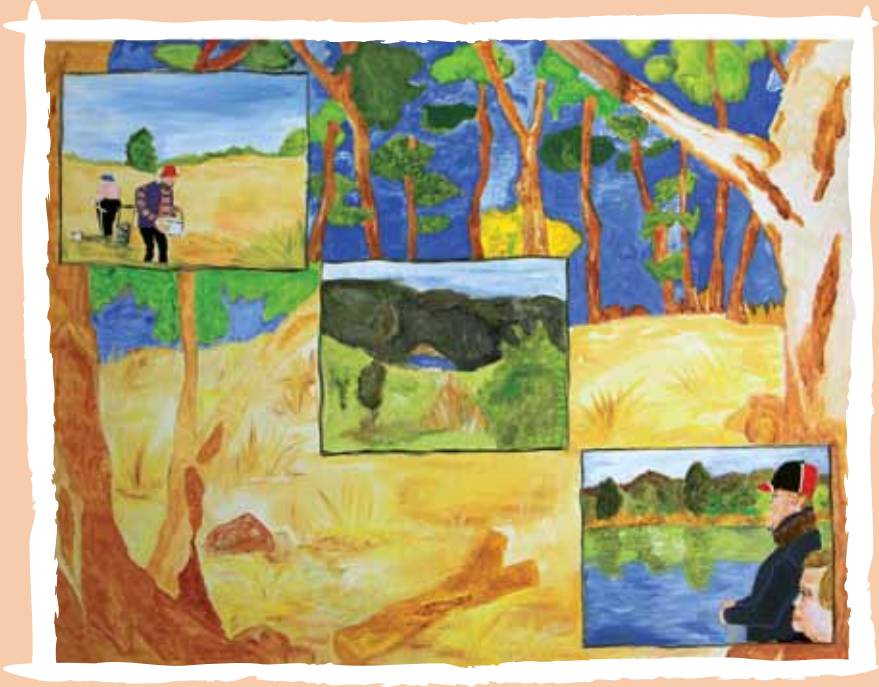
The tenth biennial welfare report of the
Australian Institute of Health and Welfare



Australia's welfare 2011

Australian Institute of Health and Welfare
Canberra

The Australian Institute of Health and Welfare is a major national agency which provides reliable, regular and relevant information and statistics on Australia's health and welfare. The Institute's mission is *authoritative information and statistics to promote better health and wellbeing*.

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Australian Government
Australian Institute of Health and Welfare

Authoritative information and statistics to promote better health and wellbeing

The Hon Nicola Roxon 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 2011,* 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

Dr Andrew Refshauge
Chairperson of the Board

22 September 2011

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Preface

Welcome to *Australia's welfare 2011*, the tenth biennial report on welfare services and statistics produced by the Australian Institute of Health and Welfare (AIHW).

The social and political context within which welfare services are delivered have evolved considerably since the first edition of *Australia's welfare* was published in 1993.

In the policy arena, a number of intergovernmental agreements have been finalised in recent years that more clearly identify government responsibility for funding and providing services across the welfare sector and increasingly measuring outcomes.

This is also a time of active consideration of future reforms in the welfare sector, with recent major inquiries and ongoing community discussion about the future structure of aged care services, support for people with disability, and closing the gap on Indigenous disadvantage. Among the cross-sectoral themes raised in these areas are a focus on person-centred service delivery, integration between services—both mainstream and specialised—and the increasing role of the non-government sector.

Australia's welfare 2011 contributes to this discussion by bringing together the high-quality national statistics that form much of the evidence base for contemporary policy development. By providing an overview of the welfare sector in all its diversity, this report also highlights a number of important themes that transcend any individual component. These include the recognition that population ageing influences demand for welfare services beyond the scope of aged care; that the way we engage in education and work affects our need for government services and our capacity to provide informal care; and that while most Australians enjoy a high standard of living, disparities between population groups continue to exist.

Sound data underpins robust policy development, as well as playing a key role in monitoring progress towards nationally agreed targets. This is core to the AIHW's mission:

> Authoritative information and statistics to promote better health and wellbeing.

This tenth edition of *Australia's welfare* has a modified structure and expanded content compared to previous years. The report is divided into distinct sections that present statistics on population factors underpinning demand for welfare services; details of the particular needs and assistance provided to key groups; and information about the resourcing of welfare services in Australia. Finally, it ends with updated indicators of Australia's welfare, last reported by the AIHW in *Australia's welfare 2007*. These measures provide an overview of the wellbeing of Australians across domains of healthy living, autonomy and participation, and social cohesion.

This report also includes a summary of major recent or upcoming data developments that will improve the coverage, timeliness and comparability of information, which should improve our understanding of the need for welfare services, the way in which services are delivered, and outcomes achieved from the range of welfare services.

In keeping with the contemporary information environment, and to make the AIHW's work available to new audiences, this report is, for the first time, accompanied by *Australia's welfare in brief*—a booklet and companion website that presents highlights from the main report.

David Kalisch
Director

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Symbols

$	Australian dollars, unless otherwise specified
%	per cent
'000	thousands
n.a.	when used in a table: not available
n.e.c.	when used in a table: not elsewhere classified
n.e.s.	when used in a table: not elsewhere stated
n.p.	when used in a table: not published by the data source
. .	when used in a table: not applicable
—	when used in a table: nil (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

Section 1

Chapters 1–3 Population overview

Chapter

1

Australia's people

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1.2	Population size and structure	5
1.3	Australia's population is ageing	7
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1 Australia's people

Key points

- Australia's population was 22.3 million people in June 2010; one-third were aged under 25 years and 13% were 65 years or over.
- The Aboriginal and Torres Strait Islander population has a younger age structure than the Australian population generally: more than half of all Indigenous people were aged under 25, and only 3% were aged 65 years or over.
- The Australian population is ageing. In 2010 there were five adults of traditional working age for each person of traditional retirement age, compared to six in 1990.
- Australia's total fertility rate in 2009 was 1.9 births per woman—below the replacement rate of 2.1 births per woman, but higher than the historical low reached in 2001 (1.7).
- More than one in four (27%) Australian residents in 2010 were born overseas, including 17% in non-English-speaking countries.
- Almost one in three (32%) Indigenous Australians lived in *Major cities* in 2006, with another 21% living in I*nner regional* areas.
- One in three people living in capital cities were aged 20–39 years, compared to one in four people living in other parts of the country. The concentration of education, employment and other opportunities in cities is a driving factor behind young adults moving out of regional areas.
- Almost two-thirds (64%) of Australians lived in capital cities in 2010. Recent population growth rates were higher than average in areas including capital city suburban fringes, the north of Western Australia and the south coast of Queensland, but large parts of remote Australia underwent population decline.

1.1 Introduction

The demand for various types of welfare services is influenced by a range of large-scale factors including age structure; population health and disability status; social and economic participation; access to appropriate housing; and availability of informal support networks. Further, population diversity and geographical distribution are important considerations for planning culturally and linguistically appropriate services in the locations they are needed. This chapter sets out some of the key demographic factors of relevance to the demand for, and delivery of, welfare services in Australia, with a particular focus on significant trends and differences between population groups. The composition of Australian families and households, and trends in education, employment and access to economic resources are discussed in chapters 2 and 3, respectively.

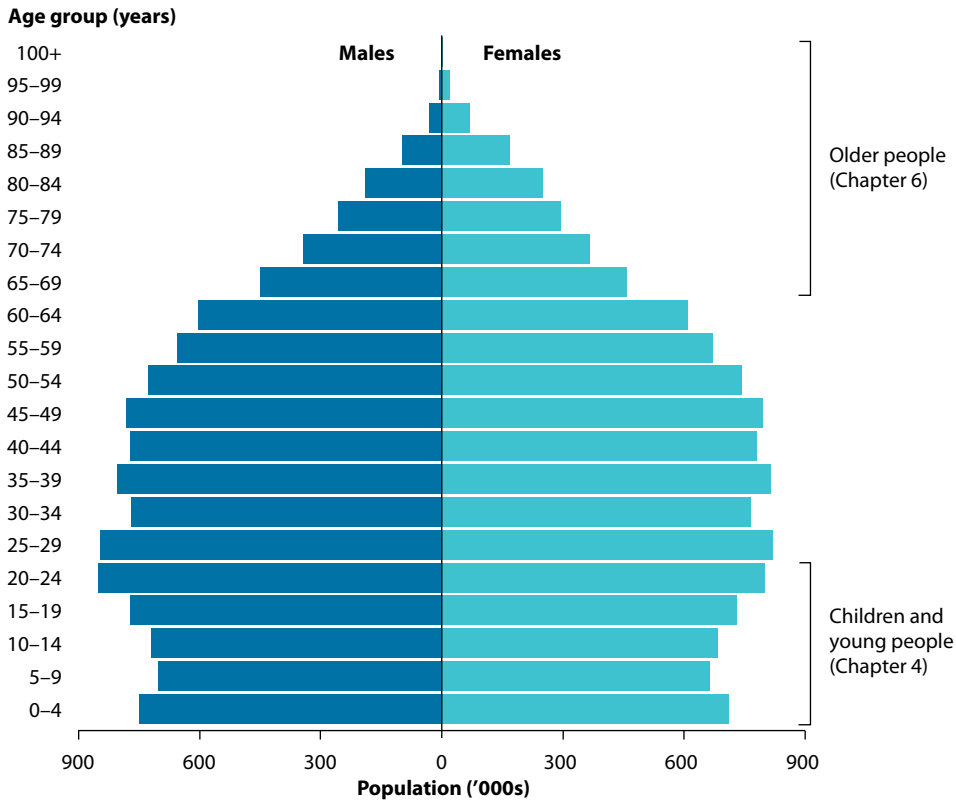
1.2 Population size and structure

The Australian population was approximately 22.3 million people in June 2010. One-third (7.4 million people) of the population were aged under 25 years (Figure 1.1). Children and young people are the focus of Chapter 4, in which this group is further divided into four subgroups:

- 1.5 million in infancy and early childhood (0–4 years)
- 2.2 million primary school-aged children (5–12 years)
- 1.4 million adolescents (13–17 years)
- 2.3 million young adults (18–24 years).

Slightly more than 3.0 million people (13% of the population) were 65 years or above, the traditional target group for aged care services. Needs and services related to older people are discussed in detail in Chapter 6.

There were more males than females at all ages up to 35 years—51% of children and young people were male. From middle age, however, the sex ratio favoured women, especially at more advanced ages. Just under half (49%) of people aged 65–74 years were male, compared to a third (35%) of those aged 85 years or over. Differences in mortality rates between males and females that contribute to this pattern are discussed later in the chapter.



Source: Table A1.1. .

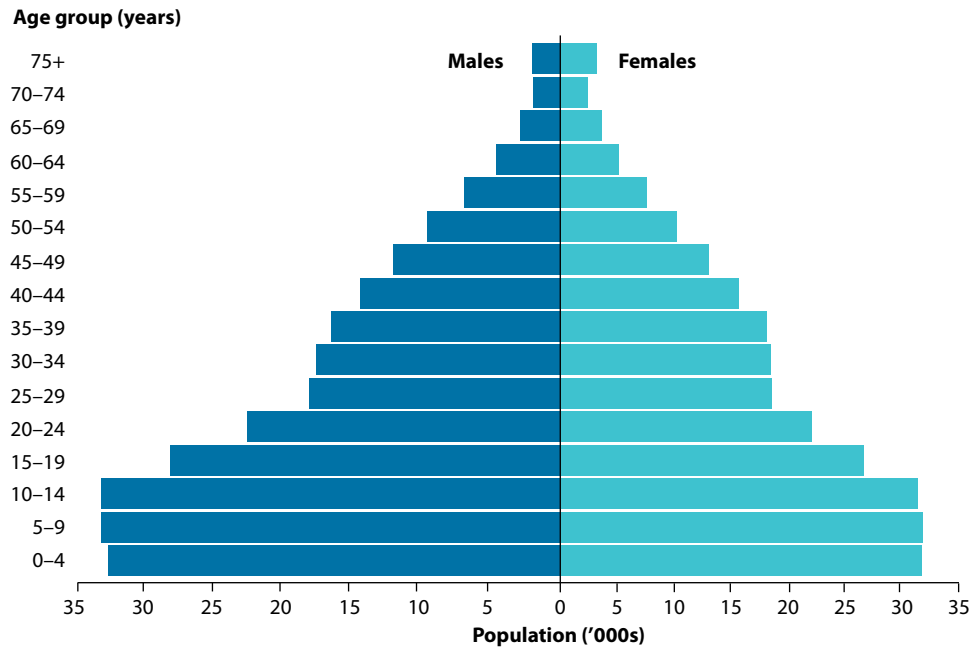
Figure 1.1: Australian population by age and sex, June 2010

Aboriginal and Torres Strait Islander population

According to the 2006 Census, around one in 40 Australians (2.5% or 517,000 people) identified as Aboriginal or Torres Strait Islander. The age profile of the Indigenous population is considerably younger than the overall Australian population. More than half (56%) of all Indigenous people were aged under 25 years, and only 3% were aged 65 years or over (Figure 1.2).

As in the wider Australian population, there were more Indigenous females than males at older ages. Males accounted for 46% of Indigenous people aged 50 years or over, and 38% of Indigenous people aged 75 years or over.

The differences between the Indigenous and non-Indigenous population structures are due to both higher fertility rates and earlier mortality among Aboriginal and Torres Strait Islanders, as discussed further below.



Source: Table A1.2

Figure 1.2: Aboriginal and Torres Strait Islander population by age and sex, June 2006

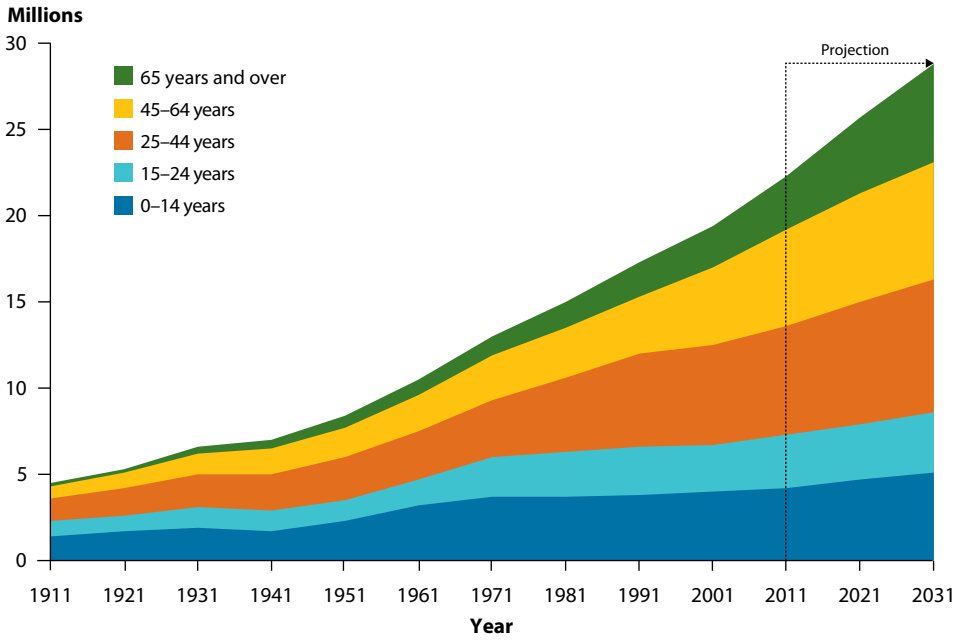
1.3 Australia's population is ageing

Population ageing is characterised by an increase in the proportion of older people in the population, accompanied by a decrease in the proportion of children and young people. Ongoing population ageing has social and economic consequences that affect the demand for services (both welfare and health), the ability of government to provide the same level and types of services as in the past, and the broader economy.

Long-term trends and projections

The Australian population grew five-fold over the past century, from around 4.5 million people in 1911 to 22.3 million in 2010 (Figure 1.3). In recent decades growth has been strongest among older age groups. For example, the period 1971–2010 saw the number of people aged 65 years or over nearly triple, including a six-fold increase in the population aged 85 years or older—the latter growing from 66,900 to 398,000 people (Table A1.3). Over the same period the number of children aged less than 15 rose by only 13%.

Based on medium-level growth assumptions, the Australian Bureau of Statistics (ABS) has projected the population to grow to 28.8 million people over the next two decades—an increase of 29% compared to 2010 levels. The number of people aged 65 years and over is projected to rise by 90%, and the number aged 85 years and over to more than double. Growth in the population aged 85 years and over is particularly significant for aged care service planning, as this group is most likely to require formal services, including residential care (see Chapter 6).

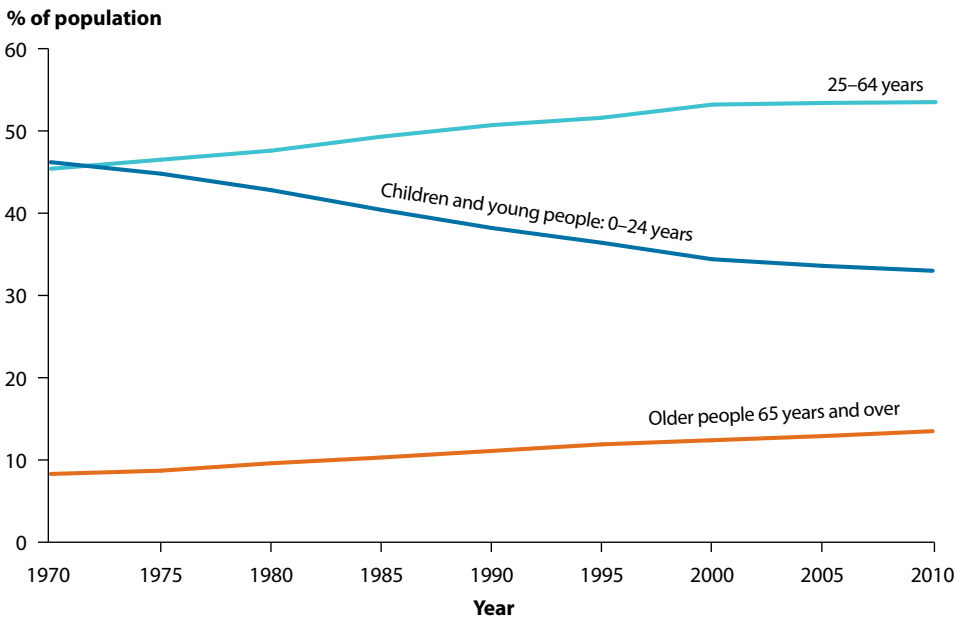


Note: Projected population is shown from 2011 onwards

Source: Table A1.3.

Figure 1.3: Historical and projected Australian population, 1911–2031

As a consequence of these changes, older Australians account for an increasing share of the population. People aged 65 years or over comprised 13% of the population in 2010 compared to 8% in 1970. The past four decades saw a corresponding decline in the share of the population that was aged under 25, from almost half (46%) in 1970 to one-third (33%) in 2010 (Figure 1.4).



Source: Table A1.4.

Figure 1.4: Share of the population attributed to broad age groups, 1970–2010

Box 1.1: Global population ageing

In 2009, the median age of the world population was estimated to be 28 years, with 7.5% aged 65 years or over. As in Australia, the world population is ageing, the median age having risen from 24 years in 1950 and projected to reach 38 years by 2050.

Median age and the rate at which populations are ageing differ markedly between more and less developed countries:

- In *more developed regions* (which includes Australia), the median age was 40 years, an increase of 11 years since 1950. Around 15.8% of people living in these countries were aged 65 years or over—more than double the global proportion.
- In *less developed regions*, the median age was 26 years, an increase of four years since 1950. Roughly 5.7% of people living in these countries were aged 65 years or over.
- In the *least developed countries*, the median age (20 years) has not changed appreciably since 1950. Only 3.3% of people living in these countries were aged 65 years or over.

However, Australia has a relatively young population compared to many developed countries, ranking 24th out of 34 OECD member countries in terms of median age (37.6 years). In particular, many developed countries have a median age around 40 years or over, including Japan (44.4), Germany (43.9), Italy (43.0), France (39.9), Spain (39.8) and the United Kingdom (39.7).

Source: United Nations 2010.

Dependency ratios

Children and older people are likely to be dependent on other people for financial and physical support, whether through direct personal assistance or income support provided through the taxation system. Dependency ratios provide an indication of the number of people who are likely to be 'dependent' on others due to not being in the labour force, compared to the number of people who are in the labour force and therefore potentially able to provide support. Three measures are commonly used:

- **Youth dependency ratio:** the number of children (0–14 years) compared to the number of 'traditional working age' adults (15–64 years)
- **Old-age dependency ratio:** the number of people aged 65 years or over compared the number aged 15–64 years
- **Total age dependency ratio:** the total number of people aged either 0–14 years or 65 years and over compared to the number aged 15–64 years.

Dependency ratios are expressed as a percentage, with a higher number suggesting less support available to meet the needs of dependent persons. A dependency ratio of more than 100 implies that there are more dependents than supporting people in the population. Dependency is also sometimes expressed as the number of 'traditional working age' adults theoretically available to support each dependent.

Australia's youth dependency ratio has fallen considerably since the 1960s, from 49.3% in 1960 to 28.0% in 2010 (Table 1.1). An increase in the old-age dependency ratio, which rose from 13.9% to 19.9% over the same period, has partially offset this trend. As a result Australia's total age dependency ratio has decreased over the past five decades, implying slightly more 'supporters' per 'dependent'; however, in recent years the trend has slowed. Given current population projections, the Treasury predicts a stabilisation in the youth dependency ratio while the old-age ratio will continue to rise. As a result, the total age dependency ratio is expected to reach 65% by 2050—or 1.5 adults of traditional working age for each person of 'dependent' age (Treasury 2010).

Table 1.1: Dependency ratios, 1960–2010

	1960	1970	1980	1990	2000	2010
Dependency ratio (%)						
Youth	49.3	45.9	38.8	32.9	31.0	28.0
Old-age	13.9	13.3	14.8	16.6	18.6	19.9
Total	63.2	59.2	53.5	49.5	49.5	47.9
Number of working age adults to support each dependent						
Youth	2.0	2.2	2.6	3.0	3.2	3.6
Old-age	7.2	7.5	6.8	6.0	5.4	5.0
Total	1.6	1.7	1.9	2.0	2.0	2.1

Source: AIHW analysis of ABS 2010a.

It is important to note that these measures are broadly indicative of population trends rather than providing a definitive classification of 'dependents' and 'supporters'. For example, the dependency ratios cited here do not account for changes in the proportion of people of 'traditional working age' who are not in the labour force due to study, ill health or disability, caring responsibilities or other reasons; nor do they differentiate between people aged 65 years

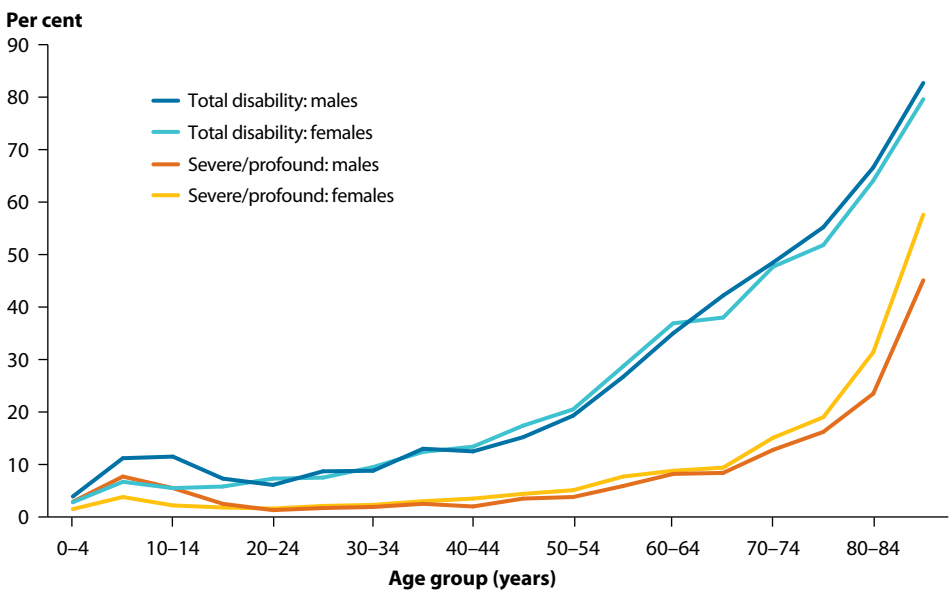
or over who are completely dependent on government pensions and other benefits and those whose retirement is partly or wholly self-funded. Further, total dependency ratios do not fully reflect differences in the costs of caring for children and older people.

In particular, current patterns of labour force participation suggest that the concepts of 'working age' and 'retirement age' are more fluid than in the past. Extended engagement in formal education has resulted in delayed entry into the labour force for many young people, while at the other end of the age spectrum considerable numbers of people retire before the age of 65. On the other hand, an increasing percentage of older Australians remain engaged in paid employment beyond the traditional retirement age. These trends are discussed in detail in 'Chapter 3 Employment participation'.

Population ageing and disability

In 2009, there were 4.0 million people estimated to have some form of disability—18.5% of the population (ABS 2010d). This included 1.3 million people (5.8%) with severe or profound core activity limitations (see Chapter 5 for more information about measuring disability).

Apart from a peak in boys aged 5–14 years, disability rates were below 10% among people aged less than 35 years, before climbing gradually throughout middle age (Figure 1.5). After around 50 years of age the prevalence of disability rose considerably, from 20% in the 50–54 years age group to more than 80% among people aged 85 years or over. Rates of severe or profound core activity limitations were even more strongly associated with ageing. This degree of disability was reported for fewer than one in 20 Australians up to the age of 55 years (excluding the peak in boys aged 10–14 years), but almost one-third of people aged 75 years or over.



Source: Table A1.5.

Figure 1.5: Disability rates by age, sex and severity of core activity limitations, 2009 (per cent of population)

If population ageing trends continue and there is no change in the underlying rates of disability, Australia is projected to have both increasing numbers of people with disability, and a greater overall percentage of the population affected by disability, including more people with high support needs.

In addition to an increase in disability overall, population ageing changes the composition of the population with disability. In 1981, 10% of all Australians with disability were aged under 15 years and 31% were 65 years or older; in 2009, 7% of the population with disability were aged 0–14 years and 39% were 65 years or over. If this continues, the mix of services and support required by older people with disability will need to increase, relative to those required by younger people.

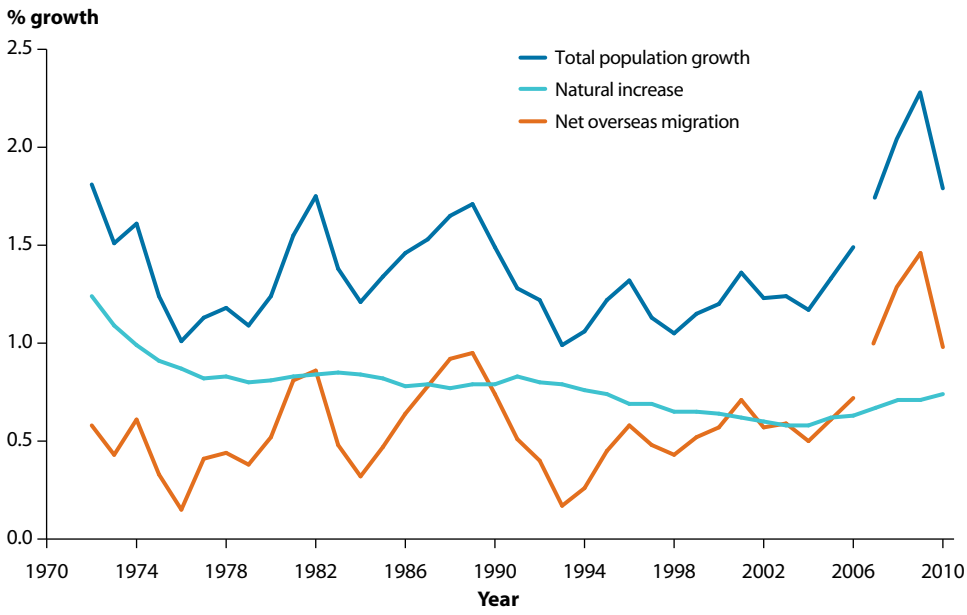
The interaction between population ageing and disability can also be seen in participation and income support trends. For example, the ageing of the 'baby boomer' generation appears to have contributed to the growth in numbers of Disability Support Pension recipients between 2002 and 2008 (AIHW 2009). The different types of disability and support needs among younger and older people are discussed in detail in chapters 5 and 6.

1.4 Components of population growth

Changes in population size consist of two major factors:

- natural increase (the difference between the number of births and number of deaths)
- net overseas migration (the difference between the number of permanent or long-term arrivals from overseas, and the number of permanent or long-term departures).

The annual growth rate due to natural increase fell from over 1% in the early 1970s to 0.6% at the turn of the 21st century, before recovering slightly to 0.7% in 2010. Estimated population growth attributable to net overseas migration has been volatile, ranging from 0.2% to over 1.0% in a given year. These factors combined have resulted in the Australian population growing by between one and two per cent per year in recent decades (Figure 1.6).



(a) As at 30 June each year.

Note: Estimates of net overseas migration contain a break in time series. Estimates for September 2006 quarter onwards use an improved methodology; caution should be exercised when comparing estimates over time.

Source: Table A1.6.

Figure 1.6: Components of population growth, 1972–2010[(a)]

Fertility

The total fertility rate is a summary measure used to describe the number of children 'an average woman' would bear during her lifetime if she experienced current age-specific fertility rates throughout her child-bearing life. The rate of births needed to offset the number of deaths in a population over the long term is referred to as the 'replacement rate', and is estimated at 2.1 births per woman.

Australia's total fertility rate in 2009 was 1.9 births per woman—an increase from its historical low of 1.7 births per woman in 2001 (Figure 1.7). Historically, Australia experienced a decline in fertility in the 1920s and 1930s, before rebounding to more than three births per woman in the 1950s and early 1960s (the 'baby boom'). However, the current period of lower fertility has been sustained for more than a generation—the total fertility rate has been consistently below replacement rate since 1977.

While poor quality of Aboriginal and Torres Strait Islander birth registrations data makes historical comparisons difficult, recent data indicate a higher fertility rate among Indigenous women than the population as a whole (Figure 1.7). The total fertility rate for Indigenous women in 2009 was 2.6 births per woman. This difference, in part, contributed to the younger age structure of the Indigenous population.

Notes

1. Total fertility rate represents the number of children a woman would bear during her lifetime if she experienced current age-specific fertility rates at each age of her reproductive life.
2. From 1975 onwards, the total fertility rate is calculated from single year of age of mother and may differ from previously published estimates.
3. Fertility rates based on births registrations data for Indigenous women are not available prior to 1996.

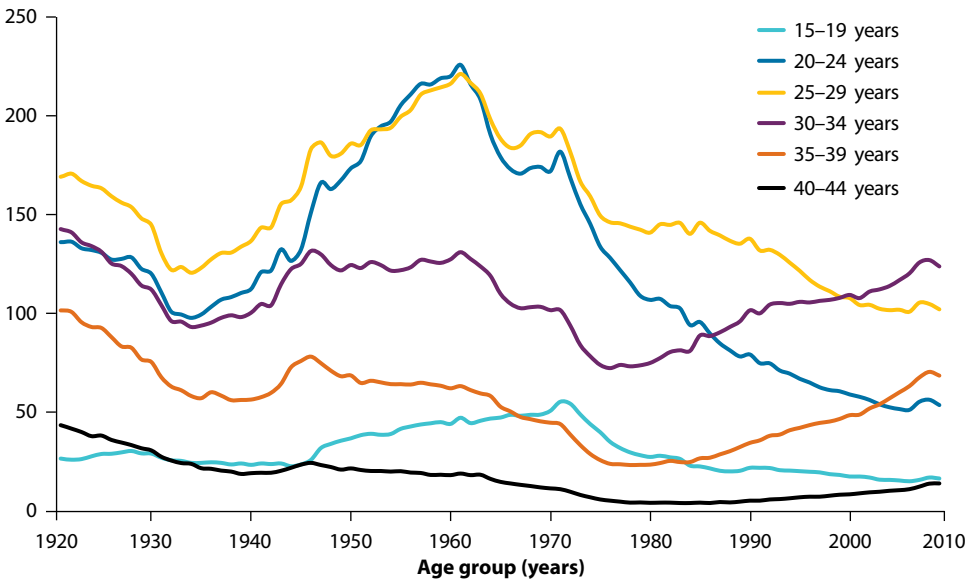
Source: Table A1.7.

Figure 1.7: Total fertility rates, by Indigenous status, 1920–2009

In addition to a decline in the number of children borne per woman, the past four decades have seen a considerable shift in the age profile of women giving birth, reflected in age-specific fertility rates. Throughout the 20th century fertility rates were highest among women in their 20s (Figure 1.8). However, since 2000 fertility has been highest among women aged 30–34 years, and rates among women aged 35–39 years have exceeded those of women aged 20–24 years since 2004. Teen fertility rates over the past decade (around 16–17 births per 1,000 women) have been at an historical low.

As a consequence of these trends the median age of mothers has risen—from 25.4 years in 1971 to 30.7 years in 2007, before dropping slightly to 30.6 years in 2009. Aboriginal and Torres Strait Islander women are more likely to have children at younger ages than the general population, with the median age of Indigenous women who gave birth in 2009 being 24.5 years. Similar trends have occurred in the median age of fathers at the birth of their child (ABS 2010b).

The changes in patterns of fertility observed since the 1970s are associated with increasing female participation in higher education and employment (discussed in detail in Chapter 3). Greater workforce participation by parents—particularly mothers—also adds to the demand for child care services, discussed in Chapter 4.



Note: Births to females aged under 15 years are included in the 15–19 years age group; births to women aged 45 years or over are not shown.

Source: Table A1.7.

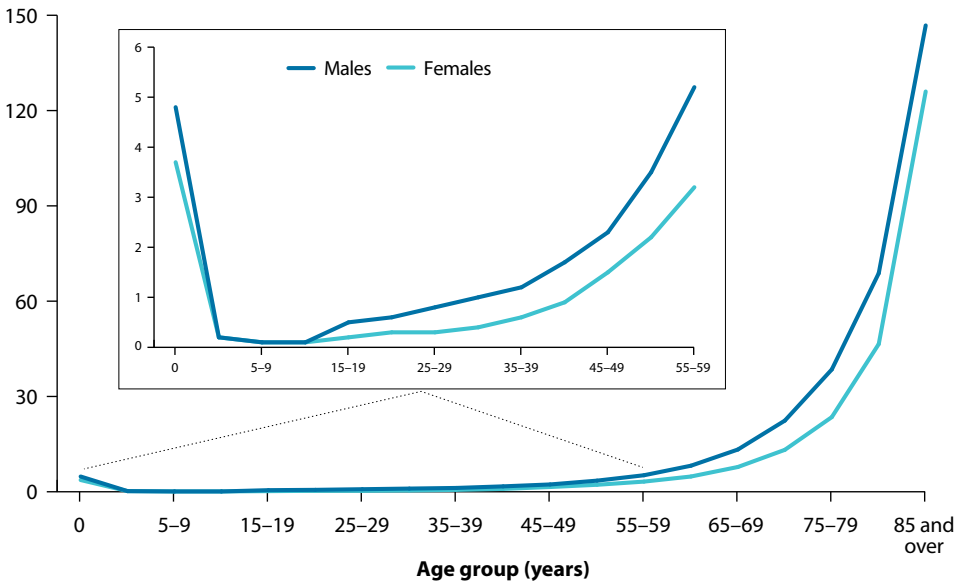
Figure 1.8: Age-specific fertility rates, 1920–2009

Mortality rates

The second component of natural change in population is the mortality rate. Australia's all-ages crude mortality rate in 2009 was 6.4 deaths per 1,000 population (ABS 2010c). After the first year of life (in which Australia's infant mortality rate was 4.3 deaths per 1,000 live births), mortality is strongly correlated with age. Fewer than one in 1,000 Australians aged 1–39 years died in 2009; in contrast, there were 4.2 deaths per 1,000 persons aged 55–59 years, 10.5 deaths per 1,000 persons aged 65–69 years and 133.0 deaths per 1,000 persons aged 85 years and over (Figure 1.9). Mortality was higher among males than females at all ages—including more than twice as high between the ages of 15 and 39 years.

After accounting for differences due to changes in the population age structure, Australia's overall mortality rate more than halved over a 40-year period from 13.0 deaths per 1,000 people in 1969 (Table A1.10). However, reductions in mortality were not the same for all parts of the population:

- the greatest fall in age-specific rates, by around 80%, was among boys aged 5–14 years
- mortality decreased by 60–65% among people in their 50s, 60s and 70s
- mortality rates fell in the oldest age group (85 years and over) by around one-third.



Source: Table A1.8.

Figure 1.9: Age-specific mortality rates by sex, 2009

As well as varying with age and sex, mortality rates are associated with demographic factors including Indigenous status, socioeconomic status and remoteness of residence (AIHW 2010). After accounting for the effect of different population structures, Indigenous Australians experienced mortality rates roughly twice that of non-Indigenous Australians between 2005 and 2009 (ABS 2010c). Indigenous mortality was higher at all ages, with the most pronounced differences in middle adulthood—between the ages of 25 and 54 years Indigenous mortality rates were 4–5 times as high as non-Indigenous rates (Table 1.2).

Table 1.2 Age-specific mortality rates, by Indigenous status, selected states and territories, 2005–2009

	Indigenous	Non-Indigenous	Rate ratio
	Deaths per 1,000 live births (infant mortality)		
Less than 1 year	9.0	4.2	2.1
	Deaths per 100,000 population		
1–4 years	56.2	20.3	2.8
5–14 years	20.9	9.3	2.2
15–24 years	114.8	40.9	2.8
25–34 years	235.2	60.7	3.9
35–44 years	502.5	99.3	5.1
45–54 years	871.8	223.0	3.9
55–64 years	1,658.2	526.3	3.2
65 years and over	5,194.5	3,905.3	1.3

Notes

1. Death rates based on average number of death registrations between 2005 and 2009, divided by the population at 30 June 2007.
2. Excludes deaths where Indigenous status was not stated.
3. Based on data for NSW, Qld, SA, WA and NT (state/territory of usual residence).

Source: ABS 2010c: Data cube table 18.

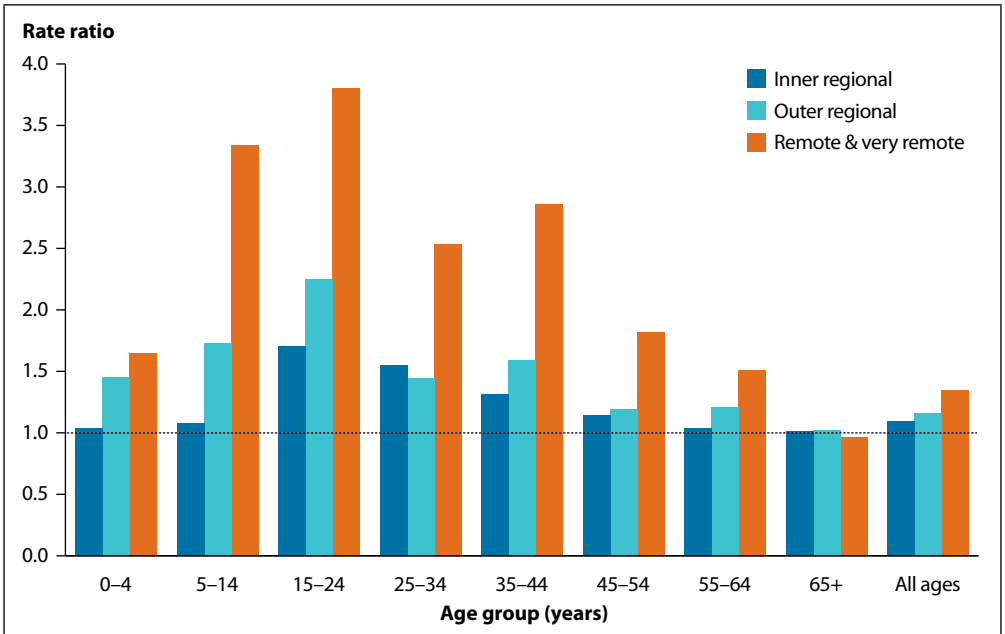
People living in areas classified as *Major cities* (Box 1.2) generally have lower mortality rates than people living in other parts of Australia, as overall mortality increases with remoteness. In 2007 people living in *Inner regional* areas had age-standardised mortality rates 1.1 times those living in *Major cities*; the corresponding rate ratios for *Outer regional* and *Remote/Very remote* areas were 1.2 and 1.3, respectively. The difference between *Major cities* and other regions of Australia was greatest in the age group 15–24 years (Figure 1.10). Mortality rates among people aged 65 years or over did not significantly differ between remoteness areas.

Box 1.2: Classification of geographical remoteness

The ability of people to access a wide range of services is influenced by the distance required to travel to reach providers, or for providers to travel to deliver services close to a person's home. Remoteness is therefore an important concept in planning and analysing the provision of government services. The Australian Standard Geographical Classification (ASGC) Remoteness Structure divides Australia into broad regions of remoteness for comparative statistical purposes:

- *Major cities*
- *Inner regional* areas
- *Outer regional* areas
- *Remote* areas
- *Very remote* areas.

These regions are referred to throughout *Australia's welfare 2011*, and are based on the 2006 revision of the ASGC. A visual representation of this remoteness structure is shown in Figure 1.14.



(a) Mortality data for 2007 are preliminary.

Note: 'All ages' rates are age-standardised to the Australian population as at 30 June 2001.

Source: Table A1.9.

Figure 1.10: Age-specific mortality ratios compared with Major cities, by remoteness area, 2007[(a)]

Overseas migration

Net overseas migration is the change in population due to people migrating into a country or emigrating out of it. A positive figure means that, on balance, more people are entering the country than leaving it, contributing to population growth. In Australia, net overseas migration comprises five groups:

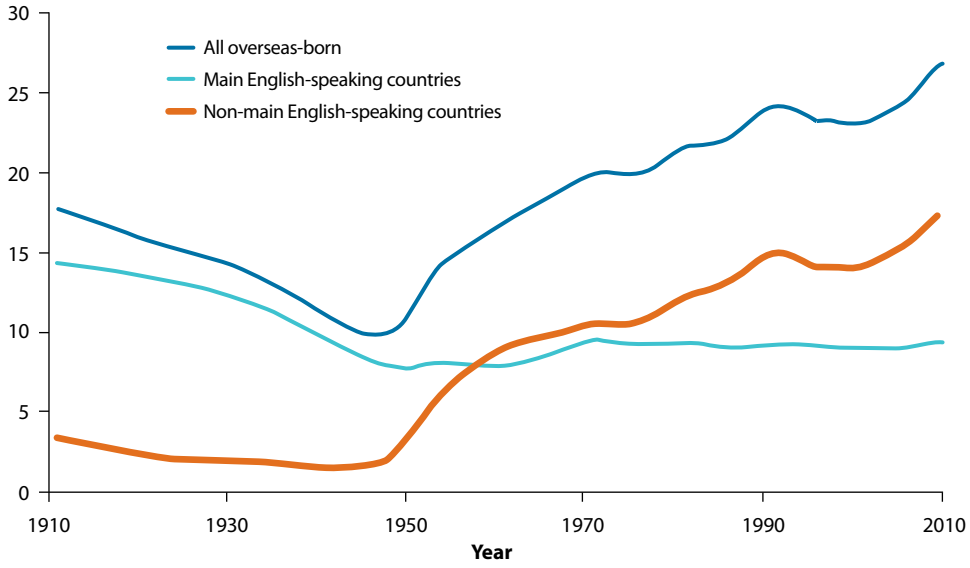
- Australian citizens
- Citizens of New Zealand who are free to cross Australia's borders due to the 1973 Trans-Tasman Travel Arrangement
- People holding temporary visas—including student visas, business long-stay visas ('457 visas') and tourists
- People holding permanent visas—including skilled visas, family visas and Humanitarian visas
- Other migration, including non-citizen permanent residents of Australia, onshore visas and unknown visas.

In 2008–09, Australia's net overseas migration was around 299,900 people, comprising 519,800 arrivals and 219,900 departures (ABS 2011a). Temporary visas holders accounted for two-thirds (63%) of this figure, while holders of permanent visas and New Zealand citizens accounted for

29% and 10%, respectively. Around 2,500 more Australians left the country than moved back from overseas in 2008–09, so the movement of Australian citizens had a negative effect on overall population growth.

As Figure 1.6 illustrates, the size of population growth due to net overseas migration can change considerably from year to year, in response to policy settings and a range of other factors including the choices of Australian and New Zealand citizens and permanent residents of Australia. The largest contributor to net overseas migration in recent years was growth in the number of temporary visa holders. Between 2004–05 and 2008–09, a period of 4 years, the net number of temporary visa holders increased by 130%. Growth in the education sector primarily drove this trend—41% of net overseas migration in 2008–09 was attributable to temporary visas for higher education, vocational education and training, or other education courses. More than half the net overseas migration due to student visa holders in 2008–09 was attributed to people born in India (35%) and China (20%) (ABS 2011a).

While there has been a large increase in temporary migration in recent years, the effect of trends in the number and characteristics of permanent migrants can be seen in the long term. More than one-quarter (27%) of the Australian population in 2010 was born overseas (Figure 1.11): 9% in *main English-speaking countries* (the United Kingdom, Ireland, New Zealand, Canada, the United States of America and South Africa) and 17% in other countries (referred to as *non-main English speaking countries*). It should be noted that all people born in a *main English-speaking country* (or in Australia) are not necessarily proficient in English, nor can a person born in a non-main English-speaking country be assumed to have poor English language skills.



Note: 'Main English-speaking countries' are the United Kingdom, Ireland, New Zealand, Canada, the United States of America and South Africa.

Source: Table A1.11.

Figure 1.11: Resident population born overseas, 1911–2010 (per cent)

As a proportion of the total population, Australia's overseas-born population has grown steadily since 1950, driven by migration from *non-main English-speaking countries*. The percentage of Australian residents born in *non-main English-speaking countries* rose from just 2% in 1947 to 17% in 2010. Over the same period the percentage born in *main English-speaking countries* has remained at around 8–9%.

The composition of the population born overseas has been changing over recent decades, which is reflected in the varying ethnic backgrounds of different age cohorts (Figure 1.12). According to the 2006 Census, older Australians born overseas were most likely to have migrated from European countries, while younger people were more likely to have been born in New Zealand or countries throughout Asia.

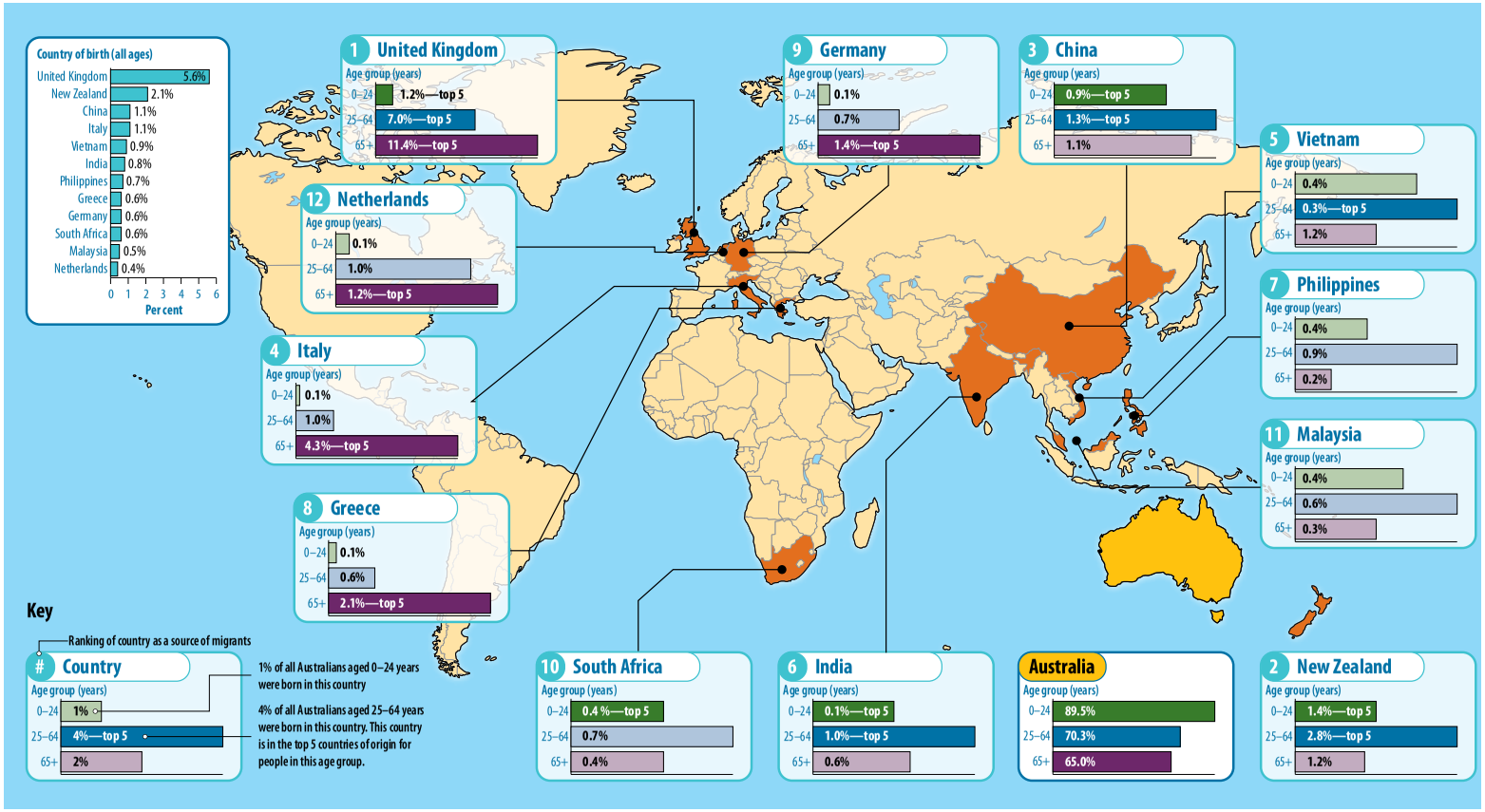
The increasing diversity of the Australian population, especially the growth in the proportion of people born in *non-main English-speaking countries*, creates challenges for service providers to be able to accommodate the cultural and language-related needs of their clients or potential clients. Further, the composition of welfare service target groups in terms of ethnic and language background varies between service types. For example, in aged care there is currently a greater need for services to accommodate people speaking European languages compared to Asian languages; among services targeted at traditional working-age people the reverse is true.

Location is also an important factor in providing culturally appropriate services, as the percentage of migrants and their countries of birth varies considerably between regions, and even suburbs within large cities. For example, in 2006 more than half of all Australian residents born in Ethiopia or Somalia lived in Melbourne, while half of those born in Egypt lived in Sydney. In general, migrants disproportionately live in capital cities rather than regional areas (ABS 2008b).

1.5 Where do Australians live?

As services are often delivered to people in the areas in which they live and work, the geographical distribution of the population is an important factor in planning and delivering welfare services. Populations living in different parts of the country are not uniform in their composition—for example, some areas have a relatively high number of children, people with disability, or people from particular migrant backgrounds—so geography has varying implications for different service sectors. In addition, welfare is related to a number of non-demographic factors that vary between local areas, such as participation in employment and access to economic resources (discussed in Chapter 3). Finally, aspects of the physical and built environment that differ throughout the country can affect demand for services as well as the manner in which they are delivered.

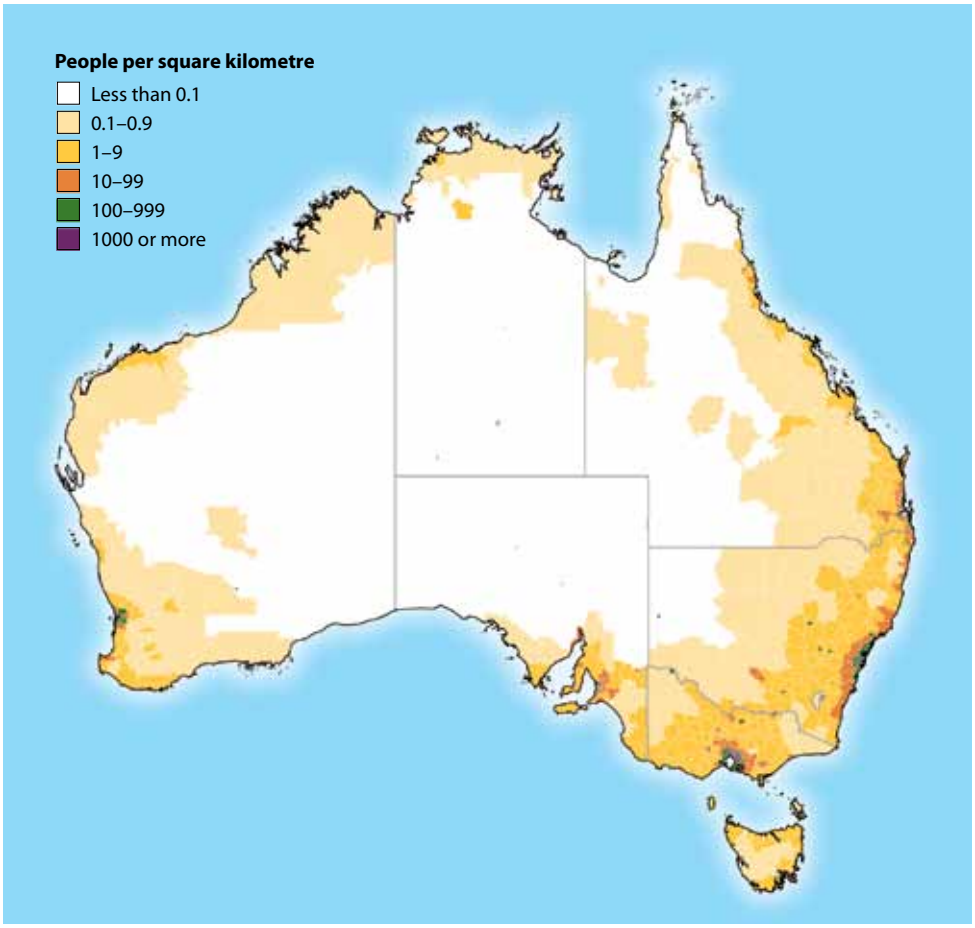
The Australian population is unevenly distributed, with the large majority living in a number of relatively small geographical areas. The population is heavily concentrated in the south-east of the country, especially in urban areas. In June 2010, 64% of Australians lived in the eight state and territory capital cities—21% in Sydney alone—and almost one in three people lived in New South Wales (ABS 2011c).



Note: The top 12 sources of migrants for the total population are shown. Percentages exclude people who did not respond to the Census question on country of birth.
Source: ABS 2006.

Figure 1.12: Population born in selected countries, by age group, 2006 (per cent)

The location of services and the capacity of providers to deliver services to people depend, in part, on population distribution and density. People living in sparsely populated areas often have to travel long distances to access services, and may have a reduced range of options compared to people living in more densely populated areas; providers may face cost and resource barriers to delivering services to small groups of people, particularly those living far away from large population centres or transport routes. Population density in 2010 ranged from less than one person per square kilometre throughout most of central and northern Australia to more than 1,000 people per square kilometre in some city suburbs (Figure 1.13).

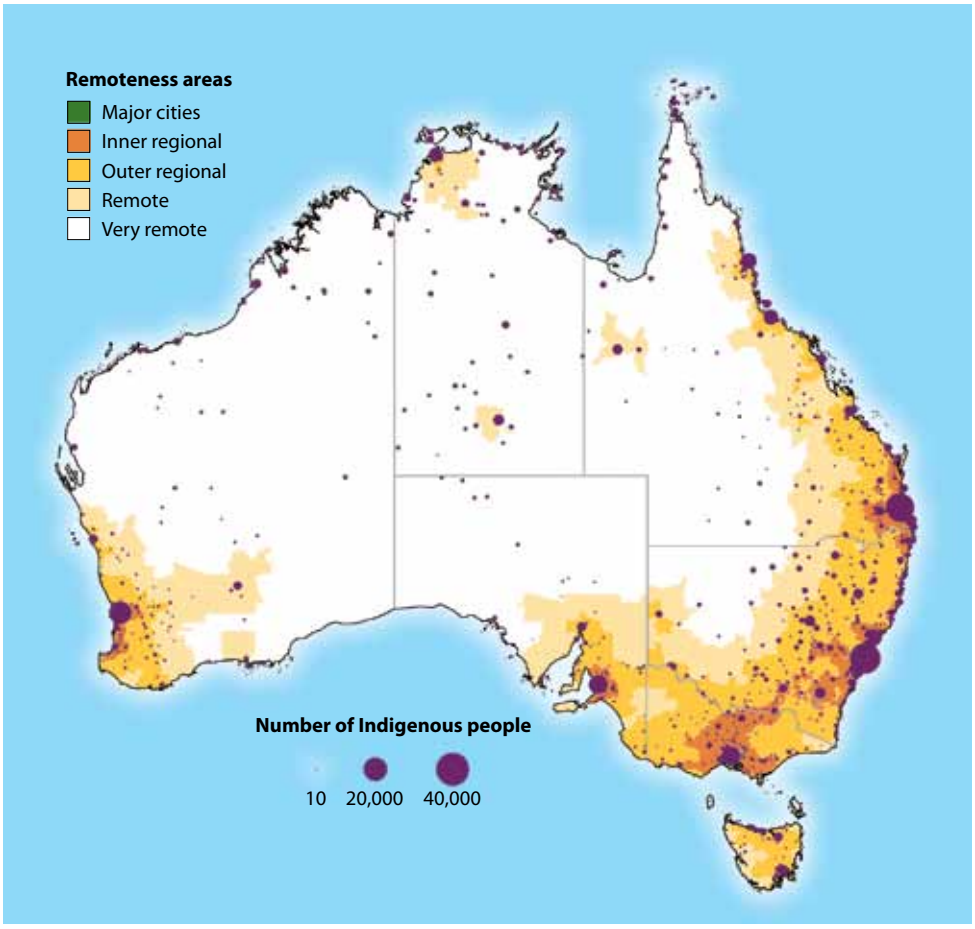


Source: ABS 2011b.

Figure 1.13: Population density, June 2010

Remote Australia is disproportionately populated by Aboriginal and Torres Strait Islander people: in 2006, Indigenous Australians comprised 2.5% of the total population but 26% of those living in areas classified as *Remote* or *Very remote* (Box 1.2; ABS 2008a). However, Indigenous people were still more likely to live in urban than remote areas. Almost one-third (32%) lived in *Major cities* in 2006, while 21% lived in *Inner regional* areas and 22% lived in *Outer regional* areas.

Like the broader population, the Indigenous population is concentrated in eastern Australia, with relatively large population clusters in the capital cities and regional centres such as Cairns, Townsville, Newcastle and Dubbo (Figure 1.14).



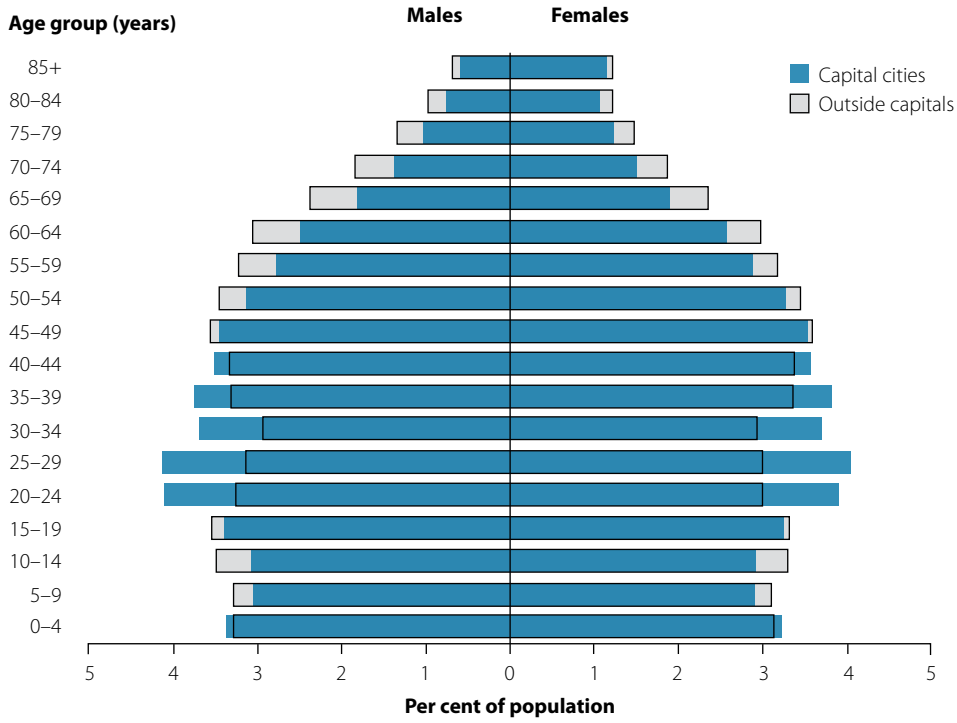
Note: Population clusters based on Urban Centre/Locality.
Source: AIHW analysis of Census data 2006.

Figure 1.14: Indigenous population clusters, 2006

The age profile of the population varies between different regions of Australia, with capital cities generally having younger populations than the rest of the country. This is largely due to the high proportion of people in their 20s and 30s living in capital cities—in 2010 almost one in three people (31%) living in capital cities were aged 20–39 years, compared to one in four people (25%) living outside the capitals (Figure 1.15). The concentration of education, employment and other opportunities in cities is a driving factor behind young adults moving out of regional areas (ABS 2011c).

Children aged less than 15 years made up a slightly smaller share of the population in capital cities (19%) than other areas (20%). The Statistical Divisions with the highest proportion of children were in remote areas. More than one in four people living in the Northern Territory (outside Darwin), north-west Queensland and the Pilbara in Western Australia were aged 0–14 years (ABS 2011c).

As the demographic composition of the population is not constant across geographical regions, the implications of population size for demand for welfare services differ between service types and locations. For example, per head of population regional areas require a relatively greater number of services targeted at older people than cities, while Indigenous communities in remote Australia have a need for children's services disproportionate to their overall size.

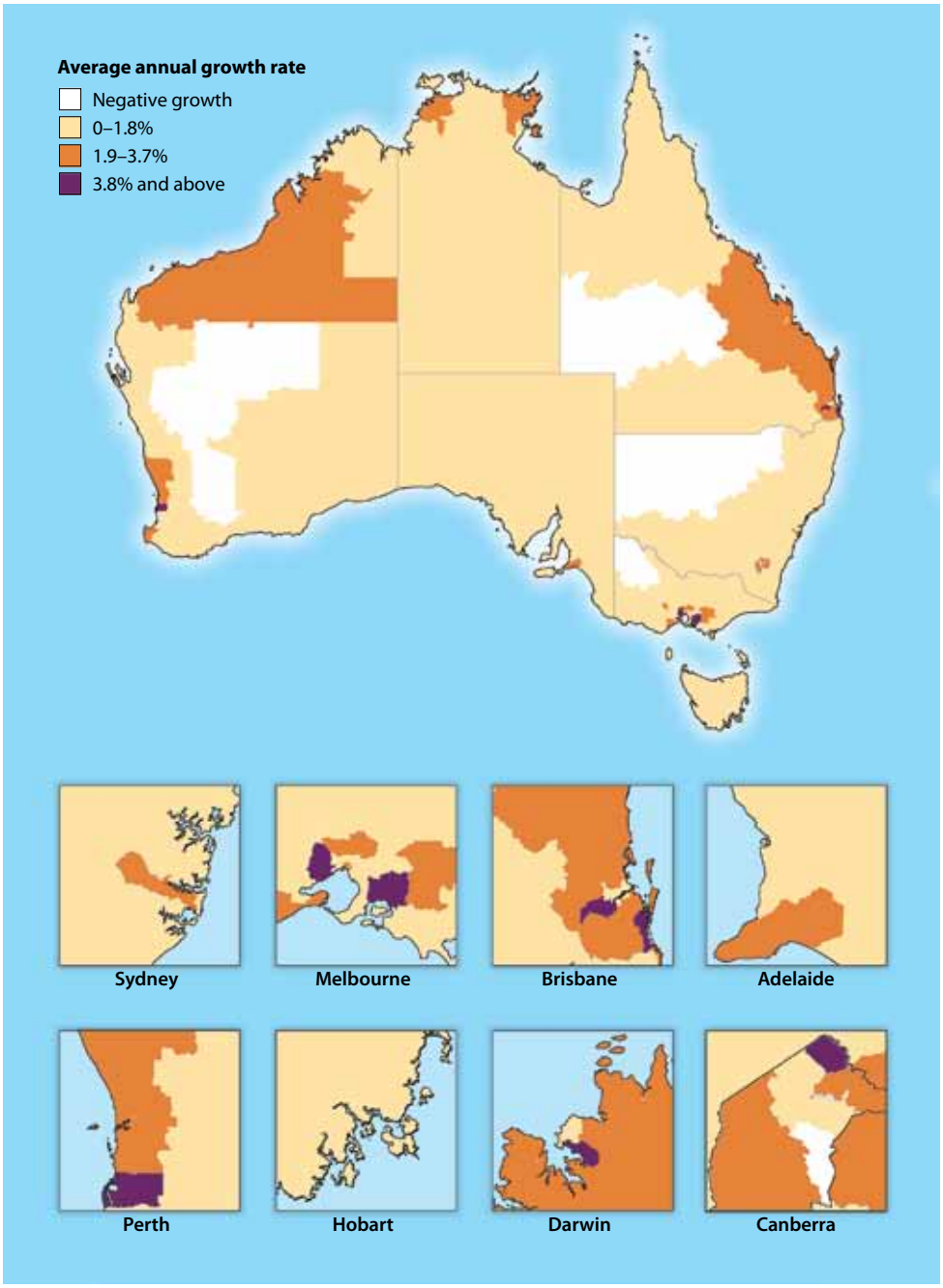


Note: Capital cities are here defined as the Statistical Divisions of Sydney, Melbourne, Brisbane, Adelaide, Perth, Greater Hobart, Darwin and Canberra.

Source: Table A1.12.

Figure 1.15: Population living within and outside capital cities, by age and sex, June 2010 (per cent)

Between 2005 and 2010 the population grew by an average of 1.9% per year. Western Australia experienced a faster growth rate than any other state or territory, at 2.6% per year (ABS 2011b). A number of regions in remote Australia underwent population decline over this period, while growth rates were higher than average along much of south-east Queensland, the top of the Northern Territory and parts of Western Australia (Figure 1.16). A number of smaller geographical areas, especially on the fringes of some capital cities, experienced population growth rates of more than double the national average.



Source: ABS 2011b.

Figure 1.16: Average annual change in regional populations, 2005–2010 (per cent)

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Chapter

2

Family and household structure

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2 Family and household structure

Key points

- In 2009–10 there were approximately 8.4 million households in Australia: 74% were family households; 23% were lone person households and 3% were group households.
- Close to half (44%) of Australia's 6.3 million co-resident families were couples with children; 40% were couples without children and 14% were one-parent families. The number of couples without children is growing at a faster rate than any other family type.
- One million children aged 0–17 years (21%) had a natural parent living outside their household in 2009–10.
- Around 665,000 people aged 25 years or over lived with one or both parents in 2009–10, without a partner or child of their own in the household. This group accounted for 10% of 'children' living in families in 2009–10, up from 7% in 1997.
- More than half of all children in one-parent families were aged 15 years or over, compared to a third of those in couple families. The number of children aged under 10 years living in one-parent families declined between 1997 and 2009–10; however, the number of dependent students aged 15–24 years in one-parent families rose considerably.
- Australians are marrying at older ages than in the past—the median age at marriage in 2009 was 31.5 for males and 29.2 for females. More than three-quarters (77%) of people who married in 2009 had lived together prior to marriage.
- Rates of outright home ownership fell from 42% in 1994–95 to 33% in 2009–10, while the percentage of households with a mortgage rose from 30% to 36%.
- Almost a quarter (24%) of households rented from a private landlord in 2009–10, compared to 18% in 1994–95.
- Public housing tenancy was most common among one-parent families with dependent children (13% in 2009–10) and people living alone (7%).
- Housing tenure is strongly related to age. In 2009–10, private rental was the dominant form of tenure for households with a reference person aged less than 35 years; for those aged 35–54 years ownership with a mortgage was most common; and the majority of households in which the reference person was aged 55 years or over owned their home outright.
- Between 1976 and 2007–08, the average number of bedrooms per dwelling increased from 2.8 to 3.1, while the average number of residents decreased from 3.1 to 2.6.

2.1 Introduction

Households, including both family and non-family households, play a critical role in facilitating personal wellbeing. People living together provide social, material and financial support which affects the need for welfare services (see, for example, the discussion of informal care in Chapter 7). Further, many services are delivered to entire families or households rather than discrete individuals, so an understanding of the structure of these families and households is important in the planning and delivery of welfare services.

At a population level, family structure is related to the welfare of children and young people. For example, research studies have found poorer child outcomes across a number of dimensions for children living in non-intact families, while family socioeconomic status (SES) is linked to early childhood development and social outcomes among young people (AIHW 2009; Mance & Yu 2010; and Chapter 4 of this report). Therefore understanding the composition of different family types, including how and why this is changing, is an important starting point in any consideration of population wellbeing.

More broadly, the structure of households is changing. The number of households in Australia is projected to reach between 11.4 and 11.8 million by 2031 (ABS 2010a), at least 3 million households more the 2009–10 number (8.4 million; ABS 2011c). While family households (with or without children) will remain dominant, the greatest relative increase is anticipated among lone-person households, which are projected to account for between 3.0 and 3.6 million households in 2031.

Most of the projected growth in lone-person households over the next two decades is associated with population ageing (ABS 2010a; see Chapter 1 for information about Australia's ageing population). Given that rates of disability are higher among older people (Chapter 1), and informal care by household members accounts for a large part of the support provided to people with disability (Chapter 6), increasing numbers of older people living alone may add to the demand for formal care services, including home-based aged care services.

Demand for housing—generally, or for housing of particular types and in specific locations—has implications for housing affordability, as well as for civic and workforce planning. The relationship between housing tenure and household income is discussed in Chapter 3, while Chapter 9 provides more information about government programs aimed at addressing problems of housing affordability. Financial pathways to homelessness associated with affordability problems are investigated in Chapter 8.

The analysis presented in this chapter is limited to people living in households (private dwellings). While this remains the dominant living arrangement—21.6 million Australians (around 96%) lived in households in 2009–10 (ABS 2011c)—it is important to recognise that many people live in other types of residences, both short and long term. Living arrangements described elsewhere in *Australia's welfare 2011* include:

- residential and facility-based out-of-home care for children and young people (Chapter 4)
- juvenile justice facilities (Chapter 4)
- institutional care and group homes for people with disability (Chapter 5)
- residential aged care facilities for older people as well as some younger people with disability (chapters 5 and 6)
- boarding houses, hostels, youth refuges, emergency accommodation, as well as people with no conventional accommodation (Chapter 8).

Box 2.1: Statistical classification of families

Concepts of what constitutes a family vary widely—some people may consider their family to be related individuals who live together, while others include extended relatives living elsewhere, or unrelated individuals in close relationships.

The information presented in this chapter draws on statistics from a range of ABS collections, and uses the concept of family defined in *Family, household and income unit variables, 2005* (ABS 2005). Here, a family is classified as:

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. Some households will, therefore, contain more than one family.

Different types of families are identified based on the presence or absence of couple relationships, parent–child relationships, child dependency relationships and other relationships. Four broad family types are discussed in this chapter:

- couples with children (including couples with co-resident adult children who are not themselves married or parents to another member of the household)
- couples without children (including couples who have children that do not live in the same household)
- one-parent families (including individuals with co-resident adult children who are not themselves married or parents to another member of the household)
- other families (such as adult siblings living together in the absence of both parents).

Couples with or without children include both opposite-sex and same-sex couples.

A 'child' in a family household is a person of any age who is a natural, adopted, step, foster or nominal son or daughter of a couple or lone parent usually resident in the same household. A child is also any person aged under 15, usually resident in the household, who forms a parent-child relationship with another member of the household.People classified as a child in a family household exclude those with a partner or child of his/her own in the household—in this case, a separate family is formed. The ABS classifies 'children' living in family households as either dependent or non-dependent (ABS 2005):

- A *dependent child* is a child aged under 15 years of age; or child aged 15–24 years and attending a secondary or tertiary educational institution as a full-time student. The latter group are separately referred to as *dependent students*.
- A *non-dependent child* is a child who is aged 15 years or over, is not a full-time student aged 15–24 years, and who has no partner or child of his/her own in the household.

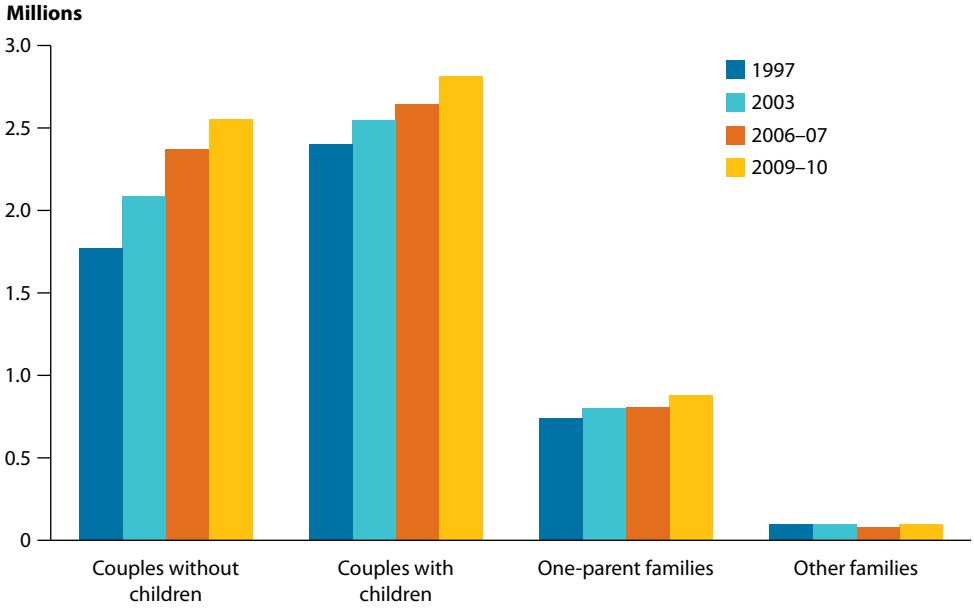
These are general classifications used for statistical purposes. Non-dependent children may still receive support (material or non-material, including financial) from their parent(s) or other members of the household, depending on individual and family circumstances.

