	16.2
Centre-based day care	10.8	10.8	10.8	11.1	10.9
Counselling	11.9	9.1	10.4	12.1	10.5
Personal care	7.3	6.5	8.1	12.4	8.8
Social support	10.5	8.0	6.9	6.6	7.1
Provision of aids/car modifications[(a)]	4.5	5.2	4.8	5.0	4.9
Home modification	1.8	3.1	3.4	3.0	3.2
Respite care[(b)]	6.2	1.5	0.8	0.5	0.9
Other food services	0.6	0.4	0.4	0.6	0.4
Linen services	0.2	0.1	0.2	0.2	0.2
Total clients (number)	**182,408**	**143,411**	**265,688**	**149,597**	**561,789**

(a) Category includes two or more HACC assistance types.

(b) Respite care is most often recorded against the HACC client who is the carer not against the HACC client who is the care recipient with a family carer.

Note: a person is counted only once for each service type, for example a person who receives meals at home and in a centre is counted once under 'Meals (home and centre-based)'.

Source: AIHW analysis of HACC MDS v1.

Table A3.16: Total amount of services received by Home and Community Care clients aged 65 years or over, by age group, 2004–05

Service	Unit	65–74	75–84	85 or over	65 or over	Volume ('000)
		Column per cent				
Time-based services						
Centre-based day care	Hours	37.0	38.5	36.5	37.5	8,413.5
Domestic assistance	Hours	21.8	23.4	21.6	22.4	5,028.0
Personal care	Hours	8.6	8	11.6	9.2	2,066.2
Social support	Hours	7.6	8.6	10.1	8.9	1,984.7
Nursing (home and centre-based)[(a)]	Hours	8.1	8	9.1	8.4	1,880.2
Case management/planning/ review/coordination[(a)]	Hours	3.9	3.7	3.7	3.7	835.7
Home maintenance	Hours	3.2	3.2	2.4	2.9	660.3
Allied health (at home or at a centre)[(a)]	Hours	2.8	2.1	1.7	2.2	484.9
Assessment	Hours	2.1	2.1	2	2.1	469.2
Respite care[(b)]	Hours	3.2	1.3	0.5	1.6	350.7
Counselling	Hours	1.3	0.8	0.5	0.8	186.2
Other food services	Hours	0.3	0.2	0.4	0.3	66.2
Total	**Hours**	**100.0**	**100.0**	**100.0**	**100.0**	**. .**
Total volume	**'000 hours**	**5,277.6**	**10,380.9**	**6,705.6**	**22,425.8**	**. .**
Unit-based services			Row per cent			**Volume ('000)**
Meals (in-home and centre based)[(a)]	Number	14.3	44.9	40.5	100.0	10,548.3
Provision of aids/car modifications[(a)]	Number	28.1	46.2	25.7	100.0	158.2
Transport services	One-way trips	21.5	48.7	29.3	100.0	3,359.1
Home modification	$	28.8	49.9	21.3	100.0	4,801.7
Linen services	Deliveries	20.7	44.8	34.0	100.0	18.2

(a) Category includes two or more HACC assistance types.

(b) Respite care is most often recorded against the HACC client who is the carer not against the HACC client who is the care recipient with a family carer.

Note: A person is counted only once for each service type, e.g. a person who receives meals at home and in a centre is counted once under 'Meals (home and centre-based)'.

Source: AIHW analysis of HACC MDS v1.

Table A3.17: Services received by Veterans' Home Care clients aged 65 years or over, 2005–06

Service type		65–74	75–84	85 or over	Total 65 or over	Volume ('000 hours)
		Column per cent				
Domestic assistance	Hours	80.7	78.1	71.5	75.6	2,037,456
In-home respite	Hours	14.1	16.8	22.5	18.9	510,560
Emergency respite	Hours	0.1	0.1	0.1	3.3	88,262
Personal care	Hours	1.8	2.6	4.2	3.2	85,687
Home and garden maintenance	Hours	3.3	2.5	1.8	2.2	60,078
Total		**100.0**	**100.0**	**100.0**	**100.0**	**. .**
Total volume ('000 hours)		**104,213**	**1,524,240**	**1,067,902**	**2,696,355**	**. .**

Notes

1. Table excludes services to Veterans' Home Care clients aged under 65 years.
2. Age as at last service date.
3. The Veterans' Home Care Program can approve in-home, emergency and residential respite services for veterans; however, payments for residential respite services are managed through a separate appropriation. Consequently, data in the table exclude residential respite services.

Source: DVA unpublished data, current as at 30 March 2007 but subject to change.

Table A3.18: National Respite for Carers Program, direct respite care services by type of respite care, 2004–05

Type of respite	Occasions of service	
	Number	Per cent
In-home	27,725	45.5
Commonwealth residential	13,057	21.4
Individualised	6,940	11.4
Community	5,577	9.2
Community residential	3,963	6.5
Other residential	3151	5.2
State residential	518	0.9
Total	**60,931**	**100.0**

Notes

1. Includes respite care services for carers of all ages.
2. A carer may have more than one occasion of service in a year.

Source: Australian Government Department of Health and Ageing unpublished data.

Table A3.19: Aids and equipment used by people aged 65 years or over with disability (all accommodation settings), by type of aid/equipment and disability status, 2003

	Level of core activity limitation									
	Profound		Severe		Moderate		Mild		Total with disability	
	No. ('000)	Per cent	No. ('000)	Per cent	No. ('000)	Per cent	No. ('000)	Per cent	No. ('000)	Per cent
Aids for self-care										
Showering/bathing aids	202.2	56.2	48.7	24.2	38.3	14.6	19.8	4.6	309.1	22.2
Toilet aids	146.0	40.6	24.9	12.4	17.0	6.5	*7.8	*1.8	195.7	14.1
Incontinence aids	119.4	33.2	10.7	5.3	16.0	6.1	**1.5	**0.4	147.6	10.6
Dressing aids	65.6	18.2	*8.0	*4.0	*4.9	*1.9	—	—	78.5	5.6
Eating aids	53.4	14.8	**0.9	**0.5	—	—	—	—	54.3	3.9
Meal preparation aids	17.7	4.9	*8.1	*4.0	*2.2	*0.8	—	—	28.0	2.0
Any self-care aid	*229.2*	*63.7*	*64.0*	*31.8*	*56.3*	*21.5*	*21.8*	*5.1*	*371.3*	*26.7*
Aids for mobility										
Aids for moving around places other than residence[(a)]	178.7	49.7	61.8	30.7	45.7	17.4	17.6	4.1	303.9	21.9
Aids for moving around place of residence[(a)]	195.9	54.5	38.3	19.0	22.0	8.4	*3.7	*0.9	259.9	18.7
Crutches/walking stick	77.3	21.5	51.5	25.6	36.7	14.0	15.5	3.6	180.9	13.0
Walking frame	122.3	34.0	25.5	12.7	11.1	4.2	**1.6	**0.4	160.5	11.5
Aids for getting into or out of a bed or chair	118.9	33.1	12.1	6.0	*9.6	*3.7	**1.0	**0.2	141.6	10.2
Manual wheelchair	84.3	23.4	*4.7	*2.3	**1.8	**0.7	**0.1	—	90.9	6.5
Cane	18.3	5.1	*8.9	*4.4	*6.1	*2.3	**1.2	**0.3	34.5	2.5
Electric wheelchair/ scooter	12.6	3.5	*7.0	*3.5	*6.6	*2.5	**0.5	**0.1	26.8	1.9
Ejector chair	13.9	3.9	*2.4	*1.2	*2.2	*0.8	—	—	18.5	1.3
Calipers, splints or built-up shoes	*8.1	*2.2	**1.2	**0.6	**0.5	**0.2	**1.5	**0.3	11.3	0.8
Braces, belts or corsets	*7.3	*2.0	**1.4	**0.7	*2.2	*0.9	—	—	10.9	0.8
Other mobility aids	36.7	10.2	*5.8	*2.9	**1.7	**0.6	**1.6	**0.4	45.7	3.3
Any mobility aid	*240.8*	*66.9*	*73.6*	*36.6*	*54.0*	*20.6*	*19.7*	*4.6*	*388.1*	*27.9*
Aids for communication										
Hearing aids	69.8	19.4	37.5	18.6	47.2	18.0	189.8	44.1	344.3	24.8
Mobile/cordless phone	55.7	15.5	27.6	13.7	18.1	6.9	24.0	*5.6	126.9	9.1
Reading/writing aids	17.6	4.9	*6.2	*3.1	*5.3	*2.0	*6.0	*1.4	35.1	2.5
Speech aids	*3.1	*0.9	**0.2	**0.1	—	—	—	—	*3.3	*0.2
Fax machine	*2.6	*0.7	**1.7	**0.8	—	—	**1.2	**0.3	*5.5	*0.4
Any communication aid	*133.6*	*37.2*	*67.0*	*33.3*	*67.1*	*25.6*	*210.8*	*49.0*	*478.6*	*34.4*
Medical aids	152.1	42.3	65.5	32.6	81.5	31.1	56.0	13.0	371.3	26.7
Any aids or equipment	*322.4*	*89.7*	*150.4*	*74.8*	*163.1*	*62.2*	*269.9*	*62.7*	*923.4*	*66.4*
Total	**359.6**	**100.0**	**201.3**	**100.0**	**262.2**	**100.0**	**430.4**	**100.0**	**1,390.4**	**100.0**

(a) These categories may include items counted in other equipment categories, that is, electric wheelchair/scooter, manual wheelchair, cane, crutches/walking stick, walking frame, ejector chair, braces, belts or corsets, calipers, splints or built-up shoes, and other mobility aid.

Note: Includes people living in households and cared accommodation.

Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers Confidentialised Unit Record File.

Table A3.20: Recurrent government expenditure on aged care programs, 2001–02 to 2005–06[a] ($m current prices)

Program	2001–02	2002–03	2003–04	2004–05	2005–06
Residential aged care—subsidies[b]	4,228.5	4,507.5	5,328.8	5,387.26	5,565.8
Residential aged care—resident and provider support[c]	9.5	15.5	20.4	39.8	42.2
Community Aged Care Packages	246.3	287.9	307.9	327.8	356.6
Home and Community Care[d]	786.4	853.0	917.1	985.0	1,069.3
Veterans' Home Care and DVA in-home respite[e]	61.9	93.5	91.1	100.4	112.4
Other Veterans' aged care programs[f]	39.1	34.9	41.6	32.0	25.0
Extended Aged Care at Home	8.9	10.5	15.5	33.3	65.3
Extended Aged Care at Home Dementia	. .	. .	. .	. .	1.2
Transition Care[g]	. .	. .	. .	. .	3.3
Day Therapy Centres	29.3	31.0	31.6	32.5	33.3
Multi-purpose and flexible services[h]	40.3	51.4	60.7	67.3	85.4
National Respite for Carers	68.5	94.0	101.5	101.4	140.8
Support for carers[i]	451.3	524.1	685.9	787.6	912.3
Assessment	41.0	42.9	48.4	53.0	55.6
Commonwealth Carelink Centres	11.5	12.1	13.9	13.9	16.4
Accreditation	12.5	11.9	6.5	17.2	9.6
Flexible care pilot projects	. .	4.6	17.6	25.1	21.7
Other[j]	29.4	27.7	26.6	45.2	64.5
Total	**6,064.4**	**6,602.5**	**7,715.2**	**8,048.7**	**8,580.4**

(a) Expenditure excludes departmental program administration and running costs. Only state and territory funding for high-level residential aged care subsidies and HACC have been included.

(b) Includes DoHA, DVA and state and territory funding. Subsidies are primarily the responsibility of the Australian Government, and the state/territory contribution (high care only included) was between $207 million and $253 million for the 5 years in the table.

(c) Includes Australian Government expenditure only. Main expenditures were on Aged Care Workforce Support, Community Visitors Scheme, Complaints Resolution Scheme, Culturally and Linguistically Diverse backgrounds—grants, User Rights—Advocacy/initiatives/standards.

(d) Includes Australian and state and territory government funding for people aged 65 years and over based on the percentage of clients aged 65 years or over, and funding for HACC planning and development.

(e) Includes funding for all ages.

(f) Includes carer and volunteer support, subsistence, joint ventures (including home maintenance helpline, employment and training scheme, access to community information systems). This funding was not included in the previous volumes of this publication.

(g) Includes Australian Government expenditure only. The Transition Care Program is jointly funded by the Australian Government and states and territories. The Australian Government expenditure is broadly matched by states and territories.

(h) Includes funding provided for Multi-purpose Services, the National Aboriginal and Torres Strait Islander Aged Care Strategy and for rural/remote multi-purpose centres.

(i) Includes Carer Allowance, Carer Payments, Assistance for carers and the price of departmental outputs for the program. Expenditure for aged care was based on the proportion of care recipients aged 65 or over who are cared for by a Carer Allowance recipient.

(j) 'Other' comprises Psychogeriatric Care Units, Dementia education and support program, Dementia—a national health priority, Assistance with care and housing for the aged, Safe at home, Aged care program support, Continence management, Continence Aids Assistance Scheme, Implementation and communication, Better skills for better care, Support for aged care training.

Note: Components may not add to total due to rounding.

Sources: AIHW analysis of DoHA ACCMIS database (as at 16 October 2006); AIHW analysis of HACC MDS v1; DoHA unpublished data, DVA, unpublished data.

Table A3.21: Recurrent government expenditure on aged care programs, expressed as dollars per person aged 65 years or over with a profound or severe core activity limitation, 2001–02 to 2005–06

Program	2001–02	2002–03	2003–04	2004–05	2005–06	5-year growth
	Constant 2005–06 prices ($)					Per cent
Residential aged care—subsidies	8,835	8,861	9,958	9,336	8,925	1.0
Residential aged care—resident and provider support	20	30	38	69	68	240.1
Community Aged Care Packages	515	566	575	568	572	11.1
Home and Community Care	1,643	1,677	1,714	1,707	1,715	4.4
Veterans' Home Care and DVA in-home respite	129	184	170	174	180	39.3
Other veterans' aged care programs	82	69	78	55	40	–50.9
Extended Aged Care at Home	19	21	29	58	105	460.1
Extended Aged Care at Home Dementia	. .	. .	. .	. .	2	. .
Transition Care	. .	. .	. .	. .	5	. .
Day Therapy Centres	61	61	59	56	53	–12.8
Multi-purpose and flexible services	84	101	113	117	137	62.5
National Respite for Carers	143	185	190	176	226	57.7
Support for Carers	943	1,030	1,282	1,365	1,463	55.1
Assessment	86	84	90	92	89	4.1
Commonwealth Carelink Centres	24	24	26	24	26	9.3
Accreditation	26	23	12	30	15	–41.1
Flexible care pilot projects	. .	9	33	43	35	. .
Other	61	54	50	78	103	68.3
Total	**12,671**	**12,980**	**14,418**	**13,948**	**13,760**	**8.6**
Estimated population 65 years or over with a profound or severe core activity limitation ('000)	**554.3**	**569.6**	**584.8**	**604.2**	**623.6**	**. .**

Notes

1. See notes to Table A3.20 for information on expenditure derivation.
2. Per person expenditure rates are based on population estimates for the end of the financial year. Population estimates by disability status were obtained using age/sex disability rates from the ABS 2003 Survey of Disability, Ageing and Carers in conjunction with the estimated resident population. The estimates assume constant disability rates over time within age and sex groups.
3. Components may not add to total due to rounding.