Source: ABS 2005.

2.2 Family composition

Of the 8.4 million households in Australia in 2009–10, almost three-quarters (74%) were family households, while 23% were lone person households and the remaining 3% were group households (ABS 2011a). The large majority (96%, or 6.1 million) of family households contained a single family (defined in Box 2.1), although 244,000 families lived in multi-family households.

Two in five Australian families (40%, or 2.6 million) were couples without children (Figure 2.1). This group is projected to become the dominant family type by 2013 or 2014, in part due to increasing numbers of 'empty nesters' as higher life expectancy results in more people living together to older ages than in past generations (ABS 2010a). For example, in 2009–10, for more than half (53%) of all couple families without children the female partner was aged 55 years or over (ABS 2011a: Table 4.1).



Note: See Box 2.1 for classification of different family types.
Source: Table A2.1.

Figure 2.1: Number of families by family composition, 1997 to 2009–10 (millions)

A small majority (58%) of families comprised a parent or parents with one or more children: just over 2.8 million families (44%) were couples with children, while there were 0.9 million one-parent families with children (14%). Fewer than 2% of families were classified as 'other families'—for example, adult siblings living together in the absence of both parents.

Between 1997 and 2009–10 the total number of Australian families grew by 1.3 million, or 27%. More than half of the additional families added over this period were couples without children (Figure 2.1).

Families with children

There were almost 7.0 million children living in 3.7 million families in 2009–10, including dependent students and non-dependent adult children (Table 2.1). Around 60% of children living in families were aged less than 15 years; 30% were aged 15–24 years and 10% were aged 25 years or over. By comparison, people aged 25 years or over living with one or both parents comprised 7% of 'children' living in families in 1997 (ABS 1998).

One in five children (20%) lived in a one-parent family in 2009–10 (Table 2.1). One-parent families were more likely than couple families to include adults living with their parent(s): 19% of children in one-parent families were aged 25 years or over, compared to 7% of children in couple families. Conversely, fewer than half of the children living in one-parent families and almost two-thirds of those in couple families were aged under 15 years. Box 2.2 explores the circumstances of adults who have not left home in more detail.

Indigenous children were more likely than non-Indigenous children to live in a one-parent family—around one in three (34%) Indigenous children aged 0–14 years lived in a one-parent family in 2008 (ABS 2011b). However, a relatively high proportion of Aboriginal and Torres Strait Islander families shared households with other families, especially in *Remote* areas. In 2008, 16.5% of Indigenous households in *Remote* areas, and 7% overall, contained more than one family (ABS 2011b). In comparison, only 1% of non-Indigenous households were multiple-family households.

Table 2.1: Children living in families, by age, 2009–10

	Couple families		One-parent families		Total	
	'000s	Per cent	'000s	Per cent	'000s	Per cent
0–14 years	3,488	63.0	686	48.4	4,174	60.0
15–24 years	1,653	29.8	463	32.7	2,116	30.4
25 years and over	398	7.2	267	18.9	665	9.6
Total	**5,539**	**100.0**	**1,417**	**100.0**	**6,955**	**100.0**
All children in families (%)	**–**	**79.6**	**–**	**20.4**	**–**	**100.0**

Note: See Box 2.1 for the classification of 'children' for statistical purposes.

Source: AIHW analysis of ABS 2011a: Table 6.1.

Three-quarters (77%, or 5.4 million) of the people classified as 'children' living in families in 2009–10 were dependent children, including 1.2 million dependent students aged 15–24 years (Table 2.2). Between 1997 and 2009–10 the number of dependent children living in couple families grew by 13%, while the number living in one-parent families increased by 7%. Notably, there were fewer children aged 0–9 years living in one-parent families in 2009–10 compared to 1997. This may be in part due to the declining divorce rate and increasing duration of marriages prior to separation observed in recent years (see the following discussion on divorce).

Another significant trend is the relatively large increase in the number of dependent children aged 15–24 years: the period 1997 to 2009–10 saw a 33% increase in the number of dependent students living in the family home (Table 2.2). Trends in participation in education among young people are explored further in chapters 3 and 4.

Box 2.2: Young adults who have not left home

According to the ABS Family Characteristics and Transitions Survey, 1.0 million young adults aged 18–34 years had never left the family home and lived with one or both of their parents in 2006–07. Close to half (44%) of all young people aged 18–24 years were in this situation, compared to 5% of those aged 25–34 years.

Another 0.3 million people aged 18–34 years had never left home but did not live with their parents (for example, because their parents had moved away or died).

Of those who had never left home and lived with one or both of their parents, 43% cited financial reasons as the main reason for their decision, while 37% said convenience or enjoying living at home was the main reason.

Source: ABS 2009a.

Table 2.2: Number of children and dependent students[(a)], by family type, 1997 to 2009–10 ('000s)

	1997	2003	2006–07	2009–10	% change
Couple families					
0–4 years	1,088	1,043	1,133	1,261	15.9
5–9 years	1,055	1,048	1,061	1,105	4.7
10–14 years	1,055	1,047	1,079	1,122	6.4
15–24 years	737	849	870	951	29.0
Total	**3,935**	**3,987**	**4,143**	**4,439**	**12.8**
One-parent families					
0–4 years	204	199	150	177	–13.2
5–9 years	258	261	235	243	–5.8
10–14 years	246	292	290	266	8.1
15–24 years	160	188	209	245	53.1
Total	**868**	**940**	**884**	**931**	**7.3**
All families					
0–4 years	1,292	1,242	1,283	1,438	11.3
5–9 years	1,313	1,309	1,296	1,348	2.7
10–14 years	1,301	1,339	1,369	1,388	6.7
15–24 years	897	1,037	1,079	1,196	33.3
Total	**4,803**	**4,927**	**5,027**	**5,370**	**11.8**

(a) Dependent students aged 15–24 includes only *full-time* students at secondary or tertiary educational institutions.

Source: ABS 2011a: Table 6.1.

Family formation and dissolution

Marriage

Couple families, with or without children, include those in a registered marriage as well as those in de facto relationships (including same-sex couples). Between 1989 and 2009, rates of registered marriage declined from 7.0 to 5.5 per 1,000 population (Table 2.3). At the same time, the median age at marriage increased by 3.5 years for both males and females. Around one in five people entering into a registered marriage in 2009 had previously been married (22% of males and 20% of females). Discussion of the statistics relating to divorce and children in step and blended families follows.

Table 2.3: Selected marriage indicators, 1989–2009

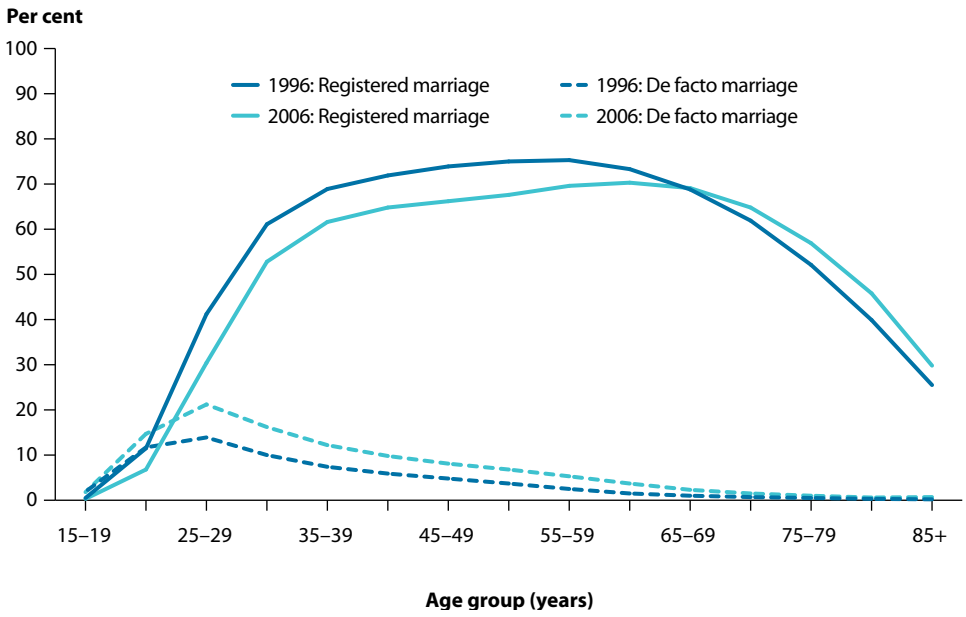
	1989	1994	1999	2004	2009
Number of registered marriages	117,176	111,174	114,316	110,958	120,118
Crude marriage rate[(a)]	7.0	6.2	6.0	5.5	5.5
Median age at marriage (years)					
Males	28.0	29.0	30.1	31.5	31.5
Females	25.7	26.6	27.9	29.2	29.2
Previously married (%)					
Males	23.9	24.0	24.2	24.4	21.9
Females	22.8	22.9	23.4	23.1	20.2

(a) Per 1,000 population, excluding males aged under 18 years and females aged under 16 years.

Sources: ABS 1995, 2009d, 2010b.

De facto relationships have become increasingly common in Australia. According to the Census of Population and Housing, 9% of Australians aged 15 years or over were living together in a de facto marriage in 2006 (including same-sex couples), compared to 6% in 1996 (ABS 2006). De facto marriage was most common among younger people: in 2006, 21% of people aged 25–29 years and 15–16% of those aged 20–24 or 30–34 years were in a de facto relationship (Figure 2.2). In contrast, fewer than 1% of people aged 65 years or over were in a de facto relationship.

It is likely that many couples in a de facto relationship will go on to enter a registered marriage, as cohabitation prior to marriage has also become increasingly common. In 2009, more than three in four couples (77%) entering a registered marriage had previously lived together, compared to two in three couples (69%) two decades earlier (ABS 2010b).



Source: Table A2.2.

Figure 2.2: Social marriage status of Australians aged 15 years or over, 1996 and 2006 (per cent)

Divorce

Younger Australians are more likely than earlier generations to have experienced family breakdown due to parental divorce during childhood or adolescence. In 2006–07, around one in four adults (24%) aged 18–34 years had experienced the divorce of their parents before they reached the age of 18. In comparison, fewer than one in 10 people aged 55 years or over had undergone a similar experience (ABS 2009a).

Almost 50,000 divorces were granted in 2009—a rate of 2.3 per 1,000 population (Table 2.4). The crude divorce rate has been generally falling since 2001, when it was 2.9 per 1,000 population. The rate in 2008 (2.2 per 1,000 population) was the lowest recorded since the introduction of the *Family Law Act 1975* changed the grounds under which divorce could be granted (ABS 2009d).

The two decades to 2009 saw an increase in the median duration of marriage (from date of marriage registration to final separation), from 7.3 to 8.7 years (Table 2.4). The median age at divorce also rose by 6 years for both males and females. Just under half of all divorces in 2009 occurred between couples with children aged under 18 years; this proportion has declined since 1989.

Table 2.4: Selected divorce indicators, 1989–2009

	1989	1994	1999	2004	2009
Number of divorces	41,383	48,312	52,566	52,747	49,448
Crude divorce rate[(a)]	2.5	2.7	2.8	2.6	2.3
Median duration of marriage[(b)] (years)	7.3	7.6	7.9	8.7	8.7
Divorces involving children (%)	55.3	52.4	53.9	49.8	49.1
Median age at divorce (years)					
Males	38.0	39.7	40.9	43.0	44.4
Females	35.1	36.8	38.2	40.3	41.5

(a) Per 1,000 population, excluding males aged under 18 years and females aged under 16 years.

(b) Duration to final separation.

Sources: ABS 2009d, 2010b.

Children with a natural parent living elsewhere

Although most Australian children live in intact families, 1 million children aged 0–17 years (21%) had a natural parent living elsewhere during 2009–10 (ABS 2011a). In the large majority of cases (81%) this was their father. Teenagers were more likely than young children to live in non-intact families: 30% of young people aged 15–17 years had a natural parent living elsewhere, compared to 12% of children aged less than 5 years old.

While many of these children saw their non-resident parent on a regular basis—55% once a month or more often—a quarter (24%) saw their non-resident parent less than once per year or never.

Step and blended families

A stepfamily comprises a couple and children from a previous relationship of either partner, but no natural or adopted children of the couple together. In 2009–10, 3% of children aged 0–17 years lived in step families (164,000 children). When a couple in a stepfamily have children of their own (adopted or natural), this is known as a blended family. There were 266,000 children aged 0–17 years in blended families in 2009–10 (5% of all children aged under 18; ABS 2011a: Table 8). The percentage of children living in step or blended families did not change markedly between 1997 and 2009–10.

Children and young people living outside their birth families

While the large majority of children and dependent young people live with one or both of their natural parents, some do not live with their birth families. These arrangements may be permanent or temporary, and can be divided into the following broad categories:

- adoptions
- out-of-home care, in which children and young people aged under 18 years are placed in residential care, foster care or relative/kinship care overseen by state or territory child protection authorities
- informal care, such as children and young people living with grandparents without formal arrangements negotiated through the child protection system.

Chapter 4 provides more detailed information about adopted children and those living in out-of-home care.

2.3 Housing tenure

Owner-occupied housing has long been the most common form of tenure in Australia. In 2009–10, more than two-thirds (69%) of Australia's 8.4 million households were owner occupiers—slightly more with a mortgage (3.0 million households) than without a mortgage (2.7 million households owned outright; ABS 2011c). Around 24% of households rented from a private landlord and 4% lived in housing provided by a state or territory housing authority.

Between 1994–95 and 2009–10 the proportion of households that were owner–occupiers fell slightly, from 71% to 69% (Figure 2.3). However, there was a considerable shift within this group: until 2003–04 more households owned their homes outright than had a mortgage. Over the period 1994–95 to 2009–10 the share of households that were paying off a mortgage rose from 30% to 36% while those owned outright fell from 42% to 33%. A higher proportion of households rented privately in 2009–10 compared to 1994–95 (24% and 18% respectively), while relatively fewer were renting from a state/territory housing authority (5.5% and 3.9% respectively).

Characteristics of households renting from a public housing authority are discussed in detail in 'Chapter 9 Housing assistance services'.

Box 2.3: First homebuyer trends

Almost 1 million households were recent homebuyers in 2007–08, meaning that they had purchased a home within the previous 3 years. More than two-thirds (68%) had purchased a home previously, with the remaining third (32%) being first homebuyers (ABS 2009b).

In the ABS Survey of Income and Housing (SIH), a first homebuyer household is defined as a household in which the reference person (or their co-resident partner) bought their home in the 3 years prior to the survey, and neither that reference person nor their co-resident partner had owned a home previously.

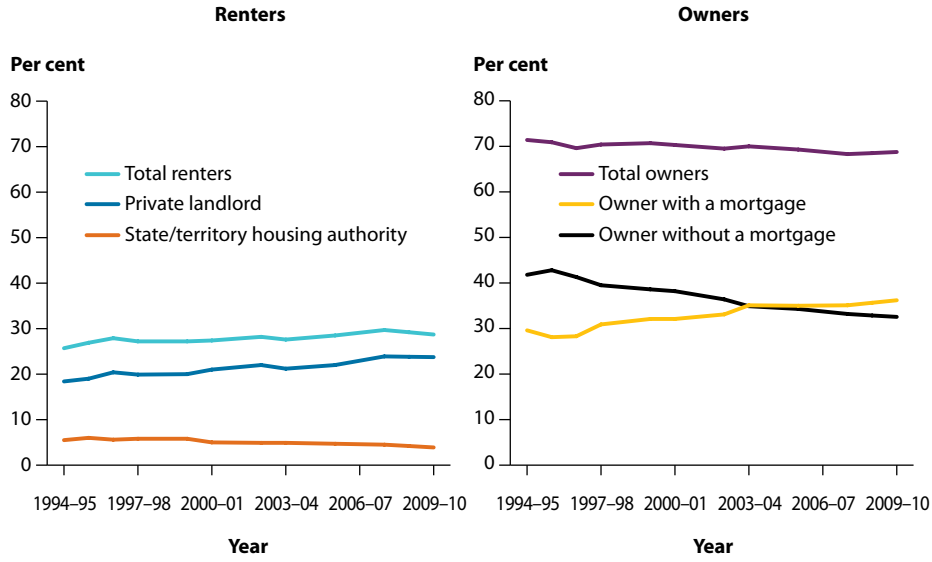
In 2007–08 there were 318,000 first homebuyer households, of which 92% (292,200) had a mortgage. First homebuyers with a mortgage accounted for 10% of all owner–occupiers with a mortgage compared to 16% in 1995–96. The remainder of this box is limited to first homebuyers with a mortgage.

Between 1995–96 and 2007–08, the average age of the reference person in first homebuyer households did not appreciably change, fluctuating between 31 and 33 years. One-third (33%) were couples without children while another third (32%) were couple families with dependent children. Around one in five (22%) first homebuyers were lone-person households.

First homebuyers were disproportionately represented among higher income households: almost two-thirds (64%) had an equivalised disposable household income (see Glossary) in the top 40% of the population. On average, housing costs for first homebuyers accounted for 26% of gross household income.

Notable first homebuyer trends in recent years include an increased tendency to purchase flats, units and apartments (19% of dwellings in 2007–08 compared to 7% in 1995–96), and established rather than new dwellings—23% of first homebuyers had purchased a new dwelling in 1995–96, compared to 9% in 2007–08.

Source: ABS 2009b.



Note: 'Total renters' includes 'other landlord type' (1–2% of households). 'Other tenure type' is not shown, and accounts for 2–3% of all households.

Source: Table A2.3.

Figure 2.3: Trends in selected tenure types, 1995–96 to 2009–10 (per cent of all households)

Variations in housing tenure by household composition

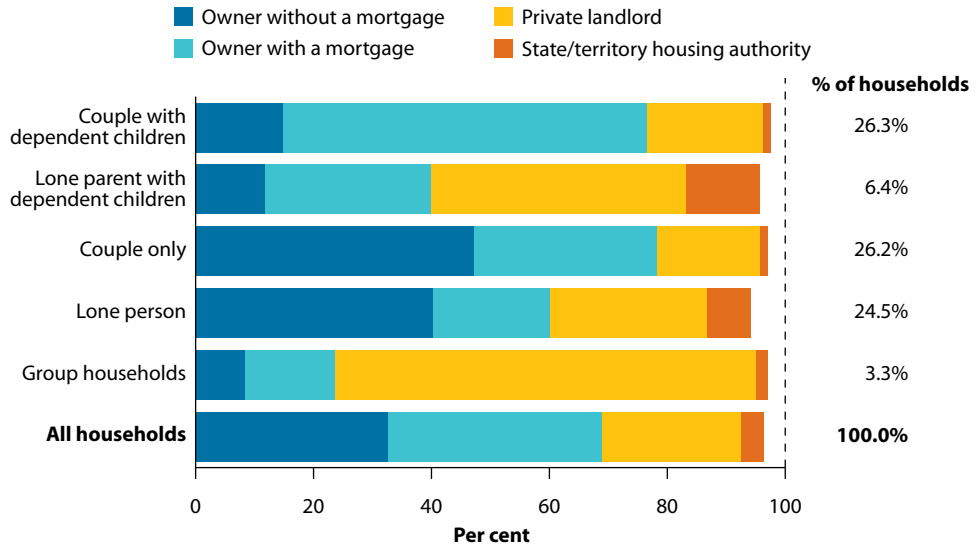
A range of individual and market factors affect housing tenure including cost, supply, household structure, expectations of future economic security, investment decisions, personal preferences and lifestyle choices.

At the population level, the influence of household structure is evident in patterns of tenure that vary between different types of family and non-family households (Figure 2.4). In 2009–10 the majority of couples with dependent children were paying off a mortgage (62%)—a higher proportion than any other household type. Over a quarter (26%) of all households were made up of couples with dependent children and had, on average, 2.0 employed persons and 1.9 dependent children (ABS 2011c: Data cube table 12). One-parent families with dependent children had an average of 1.8 dependent children per household but only 0.9 employed persons, and consequently less capacity to pay housing costs. These families were disproportionately represented among tenants of state/territory housing authorities (13% reported this tenancy type in 2009–10); they were also more likely than average to be renting from a private landlord (43%, compared to 24% of all households).

Households with no children (which accounted for more than half of all Australian households) had relatively high rates of outright home ownership: 47% of couple-only households and 40% of lone-person households were owners without a mortgage. Lone-person households also had almost twice the average usage of public housing, with 7.4% renting from a state/territory housing authority in 2009–10 (Figure 2.4). Patterns of tenancy among childless households were strongly related to age, as shown in the following discussion.

Box 2.4: The 'reference person' in household statistics

The information about housing tenure and household composition presented in this chapter was collected in the ABS Survey of Income and Housing, which is a survey of Australian households conducted approximately every 2 years. It is sometimes useful to compare households based on the characteristics of their members, such as age or employment status. The Survey of Income and Housing facilitates this by identifying a 'reference person' for each household, chosen as being most likely to be representative of the household. In households with more than one member, the reference person is identified by considering the tenure, relationship and parental status, income and age of all household members aged 15 years or over. For more information, see the Survey of Income and Housing user guide (ABS 2009c).



Notes: 'Other tenure type' and 'other landlord type' are not shown, and account for 4% of all household tenure. Household composition categories 'multiple-family households' and 'other one-family households' are not shown, and account for 13% of all households.

Source: Table A2.4.

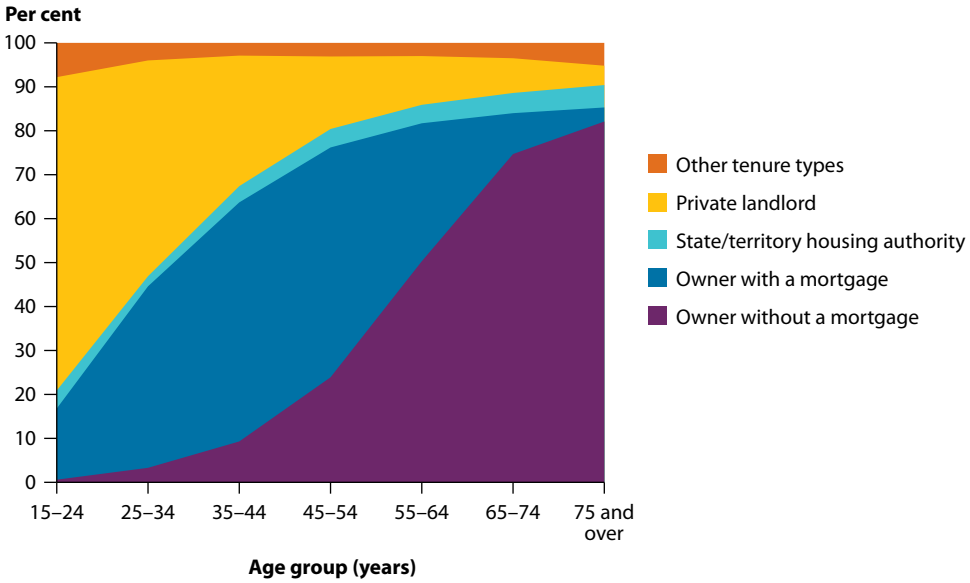
Figure 2.4: Distribution of housing tenure among selected household types, 2009–10

Housing tenure across the life cycle

Household composition varies across the life cycle. For example, in the majority of family households with dependent children the reference person was aged 15–44 years (62% of couple families and 66% of lone parent families) (AIHW analysis of ABS 2011c: Table 14A). In comparison, lone person and couple-only households were most likely to have a reference person aged 55 years or over (57% and 58%, respectively). In almost three-quarters of group households the reference person was aged 15–34 years.

Figure 2.5 shows the change in patterns of housing tenure across the life cycle. In 2009–10, the age of the reference person generally correlated with a different form of housing:

- private rental was the dominant form of tenure for persons aged less than 35 years
- ownership with a mortgage was most common from 35–54 years
- outright home ownership applied for the majority of households with persons aged 55 years or over—including 82% of households in which the reference person was aged 75 years or over.
- Tenancy with a state/territory housing authority was most common among households were the reference person was aged 75 years or over—5% of these households rented from a state/territory housing authority, while 4% rented from a private landlord.



Note: 'Other tenure types' include households paying rent to the owner–manager of a caravan park, an employer or housing co-operative, and rent-free households.

Source: Table A2.5.

Figure 2.5: Household tenure type, by age of reference person, 2009–10

Home ownership contributes a large part of the wealth of many households, so higher rates of home ownership among older age groups mean that wealth tends to accumulate over the life cycle. Such wealth can then be used to support household expenses, as income typically falls after retirement. These patterns will be further explored in 'Chapter 3 Economic participation'. As with income and wealth, consumption needs tend to vary between people at different life stages, and these include housing costs. Younger couples and singles were more likely than older households to be paying off a mortgage, and more likely to be renting from a private landlord, while older occupants had higher usage of state or territory-provided housing (discussed further in Chapter 9).

These patterns indicate that older people are generally more likely than younger people to have relatively low housing costs. However, older people also tend to have lower incomes than younger people, so housing affordability can be a significant concern for people of retirement age with relatively high-cost housing, such as renting from a private landlord (see Box 2.5). Further, people who are unable to attain home ownership during their working life are at risk of experiencing housing affordability problems or dependence on social housing as they age. This group includes lower income workers and people outside the labour force for an extended period of time, such as people with disability and informal carers of 'traditional working age'. Lower female engagement in full-time work (Chapter 3) means that this group is also likely to disproportionately include women.

Housing tenure of Indigenous Australians

In contrast to the general population, rental accommodation was the dominant form of tenure for Aboriginal and Torres Strait Islander people. In 2008, 69% of Indigenous households were renters, and almost half of these (23% of all households) rented from a state/territory housing authority or Indigenous or mainstream community housing organisation (ABS 2011b). Around three in ten (29%) Indigenous households were owner occupiers—20% with a mortgage and 9% without a mortgage.

Housing tenure varied by remoteness, with only 10% of households in remote areas owning their home (outright or with a mortgage), and 44% renting from an Indigenous or mainstream community housing organisation (ABS 2011b).

Detailed information about the housing needs of Indigenous Australians, including social housing policies and programs targeted at Indigenous people, is provided in 'Chapter 9 Housing assistance services'.

2.4 Housing occupancy

The size of Australian households has been steadily decreasing for decades, from an average of 3.1 people per household in 1976 to 2.6 in 2009–10 (ABS 2010c; ABS 2011c). If current trends continue, the ABS projects that households will have an average of 2.4 to 2.5 people in 2031 (ABS 2010a). Indigenous households, however, tend to be larger, with an average of 3.4 residents per household in 2008 nationally—and 4.1 residents per Indigenous household in remote areas (ABS 2011b).

While the average number of people per household has been falling, the average number of bedrooms per dwelling has been rising. In 1976 the average dwelling had 2.8 bedrooms, and 17% had four or more bedrooms. In 2007–08 the average was 3.1 bedrooms per dwelling and 29% had four or more bedrooms. Almost one-quarter (23%) of two-person households and 10% of lone-person households had four or more bedrooms in 2007–08 (ABS 2010c).

The currently accepted standard by which the dwelling size requirements of a household are measured is the Canadian National Occupancy Standard (CNOS; Box 2.6). While most Australian households have sufficient bedrooms for their residents, a small percentage are considered to be overcrowded. In 2007–08, 2.6% of households were one or more bedrooms short of the occupancy standard, given their composition. Among households with five or more members, 17% were considered to be overcrowded (ABS 2010c).

Box 2.5: Older people with high housing costs

Most older Australians own their home outright: 76% of people aged 65–74 years and 80% of those aged 75 years or over lived in owner households without a mortgage in 2007–08 (Figure 2.4). Around 6% of people aged 65 years or over lived in state/territory-provided housing, in which rental payments are tied to tenants' income. Consequently older Australians—especially older couples—tend to have relatively low housing costs. People aged 65 years or over in lone-person households spent, on average, 11% of gross income on housing costs and those in couple-only households spent 4%. By comparison, the average cost of housing for all households combined was 13% of gross income.

However, for the minority of older people living in private rental accommodation, housing costs can be very high—particularly for lower income older people, such as Age Pensioners. Housing costs accounted for 34–37% of the gross income of renter households in which the reference person was aged 65 years or over.

Older people living alone

While the majority (69%) of people aged 65 years or over living alone in 2007–08 owned their home without a mortgage and 11% lived in state/territory provided public housing, one in ten (more than 75,000 people) rented from a private landlord and 3% (around 23,000 people) were home owners with a mortgage.

The average housing costs for older people living alone in private rental accommodation accounted for 37% of their gross income. Among the subset of this group with lower incomes (45,000 people), housing costs comprised 44% of their gross income (see Chapter 3 for definitions of 'lower-income' households).

Older couples

Almost nine in 10 (86%) couple-only households in which the reference person was aged 65 years or over owned their home outright. However, 4% rented from a private landlord and 6% had a mortgage on their home. Older couples renting privately spent an average 34% of their gross income on housing costs.

Older people paying off a mortgage

Households with a mortgage in which the reference person was aged 65 years or over tended to have lower housing costs than mortgagees generally. In 2007–08 older home owners with a mortgage spent 9–12% of their gross income on housing costs, compared to 18% for the average household with a mortgage. The median housing costs for these older mortgage holders was around $45–57 per week, compared to $335 per week across all mortgaged households, suggesting that older people with a mortgage tend to have low balances outstanding on their debt.

Source: ABS 2009b.

Box 2.6: Canadian National Occupancy Standard (CNOS)

The CNOS measures the bedroom requirements of a household based on the number, sex, age, and relationships of household members. It specifies that:

- no more than two people share a bedroom
- parents or couples may share a bedroom
- children under 5 years, either of the same sex or opposite sex may share a bedroom
- children under 18 years of the same sex may share a bedroom
- a child aged 5 to 17 years should not share a bedroom with a child under 5 of the opposite sex
- single adults 18 years and over and any unpaired children require a separate bedroom.

Indigenous households have comparatively high rates of overcrowding. In 2008, one in four Indigenous people aged 15 years or over, and around one-third of children aged less than 15 years, lived in a dwelling that fell short of the housing occupancy standard (ABS 2009e). Overcrowded housing was more prevalent in remote areas—almost half (48%) of Indigenous people aged 15 years or over residing in remote areas lived in dwellings that required one or more extra bedrooms to meet the occupancy standard. Indigenous overcrowding rates did not change significantly between 2002 and 2008 (ABS 2011b).

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Chapter

3

Economic participation

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3 Economic participation

Key points

- Economic participation refers to a person's engagement in education and employment, and access to economic resources including income and wealth. The various aspects of economic participation are inter-related, and are also associated with positive social and health outcomes.
- Educational attainment continues to increase, especially among women. In 2010, more than half the population aged 15–64 years (56%) had a non-school qualification.
- In 2010, people aged 25–54 years who had not completed Year 12 and had no non-school qualifications were more than twice as likely to be unemployed or outside the labour force as people with a bachelor degree or graduate qualification.
- 40% of Indigenous Australians aged 25–64 years had completed a non-school qualification in 2008, compared to 62% of non-Indigenous people. The greatest difference was in the attainment of bachelor or higher degrees.
- Labour force participation by people in their 60s has risen markedly over the past decade. In 2010–11, 62% of males and 44% of females aged 60–64 years were in the labour force, as well as one in three males and one in six females aged 65–69 years.
- A number of population groups had relatively low rates of employment (characterised by low labour force participation and/or high unemployment), including Indigenous Australians, people living outside capital cities, people with disability and their carers, lone parents, tenants of social housing and recent migrants.
- One-parent families were more than twice as likely as couple families with dependent children to be lower-income households in 2009–10 (39% compared to 17%).
- For many people, poverty is temporary. Around one in three people (35%) could be classified as poor at some time over the period 2001–2008, but for the majority poverty lasted 1–2 years. However, 2.1% of the population (around 450,000 people) experienced persistent poverty throughout the entire period.
- In 2009–10, one in four households (25%) received the majority of their income from government pensions or allowances.
- The largest income support program in 2009–10 was the Age Pension, with 2.2 million people receiving a full or part-pension.

3.1 Introduction

Broadly speaking, economic participation refers to an individual's engagement in work and/or education, and access to economic resources including income and assets. Economic participation conveys financial, health and social benefits to individuals, households and families and as such is central to population welfare. For example, higher levels of education and income are associated with lower prevalence of risk factors to health such as smoking and obesity, and better health outcomes generally (AIHW 2010a). Time spent in education is associated with lower criminal activity, greater social cohesion, and improved outcomes for children (Lochner et al. 2004; Murray 2007; Stacey 1998). Access to economic resources is positively linked to mental health and wellbeing and optimal child development (VicHealth 2005).

It is unclear the extent to which positive outcomes associated with education and employment are due to direct benefits of participation. Instead, access to participation may itself be an outcome of other advantages—for example, healthy people are better able to remain in the workforce or in formal education. A third possibility is that education and employment provide greater access to economic resources, and that income, wealth, and lower financial stress provide much of the direct effect of socioeconomic factors on wellbeing.

Economic participation is also of critical importance at the whole-of-society level. 'Chapter 1 Australia's people' described some of the challenges Australia is expected to face in the future as a consequence of population ageing, including the projected increase in dependency ratios as the share of the population of 'traditional working age' decreases. The third Intergenerational Report notes:

> The ageing of the population is the major factor driving the slowing in economic growth. As the proportion of the population of traditional working age falls, the rate of labour force participation across the whole population is also projected to fall. The labour force participation rate for people aged 15 years and over is projected to fall to less than 61 per cent by 2049–50, compared with 65 per cent today (Treasury 2010).

Government spending on pensions and income support is projected to rise from 6.5% of GDP in 2014–15 to 6.9% in 2049–50 (Treasury 2010). The biggest driver behind this increase is expenditure on age-related pensions, which are projected to account for 3.9% of GDP in 2049–50—up from 2.7% in 2009–10. Increased workforce participation among older people will help to partially offset this expenditure growth, both directly and through the contribution of a longer working life to superannuation balances. While participation rates have been increasing, particularly among women, international comparisons show that there remains room for improvement, discussed below.

In recognition of this, the Council of Australian Governments (COAG) has identified economic and social participation as one of its five key themes of strategic importance for intergovernmental cooperation in policy development (COAG Reform Council 2011).

3.2 Participation in education

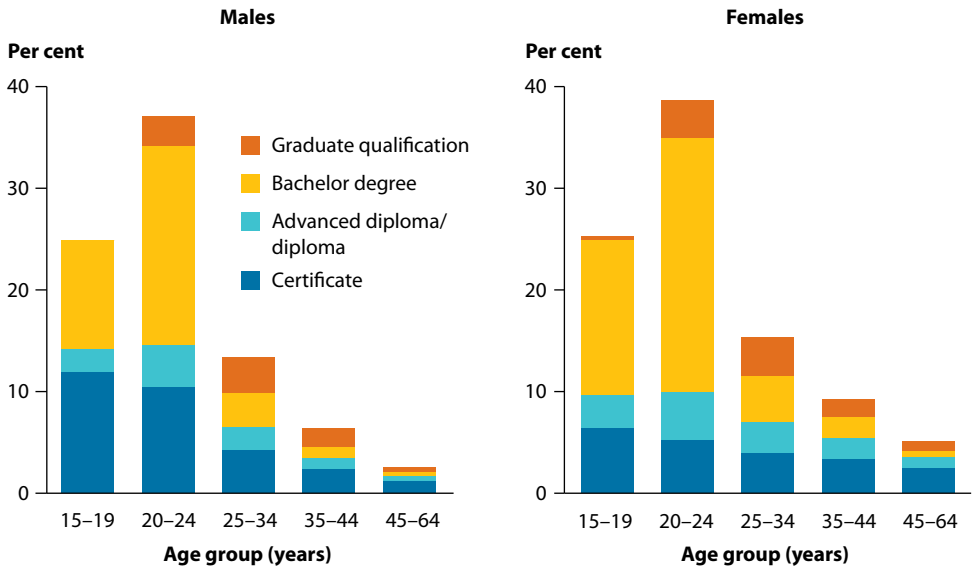
COAG has identified the critical role of education, including vocational training and early childhood development, in 'deliver[ing] significant improvements in human capital outcomes for all Australians … [and strengthening] Australia's economic and social foundations'. In recognition of this, a series of intergovernmental reforms being pursued through COAG, known as the Productivity Agenda, encompass the areas of education, skills, training and early childhood development (COAG 2007).

While education is a particularly important factor in the wellbeing of children and young people, it is increasingly being seen as a lifelong process. The information presented in this chapter focuses on participation in education beyond compulsory secondary schooling. Detailed statistics relating to the education of children, including early learning in the pre-primary years, can be found in 'Chapter 4 Children and young people', which also expands the discussion of young people's participation in education and employment, and includes statistics about people undertaking apprenticeships.

Patterns of participation in education

Overall, 12% of males and 14% of females aged 15–64 years were studying for a non-school qualification in 2010. Participation in most forms of study peaked in the age group 20–24 years and declined with increasing age thereafter, as did enrolment in formal education generally (Figure 3.1). The exceptions were certificate-level qualifications, for which enrolment was most common among younger people; and graduate qualifications, which were most commonly undertaken by people aged 25–34 years.

Formal participation in education was higher for females than males. Most of the difference was due to higher enrolment of females in bachelor degrees at all ages, but especially in the early 20s. One in four females (25%) aged 20–24 years were enrolled in a bachelor degree, compared to one in five males (20%).



Notes

1. Not shown are people enrolled in a non-school qualification of undetermined level—around 1% of each age group.
2. 'Graduate qualification' includes postgraduate degrees, graduate diplomas and graduate certificates.

Source: Table A3.1.

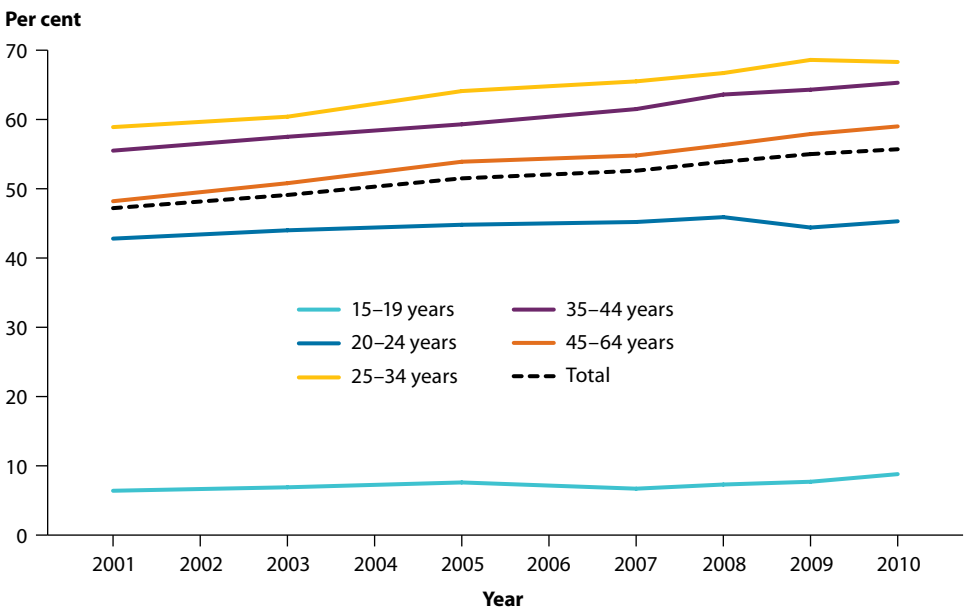
Figure 3.1: Persons aged 15–64 years enrolled in a non-school qualification, by age and sex, 2010 (per cent of population)

Male and female participation in graduate qualifications and diplomas or advanced diplomas did not differ markedly; however, enrolment in certificate-level qualifications was significantly higher among young males than young females: 11–12% of males and 5–6% of females aged 15–24 years were enrolled in a certificate-level course in 2010. These include trade certificates, which males more commonly undertake (see the discussion on apprenticeships in Chapter 4).

Further discussion of young people combining work with study is presented in Chapter 4, while 'Chapter 6 Ageing and aged care' includes statistics about the participation in education of people aged 65 years or over.

Trends in educational attainment

Educational attainment has increased over the past decade, such that in 2010 more than half (56%) the population aged 15–64 years had a non-school qualification, compared to 47% in 2001 (Figure 3.2). This age group includes young people aged 15–17 years, many of whom are too young to have completed Year 12, and other young people still enrolled in their first non-school qualification. Attainment of non-school qualifications among the population aged 25–64 years rose by 10 percentage points between 2001 and 2010, from 53% to 63% (ABS 2010b). The growth in attainment rates was greatest for older age groups.



Source: Table A3.2.

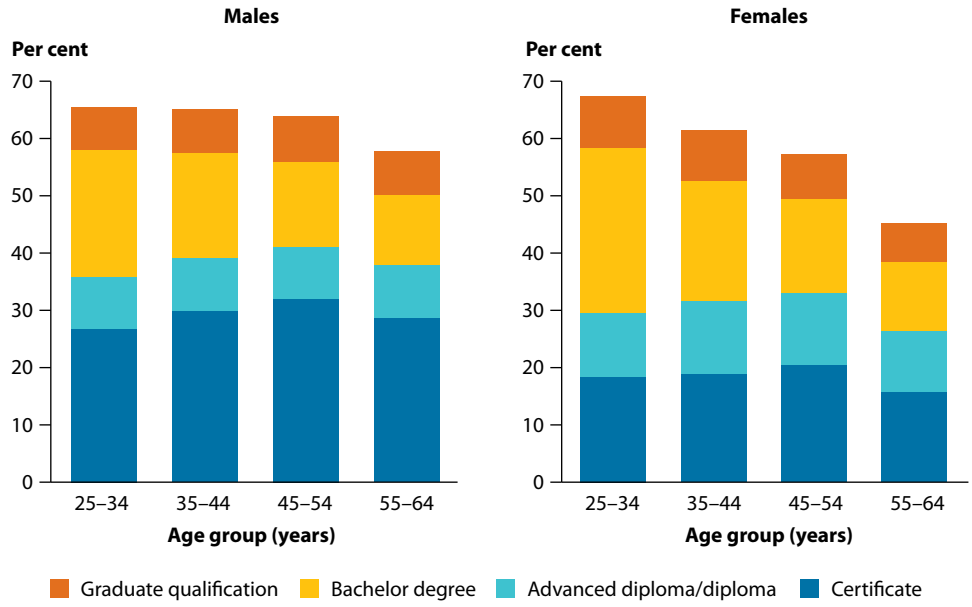
Figure 3.2: Persons aged 15–64 years with a non-school qualification, by age group, 2001–2010 (per cent)

Despite relatively lower levels of participation in recent years, males are still slightly more likely than females to have completed a formal qualification, although the gap is closing. In 2010, 57% of males and 55% of females aged 15–64 years had completed a qualification of any level. By comparison, in 2001 attainment rates were 50% for males and 44% for females (ABS 2010b data cube).

The narrowing gender gap in educational attainment among the working age population can be attributed to two factors: greater participation in education currently observed among females, especially young women (Figure 3.1); and the ageing of a generation of women with relatively low levels of attainment which now places them outside the 15–64 years age group.

Figure 3.3 shows attainment of non-school qualifications by males and females by age cohort, excluding those aged less than 25 years as a large percentage of this age group are still enrolled in formal education. Among people aged 55–64 years in 2010, the gender gap in educational attainment was 12 percentage points (60% for males and 48% for females). The gap narrows to 4 percentage points among people aged 35–44 years, and among the youngest age group (25–34 years), educational attainment was slightly higher among females (69%) than males (67%).

Females were more likely than males to have completed a bachelor degree except for the oldest age group, in which attainment rates were similar for both sexes. In all age groups, a larger percentage of males than females had a certificate-level qualification as their highest non-school educational attainment.



Notes

1. Not shown are people with a non-school qualification of undetermined level—around 1–2% of each age group.
2. 'Graduate qualification' includes postgraduate degrees, graduate diplomas and graduate certificates.

Source: Table A3.3.

Figure 3.3: Persons aged 25–64 years: level of highest non-school qualification, by age and sex, 2010 (per cent of population)

A key part of COAG's education policy agenda is increasing educational attainment levels in the population. A target has been set of 90% Year 12 or equivalent attainment rates among people aged 20–24 years, to be achieved by 2015 (Ministerial Council for Federal Financial Relations 2009a). In 2010, the completion rate was 86% (ABS 2010b). Year 12 attainment is discussed in detail in Chapter 4.

Educational attainment of Indigenous Australians

Aboriginal and Torres Strait Islander people, on average, tend to have lower levels of educational attainment than other Australians, although recent trends in Indigenous education are positive.

In 2008, fewer than one-quarter (22%) of Indigenous Australians aged 15–64 years had completed Year 12, compared to more than half (58%) of non-Indigenous people (ABS 2011d). Some of this difference could be due to population age structures, as a relatively higher proportion of the broad 15–64 years age group would be of school age in the Indigenous population than in the non-Indigenous population. The legacy of educational patterns of past generations is also evident—among people aged 45–54 years, 11% of Indigenous people and 47% of non-Indigenous people had completed Year 12. However, even among younger people Year 12 completion rates are significantly lower for Indigenous Australians. Around 30% of Indigenous people aged 25–34 years in 2008 had completed Year 12, compared to 73% of non-Indigenous people.

The National Indigenous Reform Agreement has set a target of halving the gap in Year 12 completion rates between Indigenous and non-Indigenous Australians by 2020 (Ministerial Council for Federal Financial Relations 2009b). Chapter 4 shows that, while the gap is closing, Indigenous students continue to be less likely to stay in school until Year 12 than non-Indigenous students.

People of Aboriginal and Torres Strait Islander origin also had relatively lower rates of completion of non-school qualifications. In 2008, around 40% of Indigenous people aged 25–64 years had completed a non-school qualification compared to 62% of non-Indigenous people (ABS 2011d). The greatest difference was in the attainment of bachelor degrees or higher qualifications (7% compared to 26%). The proportion of Indigenous Australians aged 25–64 years with a non-school qualification rose 8 percentage points over the period 2002–2008.

International comparisons of educational attainment

In 2008, Australia ranked seventh highest in the OECD in terms of the percentage of 25–64 year olds who had attained a tertiary education (36%, compared to the OECD average of 28%). The countries with the highest tertiary attainment were Canada (49%), Japan (43%) and the United States (41%) (OECD 2010a: Indicator A1, table A1.3).

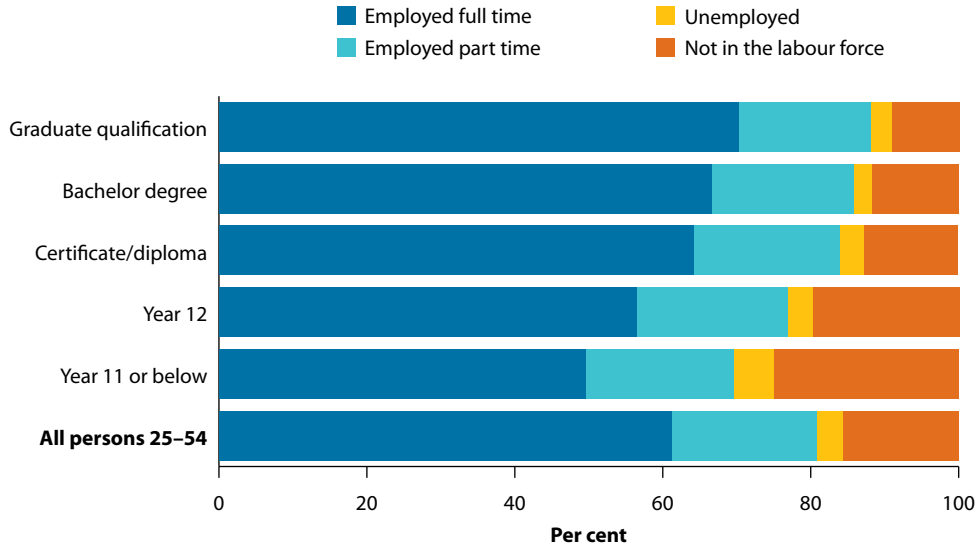
The importance of education for economic participation

People who have completed a non-school qualification have higher rates of participation in the labour force and lower unemployment than people without any such qualification.

The age group 25–54 years is sometimes referred to as 'prime working age' as it excludes younger people (15–24 years) who are often still engaged in formal study, as well as people aged 55 years and over, many of whom leave the workforce before the traditional retirement age. In 2010, one in four people of 'prime working age' whose highest qualification was Year 11 or below were not in the labour force, compared to one in five people who had completed Year 12 but had no non-school qualifications, and around one in nine people with a bachelor degree or graduate qualification (Figure 3.4).

People with higher level qualifications were less likely to be unemployed once in the labour force. The unemployment rate in May 2010 for people aged 25–54 years with a bachelor degree or graduate qualification was 3.2%, compared to 7.2% for people whose highest educational attainment was Year 11 or below (Table A3.4).

The proportion of people employed part time did not vary considerably with educational attainment, with 18–21% of people aged 25–54 years working part-time across all attainment groups.



Note: 'Certificate/diploma' refers to certificate level and advanced diploma/diploma level qualifications. It does not include graduate diplomas and graduate certificates, which are part of the category 'graduate qualification'.

Source: Table A3.4.

Figure 3.4: Labour force status of people aged 25–54 years, by level of highest educational attainment, 2010 (per cent)

Earnings are also related to educational attainment. In 2009, the median earnings for employed people aged 15–64 years, excluding people who were still at school, were $1,106 per week (Table 3.1). Median earnings were 30% higher ($1,445 per week) among employed people with a graduate qualification, and 22% higher among employed people with a bachelor degree. Employed people whose highest qualification was Year 10 or below had median weekly earnings 18% below the national figure.

Table 3.1: Median weekly earnings for employed persons aged 15–64 years not at school, by level of highest educational attainment, 2009 ($)

Graduate qualification	Bachelor Degree	Advanced diploma/ diploma	Certificate III/IV	Year 12	Year 11	Year 10 or below	Total
1,445	1,351	1,161	1,031	1,022	958	907	**1,106**

Note: 'Graduate qualification' includes postgraduate degrees, graduate diplomas and graduate certificates.

Source: ABS 2010a: Table 11.

3.3 Labour force participation

Box 3.1: Labour force concepts and terms

Labour force: The sum of the number of employed and unemployed persons.

Employed: Persons aged 15 years or over who, during the reference week of the ABS Labour Force Survey, worked for one hour or more for pay, profit, commission or payment in kind; or were employees, employers or own account workers who had a job but were not at work in the reference week.

Unemployed: Persons aged 15 years or over who were not employed during the reference week, and had actively looked for work at any time in the previous 4 weeks and were available for work in the reference week, or were waiting to start a new job within four weeks of the reference week and could have started in the reference week if the job had been available then.

Employed part time: Employed persons who usually worked less than 35 hours a week (in all jobs) and either did so during the reference week, or were not at work in the reference week.

Employed full time: Employed persons who usually worked 35 hours or more a week (in all jobs) and those who usually worked less than 35 hours a week but worked 35 hours or more during the reference week.

Long-term unemployed: Persons aged 15 years or over unemployed for 52 weeks or more.

Participation rate: The labour force expressed as a percentage of the Australian civilian population or the specific population being considered. It is most commonly applied to people aged 15 years or over, but may also be limited to people of 'traditional working age' (15–64 years).

Unemployment rate: The number of unemployed persons expressed as a percentage of the total labour force for the population being considered.

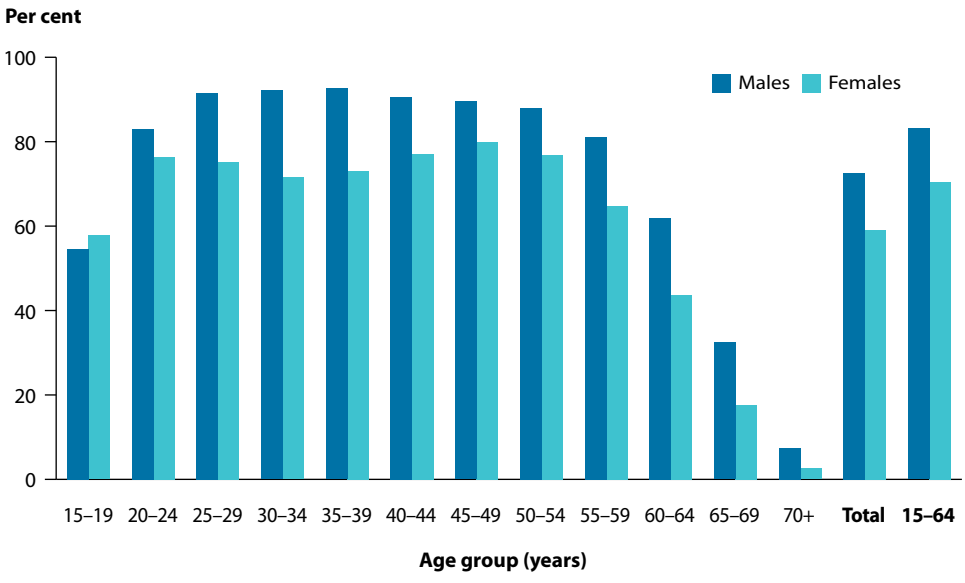
Source: ABS 2009b.

Labour force participation varies across the life cycle

The labour force participation rate in 2010–11, averaged across the financial year, was 73% for males and 59% for females. However, this includes people of Age Pension eligibility age, many of whom have permanently retired from the workforce. When people aged 65 years or over are excluded, the effective participation rate among people of 'traditional working age' was 83% for males and 70% for females (ABS 2011g).

Participation was higher for males than females in every age group except 15–19 years, with the gender gap greatest among people in their 30s (Figure 3.5). Between 25 and 49 years of age the male participation rate was stable at around 90–92%, whereas female participation experienced a dip throughout the 30s associated with the most common child-bearing years,

before peaking at 80% in the age group 45–49 years. Both male and female participation rates declined among people in their mid-50s and early 60s, evidence of some workers taking early retirement, as well as forced early exit from the labour force associated with increasing rates of disability in late middle age.



Source: Table A3.5.

Figure 3.5: Labour force participation rate, by age and sex, 2010–11 (per cent)

In the three decades to 2010–11, overall labour force participation increased by 4 percentage points: a 14-point rise among females partially offset by a 6-point decline among males (Table 3.2). In the absence of any other changes, population ageing would be expected to drive a small decline in the participation rate as an increasingly greater proportion of the population aged 15 years or over are of retirement age. However, the rate of male participation within the 'traditional working age' population (15–64 years) also decreased, from 87% in 1979–80 to 83% in 2010–11.

The biggest changes in labour force participation among males occurred in the 1980s; over the past decade or so the rate stabilised then increased slightly. Participation by females, on the other hand, continues to increase.

Table 3.2: Labour force participation rates, by sex, 1980–81 to 2010–11

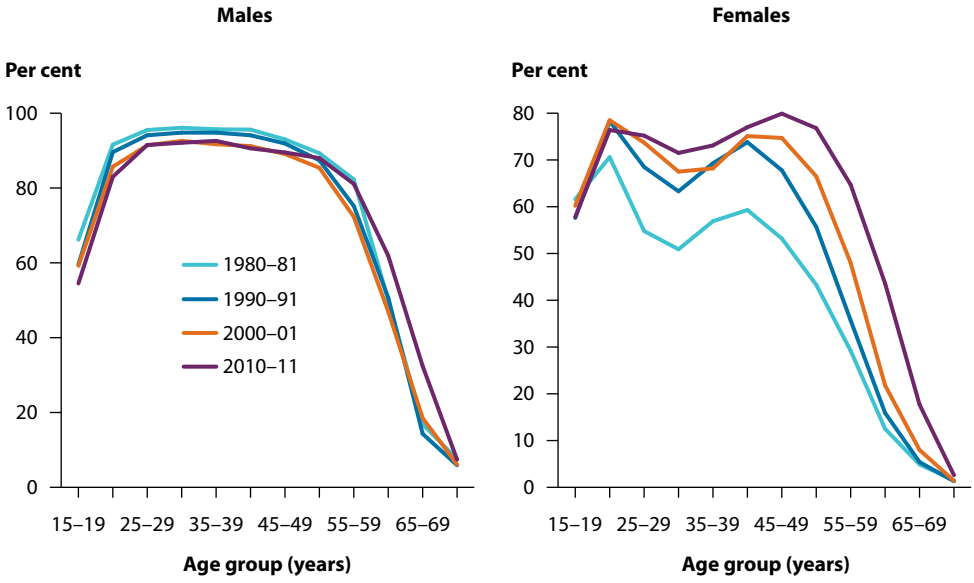
	1980–81	1990–91	2000–01	2010–11	Change (percentage points)
			Persons aged 15 years or over		
Males	78.3	75.3	72.1	72.5	–5.8
Females	44.8	52.3	54.9	59.0	14.2
Persons	61.3	63.6	63.4	65.7	4.4
			Persons aged 15–64 years		
Males	86.7	84.8	82.4	83.1	–3.6
Females	52.1	61.9	65.8	70.4	18.3
Persons	69.5	73.5	74.1	76.7	7.2

Source: AIHW analysis of ABS 2011g: Data cube LM2.

Compared to 1980–81, male participation in the labour force was lower in 2010–11 for every age group under 60 years (Figure 3.6). The difference was greatest among people aged 15–24 years, which may be related to increasing retention rates at school and participation in non-school education among young people (Chapter 4). In contrast, participation among males aged 60–64 years and 65–69 years rose considerably over the past decade, from 47% and 19%, respectively, in 2000–01 to 62% and 32% in 2010–11.

Examination of age-specific participation rates for females show that the growth in female participation over the past three decades reflects two different trends. First, the fall in participation rates associated with child bearing was considerably shallower and occurred later in life in 2010–11 compared to 1980–81 (Figure 3.6). This change largely emerged in the 1980s. Second, labour force participation by women aged in their 50s and 60s roughly doubled between 1980–81 and 2010–11.

Some of this can be attributed to the increase in the Age Pension qualifying age for women, which was set at 60 years until 1995 and has increased by 6 months every 2 years thereafter. In 2010–11 (when the qualifying age was 65 years), 44% of women aged 60–64 years were in the labour force—double the participation rate of the same age group in 2000–01 (22%), when around half the cohort were eligible for the Age Pension. However, participation rates among women aged 55–59 years increased markedly in the past decade, from 48% in 2000–01 to 65% in 2010–11 (Figure 3.6), indicating a more widespread shift in labour force engagement than is driven by pension changes. Women currently in their 50s are part of a cohort with a history of greater labour force participation than their predecessors, and it may be that attitudes that drove the changes observed in the 1980s continue in later life. Further, the increased participation of males in their 60s shows that engagement in the paid workforce in the lead-up to the traditional retirement age is changing for both sexes.



Source: Table A3.6.

Figure 3.6: Labour force participation rates by age and sex, 1980–81 to 2010–11

Box 3.2: How does Australia's labour force participation compare internationally?

In 2010, the labour force participation rate for Australians of 'traditional working age' (15–64 years) was 76.5%, ranking 10th out of 34 OECD countries. Australia's performance varied considerably for different age groups:

- The participation rate for younger workers (15–24 years) was among the highest in the OECD behind Iceland and the Netherlands.
- Participation of 'older workers' (55–64 years) ranked 11th for males and 12th for females, slightly above the median for all OECD countries. Iceland, Sweden and New Zealand had the highest participation rates in this age group.
- On the other hand, Australia's participation rates among 'prime age workers' (25–54 years) were in the bottom third of the OECD, ranked 24th for both sexes. While Australian males in this age group participated at a rate similar to those in the United States (89.3%) and Canada (90.5%), and only slightly behind the United Kingdom and New Zealand (91.4% and 91.8%, respectively), in many non-English-speaking OECD countries more than 93% of 'prime age' males were in the workforce.

(continued)

Box 3.2 (cont.): How does Australia's labour force participation compare internationally?

Table 3.3: Labour force participation rates for Australia and the OECD, 2010

	OECD median[a]	Australia	Rank[b]
Younger workers (15–24 years)			
Males	47.0	69.8	2
Females	39.1	67.3	3
Persons	**43.1**	**68.6**	**3**
'Prime age' workers (25–54 years)			
Males	92.3	90.6	24
Females	79.2	75.2	24
Persons	**86.0**	**82.8**	**25**
Older workers (55–64 years)			
Males	66.3	71.3	11
Females	46.1	54.2	12
Persons	**58.0**	**62.7**	**11**

(a) Average of 17th and 18th ranked countries

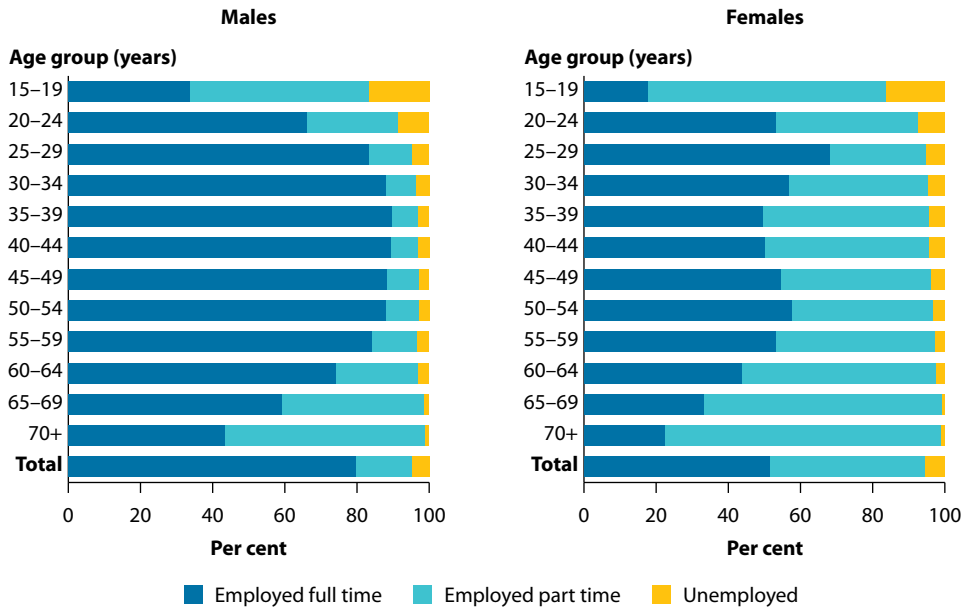
(b) Australian rate ranked against 34 OECD countries, where the highest participation rate is ranked 1st.

Source: OECD 2011.

Part-time workers

In 2010–11, almost one in three (30%) people who were employed worked part-time—that is, less than 35 hours per week (AIHW analysis of ABS 2011g). Part-time employment was more common for females than males in all age groups. In total, females were 3 times as likely as males to be employed part–time (46% compared to 16%). The gender gap was largest in the 35–44 years age group, likely associated with child care responsibilities. The youngest and oldest workers disproportionately undertook part-time work, as discussed further below in 'Labour force participation among selected population groups'.

The percentage of employees who work part-time has almost doubled over the past three decades. In particular, the percentage of employed males who worked part-time tripled over this period, rising from 5% in 1980–81 to 16% in 2010–11 (AIHW analysis of ABS 2011g).



Source: Table A3.7.

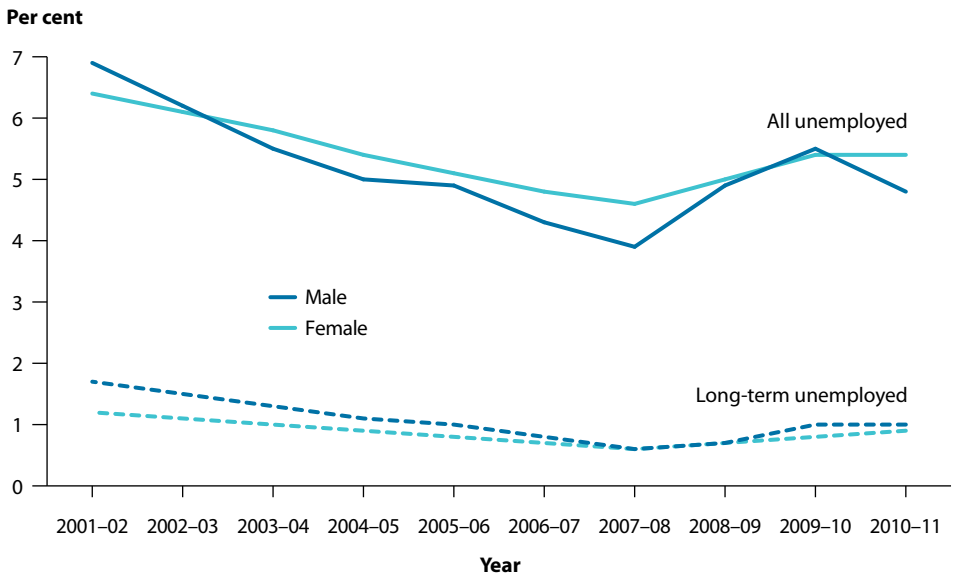
Figure 3.7: People in the labour force aged 15 years or over: employment status by age and sex, 2010–11

Unemployment

The unemployment rate fell from a high of 11.0% in August 1992–February 1993 to just 4.1% in March–April 2008. Following the onset of the GFC the rate rose briefly to 5.8% in mid-2009 before resuming its decline (ABS 2011h, trend series). The average unemployment rate for the 2010–11 financial year was 5.1%.

There was a small gender gap in unemployment rates in 2010–11: the overall rate was 4.8% for males and 5.4% for females (Figure 3.7). Unemployment rates were generally lower at older ages. In particular, the unemployment rate of people aged 65 years or over was only 1.3%, likely because older people who have difficulty finding employment may choose to retire rather than remain in the labour force. On the other hand, unemployment rates were much higher among young people, discussed further below. The unemployment rate appears to be more volatile for males than females (Figure 3.8).

People who have been unemployed for 52 weeks or more are classified as 'long-term unemployed'. The long-term unemployment rate fell from 1.5% of the labour force in 2001–02 to just 0.6% in 2007–08, before rising to 1.0% in 2010–11 (Figure 3.8). In February 2011 approximately 115,500 people were long-term unemployed—equal to one in five unemployed people (ABS 2011g, trend series). The median length of unemployment for this group was 86 weeks, compared to 9 weeks for unemployed people generally (unpublished ABS data provided to AIHW).



Source: Table A3.8.

Figure 3.8: Unemployment rates by sex, 2001–02 to 2010–11 (per cent of the labour force)

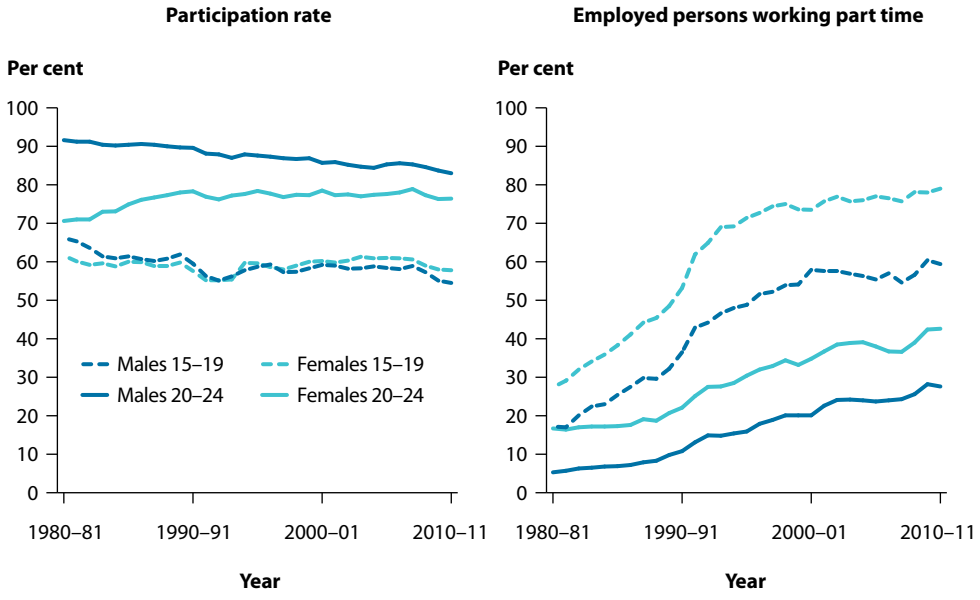
Labour force participation among selected population groups

Young people (15–24 years)

More than half (56%) of all Australians aged 15–19 years participated in the labour force in 2009–10, with this rate not varying markedly over recent decades for either males or females (Figure 3.9). On the other hand, participation among young women aged 20–24 years rose from 71% in 1980–81 to 76% in 2010–11, accompanied by a decline in the participation of young men of the same age (from 92% to 83%). This reflects the wider population trends in participation rates, discussed above.

Increasing rates of part-time work represent a significant shift in young people's engagement in the labour force in recent generations. The percentage of workers aged 15–24 years who were employed part-time tripled between 1980–81 (15%) and 2010–11 (46%) (AIHW analysis of ABS 2011g). While part-time work was most common among teenagers, 28% of males and 43% of females aged 20–24 years who were employed worked part-time in 2010–11 (Figure 3.9). High rates of part-time work among young people is a notable feature of Australia's pattern of labour force participation compared to many other developed countries: in 2009 the percentage of Australian workers aged 16–24 years employed on a part-time basis was considerably higher than the average for OECD countries (43% compared to 26%, based on a common definition of part-time employment as less than 30 hours per week; OECD 2010b).

The increasing likelihood for young people to work part-time may be related to the trend towards greater participation in post-secondary education, as many young people combine education with part-time work (discussed in detail in Chapter 4).



Sources: Tables A3.9 & A3.10.

Figure 3.9: Selected labour force trends for people aged 15–24 years, 1980–81 to 2010–11

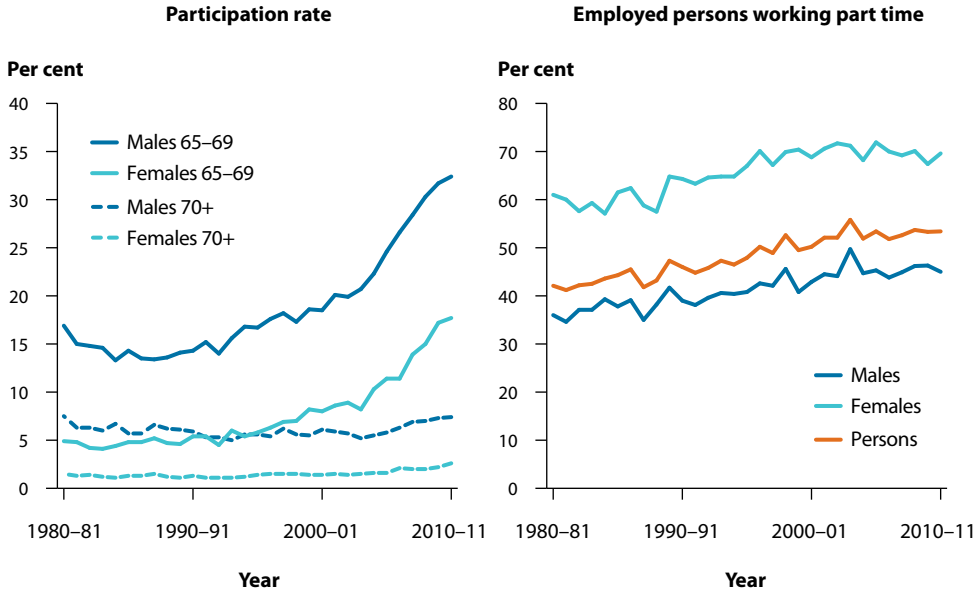
Youth unemployment is a significant social and economic concern, with the unemployment rate for 15–24 year olds (11.5% in 2010–11) more than double the rate in the wider labour force (ABS 2011g). Almost one-quarter (23%) of unemployed people were aged 15–19 years, with another 18% aged 20–24 years. However, Australia's youth unemployment rate in the third quarter of 2010 (11.0%) was tenth lowest out of 34 OECD countries, well below the average of 18.5% (OECD 2010b). While almost all OECD countries experienced a rise in youth unemployment rates as a result of the GFC, the increase in Australia (2.1 percentage points) was less than half the OECD average (5.3 percentage points).

Older Australians (65 years and over)

A significant percentage of Australians remain in the workforce beyond the traditional retirement age. Around one in three (32%) males and one in six (18%) females aged 65–69 years participated in the labour force in 2010–11, along with 7% of males and 3% of females aged 70 years or over (Figure 3.5). The participation rate for older Australians has risen markedly over the past decade, mainly among people in their late 60s (Figure 3.10).

Despite the recent increase, Australia lags behind a number of other developed countries in terms of labour force participation among older people. When males and females are considered together, 24% of Australians aged 65–69 years were in the labour force in 2010. This is similar to the OECD average (also 24%), but considerably lower than countries such as the USA (29%), New Zealand (36%) and Japan (38%). In Iceland, where the statutory retirement age is 67, half (50%) of the population aged 65–69 were still in the labour force in 2010 (OECD 2011).

Just over half (53%) of employed Australians aged 65 years or over worked part-time in 2010–11—45% of males and 70% of females. Rates of part-time work among older workers have stabilised in recent years after climbing throughout the 1990s for both males and females (Figure 3.10).



Sources: Tables A3.11 & A3.12.