Sources: Table A3.20

Chapter 4: Disability and disability services

Table A4.1: People with disability, by severity of core activity limitation, 2003 ('000)

	NSW	Vic	Qld	WA	SA	Tas	ACT	Australia[(a)]
0–64 years								
Profound	69.5	63.4	48.0	25.2	17.2	6.3	*1.9	232.6
Severe	113.7	119.7	103.8	44.5	40.7	15.5	5.6	445.1
Moderate	110.0	101.3	110.3	51.7	39.6	16.9	4.0	436.5
Mild	212.8	147.4	115.7	69.0	55.8	14.6	7.8	626.7
Schooling or employment restriction only	94.4	98.6	83.8	45.8	43.6	10.2	5.7	384.1
Total with profound or severe	183.2	183.1	151.7	69.8	57.9	21.8	7.5	677.7
Total with disability	**726.5**	**637.7**	**557.7**	**280.2**	**233.8**	**74.1**	**32.9**	**2,556.0**
Total population	**5,740.2**	**4,348.4**	**3,267.2**	**1,730.1**	**1,299.9**	**406.6**	**289.6**	**17,222.5**
All ages								
Profound	189.8	158.9	122.2	53.5	46.5	15.2	4.7	592.2
Severe	174.0	171.0	149.2	60.5	59.7	21.5	8.6	646.4
Moderate	190.2	171.8	166.2	79.2	61.0	22.5	5.3	698.7
Mild	358.9	266.3	179.6	105.0	103.5	26.7	11.9	1,057.1
Schooling or employment restriction only	94.4	98.6	83.8	45.8	43.6	10.2	5.7	384.1
Total with profound or severe	363.8	329.9	271.4	114.1	106.2	36.7	13.2	1,238.6
Total with disability	**1,178.8**	**1,006.7**	**822.9**	**402.1**	**362.8**	**111.4**	**45.4**	**3,946.4**
Total population	**6,597.8**	**4,999.3**	**3,712.6**	**1,947.7**	**1,523.8**	**472.9**	**318.7**	**19,719.3**

(a) Estimates for the Northern Territory (NT) were included in total Australia. The survey sample in the NT was reduced to a level such that the NT records contributed appropriately to national estimates but could not support reliable estimates for the NT (ABS 2004:58).

Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

Table A4.2: People with ABI of all ages (as main and all disabling condition), by other reported disability groups, 2003

	ABI as main disabling condition		ABI as one of all disabling conditions	
Reported other disabilities	**Number ('000)**	**Per cent**	**Number ('000)**	**Per cent**
All ages				
Intellectual	*9.9	*34.3	115.0	26.2
Psychiatric	10.4	36.1	173.2	39.5
Sensory/speech	12.2	42.4	207	47.2
Physical/diverse	16.9	58.7	373.6	85.2
Total	**28.7**	**. .**	**438.3**	**. .**

Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

Table A4.3: People with severe or profound core activity limitation living in households, by activity type in which assistance needed and age group, 2003 ('000)

	Age group (years)							
	0–14	**15–19**	**20–29**	**30–44**	**45–64**	**Total < 65**	**65 or over**	**All ages**
Self-care	79.7	10.3	24.1	61.0	143.5	318.6	207.9	526.5
Mobility	79.1	20.9	45.5	101.4	219.7	466.6	339.8	806.4
Communication	105.1	17.1	13.8	9.9	11.4	157.3	35.7	193.0
Health care	59.7	15.7	30.1	62.7	137.3	305.4	286.3	591.7
Housework	. .	11.0	29.1	65.6	153.9	259.6	281.9	541.5
Property maintenance	. .	7.7	27.1	67.6	176.0	278.5	291.5	570.0
Paperwork	. .	16.4	25.6	33.4	51.2	126.6	129.5	256.1
Meal preparation	. .	10.5	18.6	32.7	54.4	116.2	146.9	263.0
Transport	. .	11.5	36.5	68.5	151.8	268.3	298.3	566.7
Cognition or emotion	111.0	25.0	39.1	53.9	87.8	316.8	107.2	424.0
Total needing assistance[(a)]	*161.9*	*29.9*	*59.7*	*124.7*	*273.4*	*649.5*	*405.1*	*1,054.7*
Total severe or profound	**165.0**	**30.6**	**61.6**	**127.5**	**276.7**	**661.4**	**406.9**	**1,068.4**
Total population	**3,850.6**	**1,345.1**	**2,872.5**	**4,469.5**	**4,684.7**	**17,222.5**	**2,496.8**	**19,719.3**

(a) The total number of people needing assistance is less than the sum of activity types since people may need help with more than one activity.

Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

Table A4.4: Age distribution of people with disability (per cent)

	1988	1993	1998	2003
Proportion of aged 45–64 of total under 65	45.3	45.0	46.7	49.1
Proportion of aged 75 or over of total aged 65 or over	47.4	48.2	53.2	57.4
Proportion of aged 80 or over of total aged 65 or over	27.1	27.7	31.0	35.3

Sources: AIHW analysis of ABS 1993, 1998 and 2003 Survey of Disability, Ageing and Carers confidentialised unit record file; unpublished data tables from the ABS 1981 and 1988 disability surveys.

Table A4.5: Children aged 0–14 years with disability: type of main disabling condition/all conditions, by sex, 2003

	Boys		Girls		Children	
	Number ('000)	Per cent	Number ('000)	Per cent	Number ('000)	Per cent
All disabling conditions						
Intellectual/learning	108.0	5.5	58.7	3.1	166.7	4.3
Psychiatric	53.8	2.7	27.1	1.4	81.0	2.1
Sensory/speech	83.7	4.3	45.9	2.4	129.7	3.4
Physical/diverse	99.4	5.0	63.5	3.4	162.8	4.2
Main disabling condition						
Intellectual/ learning	61.5	3.1	23.5	1.2	85.0	2.2
Psychiatric	28.5	1.4	18.9	1.0	47.5	1.2
Sensory/speech	36.4	1.8	23.8	1.3	60.2	1.6
Physical/diverse	70.1	3.6	55.1	2.9	125.2	3.3
Total with disability	**196.5**	**10.0**	**121.4**	**6.5**	**317.9**	**8.3**

Note: Per cent refers to a per cent of the Australian population of that sex and age.

Source: AIHW 2006c.

Table A4.6: Aboriginal and Torres Strait Islander people aged 15 years or over, disability groups, Australia, 2002

	15–44 (years)		45–64 (years)		65 or over (years)		Total	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
				Males				
Sensory/speech	11,000	10.8	6,200	22.7	2,700	45.8	19,900	14.7
Physical	16,000	15.7	11,400	41.9	2,900	50.1	30,400	22.5
Intellectual	8,900	8.7	1,700	6.1	**600	10.4	11,100	8.2
Unspecified	10,000	9.8	9,900	36.3	2,300	39.0	22,200	16.4
Total with disability or long-term health condition	*29,100*	*28.5*	*16,300*	*59.5*	*4,500*	*76.7*	*49,800*	*36.9*
				Females				
Sensory/speech	10,500	9.5	5,800	19.0	2,500	35.0	18,700	12.7
Physical	20,700	18.9	11,700	38.5	3,700	52.9	36,100	24.6
Intellectual	5,800	5.3	1,900	6.2	*800	11.7	8,500	5.8
Unspecified	11,700	10.7	9,000	29.5	3,100	44.5	23,800	16.2
Total with disability or long-term health condition	*32,400*	*29.5*	*15,900*	*52.4*	*4,800*	*68.8*	*53,100*	*36.1*
				Persons				
Sensory/speech	21,500	10.2	12,000	20.7	5,100	39.9	38,600	13.7
Physical	36,800	17.4	23,100	40.1	6,600	51.6	66,600	23.6
Intellectual	14,600	6.9	3,500	6.1	*1,400	11.1	19,600	7.0
Unspecified	21,700	10.3	18,900	32.7	5,400	42.0	46,000	16.3
Total with disability or long-term health condition	**61,500**	**29.0**	**32,200**	**55.7**	**9,300**	**72.4**	**102,900**	**36.5**

Notes: The reported disabilities and long-term health conditions have been grouped into broad disability types: physical, sensory/speech (sight, hearing or speech) and intellectual. These disability types are derived from the survey screening questions used to establish disability and so cannot be related to specific disabling conditions. People with a psychological disability cannot be separately identified using the common screening questions for both remote and non-remote areas. The screening question about mental illness was not asked in remote areas. People may have more than one type of disability.

Source: ABS & AIHW 2005.

Table A4.7: Users of CSTDA-funded services, primary disability group and all significant disabilities group, 2005–06

	All significant disabilities	Primary disability only
Intellectual	83,733	72,226
Physical	46,174	25,712
Psychiatric	38,086	30,064
Neurological	28,896	12,471
Speech	22,387	1,790
Autism	17,713	10,912
Vision	16,245	6,105
ABI	12,148	8,254
Hearing	11,844	6,646
Specific learning	9,354	4,571
Developmental delay	6,020	4,506
Deafblind	1,345	536
Not stated	—	33,448
Total	**—**	**217,143**

Note: Service user data are estimates after use of a statistical linkage key to account for individuals who received services from more than one service type outlet during the 12-month 2005–06 CSTDA collection period. Service user data were not collected for all CSTDA service types (see Section 1.4 of AIHW 2007d for details).

Source: AIHW 2007d.

Table A4.8: Users of CSTDA-funded services, median age (years) by employment service type, 2003–04 and 2005–06

	Male	Female	Not stated	Total
		2005–06		
Open employment services	30.9	32.7	27.8	31.6
Supported employment services	38.5	38.9	—	38.7
		2003–04		
Open employment services	30.3	31.0	—	30.6
Supported employment services	37.8	38.4	—	38.0

Notes

1. Service user data are estimates after use of a statistical linkage key to account for individuals who received services from more than one service type outlet during the 12-month 2005–06 CSTDA collection period. Service user data were not collected for all CSTDA service types (see Section 1.4 of AIHW 2007d for details).
2. 'Total' includes median ages for 936 service users where sex was missing/not stated in 2005–06.

Sources: AIHW 2005b, 2007d.

Table A4.9: Users of CSTDA-funded services, median age (years) by service group, 2003–04, 2004–05 and 2005–06

	Collection year		
Service group	**2003–04**	**2004–05**	**2005–06**
Accommodation support	40.9	41.7	42.2
Community support	18.4	20.0	20.3
Community access	36.0	37.5	37.9
Respite	19.8	20.4	21.3
Employment	33.3	33.5	34.0
All services	**30.4**	**30.9**	**31.4**

Notes

1. Service user data are estimates after use of a statistical linkage key to account for individuals who received services from more than one service type outlet during the 12-month 2005–06 CSTDA collection period. Service user data were not collected for all CSTDA service types (see Section 1.4 of AIHW 2007d for details).
2. 'All service users' includes median ages for 5,760 service users where sex data was missing/not stated in 2004–05 and 936 service users where sex data was missing/not stated in 2005–06.
3. Service users with missing age who responded 'child aged under 5 years (not applicable)' to the communication method data item were included in the median age calculations as aged 2.5 years.

Source: AIHW 2007d.

Table A4.10: Existence of an informal carer for users of CSTDA-funded services who always or sometimes need support for activities of daily living, by service user age group, 2005–06

	Age group (years)						
	Under 15	**15–24**	**25–44**	**45–64**	**65 or over**	**Not stated**	**Total**
				Number			
Has an informal carer	24,018	16,856	20,691	11,019	2,436	21	75,041
Does not have an informal carer	3,454	6,385	16,542	14,040	3,441	7	43,869
Not stated	312	2,464	3,736	2,547	325	27	9,411
Total excluding missing data	27,472	23,241	37,233	25,059	5,877	28	118,910
Total	**27,784**	**25,705**	**40,969**	**27,606**	**6,202**	**55**	**128,321**
				Per cent (excluding not stated)			
Has an informal carer	87.4	72.5	55.6	44.0	41.4	—	—
Does not have an informal carer	12.6	27.5	44.4	56.0	58.6	—	—
Total	**100.0**	**100.0**	**100.0**	**10.0**	**100.0**	**—**	**—**

Notes

1. Service user data are estimates after use of a statistical linkage key to account for individuals who received services from more than one service type outlet during the 12-month 2005–06 CSTDA collection period. Column totals may not be the sum of components because individuals may have accessed services in more than one service group over the 12-month period. Service user data were not collected for all CSTDA service types (see Section 1.4 of AIHW 2007d for details).
2. The frequency of support needed for a service user for each of the three broad groups (ADL, AIL and AWEC) is based on the highest support need category of the service user for that group. For example, if a service user reports 'always or unable to do' for the life area of self-care (one of the ADL areas) then that service user will be placed into the 'always or unable to do' category for ADL, regardless of their support needs for mobility or communication (the other two ADL areas).
3. 'Not stated/not collected' includes both service users accessing only 3.02 services for whom support needs data were not collected (see Section 1.4 of AIHW 2007d for details) and other service users with no response.

Source: AIHW 2007d.

Table A4.11: Prevalence rate[(a)] of people aged under 65 years, by living arrangement and disability status, 1981 to 2003

Living arrangements	Profound or Severe	Total with specific limitations or restrictions	Total with disability
Total households			
1981	2.2	6.5	10.9
1988	2.4	9.7	11.8
1993	2.7	9.5	12.4
1998	4.0	12.9	15.0
2003	3.8	12.2	14.7
Cared accommodation			
1981	0.2	0.2	0.2
1988	0.2	0.2	0.2
1993	0.1	0.2	0.2
1998	0.1	0.1	0.1
2003	0.1	0.1	0.1

(a) The percentages have been age standardised using the age and sex distributions of the Australian estimated resident population for June 2003 for comparative purposes.