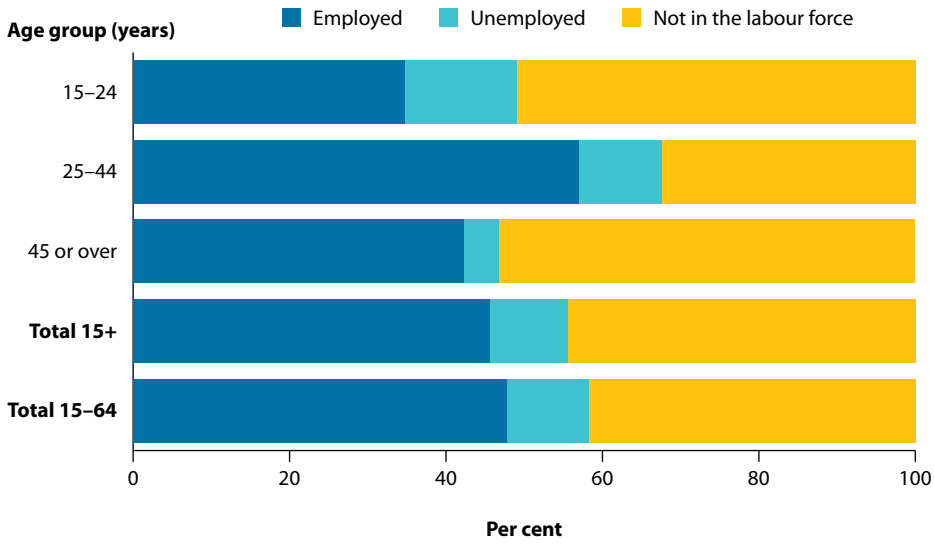
Figure 3.10: Selected labour force trends for people aged 65 years and over, 1979–80 to 2009–10

Aboriginal and Torres Strait Islander people

In 2010, 62% of Aboriginal and Torres Strait Islander males and 50% of females participated in the labour force, resulting in an overall participation rate of 56% (ABS 2011f). The unemployment rate for Indigenous Australians was 18%. These factors combined mean that less than half (46%) of Indigenous people aged 15 years or over were employed in 2010. People living in *Major cities* were more likely than people living in *Regional or remote* areas both to participate in the labour force and to be employed.

Employment among young Indigenous people was particularly low: 35% of those aged 15–24 years were employed in 2010, and half (51%) were not in the labour force (Figure 3.11). Another 14% were unemployed, resulting in an unemployment rate of 29%. Indigenous people aged 25–44 years were most likely to be employed (57%, with 11% unemployed and 32% not in the labour force). Unemployment was lowest among people aged 45 years or over, but just over half (53%) of this age group was not in the labour force.

Participation in employment varies considerably with age, and the Indigenous population has a younger age structure than the non-Indigenous population (Chapter 1). Further, a relatively high proportion of Indigenous people live in remote areas, which generally have an underdeveloped labour market (ABS 2011f). Therefore direct comparisons of labour force statistics between Indigenous and non-Indigenous populations should be undertaken with caution.



Source: Table A3.13.

Figure 3.11: Labour force status of Indigenous Australians aged 15 years or over, 2010

Families with children

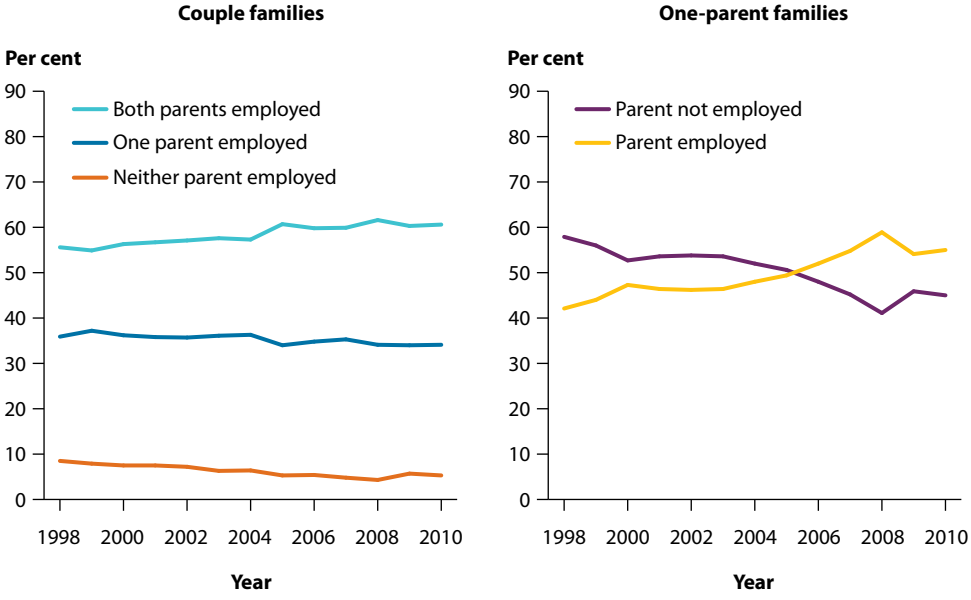
Greater participation of women in the workforce, as well as the trends of family formation (see 'Chapter 2 Family and household structure') and childbirth occurring at later ages than in previous decades (Chapter 1), mean that mothers, in particular, are increasingly likely to be employed while their children are young.

In 2010, the most common working arrangement for couples with children aged 0–14 years was for both parents to be employed (61%), often with the mother working part-time (37% of all couple families; ABS 2011c). In one in three couple families (34%) one parent was employed; this was usually the father. Between 1998 and 2010 the percentage of couple families with children in which both parents were employed increased from 56% to 61% (Figure 3.12).

Just over half (55%) of all lone parents with children aged 0–14 years were employed in 2010 (Figure 3.12). Lone mothers—who accounted for 87% of all one-parent families with children aged under 15—were more likely to be employed part-time (28%) than full-time (26%; AIHW analysis of ABS 2011c).

Families in which there was no employed parent living in the household are referred to as jobless families. Research has shown the importance of having a working parent as a role model and the relative lack of change in the circumstances of families in low socioeconomic areas between generations (D'Addio 2007). Negative outcomes associated with living in jobless families, for both parents and children, include poverty, lower educational attainment and poor health (Whiteford 2009). The Australian Government's social inclusion agenda has identified jobless families as a priority area for targeted action, acknowledging the intergenerational effect of poverty in general and joblessness specifically.

Between 1998 and 2010 the percentage of couple families that were jobless fell from 8.5% to 5.3%. One-parent families were much more likely to be without employment, but joblessness also fell among these families, from 58% to 45% (Figure 3.12).



Source: Table A3.14.

Figure 3.12: Families with children aged 0–14 years: employment status of parents, 1998–2010 (per cent)

People with disability

People with disability, on average, are less likely to be in the labour force than people without disability, and when in the labour force are more likely to be unemployed (Figure 3.13). In 2009, the participation rate for people aged 15–64 years with disability was 54%, compared to 83% among people without disability. The participation rate was 31% among people of working age who needed assistance with core activities of daily living ('profound or severe core activity limitation'). People with disability also experienced a higher unemployment rate (7.8%) than people without disability (5.1%). Unemployment among people with a severe or profound core activity limitation (10.6%) was twice the national rate.

When both lower participation and higher unemployment are taken into account, half (50%) of all people aged 15–64 years with disability and just over one-quarter (28%) of people with a profound or severe core activity limitation were employed, compared to more than three-quarters (79%) of people without disability (Table A3.15).

Notes

1. 'Profound/severe' refers to people with a profound or severe core activity limitation; that is, who need assistance with mobility, communication or self-care.
2. The unemployment rate estimate for females with profound/severe core activity limitation has a relative standard error of 25% to 50% and should be used with caution.

Source: Table A3.15.

Figure 3.13: Labour force participation and unemployment rates of people aged 15–64 years, by disability status and sex, 2009

Informal carers

Providing intensive and ongoing care for a person with disability has an impact on the opportunities for carers to be involved in paid employment. In 2009, primary carers aged 15–64 years had a labour force participation rate of 54%—the same as people with disability (54%), and significantly below the participation rate for the general population of 'traditional working age' (79%; Table A3.16). Participation rates were lower for female primary carers (51%) than males (61%). Primary carers also had relatively high rates of part-time employment: 28% of males and 60% of female primary carers who were employed in 2009 worked part-time (AIHW analysis of unpublished ABS Survey of Disability, Ageing and Carers data).

In part, these patterns may be related to the age structure of the population of informal carers: 25% of primary carers were aged 65 years or over and another 45% were 45–64 years (Table A7.2)—age groups that have higher rates of part-time work and lower rates of labour force participation than the overall working age population (Figures 3.5 and 3.7). However, the overall participation rate of primary carers is lower than the age-specific rates for all age groups except 60–64 years.

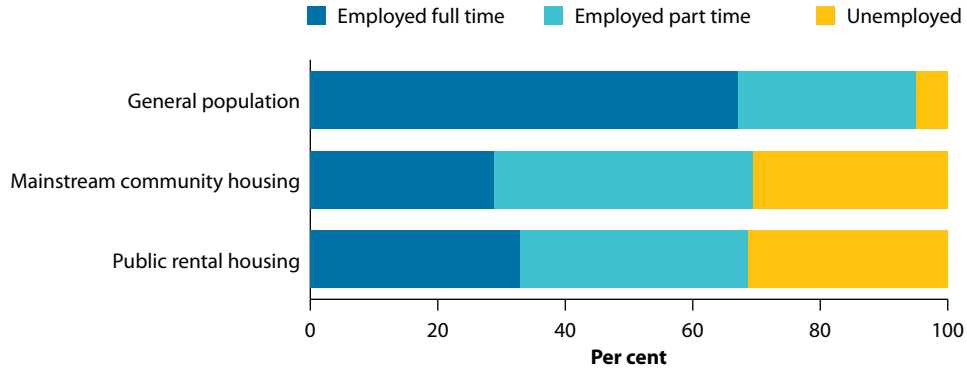
Based on estimates from the 2009 Survey of Disability, Ageing and Carers, 39% of primary carers aged 15–64 years who were not working (around 106,500 people) would like to combine paid employment with their caring role (unpublished ABS Survey of Disability, Ageing and Carers data). Perceived barriers to entering the paid workforce while in the caring role included difficulties making suitable alternative care arrangements and arranging working hours.

According to the 2006 Census, non-Indigenous carers were 1.5 times more likely to be employed than were Indigenous carers, after adjusting for differences in the age structure of the Indigenous and non-Indigenous populations (ABS & AIHW 2008).

Social housing tenants

Around half of all adult tenants of public rental housing (52%) or mainstream community housing (48%) were not in the labour force in late 2010, compared to one-third (34%) of the overall Australian population aged 18 years or over (AIHW 2011b). In part, this is related to the relatively high percentage of social housing tenants who are past the traditional retirement age or who have disability (Chapter 9).

Among those tenants of public rental housing or mainstream community housing who were in the labour force, the unemployment rate was 31% (Figure 3.14). Further, part-time employment was more common than full-time employment, in contrast to the general population.



Source: Table A3.17.

Figure 3.14: Employment status of public rental housing and mainstream community housing tenants who were in the labour force, August–September 2010 (per cent)

People who are homeless or at risk of homelessness

Participation in employment by people who are homeless or at risk of homelessness has multiple benefits. As well as providing access to economic resources, employment also facilitates social contact and engagement with mainstream society.

The majority of clients of specialist homelessness services were not in paid employment. In 2009–10, almost two-thirds (65%) of periods of support were for people who were not in the labour force when they first sought support; a further 26% were unemployed and only 9% were employed. Employment rates among people who specifically required assistance with employment and training increased from 11% before receiving support to 21% at the end of the support period; however, 30% remained unemployed. Generally, employment outcomes for clients of homelessness services increased the longer support was provided (AIHW 2011a).

Further details about clients of specialist homelessness services and the supports they receive are provided in 'Chapter 8 Homelessness'.

Migrants

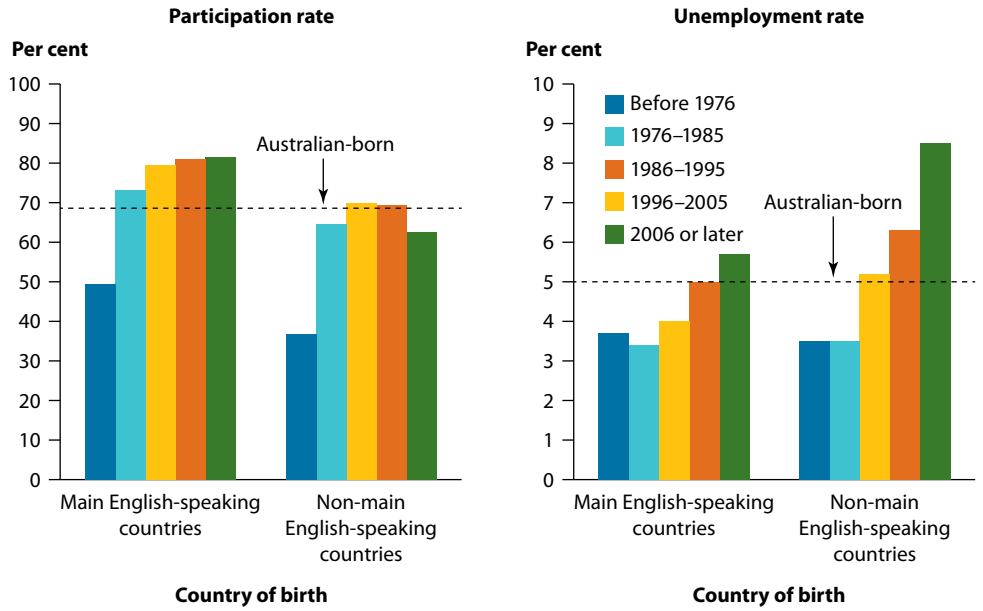
More than a quarter of the labour force (27%) in 2010–11 were people born overseas—11% born in *main English-speaking countries* and 17% born in other countries (ABS 2011g). '*Main English-speaking countries*' are the United Kingdom, Ireland, New Zealand, Canada, the United States of America and South Africa. It should be noted that a person born in one of these countries (or in Australia) is not necessarily proficient in English, nor can a person born in a *non-main English-speaking country* be assumed to have poor English language skills. Therefore while there may be a relationship at the broad level, data about country of birth is not interchangeable with proficiency in English.

People born in *main English-speaking countries* had a participation rate similar to people born in Australia (68% and 69%, respectively), but participation was lower among people born in *non-main English-speaking countries* (58%). Unemployment rates were highest for people born in *non-main English-speaking countries* (5.7%), followed by people born in Australia (5.0%); for people born in the *main English-speaking countries* the unemployment rate in 2010–11 was 4.4% (ABS 2011g).

Recent migrants (that is, people who arrived in Australia in 2006 or later) experienced higher unemployment rates than long-term migrants or people born in Australia, regardless of whether they were born in a main English-speaking or other country (Figure 3.15). On the other hand, labour force participation of recent and long-term migrants varied between country groups. Among those born in *main English-speaking countries*, participation rates were highest for recent migrants, while recent migrants from other countries were less likely to be in the labour force than people who arrived in Australia between 5 and 25 years ago. Fewer than half of all people who migrated to Australia prior to 1976 were in the labour force, as many in this group will have reached retirement age.

The most common difficulties finding work that recent migrants reported were lack of Australian work experience or references, language difficulties, and lack of local contacts or networks (ABS 2011b).

See Chapter 1 for more information about patterns of migration to Australia.



Note: 'Main English-speaking countries' are the United Kingdom, Ireland, New Zealand, Canada, the United States of America and South Africa.

Source: Table A3.18.

Figure 3.15: Labour force participation and unemployment rates, by country of birth and year of arrival in Australia, 2010–11

People living in regional areas

Labour force participation varies across geographical regions. In 2010–11, in most states, participation rates were higher and unemployment rates lower in capital cities than in the remainder of the state (Table 3.4). The exception was South Australia, in which unemployment was slightly higher in Adelaide than in the regional areas.

The ACT had the highest participation rate (82% of the population of 'traditional working age') and unemployment was lowest in the NT (2.9%), although these numbers should be interpreted with caution due to the small sample size of these jurisdictions in the ABS Labour Force Survey. Among the more populous jurisdictions, participation was greatest in Western Australia and Queensland (78%), and lowest in Tasmania (74%).

Table 3.4: Labour force participation and unemployment by state/territory and region, 2010–11

	Participation rate[(a)]			Unemployment rate[(b)]		
	Capital city	Balance of state	Total	Capital city	Balance of state	Total
New South Wales	75.7	74.0	**75.1**	5.0	5.6	**5.2**
Victoria	77.2	76.2	**77.0**	4.9	6.1	**5.2**
Queensland	78.7	77.6	**78.1**	5.0	6.1	**5.6**
South Australia	76.9	75.6	**76.5**	5.7	5.3	**5.6**
Western Australia	79.0	76.7	**78.4**	4.3	4.8	**4.4**
Tasmania	74.5	73.2	**73.8**	4.8	6.5	**5.7**
Northern Territory	n.a.	n.a.	**77.0**	n.a.	n.a.	**2.9**
Australian Capital Territory	n.a.	n.a.	**82.0**	n.a.	n.a.	**3.5**

(a) Labour force as a percentage of the population aged 15–64 years.

(b) Number of unemployed people as a percentage of the labour force.

Note: Capital cities are defined as the Sydney, Melbourne, Brisbane, Adelaide and Perth Major Statistical Regions and the Hobart Statistical Division.

Source: AIHW analysis of ABS 2011g: Data cube LM2.

3.4 Household economic resources

An individual or household's access to economic resources is of critical importance to their health and wellbeing, including the ability to participate in the community. Income is the most direct form of economic resource, and for many people it is the primary determinant of economic wellbeing. Wealth is a less direct measure of economic participation than income, as it partly reflects the cumulative effects of past activity as well as windfall gains including inheritances. However, wealth can provide long-term financial security, allowing people to draw on their assets to support a higher standard of living than is provided by income alone.

Household income and expenditure surveys have shown that the average net worth of households in the lowest income decile (that is, the 10% of households with the least income) is higher than for households in the second and third income deciles (the next two lowest ranked groups) (ABS 2006: Appendix 4). Further, the average expenditure for households in the lowest income decile is greater than the expenditure for households in the second income decile, suggesting that some lower-income households have access to relatively more economic resources and higher levels of economic participation. These patterns emphasise the importance of considering income and wealth together when assessing the relative access different population groups have to economic resources.

Box 3.3: Equivalised disposable household income

Disposable income is gross (total) income minus income tax, the Medicare levy and the Medicare levy surcharge—that is, the net income available to a person or household to support consumption and/or saving.

While individuals usually receive income, it is normally shared between partners in a couple relationship and with dependent children. To a lesser extent, it may be shared with other children, other relatives and possibly other people living in the same household, for example through the provision of free or low-cost accommodation. Even when there is no transfer of income between members of a household, nor provision of free or low-cost accommodation, members are still likely to benefit from the economies of scale that arise from the sharing of dwellings. Therefore household income measures are usually used for the analysis of people's economic wellbeing.

Larger households normally require a greater level of income to maintain the same material standard of living as smaller households, and the needs of adults are normally greater than the needs of children. The income estimates are therefore adjusted by equivalence factors to standardise them for variations in household size and composition, while taking into account the economies of scale that arise from the sharing of dwellings. The resultant estimates are known as *equivalised household income*.

Equivalised household income can be viewed as an indicator of the economic resources available to a standardised household. For a lone-person household, it is equal to income received. For a household comprising more than one person, equivalised income is an indicator of the household income that a lone-person household would require in order to enjoy the same level of economic wellbeing as the household in question.

Source: ABS 2009a.

Household income

In 2009–10, the median equivalised disposable (that is, after tax) household income was $715 per week. The bottom 20% of households had an equivalised disposable income of $425 or less and represented 7% of all household income, while the top 20% of households (those earning more than $1,145 per week) accounted for 40% of all household income (ABS 2011e).

Income varied between households of different composition, even after applying equivalence factors (Box 3.3). Around 18% of households comprising a couple with dependent children were in the top fifth of the income distribution ('higher income households') compared to 4% of one-parent families with dependent children (Table 3.5). 'Lower-income households' (those in the second and third deciles of the income distribution) accounted for more than one in three (39%) one-parent families with children, compared to 17% of couples with dependent children.

While household income data doesn't include information about the sex of household members, other data sources discussed here and in Chapter 2 show that one-parent families are disproportionately headed by women, and women have lower rates of labour force participation and full-time employment than men. The tendency for women to have lower

incomes during the traditional working years has implications for their long-term wealth and financial security, placing them at increased risk of dependence on income support and social housing in their later years.

Table 3.5: Income[(a)] measures for selected household types, 2009–10

	Median weekly income ($)	% lower income[(b)]	% higher income[(c)]
		One family households with children	
Couples with dependent children	738	16.9	18.4
One-parent with dependent children	478	38.9	3.6
Other families[(d)]	825	13.4	25.2
		Couple-only households	
Reference person 15–44 years	1,124	6.3	47.6
Reference person 45–64 years	840	15.1	30.0
Reference person 65 years or over	435	46.9	7.0
		Lone-person households	
Aged 15–24 years	639	*10.7	*4.8
Aged 25–44 years	896	7.5	31.5
Aged 45–64 years	575	17.3	18.3
Aged 65 years or over	375	46.2	3.2
All households	**715**	**20.0**	**20.0**

(a) Equivalised disposable household income.

(b) Lower income households are those in the second and third deciles.

(c) Higher income households are those in the ninth and tenth deciles (the top quintile).

(d) 'Other families' include families with non-dependent children only. See Glossary for definitions of dependent and non-dependent children.

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

Sources: ABS 2011e: Data cube tables 4 and 5.

Among couple-only and lone-person households, income was strongly related to age. The median weekly disposable income of couple-only households in which the reference person was aged 15–44 years ($1,124) was more than two-and-a-half that of those in which the reference person was aged 65 years or over ($435). Almost half of all older couple-only households (47%) or older lone person households (46%) were in the lower income group.

These patterns are likely to reflect the important role of labour force participation in securing income. Groups that are over-represented among low-income households—namely, one-parent families and older people—tend to have relatively low rates of employment, especially full-time employment, as discussed previously.

Income of Indigenous households

ABS Census data indicate that Indigenous households tend to have lower incomes than other households, after adjusting for household size. In 2006 the median gross (before tax) equivalised income for Indigenous households was $398 per week. The comparable income for other households was around one-and-a-half times as high (ABS 2010c).

Regional differences in household economic resources

Household income tends to be higher in capital cities than in other areas. In 2009–10, the median equivalised disposable household income of people living in Australia's capital cities was $765 per week, compared to $650 per week in other areas (ABS 2011e).

Around one in six (17%) people living in capital cities in 2009–10 were in low-income households compared to one in four (25%) people living in other areas. People living in high-income households accounted for 23% of the population in capital cities and 14% elsewhere (ABS 2011e).

Income mobility

Income data from a single point in time captures both permanent structural differences between individuals and groups as well as fluctuations of a transitory nature. The latter includes people whose income at the point of measurement is lower than usual, such as those taking a temporary break from paid employment to care for young children or undertake formal study; other variations cover people who had a short-term boost to their usual income, perhaps because they worked extra hours or received a windfall payment. Income mobility refers to the extent to which an individual or household's position on the income distribution moves over time, providing some indication of how accurately cross-sectional data represent differences between groups over the medium and long term.

According to the *Household, Income and Labour Dynamics in Australia* (HILDA) Survey, in 2008 people were most commonly in the same income quintile as in 2001 (Wilkins et al. 2011) (Table 3.6). In particular, the majority of people at either extremity of the income distribution remained there. In contrast, around one-third of people in the middle income quintiles in 2001 were in the same quintile in 2008. This suggests that income mobility is greater for middle-income Australians than those with relatively low or high income.

Table 3.6: Income mobility between 2001 and 2008, by income quintile in 2001 (per cent)

	Income quintile in 2008				
	1 (lowest)	**2**	**3**	**4**	**5 (highest)**
Income quintile in 2001					
1 (lowest)	58.4	22.6	10.0	5.3	3.7
2	26.6	32.5	20.7	14.5	5.7
3	13.5	21.4	29.7	22.8	12.6
4	8.7	12.3	21.0	34.0	24.0
5 (highest)	4.3	8.0	14.8	22.2	50.6

Notes

1. Shaded cells show the percentage of people who remained in the same income quintile.
2. Percentages may not add up to 100% due to rounding.

Source: Wilkins et al. 2011.

Persistence of income poverty

There is no single accepted understanding of what constitutes poverty, especially in a developed country such as Australia. Further, the concept of poverty broadly, or material deprivation more specifically, encompasses more than income alone, although poverty is most

commonly measured in terms in inadequacy of income ('income poverty'). Income poverty may be measured in absolute terms (for example, the percentage of people whose income falls below a set value) or relative terms (where the 'poverty threshold' changes in line with growth in average income).

A widely used measure of relative income poverty is the percentage of people whose income is less than 50% of the national median income. The remainder of the discussion in this section is based on this definition of income poverty. According to the HILDA Survey, 14% of the population was classified as being in income poverty in 2008—that is, having an annual equivalised disposable household income of $19,170 or less (Wilkins et al. 2011).

Analysis of longitudinal data shows that, for many people, poverty is transitory. Over the period 2001–2008, almost half the people who were in poverty one year were no longer in poverty the following year (Wilkins et al. 2011). In a given year around 5–6% of the population entered poverty (that is, they were classified as poor when they had not been the previous year) and a similar percentage left poverty. The cumulative effect of people moving in and out of poverty is that more than one in three people (35%) were classified as poor at some point between 2001 and 2008. While for more than half this group poverty was short term (lasting 1 or 2 years), 8.2% of the population were considered poor in at least 5 of the 8 years, and 2.1% (or around 450,000 people) experienced persistent poverty throughout the entire period.

Comparisons between family types show important differences in the experience of transient versus persistent poverty. More than half of all lone-parent families and elderly people (aged 60 years or over) experienced poverty at some point over the period 2001–2008 (Table 3.7). However, only 4% of lone-parent families were in poverty for 5 or more years, compared to 12% of elderly couples, 18% of elderly males and almost one in four (24%) elderly females. Couples with children were least likely to experience poverty over the medium term.

Table 3.7: Years in poverty by family type[(a)], 2001–2008 (per cent)

	0 years	1–2 years	3–4 years	5–8 years
Families with children				
Lone parent	45.7	26.7	19.5	4.0
Couple with children	74.0	17.8	4.7	2.0
Non-elderly persons				
Single male	68.1	19.7	6.1	2.9
Single female	65.2	20.1	7.2	4.2
Couple	73.3	15.6	5.1	3.4
Elderly persons				
Single male[(b)]	36.2	22.1	13.3	17.6
Single female[(b)]	28.7	22.5	11.6	24.2
Couple[(c)]	36.0	30.4	11.7	11.8

(a) Family type in 2001.

(b) Aged 60 years or over.

(c) Both members of the couple aged 60 years or over.

Note: Percentages may not add up to 100% due to rounding.

Source: Wilkins et al. 2011.

Household wealth

The average household net worth (value of assets minus liabilities) in 2009–10 was $719,600, comprising the following components (ABS 2011):

- $233,500 in financial assets, including superannuation, shares and bonds, trusts, money in accounts held with financial institutions, and the net value of incorporated businesses that household members owned
- $605,900 in non-financial assets, including property, dwelling contents, vehicles and the net value of unincorporated businesses that household members owned
- $119,800 in liabilities, including money outstanding on home and other property loans, investment loans, car and other personal loans, and credit card debt.

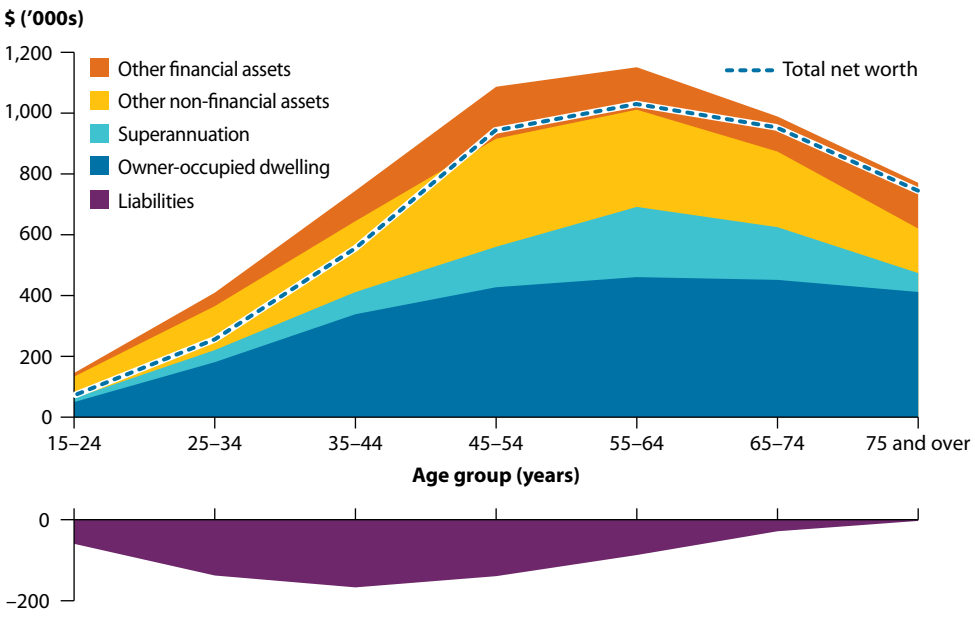
The value of owner-occupied dwellings (excluding principal outstanding on loans) accounted for 41% of average household net worth, while superannuation balances contributed 16%.

Households in which the reference person was aged 55–64 years had the highest average net worth ($1,051,600; Figure 3.16). A large part of the higher wealth share of older households is attributable to the value of owner-occupied dwellings, including having less money outstanding on mortgages. The net value of owner-occupied dwellings (dwelling value minus principal outstanding on home loans) averaged over $400,000 for households in which the reference person was aged 55 years or over, compared to $225,000 for households with a reference person aged 35–44 years and less than $100,000 when the reference person was younger than 35 years.

Excluding owner-occupied dwellings, non-financial assets (predominantly other property) accounted for around one-third of household net wealth. Households with a reference person aged 45–54 years had the greatest average value of these non-financial assets. Superannuation balances were highest in households with a reference person aged 55–64 years—an average of $230,800 (Figure 3.16). This reflects the longer time people of this age group have had to accumulate superannuation compared to younger people, while being less likely to have drawn on superannuation than people beyond the traditional retirement age of 65 years.

The value of financial assets other than superannuation also tended to be higher in households occupied by older people. In particular, households with a reference person aged 75 years or over had an average of around $63,300 in financial institution accounts and $60,600 in shares (ABS 2011: Table 24). These patterns illustrate the relationship between income, wealth and age: while older people tend to have relatively low incomes, they are also more likely than younger people to have financial resources in the form of cash or non-cash assets and they generally have minimal debts to service.

The median net worth of Australian households ($425,500) was considerably lower than the average, reflecting the uneven distribution of wealth between households. The wealthiest 20% of households owned 62% of total household wealth while less than 1% was held by the least wealthy 20% (ABS 2011: Table 1).



Source: Table A3.19.

Figure 3.16: Components of household wealth, by age of reference person, 2009–10 (mean values)

3.5 Economic participation and health

In general, relatively disadvantaged members of the community live shorter lives and have higher rates of illness and disability than those who are relatively advantaged (AIHW 2010a). However, disentangling the relationships and interactions between health and socioeconomic factors is complex because the causal direction is often unclear. Socioeconomic factors such as income, employment, education, disability, social support and housing are well established as determinants of health (World Health Organization 2011). However, the converse may also be true: that poor health due to illness or injury, especially in childhood, can itself lead to socioeconomic disadvantage over the long term (Case et al. 2005).

Health and educational outcomes

As well as increasing the likelihood of better employment and higher income, education promotes skills and knowledge that can help an individual understand information and seek services to improve their health. However, illness (mental or physical), disability or injury can interfere with an individual's ability to attend or fully engage in education, leading to poorer outcomes. For example, studies of children with permanent hearing impairment show they may experience lifelong impairment of language skills, leading to delays in social development and academic achievement (Wake et al. 2004; Allen 1986). At the population level, only 50% of 20–24 year olds whose self-assessed health status was fair or poor had completed Year 12 in 2009, compared to 79% of those who rated their health as excellent (ABS 2011a).

Health and employment opportunities

Illness or disability of an individual can contribute to unemployment, which in turn results in reduced income and greater disadvantage. An individual's health directly affects their productivity and ability to participate in the workforce and has a significant effect on wages (Cai 2006).

Similarly, caring for an individual (for example, a child, spouse or elderly relative) who experiences poor health or disability may impact on education or employment opportunities and/or income. Informal carers may need to change their working patterns, reduce their hours or leave the workforce altogether in order to fulfil their caring role, affecting their access to economic resources in the immediate term and ability to build up financial security for the future. This is discussed further in Chapter 6.

Health and disability

The relationship between health and disability is complex, with disability status and severity a result of a combination of biological, environmental and social factors. However, some health conditions are strongly associated with need for assistance with everyday tasks. For example, in 2007–08 almost one-third (33%) of all people aged less than 65 years with epilepsy had severe or profound core activity limitation (AIHW 2010b).

Detailed statistics about the health of Australians, including trends and population differentials, are published in *Australia's health 2010* (AIHW 2010a).

3.6 Income support

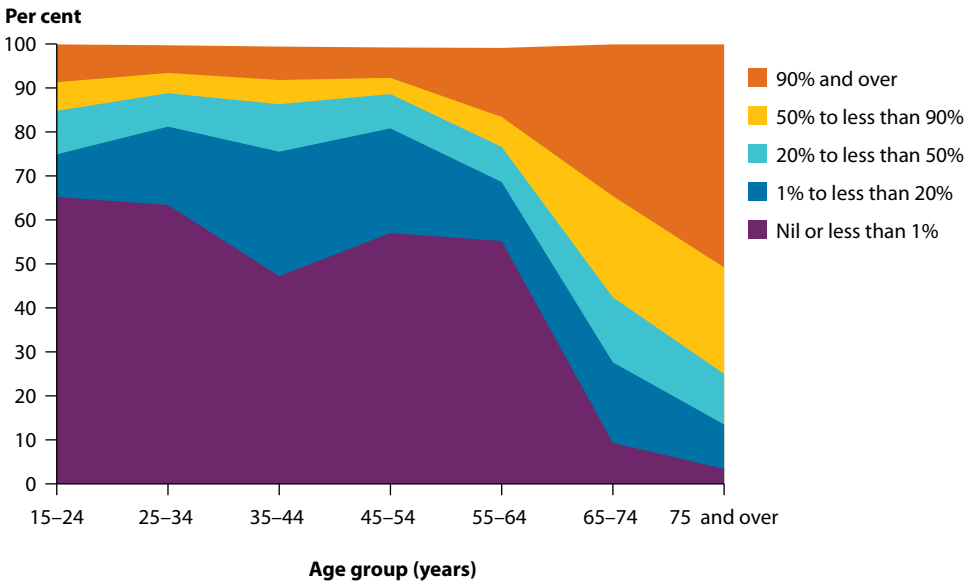
Contribution of government payments to household income

According to the ABS Survey of Income and Housing, in 2009–10 one in four households (25%) reported government pensions or allowances as their main source of household income. Of these:

- more than half (56%) received the Age pension
- almost one in three (31%) received disability or carer payments
- one in five (20%) received family support payments
- one in seven (14%) received unemployment and/or study-related payments
- 18% received other government payments (AIHW analysis of ABS 2011e: Table 14A).

Some households whose main income source was government pensions or allowances received more than one type of payment.

Dependence on income support was related to age and life-cycle, with government pensions and allowances contributing the majority of income to more than half (57%) of households in which the reference person was aged 65–74 years, and three-quarters (75%) of households in which they were 75 years or over (Figure 3.17). In contrast, most households in which the reference person was aged 15–34 years received less than 1% of their income from government pensions and allowances.



Note: Total includes households with nil or negative income.

Source: Table A3.20.

Figure 3.17: Contribution of government pensions and allowances to gross household income, by age of reference person, 2009–10 (per cent)

Government payments comprised a moderate share of income for households in which the reference person was aged 35–44 years—more than one in three (39%) received one per cent to less than 50% of their income from government pensions and allowances (Figure 3.17). These households are also most likely to have dependent children. Government payments contributed 1–50% of household income for 61% of couples whose eldest child was aged 0–4 years and 55% of couples whose eldest child was aged 5–14 years (Table 3.8). One-parent families with dependent children were most likely to receive government pensions or allowances; these comprised the majority of household income for 48% of one-parent families.

Table 3.8: Contribution of government pensions and allowances to gross household income, by family type for selected one-family households, 2009–10 (per cent)

	One parent family with dependent children	Couple with dependent children only			Dependent and non-dependent children	All households
		Eldest child under 5	Eldest child 5 to 14	Eldest child 15 to 24		
Nil or less than 1%	9.2	30.4	37.7	49.8	46.7	45.5
1%–less than 20%	22.1	49.0	42.1	35.8	38.3	19.4
20%–less than 50%	20.0	12.4	12.5	7.1	*8.4	9.7
50%–less than 90%	21.5	2.9	3.5	3.3	*4.0	9.1
90% or over	26.9	4.5	3.8	*3.3	**1.7	15.9

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

Source: ABS 2011e: Data cube tables 12 and 13.

Major income support payments

The Australian Government provides a range of pensions and benefits to support people who have little or no private income, or to provide assistance with particular costs such as those associated with raising children or caring for a person with severe disability. Payments can be short or long term and may supplement private income, rebate costs incurred, or act as a total income replacement; in some cases payments are subject to an income and assets test or other qualifying requirements.

Table 3.9 lists some of the major income support payments that have a welfare focus, with details of target groups for each payment provided in Appendix B. The list is not exhaustive or definitive, and does not include additional or supplementary payments such as Rent Assistance, Pharmaceutical Allowance or the Commonwealth Seniors Health Card. As eligibility rules and payment rates are subject to change, up-to-date information on any of these payments should be sourced from the Centrelink website: <www.centrelink.gov.au>.

Table 3.9: Number of recipients of selected Australian government payments, June 2010

Payments related to ageing, illness, disability and caring	
Age Pension	2,153,175
Disability Support Pension	792,581
Carer Allowance	495,733
Carer Payment	168,913
Mobility Allowance	57,349
Wife Pension (DSP)	13,782
Wife Pension (Age)	10,873
Sickness Allowance	6,703
Payments related to studying or looking for work	
Newstart Allowance	553,893
Youth Allowance	384,222
ABSTUDY	36,255
Widow Allowance[(a)]	33,886
Austudy Payment	31,860
Partner Allowance[(a)]	24,054
Special Benefit	6,307
Payments related to family assistance	
Family Tax Benefit–Part A	1,737,520
Family Tax Benefit–Part B	1,381,250
Child Care Benefit[(b)]	783,000
Child Care Rebate[(b)]	702,500
Parenting Payment–Partnered	124,910
Parenting Payment–Single	333,512
Baby Bonus[(b)]	267,800
Maternity Immunisation Allowance[(b)]	270,300

(a) Closed to new claimants.

(b) Number of recipients for each of these payments is rounded to the nearest 100.

Source: DEEWR 2010a, 2010b; FaHCSIA 2010; Centrelink administrative database (DEEWR Bluebook extract as at 25 June 2010).

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Section 2

Chapters 4–9 Target groups for welfare services

Chapter

4

Children and young people

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4 Children and young people

Key points

- There were 3.7 million families with children in 2009–10: 2.8 million couple families with children and 0.9 million one-parent families.
- Almost half a million children and young people had a disability in 2009—accounting for 6.8% of the population aged 0–24 years.
- Around half (49%) of all children aged 0–14 years attended child care in 2009, with those aged 2–5 years the most likely to do so (59% of all children).
- Income appears to be linked with child care use patterns—in 2008, half of all children aged 0–12 years in couple families whose parents reported a weekly income of $2,000 or more received formal or informal child care, compared to one quarter of those whose parents' weekly income was less than $800.
- Certain groups of children and young people are more likely to be at risk of social exclusion—43% of homeless Australians were under 25 years in 2006; 7,300 young people were under juvenile justice supervision on any given day during 2009–10.
- In 2010, most students in Years 3, 5, 7 and 9 were achieving at or above the minimum standards for numeracy and literacy (87–96%); however, students in *Remote* and *Very remote* areas were less likely than those in *Metropolitan* areas to meet the minimum standards for reading, writing and numeracy.
- The unemployment rate for 15–24 year olds in Australia was more than double that of all other age groups (10.6% in July 2010); and one-third of 'underemployed' Australians were aged 15–24 years. School leavers who did not finish Year 12 were twice as likely to be unemployed than those who did, and 9 times as likely to not be in the labour force.
- Apprenticeships are vital for young people living outside *Major cities*, with 29% of apprenticeships completed by those from *Inner regional* areas, and a further 24% from those living in *Outer regional* and *Remote/Very remote* areas.
- The rate of deaths due to injury among young people aged 12–24 years nearly halved between 1997 and 2007, from 45 to 25 deaths per 100,000 population.

4.1 The policy context

Most Australian children and young people live in safe, healthy, positive environments, with access to quality universal services such as child care, formal schooling and tertiary education. Australian children born in 2011 are expected to live longer than ever before, with infant mortality rates at an all-time low, along with steadily declining death rates due to injury. However, some children and young people are at risk of being socially excluded due to a lack of access to critical supports, both formal and informal. The Australian Government's focus has shifted in recent years to place more emphasis on access to early intervention support for children and their families most at risk, along with a renewed emphasis on education as a key factor in later life successes.

Major policy frameworks for children and young people

Children and young people are central to the national policy agenda. The Australian Government describes its family policy as 'child-centred', noting that 'The best interests of children are a national priority, from the day they are born' (Macklin 2009). The current focus on national partnerships through the Council of Australian Governments (COAG) includes a significant focus on a range of issues directly affecting the lives of children and young people. Over the past few years, COAG has formed several intergovernmental agreements; these set long-term agendas with specific targets, designed with an evidence-based focus for measuring outcomes. Major frameworks and initiatives recently implemented at a national level are highlighted in Box 4.1.

Box 4.1: Major recent policy frameworks and initiatives relating to children and young people

Early childhood

National Early Childhood Development Strategy (2009–2020)

The major goal of this strategy is improving outcomes for disadvantaged children (0–8 years), with a focus on a broad range of health, educational and safety issues.

National Partnership on Early Childhood Education (2009–13)

The major goal under this COAG partnership is universal access to preschool for 4 year olds by 2013.

National Partnership Agreement on the National Quality Agenda for Early Childhood Education and Care (2010–14)

This partnership will include the implementation of the first national system for the regulation and quality assurance of early childhood education and care services, including preschools, long family day care, and out-of-school-hours care.

Indigenous Early Childhood Development National Partnership Agreement (2009–14)

This Agreement directly supports the Closing the Gap targets, with a focus on early learning; child care; family support; access to antenatal, teenage sexual and reproductive health programs; and access to maternal and child health services.

Box 4.1: Major recent policy frameworks and initiatives relating to children and young people

Child and family safety

National Framework for Protecting Australia's Children (2009–2020)

This COAG-endorsed framework sets out a broad range of outcome measures with the long-term goal of 'a substantial and sustained reduction in child abuse and neglect'.

National Plan to Reduce Violence against Women and their Children (2010–2022)

This 12-year COAG initiative has a strong focus on primary prevention, improving service delivery and building the evidence base, with a long-term goal of 'Australian women and their children live free from violence in safe communities'.

Education

Educational reform

A range of educational reforms were announced in 2009 for implementation over a number of years—including building of new school infrastructure; provision of new information and communication technology equipment for all secondary schools; and opening new trade training centres, to be attached to secondary schools. Significant new funding has also been announced under the *Smarter Schools National Partnerships*, with a focus on literacy and numeracy outcomes and national professional standards for teachers.

National Curriculum

In late 2010, education ministers endorsed Australia's first national curriculum from Foundation to Year 10 in the first four learning areas—English, mathematics, science and history. Further work remains and this will occur as a phased approach to cover other learning areas.

Young people

National Partnership on Youth Attainment and Transitions (2009)

This COAG Agreement focuses on 'learn or earn' initiatives with an aim to increase educational attainment and engagement at a national level. It contains a 'compact' with young Australians, which includes an entitlement to an education or training place for young people who meet the specified eligibility requirements.

National Strategy for Young Australians (12–24 years)

This includes eight broad priorities across a range of areas, including health, education, safety, participation, and community engagement.

Sources: COAG 2009a, 2009b, 2009c, 2009d; DEEWR 2009a, 2009b, 2010a, 2010b, 2011b, 2011c; FaHCSIA 2011.

4.2 Australian families

In 2009–10, there were an estimated 6.3 million families in Australia. Couples with children made up nearly half of these families (2.8 million, or 44%). Forty per cent (2.6 million) were couples without children; and 14% (0.9 million) were one-parent families (ABS 2011a). This chapter broadly focuses on the 58% of families in Australia with children. See Chapter 2 for further discussion of the composition of Australian families.

The typical composition of families has changed in recent decades (see Chapter 2). There has been a decrease in the proportion of couple families with dependent children, and an increase in the proportion of couple-only families, including 'empty nesters' and younger couples choosing not to have children (Hayes et al. 2010).

Fertility rates have remained below replacement rate (2.1 births per woman) since the late 1970s, and more women are having children later in life (Hayes et al. 2010) (see Chapter 1). Coinciding with this, the number of adoptions in Australia has declined considerably since the 1970s—from over 8,500 in 1972–73 to 412 in 2009–10. This large decrease is mainly due to a fall in adoptions of children born in Australia—over half (54%) of all adoptions in 2009–10 were intercountry adoptions, compared with 10% in 1984–85 (see *Adoptions Australia 2009–10* (AIHW 2010a) for further details). This section looks at the importance of the family environment, the use of child care, and the financial assistance that the government provides for families.

Family environment

The family environment in which a child is raised plays a crucial role in shaping their health and wellbeing. Factors such as family functioning and parental involvement in early learning set the foundations for children's learning, behaviour and health over the course of their lives.

Family functioning

Family functioning relates to a family's ability to interact, communicate, make decisions, solve problems and maintain relationships. Models of strong families usually describe those that are cohesive, flexible and communicate well (Olson & Gorall 2003). Changes in family circumstances; relationships between individual family members; the balance between parental work and family life; and other external stressors that affect the home environment can potentially influence how well a family functions. As a result, families can go through stages of strength and instability (Silberberg 2001). In these instances, resilience can often develop in children and adolescents. Research has shown that, regardless of the family structure, strong family relationships and communication positively influence adolescent sociability and academic achievement, and also reduce the incidence of substance misuse and risk behaviour among young people (AIHW 2011h).

There are currently no national data available on a single overarching measure of family functioning. National data are, however, available on specific components of family functioning, such as communication and closeness between family members as well as young people's satisfaction with their family (AIHW 2011h). For example, in 2008 almost nine out of 10 (89%) young people aged 15–24 years reported in the Household, Income and Labour Dynamics in Australia (HILDA) survey that they were highly satisfied with their relationship with their parents. An even higher proportion of parents (93%) reported the same level of satisfaction in their relationship with their children (AIHW 2011h).

Parental involvement in early learning

High levels of parental involvement in the early learning and development of their children are associated with better outcomes for children, including increased educational engagement and achievement.

Learning and development in the early years often takes place in informal settings such as the family home. The ABS 2008 Childhood Education and Care Survey found that most children aged 0–2 years (92%) were involved in an informal learning activity, such as reading a book, with their parent in the previous week (ABS 2009a). Children aged 0–2 years were more likely to have parental involvement in a learning activity when at least one parent was employed (93%), than those without an employed parent (86%). Further, over half of children (52%) in couple families were involved in a reading activity every day, compared with 40% of children in one-parent families (see AIHW 2009a). See Chapter 4.3 for information on formal early childhood education.

Child care

Child care is available in various forms to cater for the differing needs of families. It may be formal—including long day care, family day care, or occasional care—or informal, which is non-regulated and often includes care by other relatives. The policy emphasis on child care has shifted in recent years, with child care now viewed as a means to support labour force participation as well as a key form of early learning and development (DEEWR 2010c). The Australian Government has increased spending on early childhood education and child care from $1.7 billion in 2004–05 to $3.7 billion in 2008–09, and is expected to reach $4.4 billion in 2012–13 (DEEWR 2010c).

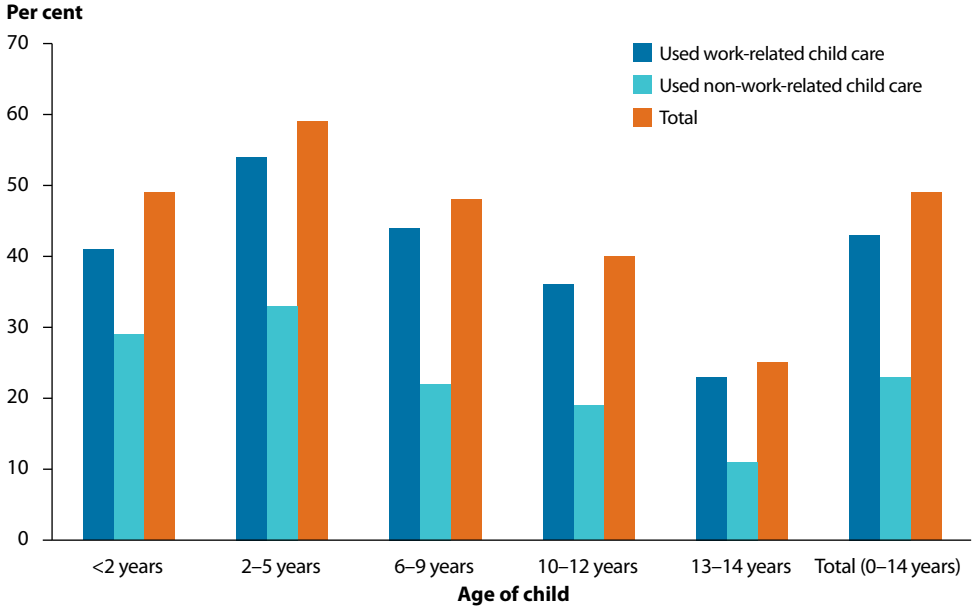
With the increased prevalence of two-parent working households, the demand for child care outside the home has risen. Women's labour force participation has also increased substantially over recent decades (see Chapter 3). Accompanying this trend, the number of children aged 0–11 years in approved child care in a given quarter increased from 256,000 in 1991 to 871,000 in 2009, which equates to more than 600,000 families (DEEWR 2010c). During 2009–10, over 1.1 million children used approved child care (DEEWR 2011e).

While child care services have the potential to benefit a child's cognitive, socioemotional and physical development, there are factors that almost certainly affect the extent to which these are realised (UNICEF 2010). These include carer–child ratios; the quality of facilities and available resources; and carer qualifications. Increased hours in care, exposure to low-quality care and multiple care arrangements can potentially be detrimental to outcomes of early childhood care. In December 2009, COAG signed an agreement to raise the quality of early childhood care and education: the National Partnership Agreement on the National Quality Agenda for Early Childhood Education and Care. A National Quality Framework was developed which includes standards to ensure the safety, health and wellbeing of children attending services. For more information relating to potential positive and negative child care outcomes see *National outcome measures for early child development* (AIHW 2011g).

During 2009, almost half (49%) of all children aged 0–14 years attended child care, including after-school care (Figure 4.1). Younger children aged 2–5 years were the most likely age group to attend child care (59%). This may in some cases reflect parents using paid parental leave in the very early stages of child rearing, and then returning to work. In some age groups, the number of households that used work-related child care was double that of non-work-related child care

which indicates the relative demand of child care among working parents. Households are less likely to use child care as the age of children within the household increases—only one quarter (25%) of all children aged 13–14 years were users of child care in 2009.

Income appears to play a role in determining the use of child care among families. More than half (52%) of children whose parents' combined weekly income was $2,000 or more had usual child care arrangements, compared with one-quarter (25%) of children whose parents had a weekly income of less than $800 (Table 4.1). A high income may indicate that there are two working parents within the family and therefore more need to use child care. Children with parents who had a weekly income of $2,000 or more were more likely than those earning less than $800 to use formal (18% and 11%, respectively) and informal care (24% and 13%, respectively). Similarly low levels of child care arrangements existed in families earning $800–$999. This may suggest that cost is a barrier to child care, particularly for low-income families whose children may have the most to gain from high-quality child care in terms of supporting early learning and development of the child (AIHW 2011g).



Notes:

1. Population weights applied.
2. Child care used at any time during 2009.

Source: Table A4.1.

Figure 4.1: Child care use by age of children in household, children aged 0–14 years, 2009 (per cent)

Table 4.1: Children aged 0–12 years in couple families, type of care usually[(a)] attended, by weekly income of parents, 2008 (per cent)

	Less than $800	$800–$999	$1000–$1199	$1200–$1399	$1400–$1999	$2000 or more	Total
Type of care							
Children with usual child care arrangements	*25*	*30*	*37*	*40*	*45*	*52*	*41*
Children in formal care only	11	12	14	17	16	18	15
Children in informal care only	13	16	18	17	21	24	20
Children in both informal and formal care	*2	*2	5	6	7	10	6
Children with no usual child care arrangements	*75*	*70*	*63*	*60*	*55*	*48*	*59*

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

(a) 'Usually' refers to a child's typical attendance of child care, including hours and costs.

Note: Children with more than one source of child care are only counted once. Percentages may not sum to 100 due to rounding.

Source: ABS 2009a.

Government support and services

The Australian Government provides financial support (and other services) to families who require assistance. Payment rates and eligibility varies with the type of payment. For details on the number of families receiving payments from 2004–2010, see Table A4.2.

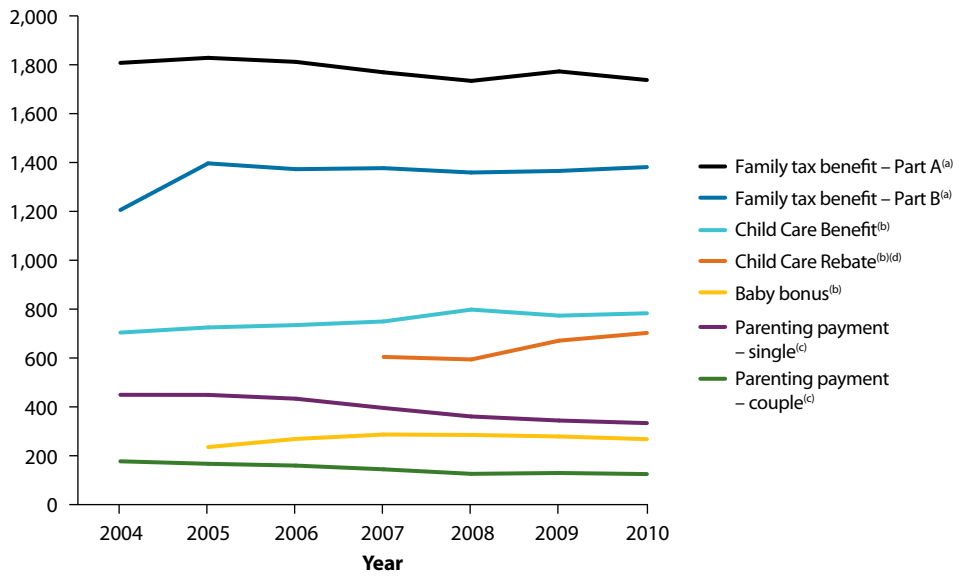
Financial support

Family Tax Benefit A (FTB-A) and Family Tax Benefit B (FTB-B) help families with the cost of raising children. Payment amounts for FTB-A are dependent upon the age and number of children, as well as overall family income. Additionally, families receiving FTB-A may be eligible for Rental Assistance if paying private rent. Single-income families (sole or two-parent) with children aged under 16 years (18 years if full-time student) are also eligible for extra assistance through FTB-B (Centrelink 2011).

The number of families receiving FTB-A has remained relatively stable over recent years. In 2010, over 1.7 million families received the payment, a slight decrease from 2009. After an increase between 2004 and 2005, the number of families receiving FTB-B has also remained steady (approximately 1.4 million families) (Figure 4.2).

The Child Care Rebate (CCR) and Child Care Benefit (CCB) assist families with the cost of child care and support parental participation in the workforce. The payment rate of CCB varies depending on the type of care and the school status of the child being cared for. The CCR covers 50% of out-of-pocket expenses of approved child care services up to an annual cap of $7,500 (per child), after which the rebate ceases. To be eligible for CCR, the parent/s should be eligible for CCB. CCR is not income-tested—parents eligible for CCB, but not receiving any CCB payments due to high income, are still eligible for CCR.

The number of families receiving CCB and CCR from the Australian Government has been generally increasing. In 2010, more than 780,000 families received the CCB (Figure 4.2). Over 700,000 families received the CCR, an increase from around 671,000 families in 2009. The out-of-pocket costs of child care have decreased for parents across all income brackets due to rebates and benefits such as these, using proportionally less of each family's disposable income (DEEWR 2010c).



Notes:

(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 (1 July to 30 June).
(c) The number of families who received a payment in June.
(d) Before 2006–07, the CCR (formerly known as the Child Care Tax Rebate) was paid by the Australian Taxation Office.

Source: Table A4.2.

Figure 4.2: Recipients of family and other income support payments, 2004–10 ('000)

Other benefits such as the Baby Bonus and the Maternity Immunisation Allowance are also important in easing financial pressure on families. The Baby Bonus is paid to help with the extra costs of a new baby or adopted child in 13 fortnightly instalments. A family income test determines eligibility (for details see Centrelink 2011). Since its inception in 2004, recipients of the payment have increased from 235,000 in 2005, peaking at 287,000 in 2007. Income eligibility was introduced in 2009 and there has been a corresponding decrease in those receiving the Baby Bonus to 268,000 families in 2010 (Figure 4.2).

Parenting Payment helps to fund the costs of raising a child. This income-tested payment is made to one parent only in a couple relationship with a youngest child aged under 6 years. For single parents, the payment rate is higher, and the youngest child must be under 8 years old (Centrelink 2011). In 2010, approximately 333,500 single parent families (a decline from 449,000 families in 2004) and 125,000 couple families (a decline from 177,000 families in 2004) received the payment (Figure 4.2).

Young people aged 16–20 years may be eligible for Youth Allowance. Full-time students and Australian apprentices up to the age of 24 years are also eligible (Centrelink 2011). Maximum fortnightly payments are dependent upon individual circumstances such as age, partner status, and whether the young person is living at or away from home. Parental income tests may also apply. Over 380,000 young people received this payment in 2010, an increase of almost 30,000 from 2009 (Table A4.2).

The Newstart Allowance is available to assist people aged above 21 years while they find employment, with the maximum payment rate also varying with individual circumstances. In 2010, over 550,000 people received this payment (see Table A4.2).

Other support for families

The *Paid Parental Leave Act 2010* was introduced in January 2011. The Act aims to promote infant and maternal health by enabling working parents to spend more time caring for their newborn child. The labour force also benefits from greater participation of mothers, by maintaining their employed positions and status in the workforce (FaHCSIA 2010). Eligible recipients can choose to receive either paid parental leave or the Baby Bonus for each child.

National Employment Standards (NES) were introduced under the *Fair Work Act 2009* on 1 January 2010 to assist parents in maintaining employment while allowing time for family commitments. The NES mean that parents with children under school age, or children less than 18 years old with a disability, are able to request flexible working arrangements (Australian Government 2011b). Flexible working arrangements, including reduced working hours, split shifts and job sharing, have been used more in recent years, rising from 33% of families with children aged 0–11 years with at least one parent employed in 1999 to 43% in 2008 (ABS 2010c). Almost three-quarters (73%) of females in families used flexible working arrangements to help care for children, compared with 40% of males (ABS 2009a: Table 21).

4.3 Education

A young person's learning and development is integral to their overall health and wellbeing as well as their future productivity and contribution to society. The importance of early childhood education and starting school 'ready to learn' has been well established (Duncan et al. 2007). In the long term, learning is essential for securing a job, and participating in and connecting with the wider community. There is a link between intergenerational poverty and educational attainment—inadequate education and training is a common factor in Australia's most disadvantaged communities and may increase their risk of social exclusion (Vinson et al. 2007).

Compulsory schooling ensures children and young people receive a minimum amount of education, meaning they can acquire the essential knowledge and skills that will allow them to participate fully and productively in the community. All children in Australia are required to attend school from 6 years of age until they complete Year 10, and then to participate in full-time education, training or employment until they turn 17 (COAG 2009a). Additional education before and beyond these years is optional; however, the requirements and compulsory ages may vary across states and territories. A description of the key stages of education in Australia is provided in Box 4.2.

This section presents an overview of student participation and achievement at key points in their education. This includes: preschool attendance; the transition to primary school; school attendance; literacy and numeracy outcomes; completion of Year 12; and transition to further education and training.

Early childhood education

The substantial and positive effects of quality early childhood education on children's social and cognitive development, especially children from disadvantaged families, are well established. Participation in formal early childhood education programs usually occurs a year or two before children start their preparatory year of schooling (see Box 4.2). Most Australian children access formal early childhood education programs through attendance at preschool, or a preschool program in long day care. Chapter 4.2 has further information on child care services and parental involvement in informal early learning.

Box 4.2: Education in Australia

At present, each state and territory has its own curriculum, terminology and compulsory ages for schooling. Following is a broad overview of the key stages of education in Australia, although the details may vary across states and territories:

Preschool—non-compulsory early childhood education and development programs for children, prior to commencing full-time schooling. Preschool is generally attended by 3–4 year olds on a part-time basis, and may be known as kindergarten in some states and territories. Preschool programs may be delivered in government- or private-funded stand-alone facilities, or within schools or child care centres.

Preparatory year—although non-compulsory (in most states and territories), the preparatory year is the first year of full-time schooling, and is generally attended by 4–5 year olds. This year has varying titles across states and territories, including kindergarten, prep, pre-primary, reception and transition.

Primary and secondary school—there are 12 years of primary and secondary school. Year 1 is the first compulsory year of full-time schooling (in most states and territories), and is generally attended by 5–6 year olds. It is compulsory for children to attend school from age 6 until they complete Year 10, however many students complete Year 12.

Further education—following secondary school, young people may start an apprenticeship or commence studies at tertiary education institutions such as universities and technical and further education (TAFE) colleges.

Sources: DEEWR 2011a, 2011f.

The ABS Childhood Education and Care Survey found that in June 2008, among children aged 3–6 years who were not yet in school, 72% usually attended preschool (including long day care preschool programs), 8% attended long day care only (with no preschool program), and 21% did not attend either preschool or long day care (ABS 2009a).

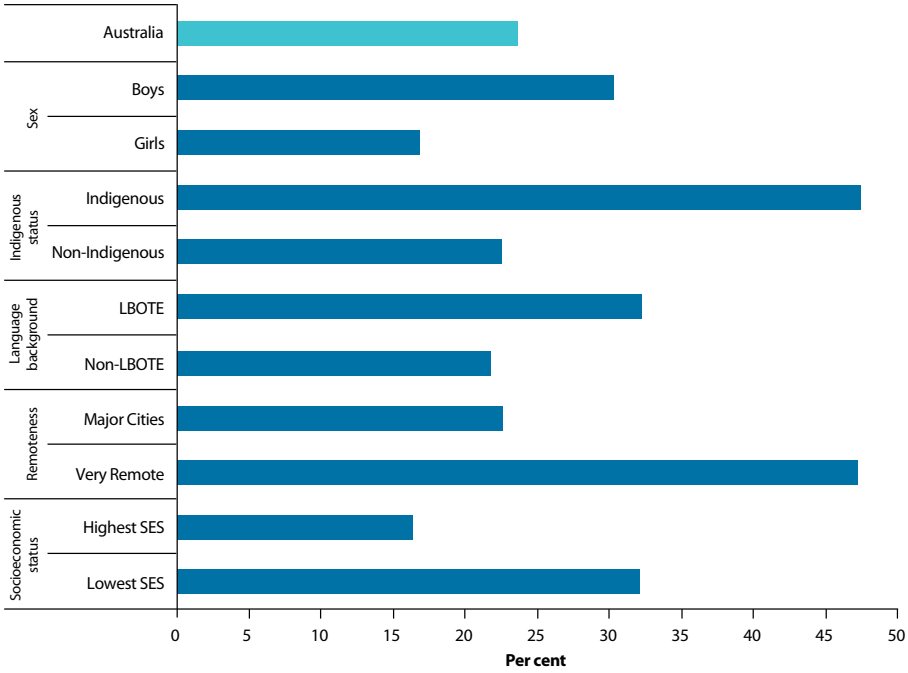
Preschool program attendance is lower for children in one-parent and jobless families. Children aged 3–6 years in couple families were more likely to usually attend a preschool program than children in one-parent families (72% compared with 66%). In couple families with both parents unemployed or just one parent employed part time, over half (57%) of children usually attended a preschool program, while in unemployed one-parent families the proportion was 61% (ABS 2009a). Enrolment of Indigenous children in preschool is discussed in Box 4.3.

The accessibility and cost of services may affect preschool program attendance. For children living in remote communities, access to preschools may be limited by the availability of a service in the area, the distance to the nearest preschool or a lack of transport options. In June 2008, among children aged 3–6 years who usually attended preschool (excluding preschool programs in long day care centres), nearly one in 10 (9%) had no cost associated with their attendance, after the Child Care Benefit (CCB) and Child Care Rebate (CCR) had been taken into account. Around one-third (34%) had a usual weekly cost of $20 or less, a further 28% paid $20–59, and 24% had a weekly cost of $60 or more, after the CCB and CCR were applied (ABS 2009a).

School readiness

School readiness relates to emotional competence, capacity for engagement with others and resilience in meeting the demands of schooling (Farrar et al. 2007). COAG has endorsed the Australian Early Development Index (AEDI) as a national progress measure of early childhood development in Australia. The AEDI collects information on five developmental domains at school entry, based on a teacher-completed checklist: physical health and wellbeing; social competence; emotional maturity; language and cognitive skills; and communication skills and general knowledge.

The majority of Australian children were doing well in 2009, with around three-quarters (76%) of children 'on track' across all AEDI domains at Year 1 entry. However, almost one-quarter (24%) of children were developmentally vulnerable (below the 10th percentile) on one or more domains, which suggests they may have difficulty in Year 1. Around one in eight children (12%) were vulnerable on two or more domains, and are considered to be at particularly high risk developmentally (CCCH & TICHR 2009). The proportion of children developmentally vulnerable on one or more of the five domains varied across population groups. Groups particularly likely to be developmentally vulnerable included boys (30%), children living in the lowest socioeconomic status (SES) areas (32%), those with a language background other than English (32%), Indigenous children (47%), and those living in *Very remote* areas (47%) (Figure 4.3).



Note: LBOTE refers to 'Language background other than English'. SES refers to socioeconomic status.
Source: Table A4.3.

Figure 4.3: Children developmentally vulnerable on one or more domains of the AEDI, by population group, 2009 (per cent)

School attendance

School attendance helps children develop the basic building blocks for learning and educational attainment, and social skills, such as friendship building, teamwork, communication skills and healthy self-esteem. Children who are regularly absent from school are at risk of missing out during these critical stages of educational and social development. They may experience long-term difficulties with their learning, resulting in fewer educational and employment opportunities. Absenteeism can also exacerbate issues of low self-esteem, social isolation and dissatisfaction (DHS Vic 2007). School attendance is commonly measured in two ways: enrolments (that is, the children who have registered with a school) and attendance (the children who have registered and are regularly going to school)—the following data focus on the latter (AIHW 2011e). Data are not directly comparable across schools sectors, states and territories due to differing collection and reporting methodologies, but ranges have been presented below as an overview (for further information see MCEECDYA 2010).

Most children in Australia regularly attend school. In 2009, attendance rates across the six states and Australian Capital Territory, for all three school sectors (government, Catholic and independent), were 91–96% for primary school students (Years 1 to 6), and 85–96% for junior secondary school students (Years 7 to 10) (Table A4.4). Attendance rates in the Northern Territory were considerably lower (76–92% and 80–91%, respectively). This is likely to be related to the

high proportion of Indigenous students in the Northern Territory, who generally have lower rates of school attendance. Across the school sectors, states and territories, attendance rates were 52–98% for Indigenous students compared with 86–96% for non-Indigenous students (Years 1 to 10) (tables A4.5 and A4.6).

Box 4.3: Closing the Gap for Indigenous Australians—education

The Closing the Gap strategy aims to reduce Indigenous disadvantage, and includes six targets in the areas of life expectancy, child mortality, access to early childhood education, educational achievement and employment outcomes. Progress against the three education-related targets is outlined below. Information on the other three targets can be found in the Prime Minister's report (Australian Government 2011a).

Ensure access to early childhood education for all Indigenous 4 year olds in remote communities by 2013

There are currently only limited data to inform this target. The National Preschool Census reports that, in 2009, 64% of Indigenous children were enrolled in preschool in the year before school compared with around to 70% of all children (Australian Government 2011a). Previous analysis indicates that growth in preschool enrolments among Indigenous 4 year olds occurred between 2005 and 2008—a 9% increase in preschool enrolments in metropolitan areas, 16% increase in provincial areas, and 31% in remote areas (Australian Government 2010). However, enrolment is not a sufficient stand-alone measure, as there is evidence to suggest Indigenous children enrolled in preschool attend less frequently than non-Indigenous children (Australian Government 2010). See 'Early childhood education' for further information on preschool attendance and affordability.

Halve the gap in reading, writing and numeracy achievement rates for Indigenous children by 2018

In 2010, Indigenous students were less likely to have achieved the reading, writing and numeracy minimum standards for Years 3, 5, 7 and 9—achievement was 18–30 percentage points lower than for non-Indigenous students (ACARA 2011). However, there are some positive signs—from 2008 to 2010 there was a steady reduction in the gaps for Year 3 reading and Year 7 reading and writing (gap closed by 4–6 percentage points) (ACARA 2008, 2011). See 'Literacy and numeracy' for further information on the national minimum standards.

Halve the gap in Year 12 or equivalent attainment rates for Indigenous young people by 2020

One of the Closing the Gap targets is to halve the gap for Indigenous students in Year 12 (or equivalent) attainment rates by 2020. The baseline for this target is the 2006 ABS Census of Population and Housing. In 2006, 47% of young Indigenous people aged 20–24 years had completed Year 12 or equivalent, compared to 84% of non-Indigenous young people in this age group (Australian Government 2011a). See 'Completion of Year 12' for further information on attainment rates.

Literacy and numeracy

Literacy and numeracy skills acquired in the school years are essential for further educational attainment, social development and employment (Cope & Kalantzis 2000). A national education goal for every child leaving school is that they have attained an appropriate and adequate level of literacy and numeracy skills.

In Australia, national minimum standards have been developed for reading, writing, spelling, language conventions (grammar and punctuation) and numeracy for students in Years 3, 5, 7 and 9. Achievement against these standards is assessed on an annual basis through the National Assessment Program—Literacy and Numeracy. Students who achieve the minimum standards have demonstrated at least the basic understanding required for their year level.

Table 4.2: Students achieving at or above the national minimum standards, 2010 (per cent)

	Year 3	Year 5	Year 7	Year 9
Reading	93.9	91.3	94.8	90.7
Writing	95.6	93.1	92.6	87.2
Spelling	91.0	91.9	92.9	89.6
Grammar and punctuation	92.0	92.2	91.5	90.8
Numeracy	94.2	93.6	95.0	93.1

Source: ACARA 2011.

In 2010, most students in Years 3, 5, 7 and 9 were achieving at or above the minimum standards (87–96%, Table 4.2), similar to results in previous years (ACARA 2008, 2009). Higher proportions of female than male students were achieving at or above the national minimum standards for reading and writing (3–11 percentage points higher), while for numeracy the proportions were similar for males and females. While the percentages of students meeting the standards are generally similar across year levels for each of the tests, for writing the proportions declined with increasing years of schooling—in 2010, 96% of Year 3 students met the minimum standards for writing compared with 87% of Year 9 students (ACARA 2011). The academic performance of Indigenous students is outlined in Box 4.3.

Some groups of students do not perform as well against the minimum standards as other students. Students in *Remote* and *Very remote* areas were less likely to meet the minimum standards for reading, writing and numeracy than those in *Metropolitan* areas—in 2010, students in *Remote* areas were 6–16 percentage points lower, and those in *Very remote* areas were 35–49 percentage points lower than those living in *Metropolitan* areas (ACARA 2011).

Students whose parents had an educational attainment of Year 11 (or equivalent) or below were less likely to achieve the minimum standards for reading, writing and numeracy (77–91%) than those whose parents had a bachelor degree or above (95–99%). Further, students with parents who had not been employed for the past 12 months were less likely to achieve the minimum standards for reading, writing and numeracy (74–90%) than students with parents in senior management and qualified professions (95–99%) (ACARA 2011).

AIHW research indicates that children in the child protection system are particularly at risk of poor reading and numeracy outcomes. Between 2003 and 2006, children on guardianship/custody orders were considerably less likely to achieve the reading and numeracy minimum standards compared with all children, children with a language background other than English, and children living in *Remote* areas (AIHW 2011b).

International comparisons

According to the Programme for International Student Assessment, Australia performs well on reading, mathematical and scientific literacy measures. In 2009, among 15 year old students, Australia's mean scores for reading (515), mathematics (514), and science (527) were statistically significantly higher than the reported averages for the 34 participating OECD countries (493, 496 and 501 respectively). Australia was ranked sixth overall for reading, ninth for mathematics, and seventh for science. Korea and Finland were the two top-performing OECD countries for reading and mathematics, while Finland and Japan had the best performance for science (OECD 2010).

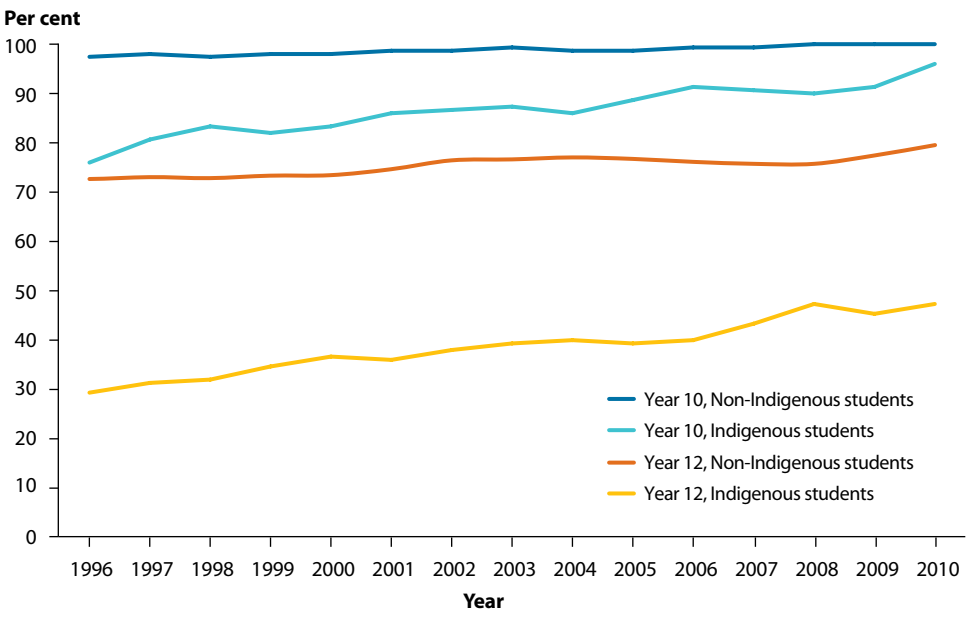
School retention

Remaining engaged in, and successfully completing, secondary school improves transitions into further study and employment. Students who fail to complete Year 12 may have fewer employment opportunities and are more likely to experience extended periods of unemployment than Year 12 graduates (Lamb et al. 2000).