Sources: AIHW analysis of ABS 1993, 1998 and 2003 Survey of Disability, Ageing and Carers confidentialised unit record file; unpublished data tables from the ABS 1981 and 1988 disability surveys.

Table A4.12: People aged under 65 years with disability living in cared accommodation, by age and disability status, 1981 to 2003 (per cent)(a)

Age group	1981	1988	1993	1998	2003
Profound or severe limitations					
Under 30	13.7	7.3	3.0	1.5	0.7
30–64	8.4	7.3	5.7	3.9	3.4
Total < 65	*9.6*	*7.3*	*4.9*	*3.1*	*2.4*
Total with specific limitations or restrictions					
Under 30	4.9	2.1	1.2	0.6	0.3
30–64	3.1	2.0	1.8	1.2	1.0
Total < 65	*3.5*	*2.0*	*1.6*	*1.0*	*0.8*
Total with disability					
Under 30	2.9	1.8	1.2	0.6	0.3
30–64	2.0	1.8	1.5	1.1	0.9
Total < 65	*2.2*	*1.8*	*1.4*	*0.9*	*0.7*

(a) The proportions have been age standardised using the age and sex distributions of the Australian estimated resident population for June 2003 for comparative purposes.

Sources: AIHW analysis of ABS 1993, 1998 and 2003 Survey of Disability, Ageing and Carers confidentialised unit record file; unpublished data tables from the ABS 1981 and 1988 disability surveys.

Table A4.13: CSTDA-funded accommodation service users, proportion accessing accommodation services types, 2003–04 to 2005–06 (per cent)

	2003–04	2004–05	2005–06
Institutions/hostels	15.4	14.5	13.8
Group homes	32.8	30.6	31.0
In-home support	51.8	54.9	55.2
Total	**100.0**	**100.0**	**100.0**

Source: AIHW 2007d.

Table A4.14: Students aged 5–20 years with disability: proportion with a severe or profound core activity limitation, by type of school attended, 1981 to 2003 (per cent)[(a)]

	Ordinary school—ordinary class	Ordinary school—special class	Special school	Total at school
1981	15.2	30.0	78.0	24.0
1988	18.7	42.0	78.9	27.6
1993	23.0	45.5	97.1	33.1
1998	36.6	47.6	88.7	43.5
2003	34.9	50.2	93.1	44.7

(a) Per cent refers to a percentage of the total number of people with disability in each type of school. The percentages have been age standardised using the age and sex distributions of the Australian estimated resident population for June 2003 for comparative purposes.

Sources: AIHW analysis of ABS 1993, 1998 and 2003 Survey of Disability, Ageing and Carers confidentialised unit record file; unpublished data tables from the ABS 1981 and 1988 disability surveys.

Table A4.15: Students aged 5–20 years with a severe or profound core activity limitation, type of school attended, 1981 to 2003 (per cent)[(a)]

	Ordinary school—ordinary class	Ordinary school—special class	Special school
1981	47.7	17.6	34.6
1988	51.7	22.4	25.9
1993	47.1	36.2	15.0
1998	57.6	25.3	17.1
2003	50.7	27.7	21.6

(a) Per cent refers to a percentage of the total number of students with a severe or profound limitation who were attending school. The percentages have been age standardised using the age and sex distributions of the Australian estimated resident population for June 2003 for comparative purposes.

Sources: AIHW analysis of ABS 1993, 1998 and 2003 Survey of Disability, Ageing and Carers confidentialised unit record file; unpublished data tables from the ABS 1981 and 1988 disability surveys.

Chapter 5: Housing for health and welfare

Table A5.1: Financial hardship of renters, 1998–99

Financial position	Public tenants	Private tenants—bottom two quintiles	All households
Living standard worse than 2 years ago	36.9	38.3	27.0
Spend more money than we get	21.9	25.2	14.6
Able to save most weeks	14.1	8.3	32.7
Can't afford a holiday	57.8	55.2	27.4
Can't afford to have friends and family over for a meal	15.6	16.0	5.3
Buy secondhand clothes— can't afford new ones	35.9	35.3	11.7
Could not afford $2,000 in an emergency	68.3	53.0	19.3
Could not pay utilities	38.9	45.1	16.1
Went without a meal	8.3	13.2	2.7
Could not pay insurance/registration	12.0	18.1	6.5
Had to pawn or sell items	12.6	18.0	4.3
Sought assistance from welfare agencies	15.8	15.0	3.5
Could not afford to heat home	7.4	10.0	2.3
Proportion of households with one or more members with a health or disability problem	75.0	54.5	51.3

Source: Burke & Ralston 2003.

Table A5.2: Total number of public housing dwellings at 30 June, 1996 to 2006

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Data reported prior to 1999 CSHA and NHDA									
1996	135,744	62,224	47,618	33,132	58,236	14,813	12,171	8,196	372,134
1997	133,714	62,014	49,306	32,839	56,695	14,913	11,945	7,914	369,340
1998	124,516	63,860	49,753	33,335	55,319	14,775	12,209	8,023	361,790
1999	125,083	67,423	50,273	32,926	54,041	13,590	11,791	7,320	362,447
Data reported under the 1999 CSHA and NHDA									
2000	127,513	65,996	50,662	32,697	53,485	13,405	11,758	7,451	362,967
2001	128,215	65,310	50,666	32,645	51,760	13,178	11,510	6,038	359,322
2002	127,754	64,656	50,157	32,551	49,134	12,656	11,154	6,062	354,124
2003	125,216	64,849	49,579	31,720	47,772	12,004	11,043	5,829	348,012
Data reported under the 2003 CSHA and NHDA									
2004	124,735	64,855	49,144	31,470	46,695	11,695	11,679	5,618	345,335
2005	124,247	64,727	49,137	31,510	45,648	11,644	10,846	5,542	343,301
2006	123,289	64,776	49,570	31,006	44,817	11,676	10,852	5,392	341,378

Note: Excludes the Aboriginal Rental Housing Program (state owned and managed Indigenous housing).

Sources: AIHW 2003, AIHW 2005a, Table A5.9.

Table A5.3: Annual percentage rates of population growth by age group

	Age group (years)			
Period	**25–34**	**35–44**	**45–54**	**55 or over**
1991 to 1996	0.3	1.4	4.2	1.8
1996 to 2003	0.1	0.9	2.3	2.9

Source: ABS 2004b.

Table A5.4: Government expenditure on Commonwealth State Housing Agreement assistance and Commonwealth Rent Assistance, 1994–95 to 2003–04 ($m)

	CSHA assistance		CRA	
	Current prices	**Constant prices 2003–04**	**Current prices**	**Constant prices 2003–04**
1994–95	1,509.6	1,857.7	1,453.0	1,788.0
1995–96	1,489.8	1,790.2	1,552.0	1,864.9
1996–97	1,353.4	1,600.2	1,647.0	1,947.4
1997–98	1,207.4	1,408.3	1,484.0	1,730.9
1998–99	1,276.6	1,485.2	1,505.0	1,751.0
1999–2000	1,331.0	1,522.4	1,538.0	1,759.2
2000–01	1,406.5	1,528.4	1,717.0	1,865.9
2001–02	1,392.3	1,479.2	1,815.0	1,928.3
2002–03	1,387.4	1,434.5	1,847.7	1,910.5
2003–04	1,284.5	1,284.5	1,953.0	1,953.0

Notes

1. Care needs to be taken in interpreting data because CRA is a demand-driven recurrent expenditure program, whereas CSHA expenditure includes a component for capital investment that has resulted in around $52 billion of public housing assets that are continually used for housing assistance.
2. CSHA data for 1994–95 to 1995–96 have been adjusted to enable comparability (see source document for further explanation). Commonwealth CSHA expenditure differed from Commonwealth budgetary allocations for the 3 years from 1996–97 to 1998–99 as some states and territories chose CSHA funds as the source to offset their state fiscal contributions to the Commonwealth's debt reduction program, which was agreed at the 1996 Premiers' Conference.
3. CSHA expenditure in 2000–01 and 2001–02 contained $89.7 million of GST compensation paid to state and territory governments.

Sources: DFaCS, Commonwealth State Housing Agreement, Canberra; DFaCS annual reports (various years); Housing Assistance Act 1996 annual reports (various years); ABS National Accounts: National Income Expenditure and Product, cat. no. 5206.0, Canberra.

Table A5.5: Commonwealth Rent Assistance recipients (income units) by income unit type, June 2006

Income unit type	Number of income units	Per cent
Single, no dependent children	492,362	52.0
Single, 1 or 2 dependent children	188,028	19.8
Single, 3 or more dependent children	37,710	4.0
Partnered, no dependent children	80,482	8.5
Partnered, 1 or 2 dependent children	98,789	10.4
Partnered, 3 or more dependent children	47,262	5.0
Partnered, no dependent children, temporarily separated or separated due to illness	2,700	0.3
Total	**947,333**	**100.0**

Notes

1. Data are for CRA recipients who were clients of FaCSIA only. Data exclude those paid Rent Assistance by, or on behalf of the Department of Veterans' Affairs or the Depatment of Education, Science and Training.
2. Income units are analogous to family units except that non-dependent children and other adults are treated as separate income units.
3. A child is regarded as dependent on an adult only if the adult receives Family Tax Benefit for the care of the child.
4. 'Single, no dependent children' includes single people in shared accommodation.

Source: Australian Government Housing Data Set, June 2006.

Table A5.6: Summary characteristics of public rental housing tenants, 30 June 2006

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Household composition (per cent)									
Single adult	48.9	49.0	45.6	48.4	57.2	47.9	47.2	38.5	49.2
Female single adult	21.4	29.5	27.3	27.9	31.7	27.7	26.5	17.7	26.0
Couple only	9.9	7.3	8.5	9.6	11.7	9.2	8.7	7.4	9.3
Sole parent with children	19.6	21.5	26.4	19.8	11.3	26.5	20.5	29.4	20.3
Female sole parent	16.9	19.3	23.7	18.0	9.8	23.5	18.0	25.1	17.9
Couple with children	7.0	5.8	11.4	7.8	4.3	11.4	7.2	11.6	7.4
Other singles	0.8	0.3	0.0	0.0	0.1	0.0	0.6	0.0	0.4
Group household	7.4	8.4	4.4	7.9	8.9	1.8	6.8	3.0	7.1
Mixed composition	6.2	7.8	3.7	6.4	6.6	3.2	8.9	10.2	6.3
Total	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Size of household (per cent)									
One	48.9	49.0	45.6	48.4	57.2	47.9	47.3	38.5	49.2
Two	25.2	23.8	23.8	24.3	24.7	23.6	23.4	21.3	24.4
Three	11.9	12.7	13.7	11.9	9.2	13.7	14.2	17.5	12.2
Four	7.3	7.6	8.7	7.4	5.1	7.9	8.5	11.5	7.4
Five	3.8	3.8	4.6	4.2	2.3	4.4	4.2	6.2	3.8
Six	1.7	1.7	2.0	2.0	1.0	1.6	1.5	2.9	1.7
Seven and more	1.2	1.3	1.5	1.8	0.5	0.9	1.0	2.1	1.2
Total	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Average household size	2.0	2.0	2.2	2.1	1.8	2.1	2.1	2.4	2.0
Location (ASGC) (per cent)									
Major City	80.8	72.1	61.6	70.8	77.6	0.0	99.9	0.0	71.6
Inner Regional	15.1	22.5	19.6	9.7	6.9	72.7	0.1	0.0	16.9
Outer Regional	3.7	5.4	16.5	9.3	13.5	26.4	0.0	70.8	9.4
Remote	0.3	0.0	1.7	7.0	1.8	0.6	0.0	25.6	1.6
Very Remote	0.1	0.0	0.6	3.3	0.1	0.3	0.0	3.5	0.5
Total	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Sex of main tenants (per cent)									
Females	51.5	65.2	63.9	62.8	57.1	65.0	60.4	60.2	58.5
Males	31.9	33.8	36.1	36.2	38.0	35.0	38.1	39.8	34.5
Total	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Average age of main tenants (years)									
Females	51	51	51	52	55	49	50	47	52
Average age of female single adult	62	63	62	64	63	61	60	62	62
Average age of female sole parent	38	36	39	37	36	38	36	37	38

(continued)

TableA5.6 (continued): Summary characteristics of public rental housing tenants, 30 June 2006

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Males	55	56	55	58	55	52	52	56	55
Average age of male single adult	54	56	57	58	53	53	50	58	55
Average age of male sole parent	43	41	45	44	40	44	41	45	43
Total	*55*	*53*	*53*	*54*	*55*	*50*	*50*	*50*	*54*
Disability status (per cent)									
With disability	17.6	39.5	39.0	44.6	26.6	39.6	22.8	0.0	29.1
Without disability	25.9	57.6	61.0	55.4	73.4	31.2	38.0	0.0	46.0
Unknown	56.5	2.9	0.0	0.0	0.0	29.2	39.2	100.0	24.9
Total	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Rebated households (per cent)									
Rebated households	90.2	87.0	87.9	86.5	86.3	84.4	85.2	85.2	88.0
Non-rebated households	9.8	13.0	12.1	13.5	13.7	15.6	14.8	14.8	12.0
Total	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Median rent paid ($)	74.3	75.6	80.8	69.2	73.1	69.0	82.7	73.0	74.7
Median rent rebate ($)	96.7	65.8	73.8	49.8	69.7	63.0	135.2	99.0	77.2
Length of tenancy									
6 months or less	5.4	5.9	6.2	6.7	5.1	6.9	4.5	8.3	5.8
Over 6 months to 1 year	5.3	5.7	5.9	6.9	5.3	7.2	5.5	8.5	5.7
Over 1 year to 2 years	8.7	10.3	10.9	11.9	9.1	10.5	7.4	13.9	9.8
Over 2 years to 5 years	21.7	23.2	23.3	26.1	20.7	21.6	22.0	25.0	22.5
Over 5 years to 10 years	24.3	25.2	28.5	23.3	21.6	26.2	26.3	19.7	24.7
Over 10 years to 20 years	23.9	23.0	19.8	20.7	27.8	20.1	24.1	18.8	23.1
More than 20 years	1.3	1.2	0.7	0.8	1.5	1.2	1.2	1.4	1.2
Total	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Median length of tenancy (days)									
Single adult	2,342	2,315	2,083	2,031	2,621	2,181	2,268	1,858	2,287
Couple only	3,959	3,232	3,048	2,711	4,339	2,920	4,289	1,985	3,588
Sole parent with children	1,558	1,307	1,529	1,082	1,343	1,537	1,716	1,099	1,426
Couple with children	2,062	1,811	2,192	1,275	1,805	2,244	2,665	1,628	1,971
Other singles	1,698	663	1,173	1,451	1,067	1,866	2,784	1,199	1,534
Group household	3,511	3,001	2,593	1,986	3,079	1,772	4,174	1,208	3,092
Mixed composition	3,896	2,777	2,535	1,605	3,275	1,858	3,071	2,268	3,071
Total	*2,391*	*2,140*	*1,999*	*1,734*	*2,575*	*2,027*	*2,445*	*1,572*	*2,198*
Number of new allocations	8,733	5,465	4,623	3,148	2,933	1,073	840	729	27,544
Total number of households	121,529	63,159	49,011	29,819	43,096	11,487	10,712	5,155	333,968

Source: AIHW analysis of the National Housing Assistance Data Repository.

Table A5.7: Summary characteristics of state owned and managed Indigenous housing tenants, 30 June 2006

	NSW	Vic	Qld	WA	SA	Tas	Aust
Household composition (per cent)							
Single adult	19.1	24.6	17.7	14.0	32.9	33.8	20.8
Female single adult	9.8	14.3	11.6	7.3	17.0	19.7	11.5
Couple only	4.7	3.5	7.6	4.7	3.8	7.2	5.2
Sole parent with children	45.2	46.2	33.9	37.9	31.0	40.5	39.3
Female sole parent	39.0	40.5	30.6	34.7	27.1	37.3	34.7
Couple with children	9.4	8.4	21.7	18.9	7.6	12.7	13.6
Other singles	4.6	0.5	0.3	0.0	0.3	0.0	1.6
Group household	7.3	7.3	6.3	8.3	11.1	1.2	7.6
Mixed composition	9.8	9.3	12.5	16.1	13.3	4.6	11.8
Total	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Size of household (per cent)							
One	19.1	24.6	17.7	14.0	32.9	33.8	20.8
Two	27.7	25.3	23.0	20.1	23.6	27.7	24.5
Three	21.4	21.6	17.4	17.8	17.3	20.2	19.3
Four	14.7	14.7	16.3	16.5	12.3	6.1	14.8
Five	9.5	8.3	11.7	12.2	7.0	7.2	9.9
Six	4.1	3.2	6.7	8.9	3.3	2.6	5.3
Seven and more	3.5	2.2	7.3	10.5	3.6	2.3	5.4
Total	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Average household size	3.0	2.8	3.4	3.7	2.6	2.4	3.1
Location (ASGC) (per cent)							
Major City	41.5	38.8	13.0	29.0	62.5	0.0	34.4
Inner Regional	32.2	36.9	15.1	8.1	7.4	82.1	22.5
Outer Regional	19.7	24.0	45.4	22.1	16.6	17.9	25.9
Remote	5.0	0.4	9.8	20.1	5.9	0.0	8.2
Very Remote	1.5		16.7	20.8	7.6	0.0	9.0
Total	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Sex of main tenants (per cent)							
Females	69.2	74.3	68.5	75.4	69.0	74.6	70.7
Males	18.1	24.8	31.5	24.2	27.7	25.4	24.5
Total	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*

(continued)

Table A5.7 (continued): Summary characteristics of state owned and managed Indigenous housing tenants, 30 June 2006

	NSW	Vic	Qld	WA	SA	Tas	Aust
Average age of main tenants (years)							
Females	40	41	46	42	43	40	42
Average age of female single adult	51	51	58	56	50	49	53
Average age of female sole parent	34	35	39	38	36	33	36
Males	45	44	50	50	46	45	47
Average age of male single adult	46	46	50	55	47	45	48
Average age of male sole parent	40	40	46	42	41	41	42
Total	*43*	*41*	*47*	*44*	*44*	*41*	*44*
Disability status (per cent)							
With disability	9.4	22.9	20.1	34.2	14.3	32.7	18.8
Without disability	41.6	72.7	79.9	65.8	85.7	52.6	64.3
Unknown	49.0	4.4	0.0	0.0	0.0	14.7	16.9
Total	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Rebated households (per cent)							
Rebated households	83.1	87.6	84.4	84.2	85.4	78.0	84.2
Non-rebated households	16.9	12.4	15.6	15.8	14.6	22.0	15.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Median rent paid ($)	96.7	89.3	86.5	80.7	85.2	81.0	89.2
Median rent rebate ($)	77.2	92.7	90.8	64.6	88.4	81.5	81.5
Length of tenancy							
6 months or less	8.1	8.0	6.3	9.1	7.9	8.7	7.9
Over 6 months to 1 year	7.2	8.0	10.4	9.1	10.1	10.7	8.8
Over 1 year to 2 years	10.9	15.1	11.4	15.9	14.7	15.6	13.0
Over 2 years to 5 years	24.9	31.6	26.7	27.6	24.4	31.2	26.6
Over 5 years to 10 years	21.8	24.3	26.5	18.6	22.2	22.5	22.6
Over 10 years to 20 years	19.1	10.7	13.0	15.4	15.8	9.2	15.5
More than 20 years	1.4	0.5	0.5	1.1	0.4	0.9	0.9
Total	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Median length of tenancy (days)							
Single adult	2,167	1,594	1,680	1,661	2,033	1,040	1,831
Couple only	3,868	2,756	2,843	3,360	2,260	2,209	2,990
Sole parent with children	1,327	1,118	1,297	1,060	1,014	1,047	1,215
Couple with children	1,551	1,195	1,560	1,135	857	1,744	1,384
Other singles	1,572	278	3,354		867		1,502
Group household	3,959	1,377	1,975	1,624	1,784	242	2,215
Mixed composition	2,629	1,615	1,623	1,142	1,364	1,212	1,693
Total	*1,768*	*1,293*	*1,595*	*1,218*	*1,406*	*1,198*	*1,509*
Number of new allocations	383	138	269	310	223	53	1,376
Total number of households	4,041	1,248	2,822	2,138	1,791	346	12,386

Source: AIHW analysis of the National Housing Assistance Data Repository.

Table A5.8: Rebated public rental housing and state owned and managed Indigenous housing households, principal source of income of main tenant, 30 June 2006

	Public rental housing	SOMIH
Employee cash income	17,385	752
Unincorporated business income	305	2
Government cash pension/allowance	270,129	9,541
• Youth allowance	1,243	37
• Newstart allowance	25,673	1,033
• Other allowance for students and the unemployed	1,732	174
• Age pension	79,028	1,090
• Disability support pension	83,784	1,843
• Other Centrelink pension/allowances for the aged and people with disability	235	5,364
• Other Government cash pensions/allowances	79,677	37
Other cash income	2,431	53
Nil income	1,164	50
Unknown income source	1,156	37
Total	**293,813**	**10,435**

Source: AIHW analysis of the National Housing Assistance Data Repository.

Table A5.9: Reasons for moving into public rental housing, state owned and managed Indigenous housing and community housing, 2005 (per cent)

	Public rental housing	SOMIH	Community housing
Couldn't afford private rental	67	35	57
House better suited needs			45
Security of tenure	32	13	38
Couldn't get into public housing	. .	. .	36
Wanted to live in this area	18	22	26
Better house	15	20	20
Wanted sense of community offered	. .	. .	19
Offered semi-independent living	. .	. .	17
Live with people with similar interests	. .	. .	16
In a violent/dangerous situation	9	7	13
Couldn't get private rental	8	7	12
Private landlords made it difficult	. .	7	. .
Other	10	22	. .

Source: RMR 2006; TNS Social Research 2005a, 2005b.

Table A5.10: Benefits of living in public rental housing, state owned and managed Indigenous housing and community housing, 2005 (per cent)

	Public rental housing	SOMIH	Community housing
Feel more settled	91	90	92
Manage money better	90	87	90
Able to stay in area	89	91	93
More able to cope	86	89	86
Better access to services	80	83	80
Part of a local community	74	82	75
Enjoy better health	66	79	71
Start/continue education	53	60	61
Better job situation	44	52	51
Supported by organisation	. .	. .	83
Improved family life	. .	88	. .

.. means this category was not asked for this program

Sources: RMR 2006; TNS Social Research 2005a, 2005b.

Table A5.11: Overall satisfaction with housing provider, 2005 (per cent)

	Public rental housing	SOMIH	Community housing
Very satisfied	26	18	45
Satisfied	45	46	39
Subtotal: satisfied or very satisfied	*71*	*63*	*85*
Dissatisfied	16	24	8
Neither satisfied nor dissatisfied, don't know/no opinion	13	12	7
Sample size	**14,605**	**897**	**2,935**

Notes

1. 'Very satisfied' and 'Satisfied' results shown are rounded figures. Consequently, the sum of these results does not correspond to the figure reported for 'Subtotal: satisfied or very satisfied'.
2. Table excludes the proportion of tenants who did not answer the question.

Source: RMR 2006; TNS Social Research 2005a, 2005b.

Table A5.12: Summary of community housing households assisted, 30 June 2006

Households assisted	Number of households	Per cent
Indigenous households	1,663	5.8
Households containing a person with disability	7,718	27.0
Households from a non-English-speaking background	3,567	12.4
Households with a principal tenant aged 24 years or less	1,919	6.7
Households with a principal tenant aged 75 years or more	2,496	8.7
Total households	**28,582**	**100.0**

Note: Figures may be an underestimate due to the household survey response rates being less than 100%.

Source: AIHW 2007b.

Table A5.13: Value of private rent assistance by type and jurisdiction, 2005–06 ($'000)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Bond loans	14,631	7,901	13,602	4,653	6,749	1,090	59	539	49,224
Rental grants and subsidies	13,680	5,832	948	. .	2,675	497	. .	. .	23,632
Relocation expenses	. .	456	. .	. .	. .	51	5.	. .	512
Other one-off grants	4,607	406	. .	. .	. .	42	. .	. .	5,055
Total value of assistance	**32,918**	**14,595**	**14,550**	**4,653**	**9,424**	**1,680**	**64**	**539**	**78,423**

. . means this assistance type is not provided

Source: AIHW 2007e.

Table A5.14: Percentage of each tenure group within income quintiles, 1999

	Weekly income from all sources (household)					
Tenure	**Lowest quintile**	**Second quintile**	**Third quintile**	**Fourth quintile**	**Highest quintile**	**All**
Owner without mortgage	54.1	47.1	32.5	29.0	31.4	38.8
Owner with mortgage	8.1	17.1	33.8	46.1	51.1	31.3
All owners	*62.2*	*64.2*	*66.3*	*75.0*	*82.5*	*70.1*
Public renter —rebated	11.5	5.8	1.7	0.2	0.0	3.8
Public renter—non rebated	2.8	1.7	1.3	0.5	0.1	1.3
All public renters	*14.3*	*7.5*	*3.0*	*0.7*	*0.1*	*5.1*
Private renter with CRA	10.1	11.9	5.1	1.4	0.3	5.8
Private renter without CRA	9.1	13.7	22.5	20.5	15.9	16.4
All private renters	*19.2*	*25.6*	*27.6*	*22.0*	*16.2*	*22.1*
All	100.0	100.0	100.0	100.0	100.0	100.0

Source: Australian Housing Survey, 1999, confidentialised unit record files.

Chapter 6: The dynamics of homelessness

Table A6.1: SAAP agencies: primary target group by state and territory, 2005–06 (per cent)

									Australia	
Primary target group	**NSW**	**Vic**	**Qld**	**WA**	**SA**	**Tas**	**ACT**	**NT**	**Per cent**	**Number**
Young people	42.6	37.3	33.5	29.9	27.2	28.6	30.6	21.6	36.0	468
Single men only	9.6	3.9	5.4	5.5	13.6	5.7	10.2	8.1	7.0	91
Single women only	4.7	4.7	2.0	0.8	2.5	—	6.1	2.7	3.6	47
Families	5.9	10.0	13.8	9.4	11.1	—	14.3	8.1	9.2	120
Women escaping domestic violence	24.0	17.8	26.6	29.9	27.2	5.7	18.4	27.0	22.8	296
Cross-target/general	13.2	26.2	18.7	24.4	18.5	60.0	20.4	32.4	21.4	278
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**. .**
Total (number)	**387**	**381**	**203**	**127**	**81**	**35**	**49**	**37**	**. .**	**1,300**

Source: SAAP Administrative Data Collection.

Table A6.2: SAAP clients and support periods and mean and median lengths of support and accommodation, by primary target group, 2005–06

			Length of support		Length of accommodation	
Primary target group	**Clients**	**Support periods**	**Mean**	**Median**	**Mean**	**Median**
	Per cent		**Days**			
Young people	20.5	18.5	85	26	64	14
Single men only	11.7	12.7	36	7	30	7
Single women only	3.4	3.3	68	19	65	12
Families	7.5	6.3	94	41	146	89
Women escaping domestic violence	23.0	21.5	42	6	29	6
Cross-target/general	33.8	37.9	30	0	46	10
Total (per cent)	**100.0**	**100.0**	**. .**	**. .**	**. .**	**. .**
Total (number)	**106,500**	**180,000**	**48**	**6**	**47**	**9**

Notes

1. Number excluded due to errors and omissions: 3 closed support periods (length of support), 2,229 closed accommodated support periods (length of accommodation).
2. The number of clients by primary target group is based on the first support period of the client. The client may have had subsequent support periods in other primary target groups.
3. Mean and median accommodation period lengths exclude accommodation periods that lasted less than 1 night.
4. Client figures have been weighted for agency non-participation and client-non-consent.
5. Support periods and the mean and median support period and accommodation period lengths are weighted for agency non-participation.

Sources: SAAP Client and Administrative Data collections.