One measure of secondary school engagement is the apparent retention rate to Year 12, defined as the percentage of full-time students who remain enrolled in secondary education from the start of secondary school (Year 7/8) to Year 12. The ABS *Schools, Australia* report (ABS 2011d) indicates that, in 2010, the Year 12 apparent retention rate was 78%, having gradually increased from 71% in 1996 (Table A4.7).

Females had a higher Year 12 apparent retention rate than males (83% compared with 73%), a pattern that has been consistent since 1996 (ABS 2011d). This is also consistent with other research showing that males are less likely than females to complete Year 12, and are more likely to undertake vocational programs or to find employment (Curtis & McMillan 2008).

The apparent retention rates for Indigenous students have been steadily increasing. The Year 12 retention rate for Indigenous students was 47% in 2010, up from 29% in 1996 (Figure 4.4). Similarly, the apparent retention rate to Year 10 was 96% in 2010, up from 76% in 1996.



Note: Apparent retention rate is defined as the percentage of full-time students who remain in secondary education from the start of secondary school (Year 7/8) to the year of interest—Year 10 or Year 12.

Source: Table A4.7.

Figure 4.4: Apparent retention rates to Years 10 and 12, by Indigenous status, 1996–2010 (per cent)

Completion of Year 12

While the apparent retention rate provides an estimate of the proportion of young people who stay at school, it is not a measure of successful completion of Year 12. Research indicates that completing Year 12 improves higher education and employment opportunities (Australian Government 2011a). In 2010, around seven in 10 school leavers aged 15–24 years had completed Year 12 (72%)—an increase from 68% in 2001 (ABS 2002, 2010h).

In 2009, the Australian Government set a target for 2015 of 90% of young people aged 20–24 years having attained a Year 12 certificate or Certificate level II or above. In 2010, 86% of 20–24 year olds had attained this target—an increase from 79% in 2001 (ABS 2010h). Attainment of Indigenous young people is discussed in Box 4.3.

Young people who have spent time in out-of-home care (for example, foster care and residential care) have been found to be about half as likely to complete Year 12 as the general population (35% compared with 74% in 2009) (Testro 2010). Those who have left out-of-home care services were also less likely than their age peers in the general population to undertake further education, and more likely to be unemployed. This reflects the history of disrupted living and schooling arrangements, and lower levels of academic performance that this group of young people experienced, and the challenges they faced in accessing educational and employment opportunities, particularly when making the transition from out-of-home care to independent living (Testro 2010).

Staying at school on a full-time basis is not the only option for young people after they complete Year 10. Some start an apprenticeship or commence studies at TAFE institutions. Information on apprenticeships and young people combining study with work is included in Chapter 4.4.

Participation in further education

Changes in the Australian economy place early school leavers, particularly those without post-school qualifications, at greater risk of low income, unemployment and dependency on government welfare (Lamb et al. 2004).

The education participation rate measures participation in school and post-school studies for young people aged 15–24 years, including full- and part-time studies at school, TAFE, colleges and tertiary institutions. In 2010, the education participation rate was 76% for 15–19 year olds and 37% for 20–24 year olds, similar to rates in 2000 (76% and 33%, respectively). The higher rate among those aged 15–19 years reflects the compulsory schooling requirements, and that teenagers are less likely to be in full-time employment than 20–24 year olds (ABS 2000, 2010h). Many young people combine employment and study—this is discussed in Chapter 4.4.

Of the 15–19 year olds enrolled in a course of study, most were studying for a Year 12 qualification or below (67%), a bachelor degree (17%), or a Certificate level III or IV (10%) (Table A4.8). Most 20–24 year olds were studying towards a bachelor degree (59%), a Certificate level III or IV (17%), a diploma or advanced diploma (12%), or were undertaking postgraduate studies (6%). Management and commerce was the most popular field of study (21%), followed by society and culture (15%) and engineering and related technologies (13%) (ABS 2010h).

Indigenous young people aged 15–24 years were less likely to be studying for a qualification than all young people in 2008 (41% compared with 58%), with the pattern even more pronounced among 20–24 year olds (16% and 39%, respectively) (AIHW 2011h).

According to the ABS Survey of Education and Training, in 2009, almost one in 10 (9%) young people aged 15–24 years wanted to participate in study in the previous 12 months, but did not do so. The main reasons for not doing so included financial reasons (19%), having no time (18%), work-related reasons (16%) and personal or family reasons (12%). A further 19% cited course-related reasons such as lack of information, courses or places not available, did not have the prerequisites, or were not offered a place (ABS 2010g).

Completion of further education

In 2010, 45% of 20–24 year olds had obtained a non-school qualification (that is, educational attainments other than those of pre-primary, primary or secondary education). Of these, most had obtained a Certificate level III or IV (35%), a bachelor degree (32%), or a diploma or advanced diploma (16%) (ABS 2010h). Indigenous young people aged 20–24 years were less likely than non-Indigenous young people to have a non-school qualification (30% and 46%, respectively in 2008) (ABS 2009b).

4.4 The transition to independence

Commencing employment after many years of education or while studying is a major milestone for young people. As well as providing an independent income, this transition can lead to an increase in self-confidence, greater involvement in the community and a sense of being valued. Alternatively, unemployment can become a barrier for young people who

are trying to achieve the personal and social identity that comes with employment, and gain responsibility and skills. It can also hinder the opportunity to make life decisions that comes with new-found independence (Muir et al. 2003). The various pathways from education to work make the transition to independence a complex process that can extend over long periods. This includes people taking 'gap years' to travel and/or work and subsequently return to education; individuals who choose to study part time and supplement this with employment; and those undertaking apprenticeships and other forms of on-the-job training.

This section presents an overview of trends in young people's living arrangements, family formation, labour force participation and associated issues; all of which are components of the transition to independence.

Living arrangements of young people

Finishing school; finding paid employment; moving out of the family home; forming relationships; and starting a family are just some of many life transitions that young people experience, each with the potential to affect their living arrangements (ABS 2009c). With costs of moving out and establishing their own home increasing, young people are tending to delay both entering the rental market and purchasing their own home. While some trends in living arrangements for people aged 18–24 years have remained relatively stable, the number of young people in this age group living with their parents increased from 50% in 1997 to 57% in 2006–07. The proportion of young people choosing to live in group households decreased from 19% in 1997 to 11% in 2006–07 (ABS 2004; ABS 2006–07 Family Characteristics and Transitions Survey confidentialised unit record file). The latter most likely reflects the significant proportion of young people choosing to stay in the family home for longer.

Young parents

For some young people, part of the transition to independence is starting a family. Although birth rates among young people have declined dramatically in recent years, beginning parenthood before the age of 25 is not uncommon in Australia; with almost 1 in 5 births (54,000 or 18%) being to mothers aged under 25 years (ABS 2010d). There are differing perceptions related to whether the trajectory from young parenthood is positive or negative. Parenthood in the teenage years in particular can potentially result in undesirable consequences including interrupted (and poor participation in) education, greater dependence on government assistance, increased problems in entering the labour market, and marital instability (Hoffman & Maynard 2008). In some instances, negative attitudes from the community and social isolation can characterise the life course of teenage mothers.

Paranjothy and colleagues (2009) noted the social and economic disadvantage that teenage mothers and their babies experience may simply be reflecting circumstances that were present before the pregnancy and birth. Further, young parents—especially those from a higher socioeconomic background—will not always experience negative consequences.

Of the 54,000 births to mothers under 25 years of age in 2009, 1,491 births were to females aged 16 years and below (Table A4.9). The fertility rate for 16–24 year olds has declined across all age groups between 1999 and 2005. This is particularly apparent among 24 year olds where the rate was 67.7 live births per 1,000 females in 2009, down from 108.2 births in 1990. The median age of fathers (33 years) was higher than mothers (30.6 years); and this trend is evident from an early age. In 2009, there were almost 3 times as many mothers as fathers aged 15–19 years (ABS 2010d).

The proportion of young mothers in certain populations is much higher than the general Australian population. In 2009, the Indigenous teenage birth rate (79 births per 1,000 females) for mothers aged 15–19 years was over 4 times the non-Indigenous rate (17 births per 1,000 females). For 20–24 year olds, the Indigenous birth rate was 152 births per 1,000 females compared with a non-Indigenous birth rate of 54 births per 1,000 females (ABS 2010d). Teenage births are also disproportionate in regional and remote areas. Teenage females who lived in *Remote/Very remote* areas in 2008 were more than 5 times as likely to give birth as their peers in *Major cities* (64 births per 1,000 females compared with 12 births per 1,000 females) (AIHW unpublished analysis of National Perinatal Data Collection).

Participation of young people in education and employment

Although many young people aged 15–24 years are still completing secondary and tertiary education, a large number participate in paid employment, either in conjunction with education or independently. Of the 3.15 million people aged 15–24 years in 2011, 32% were in full-time employment, and 29% were in part-time employment (ABS 2010b; ABS 2011b). While this is a substantial proportion of young people, the same age group experiences unemployment at a higher rate than the rest of the population. During 2010, almost one-quarter (23%) of the unemployed population were aged 15–19 years and a further 16% were aged 20–24 years (AIHW analysis of ABS Labour Force Survey confidentialised unit record file).

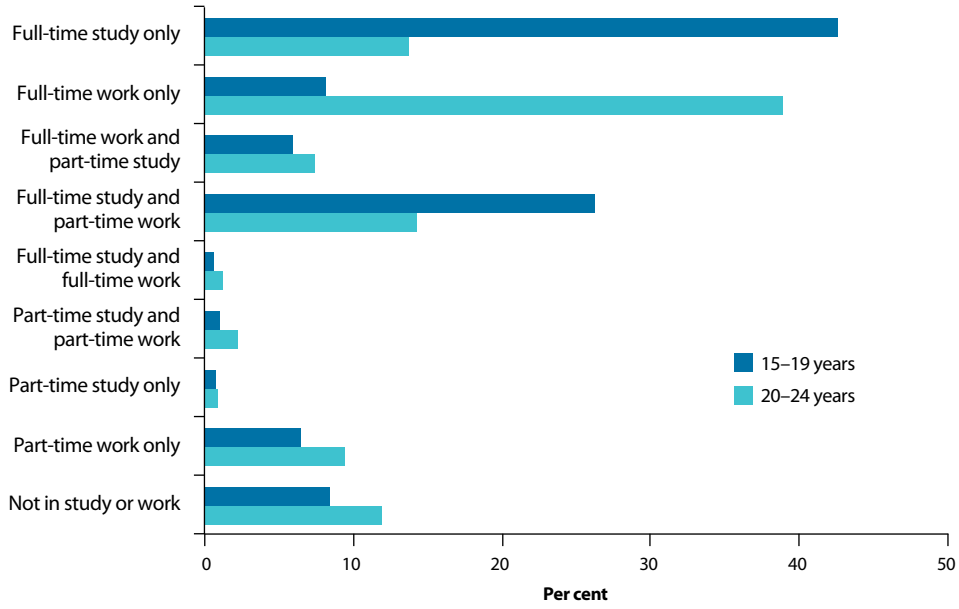
Combining education and employment

In many circumstances, paid employment will begin in addition to secondary or tertiary education. Participation in paid employment assists with the acquisition of skills needed for long-term participation in the labour force. In 2010, over 595,000 young Australians aged 15–24 years were working part time while studying full time. Further, almost 10,000 young people aged 15–19 years who were enrolled full time in year 12 or below were also employed full time (ABS 2010h).

Non-participation in work, education or training

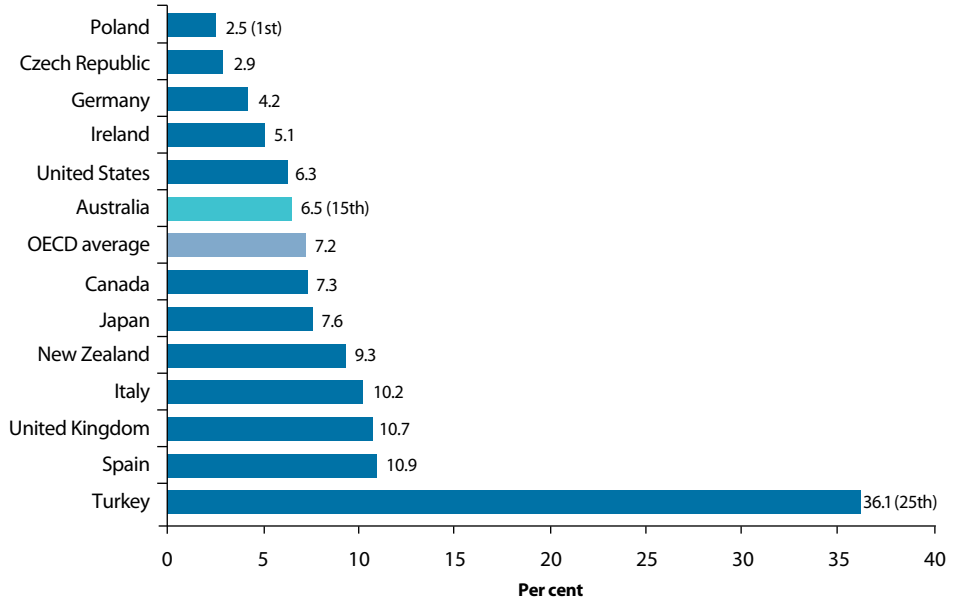
Non-participation in work or study has been linked to future unemployment, lower incomes and employment insecurity and can have an effect on a young person's standard of living (ABS 2010a). In 2009, 12% of 20–24 year olds were neither working nor studying, compared with 8% of 15–19 year olds (Figure 4.5). Differences between the age groups may be due to a significant proportion of the latter age group still being of school age, which gives them the option of participating in secondary schooling. For young people aged 20–24 years, the option of participating beyond secondary schooling may be limited.

According to OECD figures for Australia, in 2007 6.5% of young people aged 15–19 years old were not participating in education or employment. In terms of the percentage of young people not engaged in work and/or study, Australia ranked better than the OECD average of 7.2% (Figure 4.6), and better than Canada, New Zealand and the United Kingdom. Australia performed marginally behind the United States (6.3%), but was further behind Germany and Ireland (4.2% and 5.1%, respectively).



Source: Table A4.10.

Figure 4.5: Participation in education and/or employment among young people aged 15–24 years, 2009 (per cent)



Note: Based on the 25 participating OECD countries.
Source: Table A4.11.

Figure 4.6: Young people aged 15–19 years not in education or employment, among selected OECD countries, 2007 (per cent)

Data on specific groups within the population who are less likely to participate in work or study are unavailable. However, certain groups of young people are more vulnerable in relation to access to employment, educational and transitional opportunities. Young people who are in out-of-home care and care leavers are one such group that face many challenges. Testro (2010) noted the importance of ensuring that this vulnerable group can access the education and employment opportunities afforded by the Learn or Earn policy (below), while not disadvantaging them with conditions for accessing Youth Allowance.

Young Aboriginal and Torres Strait Islander people are disproportionately represented among young people who are not fully engaged (that is not in full-time work, full-time education or in a combination of part-time employment and part-time study). In 2008, young Indigenous males were more likely than young Indigenous females to be fully engaged in work and/or study (60% and 48%, respectively). However, Indigenous persons aged 15–24 years in 2008 were still less likely than their non-Indigenous counterparts to have been fully engaged in work or study (54% and 83%, respectively) (ABS 2010i). This finding was not limited to remote areas where fewer opportunities typically exist, but rather was Australia-wide. While young Indigenous people living in remote areas had low participation rates (41% of 15–24 year olds fully engaged), their peers living in non-remote areas had a higher but also relatively low proportion of full engagement (58% fully engaged) (ABS 2010i). It should be noted that the labour force participation rate of Aboriginal and Torres Strait Islander young people aged 15–24 years has improved over recent times, increasing from 47% in 2002 to 54% in 2008 (ABS 2010i).

'Learn or earn' strategies

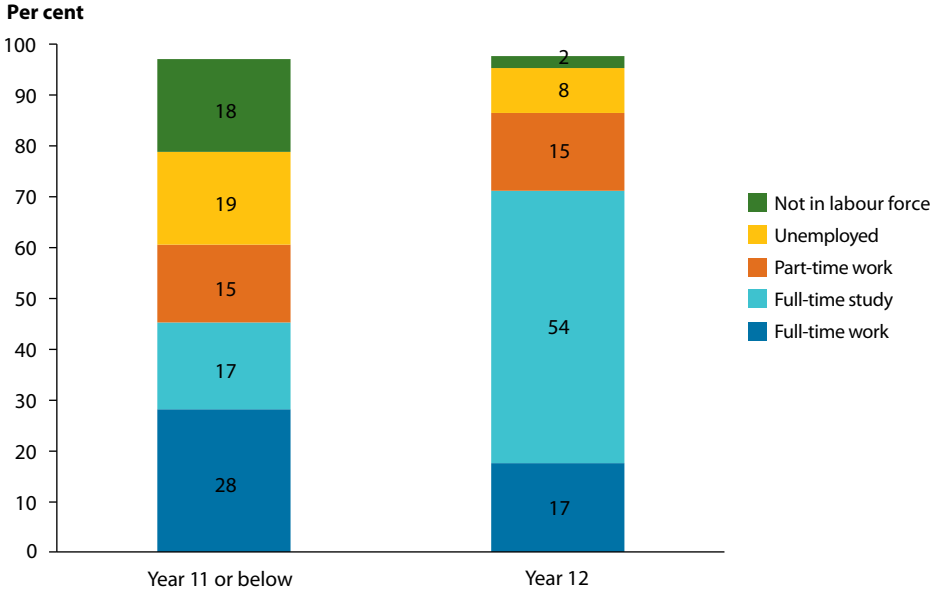
The Australian Government provides incentives for young people to be involved in either work or education. Introduced in July 2009, the *National Partnership Agreement on Youth Attainment and Transitions* (the Agreement) aims to increase the educational engagement and attainment of young people aged 15–24 years, in order to improve transitions from high school to further education, training or full-time employment. The Agreement also provides support for the achievement of a national Year 12 (or equivalent) attainment rate of 90% by 2015 (DEEWR 2011d). The Agreement contains five main elements, one of which is the Compact with Young Australians. The Compact, which is commonly referred to as the 'Learn or Earn' initiative, introduced a youth participation requirement which requires young people to remain in school until they complete Year 10 and then participate in full-time education, training or employment (or a combination of these activities) until they turn 17 years old. Details of current Year 12 completion rates are discussed in Chapter 4.3.

The Learn or Earn initiative also introduced participation requirements for Youth Allowance (Chapter 4.2). In order to receive Youth Allowance, young people aged under 21 who have not finished Year 12 (or an equivalent Certificate level II qualification) must be studying or training until they attain such a qualification. This may be achieved through full-time study, or part-time study combined with paid employment or voluntary work (DEEWR 2009a). Financial support is discussed in Chapter 4.2.

School leavers

Of the 300,000 young people who finished school in 2008, 72% completed Year 12. Two-thirds (66%) of all school leavers were fully engaged by May 2009, with 43% in full-time study, 20% in full-time work, and 2% working and studying part time (ABS 2010a). School leavers who did

not finish Year 12 were more than twice as likely to be unemployed than those who did (19% compared with 8%), and 9 times as likely to not be in the labour force (Figure 4.7). The greater likelihood of employment for Year 12 completers is maintained throughout the majority of the life course (ABS 2010a). This demonstrates the benefits of encouraging a high Year 12 completion rate.



Notes

1. 'Not in labour force' is defined as persons over the age of 15 years who were not classified as employed or unemployed, such as mothers.
2. Totals do not sum to 100 due to the small proportion of persons fully engaged who are neither working nor studying full time, and the small proportion of persons not fully engaged who are neither working part time nor unemployed.

Source: Table A4.12.

Figure 4.7: May 2009 outcomes of 2008 school leavers aged 15–19 years, by highest level of school completed (per cent)

Underemployment

In addition to an unemployment rate which is well above average for young people, a large number of employed young people are considered to be 'underemployed'—meaning that they would prefer, and are available for, more hours of work than they currently have. According to the ABS Underemployed Workers Survey of 2010, there were 817,100 part-time workers who would prefer more hours (25% of all part-time workers) (ABS 2011e). Of these, one-third (33%) were aged 15–24 years, which makes them the age group with the highest incidence of underemployment among part-time workers.

During 2010, over one-quarter (27%) of underemployed part-time workers aged 15–24 years had been looking for more hours of work for one year or more. On average, underemployed young people spent 34–42 weeks seeking additional work hours. However, younger people tended to have a shorter duration of underemployment when compared to older people as the mean duration of underemployment increases with age (ABS 2011e).

Apprenticeships in Australia

Apprenticeships are one way in which young people can acquire essential skills while also participating in the labour force. 'Insufficient work experience' is the most commonly cited reason that young people give for their unemployment (ABS 2010j) which makes the experience gained from an apprenticeship invaluable. Apprentices and trainees are important contributors to the labour market, making up 4% of the entire workforce in 2008. They also represented 25% of the 1.7 million students taking part in vocational education and training in Australia (Australian Government 2011c). Young people in particular often opt for this form of on-the-job training and employment, which generally lasts 3–4 years. Secondary students of working age may also choose to undertake a school-based apprenticeship which allows students to gain a formal qualification (for which they earn a wage for their time in the workplace), while simultaneously completing their school studies. In 2010, around 140,000 young people aged 15–24 years were currently undertaking apprenticeships, excluding school-based apprentices. Of these, 88% were males and 55% were aged 15–19 years (Table A4.13).

There is a greater variety (and thus availability) of apprenticeships in industries that are traditionally male dominated such as manufacturing, construction and other trades (Table A4.14). This may partially explain the differences in the proportion of females undertaking apprenticeships compared to males. Overall, the number of young people undertaking apprenticeships is increasing.

Although one-third (33%) of apprentices aged 15–19 years completed Year 12, almost two-thirds (65%) of 20–24 year olds had done so (Table 4.3). While 20% of 20–24 year olds had completed Year 10 or below as their highest year of schooling, 43% of apprentices aged 15–19 years had finished school at or before Year 10 (Table 4.3). School-based apprentices are excluded from this data, therefore no young people aged 15–19 year olds in this sample were still completing schooling.

Table 4.3: Apprentices aged 15–24 years, highest year of school completed, 2009 (per cent)

Highest year of school completed	15–19 year olds	20–24 year olds
Year 12	33	65
Year 11	24	15
Year 10 or below	43	20

Note: School-based apprentices are excluded from these data.

Source: ABS 2010 (unpublished data).

Fewer than half of all people who take up apprenticeships complete them (48%) which is a significant cost in terms of the resources used for on- and off-the-job training (Australian Government 2011c). Two reasons often cited for non-completion include issues with the employer and workplace; and low wages (which vary with year of apprenticeship, trade, and employer) (Australian Government 2011c).

An analysis of ABS data by the National Centre for Vocational Education Research (NCVER) showed a higher completion rate for apprenticeships undertaken in *Regional* and *remote* areas when compared to *Major cities*, highlighting the importance of such opportunities in non-metropolitan areas where there are fewer alternative work prospects (Australian Government 2011c). For example, out of all apprentice labourers, 29% of completions

were from *Inner regional areas*, and 24% were from *Outer regional* and *Remote/Very remote* areas (Australian Government 2011c). For details on work and study opportunities according to location, see Box 4.4.

As with unemployment, the number of apprenticeship commencements is particularly sensitive to economic downturn, as demonstrated by a marked decrease during 2008–09. However, this has since improved and increasing numbers of young people are choosing apprenticeships.

Box 4.4: Opportunities for young people living in *Regional and remote* areas

Geographical location can affect the opportunities available to young people. Young people who live in *Regional* or *Remote* areas face additional barriers regarding study and employment to those that their peers living in metropolitan areas experience. Barriers include the distance to training facilities, fewer training providers for post-school education, and fewer work opportunities within their area. Despite these challenges, apprenticeships and traineeships are well represented in *Regional* and *Remote* areas (Australian Government 2011c).

Deferral rates of tertiary education are much higher in non-metropolitan areas compared to major cities. Young people living in regional Victoria were around 2.5 times more likely to defer tertiary education than those in metropolitan Melbourne, which can be attributed to the need to move away from home and the substantial associated costs (Corrie & McKenzie 2009). This represents the interplay of location and financial circumstances affecting opportunity. Unemployment rates also affect young people differentially based on their geographic location. Unemployment was higher among 15–24 year olds living outside capital cities (13.0%) than for those living in capital cities (9.2%) in July 2010 (AIHW analysis of ABS Labour Force Survey).

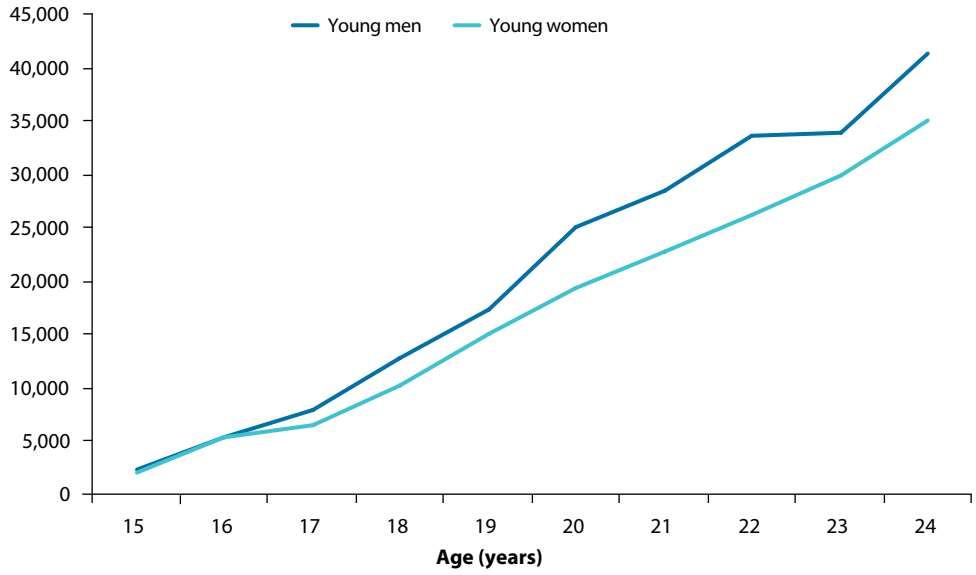
There is a substantial increase in opportunities in employment and education for young people who complete Year 12 relative to those who do not. In 2010, young adults aged 20–24 years living in *Major cities* were the most likely to have completed Year 12 out of all geographic areas (81%) (ABS 2010l). The comparable figure was 67% for young people living in *Inner* or *Outer regional* areas, and 64% for those in *Remote* or *Very remote* areas.

Source: ABS 2010l; AIHW analysis of ABS Labour Force Survey confidentialised unit record file; Corrie & McKenzie 2009.

Income of young people

Given the substantially higher rate of unemployment and underemployment in young people, insufficient income can cause financial stress. An almost linear relationship exists between age and income between the ages of 15 and 24 years (Figure 4.8). At the age of 15 years, the average disposable annual income for young working males and females is just over $2,000. By the age of 20, this income reaches almost $20,000 for females and over $25,000 for males. By the age of 24, income continues to increase however sex disparities become more apparent. In 2009, males earned on average more than $41,000 compared with females who earned less than $35,000. The relatively low incomes of young people tend to reflect their stage of life, as

well as education and employment trends. For example, the low disposable income of large numbers of 15–18 year olds is likely due to the proportion of workers who do part time hours while studying full time.



Notes

1. Population weights applied.
2. Sample restricted to people aged 15–24 years and employed at the time of interview.
3. Personal disposable income in last financial year.

Source: Table A4.15

Figure 4.8: Average annual personal disposable income for young working people aged 15–24 years, 2009 ($)

4.5 Social inclusion of children and young people

Social inclusion in Australia

The Australian Government's social inclusion agenda aims to provide all Australians with the resources, opportunities and capability to learn, work, engage and have a voice (Australian Government 2011d). While the specified social inclusion principles are designed to improve the outcomes of all Australians, children and young people are the primary focus of two of the main priorities within the social inclusion agenda—helping jobless families with children, and supporting children at greatest risk of long-term disadvantage. This section focuses on the following 'at risk' groups—Indigenous children and young people; children and young people with a disability; homeless children and young people; and those involved in the criminal justice system (including prisons and juvenile justice).

Jobless families with children

This social inclusion priority acknowledges that children are among the most vulnerable people in the community and recognises associations with negative outcomes for both parents and children in jobless families, including poverty, lower educational attainment and poor health (Whiteford 2009). The social inclusion agenda acknowledges the intergenerational effect of poverty in general and joblessness specifically. See 'Chapter 3 Economic participation' for a detailed discussion of jobless families.

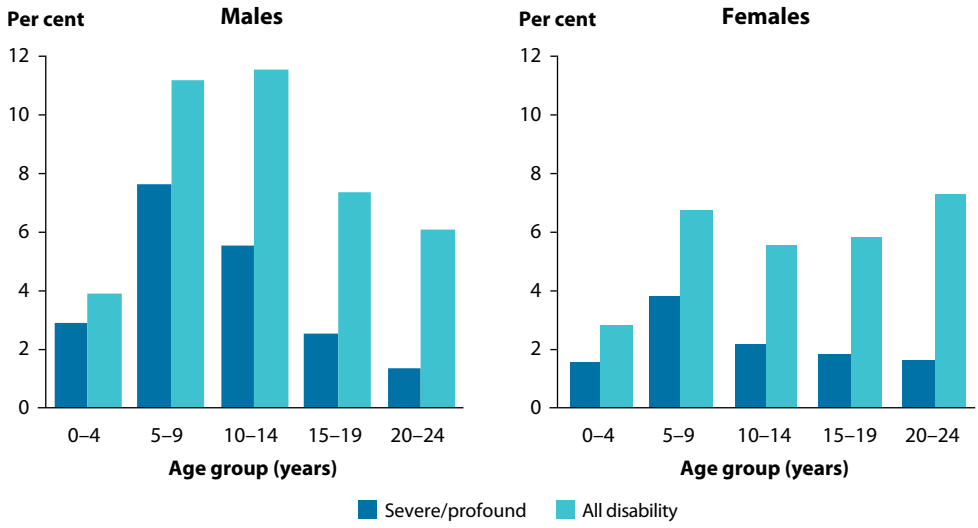
Indigenous children and young people

The Closing the Gap initiative is a central feature of the social inclusion agenda, acknowledging the significant gap between the Indigenous and non-Indigenous population in Australia on a range of outcome measures. The Australian Government has set ambitious targets with respect to Closing the Gap in a variety of areas; these are examined in relation to education in Box 4.3. Indigenous children and young people are over-represented in a range of areas, including juvenile justice (discussed in this section) and child protection (see Chapter 4.6).

Children and young people with disability

Children and young people with disability can have diverse physical, sensory, intellectual and psychiatric impairments, which can restrict their full involvement in society (AIHW 2009b). This is particularly the case where people sometimes or always need assistance with one or more core activities of daily living (self-care, mobility or communication)—referred to as 'severe or profound core activity limitation' (see chapters 1 and 5 for further discussion).

In 2009, there were an estimated 492,500 children and young people aged 0–24 years (6.8%) with a disability—much lower than the overall population (18.5%) (see Chapter 1). Disability rates for children and young people were higher among males, particularly for those aged 5–14 years (Figure 4.9). The higher rates of both disability and severe/profound limitations for males in this age group are largely due to their higher rates of behavioural disorders (such as ADHD). Overall, the most common main disabling conditions reported in relation to children aged 0–17 years were intellectual and developmental disorders (2.5%); mental and behavioural disorders (1.2%); and asthma (0.5%) (ABS 2010f).



Source: Table A4.16.

Figure 4.9: Disability status by sex and age group, young people aged 0–24 years, 2009 (per cent)

Homelessness

Addressing the incidence of homelessness for all Australians is a key priority under Australia's social inclusion agenda. The factors contributing to homelessness are complex and are often more than simply the result of lack of access to affordable housing. Homelessness can also be the result of domestic violence, family or relationship breakdown, poverty or financial crisis, mental illness or lack of affordable housing. In 2006, an estimated 43% of the homeless population were children and young people aged 0–24 years (Chamberlain & MacKenzie 2008).

Specialist homelessness services deliver support to people who are homeless or at risk of homelessness. In 2009–10, there were 47,100 clients of the (former) Supported Accommodation Assistance Program aged 0–24 years. Along with these clients, there were 84,100 children aged 0–17 who accompanied their families, or one out of every 60 children in the Australian population (AIHW 2011c). See 'Chapter 8 Homelessness' for a detailed discussion of this issue.

Young people and crime

A large body of research has demonstrated strong links between young people who are involved in the justice system and negative health and educational outcomes (AIHW 2011f). This group can therefore be considered to be particularly at risk of social exclusion. In all states and territories, a child is deemed to have criminal responsibility if they are 10 years or older. Young people accused of committing crimes are dealt with in either the juvenile justice system (up to 17 years) or the adult justice system (18 years or over), although this varies somewhat between the states and territories.

Young people proceeded against by police

In 2009–10, around 180,000 young people aged 10–24 were proceeded against by police (4%). Offending rates for this age group ranged from 1.6% for those aged 10–14 to 5.8% for 15–19 year olds (Table 4.4). Young people had higher offending rates than all age groups 25 years and over. This means that police are more likely to process young people aged 15–19 years for the commission of a crime than members of any other population group. Most young people 'grow out' of crime, and offending rates fall dramatically in later age groups.

Although offending rates are higher among young people, this age group tends to commit relatively less serious offences—the most commonly reported crimes in 2009–10 were theft, acts intended to cause injury and public order offences.

Table 4.4: Young people as offenders, 2009–10

	Males		Females		Persons	
Age group (years)	Number	Per cent	Number	Per cent	Number	Per cent
10–14	14,942	2.1	7,333	1.1	22,319	1.6
15–19	65,894	8.5	21,665	3.0	87,658	5.8
20–24	58,479	7.0	13,360	1.7	71,965	4.4
Total	**139,315**	**6.0**	**42,358**	**1.9**	**181,942**	**4.0**

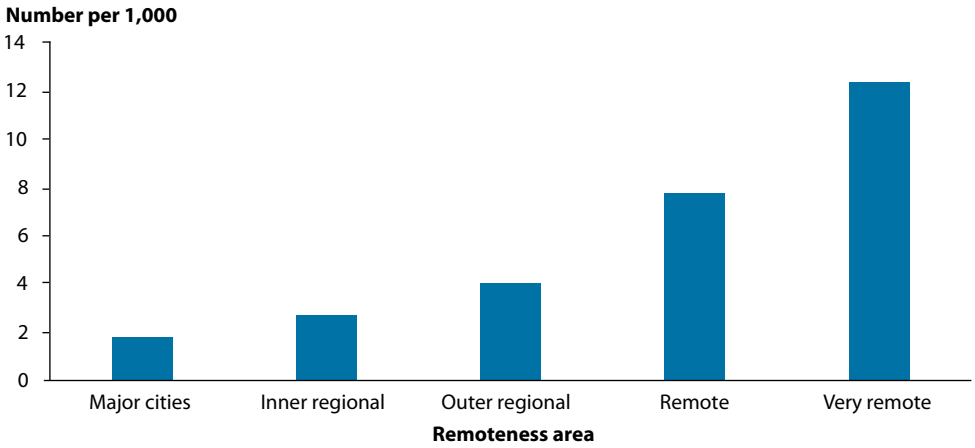
Source: ABS 2011c.

Juvenile justice

Juvenile justice is the responsibility of state and territory governments in Australia. On any given day in 2009–10, approximately 7,300 young Australians were under supervision (2.6 per 1,000 young people aged 10–17 years) (AIHW 2011f). Most (86%) of those under supervision on an average day were under community-based supervision, while the remaining 15% were in detention (an average of 1% of young people under supervision moved between community-based supervision and detention on the same day). Most young people under supervision were in the older age groups, with almost half of those under supervision on an average day aged 16 or 17 years (excluding Western Australia and the Northern Territory, who did not provide comparable data for 2009–10).

Indigenous young people are over-represented in the juvenile justice system—although only about 5% of young Australians are Indigenous, nearly 40% of those under supervision on an average day in 2009–10 were Indigenous. This over-representation was higher in detention, where almost half (49%) were Indigenous.

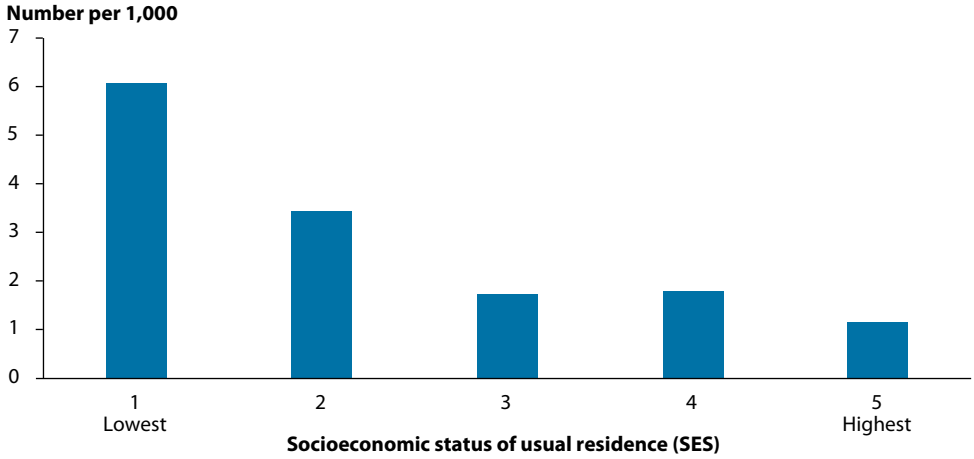
Although most young people under juvenile justice supervision were from cities and regional areas, those living in *Remote* and *Very remote* areas were more likely to be under supervision on an average day than those from *Major cities* or regional areas (excluding Western Australia and the Northern Territory, for which data were not available) (Figure 4.10). On an average day, 7.8 out of every 1,000 young people aged 10–17 years living in *Remote* areas and 12.4 out of every 1,000 living in *Very remote* areas were under supervision, compared with 1.8 out of every 1,000 young people aged 10–17 years living in *Major cities*. This means that those from *Very remote* areas were around 7 times as likely to be under supervision on an average day as those from *Major cities*.



Note: Western Australia and the Northern Territory did not supply JJ NMDS data for 2009–10.
Source: Table A4.17.

Figure 4.10: Young people aged 10–17 years under supervision on an average day by remoteness of area of usual residence, Australia (excluding WA and NT), 2009–10 (rate)

Young people aged 10–17 years from areas of low SES were more likely to be under juvenile justice supervision on an average day than those from an area of higher SES. Six young people out of every 1,000 aged 10–17 years who lived in the lowest SES areas were under supervision on an average day, which was almost double the rate of the next lowest SES areas, and 5 times the rate of those from an area of the highest SES (Figure 4.11).



Note: Western Australia and the Northern Territory did not supply JJ NMDS data for 2009–10.
Source: Table A4.18.

Figure 4.11: Young people aged 10–17 years under supervision on an average day by socioeconomic status of area of usual residence, Australia (excluding WA and NT), 2009–10 (rate)

These findings are influenced by the over-representation of Indigenous young people in *Very remote* geographical regions and in areas of low SES.

Young people in prison

At 30 June 2010, there were around 5,800 young people aged 18–24 years in prison, a rate of 2.6 per 1,000 young people (ABS 2010k). Young people are over-represented in prison; the overall rate across all ages in 2010 was 1.7 per 1,000 population. Young people account for nearly 20% of the overall prison population.

4.6 Safety

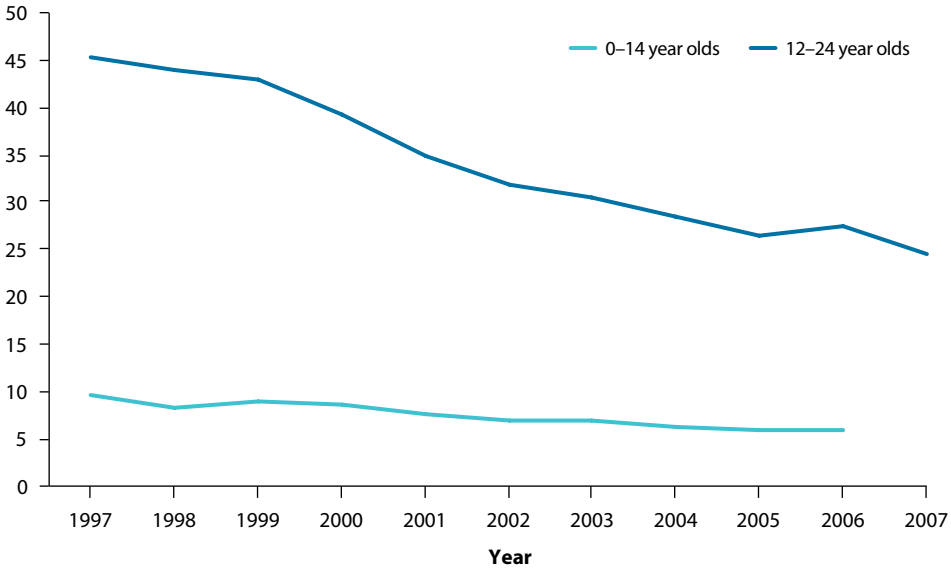
The safety of children and young people is related, in part, to the family and community environments in which they live. Safe families and communities can help to protect children and young people from physical and emotional harm and promote health and wellbeing across the lifespan (AIHW 2009b; COAG 2009d).

Injuries

Injury is a leading cause of hospitalisation and death among children and young people. Injuries can cause a range of physical, cognitive and psychological disabilities that can seriously affect the quality of life of children, young people and their families. However, injury is preventable, and there are significant opportunities for reducing the burden of injury by implementing effective prevention strategies (AIHW 2010c).

Deaths due to injury among children aged 0–14 years have been decreasing over time—by 38% between 1997 and 2006, from 10 to six deaths per 100,000 children. The decrease is largely due to a reduction in deaths from land transport accidents and accidental drowning (AIHW 2009b). A similar pattern was found among 12–24 year olds—injury deaths have dropped by 46% over the period 1997–2007, declining from 45 to 25 deaths per 100,000 young people (Figure 4.12).

Periods of hospitalisation due to injury have fluctuated in recent years. Among 0–14 year olds, injury hospital separations declined by 4% between 1998–99 and 2006–07 (from 1,527 to 1,462 per 100,000 children) (AIHW 2009b). On the other hand, the injury hospital separation rate among 12–24 year olds increased by 6% between 1998–99 and 2008–09 (from 2,084 to 2,199 per 100,000 young people) (AIHW 2011h).



Note: Age groups are based on published data available from AIHW 2009b and AIHW 2011h. 2007 data for 0–14 year olds are not published in AIHW 2009h.

Source: Table A4.19.

Figure 4.12: Injury death rates for 0–24 year olds, 1997 to 2007 (number per 100,000)

Child abuse and neglect

Despite the ongoing child protection efforts of communities and authorities alike, some Australian children still experience maltreatment, often with wide-ranging impacts. The adverse effects of abuse and neglect include reduced social skills; poor school performance; impaired language ability; a higher likelihood of criminal offending; and mental health issues such as eating disorders, substance abuse and depression (Chartier et al. 2007; Gupta 2008; Zolotor et al. 1999). These effects can last a lifetime—poor health and welfare often continue into adulthood, and intergenerational cycles of child maltreatment are common (Lamont 2010). Children are particularly vulnerable to harm in families experiencing multiple disadvantages, such as housing instability; poverty; low education; social isolation; neighbourhood disadvantage; parental substance misuse; and mental health problems (Bromfield et al. 2010).

In Australia, statutory child protection is primarily the responsibility of state and territory governments. Departments responsible for child protection provide support and assistance to Australia's most vulnerable children and families. The broad processes for child protection are described in Box 4.5.

Box 4.5: The child protection process in Australia

Children generally come to the attention of the state and territory departments responsible for child protection when concern for their wellbeing is reported by community members, professionals, organisations, the children themselves, their parent(s), or another relative. These reports may relate to suspected abuse and neglect, or to broader family concerns such as economic problems or social isolation. Child protection intake services screen such reports and those assessed as requiring further action are usually then classified as either a 'family support issue' or a 'child protection notification'.

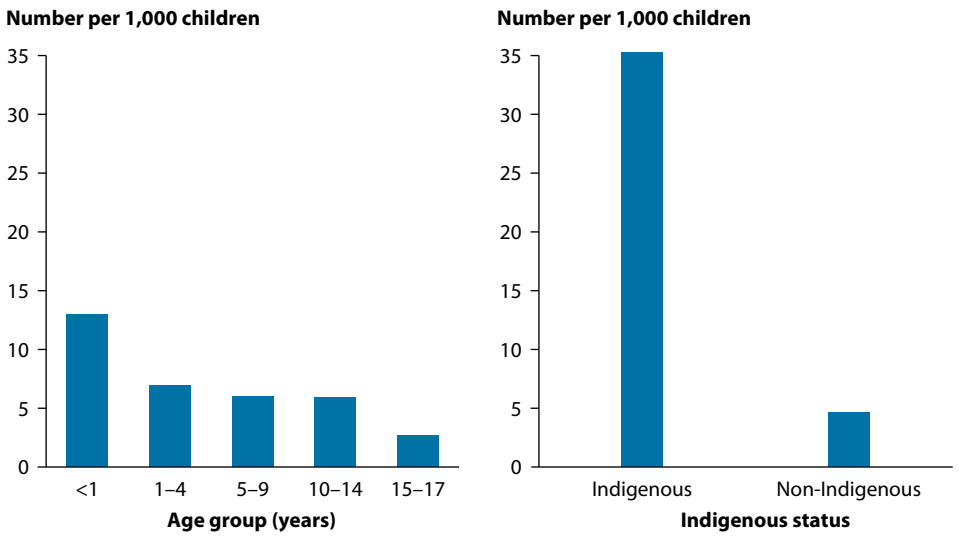
Child protection departments investigate these notifications and they are either 'substantiated' or 'not substantiated'. A substantiation indicates there is sufficient reason (following an investigation) to believe the child has been, is being, or is likely to be, abused, neglected or otherwise harmed. An appropriate level of continued involvement by the child protection and family support services then occurs, including the provision of support and treatment to children and families. In situations where further intervention is required, the child may be placed on a care and protection order and/or in out-of-home care (including foster care and relative/kinship care). Children and families may be referred to family support services at any time during the child protection process.

National child protection data are based on reported cases and are therefore an unknown proportion of the true prevalence of child abuse and neglect across Australia.

For more information on child protection processes and data, refer to the annual *Child protection Australia* report (AIHW 2011a).

Across Australia during 2009–10, there were 31,295 children who were subject to a substantiation of abuse or neglect, a rate of 6.1 per 1,000 children. The number of children with substantiations has decreased by 8% since 2004–05 (from 34,046 children, or 7.1 per 1,000 children). In contrast, the number of children living in out-of-home care has increased by 51%—from 23,695 children in 2005 to 35,895 in 2010 (4.9 to 7.0 per 1,000 children) (AIHW 2011a).

Indigenous children and infants aged less than 1 year are two groups that are consistently over-represented in the Australian child protection system. In 2009–10, the substantiation rate for children aged less than 1 year (13 per 1,000) was around twice the rate for children in other age groups (Figure 4.13). Indigenous children were 7 times as likely to be the subject of a substantiation as non-Indigenous children in 2009–10 (35 and 5 per 1,000 children, respectively) (Figure 4.13).



Source: Table A4.20.

Figure 4.13: Children subject to a substantiation of a notification, by age group and Indigenous status, 2009–10 (rate per 1,000 children)

The reasons for over-representation of these groups in child protection services are complex. Infants are particularly vulnerable to maltreatment due to their physical frailty and almost total dependence on others to meet their needs (Jordan & Sketchley 2009). Age is therefore one of the key factors taken into consideration when determining the urgency and type of response to a notification. Most jurisdictions have specific policies and procedures in place to protect younger children, and there has been an increased national focus on early intervention services to improve long-term outcomes and reduce the negative impacts of trauma and harm (COAG 2009d). Research suggests that for Indigenous children some of the underlying causes include the intergenerational effects of separation from family and culture (a legacy of past policies); and the relative socioeconomic disadvantage of Indigenous Australians (HREOC 1997; Stanley et al. 2003).

Victims of violence

Being a victim of violence can have complex short- and long-term negative effects on the physical and psychological health of young people. Being victimised may lead to diminished educational attainment and social participation in early adulthood, or result in physical injury, poor mental health, and increased risk of re-victimisation (Arboleda-Florez & Wade 2001; Johnson 2005; Macmillan & Hagan 2004; Simon et al. 2002). Obtaining an accurate count of the number of young people who are victims of violence is difficult, as victims are often reluctant to report crimes to the police, and may feel intimidated if the perpetrator is known to them or in a position of power (for example, they may be older or an authority figure) (AIHW 2011h).

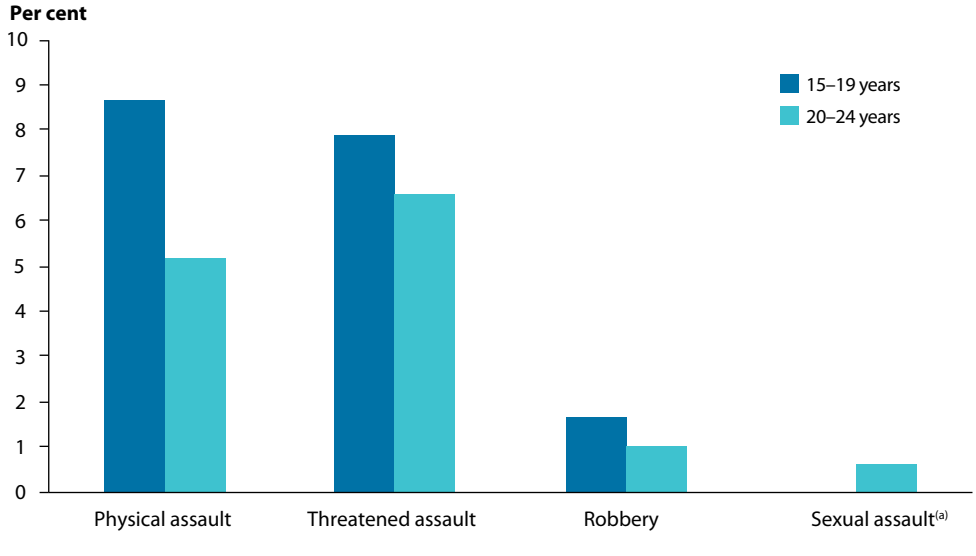
The ABS Crime Victimisation Survey captures self-reported incidents occurring in the previous 12 months among people aged 15 years or older. In 2008–09, across all age groups, young people aged 15–24 years had the highest victimisation rates for physical assault

(7% of 15–24 year olds), threatened assault (7%), robbery (1%) and sexual assault (1%) (Figure 4.14; ABS 2010e).

Of the estimated 200,700 victims of physical assault aged 15–24 years, over half (55%) experienced physical injury, and nearly two-thirds (61%) knew the offender, yet only 39% of victims reported the assault to police. Males were more than twice as likely to experience physical assault as females (10% and 4%, respectively). The relatively high assault rates among this age group reflect the over-representation of young people among victims of alcohol- and drug-related violence (AIHW 2011h).

Indigenous young people aged 18–24 years were more likely to experience physical or threatened violence than all young people (33% compared with 24%, respectively, according to the ABS 2008 National Aboriginal and Torres Strait Islander Social Survey and the ABS 2006 General Social Survey). The disparity is even greater for young Indigenous females, where the rate of physical or threatened violence was twice that for all young females (34% and 17%, respectively) (AIHW 2011h). This may reflect the higher rate of family violence among Aboriginal and Torres Strait Islander populations (AIHW 2006).

The ABS Personal Safety Survey captures self-reported cases of domestic violence. In 2005, an estimated 160,100 women (2%) aged 18 years and older had experienced violence from their current partner, and an estimated 1.1 million (15%) experienced violence from a previous partner. Over half (57%) of the women who experienced violence from their current partner had children in their care, and many of these women (59%) reported their children had seen or heard the violence (ABS 2006). Around three-quarters of women (78%) who experienced current partner violence were pregnant at some time during the relationship, and of these, one in seven (15%) reported that violence occurred during the pregnancy (ABS 2006).



(a) Sexual assault data include young people aged 18–24 years.

Source: Table A4.21.

Figure 4.14: Victims of crime, by age and offence type, 2008–09 (per cent)

Domestic and family violence is one of the most common reasons that clients gave for seeking assistance from homelessness services, particularly among females with children (48% of service support periods in 2009–10) and females under the age of 25 who presented alone (18%) (AIHW 2011d). Further information on homelessness is provided in Chapter 8.

4.7 Recent data development issues

Data sources relating to children and young people are many and varied. Much information can be gathered from general surveys and data collections with a focus on specific age breakdowns. There are also several large national data collections relating specifically to the health and wellbeing of children and young people in Australia, many of which are run on a long-term, ongoing basis, and several of which are longitudinal in nature. Previous AIHW publications have included detailed background information relating to a range of relevant data sources—see, for example, AIHW 2009b (Appendix 2); AIHW 2011e (Appendix 3); and AIHW 2011h (Appendix 2).

With a renewed emphasis on evidence-based policy, there is currently a range of new national data development issues being addressed across a variety of areas relating to the welfare of children and young people. Those of particular relevance to the topics addressed in this chapter are highlighted below.

Education

MySchool website

The MySchool website, which allows the general public to examine a range of information relating specifically to all schools in Australia, was first launched in January 2010. Version 2.0 was launched in early 2011 and now includes the addition of a third year of results for the National Assessment Program—Literacy and Numeracy tests, which can be interrogated for any school in Australia. The site now also includes financial information relating to all government and non-government schools.

Early Childhood Education and Care National Minimum Data Set

The development of early childhood education data continues to be a priority for the government to support the COAG National Partnership Agreement on Early Childhood Education (see Box 4.1). The AIHW and ABS have developed a new national minimum data set to support six indicators to assess performance under this Agreement. The collection will be known as the National Early Childhood Education and Care National Minimum Data Set and will be an annual collection based on administrative state/territory and Commonwealth data.

Closing the Gap

The Closing the Gap initiative (as discussed in Box 4.3) has brought with it a need to close the 'data gap', with a renewed emphasis on the quality of Indigenous data required to accurately measure the true gap between Indigenous and non-Indigenous Australians, and therefore progress against the various targets. Current projects include an audit within Australian hospitals to determine the quality of Indigenous data, and the establishment of a National Clearinghouse for Research relating to the Closing the Gap initiative.

Children and Youth Information Development Plan

The ABS has developed a plan aimed at improving the collection and use of statistics relating to children and young people. The plan, developed in collaboration with the Children and Youth Statistics Advisory Group, takes its basis from 10 agreed key priority areas for data development, focusing on existing data and key data gaps. It also identifies a range of recommended actions for achieving improvements across the areas examined.

Child protection

The National Framework for Protecting Australia's Children (2009–2020) currently includes 28 indicators of change, cutting across a broad range of areas. Several targeted projects are working in parallel towards developing selected indicators that cannot currently be measured using existing data sets, including ongoing educational measures; broad measures of safety and supportiveness of communities; and the development of a new NMDS in relation to treatment and support services.

National standards for supporting children and young people in out-of-home care were endorsed in late 2010. These standards will require dedicated measures to track their progress. Significant developmental work, including the implementation of a new national survey of children alongside an enhanced administrative national data set, will continue during the next few years to support these measures.

A child-level (unit record) data collection for child protection continues its development, with a pilot test completed in mid-2011. Once implemented, this collection will vastly improve the analytic power of the national child protection data collections—allowing users of the data to more accurately capture the experiences of children and young people through the system, both within and across years. Alongside this development is the production of a unit record-level module relating to carers of children within the child protection system.

Juvenile Justice National Minimum Data Set

Following a review in 2009, the Juvenile Justice National Minimum Data Set (JJ NMDS) was redeveloped to capture all supervised legal arrangements and orders for young people under supervision, not just the most serious legal arrangement or order. This redevelopment allows for a more complete analysis of the number and type of orders supervised by juvenile justice agencies. *Juvenile justice in Australia 2009–10* (AIHW 2011f) was the second report to contain data from the redeveloped JJ NMDS.

Homelessness

The new specialist homelessness collection—implemented in July 2011—for the first time identified children as separate clients of these services. When these data are available, they will enhance the ability to separately assess the needs of these clients and their pathways through homeless services.

Juvenile justice, child protection and homelessness data linkage

The AIHW is currently linking data on young people under juvenile justice supervision with information on young homeless people and available child protection data to investigate pathways between child maltreatment, homelessness and juvenile offending. This project will help policy makers design and implement early intervention policies and programs.

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Chapter

5

Disability and disability services

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5 Disability and disability services

Key points

- In 2009, 4 million Australians (18.5% of the population) had a disability, of whom 1.3 million (5.8% of the population) had severe or profound core activity limitation.
- Between 1998 and 2009 life expectancy at birth increased by 3.4 years for males and 2.4 years for females. Almost all the additional years of life gained were disability-free years.
- Most people aged under 65 years who needed help with core activities (mobility, self-care or communication) relied solely on informal sources of assistance, and around one in 10 received no assistance at all.
- Close to 295,000 people used specialist disability services under the National Disability Agreement (NDA) in 2009–10. The most common service groups used were community support (43%) and employment services (40%).
- People whose primary disability was intellectual comprised the largest group of NDA service users in 2009–10 (31%); however, this has decreased from 42% in 2003–04. Psychiatric conditions have become more common as the primary disability of specialist service users (from 9% in 2003–04 to 19% in 2009–10).
- The concept of the 'potential population' is used for planning and monitoring the provision of specialist disability services. In 2009–10, there were 413 Indigenous NDA service users per 1,000 potential population, compared to 382 per 1,000 potential population for non-Indigenous service users.
- An estimated 292,600 students aged 5–20 years with disability attended school in 2009. Most (66%) of these students attended a mainstream school class, and another 25% attended a special class in an ordinary school. Only one in 10 children and young people with disability attended a special school.
- In 2009, 69% of people with disability of 'traditional working age' living in households had specific employment restrictions, such as restrictions in the type of job that could be performed or restrictions in the number of hours worked.
- Around 793,000 people were receiving the Disability Support Pension as at June 2010. More than two-thirds (68%) were aged 45 years or over.

5.1 The policy context

While many people with disability are able to live independently and participate in society without assistance, or with the help of informal carers, others require organised services and supports to study, work, interact with the community, or carry out everyday activities. Disability-related policies are concerned with the funding and provision of organised services, as well as more generally ensuring people with disability have the opportunity to participate in the community, whether they require specialised services or not.

National Disability Strategy

Australia's welfare 2009 reported Australia's 2008 ratification of the United Nation's Convention on the Rights of Persons with Disabilities, and an inter-governmental determination to see the principles of this convention enshrined in a National Disability Strategy (AIHW 2009a). The underpinning philosophy of both the convention and the proposed strategy was clearly articulated in the primary objective of the National Disability Agreement, which commenced 1 January 2009 (Box 5.1):

> *People with disability and their carers have an enhanced quality of life and participate as valued members of the community* (COAG 2008:3).

Box 5.1: The National Disability Agreement

The National Disability Agreement (NDA) sets out the agreed roles and responsibilities of Australian, state and territory governments (the jurisdictions) in relation to the delivery of disability services. Each of the jurisdictions contributes funding to support the aims of the NDA, according to their respective populations.

The Agreement focuses specifically on specialist disability services. However, Australian, state and territory governments have also undertaken to ensure that people with disability have access to mainstream government services in their respective jurisdictions, as they are important in achieving the aims of the NDA (COAG 2008). For example, people with disability require health and education services along with all Australians.

Policies developed at both levels of government underpin the Agreement. Each of the policy areas emphasises the fundamental importance of participation, with the provision of both mainstream and specialist services and supports aiming to facilitate participation, in the context of person-centred planning. A number of jurisdictions are also moving towards individualised funding, consistent with international policy and practice.

The NDA specifies that the Australian Government is responsible for the provision of employment services, while the states and territories are responsible for the delivery of all other services (COAG 2008), including accommodation support, community support, community access and respite care. A number of other areas were highlighted for implementation, including advocacy and print disability-related support, and notably the development of a National Disability Strategy.

At a meeting of the Council of Australian Governments (COAG) on 13 February 2011, the Commonwealth Government, and each state and territory government, along with the Australian Local Government Association, signed the National Disability Strategy (NDS) 2010–2020. This occurred within the broader context of COAG's reform agenda. It recognises that collaboration and coordination among governments, business and the community is needed to improve the lives of people with disability (COAG 2011a).

The key policy areas to which all parties will contribute are:

- Inclusive and accessible communities— the physical environment including public transport; parks, buildings and housing; digital information and communications technologies; civic life including social, sporting, recreational and cultural life.
- Rights protection, justice and legislation—statutory protections such as anti-discrimination measures, complaints mechanisms, advocacy, the electoral and justice systems.
- Economic security—jobs, business opportunities, financial independence, adequate income support for those not able to work, and housing.
- Personal and community support—inclusion and participation in the community, person-centred care and support provided by specialist disability services and mainstream services; informal care and support.
- Learning and skills—early childhood education and care, schools, further education, vocational education; transitions from education to employment; lifelong learning.
- Health and wellbeing—supporting health and wellbeing through appropriate prevention, diagnosis, treatment and early intervention (COAG 2011a).

The Strategy works in conjunction with the NDA and other Commonwealth–State/Territory agreements and partnerships to ensure that all mainstream services address the needs of people with disability, and to ensure that universal personal and community support services and specialist disability supports are available to meet the needs of people with disability, their families and carers.

National Disability Insurance Scheme

On 10 August 2011 the Government released the Productivity Commission's final report on the Inquiry into disability care and support (Productivity Commission 2011). The Commission investigated 'alternative approaches to funding and delivering disability care and support services with a focus on early intervention and long-term care'.

In particular the Inquiry examined the costs, benefits and feasibility of an approach that would:

- provide essential long-term care and support on an entitlement basis for eligible people
- be limited to people with disability not related to ageing
- calculate and manage the costs of long-term care and support
- replace the existing system for the eligible population
- ensure a range of support options including individualised approaches
- include packaged services addressing accommodation, aids and equipment, respite, transport and community participation

- assist self-determination in decision making
- support participation in employment where possible.

The Commission found that disability support is currently 'underfunded, unfair, fragmented, and inefficient, and gives people with a disability little choice and no certainty of access to appropriate supports. The stresses on the system are growing, with rising costs for all governments.' The Commission recommended the establishment of a National Disability Insurance Scheme that would provide cover for Australians experiencing 'significant disability', based on common assessment.

- Under the scheme everyone in the community would be covered and an estimated 410,000 people would receive funding support on an individualised, person-centred care and planning basis.
- The overall design envisaged would have three Tiers: the first, for everyone, would be aimed generally at awareness raising, opportunity fostering and research aimed at minimising the impacts of disability; the second, for those affected by disability, information delivery and service referral; and the third, individualised supports for persons assessed with significant disability.
- A central 'gateway', determining eligibility for the scheme and delivering information and referral, would be part of the assessment, funding and planning process.
- The scheme would be rolled out progressively from mid–2014 and expand to cover all people by the end of 2018–19.

The Commission also recommended a separate National Injury Insurance Scheme for people requiring lifetime care and support as a result of catastrophic injuries — such as major brain or spinal cord injuries. The scheme would be a federation of state and territory injury insurance schemes.

The Australian Government, together with States and Territories, is considering these recommendations.

National Health Reform

Under the National Health Reform Agreement, signed 2 August 2011 by all state, territory and Australian governments, wide-ranging changes affecting the delivery of health and health-related services in Australia will occur (DoHA 2011a). Part of the reform will have a direct impact on the Home and Community Care (HACC) program, which provides services to support the frail aged and younger people with disability to maintain independence at home and in the community (COAG 2011b).

Under the Agreement:

- The Commonwealth takes all funding and policy responsibility for the aged care system, covering basic home care through to residential aged care. (Funding and policy responsibility for basic community care services commences 1 July 2011, operational responsibility commences 1 July 2012.)
- From 1 July 2011, the Commonwealth takes funding responsibility for specialist disability services delivered under the NDA to people aged 65 years and over (50 years and over for Indigenous Australians). Arrangements for access to specialist disability services for these people remain unchanged.

- The Commonwealth continues to contribute funding to the states and territories for specialist disability services for people aged under 65 years through the Disability Services Specific Purpose Payment.
- The states and territories are responsible for regulating specialist disability services delivered under the NDA.
- From 1 July 2011, most states and territories assume responsibility for funding and regulating basic community care services to people aged less than 65 years (aged less than 50 years for Indigenous people), formerly delivered under HACC. This is in line with responsibilities for delivery of other services under the NDA. Victoria and Western Australia will continue to deliver community care services under HACC as a joint Commonwealth/State funded program.
- From 1 July 2011, the states and territories assume funding responsibility for packaged community and residential aged care services for people aged less than 65 years (aged less than 50 years for Indigenous people), delivered through the Commonwealth aged care program.
- Roles, responsibilities, performance indicators and reporting provisions under the NDA will reflect the changes under the Agreement, including former HACC services delivered to people aged 65 years and over (50 years and over for Indigenous people).

Housing for people with disability

People with disability make up a large share of both social housing tenants and people in the private rental market who receive government assistance towards housing costs in the form of Private Rental Assistance (see 'Chapter 9 Housing assistance services'). Almost half of all people aged under 65 years receiving specialist disability services in 2009–10 lived with their family, while 6% lived in some form of supported accommodation (AIHW forthcoming).

With the ageing of the informal carer population, many people with severe disability currently living with family will require support in coming years when it is no longer available in their family home. Hence, governments are planning now to allow for the increased demand for supported, independent residential housing.

The Government's Social Housing initiative seeks to provide improved accessibility in social housing through the incorporation of universal design elements in more than 15,000 new public and community housing dwellings which are being built under the social housing component of the Nation Building—Economic Stimulus Plan. Funding provided through the Initiative will support the inclusion of six specified universal design features in these dwellings that will provide improved access to people who have limited mobility. Of these, almost 5,000 dwellings will also achieve an even higher level of adaptability through compliance with the Australian Standard for Adaptable Housing Class C.

5.2 Disability in the Australian population

Box 5.2: Measuring disability

Population statistics about disability in Australia come from the ABS Survey of Disability, Ageing and Carers (SDAC), which was last conducted in 2009. In this survey disability is defined as having at least one of a list of 17 impairments, health conditions or limitations that had lasted, or were likely to last, for at least 6 months, and that restricted everyday activities.

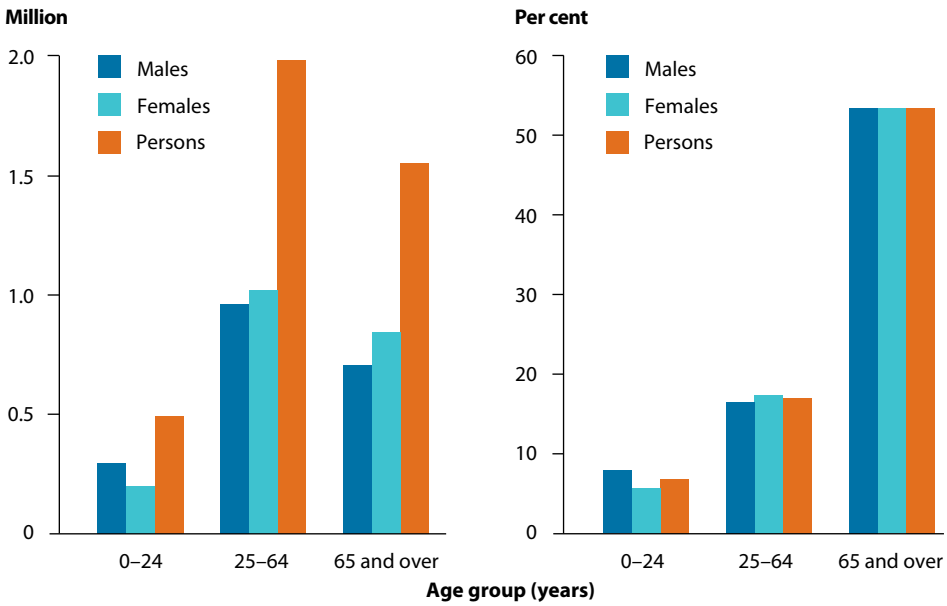
The survey collects information about whether respondents need help with various activities, have difficulty undertaking the activities or use aids or equipment. Activities related to mobility, communication and self-care are referred to as '**core activities of daily living**', and a person who sometimes or always needs help with one or more of these activities is referred to as having a '**severe or profound core activity limitation**'. Sometimes shortened to 'severe or profound limitation' in this publication, this is a commonly used measure to describe disability at the higher end of the severity spectrum.

When a person with disability has more than one health condition, the **main condition** is the one they nominate as causing the most problems.

4 million Australians with disability

In 2009, an estimated 4 million Australians (18.5% of the population) had some form of disability (Box 5.2; Figure 5.1):

- Almost half a million (492,500) were aged less than 25 years—a prevalence rate of 6.8%. There were more males with disability than females in this age group. Details of the types of disability that children and young people experienced are provided in 'Chapter 4 Children and young people'.
- Almost 2 million adults aged 25–64 years had disability—17% of the population in this age group—comprising roughly equal numbers of males and females.
- Just over 1.5 million were aged 65 years or over, equal to 53% of the older population. There were more older women than older men with disability, largely because their higher life expectancy means there are more women than men in the general population aged 65 years or over (see 'Chapter 1 Australia's people'). Disability among older Australians is discussed in detail in 'Chapter 6 Ageing and aged care'.



Source: Tables A5.1 & A5.2.

Figure 5.1: Disability prevalence, by sex and age group, 2009

Disability severity

Almost 1.3 million people with disability (5.8% of the population) had severe or profound core activity limitation in 2009 (see Box 5.2). Of these, just under half (680,400 people) were aged 0–64 years (tables A5.1 and A5.2). The prevalence of severe or profound limitation among people aged under 65 years was 3.6% for both males and females, compared to 20% among people aged 65 years or over (17% of older males and 24% of older females).

As was set out in Chapter 1, disability rates are generally higher at older ages, with the exception of a small peak in childhood. This is true for severe or profound limitations as well as disability generally.

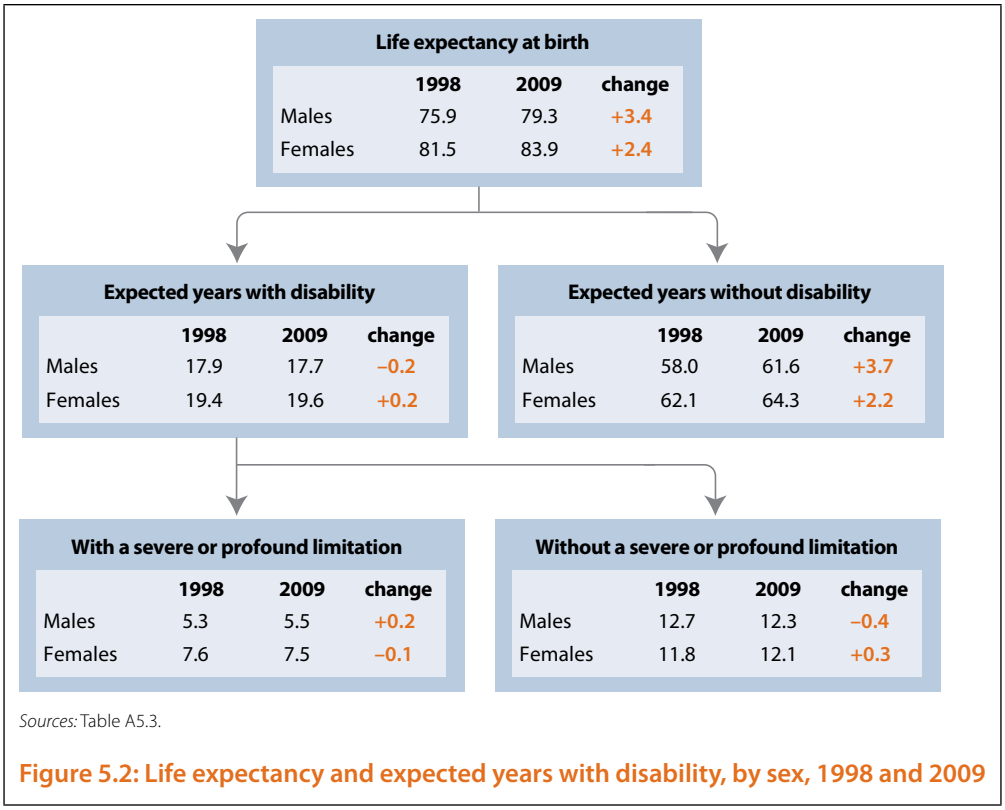
Expected years of life with disability

Life expectancy is an indication of how many years a person can expect to live, assuming death rates do not change. In 2009, total life expectancy at birth was 79.3 years for Australian males and 83.9 years for females. Life expectancy in Australia has increased markedly in the last century, and continued to increase even over the past decade (AIHW 2010a).

Between 1998 and 2009, life expectancy at birth increased from 75.9 years to 79.3 years (an additional 3.4 years) for males and 81.5 years to 83.9 years (an additional 2.4 years) for females. Almost all of the increase, for both sexes, was in disability-free years (Figure 5.2). This suggests that not only are people living longer; opportunities for participation at older ages are increasing as people gain relatively healthy, active years of life.

Given age- and sex-specific disability rates, the 'average male' born in 2009 could expect to live 61.6 years without disability and another 17.7 years with some form of disability, including 5.5 years with severe or profound core activity limitation. The 'average female' born in 2009 could

expect to live 64.3 years without disability and 19.6 years with disability, including 7.5 years with a severe or profound core activity limitation. Years lived with disability account for 22% of total life expectancy for males and 23% for females, while severe or profound limitations make up 7% and 9%, respectively.



Sources: Table A5.3.

Figure 5.2: Life expectancy and expected years with disability, by sex, 1998 and 2009

What conditions cause disability?

People with disability were most likely to nominate a physical health condition as their main condition (Box 5.2). Overall, 15% of the population—or four in five people with disability—had a main condition that was physical in nature, while 3% of the population (one in five people with disability) had a mental or behavioural disorder as their main disabling condition (ABS 2011).