Table A6.3: Total people turned away by primary target group of agency, 7–13 December 2005 and 17–23 May 2006 (daily average)

	Young people	Single men only	Single women only	Families	Women escaping domestic violence	Cross-target/ general	Total
	Total people (clients and accompanying children) requiring new accommodation (number)						
Not accommodated (turned away) (A)	57.9	21.9	6.5	68.9	90.8	109.7	355.7
Newly accommodated (B)	34.3	75.6	5.2	18.5	76.4	53.0	263.0
Successful first request	29.9	57.1	4.9	16.6	71.4	44.1	223.9
Accommodated in subsequent request(s)	4.4	18.6	0.3	1.9	5.0	8.9	39.1
Total requiring new accommodation (C) (A + B)	92.1	97.6	11.7	87.4	167.1	162.7	618.7
	People (clients and accompanying children) already accommodated (number)						
Accommodation ending	36.8	74.8	6.6	16.5	90.4	50.9	275.9
Continuing accommodation (D)	2,390.3	1,421.4	526.1	2,702.4	2,592.2	2,463.9	12,096.4
Total accommodated (B + D)	**2,424.6**	**1,497.1**	**531.4**	**2,720.9**	**2,668.6**	**2,516.9**	**12,359.4**
Total demand for accommodation (E) (A + B + D)	**2,482.4**	**1,519.0**	**537.9**	**2,789.9**	**2,759.4**	**2,626.6**	**12,715.1**
	Proportion turned away (per cent)						
Turn-away (A ÷ C) **(per cent requiring new accommodation)**	**62.8**	**22.5**	**55.5**	**78.8**	**54.3**	**67.4**	**57.5**
Turn-away (A ÷ E) **(per cent total demand for accommodation)**	**2.3**	**1.4**	**1.2**	**2.5**	**3.3**	**4.2**	**2.8**

Notes

1. Number excluded due to errors and omissions: 0 Demand for Accommodation Collection; 131 Client Collection (daily average).
2. Adjustments have been made for missing data from the Demand for Accommodation Collection.
3. People may make more than one request for accommodation in a day. Demand for Accommodation Collection data are based on the first valid unmet request for accommodation made.
4. The accommodation status of a client or accompanying child on a particular day is based on the reported periods of accommodation within a support period. Note that dates of support and accommodation are not collected for accompanying children. A client can end one period of accommodation and start another on the same day at the same agency; these are considered to be a single period. It can be reasonably assumed that a client will not have more than one period of accommodation at different agencies on the same day.
5. 'Not accommodated' and 'Accommodated in subsequent request(s)' refer to people with a valid unmet request for immediate accommodation.
6. Only data from agencies that participated in both the Client Collection and the Demand for Accommodation Collection are included. Consequently, the figures understate the level of activity in SAAP agencies.
7. Figures are unweighted.

Sources: SAAP Demand for Accommodation and Client collections.

Table A6.4: Total people turned away by requesting group, 7–13 December 2005 and 17–23 May 2006 (daily average)

	Individual(s) no children	Individual(s) with children	Couple no children	Couple with children	Total
	Total people requiring new accommodation (number)				
Not accommodated (turned away) (A)	135.4	185.8	7.6	26.9	355.7
Newly accommodated (B)	155.8	95.4	2.7	9.1	263.0
Successful first request	127.5	86.6	1.9	8.0	223.9
Accommodated in subsequent request(s)	28.3	8.8	0.9	1.1	39.1
Total requiring new accommodation (C) (A + B)	**291.1**	**281.1**	**10.4**	**36.1**	**618.7**
	Clients and accompanying children already accommodated (number)				
Accommodation ending	156.9	106.1	3.8	9.1	275.9
Continuing accommodation (D)	4,429.4	6,209.2	156.6	1,301.2	12,096.4
Total accommodated (B + D)	**4,585.1**	**6,304.6**	**159.3**	**1,310.4**	**12,359.4**
Total demand for accommodation (E) (A + B + D)	**4,720.5**	**6,490.4**	**166.9**	**1,337.3**	**12,715.1**
	Proportion turned away (per cent)				
Turn-away (A ÷ C) (per cent requiring new accommodation)	**46.5**	**66.1**	**73.8**	**74.7**	**57.5**
Turn-away (A ÷ E) (per cent total demand for accommodation)	**2.9**	**2.9**	**4.6**	**2.0**	**2.8**

Notes

1. Number excluded due to errors and omissions: 0 Demand for Accommodation Collection; 131 Client Collection (daily average).
2. Adjustments have been made for missing data from the Demand for Accommodation Collection.
3. People may make more than one request for accommodation in a day. Demand for Accommodation Collection data are based on the first valid unmet request for accommodation made.
4. The accommodation status of a client or accompanying child on a particular day is based on the reported periods of accommodation within a support period. Note that dates of support and accommodation are not collected for accompanying children. A client can end one period of accommodation and start another on the same day at the same agency; these are considered to be a single period. It can be reasonably assumed that a client will not have more than one period of accommodation at different agencies on the same day.
5. 'Not accommodated' and 'Accommodated in subsequent request(s)' refer to people with a valid unmet request for immediate accommodation.
6. Only data from agencies that participated in both the Client Collection and the Demand for Accommodation Collection are included. Consequently, the figures understate the level of activity in SAAP agencies.
7. Figures are unweighted.

Sources: SAAP Demand for Accommodation and Client collections.

Table A6.5: People with a valid unmet request for SAAP accommodation, by when accommodation was required and requesting group, 7–13 December 2005 and 17–23 May 2006 (per cent daily average)

When accommodation required	Individual(s) no children	Individual(s) with children	Couple no children	Couple with children	Total	
					Per cent	Number
Within 24 hours	66.3	53.7	58.9	42.4	57.2	394.8
After 24 hours	33.7	46.3	41.1	57.6	42.8	294.9
Total (per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**. .**
Total (row per cent)	**35.8**	**52.5**	**2.1**	**9.6**	**100.0**	**. .**
Total (number)	**246.7**	**362.4**	**14.4**	**66.1**	**. .**	**689.7**

Notes

1. Adjustments have been made for missing data.
2. People may make more than one request for accommodation in a day. Data are based on the first valid unmet request for accommodation made.
3. Only data from agencies that participated in both the Client Collection and the Demand for Accommodation Collection are included. Consequently, the figures understate the level of activity in SAAP agencies.
4. Figures are unweighted.

Source: SAAP Demand for Accommodation Collection.

Table A6.6: Total people turned away by state and territory, 7–13 December 2005 and 17–23 May 2006 (daily average)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
	Total people requiring new accommodation (number)								
Not accommodated (turned away) (A)	87.6	53.4	83.3	57.5	30.7	22.7	11.1	9.3	355.7
Newly accommodated (B)	88.6	43.1	57.6	32.0	17.1	11.7	4.8	8.1	263.0
Successful first request	80.2	37.3	40.2	30.6	14.4	10.4	4.3	6.5	223.9
Accommodated in subsequent request(s)	8.4	5.8	17.4	1.4	2.7	1.3	0.5	1.6	39.1
Total requiring new accommodation (C) (A + B)	**176.2**	**96.5**	**140.9**	**89.5**	**47.9**	**34.4**	**15.9**	**17.4**	**618.7**
	Clients and accompanying children already accommodated (number)								
Accommodation ending	88.6	53.2	60.2	32.7	16.6	11.4	3.9	9.1	275.9
Continuing accommodation (D)	3,538.2	3,348.2	2,123.4	950.5	1,204.9	353.1	349.9	228.1	12,096.4
Total accommodated (B + D)	**3,626.8**	**3,391.3**	**2,181.1**	**982.5**	**1,222.1**	**364.8**	**354.7**	**236.1**	**12,359.4**
Total demand for accommodation (E) (A + B + D)	**3,714.4**	**3,444.7**	**2,264.4**	**1,040.0**	**1,252.8**	**387.5**	**365.9**	**245.4**	**12,715.1**
	Proportion turned away (per cent)								
Turn-away (A ÷ C) (per cent requiring new accommodation)	**49.7**	**55.4**	**59.1**	**64.2**	**64.2**	**66.0**	**70.0**	**53.5**	**57.5**
Turn-away (A ÷ E) (per cent total demand for accommodation)	**2.4**	**1.6**	**3.7**	**5.5**	**2.5**	**5.9**	**3.0**	**3.8**	**2.8**
Per cent of the homeless population in SAAP accommodation	**15**	**8**	**25**	**15**	**9**	**13**	**24**	**4**	**14**

Notes

1. Number excluded due to errors and omissions: 0 Demand for Accommodation Collection; 131 Client Collection (daily average).
2. Adjustments have been made for missing data from the Demand for Accommodation Collection.
3. People may make more than one request for accommodation in a day. Demand for Accommodation Collection data are based on the first valid unmet request for accommodation made.
4. The accommodation status of a client or accompanying child on a particular day is based on the reported periods of accommodation within a support period. Note that dates of support and accommodation are not collected for accompanying children. A client can end one period of accommodation and start another on the same day at the same agency, these are considered to be a single period. It can be reasonably assumed that a client will not have more than one period of accommodation at different agencies on the same day.
5. 'Not accommodated' and 'Accommodated in subsequent request(s)' refer to people with a valid unmet request for immediate accommodation.
6. Only data from agencies that participated in both the Client Collection and the Demand for Accommodation Collection are included. Consequently, the figures understate the level of activity in SAAP agencies.
7. This table allows comparison of state and territory data. It is not referred to in Chapter 6.
8. Figures are unweighted.

Sources: SAAP Demand for Accommodation and Client collections; Chamberlain & MacKenzie 2003.

Table A6.7: Total people turned away each day, 7–13 December 2005 and 17–23 May 2006

	Wed 7 Dec	Thu 8 Dec	Fri 9 Dec	Sat 10 Dec	Sun 11 Dec	Mon 12 Dec	Tue 13 Dec	Wed 17 May	Thu 18 May	Fri 19 May	Sat 20 May	Sun 21 May	Mon 22 May	Tue 23 May	Daily average
Total people requiring new accommodation (number)															
Not accommodated (turned away) (A)	461	366	410	148	132	530	393	537	408	425	23	101	582	464	355.7
Newly accommodated (B)	284	341	307	171	138	286	341	303	311	309	167	129	319	276	263.0
Successful first request	235	292	278	164	132	234	234	269	276	274	81	123	289	254	223.9
Accommodated in subsequent request(s)	49	49	29	7	6	52	107	34	35	35	86	6	30	22	39.1
Total requiring new accommodation (C) (A + B)	**745**	**707**	**717**	**319**	**270**	**816**	**734**	**840**	**719**	**734**	**190**	**230**	**901**	**740**	**618.7**
Clients and accompanying children already accommodated (number)															
Accommodation ending	303	308	334	159	151	323	259	335	338	320	171	219	344	298	275.9
Continuing accommodation (D)	12,780	12,761	12,763	12,906	12,927	12,747	12,764	11,422	11,398	11,381	11,503	11,454	11,264	11,279	12,096.4
Total accommodated (B + D)	**13,064**	**13,102**	**13,070**	**13,077**	**13,065**	**13,033**	**13,105**	**11,725**	**11,709**	**11,690**	**11,670**	**11,583**	**11,583**	**11,555**	**12,359.4**
Total demand for accommodation (E) (A + B + D)	**13,525**	**13,468**	**13,480**	**13,225**	**13,197**	**13,563**	**13,498**	**12,262**	**12,117**	**12,115**	**11,693**	**11,684**	**12,165**	**12,019**	**12,715.1**
Proportion turned away (per cent)															
Turn-away (A ÷ C) (per cent requiring new accommodation)	**61.9**	**51.8**	**57.2**	**46.4**	**48.9**	**65.0**	**53.5**	**63.9**	**56.7**	**57.9**	**12.1**	**43.9**	**64.6**	**62.7**	**57.5**
Turn-away (A ÷ E) (per cent total demand for accommodation)	**3.4**	**2.7**	**3.0**	**1.1**	**1.0**	**3.9**	**2.9**	**4.4**	**3.4**	**3.5**	**0.2**	**0.9**	**4.8**	**3.9**	**2.8**

Notes

1. Number excluded due to errors and omissions: 0 Demand for Accommodation Collection; 131 Client Collection (daily average).
2. Adjustments have been made for missing data from the Demand for Accommodation Collection.
3. People may make more than one request for accommodation in a day. Demand for Accommodation Collection data are based on the first valid unmet request for accommodation made.
4. The accommodation status of a client or accompanying child on a particular day is based on the reported periods of accommodation within a support period. Note that dates of support and accommodation are not collected for accompanying children. A client can end one period of accommodation and start another on the same day at the same agency; these are considered to be a single period. It can be reasonably assumed that a client will not have more than one period of accommodation at different agencies on the same day.
5. 'Not accommodated' and 'Accommodated in subsequent request(s)' refer to people with a valid unmet request for immediate accommodation.
6. Only data from agencies that participated in both the Client Collection and the Demand for Accommodation Collection are included. Consequently, the figures understate the level of activity in SAAP agencies.
7. Figures are unweighted.

Sources: SAAP Demand for Accommodation and Client Collections.

Table A6.8: SAAP support periods: mental health and/or substance use by primary target group of agency, 2005–06 (per cent)

	Young people	Single men only	Single women only	Families	Women escaping domestic violence	Cross-target/ general	Total	
							Per cent	Number
Mental health	9.0	9.8	11.2	9.8	9.8	9.6	9.6	17,300
Substance use	9.5	21.4	13.3	6.9	5.7	10.0	10.4	18,600
Comorbidity	4.4	12.5	6.7	4.0	2.1	3.1	4.5	8,100
Other	77.1	56.3	68.8	79.2	82.3	77.3	75.5	135,900
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**. .**
Total (number)	**33,300**	**22,800**	**5,800**	**11,200**	**38,600**	**68,200**	**. .**	**180,000**

Note: Figures have been weighted to adjust for agency non-participation.

Source: SAAP Client and Administrative Data Collections.

Table A6.9: SAAP closed support periods in which clients were accommodated: type of house or dwelling immediately before and after SAAP support by client group, 2005–06 (per cent)

	Living rough/ improvised dwelling	Boarding/ rooming house	Caravan	Other	Total	Total (number)
			Before support			
Male alone <25 years	14.0	8.4	1.8	75.8	100.0	8,700
Male alone 25–44 years	22.7	10.2	2.3	64.8	100.0	13,900
Male alone 45 years or over	24.0	9.8	2.8	63.4	100.0	6,200
Female alone <25 years	7.2	6.5	1.8	84.4	100.0	8,100
Female alone 25–44 years	11.1	7.9	2.4	78.6	100.0	6,400
Female alone 45 years or over	9.2	6.4	2.6	81.7	100.0	2,200
Couple no children	18.5	7.5	3.8	70.2	100.0	1,000
Couple with children	8.2	3.6	7.9	80.3	100.0	1,800
Male with children	11.0	5.3	5.4	78.3	100.0	600
Female with children	2.6	4.3	2.6	90.5	100.0	13,700
Other	8.2	4.8	2.8	84.1	100.0	200
Total (row per cent)	**12.9**	**7.5**	**2.5**	**77.1**	**100.0**	**. .**
Total (number)	**8,100**	**4,700**	**1,600**	**48,400**	**. .**	**62,800**
			After support			
Male alone <25 years	3.7	10.3	1.9	84.1	100.0	5,400
Male alone 25–44 years	12.4	13.7	3.0	70.8	100.0	7,000
Male alone 45 years or over	14.2	11.9	2.5	71.5	100.0	3,700
Female alone <25 years	2.3	7.2	1.3	89.2	100.0	6,100
Female alone 25–44 years	5.4	9.9	1.8	82.9	100.0	4,600
Female alone 45 years or over	4.8	7.7	2.2	85.3	100.0	1,800
Couple no children	2.6	8.8	6.0	82.6	100.0	800
Couple with children	1.0	1.7	2.4	94.9	100.0	1,500
Male with children	1.7	4.5	3.0	90.9	100.0	500
Female with children	0.7	3.6	1.3	94.3	100.0	11,500
Other	1.8	3.3	0.8	94.1	100.0	100
Total (row per cent)	**5.1**	**8.2**	**2.0**	**84.7**	**100.0**	**. .**
Total (number)	**2,200**	**3,500**	**900**	**36,400**	**. .**	**43,000**

Notes

1. Number excluded due to errors and omissions before support: 6,716.
2. Number excluded due to errors and omissions after support: 26,465.
3. Figures have been weighted to adjust for agency non-participation and client non-consent.