The most common main conditions for people with disability were diseases of the musculoskeletal system and connective tissue (reported by 6.5% of the population or one in three people with disability), such as arthritis and back problems. These conditions were most common among older people, reported by 21% of those aged 65 years or over and 11% of people aged 45–64 years.

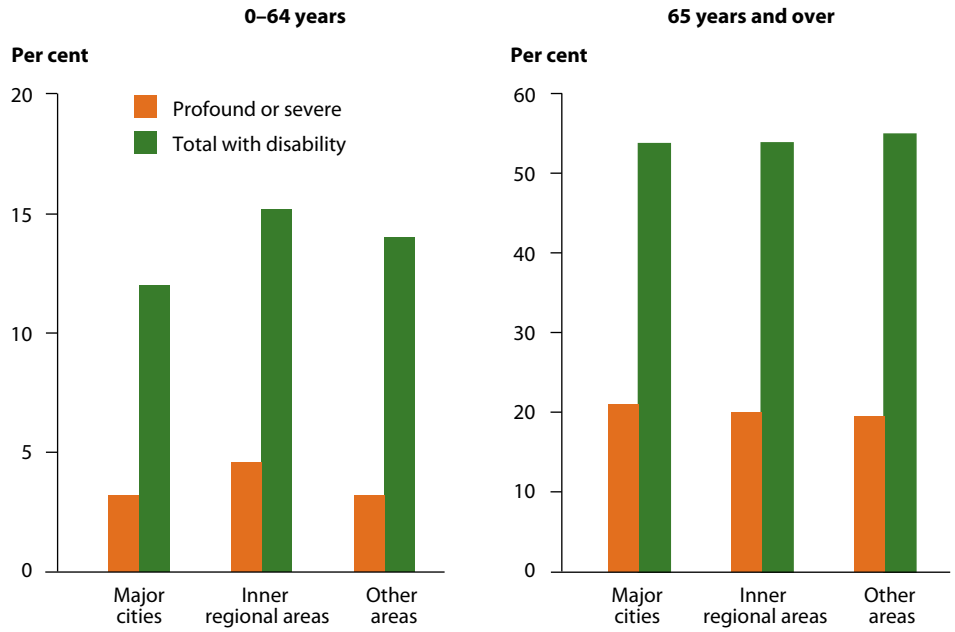
Mental and behavioural disorders include the subgroup of intellectual and developmental disorders, which were reported as the main condition for 0.9% of the population (ABS 2011). The prevalence of intellectual and developmental disorders decreased with age, from 2.6% of children aged 0–14 years to less than half a per cent of people aged 35 years or over. The main conditions that children experienced are discussed in further detail in Chapter 4.

Regional variations in disability rates

While the majority of people with disability (2.6 million) lived in *Major cities* in 2009, almost 1 million lived in *Inner regional* areas and 436,000 lived in *Other areas* (*Outer regional, Remote and very remote areas*).

Among people aged less than 65 years, the age-standardised rate of disability in *Major cities* (12%) was lower than in *Inner regional* (15%) or *Other areas* (14%; Figure 5.3). Severe or profound limitations were more common in *Inner regional* areas (4.6%) than *Major cities* or *Other areas* (3.2%). However, among people aged 65 years or over there were no significant regional differences in the prevalence of disability, after population age structures are taken into account.

Regional differences in the underlying prevalence of disability may, in part, be related to the higher rates of injury and a range of health conditions observed in *Regional and remote* areas compared to cities (AIHW 2008b).



Note: Rates are age-standardised to the survey population in *Major cities*.

Source: Table A5.5.

Figure 5.3: Prevalence of disability by age group and remoteness of residence, 2009 (per cent of population)

Variation in the prevalence of disability across states and territories is largely attributable to differences in population age structure. In 2009, 15% of residents of the NT and 16% of residents of the ACT had disability (Table A5.4)—the lowest rates of all jurisdictions—but these territories also have relatively young populations. On the other hand, South Australia and Tasmania have relatively older populations, reflected in their crude disability rates (21% and 23%, respectively). After population age structure is taken into account all jurisdictions had an age-standardised disability rate within one percentage point of the national rate (18.5%) except Tasmania (21.3%).

What assistance do people with disability need?

Of the core activities of daily living, people with severe or profound core activity limitations living in households were most likely to need assistance with mobility (79%) followed by self-care (51%; Table 5.1). One in five needed help with communication. Need for assistance with activities related to mobility generally increased with age, while children and young adults were more likely than older people to need help with communication. Need for assistance with self-care did not vary considerably with age.

Health care was the most common 'non-core' activity that people with severe or profound limitations reported needing help with (59%), followed by transport (52%) and household chores (51%).

People with severe or profound limitations were more likely to report needing help with each of the core and non-core activities than people with disability generally (ABS 2011).

Table 5.1: People with severe or profound core activity limitation living in households needing assistance with selected activities, by age group, 2009 (per cent)

	0–24 years	25–44 years	45–64 years	65–84 years	85 years and over	Total
Core activities						
Self-care	49.7	49.3	50.5	52.8	48.8	**50.7**
Mobility	62.8	82.9	79.6	83.2	90.8	**79.0**
Communication	63.6	16.0	6.4	8.8	12.2	**20.1**
Non-core activities						
Cognitive or emotional tasks	68.7	53.6	37.8	22.7	21.2	**39.6**
Health care[(a)]	51.2	46.6	55.1	71.4	82.0	**59.5**
Reading or writing tasks[(b)]	52.2	33.4	17.1	22.2	37.1	**22.1**
Transport[(b)]	49.3	60.8	51.7	63.2	79.7	**51.6**
Household chores[(b)]	39.6	52.2	57.1	63.8	72.6	**50.9**
Property maintenance[(b)]	31.7	47.2	59.8	65.5	64.7	**50.2**
Meal preparation[(b)]	37.3	29.1	22.1	27.4	43.5	**24.4**

(a) Excludes children aged 0–4 years.

(b) Excludes children aged 0–14 years.

Source: AIHW analysis of ABS 2011 datacubes.

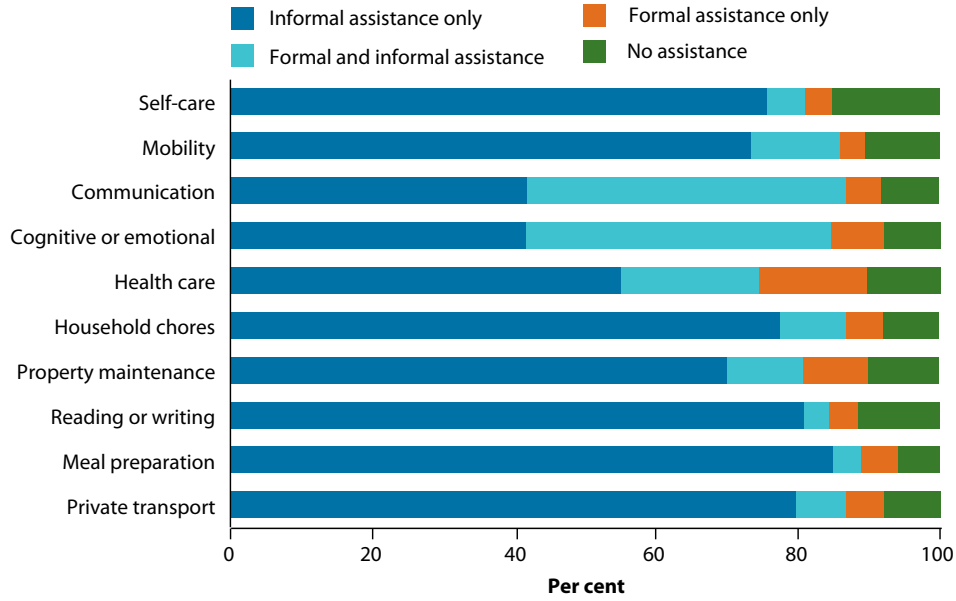
How is need for assistance met?

Looking at people aged 0–64 years with severe or profound limitations living in households, by far the most common sources of assistance were informal networks—including partners, parents, children, other relatives and friends (Figure 5.4). For example, in 2009 three-quarters of those who needed help with self-care or mobility received assistance from informal sources only. Combinations of informal and formal sources of assistance were most common for people who needed help with communication or cognitive and emotional tasks.

Around one in ten people aged under 65 years who needed help with core activities had no source of assistance, including 15% of those who needed help with self-care (Figure 5.4).

In 2009, around half (48%) of all people aged under 65 years with severe or profound limitation living in the community had contacted organised services for help in the last 12 months (Table A5.7). People needing help with communication (65%) or cognitive and emotional tasks (63%) were most likely to have contacted a formal service provider.

Data on formal services provided to people with disability are presented later in this chapter, while 'Chapter 7 Informal care' focuses on people who provide informal care to people with disability.



Source: Table A5.6.

Figure 5.4: Sources of assistance for people aged 0–64 years with severe or profound core activity limitations living in households, 2009 (per cent of those needing assistance)

Use of aids and equipment by people with disability

Aids and equipment can assist people with disability to live independently and participate in a range of life activities. In 2009, a total of 2 million people used aids and equipment needed because of disabling conditions (49% of all people with disability; Table 5.2). Use of aids and equipment was most common among older people with disability: 69% of those aged 65 years or over used aids and equipment, compared to 37% of people aged less than 65 years. Around 77,500 children aged under 15 years used aids and equipment.

Among people who lived in a private dwelling, use of aids and equipment was more common for people who lived alone (55%) than people who lived with others (45%). Further, around one in six (16%) people with disability living alone and one in nine (11%) living with others had made home modifications because of their health conditions—such as modifications to a toilet, bath or laundry, or the installation of handrails (ABS 2011).

Medical aids (including nebulisers, dialysis machines, feeding pumps and oxygen cylinders) and communication aids were most commonly used by people with disability aged less than 65 years. Older people with disability were most likely to use aids for communication, hearing and mobility (Table 5.2).

Table 5.2: People with disability who used aids and equipment[(a)]: type of activity in which aids were used, by age group, 2009

	0–14	15–29	30–44	45–64	Total <65	65+	Total
				Per cent of all people with disability			
Self-care	6.9	5.1	5.2	8.0	*6.9*	26.0	14.2
Mobility	5.0	4.9	5.7	8.8	*7.2*	27.5	15.0
Communication	11.8	15.3	13.6	18.7	*16.3*	37.6	24.5
Hearing	*2.2	1.8	2.4	7.2	*4.8*	28.3	13.9
Meal preparation	*1.5	2.0	1.1	1.8	*1.6*	2.4	1.9
Medical	14.2	20.7	24.2	24.4	*22.6*	26.2	24.0
Any aids or equipment[(b)]	**26.9**	**33.1**	**36.2**	**41.3**	***37.4***	**68.6**	**49.4**
				Number of people using aids or equipment ('000s)			
Any aids or equipment[(b)]	**77.5**	**110.1**	**194.1**	**544.0**	***925.7***	**1064.9**	**1990.6**

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

(a) Aids or equipment used are those needed because of disabling conditions.

(b) Each person may use more than one type of aid or equipment.

Source: Unpublished data table of the ABS 2009 Survey of Disability, Ageing and Carers.

The Australian Government funds a Continence Aids Payment Scheme, which provides assistance to eligible people who have permanent and severe loss of bladder and/or bowel control (Continence Foundation of Australia 2010). Aids and equipment are also provided through Australian Hearing and the Employment Assistance Fund. The Department of Veterans Affairs provides aids and equipment to eligible veterans through the Rehabilitation Appliances Program.

Individual states and territories manage a range of schemes and grants that enable people with disability to purchase items or services they would otherwise be unable to obtain. For example, EnableNSW provides assistive technology for communication, mobility, respiratory function and self-care to eligible people with permanent or long-term disability, to support living with their family and community (NSW Health 2011). However, there is currently no nationally coordinated program that provides aids and equipment to people with disability.

Clients of the HACC program (discussed in detail later in this chapter) are also able to purchase or hire aids and appliances, although as individual States and Territories administer the process, there is considerable variation reflecting local priorities (Table A5.8). Provision of aids and equipment under HACC has reduced since 2007–08 (AIHW 2009a; Table A5.8). This has occurred within each category of aid, but most notably for medical aids (from around 10,500 in 2007–08 to 2,100 in 2009–10).

Health and wellbeing

The NDS seeks to ensure that 'people with disability attain highest possible health and wellbeing outcomes throughout their lives'. It focuses on improving the capacity of health service providers to meet the needs of people with disability; access to prevention and early

intervention services; ensuring universal health reforms and initiatives address the needs of people with disability; and support for choice and control in policy and program design (COAG 2011a).

People aged 15–64 years with severe or profound disability have higher prevalence rates for all types of reported long-term health conditions than people without disability, and associated high level use of professional health services (AIHW 2011c). The most commonly reported conditions are mental health problems, back problems, arthritis, cardiovascular diseases and asthma (AIHW 2010b).

According to the 2007–08 NHS, people with severe or profound core activity limitations were around 8 times more likely than those without disability to experience high or very high levels of psychological distress, and 10 times as likely as others to report severe or very severe levels of pain (AIHW 2010a).

Severe disability is also associated with relatively high levels of unmet need for health care (AIHW 2009b) and the under-use of disability-specific health resources (AIHW 2010a). According to the 2009 SDAC, 10% of people aged under 65 years with severe or profound limitations living in households who needed help with health care had no source of assistance (Figure 5.4).

5.3 Specialist disability services

A range of services are available to people with disability, in both mainstream and specialist settings. They include services to maintain or improve physical functioning, support independent living and prevent or reduce reliance on institutional care, and promote participation in education, employment, community, social and civic life.

Two major programs provide specialist services to people with disability:

- services provided by the states and territories under the National Disability Agreement (formerly the Commonwealth State/Territory Disability Agreement or CSTDA).
- HACC services, which provide support to people with disability or ill-health, or who are ageing, in order to prevent early entry into care.

The NDA-related services (formerly CSTDA) have as their focus people with intellectual, psychiatric, sensory, physical or neurological impairments that manifest before 65 years of age, and result in the need for assistance with mobility, self-care and/or communication—the 'core activities of daily living' (AIHW 2009a). The NDA makes the Commonwealth responsible for the provision of employment services to people with disability, and all other specialist disability services are the responsibility of states and territories (COAG 2008).

The HACC program is intended to provide maintenance and support services to people who are frail-aged, together with younger people with disability and their carers (DoHA 2007). The program aims to support clients to be independent at home and in the community, to prevent or delay inappropriate entry to long-term residential care (DoHA 2007).

In addition, the Younger People in Residential Aged Care (YPIRAC) initiative aims to provide specialist services targeted at younger people with disability under 65 years either in residential aged care, or at risk of entering residential aged care. People who received services under this initiative are discussed separately at the end of this section.

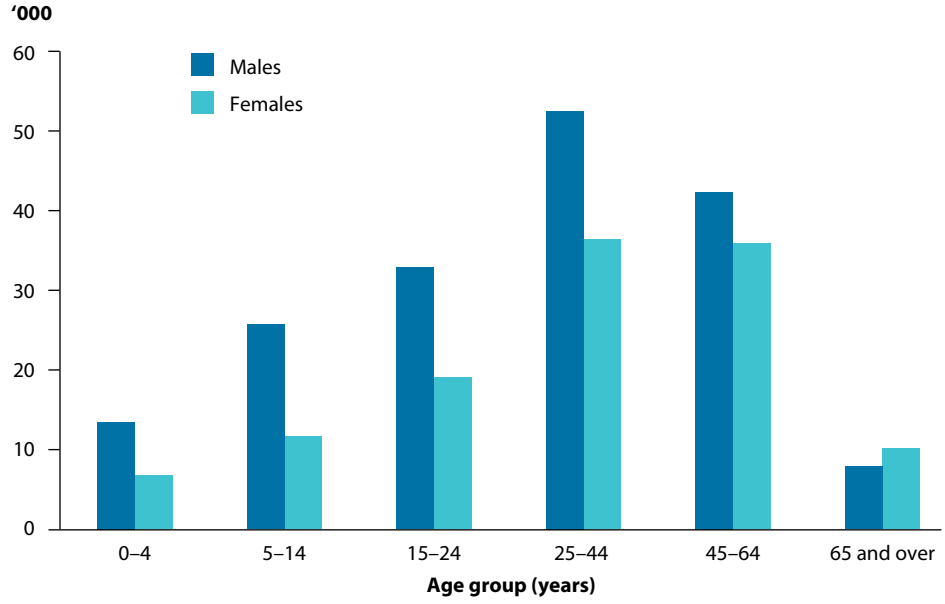
How many people use specialist disability services?

Together, the Australian, state and territory governments provided funding under the NDA for specialist disability services to around 295,000 people in 2009–10. In addition, HACC provided services to 193,000 people aged 0–64 years. Some people with disability receive services under both NDA and HACC. One of the reasons for this is that certain service types, such as nursing care, allied health, and aids and equipment provision, are available under HACC but may not be available under state and territory disability service systems. The degree of overlap is not known; however, under National Health Reform changes in most states and territories, services to people with disability 0–64 years of age will be focused under NDA disability service systems.

Between 2003–04 and 2009–10, the number of service users under the NDA grew by 57%, or more than 100,000 people (Table A5.9). Over the same period the number of people aged less than 65 years who received HACC services increased by around 36,000 or 23% (Table A5.10).

Demographic characteristics of specialist disability services users

In 2009–10, the majority of the 295,000 NDA service users were male (61%), with males outnumbering females in all age groups except for the small number of service users aged 65 years or over (Figure 5.5). Almost 110,000 children and young people aged 0–24 years used NDA services, of whom two-thirds (66%) were male. This reflects the higher prevalence of disability in boys and young men compared to girls and young women (Figure 5.1). The median age of service users in 2009–10 was 33.6 years—an increase of just over 3 years compared to the service user population in 2003–04 (median age 30.4 years).



Source: Table A5.11.

Figure 5.5: NDA service users, by age and sex, 2009–10

One in 20 NDA service users (4.8%, or almost 14,000 people) in 2009–10 were Indigenous Australians, and 12.3% were born outside Australia. The cultural diversity of service users has increased steadily since 2003–04, when 3.5% were Indigenous and 7.6% were born outside Australia (AIHW forthcoming).

The concept of the 'potential population' is used for planning and monitoring the provision of disability services. This takes into account the different age structures of the Indigenous and non-Indigenous populations, as well age- and sex-specific disability rates that have been observed to vary according to Indigenous status, reflecting the pattern of premature ageing seen among the Indigenous population (AIHW 2011a). In 2009–10, there were 413 Indigenous NDA service users per 1,000 potential population, compared to 382 per 1,000 potential population for non-Indigenous service users (Table A5.12).

The 193,000 HACC users aged under 65 years represented 22% of the overall HACC population in 2009–10. In contrast to NDA services, males were under-represented in the 'younger' HACC service user population—43% of those aged under 65 years were male. The majority of HACC service users under 65 years were aged 50–64 years: 105,321 people (55%) in 2009–10, compared to 87,635 (45%) who were aged 0–49 years (Table A5.10). Growth in service user numbers in recent years has been stronger in the 50–64 years age group than 0–49 years, reflecting the program's increasing focus on older people with disability.

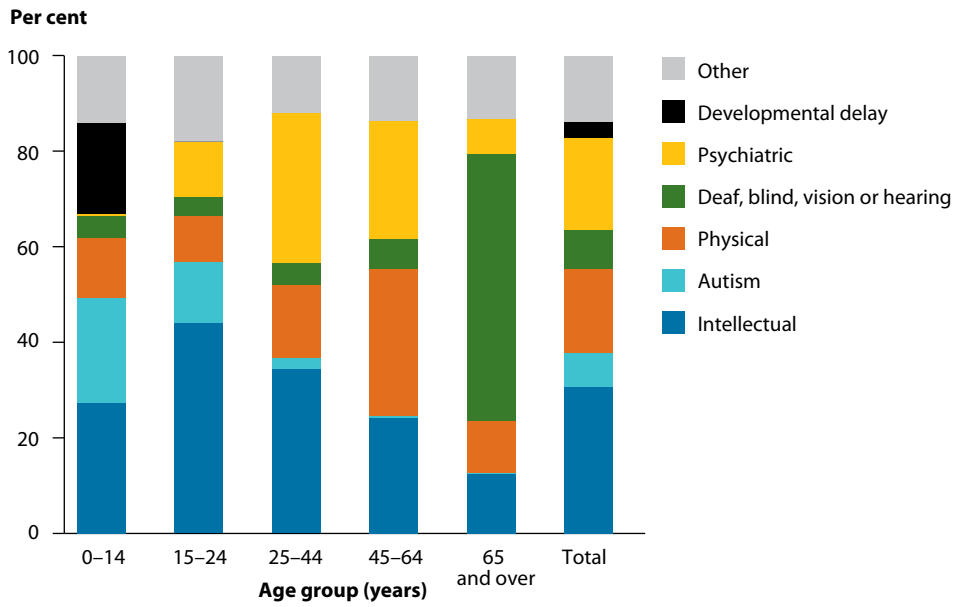
Disability types

Continuing the historical pattern, people reporting intellectual disability as their primary disability make up the largest group of NDA service users (31% in 2009–10). The next most common groups of service users were those whose primary disabilities were psychiatric (19%), followed by physical (18%). The prevalence of different types of disability among the service user population varied with age (Figure 5.6): intellectual disability and autism were most common among children and young people, while physical disability was most frequently reported for people aged 45–64 years, and more than half of all service users aged 65 years or over had a primary disability in the deafblind, vision or hearing group. Psychiatric disability was reported as the primary disability for almost one in three service users aged 25–44 years, and one in four aged 45–64 years.

Many specialist disability service users report multiple disabilities. Approximately 39% of services users reported another significant disability in addition to their primary disability. For example, in 2008–09, 62% of service users with acquired brain injury also reported other significant disability groups, while 57% of people with intellectual disability or those reporting deafblind as a disability group also reported other disabilities (AIHW 2011b).

The period 2003–04 to 2009–10 saw a shift in the profile of CSTDA/NDA service users, with the prevalence of intellectual disability as a primary disability decreasing from 42% to 31% with a corresponding increase in psychiatric disability from 9% to 19% (Table A5.13). The proportion of service users with a primary disability of autism has also risen steadily, from 5% in 2003–04 to 7% in 2009-10.

Information on the types of disability HACC service users have is not available.



Notes

1. Excludes service users whose primary disability was not stated or not collected.
2. 'Other' includes the disability groups acquired brain injury, neurological, speech, and specific learning/ADD.

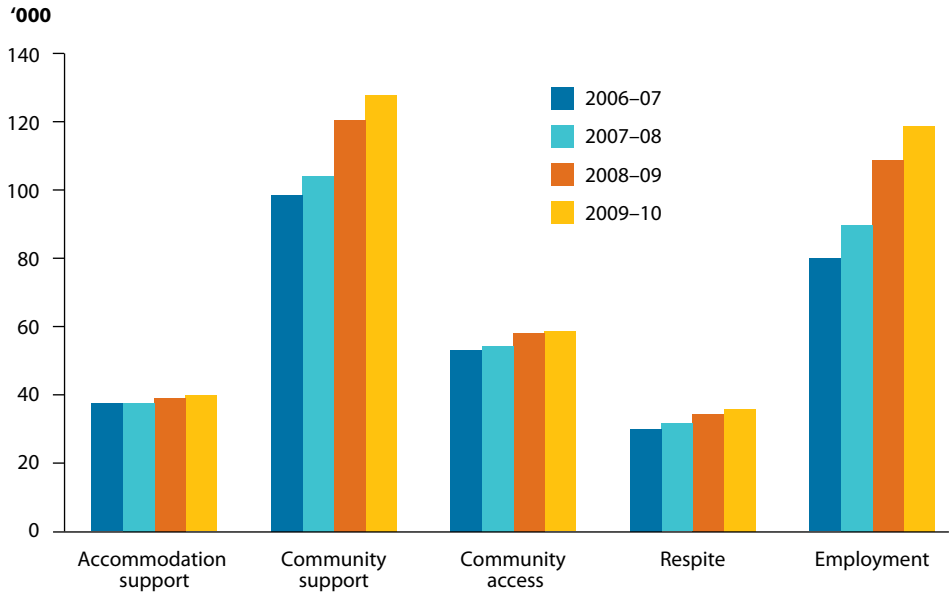
Source: Table A5.11.

Figure 5.6: Primary disability of NDA service users, by age group, 2009–10

What services do people receive?

NDA services are divided into five broad groups: accommodation support; community support; community access; respite; and employment services. As in previous years, community support was the most commonly accessed service group in 2009–10, with almost 128,000 people (43%) receiving one or more community support services (Figure 5.7). The second most commonly accessed service group was employment services, which almost 119,000 people used in 2009–10 (40% of service users).

Employment services provided under the NDA are discussed in the employment section 'Chapter 5.4 Participation in major life areas', while details of the other service groups are presented in the following pages.



Note: The total is less than the sum of the components as people may receive services from more than one group.

Source: Table A5.14.

Figure 5.7: NDA service users, by service group, 2006–07 to 2009–10

The service that HACC clients aged 0–64 years most commonly accessed in 2009–10 was assessment (30%), followed by nursing care (24%), domestic assistance (22%) and allied health care (22%) (Table A5.15).

Support to live in the community

Community support

Community support services aim to assist people with disability to live in a non-institutional setting. These include services such as therapy, early intervention, behaviour management and counselling. Within this group the service type 'case management, local coordination and development' is specifically intended to include individual- and family-centred planning (AIHW 2009c). This featured most prominently, with 23% of all service users accessing this service type in 2009–10 (Table A5.14).

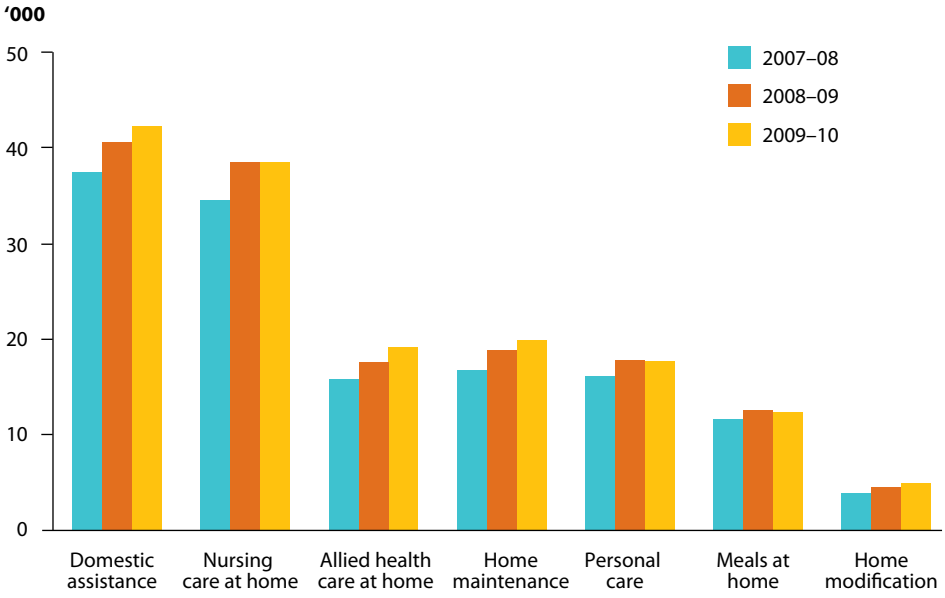
The 4 years to 2009–10 saw a 30% increase in the number of people receiving NDA community support services—stronger growth than for any other service group apart from employment (Table A5.14). The relative increase in service user numbers was greatest for 'therapy support for individuals', 'case management, local coordination and development', and 'regional resource and support teams'.

Other types of community support available to people with disability include, for example, social support under the HACC program, which aims to assist an individual to participate in social and community life through activities such as 'friendly visiting services' and accompaniment of a client (DoHA 2007:31). In 2009–10, nearly 28,000 HACC clients aged under 65 years accessed social support, 51% of whom were aged 0–49 years (Table A5.15).

Home-based assistance

Specialist disability services provide 'attendant care/personal care' and 'in-home accommodation support', which assist people with physical, intellectual or other disability who are unable to complete daily activities for themselves. This may include personal care and hygiene, meal preparation and assistance with movement (AIHW 2009a). During 2009–10, 22,000 people (8% of specialist disability service users) received these types of accommodation supports (Table A5.14).

Support in this area is also available through HACC, with services such as domestic assistance, goods and equipment, home maintenance and modification, meals, allied health, nursing care and personal care. Domestic assistance was the service that HACC clients aged 0–64 years most commonly used (provided to 42,276 clients in 2009–10), followed by home-based nursing care (38,519), home maintenance (19,856) and home-based allied health care (19,162). The use of most types of home-based services in HACC increased slightly between 2007–08 and 2009–10 (Figure 5.8).



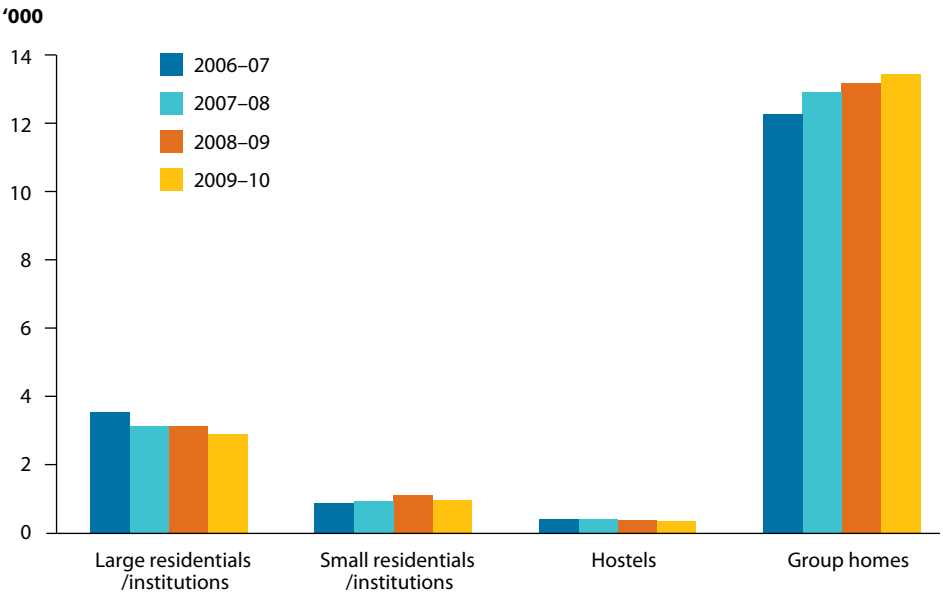
Source: Table A5.15.

Figure 5.8: HACC service users aged 0–64 years: access to selected home-based services, 2007–08 to 2009–10

Accommodation

In seeking to improve access to suitable housing among people with disability, there has been a shift in focus away from congregate housing models (such as residentials/institutions) towards community-based living with support. Fisher and Purcal (2010:540) report findings showing 'improved client outcomes in social networks, decision making, community access, participation in domestic tasks and personal wellbeing, compared to their lives before they accessed [housing] support'.

In 2009–10 there were 17,619 people with disability living in special accommodation settings provided by states and territories under the NDA. Three-quarters (76%) lived in group homes (community-based settings with fewer than seven people) while 16% lived in large residentials/institutions (congregate settings of more than 20 places). The remainder lived in small residentials/institutions (congregate or cluster settings of 7–20 places) or hostels. Since 2006–07 the total number of service users in these forms of accommodation has been fairly stable; however, the ongoing shift away from institutional care and towards accommodation in group home settings is evident (Figure 5.9).



Source: Table A5.16.

Figure 5.9: Users of selected CSTDA/NDA accommodation services, 2006–07 to 2009–10

Services supporting participation in local communities

Various programs available at the local level support people, particularly with severe or profound disability, to participate in the life of their local communities. Specialist disability services provided specific service types under the broad service category 'community access'. Community access includes learning and life skills development, recreation and holiday programs and other community access, such as providing opportunities for socialising and developing self-esteem (AIHW 2009c).

Around one in five NDA service users (58,632 people; Table A5.14) received community access services in 2009–10. Use of community access services grew by 10% (or more than 5,000 people) between 2006–07 and 2009–10. Within this broad group, the primary service type was learning and life skills development, which 14% of service users (41,610 people) accessed in 2009–10. Just over 10,000 people (3%) used recreation and holiday programs in the same period (Table A5.14).

Specialist disability services provided under 'community support' and 'respite' also support the aim of inclusive and accessible communities, although less explicitly. 'Respite' services often include social, sporting, recreational and cultural pursuits, both with other people with disability and in the community generally.

The HACC program provides transport services that can support participation by people with disability in the community. Around 14% of HACC clients aged 0–64 years (27,308 people) used this service type in 2009–10 (Table A5.15).

Respite services

Specialist disability services and carer support services provide a range of forms of respite to clients, who may be either a care recipient or a carer (for carer data see 'Chapter 7 Carers and carer support'). Respite occurs in a variety of settings: in-home, centre-based and other locations with volunteer and paid respite workers.

Within specialist disability support services, close to 36,000 service users accessed respite in 2009–10 (12% of all service users). This represents an increase of 6,000 service users on 2006–07, or 20% growth in four years. The most common type of respite service (21,175 users) in 2009–10 was flexible respite, employing a combination of own-home and host family/peer support respite. Centre-based respite and respite homes were the second most common, accessed by 14,212 service users (5% of all NDA service users) in 2009–10 (Table A5.14).

Under the HACC program, almost 15,000 carers (aged up to 65 years), received respite services (Table A7.21) where a substitute carer provided supervision and assistance to the care recipient (DoHA 2007).

Younger people with disability in residential aged care

Younger people with disability in residential aged care (YPIRAC) is a five year initiative agreed by the Council of Australian Governments in 2006. It aims to reduce the number of younger people with disability living in residential aged care settings through provision of more appropriate alternative accommodation and the diversion of those who are at risk of entering residential aged care. YPIRAC also provides enhanced services for people with disability who elect to remain in residential aged care (AIHW 2011b). The initial priority of YPIRAC is people with disability aged less than 50 years who are either living in, or are at risk of entering residential aged care. Where possible the objectives of YPIRAC are extended to people with disability aged less than 65 years.

State and territory governments manage this initiative on a day-to-day basis to achieve targets in relation to the agreed three objectives.

Permanent residents in residential aged care

On 30 June 2010, there were 6,478 permanent residents of residential aged care aged 0–64 years, of whom 11% (715 people) were aged less than 50 years (Table 5.3). In the 2009–10 financial year, 204 people with disability aged under 50 years were admitted to residential aged care facilities. Both the total number of residents aged 0–49 years, and the number of new admissions each year in this age group, fell significantly between 2004–05 and 2009–10.

Referral to an Aged Care Assessment Team (ACAT) can only occur 'where it can be demonstrated that there are no other facilities or care services appropriate to meet the person's needs' (AIHW 2011b:5). Between 2006–07 and 2008–09, ACAT assessments for people aged less than 50 years declined slightly from 727 to 669, with 'private residence' and 'residential aged care—high care level' as the two main recommended long-term care settings (AIHW 2011b:6).

Table 5.3: Permanent residents of residential aged care aged 0–64 years, 2005–2010

Age group	2005	2006	2007	2008	2009	2010	Per cent change 2005–2010
People admitted in financial year to 30 June[a]							
0–49 years	318	262	234	208	232	204	–35.8
50–64 years	1,700	1,662	1,602	1,648	1,667	1,708	0.5
0–64 years	**2,018**	**1,924**	**1,836**	**1,856**	**1,899**	**1,912**	**–5.3**
Permanent residents as at 30 June[b]							
0–49 years	1,019	1,007	945	857	810	715	–29.8
50–64 years	5,455	5,550	5,632	5,752	5,693	5,763	5.6
0–64 years	**6,474**	**6,557**	**6,577**	**6,609**	**6,503**	**6,478**	**0.1**

(a) The number of people admitted is calculated by counting the first non-transfer admission of each person between 1 July the previous year and 30 June in the year shown. Age reported is age at admission.

(b) The total number of permanent residents at 30 June each year, including those admitted in the previous 12 months.

Source: AIHW 2011b; AIHW analysis of the Aged and Community Care Management System (ACCMIS) as at December 2010.

Characteristics of YPIRAC service users

In 2009–10, 943 people received YPIRAC services—the largest number since the program began in 2006–07, and 126 more than the previous year. Of these service users:

- 41% (384 people) living in residential aged care had moved, or agreed to move to alternative accommodation;
- 25% (235 people) were considered to be at risk of inappropriate entry into residential aged care; and
- 29% (275 people) were in residential aged care and were provided with additional support services (AIHW 2011b).

A small number of service users living in residential aged care received services such as assessment or client monitoring, but chose not to receive other services.

Around two in three (68%) service users were aged less than 50 years, with the largest group of users (30%) in the 45–49 years age group. Slightly more than half (56%) of all service users were male. One in 10 YPIRAC service users identified as Aboriginal or Torres Strait Islander in 2009–10 (AIHW 2011b).

Almost half (47%) of all younger people with disability receiving YPIRAC services in 2009–10 reported acquired brain injury as their primary disability, while 30% reported neurological disability. Complex and multiple disability was common among this population, with around half of all service users reporting disabilities in more than one group, and 9% reporting four or more disability groups (AIHW 2011b).

Services provided under YPIRAC

In 2009–10, 98% of YPIRAC service users received YPIRAC assessment, individual care planning and/or client monitoring services, and most (74%) received support services. Almost one in five (18%, or 172 people) received alternative accommodation and another 127 service users (13%) had been offered alternative accommodation, and 70 (7%) had accepted these offers. (AIHW 2011b).

Community access was provided to 48% of YPIRAC service users. These services included learning and life skills development, recreation/holiday programs and opportunities to socialise. Community support services such as therapy were provided to 40% of YPIRAC service users. Around one in four (23%) YPIRAC service users accessed transport services funded under the program. In terms of support provided in the client's accommodation setting, 15% received attendant care or personal care, and 14% received in-home accommodation support (AIHW 2011b).

5.4 Participation in major life areas

Community participation

The National Disability Strategy focuses on increasing the participation of people with disability, their families and carers in the life of the community; improving the accessibility of the built and natural environment through planning and regulatory systems; and improving the provision of accessible housing, transport, and communication and information systems (COAG 2011a).

People with disability may experience restricted access to social and cultural events and to civic, political and economic opportunities because of the inaccessibility of the built and natural environment, and of services and programs. The way information is provided can also restrict the participation of people with disability in the community.

According to the 2009 SDAC, most people with disability aged under 65 years were involved in social and community activities, including those with severe or profound limitations (Table 5.4). The most common activities were telephone calls and visits to and from family and friends. The majority of people with disability visited a restaurant or club over a 3-month period, and around one in six had been involved in church or voluntary activities away from home.

However, 7% of people with disability aged under 65 years did not participate in any social or community activities away from home. People ageing with severe or profound limitations were most likely to have limited participation in the community.

Community participation among older people is discussed in Chapter 6.

Table 5.4: Participation in the community by people aged 5–64 years with disability living in households, 2009 (per cent)

	Severe or profound limitation			Total with disability		
	5–44 years	45–64 years	Total 0–64 years	5–44 years	45–64 years	Total 0–64 years
At home in the last 3 months						
Visits from family/friends	85.1	84.5	84.8	88.4	87.4	87.9
Telephone calls with family/friends	74.8	86.9	80.5	85.6	91.6	88.9
Art/craftwork (for/with other people)	21.4	12.5	17.2	19.1	13.8	16.2
Church/special community activities	6.5	5.9	6.2	6.2	6.5	6.3
Voluntary work (including advocacy)	4.4	5.6	5.0	5.0	8.1	6.7
None of the above	6.7	5.5	6.1	4.3	3.7	4.0
Away from home in the last 3 months						
Visited relatives or friends	86.2	79.3	82.9	89.7	86.6	88.0
Restaurant or club	56.1	53.0	54.6	64.9	65.8	65.4
Church activities	19.6	16.6	18.2	18.1	18.2	18.1
Voluntary activity	11.5	11.2	11.4	14.1	18.8	16.7
Performing arts group activities	7.6	2.8	5.3	7.3	5.1	6.1
Art or craft group activity	8.9	5.3	7.2	7.1	7.4	7.2
Other special interest group activities	15.8	11.3	13.7	15.2	12.6	13.8
Other activity not specified elsewhere	2.7	2.4	2.6	2.8	2.7	2.7
Did not participate in any social or community activities away from home	7.0	12.2	9.5	5.7	7.6	6.8
Does not leave home	*0.7	1.7	1.1	0.5	0.6	0.6

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

Sources: Unpublished data table of the ABS 2009 Survey of Disability, Ageing and Carers.

Building accessibility and universal design

On 1 May 2011 the *Disability (Access to Premises—Buildings) Standards* came into effect. The Standards align Commonwealth disability discrimination law with state and territory building law, delivering improvements in non-discriminatory access for people with disability to publicly accessible buildings (Attorney–General's Department 2010).

Under the NDA, all parties agreed to work together on a national approach to accessible parking across Australia (COAG 2008). This resulted in the establishment of the Australian Disability Parking Scheme, which included the rollout of nationally recognised Australian Disability Parking Permits (Australian Government 2010a).

In 2011, a new not-for-profit organisation called Livable Housing Australia was established to promote greater understanding of the value of universal housing design within the community and to promote these practices throughout the residential building and property industry. It aims to ensure that all homes will be built to reflect the new livable housing design guidelines by 2020, and leaders of the industry and the disability sector have committed to a strategic plan that will work towards that target. The Australian Government has committed $1 million to drive a partnership with the building and property sectors to promote livable housing design.

Increasing access to the community

The National Companion Card Scheme was launched in 2010 whereby a person with lifelong disability may be accompanied to participate in community activities by a support person attending without having to incur the cost of a second ticket for their companion. It is recognised by some 4,200 affiliate organisations across Australia which contributes directly to the inclusive community model. The Companion Card was developed to remove the financial barrier for people with disability who require lifelong attendant care support to participate at events, activities and venues (Australian Government 2010b).

The states and territories are also implementing *Disability Standards for Accessible Public Transport 2002* to remove discrimination in providing public transport for people with disability and to assist them to fully participate in community life (Attorney–General's Department 2010).

Internet accessibility

Data standards influencing the accessibility of information on internet webpages have also been introduced, and are being progressively applied in public and private sector domains. 'Under the *Disability Discrimination Act 1992*, Australian Government agencies are required to ensure information and services are provided in a non-discriminatory accessible manner' and the Australian Government standard requires compliance with the Web Content Accessibility Guidelines version 2 (Australian Government 2011). This is particularly relevant to people with visual impairment using assistive technologies to access internet-based information resources.

Participation in education

Early childhood education and early intervention

The Australian Government Department of Education, Employment and Workplace Relations (DEEWR) supports children with disability to engage in mainstream preschool and day care settings through programs such as the Inclusion Support Subsidy, which funds child care services to include children with high support needs, including those with disability (DEEWR 2011b). DEEWR reported achieving higher than estimated numbers of children with disability participating in government-funded day care settings in 2009 (DEEWR 2010b). In addition, individual states' and territories' Departments of Education provide a range of targeted early intervention and mainstream supports to assist children with disability to participate in preschool education.

Under the National Disability Agreement, Early Intervention and Prevention, Lifelong Planning and Increasing Independence and Social Participation Strategies were identified as a priority area. Under this priority, an Early Intervention and Prevention Framework will be developed to increase Government's ability to be effective with early intervention and prevention strategies and to ensure that clients receive the most appropriate and timely support.

In 2008 the Australian Government established the Helping children with autism program. Building on the success of the Helping Children with Autism package, the Australian Government introduced a new initiative – Better Start for Children with Disability—on 1 July 2011. The initiative extends the same package of assistance to children with cerebral palsy, Down syndrome, sight and hearing impairments and Fragile X syndrome and aims to increase access to early intervention services to improve the capability of these children to transition successfully to school (FaHCSIA 2011a).

School attendance

According to the 2009 SDAC, 82% of people aged 5–20 years with disability (almost 293,000 students) were attending school in 2009 (Table 5.5). Around two-thirds (66%) attended an ordinary (mainstream) school class, and a further 25% attended a special class in an ordinary school. Only one in 10 children and young people with disability attended a special school.

Students with severe or profound limitations were most likely to attend a special school or class: one in six (17%) attended a special school in 2009, and a third (31%) attended a special class in an ordinary school. Still, half (52%) of these students attended an ordinary school class. The high retention of students with severe or profound limitation in an ordinary class may reflect the effects of inclusion policy programs and supports aimed at these students.

Children and young people with severe or profound limitations were more likely than those with disability generally to be attending school (88% compared to 82%), in part because they were less likely to have finished school than their peers with less severe disability (AIHW 2005: Table 5.27).

Table 5.5: Persons aged 5–20 years attending school, by type of school and class, by disability status, 2009 (per cent)

	Ordinary school				
	Ordinary class	Special class	Special school	Total ('000s)	% of all aged 5–20 years
Severe or profound	52.0	31.2	16.7	147.4	87.7
Total with disability	65.9	24.3	9.9	292.6	82.1

Note: Limited to people living in households.

Source: Unpublished data table of the ABS 2009 Survey of Disability, Ageing and Carers.

While overall school attendance rates for young people with disability aged 5–20 years increased slightly between 2003 and 2009 (from 79% to 82%), there was no change among young people with severe or profound limitations (AIHW 2005; Table 5.5). However, the percentage of students with severe or profound limitations attending ordinary schools—whether in special or ordinary classes—rose from 78% to 83%. Previously published research shows increasing participation in education among children and young people with disability over the past three decades, including a trend towards attendance at ordinary schools by students with the most severe limitations (AIHW 2008a).

Enrolment statistics

Looking at enrolment rather than survey statistics, more than 150,000 students attending Australian schools in 2010 had a recorded disability (Table 5.6). Around three-quarters (76%) attended government schools, accounting for 5.0% of all students at government schools (adjusted for those attending part time). Close to 40,000 students attended non-government schools, in which they comprised 3.1% of attendances. The percentage of school students who were recorded as having a disability varied considerably between states and territories, particularly within the government sector. The extent to which this is due to inter-jurisdictional differences in classifying disability as opposed to real variances in attendance patterns is unclear.

Jurisdictions vary in terms of how disability is classified in school settings (Box 5.4), so comparisons of the percentage of students with disability across states and territories should be treated with caution. Further, the number of students recorded as having disability in education authorities' administrative data (around 150,000) is considerably less than the estimated number of school students with disability from the population survey (almost 300,000), suggesting that schools capture information about only a subset of all students experiencing some form of disability. Table A5.17 provides details of how each state or territory classifies disability in enrolment statistics.

The provision of support through mainstream classes, specialist classes within mainstream settings and special schools also varied significantly across jurisdictions and between sectors. In the non-government school sector, 94% of students with disability attended mainstream schools, ranging from 89% in NSW to 100% in the ACT and NT (Table 5.6). Further, in all jurisdictions except Victoria and Western Australia more than 80% of students with disability in government schools attended mainstream schools.

Box 5.3: Disability Standards for Education

In 2005, the Australian Attorney–General implemented the Disability Standards for Education as subordinate legislation to the *Disability Discrimination Act 1992*. Their purpose is to clarify the legal obligations of education providers in relation to education. Education providers include preschools, public and private sector schools, post-school education and training authorities, higher education providers, adult and community education providers and educational curricula bodies (Ruddock 2005). The standards cover enrolment, participation, curriculum development, accreditation and delivery, support services and harassment and victimisation (Ruddock 2005). A review of the standards is underway, with a discussion paper released in December 2010 (DEEWR 2010c; Ruddock 2005).

Eligibility for support within school education is based on an assessment of the individual student's needs. The 2005 standards require education providers to 'consult in order to understand the impact of a student's disability and to determine whether any adjustments or changes are needed to assist the student' (DEEWR 2010c:16). However, there is currently no national model for assessment of disability in educational settings, and specific funding and assistance provided differ by jurisdiction (AIHW 2009a). Most jurisdictions have guidelines that specify eligibility in terms of a range of disabilities including intellectual/learning, physical and sensory, psychiatric, behaviour and autism spectrum disorders.

Table 5.6: Students with disability attending school, 2010 (FTE)[a]

	NSW	Vic[b]	Qld[c]	WA[d]	SA[b]	Tas[b]	ACT[b]	NT	Total
					Government schools				
Students with disability	46,336	20,269	22,816	7,185	15,171	863	1,831	2,325	**116,796**
% in mainstream schools	90.7	55.8	85.2	69.7	93.4	80.4	84.1	88.9	**82.4**
% of all students	6.0	3.7	4.7	2.8	9.1	1.3	5.3	7.1	**5.0**
					Non-government schools				
Students with disability	14,562	9,435	5,789	3,205	2,812	556	475	357	**37,191**
% in mainstream schools	88.9	98.8	97.9	95.4	98.0	96.2	100.0	100.0	**94.4**
% of all students	3.8	3.0	2.4	3.5	2.3	2.4	1.8	3.5	**3.1**
					Total				
Students with disability	60,898	29,704	28,605	10,390	17,983	1,419	2,306	2,682	**153,987**
% of all students	**5.3**	**3.5**	**3.9**	**2.9**	**6.2**	**1.6**	**3.8**	**6.2**	**4.3**

(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) ACT, Tas, Vic and SA data exclude children attending preschools.

(c) The Queensland Department of Education provides Special education programs (SEP), which are school-based resources that are located at and support a state primary, secondary or special school. SEPs give support to students with disabilities and assist classroom teachers in the development and delivery of the students' educational programs.

(d) Based on a headcount of full-time students of compulsory school age.

Sources: DEEWR unpublished data; data provided to AIHW by state and territory education authorities; Table A5.17.

Post-school education

In order to support people of traditional working age with disability to participate in post-school education and training, a National Disability Coordination Officer program commenced in 2008 (DEEWR 2009a). The program targets barriers people with disability face accessing and completing post-school education and training, as well as finding subsequent employment. In 2009–10, 31 officers were funded under the program (DEEWR 2010b:94, 98).

The Higher Education Participation and Partnerships Program (HEPPP) aims to assist universities in implementing strategies to remove barriers to higher education for people from disadvantaged backgrounds, including those with disability. Funding is provided to universities based on performance in terms of retention and success ratios in the number of domestic students with disability enrolled (Gillard 2010).

The Higher Education Disability Support program aims to assist higher education providers to cover additional costs incurred in providing educational and equipment supports to enable students with disability to access, participate in and complete higher education. For example, in 2010 over $1 million was provided to Australian universities in performance-based disability support funding (DEEWR 2011a).

In 2009, there were 33,636 domestic students recorded as having a disability attending Australian universities, accounting for 4.2% of all domestic students—up from 3.1% in 2001 (DEEWR 2010d). The representation of people with disability among the university student population was greater for undergraduate enrolments (4.4% in 2009) than other enrolment types (3.6%).

Economic participation

The National Disability Strategy focuses on increasing access to employment opportunities for people with disability, their families and carers; ensuring income support and tax systems provide adequate support; and improving access to secure and affordable housing options (COAG 2011a).

Employment of people with disability

Labour force statistics presented in 'Chapter 3 Economic participation' showed that people with disability are much less likely to participate in the labour force than people without disability. Just over half (54%) of all people with disability of traditional working age were in the labour force in 2009, and only one in three (31%) with a severe or profound limitation, compared to 83% of people without disability. People with disability who were in the labour force also experienced higher rates of unemployment than people without disability (7.8% and 5.1%, respectively). Finally, people with disability who were employed were more likely to work part time: 22% of employed males and 56% of employed females with disability worked part time in 2009, compared to 16% of males and 47% of females without disability. Among people with severe or profound limitations, part-time employment rates were 39% for males and 59% for females (AIHW analysis of ABS 2011 datacubes).

According to the 2009 SDAC, more than two-thirds (69%) of people with disability aged 15–64 years living in households had one or more specific employment restrictions, including one in four (27%) who were permanently unable to work (ABS 2011). The most common restrictions reported were:

- restrictions in the type of job that could be performed (35%)
- difficulty changing jobs or getting a preferred job (28%)
- restrictions in the number of hours that could be worked (22%)
- needing time off work because of the disability (12%).

Employment restrictions were more common among people who were unemployed (79%) or outside the labour force (80%) than among those who were employed (57%). In particular, almost three-quarters (73%) of people with disability who were unemployed reported restrictions in the type of job they could perform, 44% were restricted in the number of hours, and 38% needed to be able to take time off work because of their disability (ABS 2011).

Of the people with disability who were employed in 2009, almost half (47%) were restricted in the type of job they could perform; more than one-third (38%) had difficulty changing jobs or getting a preferred job; and more than one-quarter (27%) were restricted in the number of hours they could work. Around 12% used flexible hours, leave without pay, sick leave and other leave arrangements because of their disability, and 10% required other special arrangements with their employer such as equipment or modification to their duties. Fewer than one in twenty (4%) employed people with disability required ongoing supervision or assistance (ABS 2011).

Employment services

Broadly speaking, mainstream services provide support for people with disability to achieve and participate in employment through Job Services Australia as well as specialist disability services, such as Disability Employment Services (Box 5.4) and other NDA services. Individuals eligible for NDA services may receive ongoing supported employment, provided through a network of Australian Disability Enterprises.

Box 5.4: The National Mental Health and Disability Employment Strategy and Disability Employment Services

Following the launch of the National Mental Health and Disability Employment Strategy in 2009, a number of programs and schemes were rolled into the new Disability Employment Services (DES), which commenced operation on 1 March 2010 (DEEWR 2009b).

The former Disability Employment Network (DEN) and the Vocational Rehabilitation Services (VRS) model was replaced in this process and the Disability Employment Services Deed 2010–2012 governs the new model.

Two key characteristics are:

- a removal of the cap on numbers of eligible people with disability able to obtain assistance to acquire and maintain employment
- separate programs based on whether individuals need assistance obtaining employment (Disability Management Service (DMS)) or on–going assistance, at varying levels of intensity, to obtain and maintain a job (Employment Support Service (ESS)).

The effectiveness, efficiency and accessibility of DES are being compared with the DEN/VRS model in an evaluation strategy using progressive monitoring. A final evaluation report is due in 2012–2013 (DEEWR 2010a).

The Strategy also brought about the creation of an Employment Assistance Fund to improve workplace accessibility; a Disability Support Pension Employment Pilot with wage subsidies of up to $3,000 to employers; and a 10-year vision 'Inclusion for People with Disability through Sustainable Supported Employment', which will consider the delivery of supported employment services, including opportunities to broaden the existing model and the benefits of a mixed workforce.

The Strategy aims to support people with disability to engage in the workforce and reduce reliance on the Disability Support Pension (DSP), while removing disincentives to seek employment assistance (DEEWR 2009b). In the past, DSP recipients seeking assistance were required to undergo an eligibility re-assessment, raising concerns that the DSP may be withdrawn. Since this requirement was removed (DEEWR 2009b:8) has reported more than 12,000 DSP recipients sought employment assistance, of whom half moved into employment services.

Across a range of employment assistance services in 2008–09, people with disability were less likely than jobseekers in general to have achieved positive outcomes within 3 months of exiting the service (Table 5.7). Positive outcomes (including employment, educational and training outcomes) were generally less common for people with disability than people in the sole parent or culturally and linguistically diverse equity groups, but more common than for Indigenous Australians. This is consistent with previous years (AIHW 2009a).

Table 5.7: Jobseekers achieving positive outcomes after exiting programs, 2008–09 (per cent)

	Equity groups[a]				All jobseekers
	Disability	Indigenous	CALD[b]	Sole parents	
Vocational Rehabilitation Services[c]	37.3	30.1	30.7	40.7	37.3
Intensive support	49.4	43.0	63.1	69.2	60.5
NEIS	82.4	n.a.	88.8	91.5	89.6
Job Placement Services	64.3	58.6	76.5	77.8	74.0
Work for the Dole	30.8	28.9	42.8	43.6	37.4
Personal Support Programme	21.3	15.8	19.5	27.9	23.2

(a) Equity groups are not mutually exclusive.

(b) People from Culturally and Linguistically Diverse backgrounds from other than main English-speaking countries.

(c) All job seekers in Vocational Rehabilitation Services had disability. People in other equity groups therefore had disability and were also Indigenous, or had disability and were also sole parents, etc.

Note: Post-assistance outcomes are measured 3 months after jobseekers cease assistance. Positive outcomes include employment and education or training outcomes.

Source: DEEWR 2010e.

Employment services under the NDA include both open labour market and supported work environments, as well as support targeted at training and retraining (AIHW 2009a). Open employment includes 'services that provide employment assistance to people with a disability in obtaining and/or retaining paid employment in the open labour market'. Supported employment, generically termed Australian Disability Enterprises, includes 'services that provide employment opportunities and assistance to people with disabilities to work in specialised and supported work environments' (AIHW 2009c:26). A total of 1,419 outlets provide employment assistance to people with disability, with 77% being in the open labour market (Table 5.8).

Table 5.8: NDA employment outlets, service type by state and territory, 2009–10

Service type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Open employment	356	256	208	96	135	21	10	10	1,092
Supported employment	116	89	41	24	38	13	3	3	327
Total	**472**	**345**	**249**	**120**	**173**	**34**	**13**	**13**	**1,419**

Source: AIHW forthcoming.

In 2009–10 there were 118,801 users of NDA employment assistance services, of whom around 98,000 (83%) received an open employment service type. Two-thirds (66%) of people using open employment services in 2009–10 were unemployed (AIHW forthcoming).

Between 2006–07 and 2009–10, growth in the number of people accessing employment services (48%) outstripped all other NDA service groups (Table A5.14). The number of service users accessing open employment services increased by 65% over this period, while supported employment grew by only 2% (Table A5.14). Users of open employment services were most likely to have a psychiatric or physical primary disability (35% and 30%, respectively), while most supported employment service users had a primary disability group of intellectual disability (70%) (AIHW forthcoming).

Income support

Australia's welfare 2009 showed that, compared to other households, households that include a person with disability tend to have lower incomes, less wealth, greater reliance on government pensions and allowances, and higher incidence of financial stress. While updated data on these measures are not available, the lower rates of employment among people with disability discussed previously suggest that many people with disability may continue to miss out on the opportunities and benefits associated with economic participation.

People with disability of traditional working age who are unable to fully participate in employment because of their disability can receive income support payments to replace or supplement employment income. Some of these payments are discussed here; however, it should be noted that many people with disability may also receive other allowances available to the general public, including Rent Assistance (discussed in Chapter 9), Youth Allowance, Austudy and Newstart Allowance.

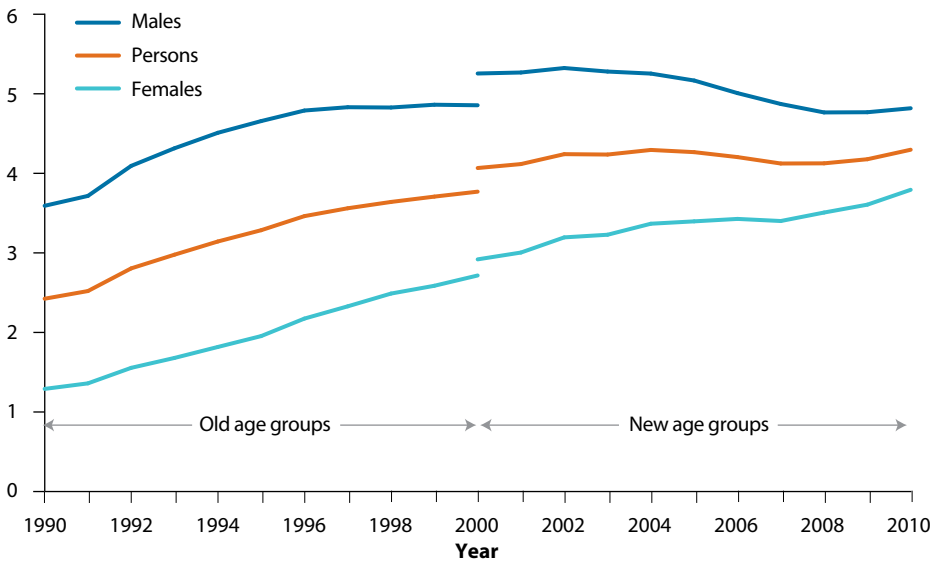
Disability Support Pension

The Disability Support Pension (DSP) is the major disability-related income support payment. It is provided to people aged 16 years and over and under Age Pension age at the time of claim, who are:

> 'not able to work for 15 hours or more per week at or above the relevant minimum wage or be reskilled for such work for at least the next 2 years because of … illness, injury or disability…[or are] working under the Supported Wage system, or permanently blind' (Centrelink 2010b).

Applicants undergo a Job Capacity Assessment that determines ability to work, and identifies barriers to finding employment and assistance required (Centrelink 2010a). A review of the guidelines used to assess applicants' work capacity produced revised Impairment Tables, which will be introduced on 1 January 2012 (FaHCSIA 2011b). Refer to the Centrelink website for detailed information about DSP eligibility and payment rates (www.centrelink.gov.au)

There were around 793,000 DSP recipients in 2010 (Table A5.18)—more than twice as many as two decades earlier (317,000 in 1990). The number of people receiving DSP in recent years has grown in line with disability projections associated with population growth and ageing (AIHW 2009a). When population ageing is taken into account, the recipient rate for males fell from 5.3% of the population aged 16 years or over in 2000 to 4.8% in 2010 (Figure 5.10). In contrast, the female rate continues to rise (3.8% in 2010).



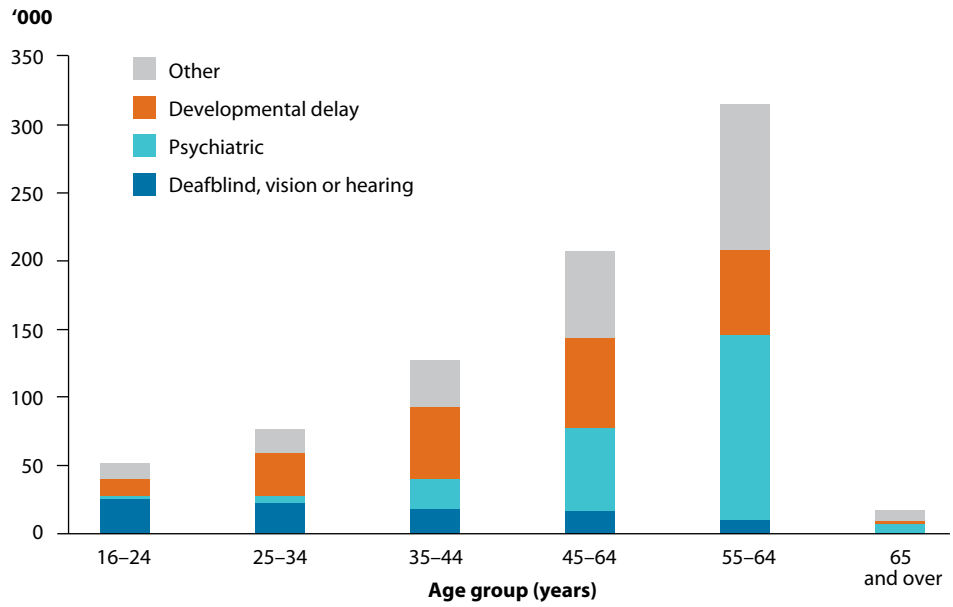
Notes

1. As at 30 June each year.
2. Percentages have been age-standardised to the Australian population as at June 30 2001. Data for the period 1990–2000 are based on different age groups to data for 2000 onwards, creating a technical break in series at 30 June 2000.

Source: Table A5.18.

Figure 5.10: Disability Support Pension recipients, 1990–2010 (per cent of population aged 16 years and over)

In June 2010, two-thirds (68%) of DSP recipients were aged 45 years or over, with only 6% aged less than 25 years. Half of all young people aged under 25 years receiving the DSP had a primary condition of intellectual or learning disability, while psychiatric and psychological conditions were the most common primary disability among those aged 25–54 years. Beyond 54 years of age, conditions related to the musculoskeletal system and connective tissue were most common (Figure 5.11).

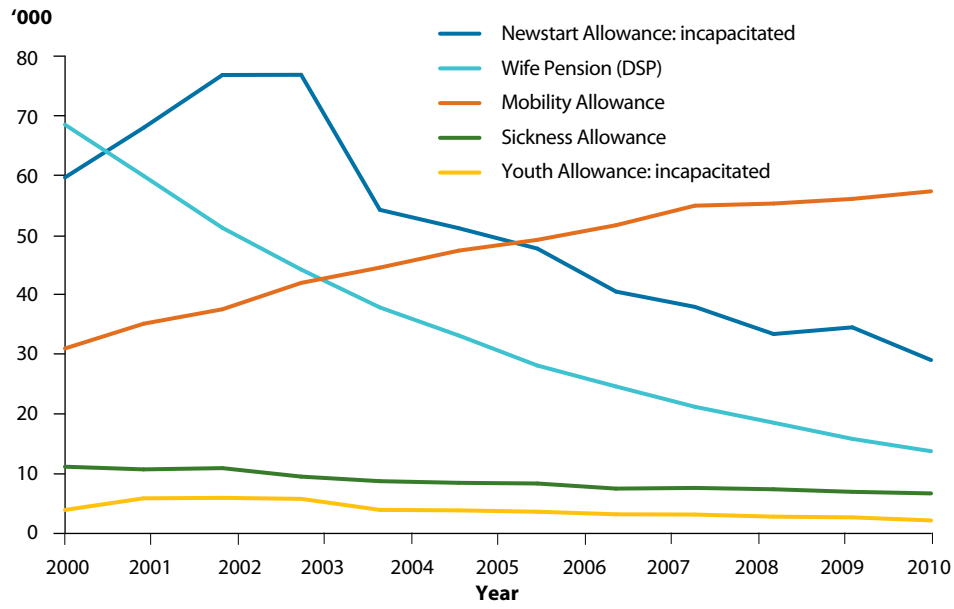


Source: Table A5.19.

Figure 5.11: Disability Support Pension recipients by age and primary condition, June 2010

Other income support payments

A number of other disability-related payments and allowances are made to Australians with disability. See Appendix B for details of eligibility for each of these payments. Generally, the number of recipients of disability-related income support payments other than the DSP have fallen over the past decade. The notable exception is Mobility Allowance, which increased by more than 20,000 recipients between 2000 and 2010 (Figure 5.12).



Source: Table A5.20.

Figure 5.12: Recipients of disability-related payments and allowances, 2000 to 2010

5.5 Data developments

The AIHW and ABS are currently undertaking work in a number of areas to improve the evidence base relating to people with disability. This work includes scoping a redevelopment of the Disability Services National Minimum Data Set (DS NMDS) and the development of a standard disability identifier for use in mainstream administrative data collections (both projects led by AIHW), and the enhancement of the Survey of Disability, Ageing and Carers (SDAC) by the Australian Bureau of Statistics (ABS).

Disability Services National Minimum Data Set (DS NMDS)

The DS NMDS is an administrative data collection which provides information on the clients of the specialist disability service system and the services they receive. Commonwealth and state and territory governments have been giving consideration to a redevelopment of the data collection.

The overall aims of the proposed redevelopment include improving the

- capacity of the DS NMDS to collect data pertaining to individualised funding arrangements and client outcomes
- ability of the DS NMDS to describe service interventions and measure client need
- overall quality and timeliness of the DS NMDS, and ensure it aligns with the current policy environment.

The Disability Data Module

AIHW has previously undertaken work to develop a disability module to identify people with a disability in community services administrative data collections. The scope of the module has since been widened for use across all mainstream data collections. Work is being progressed on finalisation of a revised module and identification of a suitable collection to undertake a pilot.

Survey of Disability Ageing and Carers (SDAC)

The SDAC aims to measure the prevalence of disability in Australia and the levels of support needed, as well as providing a demographic and socioeconomic profile of people with a disability, older Australians and their carers. The ABS has begun work to develop the 2012 SDAC. This timing reflects plans to move to a triennial survey rather than the current 6 year cycle. As part of the review of the SDAC, the ABS is planning to review the content of the survey and improve survey design, including the design of the computer assisted interviewing instrument.

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Chapter

6

Ageing and aged care

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6 Ageing and aged care

Key points

- Australians are living longer than ever before, with around one in seven persons being aged 65 years or over.
- Most older people live in private dwellings: only one in 20 persons aged 65 years or over, and one in four of those aged 85 years or over, live in cared accommodation.
- Many older Australians contribute to the community through voluntary work, as carers and as providers of regular informal child care.
- A range of government-funded programs assist older people living in the community. The largest of these is Home and Community Care (HACC), which provided services including domestic assistance, home maintenance, meals and transport to 688,000 older people in 2009–10.
- In June 2010, more than 47,000 older Australians were receiving community care packages to enable them to live in the community rather than enter residential aged care.
- The Australian Government also subsidises residential aged care services for people whose needs are such that they can no longer remain in their own homes. At 30 June 2010, there were over 156,000 permanent aged care residents aged 65 years or over.
- Over half of aged care residents have dementia. These residents are more likely than those without dementia to have high-care needs.
- Indigenous Australians have relatively high usage of aged care services compared with non-Indigenous Australians. They are also more likely to use these services at a younger age.

6.1 The policy context

Ongoing demographic and social trends in Australia are changing the circumstances of the older population. Today's older Australians are:

- living longer, and generally in better health, than ever before
- often highly skilled and with more formal qualifications than previous generations
- increasingly likely to continue working past the traditional 'retirement age'
- often participating in the community through volunteering
- major providers of informal care, especially to their spouse or partner
- a common source of regular informal child care
- highly likely to be home owners.

While population ageing has resulted in a large and growing group of older people who are generally well, living independently and participating in society in a variety of ways, other older Australians are unable to care for themselves at home or require support to do so.

Existing and emerging challenges

Supporting a growing and ageing population

As noted in 'Chapter 1 Australia's people', the ageing of the Australian population presents several challenges. These include the increased number of people requiring aged care services, the diversity and geographic distribution of this population, and the additional resources—in money, infrastructure and personnel—that will be needed to support older Australians in the future.

In addition, the projected changes in dependency ratios (discussed in Chapter 1) means that the pool of workers available to provide services and supports for older people—directly and through taxation—will fall as a proportion of the total population. The 2010 Intergenerational Report (Treasury 2010) suggests that improved productivity, increased labour force participation and more efficient use of resources will be important in tackling these problems.

One example of this is age-related pension expenditure. The pension system is designed to strike a balance between targeting of assistance and maintaining incentives for work and saving, and to ensure that those with the most need receive the highest rates of payment. The Australian Government's *Secure and Sustainable Pension Reform* package, which was part of the 2009 Federal Budget, included measures both to increase pension rates and also promote the sustainability of the system by increasing the pension income test taper (after it was reduced in 2000) and raising the Age Pension qualifying age to 67 years by 2023.

Seamlessly meeting varied needs of older Australians

The more efficient and effective use of resources underpins reforms proposed or underway in other key areas, most notably health and disability. In health, three recently issued reports—the National Preventative Health Strategy (Preventative Health Taskforce 2009), the National Primary Health Care Strategy (DoHA 2010a) and the final report of the National Health and Hospitals Reform Commission (NHHRC 2009)—outline the need for ensuring the health system better meets the needs of older Australians and is more effectively connected with other services, including aged care.

In the disability sector, the report of the Productivity Commission Inquiry into Long-term Care and Support recommends a National Disability Insurance Scheme (NDIS) and a National Injury Insurance Scheme be established to fund long-term care and support for people with disability or catastrophic injury (see 'Chapter 5 Disability and disability services'; PC 2011b). The proposed NDIS would reduce the difficulty that some people with disability face in accessing appropriate support as they age, allowing people to use the support system that best meets their needs. The Australian Government, together with States and Territories, are considering the recommendations.

Meeting the needs of older people in regional and remote areas

Chapter 1 showed that population age profiles vary between regions of Australia, with people aged 65 years or over making up 12% of the population in capital cities in 2010, compared to 15% outside the capital cities (Figure 1.15). Disability among older Australians is also unevenly distributed. Data from the 2006 Census shows that the burden of disability among older people is greatest in *Remote* areas (see AIHW 2009a, Fig 3.2).

The uneven distribution of potential need across Australia has implications for planning and delivery of health and aged care services. Transport, housing, and social and community facilities also need to be designed with the needs of older people in mind. The additional call for aged care services in regional and remote Australia is a key challenge for service delivery. Programs such as the Multi-Purpose Services program, the Remote and Indigenous Service Support (RISS) program, the National Aboriginal and Torres Strait Islander Flexible Aged Care program and Australian Government viability supplement payments all help to ensure the care needs of older people living outside of the major cities are met, while other developments such as the new front-end for aged care information and assessment and the Broadband for Seniors initiative will help to keep older Australians in regional and remote areas socially connected and able to access information they need.

Australia's aged care system

The Australian Government is committed to 'helping older people enjoy active, healthy, engaged and independent lives' and 'ensuring that all frail older people have timely access to appropriate care and support services' (DoHA 2010b). Numerous programs, policies and initiatives are in place to achieve these aims. Along with the provision of the Age Pension and contribution to funding of residential aged care facilities, the Australian Government provides funding and regulation for a wide range of supports for older people, including community and flexible aged care services, respite care services and a variety of concessions and allowances. These have been described in detail in previous editions of *Australia's welfare* (see, for example, Chapter 3 of the 2007 edition). The main features of the system and some recent major changes are summarised below, with additional detail provided in the following sections where appropriate.

The majority of Australian Government-subsidised aged care services in Australia operate within the legislative framework provided by the *Aged Care Act 1997* ('the Act') and related Aged Care Principles. This framework determines who can provide and receive care, and their responsibilities; the types of services that are available; and how aged care is funded. Australian Government programs under the Act include residential aged care, Community Aged Care Packages (CACP), Extended Aged Care at Home (EACH) and EACH Dementia (EACHD) packages, and flexible aged care programs. These programs are described in detail in Chapter 6.6.

Major components of the system operating outside the Act include the Home and Community Care (HACC) program (described in Chapter 6.6) and the National Respite for Carers Program (discussed in 'Chapter 7 Informal care').

Under the Act, the following groups are identified as having special needs:

- people from Aboriginal and Torres Strait Islander communities
- people from non-English-speaking backgrounds
- people who live in rural or remote areas
- people who are financially or socially disadvantaged
- veterans, their spouse, widow or widower
- people who are homeless or at risk of becoming homeless
- care-leavers (people who, as children, were in institutional or other out-of-home care through the 20th century).