Source: SAAP Client Collection.

Table A6.10: SAAP closed support periods in which clients were accommodated: living situation immediately before and after SAAP support by client group, 2005–06 (per cent)

	Before support				After support			
Client group	With relatives/ friends temporary	Other	Total	Total (number)	With relatives/ friends temporary	Other	Total	Total (number)
Male alone <25 years	19.8	80.2	100.0	8,800	15.8	84.2	100.0	5,800
Male alone 25–44 years	11.9	88.1	100.0	13,600	8.8	91.2	100.0	8,100
Male alone 45 years or over	8.3	91.7	100.0	6,100	6.5	93.5	100.0	4,200
Female alone <25 years	24.5	75.5	100.0	8,300	19.3	80.7	100.0	6,500
Female alone 25–44 years	14.9	85.1	100.0	6,400	15.4	84.6	100.0	4,800
Female alone 45 years or over	13.9	86.1	100.0	2,200	12.2	87.8	100.0	1,800
Couple no children	18.4	81.6	100.0	1,000	6.8	93.2	100.0	800
Couple with children	16.4	83.6	100.0	1,800	5.2	94.8	100.0	1,600
Male with children	23.1	76.9	100.0	600	7.0	93.0	100.0	500
Female with children	16.6	83.4	100.0	14,000	13.5	86.5	100.0	11,900
Other	16.8	83.2	100.0	200	9.1	90.9	100.0	100
Total (row per cent)	**16.1**	**83.9**	**100.0**	**. .**	**12.8**	**87.2**	**100.0**	**. .**
Total (number)	**10,100**	**52,900**	**. .**	**63,000**	**5,900**	**40,300**	**. .**	**46,200**

Notes

1. Number excluded due to errors and omissions before support: 6,458.
2. Number excluded due to errors and omissions after support: 23,329.
3. Figures have been weighted to adjust for agency non-participation and client non-consent.

Source: SAAP Client Collection.

Table A6.11: SAAP closed support periods in which clients were accommodated: tenure type immediately before and after SAAP support by client group, 2005–06 (per cent)

	Before support				After support			
Client group	SAAP/ CAP	Other	Total	Total (number)	SAAP/ CAP	Other	Total	Total (number)
Male alone <25 years	21.8	78.2	100.0	8,300	25.3	74.7	100.0	5,100
Male alone 25–44 years	17.8	82.2	100.0	13,400	23.1	76.9	100.0	6,700
Male alone 45 years or over	20.8	79.2	100.0	5,900	25.1	74.9	100.0	3,500
Female alone <25 years	19.9	80.1	100.0	7,700	22.7	77.3	100.0	5,800
Female alone 25–44 years	16.8	83.2	100.0	6,200	22.5	77.5	100.0	4,400
Female alone 45 years or over	16.6	83.4	100.0	2,100	17.9	82.1	100.0	1,700
Couple no children	17.5	82.5	100.0	1,000	22.1	77.9	100.0	700
Couple with children	19.3	80.7	100.0	1,700	22.4	77.6	100.0	1,500
Male with children	18.7	81.3	100.0	500	23.1	76.9	100.0	500
Female with children	16.9	83.1	100.0	13,200	21.4	78.6	100.0	11,200
Other	18.9	81.1	100.0	200	12.0	88.0	100.0	100
Total (row per cent)	**18.6**	**81.4**	**100.0**	**. .**	**22.7**	**77.3**	**100.0**	**. .**
Total (number)	**11,200**	**48,900**	**. .**	**60,100**	**9,400**	**32,000**	**. .**	**41,300**

Notes

1. Number excluded due to errors and omissions before support: 9,345.
2. Number excluded due to errors and omissions after support: 28,167.
3. Figures have been weighted to adjust for agency non-participation and client non-consent.

Source: SAAP Client Collection.

Chapter 7: Welfare services resources

Table A7.1: Funding of welfare services by provider type, 2005–06

Provider of service	Source of funds						Total	Proportion of services provider (per cent)
	Australian Government	State and territory	Local	Total goverments	NGCSOs	House-holds		
Government								
Australian	3,284	—	—	3,284	—	7	3,291	11.4
State and territory	787	2,599	—	3,385	—	336	3,721	12.9
Local	82	431	603	1,116	—	224	1,340	4.6
Total governments	4,153	3,029	603	7,786	—	566	8,352	28.9
NGCSOs	7,260[a]	5,385	7	12,652	2,589	5,048	20,289	70.3
Informal sector	—	—	—	—	—	234	234	0.8
Total for all sectors	11,413	8,414	610	20,437	2,589	5,848	28,875	100.0
Proportion of funding (per cent)	39.5%	29.1%	2.1%	70.8%	9.0%	20.3%	100.0%	. .

Note: Total may not add due to rounding.

(a) This amount includes part of specific purpose payments (SPPS) by the Australian Government to state and territory governments. The proportion of SPPs that was passed on to NGCSOs was estimated based on the New South Wales Department of Ageing, Disability and Home Care (DADHC) annual report 2005–06 (DADHC 2006: 46). For 2005–06, it was estimated that of the total $1.9 billion SPPs to state and territory, $1.2 billion was passed on to NGCSOs to provide services.

Chapter 8: Indicators of Australia's welfare

Table A8.1: Year 12 apparent retention rate, by sex and Indigenous Status, 1980 to 2006 (per cent)

	1980	1982	1984	1986	1988	1990	1992	1993	1995	1996	1998	2000	2002	2004	2005	2006
Males	31.9	32.9	42.1	45.6	53.4	58.3	72.5	71.9	66.7	65.9	65.9	66.1	69.8	70.4	69.9	69.0
Females	37.3	39.9	48.0	52.1	61.8	69.9	82.0	81.4	77.9	77.0	77.7	78.7	80.7	81.4	81.0	80.6
Indigenous students	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	30.6	29.2	32.1	36.4	38.0	39.5	39.5	40.1
All students	34.5	36.3	45.0	48.7	57.6	64.0	77.1	76.6	73.2	71.3	72.7	73.3	76.3	75.7	75.3	74.7

Note: The apparent retention rate to Year 12 is the percentage of students who remain in secondary education from the start of secondary schooling to Year 12. To calculate the apparent retention rate in Year 12 in 2006, the total number of full-time students enrolled in Year 12 in 2006 is divided by the number of full-time students who were in the base year—Year 7 in NSW, Vic, Tas and the ACT in 2001, and Year 8 in Qld, SA, WA and the NT in 2002.

Source: ABS 2007d.

Table A8.2: Highest non-school qualification of persons aged 15–64 years, 1996 to 2006 (per cent)

	1996	1998	2000	2002	2004	2006
Bachelor degree or above	12.8	14.3	15.7	17.8	18.9	20.6
Diploma or certificate	29.4	27.6	28.1	29.8	31.3	30.8
None	57.7	58.1	56.2	51.8	49.1	47.6

Note: Totals may not add to 100% because the level of highest non-school qualification of some persons could not be determined.

Source: ABS 2006m:Table 7.

Table A8.3: Year 7 students achieving national educational benchmarks, by Indigenous status, 2001 to 2005 (per cent)

	2001	2002	2003	2004	2005
All students					
Reading	88.4	89.1	89.4	91.0	89.8
Writing	92.6	90.7	92.1	93.6	92.2
Numeracy	82.0	83.5	81.3	82.1	81.8
Indigenous students					
Reading	60.1	65.3	66.4	71.0	63.8
Writing	74.3	71.6	74.4	78.8	72.3
Numeracy	48.6	51.9	49.3	51.9	48.8

Note: The data represent students who have achieved the benchmark as a percentage of the students participating in the state and territory testing, including students who were formally exempted (these students are reported as below the benchmark). Students who were absent or withdrawn by parents/caregivers from the testing, and students attending a school not participating in the testing, are not included in the data.

Source: MCEETYA 2007.

Table A8.4: Components of household wealth, by net household worth quintile, 2003–04 ($'000)

	Lowest	Second	Third	Fourth	Highest	All
Mean liabilities	–10.9	–65.9	–83.5	–83.0	–103.9	–69.4
Mean financial assets	7.8	34.4	53.2	109.9	477.4	136.5
Mean non-financial assets	27.5	171.7	326.2	471.6	1,006.2	400.6

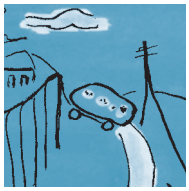
Note: Financial assets include the value of children's assets and loans to persons not in the same household.
Source: ABS 2006n:Table 6.

Table A8.5: Female labour force participation rates, by age group, 1986–87, 1996–97 and 2006–07 (per cent)

Age group (years)	1986–87	1996–97	2006–07
15–19	59.9	58.6	61.0
20–24	76.1	77.7	78.1
25–29	62.5	70.8	75.5
30–34	60.0	65.4	69.6
35–39	64.2	68.9	72.4
40–44	66.4	74.4	76.6
45–49	61.1	73.2	79.3
50–54	48.1	62.6	73.6
55–59	30.8	42.3	59.5
60–64	13.1	18.3	34.3
65–69	4.8	6.3	11.5
70 or over	1.3	1.5	2.1

Source: ABS 2007i:Data cube LM2.

Population tables



The following population tables are included to provide readers with the data used in most instances in this report for the calculation of rates and ratios.

Table P1: Indigenous Australians (estimated resident Indigenous population), by sex, age and state/territory, 30 June 2001

Age group (years)	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Indigenous males									
Less than 1	1,877	326	1,727	858	301	237	43	779	6,151
1–4	7,448	1,450	6,893	3,500	1,289	889	201	2,720	24,400
5–9	9,624	1,940	9,090	4,511	1,735	1,183	292	3,683	32,065
10–14	8,704	1,702	7,923	4,349	1,577	1,269	203	3,417	29,152
15–19	6,899	1,429	6,272	3,355	1,354	982	210	3,007	23,526
20–24	5,250	1,115	4,943	2,667	1,031	658	170	2,758	18,600
25–29	4,963	1,117	4,819	2,711	1,035	563	186	2,669	18,069
30–34	4,642	1,038	4,433	2,483	969	551	166	2,274	16,566
35–39	4,271	856	3,905	2,174	852	520	133	1,895	14,612
40–44	3,787	767	3,296	1,759	715	506	132	1,500	12,471
45–49	3,031	630	2,545	1,432	557	437	100	1,194	9,933
50–54	2,333	529	2,044	1,031	420	325	54	872	7,611
55–59	1,714	316	1,229	688	291	223	32	593	5,089
60–64	1,223	216	869	488	183	154	18	463	3,623
65–69	820	147	673	342	122	109	12	262	2,489
70–74	428	90	402	229	91	55	1	177	1,473
75 or over	418	131	463	304	82	57	10	229	1,696
Total Indigenous males	*67,432*	*13,799*	*61,526*	*32,881*	*12,604*	*8,718*	*1,963*	*28,492*	*227,526*
Indigenous females									
Less than 1	1,711	340	1,681	832	315	194	60	734	5,869
1–4	7,156	1,477	6,788	3,325	1,310	874	205	2,636	23,784
5–9	9,026	1,830	8,547	4,194	1,677	1,116	248	3,314	29,967
10–14	8,155	1,698	7,504	3,992	1,549	1,090	238	3,066	27,304
15–19	6,616	1,372	6,268	3,287	1,317	1,016	202	2,966	23,053
20–24	4,942	1,111	5,429	2,752	1,020	702	178	2,664	18,809
25–29	5,374	1,148	5,581	2,736	1,072	608	171	2,644	19,349
30–34	5,165	1,112	5,158	2,686	1,017	630	179	2,342	18,296
35–39	4,703	944	4,430	2,307	904	594	137	2,039	16,065
40–44	3,929	793	3,485	1,821	775	572	126	1,605	13,114
45–49	3,096	637	2,819	1,524	579	401	88	1,276	10,425

(continued)

Table P1 (continued): Indigenous Australians (estimated resident Indigenous population), by sex, age and state/territory, 30 June 2001

Age group (years)	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
50–54	2,472	516	2,167	1,128	445	290	42	954	8,018
55–59	1,651	340	1,477	743	291	176	36	644	5,363
60–64	1,233	245	1,129	587	255	163	18	550	4,185
65–69	901	170	733	426	156	88	6	377	2,859
70–74	615	129	514	288	121	72	5	236	1,981
75 or over	711	185	674	422	137	80	7	336	2,553
Total Indigenous females	*67,456*	*14,047*	*64,384*	*33,050*	*12,940*	*8,666*	*1,946*	*28,383*	*230,994*
Total Indigenous persons	**134,888**	**27,846**	**125,910**	**65,931**	**25,544**	**17,384**	**3,909**	**56,875**	**458,520**

Note: Data are final estimates. The data for 'Australia' include Other Territories, comprising Jervis Bay Territory, Christmas Island and the Cocos (Keeling) Islands.

Source: ABS 2004. Experimental estimates and projections, Aboriginal and Torres Strait Islander Australians, 30 June 1991 to 30 June 2009. Cat. no. 3238.0. Canberra: ABS.

Table P2: Australians (estimated resident population based on the 2006 Census of Population and Housing), by sex, age and state/territory, 30 June 2006

Age group (years)	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Males									
Less than 1	45,946	33,017	28,227	13,915	9,290	3,334	2,233	1,898	137,879
1–4	177,798	129,049	109,613	53,361	36,735	12,277	8,259	7,163	534,304
5–9	226,087	165,255	141,430	70,209	48,683	16,418	10,336	8,832	687,357
10–14	233,633	172,790	149,005	74,303	52,182	17,635	10,960	8,654	719,258
15–19	234,387	178,677	145,048	75,977	53,900	17,443	12,640	8,126	726,266
20–24	238,911	187,325	149,394	77,250	55,317	15,637	15,246	8,753	747,927
25–29	233,965	179,872	138,363	70,664	49,398	13,480	13,634	8,912	708,376
30–34	247,095	187,097	146,389	74,057	51,645	14,734	13,137	9,152	743,386
35–39	245,018	192,627	149,048	78,643	55,975	16,389	12,719	9,022	759,543
40–44	250,673	188,125	149,243	78,807	57,498	17,375	12,132	8,600	762,579
45–49	242,736	181,479	145,140	76,564	57,304	18,108	11,794	7,908	741,136
50–54	220,553	165,327	134,142	70,837	53,006	17,131	10,935	6,994	679,033
55–59	206,999	152,457	128,406	65,567	50,378	16,494	10,166	6,139	636,723
60–64	163,570	119,545	100,848	48,628	39,160	13,164	7,029	4,061	496,072
65–69	128,384	94,881	76,275	37,113	30,820	10,366	4,847	2,495	385,226
70–74	102,932	76,174	57,222	28,032	25,487	8,084	3,554	1,272	302,778
75–79	86,436	64,659	45,766	22,579	22,504	6,543	2,818	848	252,158
80–84	57,257	42,664	29,859	14,331	15,280	4,336	1,895	376	166,000
85 or over	35,714	26,777	19,267	8,816	9,800	2,643	1,123	190	104,337
Total males	*3,378,094*	*2,537,797*	*2,042,685*	*1,039,653*	*774,362*	*241,591*	*165,457*	*109,395*	*10,290,338*
Females									
Less than 1	43,722	31,545	26,629	13,316	8,782	3,090	2,115	1,817	131,032
1–4	167,855	122,519	103,621	49,964	35,135	11,530	7,887	6,850	505,436
5–9	215,559	156,291	134,736	65,809	46,892	15,603	10,214	8,218	653,422
10–14	222,208	163,706	141,330	69,131	49,684	16,628	10,565	8,108	681,455
15–19	222,908	169,593	138,335	70,880	50,875	16,467	11,877	7,406	688,400
20–24	231,968	181,054	145,393	71,801	53,083	15,443	14,431	8,260	721,505
25–29	233,261	176,993	136,230	67,484	47,591	13,893	13,712	8,858	698,090
30–34	251,218	190,211	147,477	72,289	50,927	15,485	13,173	8,912	749,767
35–39	249,502	196,916	151,270	76,410	55,336	17,052	12,736	8,558	767,888
40–44	252,789	192,092	153,134	77,745	57,898	17,927	12,665	7,783	772,130
45–49	247,364	185,420	148,118	75,960	58,487	18,732	12,616	7,362	754,152
50–54	223,149	167,841	134,089	69,708	54,322	17,377	11,618	6,455	684,647
55–59	206,142	156,593	125,705	62,437	51,876	16,598	10,470	4,967	634,836
60–64	163,236	120,840	97,658	45,904	40,647	13,140	7,165	3,148	491,775
65–69	132,833	98,799	74,703	36,773	33,127	10,657	5,164	1,865	393,943
70–74	112,143	83,996	58,683	29,610	28,148	8,678	3,984	1,107	326,360
75–79	104,093	77,527	52,674	25,798	27,362	7,782	3,303	784	299,330
80–84	83,604	62,165	41,231	19,738	22,861	6,426	2,827	474	239,328
85 or over	75,534	56,412	37,845	18,635	20,809	5,823	2,247	349	217,654
Total females	*3,439,088*	*2,590,513*	*2,048,861*	*1,019,392*	*793,842*	*248,331*	*168,769*	*101,281*	*10,411,150*
Total persons	**6,817,182**	**5,128,310**	**4,091,546**	**2,059,045**	**1,568,204**	**489,922**	**334,226**	**210,676**	**20,701,488**

Note: Data are preliminary estimates. The data for 'Australia' include Other Territories, comprising Jervis Bay Territory, Christmas Island and the Cocos (Keeling) Islands.

Source: ABS 2007. Australian demographic statistics, December quarter 2006. Cat. no. 3101.0. Canberra: ABS.

Table P3: Australians (estimated resident population), by sex, age and state/territory, 30 June 2006

Age group (years)	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Males									
Less than 1	44,265	32,768	27,448	14,038	9,267	3,311	2,260	1,925	135,300
1–4	171,625	126,983	105,220	51,739	36,175	12,271	8,308	7,183	519,579
5–9	223,683	161,717	139,290	68,647	47,950	16,301	10,260	8,429	676,395
10–14	233,437	171,294	147,221	72,944	51,883	17,554	11,051	8,503	714,009
15–19	235,081	173,883	145,512	75,176	52,987	17,576	12,063	8,084	720,491
20–24	239,218	183,876	151,774	76,078	54,926	16,255	14,686	9,196	746,088
25–29	235,405	177,145	138,253	70,184	49,542	13,522	13,206	8,991	706,314
30–34	248,307	183,893	145,662	73,993	50,927	14,016	12,751	9,285	738,918
35–39	246,434	190,225	147,013	77,686	55,303	16,015	12,272	9,124	754,177
40–44	251,712	186,365	148,050	78,358	57,185	17,281	11,851	8,766	759,679
45–49	244,956	180,559	144,844	76,204	57,132	18,120	11,592	7,682	741,193
50–54	220,880	163,193	131,104	69,211	52,267	17,037	10,910	6,773	671,491
55–59	211,561	153,687	127,832	65,446	50,821	16,616	10,256	5,908	642,234
60–64	166,552	119,835	99,978	48,231	39,433	13,091	7,112	3,830	498,115
65–69	132,609	96,446	76,940	37,487	31,331	10,667	4,957	2,547	393,033
70–74	104,951	76,283	57,128	27,889	25,412	8,060	3,545	1,318	304,612
75–79	88,809	65,035	45,924	22,590	22,602	6,582	2,805	942	255,297
80–84	59,256	43,396	30,113	14,496	15,455	4,400	1,953	423	169,493
85 or over	38,948	28,288	20,077	9,318	10,195	2,684	1,170	308	111,000
Total males	*3,397,689*	*2,514,871*	*2,029,383*	*1,029,715*	*770,793*	*241,359*	*163,008*	*109,217*	*10,257,418*
Females									
Less than 1	41,856	31,207	26,089	13,221	8,813	3,129	2,120	1,791	128,235
1–4	161,397	120,797	99,886	49,010	34,470	11,630	7,895	6,847	492,051
5–9	211,596	154,008	131,958	65,474	46,021	15,544	10,081	8,063	642,855
10–14	221,245	162,636	139,454	69,276	49,184	16,578	10,455	7,933	676,901
15–19	223,353	166,068	138,576	71,378	50,032	16,608	11,650	7,127	684,928
20–24	228,530	177,313	142,305	71,076	51,626	15,206	13,720	7,502	707,341
25–29	229,155	174,857	133,210	67,686	46,024	13,405	13,069	8,179	685,650
30–34	250,433	188,091	145,242	72,210	49,454	15,231	12,423	8,694	741,858
35–39	247,394	194,983	149,780	76,190	54,400	16,943	12,341	8,283	760,402
40–44	250,445	190,153	151,220	77,450	57,221	17,923	12,430	7,523	764,490
45–49	246,019	184,836	146,149	75,928	57,835	18,703	12,413	6,938	748,927
50–54	223,010	167,230	131,999	69,859	53,592	17,364	11,500	6,062	680,722
55–59	210,478	158,886	125,728	63,459	52,146	16,757	10,665	4,913	643,087
60–64	163,988	120,374	96,422	45,772	40,167	13,055	7,188	2,939	489,951
65–69	135,502	99,872	74,963	37,519	32,973	10,794	5,228	1,860	398,737
70–74	114,237	84,720	58,695	30,194	28,085	8,697	4,031	1,081	329,759
75–79	106,381	78,525	52,641	26,188	27,325	7,744	3,350	787	302,950
80–84	85,245	63,175	41,295	19,950	22,922	6,365	2,815	464	242,233
85 or over	79,741	59,064	38,449	19,329	21,573	5,913	2,435	485	226,993
Total females	*3,430,005*	*2,576,795*	*2,024,061*	*1,021,169*	*783,863*	*247,589*	*165,809*	*97,471*	*10,348,070*
Total persons	**6,827,694**	**5,091,666**	**4,053,444**	**2,050,884**	**1,554,656**	**488,948**	**328,817**	**206,688**	**20,605,488**

Note: Data are preliminary estimates. The data for 'Australia' include Other Territories, comprising Jervis Bay Territory, Christmas Island and the Cocos (Keeling) Islands.

Source: ABS 2006. Australian demographic statistics, June quarter 2006. Cat. no. 3101.0. Canberra: ABS.

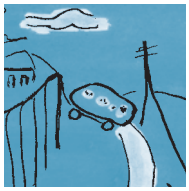
Table P4: Australians (estimated resident population), by sex, age and state/territory, 31 December 2005

Age group (years)	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Males									
Less than 1	45,582	32,808	26,414	13,468	9,029	3,225	2,131	1,843	134,517
1–4	173,502	125,821	104,223	51,110	36,074	12,266	8,239	7,218	518,538
5–9	224,164	162,077	138,501	68,425	48,133	16,312	10,253	8,495	676,480
10–14	233,854	171,190	146,413	72,596	51,772	17,634	11,128	8,536	713,241
15–19	233,858	172,407	143,854	74,781	52,922	17,502	12,006	7,926	715,380
20–24	238,361	182,251	148,711	75,218	54,338	16,189	14,664	9,024	738,836
25–29	232,400	174,559	135,191	69,204	49,141	13,359	13,021	8,763	695,701
30–34	251,102	185,096	145,278	73,933	51,579	14,271	12,713	9,266	743,328
35–39	243,372	187,270	143,350	75,909	54,644	15,852	12,030	8,940	741,467
40–44	253,671	186,518	147,465	77,846	57,495	17,541	11,876	8,745	761,270
45–49	242,312	178,643	142,160	75,158	56,555	18,050	11,483	7,533	731,997
50–54	219,748	161,515	129,886	68,693	51,998	16,918	10,903	6,742	666,524
55–59	208,987	151,794	125,806	64,016	50,344	16,333	10,113	5,694	633,184
60–64	163,343	117,149	97,542	47,228	38,556	12,901	6,837	3,777	487,387
65–69	131,174	95,043	75,504	36,886	31,041	10,522	4,910	2,423	387,550
70–74	103,993	75,585	56,234	27,601	25,241	8,026	3,507	1,272	301,485
75–79	88,056	64,389	45,397	22,233	22,573	6,577	2,803	909	252,945
80–84	58,230	42,483	29,566	14,198	15,170	4,308	1,929	411	166,298
85 or over	37,667	27,071	19,371	9,008	9,832	2,577	1,108	299	106,944
Total males	*3,383,376*	*2,493,669*	*2,000,866*	*1,017,511*	*766,437*	*240,363*	*161,654*	*107,816*	*10,173,072*
Females									
Less than 1	43,326	31,223	25,121	12,731	8,540	3,056	1,998	1,721	127,726
1–4	163,564	119,877	99,116	48,618	34,322	11,678	7,879	6,832	492,005
5–9	212,330	154,043	131,184	65,130	46,090	15,539	10,103	8,033	642,564
10–14	221,716	162,696	138,633	69,038	49,183	16,685	10,510	7,945	676,549
15–19	222,350	165,323	136,792	70,970	50,049	16,628	11,681	7,072	680,995
20–24	228,940	177,174	140,742	70,912	51,087	15,161	13,758	7,386	705,222
25–29	227,760	172,564	131,423	66,792	45,584	13,383	12,903	8,103	678,577
30–34	253,288	190,193	145,663	72,446	50,205	15,510	12,566	8,812	748,763
35–39	244,313	192,281	146,624	75,003	53,828	16,748	12,242	8,209	749,336
40–44	252,424	190,234	150,978	77,271	57,524	18,235	12,446	7,538	766,774
45–49	243,768	182,772	143,808	75,230	57,451	18,490	12,418	6,874	740,918
50–54	221,659	166,191	130,706	69,072	53,336	17,294	11,510	6,031	675,901
55–59	207,314	155,855	123,479	61,800	51,441	16,479	10,445	4,699	631,564
60–64	160,608	117,510	93,799	44,998	39,137	12,786	6,997	2,882	478,760
65–69	134,181	98,927	73,401	36,961	32,778	10,632	5,121	1,755	393,784
70–74	113,761	84,267	58,223	29,766	28,101	8,659	3,963	1,066	327,824
75–79	106,000	78,143	52,211	25,865	27,439	7,730	3,374	753	301,524
80–84	84,720	62,413	40,842	19,799	22,693	6,323	2,751	473	240,018
85 or over	77,605	57,022	37,412	18,755	21,049	5,806	2,352	453	220,458
Total females	*3,419,627*	*2,558,708*	*2,000,157*	*1,011,157*	*779,837*	*246,822*	*165,017*	*96,637*	*10,279,262*
Total persons	**6,803,003**	**5,052,377**	**4,001,023**	**2,028,668**	**1,546,274**	**487,185**	**326,671**	**204,453**	**20,452,334**

Note: Data are preliminary estimates. The data for 'Australia' include Other Territories, comprising Jervis Bay Territory, Christmas Island and the Cocos (Keeling) Islands.

Source: ABS 2006. Australian demographic statistics, December quarter 2005. Cat no. 3101.0. Canberra: ABS.