A range of specific programs aim to ensure that groups with special needs are well supported and aged care services are able to recognise, understand and meet their particular requirements. More detail about these programs is provided in the *Report on the operation of the* Aged Care Act 1997 (DoHA 2010b).

A time of reform

This is a time of change and reform in several key areas, including aged care. In August 2011, the Australian Government released the findings of a Productivity Commission inquiry into aged care tasked with developing 'detailed options for redesigning Australia's aged care system to ensure it can meet the challenges facing it in coming decades' (PC 2010). The Commission found that while the aged care system has improved over the past decade, it suffers from key weaknesses, including difficulty in navigating the range of services available, limited consumer choice, variable quality, gaps in coverage, inconsistent pricing and workforce shortages.

Reforms proposed by the Commission to address these weaknesses include the establishment of a national platform for aged care information, assessment and referral; the creation of a single national care co-contribution regime, with the contribution rate set according to individual financial circumstances; the establishment of a Government-backed credit scheme to ensure that older Australians should not be required to sell their home to meet aged care costs, and a savings account scheme for pensioners who do wish to sell their residence; and a lifetime cap on care co-contributions to approved services, as protection against very high costs of care.

Other recommendations made by the Commission include strategies to build and maintain a well-skilled aged care workforce, and separation of the policy and regulation functions of the Australian Government Department of Health and Ageing via the establishment of a new independent Australian Aged Care Commission (PC 2011a).

The Australian Government is considering these issues and developing a response to the report, with input from the community and industry stakeholders.

Other recent changes affecting older Australians

In August 2011, the Council of Australian Governments (COAG) finalised a National Health Reform Agreement. Among a range of health reforms, the agreement sees the Commonwealth become directly responsible for funding basic community care under the HACC program in all states and territories (except Victoria and Western Australia) for people aged 65 years and over, and Indigenous Australians aged 50 years and over. This is in addition to its existing responsibility for funding and regulating packaged community and flexible aged care programs and residential aged care. The aim of these changes is to deliver a nationally consistent aged care system for all Australians.

A number of Federal Budget measures relating to ageing and aged care have been introduced in 2010 and 2011. These include the establishment of 'one-stop shops' to provide access to information, intake and assessment for aged care services; expanded access to Multi-Purpose Services providing flexible care in rural and remote areas; enhanced training for aged care workers; and incentives for health professionals to deliver bulk-billed services to residents in aged care facilities.

Box 6.1: Older Australians at a glance

- Over three million Australians (13% of the population) are aged 65 years or over; 54% are female.
- Less than 1% are of Aboriginal or Torres Strait Islander origin, and more than one-third were born overseas.
- More than 94% live in private homes or self-care accommodation, reducing to 77% of those aged 85 years or over.
- 25% of those in private homes live alone, rising to just over half of those aged 85 years or over; most are female.
- 1% are participating in formal education.
- 11% are employed, with 53% of these working part time.
- 27% participate in voluntary work.
- 19% are carers.
- Two-thirds of those living in private households rate their own health as good or better.
- 20% have a severe or profound disability.
- 78% receive the Age Pension or means-tested income support administered through the Department of Veterans' Affairs; around two-thirds receive a full-rate pension.

6.2 Australia's older population

Australia's older people are a far from homogeneous group. The population aged 65 years or over (see Box 6.2) spans a more than 40-year age range, with around one in every 6,000 Australians in 2010 aged 100 years or over. The people who are the focus of this chapter come from many different nations and cultural backgrounds; some are Indigenous Australians whereas others are recent immigrants. They live in all parts of the country as residents of many different communities, and their circumstances, abilities and resources differ, along with their needs.

Box 6.2: A note about age ranges

This chapter focuses for the most part on people aged 65 years or over, a conventional definition of 'older people' based on the original qualifying age for the Age Pension (for males). Governments do not use this age for making aged care service planning or funding decisions; nor does it reflect program eligibility. Information presented in this chapter, therefore, may relate to age groupings other than 65 years or over, depending on the particular service or data source, and this is made clear at the appropriate points.

A notable exception to the '65 years and over' focus is information about older Aboriginal and Torres Strait Islander people. Due to their generally lower life expectancy and poorer health status (see AIHW 2010a), Indigenous Australians may require care services at a younger age than other Australians. For this reason, the population of Indigenous Australians aged 50 years and over is considered in aged care planning.

Who are Australia's older people?

In 2010, there were an estimated three million Australians aged 65 years or over, 13% of Australia's total population (see Chapter 1.2). Of these, around two-thirds lived in *Major cities* and almost one-quarter in *Inner regional* areas. Fewer than 2% lived in *Remote* or *Very remote* areas. Females outnumbered males in all age groups, with the difference increasing with age (Figure 1.1).

As noted in Chapter 1, the Australian population is ageing. Life expectancy in Australia has increased almost continually over the past century (see AIHW 2010a), and this has resulted in growing numbers of people living healthy and productive lives beyond their working years, who may require services and other support during their older years. As the group most likely to require aged care services, the growth of the 85 and over population will have a large impact on government spending on such services in the future. Based on medium-level growth assumptions, the ABS has projected the number of people aged 85 years or over to double from 374,000 in 2010 to 764,000 in 2031.

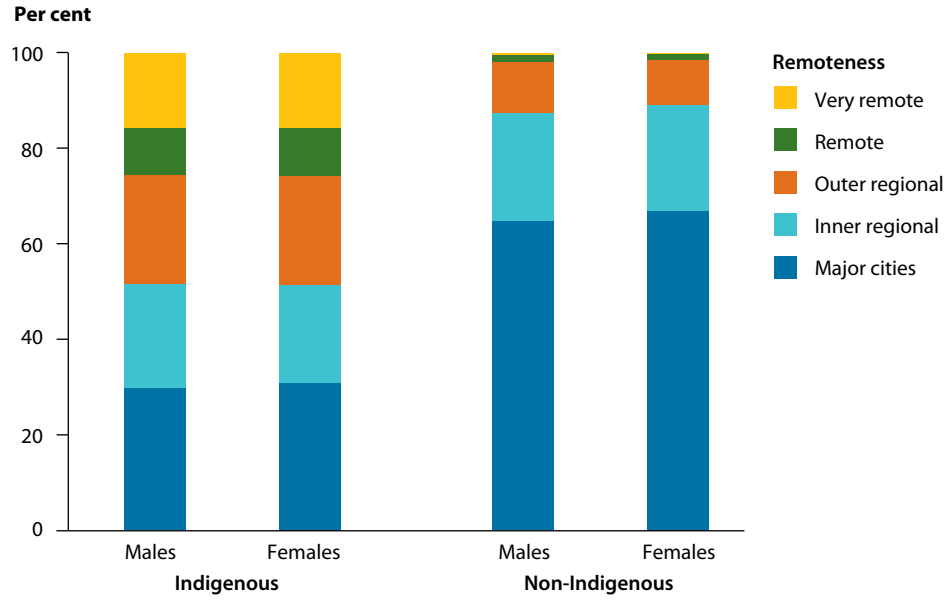
Women of all cultural backgrounds in Australia tend to live longer than men (AIHW 2007c). Women accounted for just over half of people aged 65–74 years in 2010, but comprised a larger share of the very old (65% of people aged 85 years and over). The predominance of women in older age groups is diminishing as recent life expectancy gains have been greater for males than for females, but is likely to continue for some time to come. The sex composition of the older population has implications for social and health policy—as a result of lifetime differences

in earnings and workforce participation, older women are more likely to have lower incomes (ABS 2008b), while their survival to more advanced ages means they have high rates of severe disability (AIHW 2007c: Table A17.1) and are less likely to have a spouse carer (AIHW 2007c:52).

Older Aboriginal and Torres Strait Islander people

The Indigenous Australian population has a younger age structure than the general Australian population, with only 3% of Australia's Indigenous population being aged 65 years or over, and 12% aged 50 years or over (see Chapter 1.2; Table A1.2; Box 6.2).

The geographic distribution of older Indigenous Australians differs considerably from that of their non-Indigenous counterparts, with less than one-third of Indigenous Australians aged 50 years or over living in *Major cities* and around one-quarter living in *Remote* or *Very remote* areas (Figure 6.1). As mentioned previously, this geographic spread is a key challenge for providing aged care services now and into the future.



Source: ABS 2008d.

Figure 6.1: Population by region of residence, sex and Indigenous status, people aged 50 years or over, 2006

As with the general population, the older Indigenous population has also been growing, at an average rate of approximately 4% per year between 1986 and 2006. Closing of the life expectancy gap between Indigenous and non-Indigenous Australians could see the rate of growth of the older Indigenous population increase further in the future.

This increase has important implications for the future planning of aged care services. With Indigenous Australians being more likely than non-Indigenous Australians to live in *Remote* and *Very remote* areas, additional services could be required in these areas over the next decade. Moreover, increased delivery of culturally appropriate services in all geographic

areas may be necessary to cope with greater demand. The differing overall health profile of Aboriginal and Torres Strait Islander people (for example, greater rates of Type 2 diabetes and chronic kidney disease, and younger age of onset of chronic conditions, compared with other Australians), though potentially changing due to the improvements resulting in increased life expectancy, also means that services may have to respond to a different pattern of medical needs. A corresponding increase to the aged care workforce, including additional workers of Aboriginal and Torres Strait Islander origin and workers fluent in Indigenous languages, would also be required.

Older overseas-born Australians

More than one-third of Australians aged 65 years or over in 2010 (36%, or over one million people) were born overseas (AIHW analysis of ABS 2011d). The most common countries of origin were the United Kingdom (the birthplace of 11% of older Australians), Italy (4.0%) and Greece (2.3%). Overseas-born older Australians are likely to be from European countries, having migrated in the years following World War II. More recently, younger migrants are more likely to have a non-European origin, coming from countries such as New Zealand, China, India and Vietnam.

Further information about migration patterns and ethnic diversity in the Australian population is provided in Chapter 1.4.

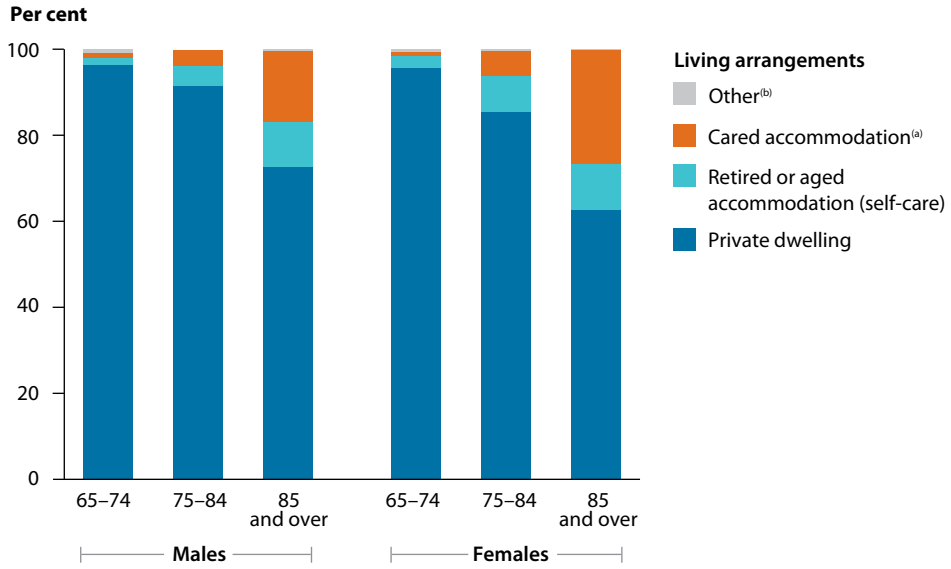
The diversity of cultural and language backgrounds within the Australian population—including the many Aboriginal and Torres Strait Islander cultural and language groups, as well as those born overseas—has implications for service provision, in terms of offering bilingual support and being sensitive to cultural traditions and beliefs. The shifts in migration patterns over the second half of the 20th century (see Chapter 1.4) will mean that aged care services will need to continue to adapt to varying cultural and language needs as the ethnic composition of the older population changes.

Family and living arrangements

Most older Australians live in private dwellings, with only around one in 20 people over 65 years being resident in cared accommodation (such as an aged care facility or hospital) (Figure 6.2). Although the use of cared accommodation increases sharply with age (to almost one in four among those aged 85 years or over), the majority of people live in private dwellings, even in the oldest age groups.

The majority (69%) of older people living in private dwellings lived in a single family household (AIHW analysis of the 2009 Survey of Disability, Ageing and Carers CURF). Around one-quarter lived alone, with the proportion increasing with age to be just over half (51%) of those aged 85 years or over, most of them women. Several factors influence this pattern, including higher numbers of widows and people with partners in cared accommodation among the older age groups, and the longer life expectancy of women compared with men leading to greater numbers of widowed females (among those aged 85 years or over in 2009, 78% of women were widowed compared with 38% of men). However, increasing life expectancy over the past 30–40 years, particularly among men, has meant that the proportion of older people who are widowed is gradually falling and, correspondingly, the proportion who are married is rising. Another change, currently being observed mainly in the younger cohort (aged 65–74 years), has been a gradual increase in the proportion who are divorced (AIHW 2007c).

These changes have consequences for the social and economic wellbeing of older people. On the one hand, increasing proportions of married couples may be accompanied by reductions in the proportions living alone and at risk of social isolation, an increase in the availability of spousal caregiving for older people with disability, and more secure financial and housing circumstances. On the other hand, the still considerable numbers of widows and increasing numbers of older people entering retirement as divorcees may bring higher risks of social, financial and emotional vulnerability for some.



(a) Includes hospitals and non-self-care accommodation in aged care facilities.

(b) Includes hostels, boarding houses, hotels, caravan parks, and religious or educational institutions.

Source: 2009 SDAC.

Figure 6.2: Living arrangements of people aged 65 years or over, by sex and age group, 2009

On Census night 2006 there were an estimated 7,400 homeless older Australians, around 27 in every 10,000 people aged 65 years or over (ABS 2008c). Around two-thirds (64%) of these were males. Older people accounted for 7% of Australia's total homeless population in 2006.

6.3 The health of older Australians

Today's older Australians have a longer life expectancy and are generally healthier than previous generations (Chapter 5; AIHW 2010a). Improving the health of older people is a national research priority in Australia (DIISR 2011), as good health not only promotes participation and good quality of life but reduces dependency on health and aged care services.

However, activity limitations and the presence of various long-term conditions do become more common with age. A substantial proportion of older Australians have several health conditions at once, which can greatly complicate their health care needs. The health of older Australians has been described in detail elsewhere (for example, see AIHW 2007a, 2007c, 2010a) but the following brief overview provides some context.

Life expectancy

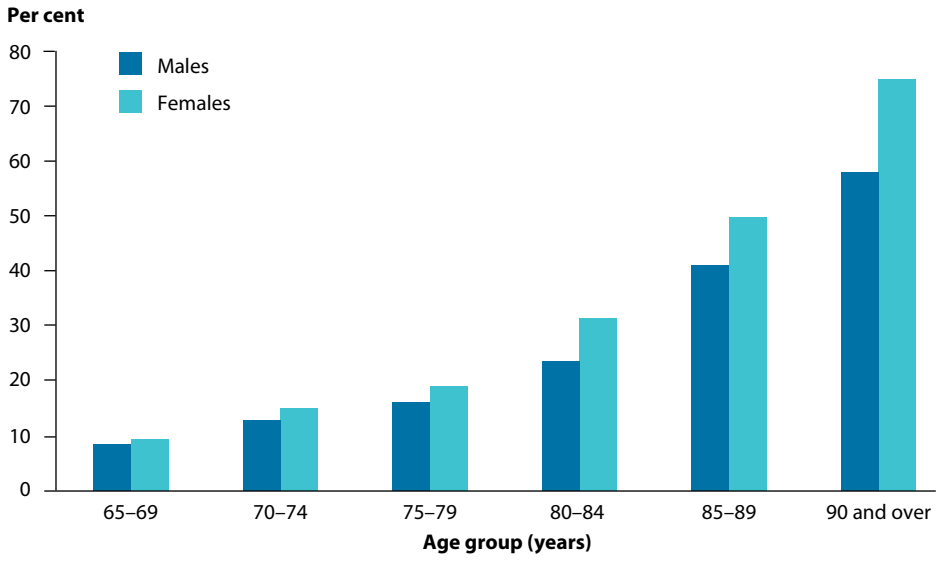
The majority of Australians enjoy good health and life expectancy among the highest in the world (AIHW 2010a). Since the 1970s, expectancies for older Australians have increased substantially. In 1970–1972, life expectancy for females and males aged 65 years was 80.9 and 77.2 years, respectively, whereas for those aged 85 years it was 90.0 and 89.1 years (ABS 2008a). By comparison, in 2007–2009, a 65-year-old Australian female could expect to live to the age of 86.8 years, and a male to 83.7. Females and males aged 85 years could look forward to living to the ages of 92.1 and 91.0 years, respectively (ABS 2010a).

Self-assessed health

According to the 2007–08 National Health Survey, two-thirds of older Australians living in households rated their own health as good, very good or excellent. This survey, however, does not include people living in institutions, such as hospitals and residential aged care facilities, and so excludes a large proportion of those who are more likely to have poor health.

Disability

Information from the 2009 Survey of Disability, Ageing and Carers (SDAC), which covers both the household and institutional populations, suggests that there are more than 1.5 million older Australians (53% of people aged 65 years or over) with some level of disability (ABS 2010b). One in five people of this age (590,000 people) have severe or profound disability, meaning that they sometimes or always need assistance with at least one core activity task (self-care, mobility or communication). The proportion of people with this level of disability increases with age, and is greater among women than men (Figure 6.3).



Note: Profound limitation – unable to do, or always needs help with, a core activity task (mobility, self-care or communication). Severe limitation – sometimes needs help with a core activity task, has difficulty understanding or being understood by family or friends, or can communicate more easily using sign language or other non-spoken forms of communication.

Source: ABS 2010b.

Figure 6.3: Older Australians with severe or profound core activity limitation, 2009

The most common conditions causing disability among older Australians are arthritis and related disorders (the main condition for 22% of older people with disability), back problems (12%), diseases of the ear and mastoid process (which affect hearing) (10%) and heart disease (6%). While less common, dementia and Alzheimer disease (discussed further below) are of significant concern in terms of disability severity. The large majority (95%) of older people with disability due to dementia or Alzheimer had severe or profound limitations. Other conditions associated with severe or profound limitations among older people include Parkinson disease (81%), Multiple Sclerosis (80%) and stroke (77%).

Assuming constant age-specific disability rates from 2003, the number of people aged 65 years and over with a profound or severe limitation was projected to almost double in the 20 years to 2023, to over a million people (see AIHW 2009a: Table 3.3). However, the latest estimates from the 2009 SDAC suggest that the overall disability rate among people aged 75–84 years has fallen by around five percentage points since 2003, and the proportion of females aged 80–84 years with a severe or profound limitation has fallen by nine percentage points (ABS 2011b). Disability rates in other adult age groups have also fallen, though not significantly so. If sustained, these falls are likely to substantially reduce projected estimates of the number of older people with disability in the future.

Long-term conditions

Three-quarters of Australians living in the community have at least one long-term condition (that is, a disease or health problem that has lasted, or is expected to last, for at least six months), and many have more than one (AIHW 2010a). The proportion of people with multiple long-term conditions increases with age; around half of those aged 65–74 years had five or more long-term conditions in 2007–08, increasing to seven in 10 of those aged 85 years or over.

Dementia is a significant health problem among older Australians. Although not often a direct cause of death, it is highly disabling and can result in a high need for care in the long term. Among Australians aged 75 years and over, dementia is estimated to be the leading cause of burden of disease for both females and males (AIHW 2010a).

Dementia is not a natural part of ageing, although the great majority of people with dementia are older people. In 2003 an estimated 175,000 Australians had dementia, with 95% being aged 65 years or over. While the majority of people with dementia lived in households (57%), almost two-thirds (63%) of those who were aged 85 years or over lived in cared accommodation (AIHW 2007b). Chapter 6.6 provides more detailed information about people with dementia living in residential aged care.

Assuming no change in underlying rates of dementia, in 2007 the AIHW projected that the number of Australians with dementia would have risen to 222,000 in 2011, due to population growth and ageing (AIHW 2007b). AIHW will publish revised estimates based on current data in 2012.

A range of other health conditions also disproportionately affect older Australians. These include arthritis (affecting 48% of people aged 65 years or over), complete or partial deafness (33%), cardiovascular disease (24%), osteoporosis (16%) and Type 2 diabetes (13%) (ABS 2010d). More information about these conditions and their impact on older Australians can be found in *Australia's health* (AIHW 2010a) and other AIHW reports (see <www.aihw.gov.au>).

6.4 Older Australians and participation

The Australian Government's Social Inclusion Agenda recognises the importance of social connectedness and participation in reducing disadvantage and social exclusion (Social Inclusion Unit 2009). Participation in social and other activities within the community has many benefits. It builds social capital—that is, the networks and relationships that facilitate cooperation, trust, support and the sharing of information. This helps to develop and maintain the informal support networks that many older people rely on for assistance, and can provide a source of information about formal support services. It may improve the mental and physical health of participants through increasing self-esteem, building a sense of belonging and enabling participation in physical activity (Caperchione et al. 2011; Ormsby et al. 2010). Further, there can be economic benefits for the individual through paid employment and for the community through volunteer work, informal caring and income tax. Each of these can promote individual wellbeing as well as contribute to reduced dependency on the welfare system.

Lifelong learning

Relatively few older Australians participate in mainstream formal education. In 2009, around 6,200 people aged 60 years or over (one in 1,000 people of this age) were enrolled in a higher education course (DEEWR 2010). Participation in vocational education was considerably more common, with almost 26,000 people aged 65 years or over (1%) enrolled in such courses in 2009 (NCVER 2010).

Other types of informal learning, such as participation in courses that the University of the Third Age (U3A) runs, are popular among older Australians. U3A is an international movement that encourages retired people to take part in lifelong learning activities for pleasure. In 2007, there were more than 200 U3A groups providing education and related social activities to over 60,000 retired people across Australia (Swindell 2007).

Staying at work

The labour force patterns of older Australians are changing, as discussed in 'Chapter 3 Economic participation'. Although most older Australians have retired, more than one in 10 (11%) people aged 65 years or over participated in the workforce in 2010–11, including 32% of males and 18% of females aged 65–69 years (ABS 2011c). Just over half (53%) of all older employees worked part time.

Helping out

Older Australians contribute greatly to the community through voluntary work, involvement in community activities and as carers (see Box 6.3). According to the 2006 General Social Survey, one in four Australians aged 65 years or over had participated in voluntary work in the previous 12 months (ABS 2007b). Volunteering rates were similar for men (27%) and women (28%). Older people who were volunteers were more likely to be carers than those who had not volunteered in the previous 12 months (30% compared with 18%).

Older people are more likely to volunteer for community or welfare organisations than for sporting or recreational organisations. The most common activities undertaken by older volunteers include fundraising/sales, preparing and serving food, and administration (ABS 2007b).

Box 6.3: Older Australians as care providers

Although this chapter provides a range of data about the support and services provided to older Australians, many older Australians themselves provide support and services to others. Apart from organised voluntary work, people aged 65 years or over make important contributions to Australian society as carers and as providers of informal child care.

In 2009, an estimated 520,000 older Australians (19%) were carers, providing unpaid support and assistance to relatives and friends who are aged, ill or living with disability (ABS 2010b). Almost 200,000 were primary carers: that is, the person providing the most care, including help with the core activities of communication, self-care and mobility, and who has been (or expects to be) doing so for at least six months. Care was most commonly being provided to a spouse (77%), with 9% caring for an adult child and a further 9% caring for a parent. Primary carers aged 65–74 years were more likely to be female (61%), however those aged 75 years and over were more likely to be male (57%).

More detailed information about carers and caring can be found in Chapter 7.

Older people are the main source of informal child care for Australian families. In 2008, grandparents provided care on a regular basis for 660,000 children (19%) aged 12 years or under (ABS 2009a). Grandparent care was most common at younger ages, with this being the usual child care arrangement for almost one in four children aged less than five years.

'Chapter 4 Children and young people' has more detailed information about child care and Australian families.

Staying in touch

As people age they may be at risk of social isolation. This may result from changes in personal circumstances; for example, retirement, reduced mobility, illness, widowhood or moving home. Maintaining contact with family and friends is important, and can be achieved through face-to-face contact at home or in the community, or remotely using communications technology.

According to the 2009 SDAC, an estimated 80% of people aged 65 years or over living in households had face-to-face contact with family or friends living outside their household in the previous week; 18% had such contact every day. Ninety per cent of people of this age had at least weekly contact with family and friends in other ways, such as by telephone, the internet or 'texting' (SMS). Females were slightly more likely than males to have had contact with family or friends living outside their household, and the proportion of people who had at least weekly contact decreased slightly with age in both sexes.

In 2008–09, almost one in three Australians aged 65 years or over had access to the internet, mostly in their own homes (ABS 2010c). (By comparison, in other age groups, between 63% and 94% of people had access to the internet.) Almost half of older Australians with internet access used it every day, with most using it at least once a week. The vast majority (96%) used the internet for private purposes, however 20% used it for work or business and 15% for voluntary or community purposes.

Social connections are an important source of support in times of crisis, and the ability to call on family and friends for assistance can reduce dependence on formal services, improve quality of life and reduce mental distress. Data from the 2009 SDAC suggest that most older Australians

living in households (95%) are able to get support from someone outside their household in times of crisis (ABS 2010b).

Opportunities for external social interaction among those in residential care can be limited. The Australian Government funds the Community Visitors Scheme to provide one-on-one volunteer visitors to residents of government-subsidised aged care services. Community-based organisations recruit, train and match volunteers to visit socially and culturally isolated residents whose quality of life would be improved by friendship and companionship to help them to maintain links to the community.

6.5 Financial resources of older people

A person's financial resources influence their living arrangements, the way they participate in the community and their ability to maintain their chosen lifestyle. For a household, financial resources generally comprise income (for example, wages from employment) and assets (possessions such as a house or car). On retirement, the main source of income shifts from employment or business income to superannuation, savings, investment income, and government pensions.

As with their younger counterparts, older Australians vary in their level of resources and the amount of disposable income they have. Households including people aged 65 years or over tend to have lower mean disposable incomes than other households, but greater wealth (see Chapter 3.4). This means older people are more likely than younger people to have assets that they can draw on if necessary. Older people also tend to have lower living expenses compared with other households. Estimates from the 2007–08 Survey of Income and Housing show that the mortgage-free home ownership rates among people aged 65 years or over were 86% for couples and 69% for single people (ABS 2009c).

Although the majority of older people rely at least in part on the Age Pension (or similar support from the Department of Veterans' Affairs), a smaller but substantial number are 'self-funded retirees'. People of pension age receive certain benefits and concessions—some means-tested and others not—that increase their economic security without necessarily providing additional cash income. Examples include the Commonwealth Seniors Health Card, the Seniors Supplement, the Seniors Card and various superannuation tax offsets. Concessions and discounts for pensioners or 'seniors' are also often available in the private sector.

Main sources of income

Employment

A relatively small proportion of older Australians receive the majority of their income from employment. According to the 2007–08 Survey of Income and Housing, 4% of couple households and 3% of single-person households where the reference person (see Chapter 2, Box 2.4) was aged 65 years or over had employment income as the main source of household income (ABS 2009c). The average gross household income for these households was $916 and $455 per week, respectively.

At 30 June 2010, 19% of workers over Age Pension age (64 years for women and 65 years for men in June 2010) were registered in the Pension Bonus Scheme. This scheme was intended to encourage older Australians to defer claiming the Age Pension, and continue working beyond the qualifying age. It provides a one-off tax-free lump sum to eligible registered people when

they later claim and receive the Age Pension. The Pension Bonus Scheme was closed to new entrants who did not qualify for the Age Pension before 20 September 2009. A new measure, the Work Bonus, was introduced in September 2009 as part of the Government's *Secure and Sustainable Pension Reform* package.

Australian Government pensions

As at 30 June 2010, around 78% of the Australian population aged 65 years or over received the Age Pension or a similar means-tested income support payment from the Department of Veterans' Affairs (DVA) (Table 6.1).

Over two million Australians received a full or partial Age Pension through Centrelink; three-fifths (60%) received a full-rate pension (Appendix Table A6.1). Around 56% of Age Pension recipients were women. A slightly higher proportion of women (62%) than men (58%) received a full pension.

In addition, over 272,000 people aged 60 years or over received income support from the Department of Veterans' Affairs (Age Pension, Service Pension or War Widow's/Widower's Pension) (Table 6.1). Almost two-thirds (65%) of DVA pensioners of this age are women, and more than half of these receive a War Widow's Pension (DVA unpublished data). By contrast, 96% of male DVA pensioners receive a Service Pension (DVA unpublished data). DVA pensions are particularly important for the cohort of older Australians aged 80 and over, many of whom served in World War II or are widows of those who served in the war.

Table 6.1: Age and DVA Pension recipients, 30 June 2010

	Age group (years)						
	60–64[a]	**65–69**	**70–74**	**75–79**	**80–84**	**85+**	**Total**
	Per cent of Age Pensioners[b]						
Males	. .	11.9	12.1	9.6	6.8	3.0	43.5
Females	2.5	14.3	13.5	10.9	7.9	7.3	56.5
Persons	**2.5**	**26.3**	**25.6**	**20.6**	**14.8**	**10.3**	**100.0**
Persons (number)	*53,688*	*565,471*	*550,211*	*442,592*	*318,418*	*222,795*	*2,153,175*
Per cent of age group population	*4.4*	*62.2*	*77.4*	*80.2*	*72.5*	*55.9*	*69.8[c]*
	Per cent of DVA pensioners[b]						
Males	6.6	3.7	2.2	2.1	4.1	16.2	35.0
Females	5.0	3.5	4.0	7.3	18.5	26.6	65.0
Persons	**11.7**	**7.2**	**6.2**	**9.5**	**22.6**	**42.9**	**100.0**
Persons (number)	*31,777*	*19,593*	*16,937*	*25,731*	*61,429*	*116,742*	*272,209*
Per cent of age group population	*2.6*	*2.2*	*2.4*	*4.7*	*14.0*	*29.3*	*8.0[c]*
Total as per cent of age group population	**7.0**	**64.3**	**79.8**	**84.9**	**86.5**	**85.3**	**77.8[c]**

. . not applicable

(a) Eligibility for the Age Pension in June 2010 was 64 years (increasing to 65 by 2014) for women, and 65 years for men.

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

(c) Per cent of people aged 65 or over.

Notes

1. Table includes full and part-pension recipients (see Table A6.1 for a breakdown of part and full Age Pension recipients).
2. DVA pensioners include persons in receipt of a Service Pension or War Widow's Pension.
3. Components may not add to total due to rounding.

Sources: Centrelink pensions database; DVA unpublished data.

Age Pension recipients have relatively modest levels of assessable assets and income. The average value of assessable assets was just over $40,000 for people receiving the full-rate pension in 2008–09 and almost $145,000 for those receiving less than the full rate (FaHCSIA 2009). Similarly, the average assessable income was considerably lower for those receiving the full Age Pension than for those receiving a part-pension ($907 per year compared with $9,613). A person's principal home is not counted as an assessable asset, however the assets test limits are different for home owners and non-home owners.

Superannuation

Superannuation is money set aside over a person's lifetime to provide for their retirement. It can be accessed when a person reaches preservation age (between 55 and 60 years, depending on year of birth) and retires, or when they turn 65. New transition to retirement arrangements allow eligible people to reduce their working hours once they reach preservation age and top up their income using their superannuation savings.

In 2009–10, superannuation funds paid out more than $60 billion in benefits (APRA 2011). This was divided evenly between lump sum and pension payments. The total value of superannuation payouts, and the average benefit, have been increasing—in 2003–04 funds paid out $21 million in lump sums and $13 million in pensions. Projections using Treasury models suggest that these increases will continue (Rothman & Tellis 2008).

Widespread superannuation coverage is a relatively recent phenomenon in Australia, emerging in the late 1980s and early 1990s. Lower rates of coverage combined with historically lower labour force participation, especially among older generations of women, means that many older Australians have never contributed to a superannuation scheme. In 2007, 79% of people aged 70 years or over had no superannuation coverage (ABS 2009b). One in five people aged 65–69 years were still contributing to a superannuation scheme, while one in four were already drawing on their funds. Males were more likely than females to have superannuation coverage, and also more likely to still be contributing to a scheme.

Financial stress

Measures of financial stress often show a general decline with increasing age. For example, the 2007–08 Survey of Income and Housing showed that housing costs were less than 26% of gross income for 89% of households where the reference person (that is, the person chosen to represent the household, see Box 2.4) was aged 65 years or over, compared with 66% of households where the reference person was aged under 35 years (ABS 2009d). The mean housing costs per week were also substantially lower for the older group than for most other groups. Some older people, however, do face high housing costs (see Chapter 2, Box 2.5).

In the 2006 General Social Survey, only 3% of couple households and 6% of lone-person households where the reference person was aged 65 years or over had a cash flow problem in the previous 12 months, compared with 17% of couple and 42% of lone person households where the reference person was aged under 35 years (ABS 2007a). Households with older people were also less likely than other households to have had difficulty paying bills or taken actions that reduced assets (such as selling assets or drawing on savings) in the previous 12 months.

6.6 Caring for older Australians

As noted earlier, although many older Australians are generally healthy and able to live independently, some require assistance. The Australian Government supports 'ageing in place', that is, providing sufficient support to enable older people to remain in their own homes rather than enter residential care. The need for such support generally increases with age.

Informal care underpins Australia's community services system, not least of all in aged care. Much of the care of older people with long-term health conditions and disability is provided on an unpaid basis by relatives and friends. Referred to in this report as 'carers', these people may provide help with a broad range of activities of daily living, including core activities (self-care, mobility and communication) and non-core activities (for example transportation, shopping, meal preparation, household chores and paperwork). Carers and caring are discussed in more detail in Chapter 7.

Australian Government-subsidised 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 informal care is no longer able to meet all their critical needs.

Formal care can be delivered in two main settings: either at home in the community, or in a residential aged care facility. In addition, flexible care programs provide a combination of community and residential options. This section provides information about the use of these services and the users of such services.

Demand for aged care services

The 2009 SDAC collected data about the needs for assistance of survey participants living in private households. Information was collected about a range of activities, such as self-care, meal preparation, household chores and property maintenance. This provides an indication of the potential demand for aged care services in the community.

More than one in three older people (38%) needed assistance with at least one activity (Table 6.2). The proportion needing assistance increased with age, from around one in four of those aged 65–74 years to seven in 10 of those aged 85 years or over. Sixteen per cent needed assistance with one of the three core activities (self-care, mobility or communication). In each age group, mobility was the core activity with which the most people required assistance.

The need for assistance with non-core activities also increased with age. Help with property maintenance was the most common, with one in four older people requiring assistance in this area. Other activities with which people commonly needed assistance were household chores and health care.

Table 6.2: Need for assistance with broad activities, by age group, people aged 65 years or over living in households, 2009 (per cent)

Activity type	Age group (years)			Total 65 and over
	65–74	75–84	85 and over	
Core activities				
Self-care	5.8	9.3	20.1	**8.5**
Mobility	8.1	16.3	37.4	**13.9**
Communication	0.8	1.8	5.1	**1.6**
At least one core activity	*10.2*	*18.3*	*40.7*	***16.1***
Non-core activities				
Meal preparation	2.7	6.5	19.6	**5.7**
Cognitive/emotional tasks[(a)]	4.5	4.9	10.3	**5.2**
Reading/writing tasks	2.6	5.8	18.2	**5.3**
Transport	0.8	1.6	5.5	**1.5**
Property maintenance	17.2	31.3	47.7	**25.2**
Household chores	11.9	23.4	47.8	**19.6**
Health care[(a)]	12.5	23.6	45.9	**19.7**
At least one activity	*27.1*	*44.7*	*71.9*	***37.7***

(a) These items relate only to people with disability.

Source: ABS 2009 Survey of Disability, Ageing and Carers.

Where are services located?

Aged care services are located all over Australia in order to meet the needs of our widespread population.

In total, more than 234,000 operational aged care places (excluding Transition Care places) were available nationwide in June 2010, with more than three-quarters of these (almost 183,000) being residential places (Table 6.3). More than 51,000 community care places were available, with the majority being low-care places. The distribution of services among remoteness areas was broadly consistent with the distribution of the population aged 70 years and over (the population used in aged care service planning).

Table 6.3: Number of operational aged care places by geographic region, as at 30 June 2010

Service type	Major cities	Inner regional	Outer regional	Remote	Very remote	Total
Residential care						
Residential aged care	123,883	40,111	14,353	1,071	331	179,749
Multi-Purpose Services, residential	0	419	1,509	544	235	2,707
NATSIFACP, residential	87	0	68	69	170	394
Total residential care	**123,970**	**40,530**	**15,930**	**1,684**	**736**	**182,850**
Per cent of places	**67.8**	**22.2**	**8.7**	**0.9**	**0.4**	**100.0**
Community care						
EACH	3,669	1,380	471	57	9	5,587
EACH Dementia	1,778	565	222	18	0	2,583
Subtotal community high care	*5,447*	*1,945*	*693*	*75*	*9*	*8,170*
CACP	28,823	9,311	3,339	646	515	42,634
Multi-Purpose Services, non-residential	0	35	230	104	44	413
NATSIFACP, non-residential	78	36	10	28	107	259
Subtotal community low care	*28,901*	*9,382*	*3,579*	*778*	*666*	*43,306*
Total community care	**34,348**	**11,327**	**4,272**	**853**	**675**	**51,476**
Per cent of places	**66.7**	**22.0**	**8.3**	**1.7**	**1.3**	**100.0**
Grand total	**158,318**	**51,857**	**20,202**	**2,537**	**1,411**	**234,326**
Per cent of places	**67.6**	**22.1**	**8.6**	**1.1**	**0.6**	**100.0**
Per cent of 70+ population	**66.1**	**22.9**	**9.7**	**1.0**	**0.3**	**100.0**

CACP Community Aged Care Package
EACH Extended Aged Care at Home
NATSIFACP National Aboriginal and Torres Strait Islander Flexible Aged Care Program
Source: DoHA unpublished data.

How many places are available?

Government planning and allocation processes influence the supply of aged care places, which determines the number of places available, as well as take-up and delivery of place allocations by service providers. The level of supply in turn affects consumers' ability to access services. Examining the number of aged care places relative to the population at risk of needing care provides a useful indirect measure of accessibility for individuals. For the purposes of reporting on provision outcomes, aged care places and packages include CACP, EACH, EACHD, Transition Care and residential aged care. Operational packages or places in these programs can be measured against planning targets. It is not possible to provide a similar analysis for HACC or Veterans' Home Care (VHC) as discrete packages and places for individuals do not exist.

Historically, the population aged 70 years or over has been used for planning purposes, being considered to reflect the population 'at risk' of needing aged care services. More recently, however, the Health and Hospitals Reform Commission (NHHRC 2009) has proposed that the population aged 85 years and over be used for planning, on the basis that this better reflects usage patterns as the population has aged. Table 6.4 presents data based on both of these age groups, but also considers the population with profound or severe core activity limitations, as a potential indicator of high need.

Table 6.4: Operational residential aged care places, community care packages and Transition Care places at 30 June, 2000–2010

		Places/packages per 1,000 persons			
	Number of places/ packages	Aged 70+	Aged 85+	Aged 70+ with severe or profound core activity limitation	Aged 85+ with severe or profound core activity limitation
2000	160,650	94.4	635.8	350.0	978.4
2002	172,983	96.9	629.6	353.5	969.5
2004	186,503	101.2	645.6	369.3	1104.1
2006	205,450	107.5	637.8	385.1	1094.7
2008	223,955	111.9	617.9	443.6	1149.9
2010	237,024	112.5	595.2	441.8	1096.2

Note: The number of places/packages includes residential aged care, CACP, EACH, EACHD and Transition Care programs combined. Places provided by Multi-Purpose Services and services receiving flexible care subsidy under the National Aboriginal and Torres Strait Islander Aged Care Program are also included. Data on the number of places available in individual programs is presented in Appendix Table A6.2.

Sources: AIHW analysis of ACCMIS database as at October 2010; AIHW analysis of ABS 2003 SDAC CURF; ABS 2010b.

Community and flexible aged care

There is a continuing strong emphasis on the provision of innovative and flexible community care to help people stay in their own homes. Community care services offer packaged care at different levels of assistance, depending on the needs of the client. Most programs offer services that can be received over variable periods of time. Services such as domestic assistance and personal care may be provided on an ongoing basis, whereas other services such as home maintenance may be required less often.

HACC

In terms of client numbers, HACC, administered under the *Home and Community Care Act 1985*, is the largest of the community care programs. The HACC program delivers 'a comprehensive coordinated and integrated range of basic maintenance and support services for frail aged people, people with disability and their carers' (DoHA 2011). Assistance available through HACC includes domestic assistance, personal care, transport, home maintenance, nursing and allied health care.

Service use

As at 30 June 2010, there were more than 3,300 active agencies registered in the HACC Minimum Data Set Agency Register. During 2009–10, reporting agencies provided services and assistance to about 688,000 people aged 65 and over (Appendix Table A6.3), 77% of the total HACC client population in 2009–10. The HACC services usage rate among older people has increased since 2004–05, from 211 per 1,000 to 229 per 1,000 persons aged 65 and over in 2009–10. Two-thirds of older service users were female, and one-quarter were aged 80–84 years.

In 2009–10, the major types of assistance which HACC program clients received were domestic assistance (33% of clients), home or garden maintenance (19%), and meals and transport (each 17%) (Appendix Table A6.4). Specialist services such as nursing (21% of clients) and allied health or therapy (20%) were also commonly used. Note that in the reporting of HACC services, use of respite services is recorded against the carer and not the care recipient, leading to an artificially low proportion of 'clients' reported as receiving this type of assistance.

Programs administered by the Department of Veterans' Affairs

Eligible veterans, war widows and widowers can receive assistance from a number of DVA funded community care programs. Veterans' Home Care (VHC) delivers in-home support services including domestic assistance, personal care, safety-related home and garden maintenance, and respite care. VHC is the second largest provider of community aged care services after HACC, providing services to almost 77,000 clients in 2009–10 (Appendix Table A6.3). Eligible people needing more than 1.5 hours per week of personal care or nursing may be referred to the DVA Community Nursing program, which served almost 33,000 clients in 2009–10 (Appendix Table A6.3).

Other DVA programs that provide support to older people include the DVA Rehabilitation Appliances Program for the supply of aids and equipment; HomeFront, a falls and accident prevention program; and the Home Maintenance Line, a telephone service for advice with property maintenance and emergency repairs. Clients of DVA programs may also be eligible for assistance through other programs, on the basis of an assessment of care needs.

The most common services provided to VHC clients are domestic assistance (93%) and home or garden maintenance (23%) (Appendix Table A6.4).

CACP

Community care in a person's home is also provided as tailored packages through the Community Aged Care Packages (CACP) program. These packages are designed to meet the daily care needs of frail older people, allowing them to stay in their own homes and community without having to enter low-level residential care. Care planning and case management are provided, including assistance with personal care, meals, and domestic duties, such as cleaning (DoHA 2009a). Nursing and allied health are not available through CACP.

Since 1998, the number of operational CACP packages has increased substantially. At 30 June 2010, 1,300 service outlets managed more than 43,000 packages and delivered CACP services to over 40,000 clients (Appendix Table A6.2), 96% of whom were aged 65 years or over (Appendix Table A6.3).

The majority of CACP clients received domestic assistance (Appendix Table A6.4). Assistance with personal care (39%) and social support (36%) were also common. The median duration of support for people who stopped receiving CACP assistance during 2009–10 was between one and two years (AIHW 2011a).

The AIHW publishes more detailed information about CACP program use annually (see, for example, AIHW 2011a).

EACH and EACHD

CACPs are complemented by Extended Aged Care at Home (EACH) and EACH Dementia (EACHD) packages, which aim to deliver care at home that is equivalent to high-level residential care. EACH packages may include clinical care (nursing services), personal assistance, meal preparation, continence management, therapy services, home safety and medication management. The EACHD package offers the same type of assistance as the EACH package, but is specific to the needs of people with dementia (DoHA 2009a).

While still relatively small in size, the growth in these programs has been rapid. At 30 June 2010 there were almost 400 outlets providing EACH packages to more than 5,000 clients, and over 250 outlets providing EACHD services to almost 2,300 clients (Appendix Table A6.2).

Personal care services were provided to a large proportion of people in the EACH (83%) and EACHD (74%) programs, reflecting their higher care needs. Use of domestic assistance and respite care was also common (Appendix Table A6.4). The median duration of support was shorter for EACH and EACHD than for CACP, at 6–12 months for those who stopped receiving care in 2009–10 (AIHW 2011a).

The AIHW publishes more detailed information about EACH and EACHD program use annually (see, for example, AIHW 2011a).

Transition Care

The Transition Care Program is a relatively new program which the Australian Government and the state and territory governments fund jointly. It provides time-limited, goal-oriented and therapy-focused care for older people who have been assessed as eligible for residential aged care during a hospital stay. The program provides a package of services that include low-intensity therapy (such as physiotherapy), care management, nursing support and personal care. Transition care can be provided for up to 12 weeks (with a possible extension of another six weeks), either in a home-like residential setting or in a person's home. This gives care recipients, their families and carers time to consider long-term care arrangements. It also aims to optimise the independence level of those older people prior to their making longer term arrangements.

At 30 June 2010, there were 84 service outlets providing transition care with almost 2,700 operational places (Appendix Table A6.2). Including people who used the program more than once, there were over 11,000 admissions to the program in 2009–10.

Multi-Purpose Services

Multi-Purpose Services are a joint initiative between the Australian Government and those states and territories that need such services. They deliver a mix of aged care, health and community services in rural and remote communities that cannot otherwise sustain separate services (DoHA 2010b). The services may be delivered at central locations or out in the community. At 30 June 2010 there were 3,120 operational Multi-Purpose Service places across 129 service outlets (DoHA 2010b). Almost 1,700 of these places were for high-level residential care.

Services for Indigenous Australians

Flexible models of care are also provided under the National Aboriginal and Torres Strait Islander Flexible Aged Care Program. The services funded under this program provide culturally appropriate residential and community aged care, mainly in rural and remote areas close to Indigenous communities. At 30 June 2010 there were 29 service outlets funded under the program, delivering over 650 places (DoHA 2010b), of which almost 400 were for residential care.

Ensuring quality community care

A multi-jurisdictional community care reform process has been underway since 2004, aiming to streamline service delivery and administration. As part of this process a set of nationally consistent standards has been developed, which apply to HACC, CACP, EACH, EACHD and the National Respite for Carers Program (each of which previously functioned under separate standards).

The Community Care Common Standards came into effect on 1 March 2011. They cover three broad areas: effective management; appropriate access and service delivery; and service user rights and responsibilities. As part of enacting the standards, a self-assessment tool and an on-site visit by quality reviewers will facilitate the implementation of quality reviews, including service provider reviews of practices relating to the standards.

Residential aged care

The Australian Government funds aged care facilities to provide residential aged care to older Australians whose care needs are such that they can no longer remain in their own homes. Facilities provide suitable accommodation and related services (such as laundry, meals and cleaning) as well as personal care services (such as assistance with the activities of daily living). Nursing care and equipment are provided to residents requiring such assistance. The residential aged care program is provided on a permanent or respite basis.

Permanent care is offered at two levels—low care and high care—depending on a person's assessed needs. Permanent residents receiving low-level care require accommodation and personal care, and residents receiving high-level care require 24-hour nursing in addition to their low-care needs (DoHA 2009b).

Residential respite gives short-term care (either low- or high-care) in aged care facilities on a planned or emergency basis to elderly people who need temporary care, but intend to return to their own home. It supports elderly people in transition stages of health, and carers use respite to provide them with a break from their caring duties (DoHA 2009b).

Service use

At 30 June 2010, 2,772 service providers provided 179,749 Australian Government-subsidised residential aged care places (excluding places that flexible programs provided) (AIHW 2011e). The majority (60%) of providers were in the not-for-profit sector, such as religious and community organisations. A further 29% of providers were private for-profit establishments, while the remaining 11% were state and local government facilities. The average facility size has grown from 46 places in 1998 to 65 in 2010.

At 30 June 2010, there were 159,728 permanent and respite residents aged 65 years or over in Australian Government-funded aged care homes. Over 156,000 were permanent residents, with almost 58,000 new admissions for permanent care during 2009–10 (AIHW 2011e). Seventy per cent of these permanent residents were female and 59% were aged 85 years or over. The median length of stay among people in permanent residential care at 30 June 2010 was 2–3 years; however, one in five (21%) people had been in care for five years or more.

The AIHW publishes more detailed information about residential aged care services and clients annually (see, for example, AIHW 2011e).

Are the available places being used?

Occupancy levels in residential aged care were very high over the period 2000–2006 (mostly around 95–96%), but have since declined to average 92% in 2009–10 (Table 6.5). This decline reflects higher annual allocations of new places. Occupancy rates remain higher in South Australia and Tasmania than in other jurisdictions. High occupancy rates may create lengthy waiting times for entry to care in some parts of the country and for some groups of people

(Hogan 2004, PC 2008). Conversely, low occupancy rates may affect the financial viability of services with flow-on effects for service availability over time (Senate Standing Committee on Finance and Public Administration 2009).

Table 6.5: Average occupancy in residential aged care 2000–01 to 2009–10

State/territory	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
2000–01	95.9	94.8	96.6	94.7	97.6	97.5	95.6	93.5	95.9
2001–02	95.3	94.9	96.4	92.9	97.7	97.7	97.7	91.9	95.5
2002–03	96.4	94.7	96.4	95.6	97.3	97.8	97.7	94.7	96.0
2003–04	96.1	94.4	96.5	95.7	97.2	97.5	98.0	90.9	95.9
2004–05	95.2	94.1	96.2	94.8	97.5	96.9	98.3	93.9	95.3
2005–06	95.4	93.0	96.0	94.9	97.6	96.0	97.9	95.1	95.1
2006–07	94.3	92.5	94.9	94.6	97.6	95.9	96.3	94.9	94.3
2007–08	93.4	92.2	93.5	94.2	96.8	95.1	93.2	92.2	93.5
2008–09	92.6	91.4	92.3	94.1	96.0	93.8	92.4	89.0	92.7
2009–10	92.3	91.2	91.1	93.9	95.8	96.0	91.5	89.0	92.3

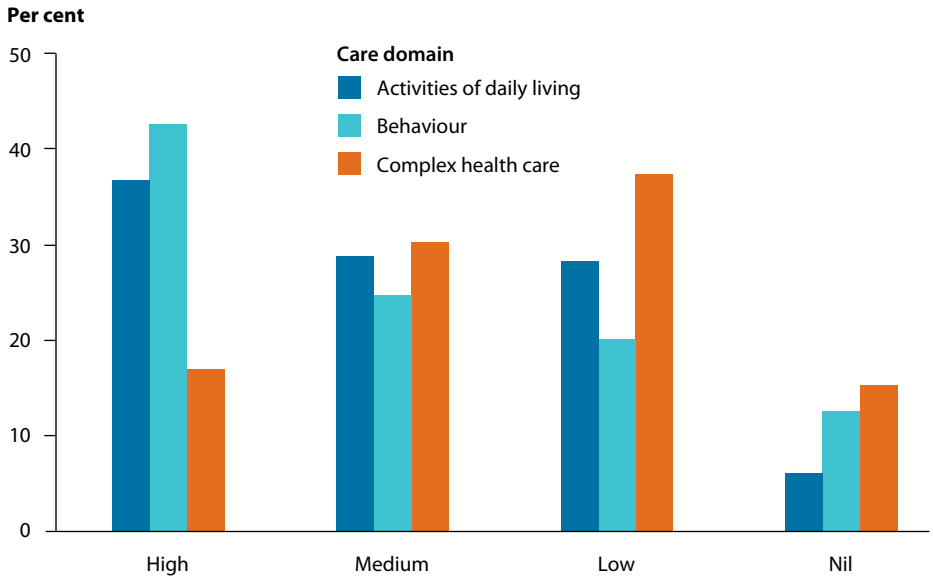
Note: The average occupancy over a year is calculated by dividing total occupied resident days over the year by total available place days over the year. This gives an underestimate of true occupancy because some places may be offline for upgrading etc. over the period.

Source: AIHW 2011e.

Dependency of clients in residential care

At 30 June 2010 more than 155,000 permanent aged care residents had been appraised using the Aged Care Funding Instrument (ACFI; see Box 6.4). More than one-third were assessed as having high dependency with regard to activities of daily living, and over two-fifths had high dependency in terms of behaviour (Figure 6.4). The high and medium categories combined accounted for almost half of residents with complex health care needs, along with two-thirds of those assessed for behaviour and activities of daily living.

Data collected using the ACFI suggests that over half of all permanent residents in Australian Government-subsidised aged care facilities have a diagnosis of dementia. In 2008–09, 70% of those with dementia were female, and 79% were aged 85 years or more (AIHW 2011b). Most residents with dementia (87%) had high-care needs, particularly in the areas of behaviour and activities of daily living. By comparison, 68% of residents without a diagnosis of dementia had high-care needs.



Source: AIHW analysis of DoHA ACCMIS database as at October 2010.

Figure 6.4: Level of dependency of permanent aged care residents aged 65 years and over with ACFI appraisal, at 30 June 2010

Box 6.4: Measuring dependency of permanent residents in aged care homes

From 20 March 2008, the Aged Care Funding Instrument (ACFI) was introduced as the determinant within a new funding model for residential aged care. Detailed analysis of the first capture of data has been published in *Dementia among aged care residents: first information from the Aged Care Funding Instrument* (AIHW 2011b).

The ACFI attempts to separate and measure only those care elements that most contribute to the cost of individual care. Each resident is appraised in respect of three domains: Activities of Daily Living, Behaviour Characteristics and Complex Health Care Needs. Scores in each of these domains determine the level of care required (high, medium or low) for that domain, and the overall level of resident subsidy is derived from this. The concepts of ACFI high care and ACFI low care are defined through various combinations of scores in the three domains.

All new permanent admissions after 20 March 2008 are appraised using the ACFI. From 20 March 2008, assessors will use the ACFI to appraise existing residents if and when they require a review of their current classification.

Ensuring quality residential aged care

Accreditation of services

The *Aged Care Act 1997* sets out a process of accreditation of residential aged care homes as an eligibility requirement for Australian Government funding. Accreditation by an independent authority, the Aged Care Standards and Accreditation Agency, is designed to assure both the government and the community that services provided to consumers meet recognised standards. The 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 2010, 92% of homes were accredited for at least three years and 98% of all homes were compliant with all 44 Accreditation Standards Outcomes (DoHA 2010b).

In addition, the Aged Care Standards and Accreditation Agency undertakes a program of unannounced visits to ensure proper care of residents, including nutrition and hydration. In 2009–10, the agency conducted 6,119 visits to homes and all homes received at least one unannounced visit during this period (DoHA 2010b).

Promoting best practice

The Australian Government-funded Encouraging Best Practice in Residential Care program aims to improve the level of clinical care for residents in aged care homes. The program supports the uptake of existing evidence-based guidelines by funding organisations to translate the best available evidence into effective approaches for staff to use in their everyday practice. The focus of the program is to implement cost-effective and sustainable strategies for evidence-based care for residents, using existing knowledge and tools. The University of Wollongong, Centre for Health Service Development (CHSD), is undertaking a national evaluation of the program.

Respite care

Respite care offers support to older people and their carers who may need a break or who require some extra care for a short period—for example, during or while recovering from illness. Care may be provided for a few hours on a one-off or regular basis, for a couple of days, or for a few weeks. Programs that deliver care services typically offer respite care services in the community and may also help clients to access residential respite care. For example, HACC provides respite care in the form of a substitute carer in the home, centre-based respite, host-family respite and peer-support respite. VHC provides in-home respite care, while DVA separately funds residential respite care for eligible clients.

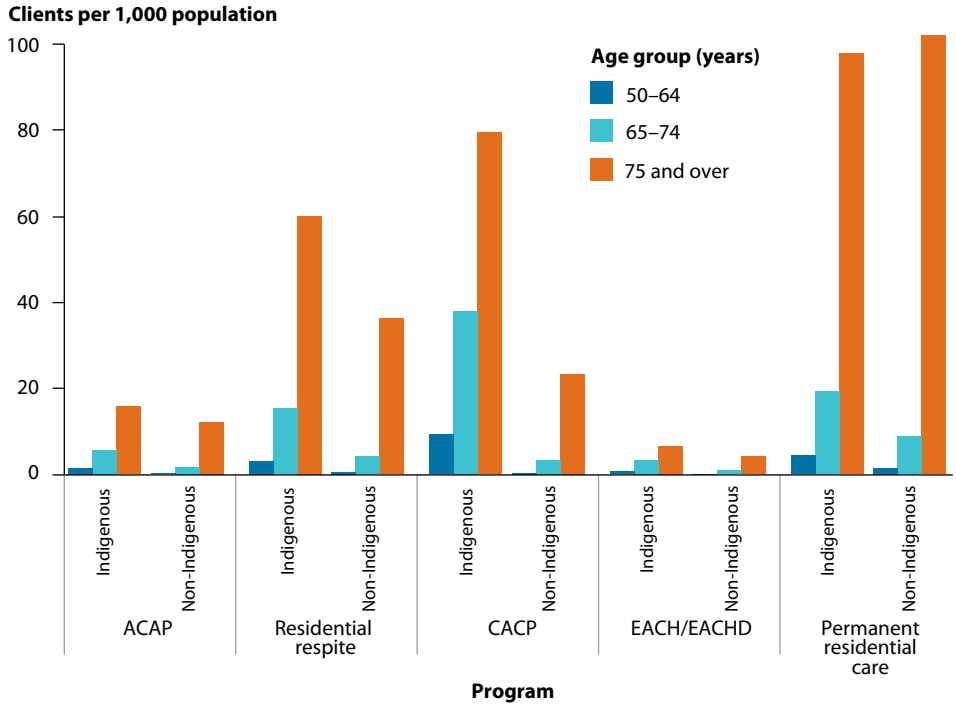
The National Respite for Carers Program is dedicated to the provision of respite care and other forms of support for carers. The program provides direct respite care in a number of settings, as well as indirect respite such as domestic assistance, social support and personal care for the care recipient, intended to relieve carers of some of the tasks of daily living (see Chapter 7 for more detail). During a census in 2008 that captured data over 1 week for each individual, around 8,500 carers received a total of 97,000 hours of program-funded respite care (DoHA unpublished data).

Residential respite care provides emergency or planned care in a residential aged care home on a short-term basis. An Aged Care Assessment Team (ACAT) approval is required to access residential respite care, and, up until 1 July 2009, an approval remained valid for 12 months (see the following section, 'How do people access aged care services?'). A person with a valid

approval may use up to 63 days of respite care in a financial year, which may be taken in 'blocks'. The numbers of people using residential respite care is small at any point in time—almost 3,800 people, or 2% of aged care residents, at 30 June 2010 (AIHW 2011e). The short length of stay (an average of 3.4 weeks in 2009–10) means that the total number of people using respite care during the year is much higher. In 2009–10, there were about 57,500 admissions to residential respite care, which accounted for 50% of all residential care admissions during that financial year.

Use of aged care services by Indigenous Australians

As expected, aged care program usage rates increase with age for both Indigenous and non-Indigenous Australians (Figure 6.5). For some programs, however, Indigenous Australians have relatively high usage compared with their non-Indigenous counterparts. For example, Indigenous Australians aged 75 years or over use CACPs at a rate of almost 80 per 1,000 population—more than three times the rate among non-Indigenous Australians of this age. Younger Indigenous Australians also have relatively high usage of permanent residential care. Although to some extent this does reflect the poorer health of Indigenous Australians, the substantially different age distributions of the two populations also affects the comparison (see Chapter 1, Figure 1.1).



Notes

1. HACC usage rates in the Indigenous population are considered too unreliable to report.
2. ACAP data are for 2008–09; residential respite data are for 2009–10; CACP, EACH/EACHD and permanent residential care data are as at 30 June 2010.

Sources: AIHW analysis of DoHA ACCMIS database as at October 2010; ACAP NDR; AIHW population database.

Figure 6.5: Use of selected aged care programs by Indigenous status and age of clients

How do people access aged care services?

Assessment of care needs is an integral step in accessing Australian Government-subsidised aged care services, and mandatory for certain types of services. These assessments not only determine eligibility for various programs but also try to ensure the services recommended are appropriate to the client's needs and wishes. Aged Care Assessment Teams (ACATs) operate under the Aged Care Assessment Program (ACAP), funded by the Australian Government and managed by the states and territories. Following a detailed assessment that considers physical, psychological, medical, cultural and social needs, ACATs approve clients to receive the types of services and/or accommodation deemed to best meet their needs for care and support in the long term (see Box 6.5). The target population for ACAP services is people aged 70 years or over, or Indigenous Australians aged 50 years or over. Younger people with disability may receive an ACAT assessment if their needs cannot be met through other sources.

ACAT assessments are not required for HACC, the National Respite for Carers Program, VHC or DVA Community Nursing; however, ACATs can refer clients to these programs when they are more appropriate for meeting individual needs.

Box 6.5: ACAT recommendations and approvals for care and support

A completed ACAT assessment results in recommendations for long-term care and program support (including an appropriate setting) as part of a care plan. However, clients can be approved to receive more than one type of care. For example, a client may be recommended for high-level residential care, but be approved to receive high-level permanent residential care as well as an EACH package and/or residential respite care.

Differences between recommendations and approvals may arise because:

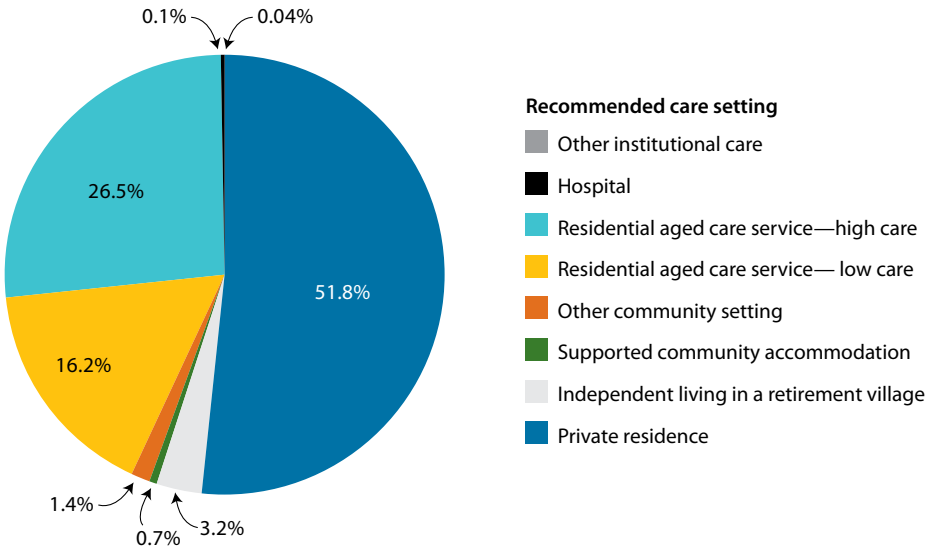
- some approvals are 'just in case', where a client may be recommended to live in the community but is eligible for low-level residential care and approved for this care in case it is required
- some approvals are for support that is 'interim until entry to residential care', such as for the client in the example above who is recommended to live in residential care but packaged care and residential respite care may be provided in the interim.

In cases where the assessor and the client do not agree on the outcome of the assessment, approvals reflect the care the client is eligible to receive, and the recommendation reflects the assessor's view. The client's wishes are reflected in the types of care for which he or she applies. Under the *Aged Care Act 1997*, a client can be recommended and approved for a type of care whether or not he or she has applied for that type of care.

Once a type of care is approved, the client's receipt of services is subject to the availability of places and other considerations. Clients can be reassessed if their care needs change to the extent that a different level or type of care is required.

Sources: ACAP NDR 2009; AIHW 2007a.

In 2008–09, ACATs undertook assessments for 191,087 clients aged 65 years or over (or Indigenous clients aged 50 years or over). Most clients (92%) were living in the community at the time of assessment. Long-term care in the community was recommended in more than half of cases (57%), with the majority of recommendations being for accommodation in private residences (Figure 6.6). High-level residential aged care was recommended for just over one-quarter of clients.



(a) Includes only results from the last assessment for clients assessed more than once in the financial year.

Notes

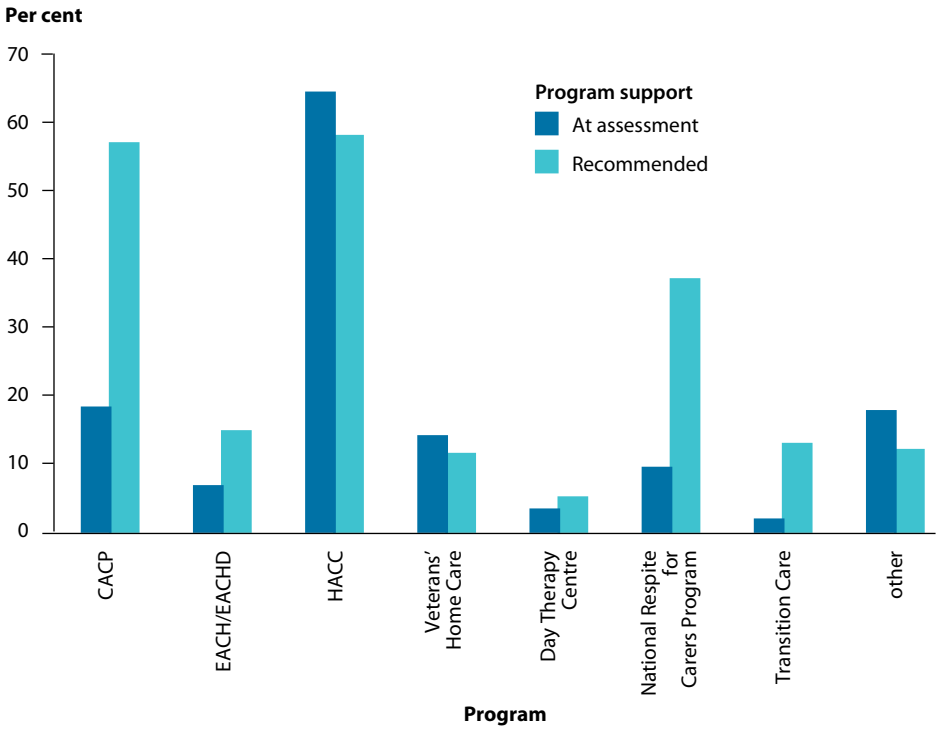
1. Data exclude 48 cases with missing, unknown or inadequately described information on age in non-Indigenous clients (in MDS v2).
2. Percentages based on numbers of cases with known age, Indigenous status and accommodation setting.
3. Components may not add to totals due to rounding.

Sources: AIHW analysis of unpublished 2008–09 ACAP data from the DoHA Ageing and Aged Care Data Warehouse..

Figure 6.6: Recommended long-term care setting following ACAT assessments, people aged 65 years or over or Indigenous clients aged 50 years or over, 2008–09[(a)]

Half of ACAT clients with a recommendation for care services in the community were receiving formal assistance at the time of assessment. HACC was the most commonly used program (64%), followed by CACP (18%) and Veterans' Home Care (14%). Following assessment, ACATs recommended a CACP for 57% of clients and EACH or EACHD for 15%. Over one-third of clients (37%) were recommended to access the National Respite for Carers Program (Figure 6.7).

Analysis of linked data from the Pathways in Aged Care project has shown that the recommendations made by ACATs are not always followed by clients (AIHW 2011d). Although program use varied with recommended care setting and client characteristics, one-quarter of clients assessed in 2003–04 did not use aged care services in the 2 years after assessment. The results also suggested that use of community care delays entry into permanent residential care, and that the timing of the use of community care is an important factor in this.



(a) Includes only results from the last assessment for clients assessed more than once in the financial year.

(b) Clients who receive or are recommended to receive support from multiple programs are counted separately under each applicable program.

(c) Excludes receipt of or recommendations for residential respite care.

Notes

1. Excludes 47 cases of non-Indigenous clients with unknown age.
2. For 'Program support at time of assessment', excludes 7,680 cases with unknown, inadequately described or missing information.
3. For 'Program support recommended', excludes 10,980 cases with unknown, inadequately described or missing information.

Sources: AIHW analysis of unpublished 2008–09 ACAP data from the DoHA Ageing and Aged Care Data Warehouse.

Figure 6.7: ACAT clients with a recommendation to live in the community: program support received at time of assessment and as recommended at assessment, 2008–09[(a)(b)(c)]

The majority (78%) of ACAT assessments in 2008–09 were performed in a non-hospital setting (Appendix Table A6.5). There is a marked difference in relation to recommended long-term care arrangements depending on the assessment settings. Overall, hospital-based assessments were most likely (52%) to result in recommendations for high-level residential care, with fewer than one in three (29%) resulting in recommendations for community care. In contrast, only 17% of assessments carried out in a non-hospital setting resulted in recommendations for high-level residential care, with around two-thirds (65%) being recommended for community care.

Among those assessed in hospital, having a main health condition of dementia, stroke or Parkinson Disease were most likely to result in a recommendation for high-level residential care (recommended setting in 60%–70% of cases). By contrast, non-hospital assessments for people with these conditions resulted in recommendations for community accommodation in more than half of cases.

Needs of community-living ACAT clients

ACAT assessments record the care needs of clients across a range of areas in order to recommend appropriate assistance. In 2008–09, the largest area of need for clients living in the community at assessment was for domestic assistance (88% of clients) (DoHA Ageing and Aged Care Data Warehouse 2008–09, AIHW analysis of unpublished ACAP data). High proportions of clients also needed assistance with transport (84%), meals (78%), social support (77%) and health care (72%). Almost two-thirds of community-living ACAT clients needed assistance with self-care (63%). Unsupported needs for assistance in these areas may jeopardise the ability of older people to remain living in the community, as well as their social participation.

How long do people wait?

Accessing care services involves a number of processes including assessment, finding suitable care providers and making necessary arrangements to receive care. In 2007–08 the median time from referral to 'first face-to-face contact' with an ACAT was 10 days, ranging from 7 days in South Australia, Tasmania and the Australian Capital Territory to 15 days in Queensland (ACAP NDR 2009). The median time varied little over the previous few years, however the mean increased, suggesting that overall waiting times remained similar but there was an increased number of clients waiting longer for assessment.

Factors including the death of the potential client; the availability of services; perceptions and concerns about quality of care that influence client choice of preferred service; and unwillingness to accept particular residential placement offers may affect the period of time between the ACAT approval and use of care services (elapsed time) (SCRGSP 2011: boxes 13.11 and 13.12). It may also reflect the degree to which existing or other service provision results in outcomes that the assessed person and their family find acceptable. Elapsed time is different from waiting time—ideally, a measure of waiting time would exclude such factors and measure the time between a client's dedicated intention to obtain a service and receipt of the service. However, the practical problems of measuring this concept of waiting time at a population level are still being addressed.

One measure of 'elapsed time' between ACAT approval and entry to high-level residential care or receipt of a CACP appears in the *Report on government services 2011* (SCRGSP 2011). This measure reveals that 25% of people entering high-level residential care during 2009–10 did so within 7 days of their ACAT approval and 51% within 1 month (SCRGSP 2011: Table 13A.66). The comparable figures for starting a CACP were 11% and 39%.

6.7 Data development

Population surveys and studies

Over the past decade, substantial progress has been made in terms of collecting and reporting data about older Australians. Increased and targeted sampling and reporting of ABS population survey data means that more options exist to disaggregate data by age groups to at least 85 years and over, thus permitting improved reporting about the diversity of needs and circumstances among Australia's older people.

For example, the **2009 ABS Survey of Disability, Ageing and Carers** had a greatly increased sample size compared with previous surveys, and should provide more accurate estimates relating to the health and functioning of people in residential care as well as those in the

community. This latest survey also provides more detailed information than previously about the need for and receipt of assistance, the need for more assistance and social and community participation.

The **Australian Health Survey**, in the field at the time of publication, will also provide valuable information about the health and health-related behaviours of older Indigenous and non-Indigenous Australians. The survey will include blood and urine tests to measure biomarkers such as cholesterol levels, blood glucose levels and various nutrient measures, which will provide detailed information about diabetes status, kidney and liver function, vitamin D deficiency and cardiovascular disease risk (ABS 2011a). This information will provide insight into not only the health of today's older Australians but the potential health of and health risks for the older Australians of the future.

Other useful sources of information about the health and lives of older Australians include the Australian Women's Health Study, the Australian Longitudinal Study of Ageing, the 45 and Up Study, the Melbourne Longitudinal Studies on Healthy Ageing Program and the Dubbo Study of the Health of the Elderly. Although none of these sources provide national pictures of the whole older population, they nevertheless provide valuable insights into certain subgroups or geographic areas which can be used as building blocks to form a detailed view of older Australians and their experiences.

Service data

Data relating to aged care provision and use have also improved considerably over the past decade or so. This has been particularly notable in the community care sector with the development of the **HACC Minimum Data Set** (now in its second version) and in improvements to the **ACAP Minimum Data Set**. Ongoing developments using data linkage methods are also increasing the ability to report on the operation of the aged care system as a whole rather than only on a program basis; the previous edition of *Australia's welfare* (AIHW 2009a) drew heavily on linked data from the Pathways In Aged Care cohort study, and several reports on this cohort have been published (for example, see AIHW 2009b, 2010b, 2011c, 2011d).

The newly implemented **ACFI** provides enriched information about permanent aged care residents, particularly in relation to their physical and cognitive health. Over time this will provide valuable data on the functional status of aged care residents, in particular providing previously unavailable information about people with dementia. The recently published report *Dementia among aged care residents: first information from the Aged Care Funding Instrument* (AIHW 2011b) provides a first look at these data.

Recipients of pensions and other benefits

The ABS received increased funding in the May 2009 Federal Budget to implement a new **Pensioner and Beneficiary Living Costs Index** (PBLCI; see Chapter 11) for indexing pensions. The weighting component of the new index required a 44% increase in the size of the **2009–10 Household Expenditure Survey**, using a new sample design targeted at pensioner and beneficiary households. This increase will result in data on an additional 3,000 households whose main source of income was from government pensions, benefits and allowances. This will enable in-depth analysis of households on aged pensions including their income, wealth, expenditure, housing situation, financial stress and disability. The results of the survey are expected to be released in September 2011. The PBLCI is currently released quarterly.