Abbreviations



ABC	Australian Broadcasting Corporation
ABI	Acquired Brain Injury
ABS	Australian Bureau of Statistics
ACAP	Aged Care Assessment Program
ACAT	Aged Care Assessment Team
ACCMIS	Aged and Community Care Management Information System
ACFI	Aged Care Funding Instrument
ACER	Australian Council for Educational Research
ADHD	Attention Deficit Hyperactivity Disorder
ADL	Activity of Daily Living
AHURI	Australian Housing and Urban Research Institute
AIHW	Australian Institute of Health and Welfare
ANIHI	Agreement on National Indigenous Housing Information
AP	Age Pension
ARIA	Australian Remote Indigenous Accommodation
AUSSA	Australian Survey of Social Attitudes
BMI	Body mass index
CACP	Community Aged Care Packages
CDEP	Community Development Employment Projects
COAG	Council of Australian Governments
COPS	Community Options projects
CPI	Consumer Price Index
CRA	Commonwealth Rent Assistance
CRS	Commonwealth Rehabilitation Service
CSA	Child Support Agency
CSHA	Commonwealth State Housing Agreement
CSMAC	Community Services Ministers' Advisory Council
CSTDA	Commonwealth State/Territory Disability Agreement
CURF	Confidentialised unit record file (ABS)
DEN	Disability Employment Network
DEST	Australian Government Department of Education, Science and Training
DEWR	Australian Government Department of Employment and Workplace Relations
DoHA	Australian Government Department of Health and Ageing
DPRWG	Disability Policy and Research Working Group
DSL	Digital subscriber line
DSP	Disability Support Pension
DV	Domestic violence
DVA	Australian Government Department of Veterans' Affairs
EACH	Extended Aged Care at Home

FaCS	(former) Australian Government Department of Family and Community Services
FaCSIA	Australian Government Department of Families, Community Services and Indigenous Affairs
FTE	Full-time equivalent
GDP	Gross domestic product
GPC	Government Purpose Classification
GSS	General Social Survey
GST	Goods and services tax
HIA	Housing Industry Association
HILDA	Household, Income and Labour Dynamics in Australia Survey
HACC	Home and Community Care
HREOC	Human Rights and Equal Opportunity Commission
IALS	International Adult Literacy Survey
ICF	International Classification of Functioning, Disability and Health
I-CHOSS	Inner City Homelessness Outreach and Support Service
LSAC	Longitudinal Study of Australian Children
MCEETYA	Ministerial Council on Education and Employment, Training and Youth Affairs
MDS	Minimum data set
NATSEM	National Centre for Social and Economic Modelling
NATSIHS	National Aboriginal and Torres Strait Islander Health Survey
NCPASS	National Child Protection and Support Services
NCSDC	National Community Services Data Committee
NCSIA	National Community Services Information Agreement
NCSIMG	National Community Services Information Management Group
NDA	National Disability Administrators
NEPM	National Environment Protection Measure
NGCSO	Non-government community service organisation
NHDA	National Housing Data Agreement
NHMRC	National Health and Medical Research Council
NILS	National Institute of Labour Studies
NMDS	National minimum data set
NRCP	National Respite for Carers Program
NSHS	National Social Housing Survey
NYC	National Youth Commission
OECD	Organisation for Economic Co-operation and Development
PM2.5	Particulate matter of 2.5µm in diameter or less
PM10	Particulate matter of 10µm in diameter or less
RA	Remoteness Area
RCS	Resident Classification Scale
RSE	Relative Standard Error

SAAP	Supported Accommodation Assistance Program
SDAC	(ABS) Survey of Disability, Ageing and Carers
SMART	SAAP Management and reporting Tool
SMS	Short message service (text message)
SOCX	(OECD's) Social expenditure framework
SOMIH	State owned and managed Indigenous housing
SPP	Specific purpose payment
TCP	Transition Care Program
UN	United Nations
VET	Vocational education and training
VHC	Veterans Home Care
WHO	World Health Organization

Australian jurisdictions

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

Aged care home Refers to Australian Government-accredited facilities that provide supported aged care accommodation (low and high care).

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 (Year 7/8).

Blended family A couple family containing two or more children aged 0–17 years, of whom at least one is the biological or adopted child of both members of the couple, and at least one is the stepchild of either member of the couple. Blended families may also include other children who are not the biological or adopted children of either parent.

Capital expenditure Expenditure on goods which have a life equal to or longer than a year.

Care and protection orders Legal or administrative orders or arrangements which give community services departments some responsibility for a child's welfare. The level of responsibility varies with the type of order or arrangement. These orders include guardianship and custody orders, supervision and other finalised orders, and interim and temporary orders.

Cared accommodation Defined by the Australian Bureau of Statistics (ABS) to include hospitals, aged care accommodation such as nursing homes and aged-care hostels, cared components of retirement villages, and other 'homes' such as children's homes.

Community-based supervision Includes probation, recognisance and community service orders which are supervised or case managed by the juvenile justice department. This may include additional requirements, such as community service, a developmental activity or program attendance.

Community living Place of usual residence is a private or non-private dwelling as distinct from residential aged care, hospital or other type of institutional accommodation. Community settings include private dwellings (a person's own home or a home owned by a relative or friend) and certain types of non-private dwelling, for example, retirement village accommodation.

Constant prices Constant price estimates indicate what expenditure would have been had 2005–06 prices applied in all years, that is, it removes the inflation effect. Changes in expenditure in constant prices reflect changes in volume only. An alternative term usually used in text is 'real expenditure'. Constant price estimates for expenditure have been derived using the annually re-weighted chain price indexes of government final consumption expenditure produced by the ABS.

Core activity limitation Defined as needing assistance or having difficulties with self-care, mobility and/or communication.

Couple family A family based on two persons who are in a registered or de facto marriage and who are usually resident in the same household. A couple family can be with or without children, and may or may not include other related individuals.

Current prices Refers to expenditures reported for a particular year, unadjusted for inflation. Changes in current price expenditures reflect changes in both price and volume.

Deinstitutionalisation A term referring to a shift in service delivery away from institutional care, towards care in the home and community.

Dependent child A dependent child is a person who is either a child under 15 years of age, or a dependent student (see *Dependent student*). To be regarded as a child the person can have no identified partner or child of his/her own usually resident in the household.

Dependent student A natural, adopted, step or foster child who is 15–24 years of age and who attends a secondary or tertiary educational institution as a full-time student and for whom there is no identified partner or child of his/her own usually resident in the same household.

Detention-based supervision Refers to situations in which a juvenile is remanded or held in a juvenile justice centre or police watch house before appearing in court or being sentenced, or as part of their sentence.

Disability An umbrella term for any or all of: an impairment of body structure or function, a limitation in activities, or a restriction in participation. Disability is a multidimensional concept, and is conceived as an interaction between health conditions and the environment.

Disabling condition A disabling condition is a disease or disorder that has lasted or is likely to last for at least 6 months; or a disease, disorder or event (e.g. stroke, poisoning, accident etc) that results in an impairment or restriction that has lasted or is likely to last at least 6 months.

Employed person A person aged 15 years or more who, during the reference week of the ABS Labour Force Survey, worked for 1 hour or more for pay, profit or commission.

Expected years of life with disability An indication of how long a person can expect to live with disability. Technically it is the average number of remaining years, at a particular age, that a person can expect to live with disability if death rates and disability rates do not change.

Family Two or more persons, one of whom is at least 15 years of age, who are related by blood, marriage (registered or de facto), adoption, step or fostering, and who are usually resident in the same household. The basis of a family is formed by identifying the presence of a couple relationship, lone-parent–child relationship or other blood relationship.

Family day care Comprises services provided in the carer's home. The care is largely aimed at 0–5 year olds, but primary school children may also receive care before and after school, and during school vacations. Central coordination units in all states and territories organise and support a network of carers, often with the help of local governments.

Family group homes See under *Out-of-home care*.

Formal aged care Regulated care delivered in either residential or community settings, including the person's own home. Most formal care is funded through government programs but may also be purchased privately.

Formal child care Regulated care away from the child's home. The main types of formal care are outside school hours care, long day care, family day care and occasional care.

Full-time equivalent (FTE) An employee who usually works 35 hours or more per week is counted as 1.0 FTE. The number of full-time equivalent (FTE) was arrived at by dividing the number of hours spent in providing welfare services by weekly hours paid for full-time non-managerial adult employees multiplied by 48 weeks.

Full-time/part-time employed Full-time employed are those who usually work 35 or more hours per week; part-time employed are those who usually work more than 1 but less than 35 hours per week (see also *Employed person*).

Home-based care See under *Out-of-home care*.

Independent living See under *Out-of-home care*.

Informal care An informal carer is considered to be a person, such as a family member, friend or neighbour, who provides regular and sustained care and assistance to the person requiring support, usually on an unpaid basis.

Informal child care Non-regulated care, arranged by a child's parent or guardian, either in the child's home or elsewhere. It comprises care by (step) brothers or sisters, care by grandparents, care by other relatives (including a parent living elsewhere) and care by other (unrelated) people such as friends, neighbours, nannies or babysitters. In the context of the ABS Child Care Survey, it may be paid or unpaid.

Income unit One person or a group of related persons within a household, whose command over income is shared, or any person living in a non-private dwelling who is in receipt of personal income.

Intact family A couple family containing at least one child aged 0–17 years who is the biological or adopted child of both members of the couple, and no child aged 0–17 years who is the stepchild of either member of the couple. Intact families may also include other children who are not the biological or adopted children of either parent.

Intercountry adoptions Adoptions of children from countries other than Australia who are legally available and placed for adoption, but who generally have had no previous contact or relationship with the adoptive parents.

International Classification of Functioning, Disability and Health (ICF) The World Health Organization's internationally accepted classification of functioning, disability and health. The classification was endorsed by WHO in May 2001.

'Known' child adoptions Adoptions of children who are Australian residents, who have a pre-existing relationship with the adoptive parent(s) and who are generally not available for adoption by anyone other than the adoptive parent(s). 'Known' child adoptions include adoptions by step-parents, other relatives and carers.

Labour force Includes people who are *employed* and people who are *unemployed* (not employed and actively looking for work).

Labour force underutilisation rate The *unemployed* plus the *underemployed*, as a percentage of the labour force.

Life expectancy An indication of how long a person can expect to live. Technically it is the average number of years of life remaining to a person at a particular age if death rates do not change.

Local adoptions Adoptions of children who were born in Australia or who were permanent residents of Australia before the adoption, who are legally available for adoption, but who generally have had no previous contact or relationship with the adoptive parents.

Long day care Comprises services aimed primarily at 0–5 year olds that are provided in a centre usually by a mix of qualified and other staff. Educational, care and recreational programs are provided based on the developmental needs, interests and experience of each child. In some jurisdictions, primary school children may also receive care before and after school, and during school vacations. Centres typically operate for at least 8 hours per day on normal working days, for a minimum of 48 weeks per year.

Main disabling condition If multiple disabling conditions are reported in the ABS Survey of Disability, Ageing and Carers, the main disabling condition is the one reported as causing the most problems. If only one disabling condition is reported, this is recorded as the main disabling condition.

Non-dependent child A natural, adopted, step or foster child of a couple or lone parent usually resident in the household, who is aged 15 years and over and is not a full-time student aged 15–24 years, and who has no identified partner or child of his/her own usually resident in the household.

Non-school qualification Qualifications awarded for educational attainments other than those of pre-primary, primary or secondary education. Non-school qualifications may be attained concurrently with school qualifications.

One-parent family A family consisting of a lone parent with at least one dependent or non-dependent child (regardless of age) who is also usually resident in the household.

Organisation for Economic Co-operation and Development (OECD) An organisation of 24 developed countries, including Australia.

Out-of-home care Out-of-home overnight care for children and young people under 18 years of age where the state or territory makes a financial payment. It includes residential care, foster care and relative/kinship care. Children in out-of-home care can be placed in a variety of living arrangements or placement types. The following categories are used in the national data collection:

> ***Family group homes*** These provide short-term care in departmentally owned homes. These homes do not have salaried staff but are available rent-free to approved carers, who receive board payments to reimburse them for the cost of looking after the children in their care.
>
> ***Home-based care*** Where placement is in the home of a carer who is reimbursed for expenses incurred in caring for the child. This category is further divided into:
>
> - relative/kinship care—where the caregiver is a family member or a person with a pre-existing relationship to the child
> - foster care—where care is provided in the private home of a substitute family that receives a payment that is intended to cover the child's living expenses
> - other home-based care—care in private homes that does not fit into the above categories.

Independent living Where young people are living independently, such as those in private boarding arrangements and lead-tenant households.

Residential care Where placement is in a residential building whose purpose is to provide placements for children and where there are paid staff. Residential facilities nowadays are generally small, with less than 10 children living together. They can enable large sibling groups to be placed together and cater for children with complex needs.

Outside school hours care Comprises services provided for school-aged children (5–12 year olds) outside school hours during term and vacations. Care may be provided on student-free days and when school finishes early.

Primary carer Defined by the ABS as a person aged 15 years or over 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 6 months and be provided for one or more of the core activities (communication, mobility or self-care).

Profound or severe activity limitation A person with profound or severe limitation needs help or supervision always (profound) or sometimes (severe) to perform activities that most people undertake at least daily, that is, the core activities of self-care, mobility and/or communication.

Projection Is not a forecast but simply illustrates changes that would occur if the stated assumptions were to apply over the period in question.

Recurrent expenditure Expenditure incurred for services and goods with a life of less than a year.

Residential aged care Refers to low and high care services provided in Australian Government-accredited aged care homes. Includes accommodation-related services with personal care services (both low and high care services), plus nursing services and equipment (high care services only).

Residential care See under *Out-of-home care*.

Respite services Support community living by people who receive assistance from informal providers. Direct respite consists of the types of respite care arranged where the primary purpose is meeting the needs of carers by the provision of a break from their caring role, and may be delivered in the person's home, in a day centre or community-based overnight respite unit, and in residential aged care homes. Indirect respite offers the 'side benefit' of providing help to the carer by relieving them of the other tasks of daily living, which may or may not be directly related to their caring responsibility.

SAAP precarious housing A SAAP client was considered to have been precariously housed before or after their SAAP support period if they reported one of the following types of tenure before or after that support period: SAAP/Crisis Accommodation Program accommodation, institutional setting, improvised dwellings/sleeping rough, other 'no tenure', rent-free accommodation, or boarding.

SAAP secure housing A SAAP client was considered to have been securely housed before or after their SAAP support period if they reported one of the following types of tenure before or after that support period: purchasing or have purchased their own home, private rental, public housing rental, or community housing rental.

Serve A serve of vegetables is approximately half a cup of cooked vegetables or a cup of salad vegetables (about 75 g), excluding drinks. A serve of fruit is 150 g of fresh fruit or 50 g of dried fruit, excluding drinks.

Stepfamily A couple family containing one or more children aged 0–17 years, none of whom is the biological or adopted child of both members of the couple, and at least one of whom is the stepchild of either member of the couple. A stepfamily may also include other children who are not the biological or adopted children of either parent.

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 experience the age-specific birth rates applying in a given year.

Underemployed person Workers who are not fully employed, comprising part-time workers who would prefer to work more hours and full-time workers who worked part-time hours in the reference week for economic reasons (such as being stood down or insufficient work being available), who are willing and available to work additional hours in the reference week or within 4 weeks.

Unemployed person Person aged 15 years or more who was not employed during the reference week but had actively looked for work and was currently available for work (see also *Employed person*).

Unsentenced prisoner A legal status indicating that a person is confined to custody on remand while awaiting the outcome of their trial. They may be unconvicted (remanded in custody for trial), convicted but awaiting sentence (remanded in custody for sentence) or awaiting deportation.

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