Data gaps

Despite these improvements, some important limitations and key data gaps remain. Although data from ACAT assessments provide valuable information about the needs of clients at assessment and the types of services recommended for them, information about the needs of clients taking up particular programs and the types of assistance actually received is a significant knowledge gap. Some of this information was collected through two special purpose data collections (the Community Care Census) in 2002 and 2008, and has been reported in previous editions of *Australia's welfare* and elsewhere. Most routine community care data collections, however, do not include this information. Although reporting coverage has improved, the HACC Functional Screen (see AIHW 2009a:116) is not yet able to provide a national picture of the care needs of HACC clients, as reporting practices differ among jurisdictions.

Perhaps the most substantial data gap at present is the lack of data relating to client outcomes. Although there is considerable effort being devoted to appraising the quality of care provided to aged care clients in the community and residential care sector, there is limited data currently available for reporting about these processes or outcomes for clients. This is not a problem limited to the aged care sector; the lack of outcome data for evaluating quality and effectiveness has also been noted as a substantial gap in our knowledge about, for example, primary health care (AIHW 2008).

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Chapter 7

Informal carers

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7 Informal carers

Key points

- In 2009, 2.6 million Australians (12% of the population) were informal carers of a person with disability or a person who was ageing.
- Around 771,000 people were primary carers: that is, the person who provided the most assistance. Two-thirds of all primary carers were female; one-quarter (196,000) were aged 65 years or over and 3% (23,000) were aged 15–24 years.
- As with the Australian population generally, the population of informal carers is ageing. In 1998, three in five primary carers (60%) were aged 55 years or over. In 2009 this age group accounted for three in four primary carers (74%).
- People aged 45 years or over were most likely to be caring for their spouse or partner; those aged 25–44 years were most likely to be caring for a child with disability; while young carers most often cared for a parent.
- In 2009, half (53%) of all primary carers spent at least 20 hours per week providing care, including one-third (35%) who provided care for 40 hours per week or more.
- One in three primary carers (243,000 people) had been in the caring role for at least 10 years in 2009.
- Providing ongoing informal care can affect carers' employment opportunities. In 2009, 54% of primary carers were in the workforce compared to 79% of the general population. More than 100,000 primary carers were not in the labour force but would like to be employed.
- Almost 300,000 primary carers reported that they needed more support or an improvement in their situation. More financial assistance was the most commonly reported additional support wanted (91,900 primary carers), followed by more respite care (39,400) and more physical assistance (32,100).
- Services that provide support for carers include community care, respite, information and counselling.
- In June 2010, almost 169,000 informal carers received the Carer Payment, an Australian Government allowance for people providing constant, ongoing care. More than 90% of recipients (156,000) were caring for an adult with severe disability while 8% (13,665) were caring for a child.

7.1 The policy context

Governments have recognised the social and economic contribution that informal carers in Australia make, both to the wellbeing of individual care recipients and to the community generally. In recent years, a Parliamentary inquiry (HRSCFCHY 2009) and two Productivity Commission inquiries (PC 2011a, 2011b) have explored the long-term sustainability of caring in the context of population ageing and social change. It has also become the subject of a national strategic approach. Together, these forward-planning initiatives aim to improve the support for, and hence sustainability of, caring.

In addition, several steps have been taken to commence this process of improvement, including carer recognition, as well as streamlining services to care recipients and their carers, along with access to those services.

Box 7.1: Who is an informal carer?

There is no single definition of what makes someone an informal carer. The 2009 ABS Survey of Disability Ageing and Carers (SDAC) defines a carer as

'A person of any age who provides any informal assistance, in terms of help or supervision, to persons with disabilities or long-term conditions or persons who are elderly (i.e. aged 60 years and over). This assistance has to be ongoing, or likely to be ongoing, for at least six months.'

A person is a **primary carer** if they provide 'the most informal assistance, in terms of help or supervision, to a person with one or more disabilities or aged 60 years and over' in one or more of the core activities (communication, mobility and self-care). In the 2009 SDAC, only carers aged over 15 years with whom a personal interview was conducted were included as primary carers (ABS 2011:25, 26, 34).

The *Disability Services–NMDS (DS-NMDS)* defines a carer as

'someone who provides a significant amount of care and/or assistance to the person on a regular and sustained basis. 'Regular' and 'sustained' in this instance means that care or assistance has to be ongoing, or likely to be ongoing for at least 6 months.'

The DS-NMDS also aligns with the 2009 SDAC in its definition of a 'primary carer' (AIHW 2009a:77).

Informal carers do not include paid or volunteer carers that formal services organise (AIHW 2009a:75).

The *Carer Recognition Act 2010* describes a carer as 'an individual who provides personal care, support and assistance to another individual who needs it' because of disability, health conditions or ageing. Carers who are undertaking caring in a paid, training or voluntary capacity are not included (Commonwealth of Australia 2010b). The Act does not differentiate between primary and other carers.

An important consideration for the concept of carers and caring is recognition that the care provided is above and beyond what would usually be expected within a relationship.

Governments have implemented various approaches that seek to have an impact on the lives of carers immediately. This followed from recommendations in *Who cares…? Report on the inquiry into better support for carers* (HRSCFCHY 2009), which proposed a national and whole-of-government approach to carer legislation and policy. The Committee recommended the concept of a National Carer Recognition Framework, comprising both national carer legislation and a national carer strategy (HRSCFCHY 2009).

National Carer Recognition Framework

In October 2009, the Australian Government launched the National Carer Recognition Framework. The framework has seen the development of a National Carer Strategy (see below), which was released in August 2011 (Commonwealth of Australia 2011).

The framework also led to the *Carer Recognition Act 2010*. This legislation seeks to 'increase recognition and awareness of carers and to acknowledge the valuable contribution they make to society' (Commonwealth of Australia 2010a:2). In particular, the Act includes a *Statement for Australia's Carers*, which details 10 principles concerning carers and 'how they should be treated by Commonwealth public service agencies and their funded providers'. This does not, however, create any 'legally enforceable obligations' (Commonwealth of Australia 2010a:6, 7; Parliament of Australia 2010:2).

Most states and territories of Australia enacted carer legislation prior to the Federal enactment, while Victoria implemented a Charter supporting people in care relationships (DoH Victoria 2010).

In addition to the overarching approach to carers, individual sectors are also seeking to recognise and support carers in the context of their specific operations (Box 7.2). This is seen, for example, in the National Disability Agreement (NDA), whose primary objective is that *'people with disability and their carers have an enhanced quality of life and participate as valued members of the community'* (COAG 2008:3).

Box 7.2: Carers and carer support within wide-ranging policy contexts

Carers come from all walks of life and provide care for a diverse range of care recipients. The impact of caring on the lives of those carers can also be wide ranging. For example, employment, education, health and community life are areas in which carer participation and wellbeing may be influenced.

Significant reforms and policy developments are underway in many of these areas, as part of whole-of-government reforms, addressing structural and service issues specific to carers:

- Community Care Common Standards 2010 (see 'Chapter 6 Ageing and aged care')
- National Health Reform (see 'Chapter 5 Disability and disability services')
- The National Disability Agreement (see 'Chapter 5').
- The Fourth National Mental Health Plan released by the National Mental Health Strategy
- The *Fair Work Act 2009* and the National Employment Standards
- The National Strategy for Young Australians (see 'Chapter 4 Children and young people')
- The Productivity Commission's inquiries into caring for older Australians, and a national disability long-term care and support scheme (discussed below).

Planning for the future

National Carer Strategy

In August 2011, the Australian Government released the National Carer Strategy to improve the supports provided to carers through the aged care, disability, mental health, primary health care, hospital and community care systems (Commonwealth of Australia 2011). The strategy aims to provide carers with services and supports that are flexible, coordinated, appropriate, affordable, inclusive and sustainable. It contains six priority areas for action:

- recognition and respect
- information and access
- economic security
- services for carers
- education and training
- health and wellbeing.

The Strategy complements a range of reforms currently underway (Box 7.2).

The Productivity Commission inquiries

National disability long-term care and support scheme

In the inquiry report *Disability care and support*, the Productivity Commission recognised that family and friends provide the majority of all care to people with disability. The size of this contribution is so significant that no insurance scheme could fully fund its replacement. However, informal care arrangements need to move to a 'more equitable and sustainable footing', so that the pressure on carers is lessened (PC 2011b:312, 313). Hence, the Commission recommended that part of the assessment process for an individual with disability entering the scheme would be assessment of informal care that could be '*reasonably and willingly* provided by unpaid family carers and the community' (PC 2011b:339). If in the course of that assessment it becomes apparent that the informal carer provides substantial care, they may elect to have a separate assessment (PC 2011b:331). In the proposed scheme, particular emphasis is put on carer training (PC 2011b:726–728).

Caring for older Australians

The Commission's report *Caring for older Australians* considered in detail the significant role informal carers play in providing the majority of direct care to older people. While supporting the development of the National Carer Strategy, the Commission suggested that there is an 'immediate need to develop additional supports for carers' (PC 2011a:325, 333). In particular the Inquiry recommended that as part of an Australian Seniors Gateway Agency:

> 'When assessing the care needs of older people, [the Agency] should also assess the capacity of informal carers to provide ongoing support. Where appropriate this may lead to approving entitlements to services for planned respite and other essential services.
>
> Carer Support Centres should … undertake a comprehensive and consistent assessment of carer needs … [delivering services] including:

- carer education and training
- planned and emergency respite
- carer counselling and peer group support
- carer advocacy services.'(PC 2011a:341)

(See also Chapter 6).

The Australian Government is actively considering the recommendations from these inquiries.

7.2 Who provides informal care?

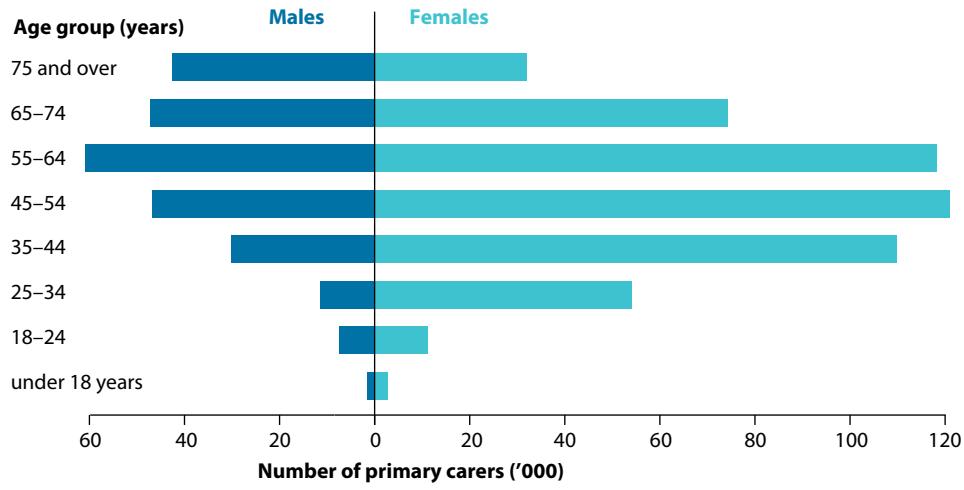
In 2009, over 2.6 million people (12% of the population) were informal carers of people with disability or people who were ageing (Table A7.1). About one-third of these carers (771,400 people or 3.6% of the population) were primary carers (Box 7.1).

More females than males were carers, and this was particularly true for primary carers (Figure 7.1). Over half (55%) of all carers and two-thirds (68%) of primary carers were female (Table A7.1).

Box 7.3: Recognition and identification of informal carers

Some people may not see themselves as 'carers' and consider their caring role as a part of family responsibilities. This could lead to an underestimation of carers based on self-reported information (AIHW 2008). The SDAC reported that the number of primary carers increased from 474,600 people in 2003 to 771,400 people in 2009, largely due to the change in the methodology by which carers were identified. The SDAC definition of primary carers has been shown as too narrow for the purpose of representing the diverse circumstances and needs of carers (Schofield et al. 1997, 1998 in AIHW 2008:6). Also, not all carers are eligible to receive carer support payments or services. And while some carers do not seek assistance because they do not consider themselves as carers, along with others they may not be aware of the eligibility criteria for assistance or do not need or want assistance. Therefore, the administrative data often include only a subgroup of the carer population. Failure to identify as a carer affects access to services, as those who do not identify do not seek carer-specific services. Further, data on recipients of disability services will necessarily not reflect the provision of informal care, which itself influences resourcing and availability of services.

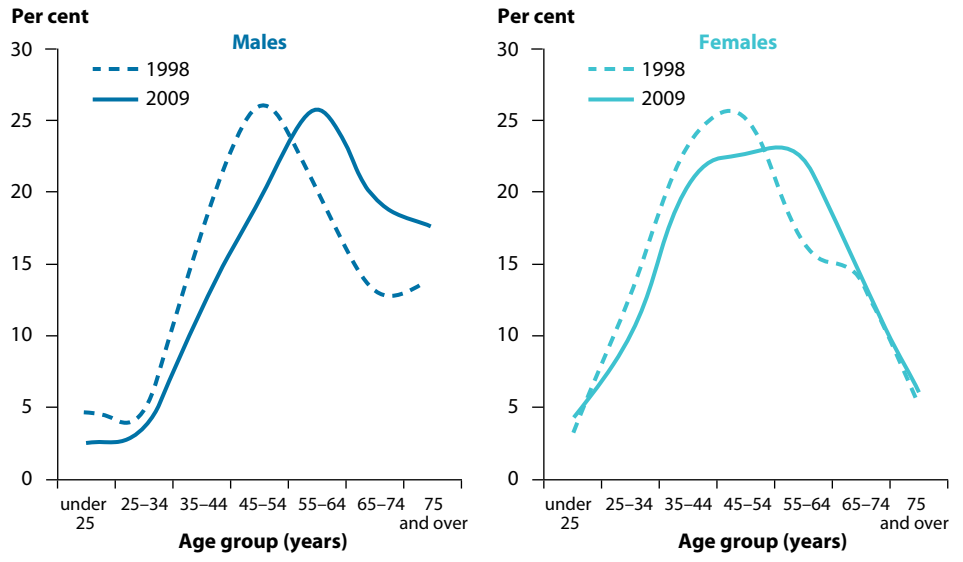
There were more female primary carers than males across all age groups up to 74 years, after which there were more male primary carers (Figure 7.1). The sex differential was particularly large for younger age groups: under the age of 45 years there were 3.5 times as many female carers (177,800) as male carers (50,500). The peak age group for females to be in a caring role was 45–64 years, compared to 55–64 years for males.



Sources: Table A7.1; ABS 2009 Survey of Disability, Ageing and Carers internet version of data table released by ABS in December 2010.

Figure 7.1: Estimated number of primary carers by age and sex, 2009

The impact of population ageing is reflected in the primary carer population (Figure 7.2). Between 1998 and 2009, the proportion of primary carers aged 55 years or over increased from 39% to 49%. The proportion of primary carers aged 65 years or over increased from 21% to 25% over the same period. These changes partly reflected the large cohort of the baby-boomer generation who were moving into the older age groups.



Sources: Table A7.2; ABS 2009 Survey of Disability, Ageing and Carers internet version of data table released by ABS in December 2010; AIHW analysis of the ABS 1998 Survey of Disability, Ageing and Carers confidentialised unit record file.

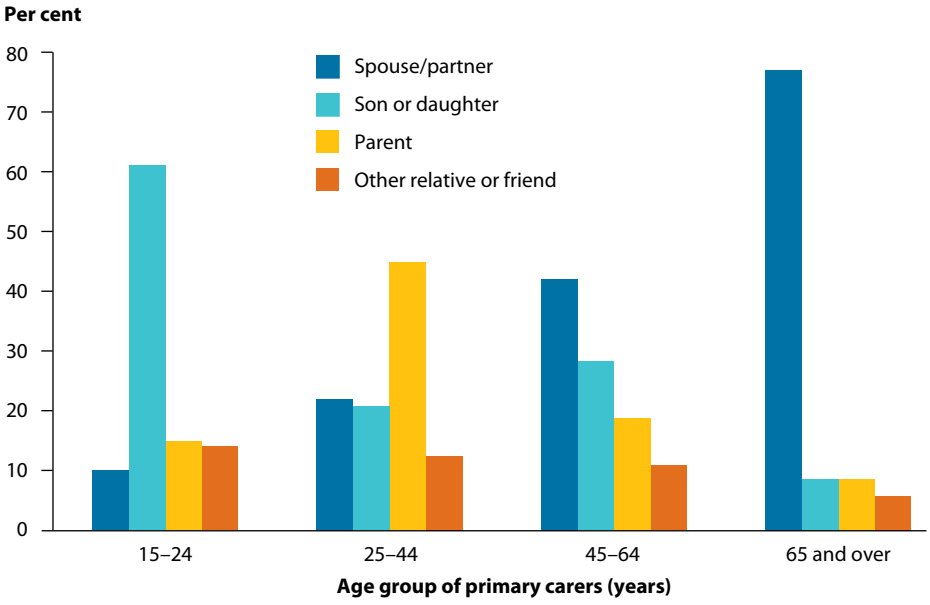
Figure 7.2: Age structures of primary carer populations, by sex, 1998 and 2009

Who do carers provide care for?

Overall, the most common care relationship was one spouse caring for the other. In 2009, 344,600 primary carers were spouses of their care recipients, accounting for 45% of primary carers aged 15 years or over (Table A7. 3). Almost one-quarter of primary carers (23%, or 177,800) were parents of their care recipients and 22% (171,400) were children of their care recipients.

Among primary carers aged 15–24 years, a majority (61%) were sons and daughters caring for their parents (Figure 7.3). Carers as parents of care recipients (45%) was the most common care relationship of primary carers aged 25–44 years. Spouse carers accounted for 42% of primary carers aged 45–64 years, and a vast majority (77%) of those aged 65 years or over.

Of the 195,900 primary carers aged 65 years or over, 16,800 were ageing parents caring for a child, and most (13,600) were mothers (Table A7.4). Some care recipients of these ageing parent carers were those with an early onset disability (ABS 2008). Ageing parents caring for their child with severe or profound core activity limitation have different experiences from people taking on the caring role as a spouse in later life.



Source: Table A7.3; ABS 2009 Survey of Disability, Ageing and Carers internet version of data table released by ABS in January 2011.

Figure 7.3: Relationship of primary carer to care recipient, by age of primary carer, 2009 (per cent)

Special carer groups

Many carers have particular needs associated with their own life circumstances, in a sense distinct from the person or people for whom they care. This section looks at a number of distinct carer groups with particular needs; it also discusses some issues associated with carer identification, which affect the ability to fully identify and describe these special carer groups.

Young carers

In 2009, there were 304,800 young people (aged less than 25 years) providing informal care, of whom 8% (22,900) were primary carers aged 15–24 years (ABS 2011:10). Primary carers aged 15–24 years were most likely to be the son or daughter of the person for whom they were providing care (61%) or the parent of a child requiring care (15%; Figure 7.3).

Cass et al. (2009) found that young carers were typically providing care for parents, often in single-parent households and over an extended period of time, which frequently had an impact on both education and employment opportunities, as well as personal and recreational activities.

There are concerns that statistical data may not capture "hidden" young carers, as detailed in research on young carers funded by the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs (Cass et al. 2009). This is partly because they may not self-identify as carers (Box 7.3); but also many do not access formal service providers (Cass et al. 2009). This is consistent with evidence given to the Carers inquiry (HRSCFCHY 2009), which noted that young people often either did not see themselves as carers, or were reluctant to disclose their caring role to others.

Ageing carers

The 2009 SDAC estimated that 520,500 informal carers were aged 65 years and older, of whom 195,900 were primary carers (ABS 2011:10). This means that older people account for one in five (20%) informal carers, including one in four (25%) primary carers (Table A7.1). As Figure 7.3 illustrates, ageing primary carers were most likely to be caring for their spouse or partner, although 9% were caring for their child and another 9% were caring for their own parent.

A submission by FaHCSIA and the Departments of Health and Ageing (DoHA) and Veterans' Affairs (DVA) to the Inquiry into Better Support for Carers estimated that:

> "over 25% of older carers were 'hidden' in the sense that they do not seek assistance and are therefore unknown to service providers" (HRSCFCHY 2009:21).

Another submission also addressed the issue of access to services, suggesting that many ageing carers had been in that role for an extended period and that for some "social isolation and a sense of self-reliance" inhibited access (HRSCFCHY 2009:22).

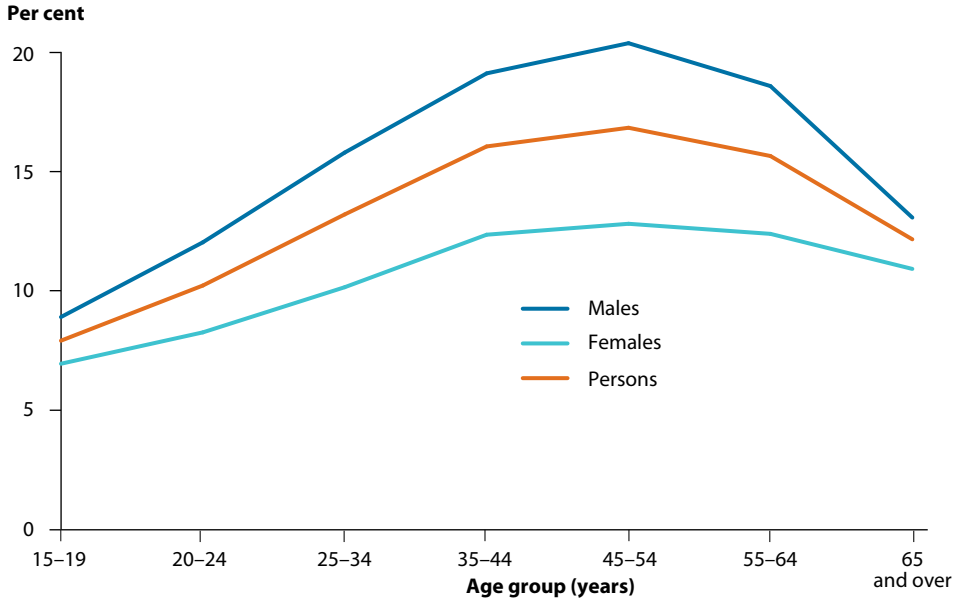
Issues related to the availability of suitable supported accommodation for care recipients are particularly pressing for many ageing carers, as carers face the prospect of their own incapacity and death (HRSCFCHY 2009:192–194). In 2011, the Australian Government committed an additional $60 million to a new Supported Accommodation Innovation Fund, to build community-based accommodation for people with disability, with priority given to those with ageing carers (FaHCSIA 2010b).

Indigenous carers and carers of Indigenous people

According to the 2006 Census, there were 31,600 Indigenous carers aged 15 years or over. A majority (63%) of these carers were female. Overall, 14% of Indigenous females and 9% of Indigenous males had caring responsibilities, with women aged 45–54 years (20%) most likely to be a carer (Figure 7.4). The number of Indigenous carers may be an underestimate, as about 11% of Indigenous people aged 15 years and over did not answer the Census questions about disability and unpaid care for people with disability (ABS & AIHW 2008). After taking into account the differences in population age structures, Indigenous people were more likely than non-Indigenous people to be informal carers (ABS & AIHW 2008).

The Inquiry into Better Support for Carers specifically noted the absence of available information related to Indigenous carers and called for research into the profiles and specific needs of this group (HRSCFCHY 2009).

One in five (20%) Indigenous carers were young people aged 15–25 years while 4.5% were ageing carers (65 years or over). The median age of Indigenous carers was 37 years, compared to the median age of 49 years for non-Indigenous carers. This reflected the earlier onset of many chronic conditions in the Indigenous population and the tendency for Indigenous parents to have children at younger ages (ABS & AIHW 2008).



Note: Excludes not stated.
Source: AIHW 2011.

Figure 7.4: Indigenous Australians, provision of unpaid assistance by age, 2006

Carers with disability

Many primary carers are living with disability themselves. According to the 2003 SDAC, 40% of primary carers (187,500 people) had some form of disability, including 9% (43,400 people) who had severe or profound core activity limitations—higher than the corresponding rates in the wider population (AIHW 2007). In part, this is related to the older age structure of the primary carer population. However, a comparison of age-specific rates shows that primary carers were more likely than the general population to have disability at all ages, including severe or profound limitations (Table 7.1). In particular, the rate of disability among primary carers aged 15–45 years (25%) was more than twice that of the wider population in the same age group (11%).

Table 7.1: Primary carers and the general population aged 15 years or over: disability rates, 2003 (per cent)

	Severe or profound limitations				Total with disability			
Age group (years)	15–45	45–64	65 and over	Total 15+	15–45	45–64	65 and over	Total 15+
Primary carers	8.2	7.7	13.3	9.2	24.7	39.8	58.7	39.7
General population	2.6	6.1	22.5	6.8	11.3	26.8	55.6	22.9

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

The 2006 Census reported that about 2,100 Indigenous carers needed help with core activities themselves. Two-thirds were aged under 55 years of age. Varying across age groups, Indigenous carers were between 1.5 and 3 times as likely as non-Indigenous carers to need assistance with core activities (ABS & AIHW 2008).

Why do people take on a caring role?

While the reasons for caring for someone with disability varied, the most common reasons were family responsibility (54%), to provide better care (41%) and emotional obligation (34%) (Table 7.2). Among primary carers who were parents of the care recipients, one-quarter reported that they had no other choice; 14% found no other care arrangements were available; and 18% considered that alternative care was too costly.

Table 7.2: Primary carers aged 15 years and over: reasons for taking on caring role by relationship to main care recipient, 2009 (per cent)

	Relationship of carer to main care recipient				
	Partner	Child	Parent	Other relative or friend	Total
Family responsibility	49.8	65.7	57.3	41.1	**54.2**
Could provide better care	46.5	32.8	43.2	30.2	**41.1**
Emotional obligation	32.0	37.4	36.8	31.3	**34.2**
No other family or friends available	16.1	29.3	16.2	30.8	**20.5**
Had no other choice	13.3	10.5	25.5	10.4	**15.2**
Alternative care too costly	15.9	13.2	17.7	*5.2	**14.6**
No other family or friends willing	8.3	15.4	10.2	19.6	**11.5**
No other care arrangements available	7.9	5.9	14.1	*8.5	**9.0**
Other reason or not stated	17.1	12.2	16.9	17.2	**16.0**

* estimate has a relative standard error of 25% to 50% and should be used with caution
Source: ABS 2009 Survey of Disability, Ageing and Carers internet version of data table released by ABS in January 2011.

What activities do carers provide help with?

Chapter 5 showed that people with disability living in the community most commonly receive assistance from informal sources.

Informal carers provided most of the assistance that people with severe or profound core activity limitation living in the community needed. In 2009, more than nine in 10 (92%) received informal help with a range of activities—38% from informal sources only and 54% from a mix of formal and informal sources (Table 7.3). People were more likely to rely solely on informal assistance for core activities (mobility, self-care and communication) than non-core activities.

More than three in four people with severe or profound limitations who needed help with reading or writing, meal preparation, or transport received assistance from informal sources only.

Table 7.3: People with severe or profound core activity limitation living in households who received informal assistance, by activity in which assistance was needed, 2009 (per cent)

	Informal assistance only	Formal and informal assistance	Total receiving informal assistance
Core activities			
Self-care	71.1	6.9	78.0
Mobility	74.2	12.7	86.9
Communication	50.1	36.6	86.7
Total	***67.6***	***18.3***	***85.9***
Non-core activities			
Meal preparation	80.4	7.0	87.4
Reading or writing	84.5	*2.7	87.2
Private transport	76.6	8.8	85.4
Cognitive or emotional tasks	47.0	38.1	85.1
Household chores	63.0	17.5	80.5
Property maintenance	60.9	14.5	75.4
Health care	42.8	20.4	63.2
Total	***39.3***	***50.0***	***89.3***
Any of these activities	**38.1**	**54.2**	**92.3**

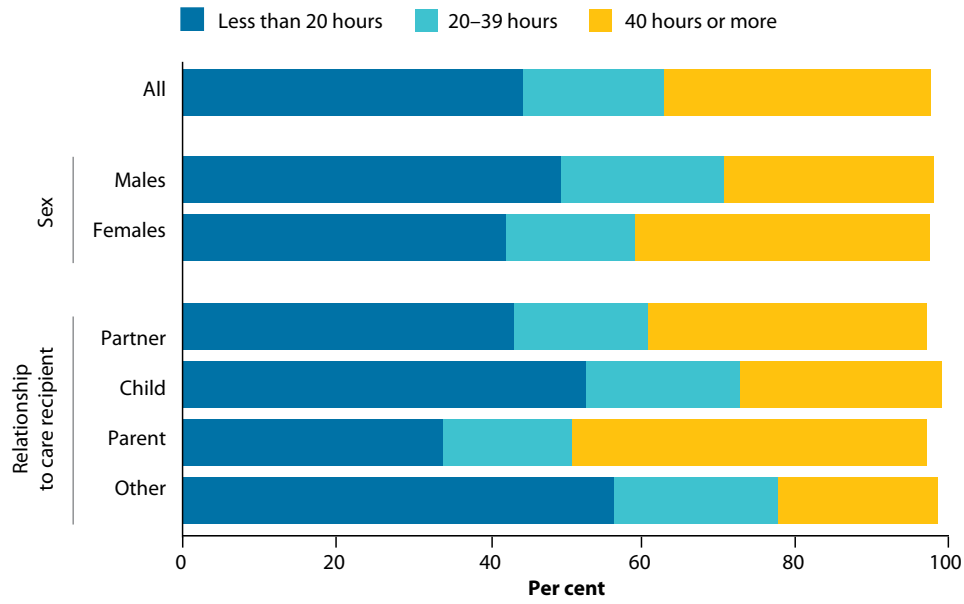
* estimate has a relative standard error of 25% to 50% and should be used with caution.

Source: Table A7.8.

How much time do carers spend caring?

The amount of time spent on caring for a person with disability reflects both the intensity of caring work and high demands on primary carers. In 2009, over half (53%) of primary carers aged 15 years or over spent an average of 20 hours per week or more caring for a person with disability. Over one-third (35%) spent an average of 40 hours per week or more providing care (Figure 7.5).

Primary carers who were parents (47%) or partners (36%) of the care recipients were the most likely to spend at least 40 hours per week on caring, while carers who were children (53%) or other relatives or friends (56%) of the care recipients were the most likely to spend less than 20 hours per week providing care (Figure 7.5). Female primary carers (39%) were more likely than male primary carers (27%) to provide care for 40 hours or more per week.



Note: Categories do not add up to 100% because average weekly hours were unknown or not stated for 1–3% of primary carers in each group.

Source: Table A7.9.

Figure 7.5: Average weekly hours spent providing care by primary carers aged 15 years or over, 2009

How long have carers been providing care?

In 2009, one-quarter of primary carers (26%, or 196,700 people) had been in the caring role for 10–24 years, while 6% (46,300) had been providing care for 25 years or more (Table 7.4). Parents of a person with disability were most likely to have been in the caring role for 10 years or more (43%). Around half of all people who were the son or daughter, or other relative or friend of the care recipient (excluding parents), had been providing care for less than 5 years.

Three-quarters of primary carers who had been in the role for at least 25 years were female (Table 7.4).

Table 7.4: Primary carers aged 15 years and over: years in the caring role by relationship to main care recipient, 2009 (per cent)

Relationship to main care recipient	Years in caring role					Total ('000s)
	Less than 5 years	5–9 years	10–24 years	25+ years	Does not know	
Spouse/partner	39.1	27.6	26.3	3.6	*0.7	344.6
Parent	27.7	28.1	29.9	13.4	**0.8	177.8
Son or daughter	47.2	28.4	22.7	**0.9	*0.8	171.5
Other relative or friend	53.2	26.2	18.0	**1.2	0.0	77.6
All primary carers						
Males	44.3	27.8	22.2	4.6	*1.1	248.2
Females	37.6	27.8	27.0	6.7	*1.0	523.2
Total	**39.7**	**27.8**	**25.5**	**6.0**	***1.0**	**771.4**
			Number ('000)			
Total	**306.4**	**214.1**	**196.7**	**46.3**	**8.0**	**–**

* estimate has a relative standard error of 25% to 50% and should be used with caution.

** estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

Source: Unpublished data table of the ABS 2009 Survey of Disability, Ageing and Carers.

Do carers get the help they need?

Types of help needed

Overall, an estimated 293,900 (38%) primary carers needed an improvement or more support in their situation to assist in providing care. Primary carers who had been in a caring role for at least 5 years were more likely to want more support than those who had been caring for less than 5 years (Table 7.5).

More financial assistance was the most commonly reported additional support wanted (91,900 primary carers), followed by more respite care (39,400) and more physical assistance (32,100).

Table 7.5: Primary carers aged 15 years or over: type of improvement or additional support most wanted to assist in the caring role, by years in caring role, 2009 (per cent)

	Less than 5 years	5–9 years	10–24 years	25 years or more	Total
More respite care	4.6	5.1	6.2	n.p.	5.1
More financial assistance	11.4	12.8	12.2	*12.5	11.9
More physical assistance	3.7	5.0	3.7	*6.0	4.2
More emotional support	3.3	*2.8	6.0	n.p.	3.8
An improvement in carer's own health	2.6	3.6	3.1	n.p.	3.0
Other support or improvement[(a)]	5.5	4.1	3.5	n.p.	4.7
All needing an improvement or more support	35.9	39.2	40.9	39.7	*38.1*
No additional support required	54.4	50.4	48.0	54.6	51.7
Total ('000)	**306.4**	**214.1**	**196.6**	**46.3**	**771.4**

* estimate has a relative standard error of 25% to 50% and should be used with caution.

n.p. not published by the data source but included in totals where applicable, unless otherwise indicated

(a) Includes more aids/equipment to help in the role as a carer, more courses available on how to care for persons with particular disabilities, more training on correct use of equipment, more training in correct methods of lifting to prevent injury to carer and none of the above.

Note: Totals do not add up to 100% as some carers did not answer questions about sources of support needed, or length of time in the caring role.

Source: Table A7.10.

Carers of people with disability

More than half (56%) of all primary carers of people with disability aged under 65 years did not receive any assistance in providing care. Most of these reported that they did not need any help; however, in 2009, there were an estimated 29,300 primary carers (7.5%) who reported that they needed assistance but didn't receive any (Table 7.6). Another 54,700 (14%) primary carers received assistance and reported needing further help.

Ageing carers of people with disability were less likely than carers aged under 65 years to receive assistance (36% compared to 45%); however, most ageing carers (60%) reported that they did not currently need assistance. Ageing carers were also less likely than younger primary carers to have a fall-back carer available.

Table 7.6: Primary carers of people aged 0–64 years[(a)], by need for assistance and age of carer, 2009 (per cent)

	15–64 years	65 years and over	Total
	Need for and receipt of assistance		
Receives assistance			
Does not need further assistance	30.3	25.9	30.0
Needs further assistance	14.4	*9.7	14.0
Total	**44.7**	**35.6**	**44.0**
Does not receive assistance			
Needs assistance	7.8	**4.5	7.5
Does not need assistance	47.5	60.0	48.4
Total	**55.3**	**64.5**	**55.9**
	Availability of a fall-back carer		
Has a fall-back informal carer	70.1	57.2	69.2
Does not have a fall-back informal carer	23.7	31.0	24.3
Don't know	6.1	*11.7	6.5
Total primary carers ('000)	**360.7**	**29.0**	**389.7**

* estimate has a relative standard error of 25% to 50% and should be used with caution.

** estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

(a) Includes only co-resident recipients of care.

Source: Table A7.11.

Carers of older people

Most people (65%) who were the primary carer of a person aged 65 years or over did not receive assistance in the caring role (Table 7.7). However, 11% (26,200 people) received some assistance and reported needing more, while 6% (15,500) needed assistance but did not receive any. Just half of all co-resident primary carers of older people had a fall-back carer.

As for those caring for people with disability aged 0–64 years, ageing primary carers were less likely to be receiving assistance and less likely to have a fall-back carer available than younger carers.

Table 7.7: Primary carers of people aged 65 years or over[(a)], by need for assistance and age of carer, 2009 (per cent)

	15–64 years	65 years and over	Total
	Need for and receipt of assistance		
Receives assistance			
Does not need further assistance	31.0	20.0	24.3
Needs further assistance	14.3	8.3	10.7
Total	**45.3**	**28.3**	**35.0**
Does not receive assistance			
Needs assistance	7.3	5.7	6.3
Does not need assistance	47.4	65.9	58.7
Total	**54.7**	**71.6**	**65.0**
	Availability of a fall-back carer		
Has a fall-back informal carer	56.9	47.0	51.0
Does not have a fall-back informal carer	34.8	43.7	40.3
Don't know	8.2	9.2	8.8
Total primary carers ('000)	**96.2**	**148.8**	**244.9**

* estimate has a relative standard error of 25% to 50% and should be used with caution.

** estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

(a) Includes only co-resident recipients of care.

Source: Table A7.11.

Impact of the caring role on carers

Caring for a person with disability can be physically, mentally, emotionally and economically demanding. Many factors may impact on the caring role of carers, including personal characteristics of carers and care recipients, as well as environmental factors (AIHW 2004).

According to the 2009 SDAC, only 22% of primary carers felt satisfied as a result of their caring role (Table A7.12). However, a majority of primary carers considered taking on the caring role as a family responsibility (54%) and 41% believed that they could provide better care for the care recipients.

Labour force participation

Providing intensive and ongoing care for a person with disability has an impact on the opportunities for carers to be involved in paid employment. Chapter 3 reported that in 2009 primary carers of traditional working age had a lower labour force participation rate (54%) than the general population (79%), and this rate was the same as that for people with disability (54%).

The lower participation rate among female primary carers (51%) compared to male primary carers (61%) reflects both lower participation of women in the general population, and the generally greater intensity of the caring role undertaken by women, in terms of average weekly hours spent providing care (discussed previously).

While non-primary carers had a higher participation rate (71%), it was still lower than the wider population rate. Differences in labour force participation between primary carers, non-primary carers and non-carers should not simply be interpreted as a result of the caring role. In addition to demographic factors, there are other possible explanations, such as labour market opportunities and decisions as to whether to provide informal care or purchase formal care (Edwards et al. 2008).

Estimates from the 2009 SDAC indicate that there were more than 100,000 primary carers of 'traditional working age' not in the labour force who would like to be employed while in the caring role (Table 7.8). In particular, half (52%) of those who were the mother of the person they cared for desired to combine paid employment with informal care. Perceived barriers to entering the paid workforce while in the caring role included difficulty making suitable alternative care arrangements and difficulty arranging working hours.

Table 7.8: Primary carers aged 15–64 years who were not in the labour force: whether would like to be employed while still in caring role, 2009

	Would like to work	Would not like to work	Total[(a)]	Per cent who would like to work
		'000s		
Husband/male partner	11.9	25.1	37.0	32.2
Wife/female partner	17.4	50.8	68.2	25.5
Father	*2.3	*1.2	*3.5	*65.7
Mother	36.1	33.0	69.1	52.2
Son	7.8	9.8	17.6	44.3
Daughter	17.7	28.2	45.9	38.6
Male relative/friend	*2.4	*6.1	*8.5	*28.2
Female relative/friend	11.0	16.1	27.1	40.6
Total males	***24.4***	***42.1***	***66.5***	***36.7***
Total females	***82.1***	***128.0***	***210.1***	***39.1***
Total	**106.5**	**170.1**	**276.6**	**38.5**

* estimate has a relative standard error of 25% to 50% and should be used with caution.

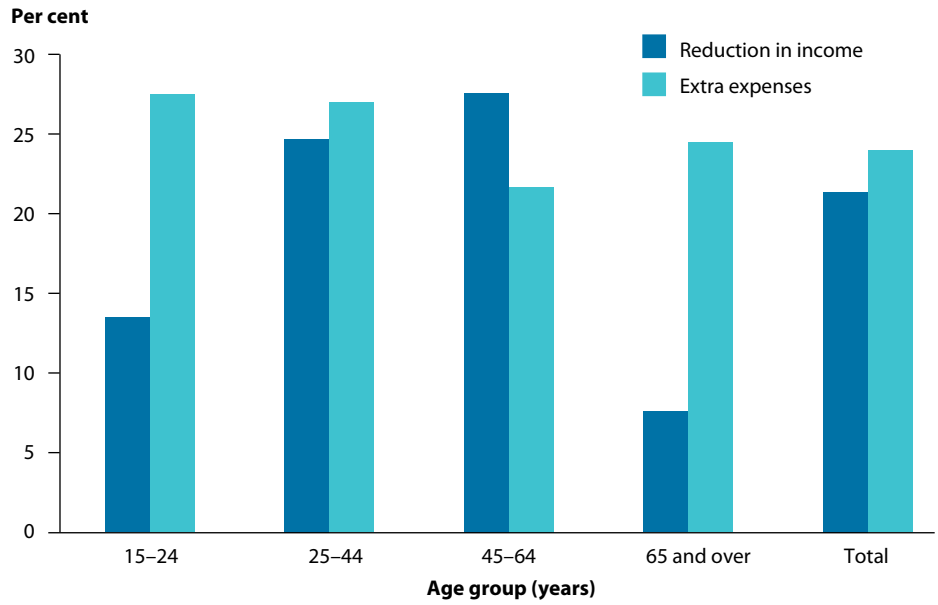
(a) Excludes primary carers who were retired and those in cared accommodation.

Source: Unpublished data table of the ABS 2009 Survey of Disability, Ageing and Carers.

Effect on carers' financial situation

In 2009, 45% of primary carers reported that their caring role either had reduced their income (21%) or created extra expenses (24%). The proportion who said that the main effect was additional expenses did not vary considerably between age groups (Figure 7.6). On the other hand, primary carers of traditional working age (25-64 years) were more likely than younger or older carers to report that the main effect was a reduction in income. Fewer than one in 10 (8%) primary carers aged 65 years or over reported income reduction as the main financial effect, likely because most people in this age group would be retired from the workforce.

Almost half (45%) of primary carers of working age, and four in five (78%) aged 65 years or over, relied on a government pension or allowance as their main source of cash income (Table A7.13).



Source: Table A7.14.

Figure 7.6: Main effect of caring on financial situation of primary carers aged 15 years or over, by age, 2009

Effects on carer's physical and emotional wellbeing

According to the 2009 SDAC, 29% of primary carers reported that their overall physical and emotional wellbeing had changed due to their caring role, while an additional 32% reported experiencing one or more specific negative effects of caring on their life despite no overall change to their wellbeing (ABS 2008). Effects of caring included:

- feeling weary or lacking in energy (reported by 34% of primary carers)
- frequently feeling worried or depressed (29%)
- sleep interruption that affects daily functioning (15%)
- being diagnosed with a stress-related disorder (10%).

Regarding their relationship with their main care recipient, 34% of primary carers said that they had been brought closer together, while 18% said that the relationship had become strained (ABS 2008). About 35% of primary carers reported that their relationship with other co-resident family members was strained or that they lacked time together. The same percentage said that they has lost touch with or changed their circle of friends since taking on the caring role (ABS 2008).

7.3 Services and supports

A range of services and supports is available to carers. While some are carer-specific, they generally occur within the context of services being provided to a care recipient. Some provide services and support primarily to people who are aged and their carers to help them stay in their own homes, rather than entering low-level residential aged care. Others provide support to younger people with disability and their carers. They include personal care, domestic assistance, social support, transport and meal preparation, as well as respite, information and counselling.

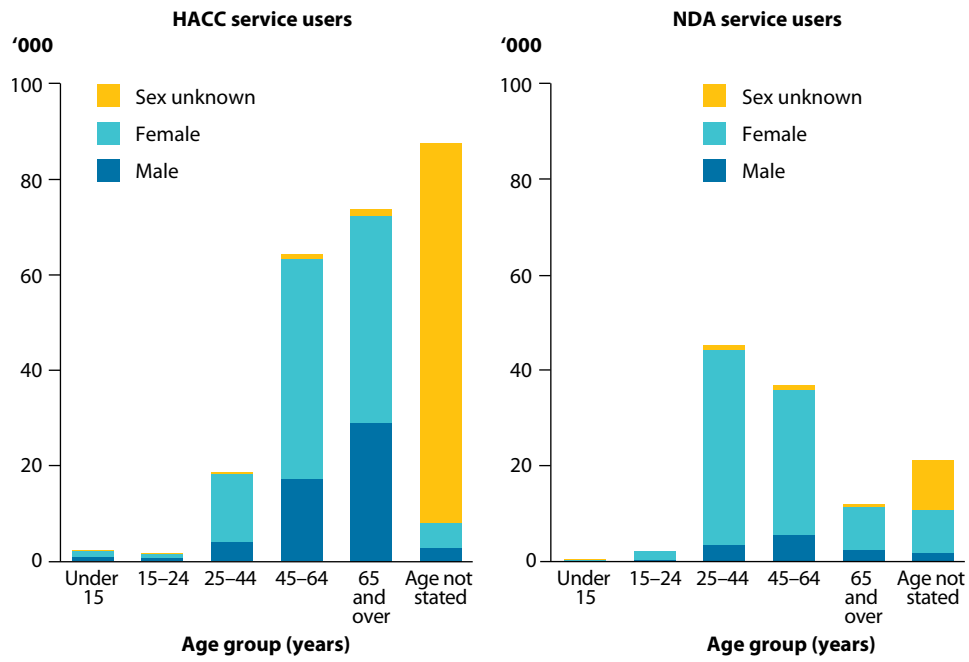
Carers of disability and community care service users

Even though most services under both HACC and the NDA are directed at care recipients (see 'Chapter 5'), the Carers Inquiry observed that 'the needs of carers and those they care for are inextricably bound' (HRSCFCHY 2009:194). Hence services provided to care recipients also support the carer. For example, ageing carers are said to particularly value in-home assistance (HRSCFCHY 2009:179).

In 2009–10, nearly 250,000 HACC clients with a carer received services (Table A7.5). Such services have been described as having a 'respite effect' for carers (ADHC 2007). Carers aged 65 years and over (around 73,800 people) were the largest single age group receiving carer-specific services under the HACC program in 2009–10, among those where the carer's age was stated (Figure 7.7), followed by carers aged 45–64 years (64,300 people). Male representation was highest among the oldest age group of carers of HACC service users: 39% of those aged 65 years or over were male, compared to 21% of those aged 25–44 years. This mirrors the age and gender patterns observed in the broader population of informal carers (discussed previously).

Around four in 10 users of NDA services (see 'Chapter 5') reported having a carer (117,754 carers). In contrast to HACC service users, carers of NDA-funded service users were most likely to be aged 25–44 years (45,149 carers), reflecting the program's generally younger target population (Figure 7. 7).

The large number of carers for whom sex and/or age is unknown in both the HACC and Disability Services data sets constitutes a significant data gap.



Sources: Tables A7.5 and A7.6.

Figure 7.7: Carers of HACC and NDA service users, by age and sex, 2009–10

In addition to HACC, the main community care program, a number of smaller community care programs were also legislated under the *Aged Care Act 1997*:

- Extended Aged Care at Home (EACH)
- Extended Aged Care at Home Dementia (EACH D) and
- Community Aged Care Packages (CACP).

These are sometimes described as 'packaged care'—for further information see 'Chapter 6' (AIHW 2010; DoHA 2010a, 2010c). Some community care clients eligible for packaged care are now able to employ 'consumer directed care—(CDC) packaged care', which aims to give the individual and his or her carer greater choice in service types used and providers (DoHA 2010b).

Of the roughly 179,000 ACAP clients living in the community in 2008–09, 83% (134,000) had a carer—an increase from 74% in 2003–04 (Table 7.9). The percentage of clients living in the community without a carer fell steadily from 22% in 2004–05 to 16% in 2007–08. Two-thirds (66%) of these carers in 2008–09 were female (Table A7.15).

Table 7.9: ACAP clients living in the community, by carer status, 2003–04 to 2008–09 (per cent)

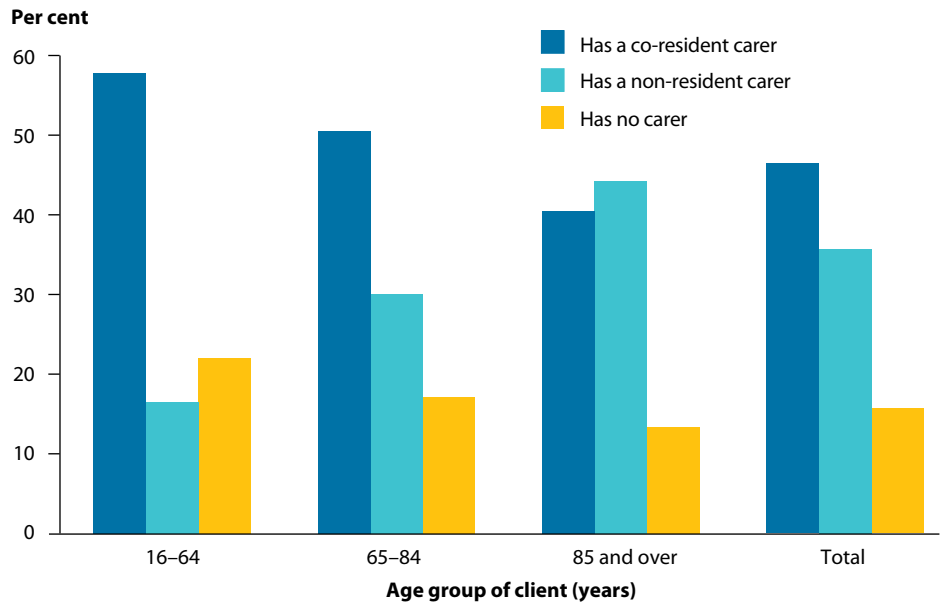
	2003–04	2004–05	2005–06	2006–07	2007–08	2008–09
Has a carer	74.0	74.6	77.6	79.3	80.9	82.6
Has no carer	19.8	21.6	19.6	18.3	17.0	15.7
Carer presence unknown	6.2	3.7	2.8	2.3	2.1	1.7

Source: Table A7.15.

The percentage of ACAP clients without a carer decreased with age. More than one in five (22%) clients aged 16–64 years living in the community in 2008–09 did not have a carer, compared to 17% of clients aged 65–84 years and 13% of those aged 85 years and over (Figure 7.8).

Almost half (47%) of all ACAP clients living in the community in 2008–09 had a co-resident carer—that is, a carer who lived at the same address—while 36% had a non-resident carer. Older clients were most likely to have a carer who was not a resident of the same household (Figure 7.8): 44% of clients aged 85 years or over had a non-resident carer, while 41% had a co-resident carer. The ill-health and death of spouses, who would normally be co-resident carers, increasing with age partly explains this trend.

The majority of ACAP clients living in the community with a carer required assistance with self-care (59%) and moving around at home or elsewhere (51%), while 18% required assistance with communication (Table A7.17).The recommended long-term care setting of ACAP clients who needed help or supervision with these core activities varied according to whether the client had a carer. While 51% of ACAP clients with a carer were recommended for a private residential setting, 38% of clients without a carer were recommended for that setting. On the other hand, 45% of clients with a carer were recommended for a residential aged care setting, while 56% of clients without a carer were recommended for that setting (Table A7.17).



Source: Table A7.16.

Figure 7.8: ACAP clients living in the community, by age group and carer availability, 2008–09

Flowing from ACAP assessment processes, as at 30 June 2010, there were an estimated 42,728 Community Aged Care Packages (CACP) allocated nationally. DoHA also estimated that there were 5,584 EACH places, during 2009–10, and 2,583 EACH D places. (DoHA 2010a:164, 178). It is not clear however, from available data, how many recipients of these packages have carers and the characteristics of the caring relationships. Further data on packaged care are reported in Chapter 6.

Respite

According to the 2009 SDAC, the large majority (89%) of primary carers reported that they had never used respite care services. Some 46,700 (6%) primary carers had used respite services in the three months prior to survey and 38,800 (5%) used respite services, but not in the last three months (Table 7.10).

About 454,700 primary carers (59%) had never used respite care because they did not need it. For 21,900 primary carers, the main reason for not using respite services was that no respite service was available in their areas or the available service did not suit their needs. One in five (156,100) primary carers reported that they preferred not to use respite services, or the main care recipient did not want it.

Spouse or partner carers were more likely than other carers to report that they had never used respite services because they did not need it. Primary carers who were a son or daughter of the main care recipient were more likely than other carers to report that they preferred not to use respite care or the recipient did not want it.

Table 7.10: Primary carers aged 15 year or over: the use of respite services and reason for not using respite services, by relationship to main care recipient, 2009 (per cent)

	Spouse/ partner	Parent	Son or daughter	Other relative or friend	Total
Primary carer use of respite care					
Used respite care in the last three months	3.7	10.5	7.5	*3.5	6.1
Used respite care but not in the last three months	2.8	7.6	6.2	*6.4	5.0
Never used respite care	93.5	81.8	86.4	90.0	88.9
Main reason primary carer has never used respite care					
Does not need service	69.5	48.7	51.5	52.1	58.9
Not available in area or available respite is not suited to needs	*1.5	6.4	*2.0	*2.4	2.8
Recipient does not want it or carer prefers not to use it	18.0	18.0	26.0	22.7	20.2
Other reason[(a)]	4.6	8.9	6.9	12.9	6.9
Has used respite care	6.5	18.1	13.6	9.9	11.1
Total ('000)	**344.7**	**177.9**	**171.4**	**77.7**	**771.4**

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

(a) Other reason also includes no affordable respite available.

Source: Table A7.18; unpublished data table of the ABS 2009 Survey of Disability, Ageing and Carers.

National Respite for Carers Program (NRCP)

The Australian Government funds the National Respite for Carers Program (AIHW 2009b; DoHA 2010a) to support those who are caring for people with disability or who are frail aged at home. The program assists carers to access respite through:

- Commonwealth Respite and Carelink Centres which have funding to purchase short-term or emergency respite. The centres can also coordinate access to community-based agencies offering respite.
- Community-based agencies providing a range of respite services delivered in various settings: in-home; respite cottages and in aged care homes.

In 2009–10, NRCP provided assistance to 143,387 carers. This includes 37,076 carers assisted with short-term or emergency respite and 100,273 carers assisted to receive respite coordinated through Commonwealth Respite and Carelink Centres. It is estimated that respite services funded under the NRCP provided over 5 million hours of respite in 2009–10, delivered through over 650 respite services.(DoHA 2010a:165). Funding for the NRCP overall was budgeted in 2009–10 at just over $200 million (DoHA 2009).

Respite provided by specialist disability services

The recipients of carer respite services are people with disability under specialist disability services. In 2009–10, 12% of service users (36,000) accessed respite services under the NDA, with flexible respite being the most commonly used service type. See 'Chapter 5' for more information.

The Respite Support for Carers of Young People with Severe or Profound Disability Program provides immediate and short-term respite to carers of young people with severe or profound disability under 30 years of age, or up to 65 years of age where the carer is suffering from

extreme stress. The program facilitates access to information, respite care and other support or assistance appropriate to the individual needs and circumstances of both carers and care recipients. It supports carers whose needs are not being met through existing state respite care or assistance provided under other Government initiatives.

Under the HACC program, some services are provided directly to carers as well as care recipients. Carer-specific services are respite and counselling. In 2009–10, 61% (28,000) of people receiving a carer service received respite care (Table A7.19).

Care recipient engagement in activities not theoretically designated as 'respite', such as transition to employment and education, may also be considered to provide a respite effect for carers (ADHC 2010).

Information and counselling

National Respite for Carers Program

In addition to respite, the Australian Government also funds the NRCP to provide other support such as information and counselling. This occurs through the Commonwealth Respite and Carelink Centres' Carer Information Support Program, and under the Carers Advisory Service and the National Carer Counselling Program, the latter two being provided through a network of state and territory Carers Associations (Carers Australia 2007; DoHA 2010a).

In 2009–10, DoHA funded 54 Commonwealth Respite and Carelink Centres through the National Respite for Carers Program, to provide information on community, aged care and support services available locally or across Australia (DoHA 2010a).The centres reported 209,028 client episodes in the same period, being the number of times that carers were assisted through telephone calls, emails, facsimiles and visits to a centre (DoHA 2010a:158). Almost 375,000 items of information were provided to carers in 2009–10 under the Carer Information Support Program—an increase from 276,000 in 2008–09. (DoHA 2010a:158, 159).

DoHA also funded the Dementia Education and Training for Carers Program in 2009–10, which delivered 40 education and training programs providing information on living with dementia and access to services, through 36 Commonwealth Respite and Carelink Centres (DoHA 2010a:157). Counselling services under this program were provided to 6,038 carers in 2009–10.

HACC

Under the HACC program, carers are able to receive assistance in 'understanding and managing situations, behaviours and relationships associated with the caring role, including advocacy and the provision of advice, information and training' (DoHA 2007:33). During 2009–10, 44% of carers receiving a carer service (20,517) received counselling (Table A7.19).

Services directed at special carer groups

Young carers

Young carers are eligible for services on the basis of the demands of their caring role. In addition, a targeted Young Carers Respite and Information Services program aims to assist young carers 'who need support to complete their secondary education or vocational equivalent due to the demands of their caring role' (FaHCSIA 2010c). It provides flexible respite and carer support services for school-aged carers who are at risk of not completing secondary education. The respite services component of the program enables school-aged young carers to access

respite and age-appropriate support: for example, time off to study for exams, tutoring, skills development or activities during the school holidays. Information services for all young carers up to 25 years are also available providing support, information, referral and counselling (FaHCSIA 2010a, 2010c).

In 2009–10, the program provided 3,688 school-aged carers with respite and support to manage educational and caring responsibilities. The program also provided information, advice and referral services to 1,924 carers aged 25 years and younger. Some carers accessed both respite and information services (FaHCSIA 2010a).

Young carers comprise only a very small proportion of carers of clients of the Home and Community Care (HACC) program and NDA services (tables A7.5, A7.6). Data on whether they receive services under the National Respite for Carers Program (NRCP) are not available.

Indigenous Australians

Indigenous people with disability and their carers received particular attention in the Productivity Commission's Inquiry into long-term care and support for people with disability, which observed the cultural significance of caring within Indigenous families (PC 2011b:540–541). However, because caring is considered a natural part of family life, Indigenous carers may be less likely to seek help (HRSCFCHY 2009). In recognition of this, Centrelink recently launched a DVD in a number of Indigenous languages about Carer Allowance, explaining the concept of caring and the support available for people having a caring role (Centrelink 2010a).

Among specialist disability service users 50% of Indigenous people have a carer, compared with 41% of non-Indigenous people. Among both Indigenous and non-Indigenous people mothers most frequently assume the role of carer (31% of Indigenous service users and 29% of non-Indigenous service users; Table A7.7). It should be noted, however, that the Indigenous status of the carer is not recorded in the DS NMDS.

7.4 Payments and allowances

Carer Payment

Carer Payment is a means-tested income support payment provided to informal carers. Recipients also qualify for a Pensioner Concession Card or Health Care Card. Pension Supplements are also paid to some pensioners as an additional payment to the base pension. Australian Government expenditure on Carer Payment in 2009–10 amounted to $2.3 billion (FaHCSIA 2010a: Table 10.4).

Carer Payment (adult) is paid to carers of people aged 16 years and over who have a disability or medical condition or are frail aged, where the demands of caring severely restrict or prevent the carer from undertaking substantial paid employment (Centrelink 2010b; FaHCSIA 2010a). The adult care recipient must undergo an assessment with the Adult Disability Assessment Tool, demonstrating that significant levels of assistance are required in activities of daily living, such as mobility, communication and hygiene (Edwards et al. 2008). In some cases Carer Payment is payable where a person cares for an adult with moderate care needs and care is also provided for their dependent child.

Carer Payment (child) is paid to carers who provide care for a child with severe disability or medical condition, where the care severely restricts or prevents them undertaking substantial paid employment (Centrelink 2010b; FaHCSIA 2010a). In some cases the payment may also be made to a person caring for more than one child with a disability whose combined care needs are equivalent to one child with severe disability or medical condition (Centrelink 2010b, 2011).

Recipients of Carer Payment can participate in paid employment, study and/or volunteer work. However, to maintain eligibility for the payment, these activities cannot exceed 25 hours per week (including travel time).

The Centrelink website provides detailed information about Carer Payment eligibility and payment rates (www.centrelink.gov.au).

In June 2010, there were almost 169,000 recipients of Carer Payment, of whom 92% (156,000) were caring for an adult (Table 7.11). Around half (49%) of all adult payments were made in respect of people caring for their partner, while one-quarter (23%) were made in respect of a parent caring for a child.

Table 7.11: Carer Payment recipients, as at June 2010

	Adult		Child[a]	
	Number	Per cent	Number	Per cent
Carer Payment recipients				
Males	50,705	32.5	1,497	11.6
Females	105,453	67.5	11,258	88.4
Persons	156,158	100.0	12,755	100.0
Relationship of care recipients to carer				
Child	18,645	11.9	12,973	94.9
Parent	36,709	23.5	21	0.2
Partner	77,077	49.3	<20	n.a.
Other relation	15,233	9.7	268	2.0
Unrelated	8,197	5.2	195	1.4
Total[b]	**156,255**	**100.0**	**13,684**	**100.0**

(a) Includes 'two children combined care' (in which the care of two children with disability is considered equivalent to the care of one child with profound disability).

(b) Total includes categories such as step-parent with fewer than 20 care recipients, and care recipients whose relationship to the Carer Payment recipient was not specified.

Notes

1. The number of care recipients is greater than the number of Carer Payment recipients as some payment recipients cared for more than one person.
2. From 1 July 2009 changes were made to the way qualification for Carer Payment (Child) is assessed. This table shows both recipients who qualified for Carer Payment prior to 1 July 2009 and those who qualified under the new rules.

Source: Australian Government Department of Families, Housing, Community Services and Indigenous Affairs.

The most common condition of care recipients in respect of whom Carer Payment (adult) was paid was osteoarthritis (12% of recipients), followed by major depression (8%). Among care recipients in respect of whom Carer Payment (child) was paid, 28% had autistic disorder or Asperger syndrome (Table A7.20).

Carer Allowance

Carer Allowance is a supplementary payment that is not subject to an income or assets test. Carers who qualify for a Carer Payment (child) generally receive Carer Allowance (Centrelink 2010b). It may include a Health Care Card alone, or Health Care Card plus fortnightly payment (Centrelink 2010b, 2011; FaHCSIA 2011). In 2009–10, expenditure on Carer Allowance amounted to around $1.5 billion (FaHCSIA 2010a).

Carer Allowance (adult) is provided to carers of people with a disability or medical condition aged over 16 years who need additional care and attention. The care must be provided in the carer's home, the home of the care recipient or in hospital. The care recipient is assessed using the Adult Disability Assessment Tool (Centrelink 2010b, 2011; Edwards et al. 2008). Carer Allowance (child) is provided to carers of children with a disability or medical condition, who provide care in the child's home or hospital additional to what would ordinarily be provided.

The Centrelink website provides detailed information about Carer Allowance eligibility and payment rates (www.centrelink.gov.au).

In June 2010, there were 496,000 recipients of Carer Allowance payments (Table 7.12), with an additional 13,000 people receiving the Health Care Card only. Just over half of the care recipients in respect of whom Carer Allowance (adult) was paid were partners of carers (54%), with the next largest group of care recipients being parents of carers (19%), followed by children of carers (14%). The profile of conditions reported for care recipients in respect of whom Carer Allowance was paid was similar though not identical to Carer Payment (Table A7.20).

Table 7.12: Carer Allowance recipients[(a)], as at June 2010

	Adult		Child[(a)(b)]	
	Number	**Per cent**	**Number**	**Per cent**
		Carer Allowance recipients		
Males	116,045	32.0	9,387	7.0
Females	246,041	68.0	124,161	93.0
Persons	**362,086**	**100.0**	**133,548**	**100.0**
		Relationship of care recipients to carer		
Child	53,602	14.0	148,576	97.5
Parent	72,189	18.8	—	—
Partner	208,438	54.3	—	—
Other relation	31,088	8.1	2,101	1.4
Unrelated	18,319	4.8	1,688	1.1
Total[(c)]	**383,646**	**100.0**	**152,365**	**100.0**

n.a. not available

(a) Excludes people receiving the Health Care Card only, and cases where adult/child category is unknown.

(b) Includes payment recipients receiving Carer Allowance for both adult and child care recipients.

(c) Total includes care recipients whose relationship to the Carer Allowance recipient was not specified, and categories such as step-parent with fewer than 20 recipients.

Note: The number of care recipients is greater than the number of Carer Allowance recipients as some payment recipients cared for more than one person.

Source: Australian Government Department of Families, Housing, Community Services and Indigenous Affairs.

Child Disability Assistance Payment

The Child Disability Assistance Payment is a single annual payment of $1,000 made to recipients of Carer Allowance (child under 16 years) to assist in the purchase of therapy, aids and equipment, among other things (FaHCSIA 2009). In 2009–10, payments were made to 133,548 carers (for 152,365 children), being just over $152 million in expenditure (FaHCSIA 2010a:96).

Carer Supplement

The Carer Supplement was introduced in the 2009–10 Federal Budget as part of the 'Secure and Sustainable Pension Reform package'(FaHCSIA 2009:103), aimed at providing financial security and alleviating financial pressures that informal carers face (FaHCSIA 2010a).

It is as an annual payment of $600 for recipients of a range of income support payments including Carer Allowance, Carer Payment, Wife Pension and some DVA pensions.

The first Carer Supplement was paid in June 2009, but as subsequent payments take place on 1 July each year from 2010, no payments were made in the 2009–10 financial year (FaHCSIA 2010a). In the 2008–09 financial year, just over $408 million was expended in Carer Supplements (FaHCSIA 2009).

7.5 Data development

The AIHW has previously reported in detail regarding the quality of data about carers and gaps in what is known about carers, their characteristics and needs in various data sets (AIHW 2009b).

Population survey data

In terms of informal carers, the **2009 SDAC** provides:

- estimates of the number of people who provide assistance to older people and people with disability and long-term health conditions, including primary carers providing 'the majority of the informal help'
- a demographic and socioeconomic profile of carers compared with the general population
- information about the care provided, need for support and the support available, personal assessment of health and wellbeing, and the impact of caring (ABS 2011).

In future the SDAC will be conducted at 3-yearly intervals, with the next survey expected to be run in 2012. This change will provide more frequent and more timely data than in the past, when the survey was conducted every 5–6 years.

Administrative data

In addition to statistical estimates of the caring population, data based on carers receiving benefits and services both directly and indirectly, is also available:

- The Disability Services – NMDS collects data on both specialist disability service recipients and their carers. It is the only data set that distinguishes between 'primary' and other carers in a manner that is conceptually equivalent to SDAC (AIHW 2009b:231).
- Home and Community Care – Minimum Data Set (HACC – MDS) – is a 'set of nationally agreed data items collected by all HACC service providers about their clients'. HACC provides specific services to carers (DoHA 2007:32, 33). Support provided directly to the care recipient

also alleviates carer burden to a degree, however this is more difficult to measure as a service to carers.

- FaHCSIA-Centrelink – Carer Allowance—Eligibility for Carer Allowance is not based on the ABS definition of primary carer (FaHCSIA 2010a), influencing its comparability with other data.
- FaHCSIA-Centrelink – Carer Payment—Because some clients who might otherwise be eligible choose a different Centrelink payment (AIHW 2009b; Centrelink 2010b, 2011), these data cannot be used for ascertaining the eligible population, that is, carers whose caring role precludes them from substantial paid employment. Also, eligibility for Carer Payment is not based on the ABS definition of primary carer (FaHCSIA 2010a), influencing its comparability with other data.
- DoHA oversees various Australian Government-funded community care programs, described under *Community care* in respect of which data are available. However there are some limitations in these data for understanding carers and their characteristics as the 'data sets have remained fragmented to a large extent, in part because of inconsistency in the way in which carers are identified' and the way carer definitions are operationalised. The use of 'primary carer' in these data sets is not always consistent with its use in DS NMDS and SDAC (AIHW 2009b:230, 231).
- In 2009, DoHA commissioned the AIHW to investigate the feasibility of establishing a Carers National Data Repository, as a way of 'improving the evidence available about carers, using existing data' (AIHW 2009c:vi). The study presented three models of repository, and while the AIHW viewed a physical data repository as the one holding the most promise for developing the quality and visibility of evidence about carers, it was not considered viable at the time. This issue may benefit from being revisited in the light of the streamlining that may result from the national health reforms, which may, in turn, affect various data sets incorporating information on carers.

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Chapter

8 Homelessness

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8 Homelessness

Key points

- It is difficult to precisely measure the number of people who are considered to be homeless. One estimate using the 'cultural definition' of homelessness (which includes categories of primary, secondary and tertiary homelessness) suggests that around 105,000 Australians were homeless on the night of the 2006 Census.
- Using this definition, more than 40% of people who were homeless in 2006 were aged under 25 years.
- Aboriginal and Torres Strait Islander people are more likely than other Australians to experience homelessness and are over-represented as users of homelessness services.
- Domestic violence, family conflict, financial crisis, substance use and mental illness constitute some of the main pathways into homelessness.
- In 2009–10, specialist homelessness services supported 219,900 people—around one in 100 Australians. The range of services provided includes housing or accommodation support, domestic violence and family counselling, meals and showers, financial or employment assistance, and specialist services such as psychiatric and drug or alcohol services. Many clients receive multiple services.
- Young people aged 15–24 years are the most likely to access specialist homelessness services; however, rates of service use for older persons have increased in recent years, particularly for those aged 45–64 years.
- While family and relationship problems are the most commonly identified main reason for seeking assistance in all age groups, older clients are more likely than younger clients to identify financial issues.
- Service users who report substance use issues or mental health problems identify multiple reasons for seeking assistance and require a range of support services. They are more likely than other client groups to experience rough sleeping.
- Pathways out of homelessness include engagement with mainstream society including participation in education and employment, access to affordable housing, and access to quality housing in appropriate locations.

8.1 Policy context

What is homelessness?

While homelessness can be defined in many ways, the 'cultural definition' of homelessness (Box 8.1) is often used in Australia for policy purposes. The National Partnership Agreement on Homelessness (NPAH), for example, identifies three forms of homelessness based on the cultural definition: primary homelessness—people living on the streets or in public places; secondary homelessness—people residing in emergency accommodation or staying temporarily with friends or relatives or in boarding houses; and tertiary homelessness—people living in boarding houses on a medium- to long-term basis (COAG 2009).

The cultural definition is also used to develop e*stima*tes of the homeless population. Such estimates are primarily based on data from the ABS Census of Population and Housing, and have been undertaken for the last three Census years: 1996, 2001 and 2006. Data from the report *Counting the homeless 2006* (Chamberlain & MacKenzie 2008) will be presented in this chapter to provide an overview of the homeless population in Australia.

It should be noted, however, that due to the difficulties in counting a mobile and difficult-to-reach population, it is not possible to produce definitive estimates of the homeless population. In this regard, the ABS has undertaken a review of the methodology used in *Counting the homeless 2006* (ABS 2011) which will be discussed in more detail at the end of the chapter, along with other initiatives to develop homelessness data in Australia.

Box 8.1: The 'cultural definition' of homelessness

While homelessness can be defined in many ways, Chamberlain & MacKenzie (2008) use the 'cultural definition' to produce estimates of the homeless population. This definition refers to the degree to which people's housing needs are met within conventional expectations or minimum community standards. In the Australian context this is described as having one room to sleep in, one to live in, and one's own kitchen and bathroom, and having security of tenure. The degree to which these housing needs are unmet provides a further level of categorisation as follows:

- primary homelessness—people without conventional accommodation, such as people living on the street, in parks, under bridges, in derelict buildings, improvised dwellings etc.
- secondary homelessness—people moving between various forms of temporary shelter including staying with friends, emergency accommodation, youth refuges, hostels and boarding houses
- tertiary homelessness—people living in single rooms in private boarding houses, without their own bathroom, kitchen or security of tenure.

Responding to homelessness—reform initiatives

In 2008, the Australian Government released its White Paper on homelessness: *The road home: a national approach to reducing homelessness* (Commonwealth of Australia 2008a). The Government committed to two headline goals:

- to halve overall homelessness by 2020
- to offer supported accommodation to all rough sleepers who need it by 2020.

In order to achieve these goals, three key strategies were highlighted:

- turning off the tap—focusing on preventing homelessness by addressing the structural and individual causes of homelessness
- improving and expanding services—recognising the importance of developing better connections between mainstream and specialist homelessness services
- breaking the cycle—by helping people to find a way out of homelessness, especially those who have experienced long-term or chronic homelessness (Commonwealth of Australia 2008a:xi).

In addition, the White Paper identifies the need to provide a response to homelessness across all levels of government and different portfolios. It also emphasises the importance of undertaking research in order to improve the evidence on which policy and service responses are based, and on improving data on homelessness to enable progress against goals and targets to be measured.

NAHA and NPAH

In order to achieve the goals set out in the homelessness White Paper, the Australian and state and territory governments introduced the National Affordable Housing Agreement (NAHA) (Box 8.2) which replaced the Supported Accommodation Assistance Program (SAAP) in 2009 (Box 8.4). One significant aspect of this agreement, and the reform agenda outlined in the White Paper on homelessness, is that housing and homelessness initiatives have been incorporated into an overarching policy framework. Previously, homelessness services and social housing programs were funded under separate agreements. In this regard, the NAHA provides funding for specialist homelessness services to support and accommodate people who are homeless or at risk of homelessness (previously provided under SAAP), as well as measures to facilitate access to affordable housing (COAG 2009).

In addition to providing funding for specialist homelessness services, the Australian and state and territory governments have committed to implement a range of other service outputs through the NPAH (Box 8.3). These outputs, aimed at preventing and breaking the cycle of homelessness, include:

- the 'A Place to Call Home' initiative (involving the provision of housing as well as support services)
- street-to-home initiatives for chronic homeless people (rough sleepers)
- support for private and public tenants to help sustain their tenancies
- assistance for people leaving child protection services, correctional and health facilities.

The NPAH also outlines several other more specialised outputs including services to assist: older people; substance users; people with mental health issues; young people; and women escaping domestic violence.

Box 8.2: National Affordable Housing Agreement

The National Affordable Housing Agreement (NAHA) provides the framework for Australian governments to work together to improve housing affordability, reduce homelessness and reduce housing disadvantage for Indigenous people (CRC 2010).

The objective of the NAHA is: *'… that all Australians have access to affordable, safe and sustainable housing that contributes to social and economic participation'.*

Under the NAHA the Australian governments have committed to achieving a range of outcomes, including assisting *'people who are homeless or at risk of homelessness achieve sustainable housing and social inclusion'.*

Housing initiatives associated with the NAHA are discussed in Chapter 9.

Box 8.3: National Partnership Agreement on Homelessness

Associated with the NAHA are several national partnership agreements, including the National Partnership Agreement on Homelessness (NPAH) which was signed in December 2008.

The objective of the NPAH is to contribute to the NAHA outcome: *'people who are homeless or at risk of homelessness achieve sustainable housing and social inclusion'.*

The NPAH contributes to the following outcomes:

- fewer people will become homeless and fewer will sleep rough
- fewer people will become homeless more than once
- people at risk of or experiencing homelessness will maintain or improve connections with their families and communities, and maintain or improve their education, training or employment participation
- people at risk of or experiencing homelessness will be supported by quality services, with improved access to sustainable housing.

Other partnership agreements associated with the NAHA include: the National Partnership Agreement on Social Housing; the National Partnership Agreement on Remote and Indigenous Housing; and the National Partnership Agreement on the National Building and Jobs Plan (Social Housing)—see Chapter 9.

Box 8.4: The Supported Accommodation Assistance Program

The Supported Accommodation Assistance Program (SAAP) was the main governmental response to homelessness between 1985 and 2008. It provided emergency accommodation as well as support services to people experiencing, or at risk of, homelessness. Some of the main developments of this program that have influenced the contemporary service environment include:

- expansion of target groups and increasing specialisation of services. Originally SAAP focused on providing assistance to youth and women escaping domestic violence, but expanded to include single men, single women, and families
- the provision of non-accommodation support services. In the early years of the program, SAAP focused on providing emergency accommodation; however, services evolved to incorporate other forms of support including counselling, relationship support, help with education and training, financial advice and assistance with drug and alcohol issues. This developed in connection with a focus on early intervention and the provision of post-crisis follow-up support
- responding to the individual needs of clients. This was associated with an emphasis on case management, a form of service delivery that involves an assessment process to identify the specific needs of clients and to connect them with appropriate services.

8.2 Homelessness in Australia

How many homeless?

The latest available data on the homeless population are published in *Counting the homeless 2006* (Chamberlain & MacKenzie 2008). This report is based on data from the 5-yearly ABS Census of Population and Housing, supplemented by the SAAP National Data Collection (SAAP NDC) (AIHW 2011a) and the National Census of Homeless School Students.

Both the ABS Census of Population and Housing and the SAAP NDC have limitations. While the Census has good coverage of the Australian population, it is likely that as homeless people do not have a residential address, and although ABS employs strategies for counting persons living in improvised dwellings and sleeping rough, some will be missed on Census night. In addition, there are difficulties in identifying homeless persons as the Census does not have a direct homelessness question or classification (ABS 2011b:20). While the SAAP NDC has good coverage of people accessing government-funded specialist homelessness services, it does not cover the whole of the homeless population (AIHW 2011a:Box 1.1).

Using the 'cultural definition' of homelessness (Box 8.1), Chamberlain & MacKenzie estimated that, on Census night 2006, the number of people who were homeless in Australia was 104,676, or 53 per 10,000 population (Chamberlain & MacKenzie 2008 and A8.1). Of these:

- 16% were in the Census category 'improvised dwellings/sleepers out'
- 45% were staying temporarily with friends and relatives

- 19% were in SAAP accommodation (emergency or transitional accommodation)
- 21% were in boarding houses.

Twenty-one per cent of homeless people were aged 12–18 years, with 58% being under 35 years of age (derived from Table 8.1). Although over half the homeless population were male (56%), women now make up a greater share of the homeless population than 'what was thought to be the case 40 to 50 years ago' (Chamberlain & MacKenzie 2008:28).

Table 8.1: Homeless population on Census night, by age and sex, 2006 (per cent)

	Under 12 years	12–18 years	19–24 years	25–34 years	35–44 years	45–54 years	55–64 years	65+ years	Total
Male	52	46	53	57	63	64	61	64	56
Female	48	54	47	43	37	36	39	36	44
Total	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**
Total (row %)	**12**	**21**	**10**	**15**	**13**	**12**	**10**	**7**	**100**

Source: Chamberlain & MacKenzie (2008).

Indigenous homelessness

Aboriginal and Torres Strait Islander people are more likely than non-Indigenous people to experience homelessness. On Census night in 2006 there were an estimated 191 Indigenous homeless persons per 10,000 people in the Indigenous population (SCRGSP 2009:Table NAHA 3.3). Indigenous people made up 9% of the homeless population (Table A8.2), but only accounted for around 2% of the Australian population (Chamberlain & MacKenzie 2008:29). Despite the high rates of homelessness for Indigenous people, Chamberlain & MacKenzie argue that due to cultural differences in the way in which homelessness is conceptualised, the Indigenous homeless population may have been under-counted (see Chamberlain & MacKenzie 2008 for a discussion of factors affecting the estimation of Indigenous homelessness).

Distribution of homeless people

There are variations in the rates of homelessness between states and territories, with rates being highest in the northern and western regions of Australia, particularly in the Northern Territory (Table A8.1 and AIHW 2009).

While capital cities contain the largest numbers of homeless people, rates of homelessness are generally higher in regional and remote areas.

Location of homelessness service users

Data on people who access specialist homelessness services (see Chapter 8.3) reveal similar patterns in relation to geographic distribution to that of the overall homeless population discussed previously. Although direct comparisons cannot strictly be made, rates of service use in 2006–07 were also generally higher in statistical divisions outside capital cities (Table A8.3 and AIHW 2009).

Homelessness pathways: why are people homeless and what are their needs?

Research undertaken in Australia has shown that there are many causes of homelessness requiring a variety of policy responses and intervention strategies. Investigations into homelessness pathways, for example, have highlighted the way in which experiences such as family conflict or domestic violence, financial crisis, mental illness or substance use constitute some of the main entry points into homelessness. These studies also show how people on these pathways must overcome many barriers, both personal and structural, in their efforts to find housing stability.

The pathways research examined in this section, particularly that of Chamberlain & MacKenzie (2006) and Johnson et al.(2008), provides a useful overview of the social dimensions of homelessness in Australia, and highlights some of the key similarities and differences in the experiences of people who are homeless and the way in which they access and utilise services. However, pathways research does not encompass the entire breadth of work in this field, and there are many other studies that provide insight into the causes of homelessness.

Pathways research

Anderson & Tulloch define a homeless pathway as a description of 'the route of an individual or household into homelessness, their experience of homelessness and their route out of homelessness into secure housing' (Anderson & Tulloch, cited in Clapham 2003:121). More broadly, pathways research may be described as research that attempts to understand homelessness as a process, charting 'the patterns of, and conditions affecting, the entry into, exit from, and return to homelessness' (Piliavin et al., cited in Pinkney & Ewing 2006:61).

One important characteristic of this research is that it attempts to investigate the relationship between structural and individual factors in explaining homelessness. Structural factors refer to the social or economic constraints that may impact upon an individual's ability to secure appropriate housing, such as poverty; unemployment; conditions in the housing market; welfare policies; and access to affordable housing. Individual factors refer to personal characteristics that may influence life outcomes, such as mental or physical health problems; substance use issues; exposure to violence; offending behaviour or experience of prison; or lack of social support networks (Anderson & Christian 2003:11).

Several attempts have been made to develop models of homelessness pathways. In Australia, Chamberlain & MacKenzie (2006) and Johnson et al. (2008) have developed homelessness pathway models. They describe similar pathways—domestic violence, housing crisis and youth pathways—however Johnson et al. (2008) also identify substance use and mental health pathways (see Figure 8.1). Both studies use the notion of an 'ideal type' to construct homelessness typologies. While 'no individual fits neatly and completely into a category', ideal types are useful for analytical purposes in that they allow clear patterns to be identified and similarities and differences to be compared (Johnson et al. 2008:14). In this regard, it is important to note that the pathway groups identified do not represent all possible homelessness pathways, but reflect some of the main causes or entry points into homelessness. Key characteristics of the pathways that Chamberlain & MacKenzie (2006) and Johnson et al. (2008) identified are examined below, highlighting the diverse needs of people who have experienced homelessness and the support that they require to exit homelessness.

Youth pathway

Johnson et al. (2008) point to several studies that identify family conflict or violence as one of the main causes of youth homelessness. They found this to be the case in their study with regard to participants who first became homeless before they were 18 years of age. In this way, they make a distinction between 'youth escapers' who became homeless because of physical or sexual abuse, and 'youth dissenters' who left home because of irreconcilable family conflict (Johnson et al. 2008:53–54).

Both Johnson et al. (2008) and Chamberlain & MacKenzie (2006) found that an 'in and out' pattern of behaviour characterised the process of becoming homeless for this group, where the young person may 'stay out for a few nights and then return home for a period of time before repeating the pattern' (Johnson et al. 2008:56). When the permanent break did occur, Johnson et al. (2008) argue, dissenters tended to go directly into emergency accommodation, while escapers relied on boarding houses and were more likely to experience rough sleeping. Escapers were also more likely to experience long-term homelessness, episodic homelessness (repeat periods of homelessness), become involved with the homelessness sub-culture and engage in substance use.

An important factor enabling young people to exit homelessness was engagement with school. Johnson et al. (2008) found this to be the case for youth dissenters who were more likely than escapers to maintain contact with school. In this way, Johnson et al.(2008) suggest that facilitating engagement with school may be an important intervention strategy, particularly in situations where reconciliation with family may not be a viable option due to violence or abuse. Chamberlain & MacKenzie (2004) make a similar point. They maintain that early intervention for young people can take two forms. 'First, early intervention strategies can focus on young people who are in the 'in and out' stage, or perceptibly at risk. These strategies focus on family reconciliation' (Chamberlain & MacKenzie 2004:ii). Where this is not possible, 'early intervention can mean supporting homeless students to remain at school and make the transition to independent living' (Chamberlain & MacKenzie 2004:ii).

Domestic violence pathway

Many people who become homeless because of family breakdown are women escaping domestic violence, although men may also be victims of domestic violence (Chamberlain & MacKenzie 2006:205). Similar to the process of becoming homeless for young people, Johnson et al. (2008) and Chamberlain & MacKenzie (2006) found that women on the domestic violence pathway engaged in an 'in and out' pattern of behaviour. Johnson et al. (2008) argue that one of the factors affecting this type of behaviour is the lack of economic independence, relating to the way in which women may return to the family home because they are unable to find accommodation in the private rental market (Johnson et al. 2008:31). This highlights the importance of access to safe and immediate housing for this group, as well as assistance to secure economic resources.

Johnson et al. (2008) maintain that most of the women in this group found accommodation in refuges, with some being supported in hotels due to a lack of places. Others turned to family or friends or spent the night in a car (Johnson et al. 2008:118).

Chamberlain & MacKenzie (2006) found that while women affected by domestic violence sometimes experience long periods of homelessness because of poverty, they rarely make the transition to chronic homelessness. Johnson et al. (2008) supported this, finding that, in

comparison with some of the other pathway groups, women on the domestic violence pathway typically experienced shorter periods of homelessness and were less likely to experience episodic homelessness. They also found that this group used homelessness services to a lesser extent and did not identify or engage with the homelessness sub-culture.

In addition to accommodation support, women on this pathway may require support to help them deal with the psychological or emotional impact of family breakdown or exposure to violence. As Morrison (2009) argues, responding to homelessness for people who have experienced violence or abuse necessitates more than the provision of 'accommodation and a job', often requiring support to help deal with trauma. This is highlighted in the Green Paper on homelessness where it is pointed out that 'women escaping family violence often need specialist support services such as counselling …' (Commonwealth of Australia 2008b:26).

Housing crisis pathway

Chamberlain & MacKenzie (2006) and Johnson et al. (2008) identify accumulating financial debt as the main factor precipitating homelessness for people on the housing crisis pathway. In this regard, Johnson et al. (2008) identify 'three typical ways through which housing crisis resulted: job loss, sustained poverty, and the gentrification of inner city housing markets' (Johnson et al. 2008:33). Chamberlain & MacKenzie observed that for people on the housing crisis pathway, the loss of accommodation came about as a sharp break (Chamberlain & MacKenzie 2006). Johnson et al. (2008) found that some people moved from being housed to homeless fairly quickly, but 'for most it took much longer' with households employing a variety of strategies to maintain their accommodation (2008:42).

Johnson et al. found that many of the households on this pathway were families, with some spending their first night of homelessness in a car or hotel, while others were helped by relatives or friends (Johnson et al. 2008:118). They argue that due to difficulties securing accommodation in the private rental market (relating to affordability and availability), and with long waiting lists for social housing, this group often ended up in inappropriate accommodation, such as boarding houses and caravan parks (2008:120). This highlights the need for access to appropriate housing for this group. People on this pathway may also need financial assistance or help re-engaging with the labour market.

Johnson et al. (2008) found many similarities between this group and women on the domestic violence pathway, in that (in comparison with other groups) they tended to experience shorter periods of homelessness; were less likely to experience episodic homelessness; used homelessness services to a lesser extent; and did not identify or engage with the homelessness sub-culture. They suggest that the similarities between these groups may be related to demographic characteristics, where the majority of households were families. They point to research that suggests that 'families typically have short homelessness careers' (Johnson et al. 2008:115), and identify three critical issues around which families organise resistance to homelessness: 'concern for children; a desire to reduce stress; and minimisation of the stigma of homelessness' (2008:115).

Substance use and mental health pathways

While there is much evidence to suggest that homeless people are more likely than non-homeless people to experience mental health conditions or substance use disorders (Flatau et al. 2010:1), there is disagreement as to the extent of these problems. Johnson & Chamberlain (2009) point out that while some studies have estimated the prevalence of mental illness in

the homeless population to be between 72% and 82%, others have found this to be between 12% and 44% (Johnson & Chamberlain 2009). Johnson & Chamberlain report that in their study of 4,291 case histories of homeless people, 31% experienced a mental health problem. Of these, almost half (47%) had a mental health problem prior to becoming homeless, while 53% developed a mental health issue following homelessness (Johnson & Chamberlain 2009).

Johnson et al. (2008) classified participants in their study as belonging to the mental health or substance use pathways if their entry into homelessness was related to these specific issues. One participant, for example, became homeless after problematic drug use led to loss of employment. In this regard, only 17% of people in the study became homeless as a result of substance use problems, although 55% reported substance use issues (Johnson et al. 2008:44). The mental health group was the smallest in the study, with only six out of 103 participants experiencing 'mental health problems prior and leading to their first experience of homelessness' (2008:14).

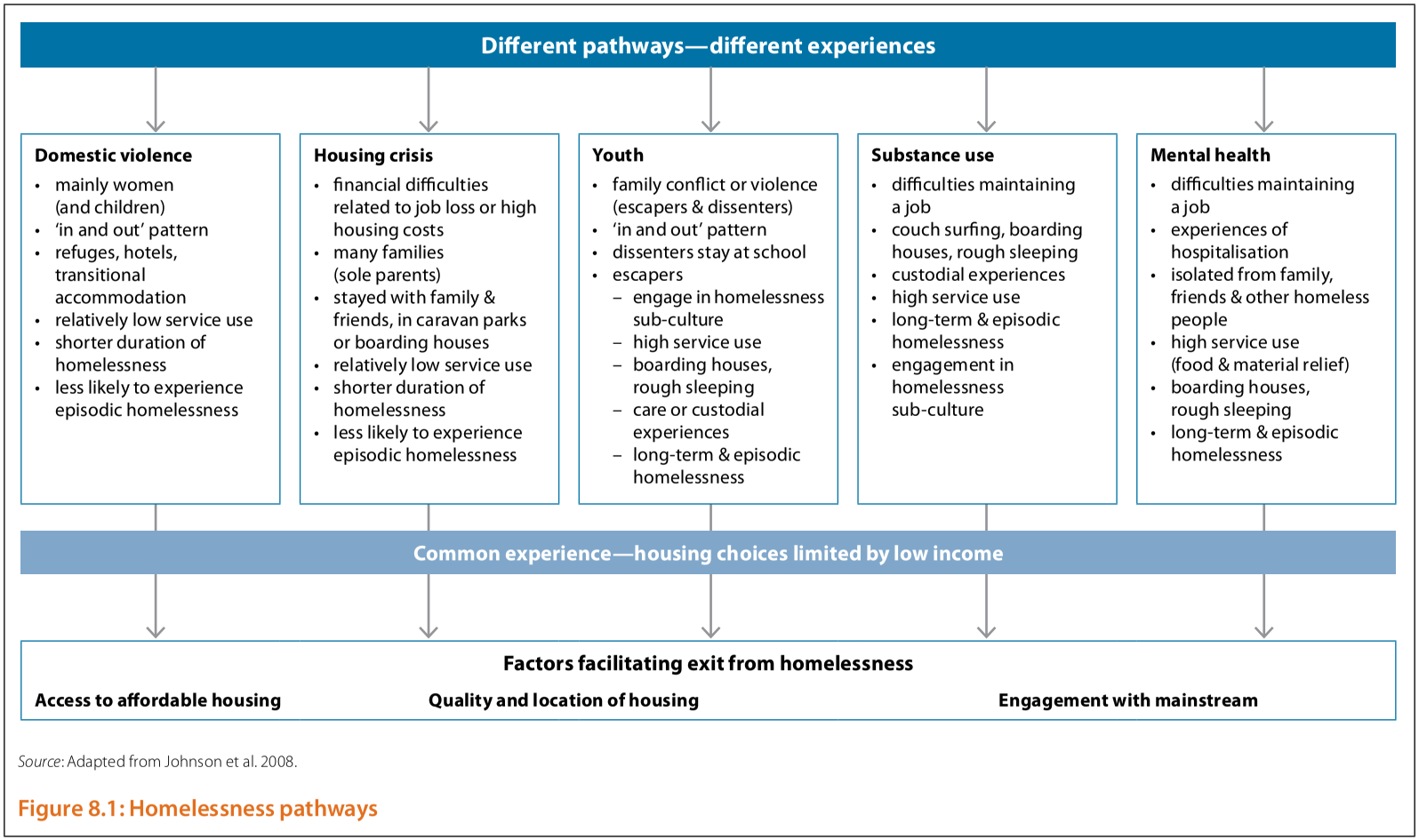
The authors found that when people on the substance use pathway became homeless they tended to 'couch surf' before eventually moving into boarding houses. They also experienced periods of rough sleeping. For people on the mental health pathway, homelessness usually 'began with an abrupt break' (Johnson et al. 2008:97). For some, their 'homeless careers began by sleeping rough' (2008:97), while the more common pattern was to move straight into boarding houses (2008:98).

People on both of these pathways experienced long-term homelessness and episodic homelessness, and had difficulties in the labour market. While substance users quickly become part of the homelessness sub-culture, people on the mental health pathway did not identify with other homeless people and became disconnected from family and friends. Substance users became involved with crime, which sometimes resulted in custodial experiences (Johnson et al. 2008:83), while people with mental health issues often had to deal with periods of hospitalisation.

Common elements

While Johnson et al. (2008) found that there were some distinct points of difference between the pathway groups, there were also some important similarities. As the authors maintain, the 'primary connection between the five pathways was that everyone had few housing options because of their low income' (Johnson et al. 2008:64).

Related to this is the ability of people to access and participate in the labour market. This is a particular issue for homeless youth, substance users and people with mental health issues, as these groups are alienated from the labour market due to poor employment histories. Even when some people were housed, argue Johnson et al. (2008), 'their long-term exclusion from the labour market continued and this meant that without sufficient income people remained acutely vulnerable to any financial setback. It also meant that they did not have the opportunity to develop new social networks that can occur in the workplace' (2008:194).



Source: Adapted from Johnson et al. 2008.

Figure 8.1: Homelessness pathways

Factors facilitating exit from homelessness

Re-engagement with mainstream society

The previous point underscores an important factor relating to workforce participation: it facilitates engagement with the mainstream, enabling distancing from the homelessness sub-culture. Both Johnson et al. (2008) and Chamberlain & MacKenzie (2006) identify involvement with the homelessness sub-culture as a factor relating to long-term or chronic homelessness. Participation in the workforce can help people to establish new social relationships. As highlighted in the discussion on youth homelessness, this is also an important benefit for young people maintaining contact with school.

Access to affordable housing

Another factor that helped people to exit homelessness was affordable housing, relating mainly to the accessibility of social housing. Across all the pathways, people who exited into social housing (as opposed to private rental) were more likely to sustain their tenancies (Johnson et al. 2008:172). This is similar to the results of a study involving low-income families in the United States, where it was found that access to affordable housing (in the form of a housing subsidy) was a key factor associated with the likelihood of making a successful or sustainable exit from homelessness (Shinn, cited by Pinkney & Ewing 2006:82). This is a particularly important factor in view of the Australian context, where there has been minimal growth in social housing dwelling stock (see Chapter 9). This has been accompanied by a trend towards the rationing of supply to those households most in need (AIHW 2010:13), and 'consistently high wait lists' that 'demonstrate the unmet demand for social housing assistance' (AIHW 2010:13–16). See Chapter 9 (Box 9.9) for information on social housing assistance provided to people who have experienced homelessness.

Quality and location of housing

Johnson et al. (2008) also identify the quality of housing and its location as factors associated with making a successful exit from homelessness. Some participants in their study experienced difficulties with living in apartment blocks not suitable for children, or were placed in accommodation that was situated too far from shops, schools or medical services, or away from family or social networks (Johnson et al. 2008:177).

Implications for service provision

Pathways research is important from a policy perspective, as understanding the processes involved in becoming homeless, and escaping from homelessness, enables opportunities for intervention to be identified. As Pinkney & Ewing suggest, 'Understanding people's trajectories through homelessness and the circumstances and factors that assist or block their attempts to find stability helps develop more effective ameliorative and resettlement strategies' (Pinkney & Ewing 2006:61). Similarly, Chamberlain & MacKenzie maintain that homeless trajectories sensitise 'us to the fact that different interventions are needed at different phases of the homeless career: prevention, early intervention and long-term support', providing a 'useful framework for welfare practice' (Chamberlain & MacKenzie 2006:199).

In addition, the different pathway trajectories highlight the way in which different groups have specific needs, requiring targeted support services. This is acknowledged in the White Paper on homelessness where it is pointed out that 'Examining pathways into homelessness is important for identifying opportunities to prevent homelessness' (Commonwealth of Australia

2008a:24). The White Paper makes reference to Chamberlain & MacKenzie's (2006) model, but also identifies 'poor life transitions' as a pathway into homelessness (referring to 'transitions out of the child protection system, prison or statutory care') (Commonwealth of Australia 2008a:24). The importance of these pathways in relation to the effective targeting and delivery of services is recognised in the NPAH, where the following groups are targeted in relation to the development of services: people with substance use problems; people with mental health issues; women and children escaping domestic violence; young people aged 12–18 years; and people leaving child protection services, correctional and health facilities (COAG 2009).

Pathways research also highlights the multiple and inter-connected causes of homelessness. Although personal circumstances or biographic factors shape each individual's homeless experience, there are certain key structural factors, such as poverty and access to affordable housing, that cut across all the pathway trajectories and play an equal role in determining the experiences of homeless people. For example, while family conflict may be a primary cause of homelessness for women on the domestic violence pathway, socioeconomic circumstance may make some victims of domestic violence more susceptible to homelessness than others. As Johnson et al. point out, 'violence against women cuts across all social classes', however it is 'women from poorer economic backgrounds who tend to become homeless' (Johnson et al. 2008:31).

This emphasises the way in which intervention strategies need to involve a variety of different elements, as Johnson et al. (2008) discuss in their notion of a 'housing plus' approach. This refers to the way in which, for some individuals, strategies to address homelessness must involve the provision of a range of support services in addition to affordable housing. While access to affordable housing is a key element relating to successful exits, some people require additional support to assist with health problems or other issues. The 'housing plus' approach, maintain Johnson et al., 'emphasises the importance of providing different homeless groups with different types and levels of assistance to resolve both their material and personal needs' (Johnson et al. 2008:181). This is highlighted in the Green Paper on homelessness where it is recognised that while 'Housing is a vital part of the [homelessness] response…[d]ifferent forms of support are required' and a 'new national effort on homelessness needs to provide housing plus a support package for homeless people' (Commonwealth of Australia 2008b:65).

The complex and multiple needs of people who are homeless highlight the challenges that policy makers and service providers face in delivering effective and appropriate support strategies. While the provision of accommodation and related support services has long been a feature of specialist homelessness services (see Box 8.4), the manifold nature of this problem has presented difficulties in responding to the needs of people who have experienced homelessness. The service response to homelessness in Australia will be discussed in the next section.

8.3 Service provision

The delivery of homelessness services in Australia is characterised by a multi–layered response. Homelessness programs are provided by Australian, state/territory and local governments, as well as not-for-profit and philanthropic organisations (see boxes 8.5 and 8.6 for selected examples of government and non-government programs in Australia).

Box 8.5: Government responses to homelessness—selected examples

Reconnect

Reconnect is an Australian Government initiative that aims to help young people aged 12 to 18 years who are homeless or at risk of homelessness to stabilise their living situation and to improve their level of engagement with family, work, education and training (FaHCSIA 2011a). Reconnect services are community based, providing support to the entire family, and catering to the individual needs of clients in a culturally appropriate manner. The services provided include counselling, mediation, and access to other specialist services.

Household Organisation Management Expenses (HOME) Advice Program

The HOME Advice Program is designed to assist families who are at risk of homelessness. The program operates as a partnership between the Department of Families, Housing, Community Services and Indigenous Affairs, Centrelink and non-government service providers (FaHCSIA 2011b). Community service workers 'support families in the areas of housing and financial assistance, advocacy, relationships, family health and wellbeing, participation and early intervention' (MacKenzie et al. 2007). The program also provides access to a dedicated Centrelink HOME Advice social worker to assist families with income support issues (MacKenzie et al. 2007).

Use of specialist homelessness services

Specialist homelessness services are mainly delivered by not-for-profit agencies that provide a range of services such as crisis and medium-term accommodation, access to laundry and shower facilities, and the provision of meals. Some agencies also provide, or arrange access to, employment and training services, financial counselling, legal services, health and specialist counselling services. Data from government-funded specialist homelessness services between 2006–07 and 2009–10 were captured in the SAAP National Data Collection (SAAP NDC) and will be presented below. For more information on the SAAP NDC and the services it covers, see the 2009–10 SAAP NDC annual report (AIHW 2011a).

How many people use services?

In 2009–10, specialist homelessness services supported and/or accommodated 219,900 people (or 100 per 10,000 in the Australian population) (AIHW 2011a:Table A3). There has been a steady increase in the number and rate of people accessing services in the 4 years to 2009–10.

While most people are provided with one period of support, some require more. In 2009–10 the average number of support periods per person was 1.6.

Box 8.6: Non-government responses to homelessness—selected examples

Foyer

The Foyer movement originated in France after World War II, and became popular in the UK in the 1990s. It is a form of supported accommodation for young people which integrates access to affordable accommodation, training, guidance, personal development and job searching facilities (The Foyer Foundation 2011). The first program to adopt a Foyer model in Australia was the Live N Learn Miller Campus in New South Wales. Established in 2003, the campus receives funding from government sources as well as private donations (Live N Learn 2011) . Some of the programs implemented under the NPAH are based on the Foyer model. For example, Victoria's youth Foyer program (Victorian State Government & Commonwealth of Australia 2011), and Western Australia's Foyer development (Government of Western Australia & Commonwealth of Australia 2011).

Common Ground

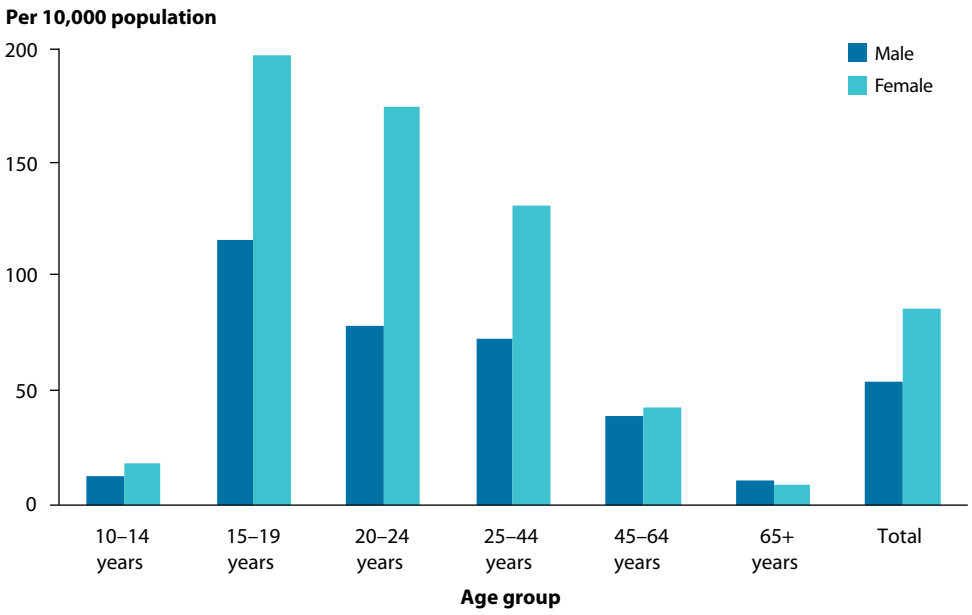
Common Ground is a successful housing program that originated in New York in 1990. Australian Common Ground projects target chronically homeless people, providing them with affordable accommodation as well as support services. Support services are located within Common Ground buildings and 'can range from support for medical and mental illness and/or substance use through to linking people with training, education and employment opportunities' (Australian Common Ground Alliance 2011). Common Ground projects receive funding from a mixture of government and private sources, with some facilities being funded through NPAH. For example, the Social Housing National Partnership Agreement and the NPAH's 'A Place to Call Home' initiative jointly fund the Tasmania Common Ground's Liverpool Street Project (Australian Common Ground Alliance 2011). Brisbane Common Ground is funded through the NPAH as well as the Nation Building Economic Stimulus Plan (Australian Common Ground Alliance 2011).

Characteristics of service users

Females and young people most likely to be service users

Females are more likely than males to access specialist homelessness services. In 2009–10, females accounted for 62% of all clients, but in 2006 made up only 44% of the total estimated homeless population (Table 8.1 and AIHW 2011a:Table A6). The rate of service use for females was also much higher than the rate for males—with 86 females per 10,000 population accessing services in 2009–10, compared with 54 per 10,000 for males (Figure 8.2).

There were also high rates of service use for young people, especially young females (Figure 8.2). The high rates of service use for females and young people largely reflect the traditional focus of SAAP, in which a strong emphasis was placed on providing services for youth and women escaping domestic violence (Box 8.4). Although there has been an expansion of target groups over time, the focus on youth and women and children escaping domestic violence is still evident, with the majority of agencies in 2009–10 primarily funded to deliver services to these two target groups (Table A8.4).



Source: AIHW 2011a:Table A7.

Figure 8.2: Clients: number per 10,000 population aged 10 years and over by age and sex, 2009–10

Increasing rates of service use for older clients

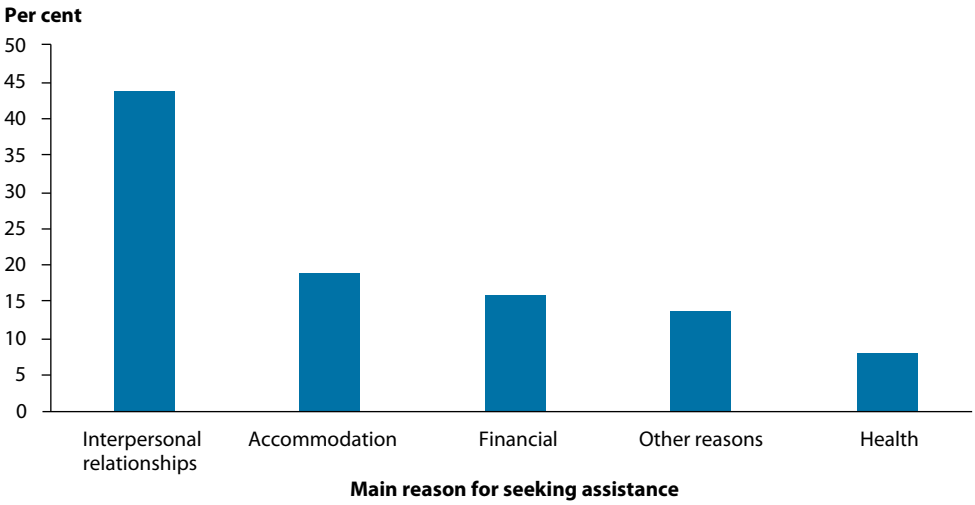
Although young people are the most likely to access services, rates of service use for older clients have been increasing, especially for the 45–64 years age group. Between 2006–07 and 2009–10 rates of service use for clients aged 20–24 years and 25–44 years rose from 119 to 125 per 10,000 and from 96 to 101 per 10,000, respectively, while the rate of service use for clients in the 45–64 year age group increased from 33 to 41 per 10,000 population (AIHW 2011a:Table A7). There was minimal change in rates of service use for clients aged under 20 years and for those aged 65 years and over. More information on service users aged 45–64 and 65 years and over will be provided later in this chapter.

Aboriginal and Torres Strait Islander people over-represented as service users

Aboriginal and Torres Strait Islander people were over-represented in the specialist homelessness service user population. While they were estimated to account for around 2% of Australians, they represented 18% of clients in 2009–10 (AIHW 2011a:Table A10). At 26%, the proportion of Indigenous children accompanying clients was also well in excess of their proportion of the Australian population (5%) (AIHW 2011a:Table A11).

Main reason for seeking assistance

The most common broad reason cited by clients for seeking assistance was interpersonal relationship problems (in 44% of support periods) (Figure 8.3). This was followed by accommodation problems (19% of support periods) and financial problems (16% of support periods) (AIHW 2011a:Table A15).

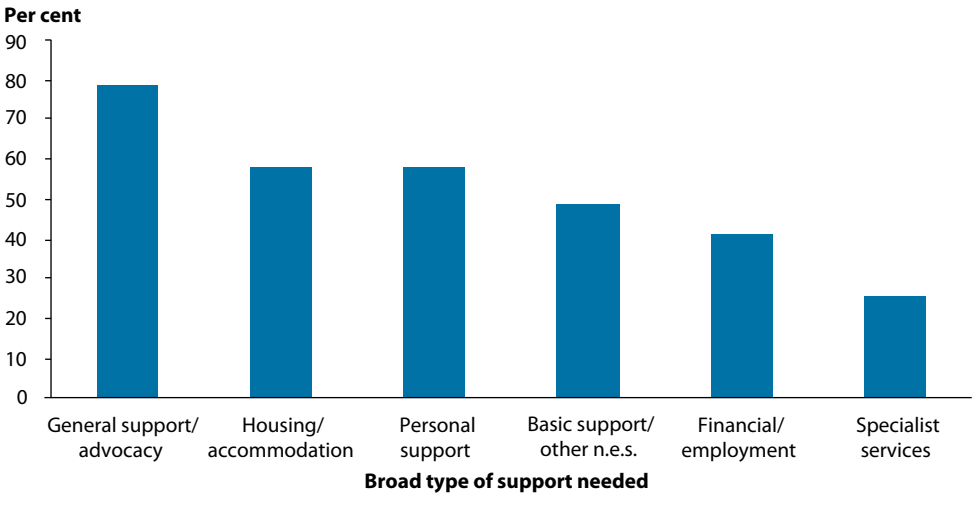


Source: AIHW 2011a:Table A15.

Figure 8.3: Support periods, main reason for seeking assistance, 2009–10 (per cent)

Types of services needed

In 2009–10, clients were most likely to need general support or advocacy (78%), followed by housing or accommodation support (58%), personal support (includes domestic or family violence, family relationship support) (58%), basic support (includes meals and laundry or shower facilities) (49%), financial or employment assistance (42%), and specialist services (includes psychological, psychiatric services and drug or alcohol services) (26%) (Figure 8.4).



Source: AIHW 2011a:Table A21.

Figure 8.4 Closed support periods, type of support required by clients, 2009–10 (per cent)

Accommodation support

In relation to accommodation support, clients mostly received crisis or short-term accommodation. In 2009–10, clients were provided with crisis or short-term accommodation in 84% of accommodation periods, medium- or long-term accommodation in an additional 14% of accommodation periods (Table A8.5).

People turned away from accommodation

Although specialist homelessness services accommodate large numbers of people each day, they are not always able to meet all the requests for accommodation. In addition to the data presented above, which show service provision to clients, data are collected twice a year on people who request accommodation but do not receive it—that is, are turned away. Data collected during the 2009–10 Demand for Accommodation Collection period showed that 58% of people who required new and immediate accommodation were turned away (AIHW 2011b). Many of those turned away were women (54%), young people (56% were aged under 20 years) and Aboriginal and Torres Strait Islander people (30%).

Pathway groups—client characteristics, patterns of service use and outcomes

Given the diversity of the homeless population and the people supported by specialist homelessness services, the reasons people seek support, the support they need, and their outcomes vary. This section will present the client characteristics, patterns of service use and outcomes for selected pathways groups using data from the SAAP NDC. The groups are based on the main pathways identified in the research literature, as well as the homelessness White Paper. Groups are identified in the SAAP NDC data using the following criteria:

- domestic violence—clients aged 18 years and over who identify 'domestic or family violence' as a main reason for seeking assistance. Clients under the age of 18 years are excluded from this group because women and young people experience domestic violence in different ways. While young people in this situation most likely face parental abuse, women escaping domestic violence experience abuse by a spouse or partner. Clients aged 12–17 years who identify domestic violence as a main reason for seeking assistance will be included in the youth client group (see below)
- financial crisis—clients who identify financial difficulties (including 'budgeting problems', 'rent too high', 'other financial difficulties' or 'gambling') as the main reasons for seeking assistance
- substance use—clients who identify 'problematic drug/alcohol/substance use' as a main reason for seeking assistance
- mental health— clients who identify 'mental health issues' or 'psychiatric illness' as the main reasons for seeking assistance
- clients from care and custodial settings— clients who identify 'recently left institution' as a main reason for seeking assistance (includes prisons, detention centres, hospitals or other institutions)

- youth—clients aged 12–17 who identify 'interpersonal relationship' problems as the main reason for seeking assistance (including 'time out from family/other situation', 'relationship/family breakdown', 'interpersonal conflict', 'sexual abuse' or 'domestic/family violence'). This group has been formed in this way to be consistent with the pathways research which identifies family conflict or violence as a main cause of youth homelessness.

It must be noted that these groups cannot be constructed in the same way as the pathway groups identified by Chamberlain and MacKenzie (2006) and Johnson et al. (2008). This is because these studies use case histories or biographical approaches to capture the process of becoming homeless and to create pathways based on main causes or entry points into homelessness. The SAAP NDC data can only identify a client's main reason for seeking assistance at a particular point in time. As such, it is not possible to identify the original cause of a client's homelessness or their entry point into homelessness.

Characteristics of the pathway groups

Clients who seek assistance because of domestic violence make up the largest of the groups, followed by clients experiencing financial crisis; youth experiencing family or relationship problems; substance use clients; mental health clients; and care and custodial clients (Table 8.2). It must be noted that these client groups together only make up around 50% of all support periods and 60% of clients. This is because of the methodological constraints of using SAAP NDC data to identify pathway groups, where (as discussed above), the identified main reason for seeking assistance does not necessarily reflect the original cause of a person's homelessness. In addition, clients must choose from between 23 main reasons for seeking assistance, resulting in a wide distribution of responses.

Table 8.2: Support periods and clients, by pathway group, 2009–10

	Domestic violence	Financial crisis	Substance use	Mental health	Care & custodial	Youth	All[(a)]
				Support periods			
Number	46,700	35,300	9,300	5,800	2,700	13,900	222,100
Per cent	21.0	15.9	4.2	2.6	1.2	6.2	100.0
				Clients[(b)]			
Number	31,800	24,400	6,000	4,300	2,300	9,700	130,300
Per cent	24.4	18.7	4.6	3.3	1.8	7.4	100.0

(a) Includes support periods/clients for those who identified other reasons for seeking assistance and as such is greater than the sum of group totals.

(b) Clients may have more than one support period where different main reasons are identified. As such, client groups are not mutually exclusive.

Notes

1. Number excluded due to errors and omissions (weighted): 8,618 support periods; and 5,362 clients (includes those who did not identify a main reason for seeking assistance).
2. Figures have been weighted to adjust for agency non-participation and client non-consent.

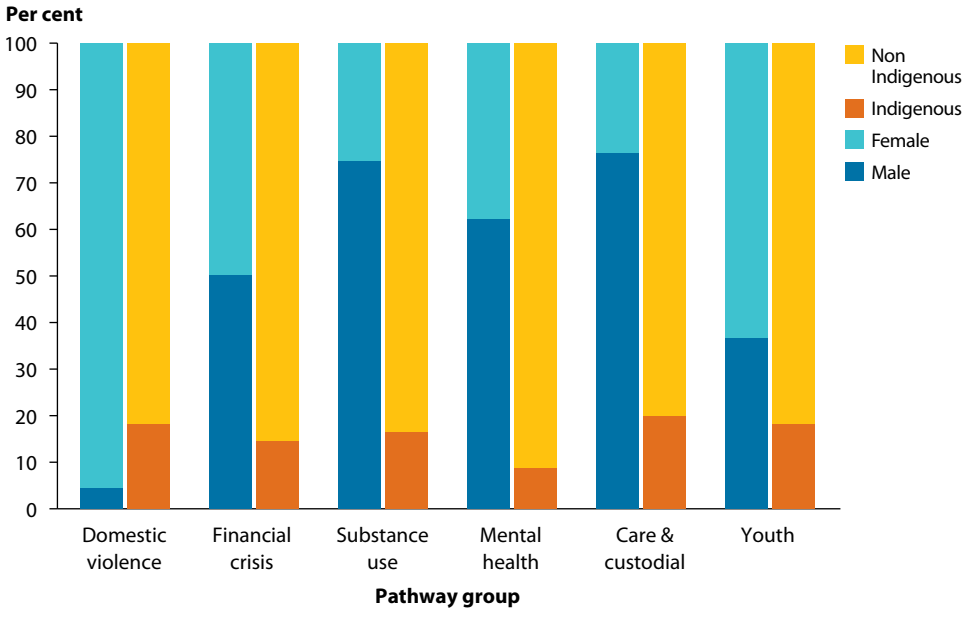
Source: SAAP NDC Client Collection.

Sex

In 2009–10, women made up 96% of domestic violence clients, 63% of youth, and half (50%) of the financial crisis group (Figure 8.5). Male clients were more likely to belong to the substance use, mental health, and care and custodial groups.

Aboriginal and Torres Strait Islander status

Indigenous clients were most likely to belong to the care and custodial (20%), youth (18%) and domestic violence (18%) groups, while making up only 9% of mental health clients.

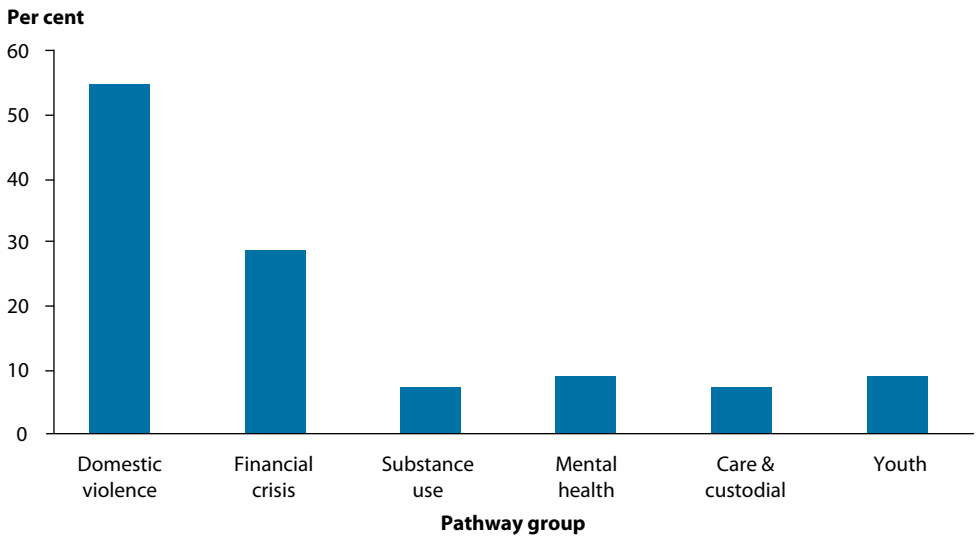


Source: Table A8.13.

Figure 8.5: Support periods, by pathway group, 2009–10

Client group

Domestic violence clients were most likely to be females with children (52% of support periods) or single females aged 25 and over (35%) (Table A8.14). While a high proportion of clients in the financial crisis group (39% of support periods) were single males aged 25 and over, this group also had a relatively high proportion of families (couples with/without children, males with children, females with children and other family types making up 29% of support periods for this group) (Figure 8.6). This is consistent with the research undertaken by Johnson et al. (2008) who found that there were many families on the domestic violence and financial crisis pathways.



Source: Derived from Table A8.14 (includes couples with/without children, males with children, females with children and other).

Figure 8.6: Support periods, proportion of families, by pathway group, 2009–10

Other reasons for seeking assistance

While the pathway groups have been constructed using main reason for seeking assistance, clients may also identify other reasons for seeking assistance. Table 8.3 shows that most clients identified more than one reason for seeking assistance, with financial issues and interpersonal relationship problems being some one of the most commonly selected reasons.

Table 8.3: Support periods: all reasons for seeking assistance (broad groups), by pathway group, 2009–10 (per cent)

All reasons (broad groupings)	Domestic violence	Financial crisis	Substance use	Mental health	Care & custodial	Youth
Interpersonal relationships	100.0	10.0	38.2	31.0	25.1	100.0
Financial	8.8	100.0	42.8	31.4	26.0	10.7
Accommodation	8.0	12.5	21.6	20.7	18.4	19.6
Health	8.5	14.6	100.0	100.0	39.0	12.1
Other	8.4	10.6	43.6	31.2	100.0	12.0
Mean number of reasons identified per support period	**2.1**	**1.9**	**3.6**	**3.2**	**2.7**	**2.4**

Source: Table A8.15.

Substance use and mental health clients were most likely to identify multiple reasons for seeking assistance, with the average number of reasons identified per support period for these groups being 4 and 3 respectively (Table 8.3). Clients in these groups were most likely to identify financial or interpersonal relationship problems as other reasons for seeking assistance. Within the category of interpersonal relationships, substance use clients were most likely to select 'physical or emotional abuse', while mental health clients were most likely to identify

'relationship or family breakdown' or 'interpersonal conflict' (Table A8.15).

An interesting point to note is the co-reporting between substance use, mental health, and care and custodial clients. A relatively high proportion of substance use and care and custodial clients also identified mental health issues and psychiatric illness as reasons for seeking assistance, while a high proportion of mental health and care and custodial clients identified alcohol or substance use issues (Table A8.15).

Patterns of service use by the pathway groups

Type of support needed

Most clients had multiple support needs, with care and custodial clients, substance use clients and youth clients having the highest average number of services required per support period (each at around 8 services per support period) (Table 8.4). This contrasts with financial crisis clients who required, on average, 4 services per support period.

Accommodation support and basic support (such as meals and showers) were most commonly needed by substance use and care and custodial clients (Table 8.4). These client groups, along with mental health clients, were also most likely to require specialist services, including specialist counselling and drug or alcohol support. Personal support services, including domestic violence and family counselling, were most often required by domestic violence and youth client groups. While clients in the financial crisis pathway group were most likely to need financial or employment support, as would be expected, almost four in ten clients in the domestic violence group and close to half of clients in other groups also required this type of support. General support and advocacy services were needed by more than 80% of clients in most pathway groups, with the notable exception of financial crisis clients (64%).

Table 8.4: Support periods: type of support required (broad groups), by pathway group, 2009–10 (per cent)

Type of service required (broad groups)	Domestic violence	Financial crisis	Substance use	Mental health	Care & custodial	Youth
Housing/accommodation	52.8	31.5	81.7	68.4	86.2	74.2
Financial/employment	37.8	70.0	54.7	44.9	55.9	46.9
Personal support	89.4	39.1	52.5	58.3	64.1	73.8
General support/advocacy	86.7	64.3	88.1	83.3	84.5	83.9
Specialist services	36.4	18.1	53.7	44.7	45.3	28.6
Basic support /other n.e.s.	46.5	37.3	79.2	63.3	66.2	62.2
No needs recorded	0.4	0.3	0.4	0.7	0.2	0.6
Mean number of services required per support period	**6.9**	**4.0**	**7.7**	**6.8**	**8.0**	**7.5**

Source: Table A8.16.

Case management, length of support and repeat service use

Case management was provided in the majority of support periods for all pathway groups. Support periods for substance use (83%), care and custodial (75%) and mental health clients (73%) were most likely to involve case management, while support periods for financial crisis clients were least likely (54%) (Table A8.17).

Case management is considered to be the most appropriate form of service delivery for clients with complex needs (Box 8.7). In this regard, it is recognised that people with substance use and mental health problems face many barriers and difficulties in overcoming homelessness (Flatau et al. 2010; Robinson 2003), with the White Paper on homelessness highlighting the way in which such clients require 'continuing case management and support' (Commonwealth of Australia 2008a).

Box 8.7: Case management

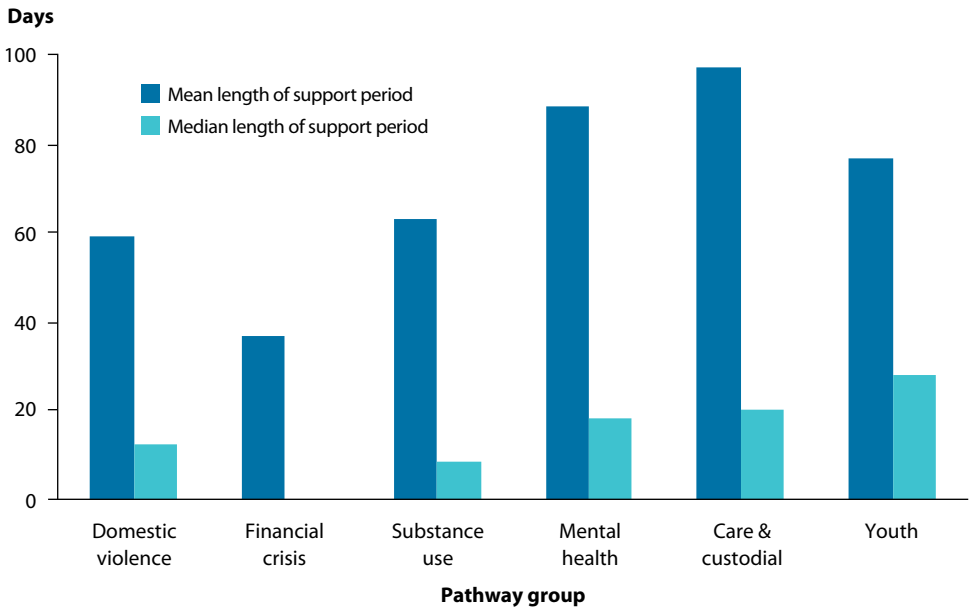
The provision of case management has been an important feature of specialist homelessness services and is associated with an increasing emphasis placed on responding to the individual needs of clients (Box 8.4). Case management is an approach to service delivery that involves an assessment of client needs as well as the development of a personal plan or support agreement (AIHW 2005). It has been identified as the most appropriate form of service provision for clients with a 'complex range of needs, who require access to a broad range of services and different forms of assistance' (FaHCSIA 1997).

Between 2006–07 and 2009–10, the proportion of support periods with case management rose from 55% to 61%, and the proportion of clients receiving case management increased from 67% to 70% (Table A8.7).

Support periods involving case management are generally long in duration. In 2009–10, the median length of support periods with case management was 30 days. This compares with a median length for all support periods of 11 days (AIHW 2011a:Table A17).

As shown above, substance use, mental health, and care and custodial clients were more likely than other groups to identify multiple reasons for seeking assistance. Further, substance use and care and custodial clients, in particular, tended to have multiple support needs. Clients in these groups were also more likely to experience repeat service use, with each having an average of around 3 support periods per client (Table A8.13).

In relation to duration of support, most of the pathway groups experienced a length of support greater than that reported for all clients (median length 11 days and mean length 64 days—see AIHW 2011a:Table A17). Mental health clients, care and custodial clients, and youth were supported for longer in comparison with the other pathway groups, with median lengths of 18, 20 and 28 days respectively (Figure 8.7). It is interesting to note that while women generally experienced longer support periods than men (Table A8.6), the length of support for the domestic violence pathway group (consisting mainly of females), was shorter than that of most other pathway groups.



Source: Table A8.17.

Figure 8.7: Closed support periods, length of support, by pathway group, 2009–10 (days)

Financial crisis clients had a median length of support of less than one day and a low proportion of support periods with case management. This, combined with a lower average number of services required, suggests that these clients seek what may be described as 'one–off' forms of support. Indeed, financial crisis clients were more likely than other client groups to seek financial assistance or material aid (required in 66% of support periods), which involves money given to the client or other forms of material relief such as clothing, food vouchers or bus or train tickets (Table A8.16).

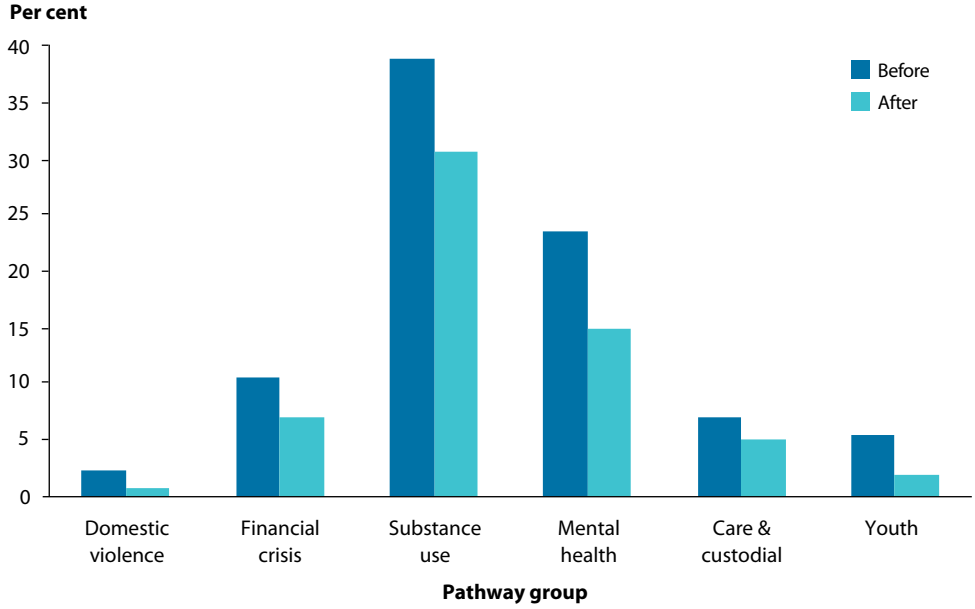
Substance use clients had a median length of support (8 days) that was slightly shorter than the median length for all client support periods (11 days), but a mean length (63 days) similar to that for all clients (64 days) (Table A8.17 and AIHW 2011a:Table A17). This suggests that there is much variation in the length of support for these clients, with some clients experiencing very short periods of support and others being supported for much longer. An examination of types of services required reveals that these clients seek a range of support services, including services that may be delivered quickly such as meals, showers, food vouchers or material assistance, as well as services that may require longer support, such as accommodation or specialist services (Table A8.16).

Outcomes for the pathway groups

Housing circumstances

Moving out of primary homelessness

Substance use and mental health clients were most likely to be in the primary homeless category immediately before support, being in improvised dwellings or sleeping rough in 39% and 24% of support periods respectively (Figure 8.8). Outcomes for primary homeless persons generally improved after support, particularly with regard to these two groups. The proportion of support periods where clients experienced primary homelessness decreased to 31% for substance use clients and 15% for mental health clients following the provision of support.



Source: Table A8.18.

Figure 8.8: Closed support periods, primary homelessness before and after support, by pathway group, 2009–10 (per cent)

Supporting clients with specialist homelessness accommodation

Youth, mental health and substance use clients were the most likely pathways groups to be in specialist homelessness accommodation ('SAAP/CAP accommodation') immediately before support (Table A8.19). Across all groups, the proportion of support periods where clients were in this type of accommodation increased after support, with the biggest differences being for care and custodial clients (rising from 6% before support to 16% after) and for domestic violence clients (increasing from 11% to 16%). Care and custodial clients, in particular, had a high need for this service, being assessed as needing specialist accommodation in around two-thirds of support periods (Table A8.16).

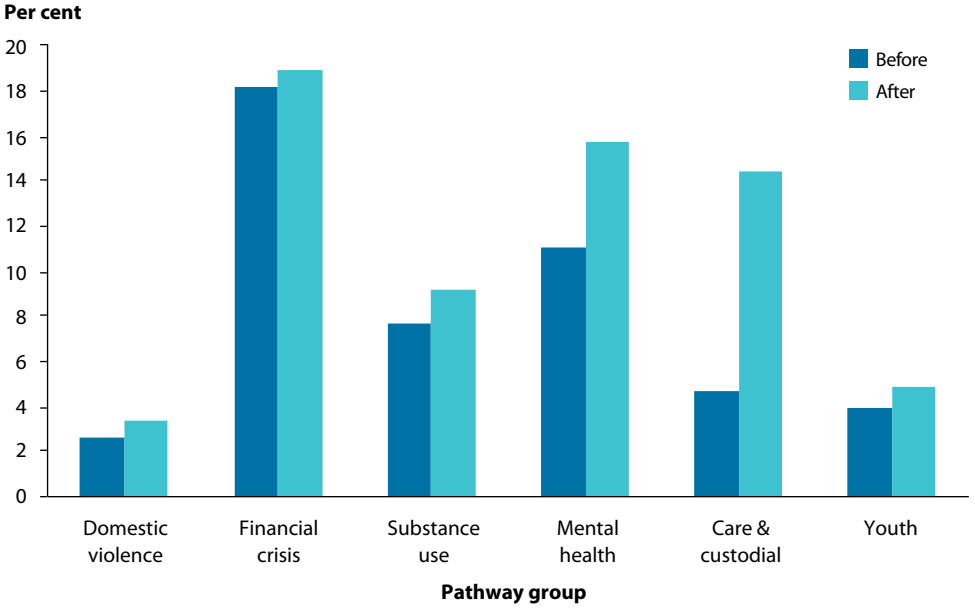
The general increase in the proportion of clients transitioning to specialist homelessness accommodation is not surprising as many clients access homelessness services for this reason.

Staying temporarily with friends and relatives

Youth and domestic violence clients were the most likely pathways groups to be staying temporarily with relatives and friends before support (in 23% and 11% of support periods respectively) (Table A8.20). This may be reflective of the 'in and out' pattern of behaviour described by Chamberlain and MacKenzie (2006) and Johnson et al. (2008), where people leave home temporarily, sometimes finding accommodation with friends or relatives, before making a permanent break. The proportion of clients in this situation decreased after support for most groups (including youth), but increased slightly for domestic violence and care and custodial clients.

Movement into boarding houses

Financial crisis and mental health clients were the most likely pathways groups to be residing in a boarding or rooming house immediately before assistance (in 18% and 11% of support periods respectively) (Figure 8.9). The percentage of clients in boarding house accommodation was higher after receiving assistance for all pathway groups, most notably mental health clients and care and custodial clients.

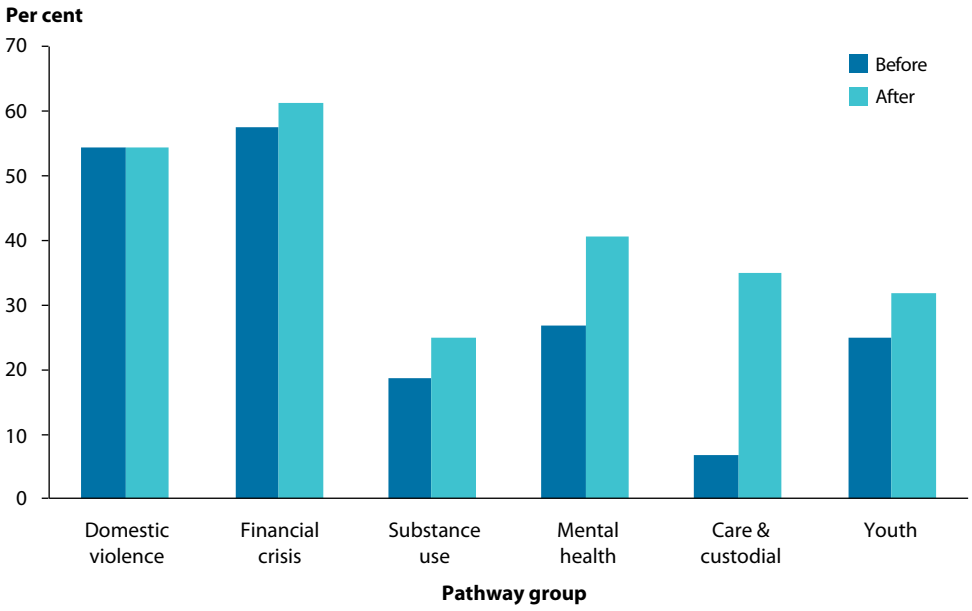


Source: Table A8.18.

Figure 8.9: Closed support periods, boarding house accommodation by pathway group, 2009–10 (per cent)

Social housing and private rental

Before receiving support, domestic violence and financial crisis clients were most likely to be in private rental accommodation (in 35% and 37% of support periods, respectively) or social housing (in 20% and 21% of support periods, respectively) (Table A8.19). Changes in these accommodation settings after receiving support were most notable for care and custodial clients (Figure 8.10): before support, 4% lived in private rental and 3% in social housing, while after support 17% lived in private rental and 18% in social housing.



Source: Derived from Table A8.19.

Figure 8.10: Closed support periods, social housing and private rental before and after support, by pathway group, 2009–10 (per cent)

The transition to social housing or private rental for these groups may be related to the way in which these clients specifically seek assistance to access or maintain this type of accommodation. Care and custodial clients, for example, were more likely than other groups to need assistance to maintain or obtain independent housing (including public housing, private rental accommodation, community housing, or owner-occupied housing) (in 38% of support periods—Table A8.16). The mental health and youth groups also had a relatively high proportion of support periods requiring assistance with independent housing (27% each).

Employment and education

Participation in employment and education are important outcomes for people who have experienced homelessness. As discussed in research on homelessness pathways, involvement with education and employment not only facilities access to economic resources, it also provides opportunities for social contact and engagement with mainstream society.

There were small improvements in employment status after support across all groups, with care and custodial clients experiencing the greatest increase in this regard. For this group, the proportion of support periods where clients were employed full time or part time increased from 2% before support to 7% after support (Table A8.21).

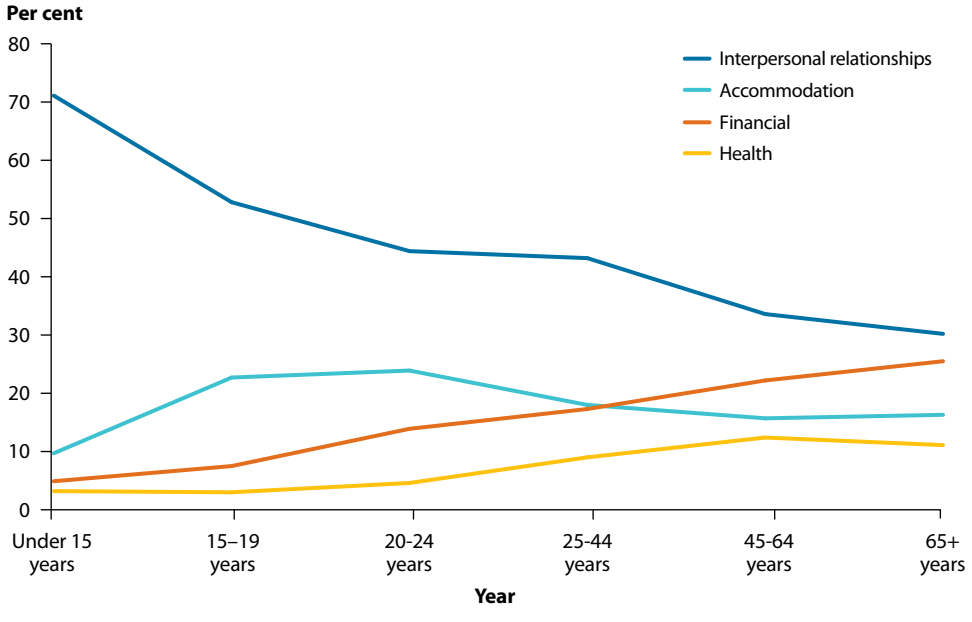
In relation to education, there was little difference in the percentage of youth in primary or secondary education before and after support (46% and 45% of support periods, respectively) (Table A8.22). However, the percentage participating in post-secondary education or training rose from 9% to 11%—a relative increase of around one-fifth.

A closer look at older persons

As discussed previously, while young persons are most likely to access specialist homelessness services, there has been an increase in recent years in rates of service use for older clients, particularly for those aged 45–64 years.

Main reason for seeking assistance for older persons

While clients in younger age groups were most likely to identify interpersonal relationship problems as their main reasons for seeking assistance, older persons were more likely to identify financial issues. Figure 8.11 shows that the proportion of support periods where interpersonal relationship problems were nominated as the main reason for seeking assistance declined with age, reflecting the pathways research which suggests that family conflict is one of the main causes of youth homelessness. However, even among clients aged 65 years and over, interpersonal relationship problems were selected for 30% of support periods.



Source: Table A8.8.

Figure 8.11 Support periods: main reason for seeking assistance (broad groups), by age, 2009–10 (per cent)

The proportion of support periods where financial reasons were identified as main reasons for seeking assistance increased from 5% for clients aged under 15 years to 26% for clients aged 65 years and over. Older clients were also more likely than younger clients to seek assistance for health-related reasons.

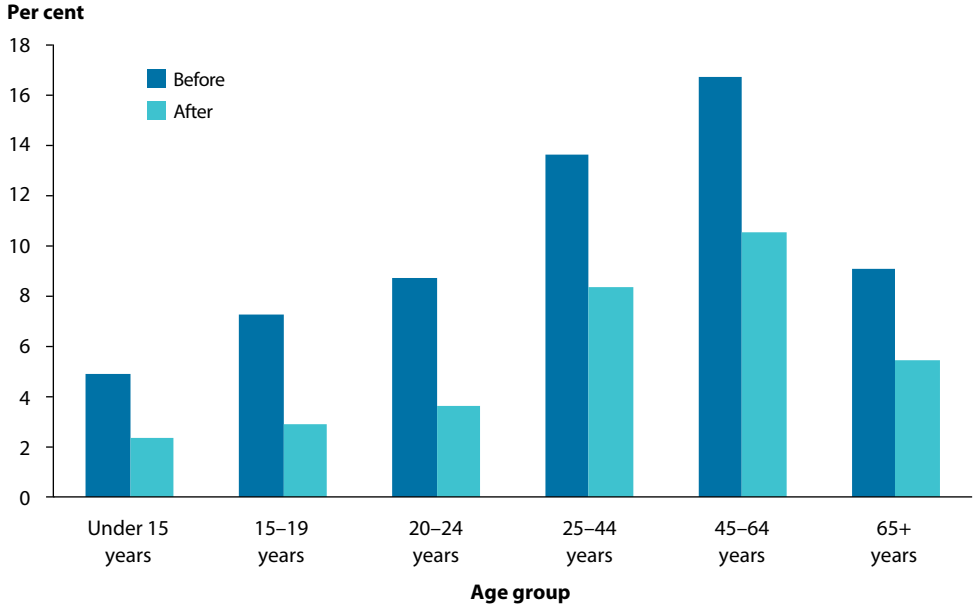
Types of services needed by older persons

Excluding accompanying children, the need for housing or accommodation services declined with age, with these services being required in 75% of support periods for clients aged 15–19 years, and in 46% of support periods for clients aged 65 years and over (Table A8.9). Clients aged 65 years and over were more likely than other age groups to require health or medical services (required in 16% of support periods).

Housing circumstances of older persons

Clients in the 45–64 years age group were the most likely of the age groups to experience primary homelessness immediately before support—sleeping rough or in an improvised dwelling in 17% of support periods (Figure 8.12). This proportion decreased to 11% after support, consistent with a general decrease across all age groups.

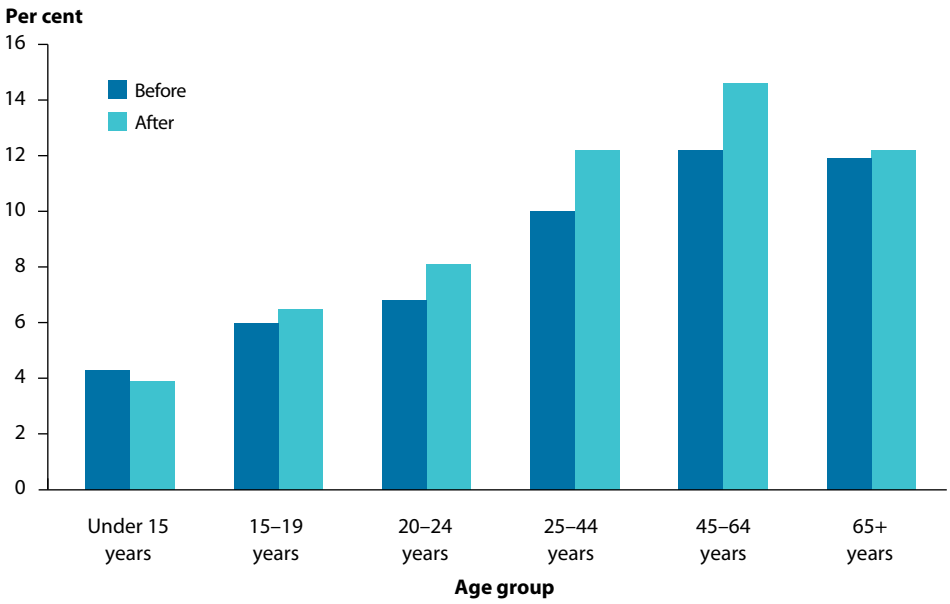
Clients aged 45–64 years and 65 years and over were the most likely of the age groups to be residing in boarding houses before support (in 12% of support periods for both age groups) (Figure 8.13). After receiving support, the proportion increased to 15% for clients aged 45–64 years, but remained relatively stable for clients aged 65 years and over.



Source: Table A8.10.

Figure: 8.12: Support periods, primary homelessness before and after support, by age, 2009–10 (per cent)

Clients in these older age groups were also the most likely to be home owners or purchasing a home immediately before support, or in social housing (public and community housing). While the proportion of home owners or people in the process of purchasing a home remained relatively stable after support, there was an increase in the proportion of support periods where clients were in social housing (Table A8.11).



Source: Table A8.10.

Figure 8.13: Support periods, boarding house accommodation before and after support, by age, 2009–10 (per cent)

8.4 Recent homelessness data developments in Australia

The Australian Government and state and territory governments have agreed on the outcomes to be achieved under the NAHA and the related performance indicators which will be used to track progress towards these outcomes. However, it is recognised that there is limited information on the nature and extent of homelessness in Australia. In addition, it is difficult to count homeless people and traditional survey methods are not able to be used (CRC 2010).

In its baseline report on the NAHA, the COAG Reform Council noted the need to undertake homelessness data development activities to improve performance reporting. Some of the data development activities which are underway are discussed below.

Specialist homelessness services

As part of the 2009–10 Federal Budget, funding was provided to the AIHW to develop a range of homelessness data to support COAG performance reporting, including the new Specialist Homelessness Services (SHS) data collection which replaced the SAAP NDC on 1 July 2011.

The SHS has been designed to provide a range of improvements to homelessness data including important cyclical or flow data about clients' experiences and their pathways into and out of homelessness.

Some of the changes implemented with the new SHS collection include:

- the development of new data elements
- a shift of focus from support periods to clients
- an expansion to the scope and coverage of the collection, and improvements to existing data items which will better reflect and measure the services agencies provide to clients
- more timely and improved speed of data submission and feedback processes for agencies
- more timely and complete information for jurisdictions about agencies and their clients
- more timely reporting, including quarterly reports.

As a part of the implementation process, the AIHW has developed a system to support the new SHS collection that will improve both the quality of the data and the ability to provide reports using the data.

With these changes, it is envisioned that the SHS collection will contribute to better information on:

- understanding the pathways into and out of homelessness
- services provided to support homeless people
- the homelessness circumstances of clients using specialist homelessness services.

Census

The Census does not identify people who are homeless through a direct question or classification. Therefore, in order to develop an estimate of the number of homeless people, methods must be applied using the variables that are collected in the Census. One estimation method was developed by Chamberlain & MacKenzie as reported in the publication *Counting the homeless 2006* (Chamberlain & MacKenzie 2008). There is a review underway on the methodology used in this publication.

The *ABS review of Counting the Homeless methodology* aims to refine the Census-based estimates of the homeless population (ABS 2011). The final methodology, due to published in 2012, will be applied to the 2011 Census and future Censuses. It will be also used to produce recompiled estimates from the 2001 and 2006 Censuses to allow time series analysis.

Other ABS data sources

The ABS General Social Survey (GSS) 2010 included a new homelessness module. GSS data are expected to provide information on episodes of homelessness experienced in the 12 months, two years and five years prior to the survey.

According to the ABS, the next GSS (planned to be run in 2014) will also include an enhanced homelessness module to enable comparisons over time of experiences of homelessness.

In terms of other surveys, the ABS proposes to consider the inclusion of a GSS-like homelessness module in other future ABS surveys as appropriate, for example, the Survey of Disability, Ageing and Carers and/or the Household Income and Expenditure Survey. In addition, the ABS will

investigate the development of a culturally appropriate module on the previous experiences of homelessness for the 2014 National Aboriginal and Torres Strait Islander Survey.

The ABS is planning to create a Statistical Longitudinal Census Dataset (SLCD), which will combine information provided in the 2006 Census with information provided in future Censuses, including the 2011 Census. Potentially, this new data set may provide the opportunity to report on repeat periods of homelessness and on long-term outcomes which can be seen in Census data, and compare this population's outcomes to those of the rest of the population.

Centrelink homelessness flag

Since January 2010, Centrelink has gathered information from the assessment of Centrelink staff as to whether clients are homeless or at risk of homelessness. The homelessness 'flag' (identifier) is attached to a client's record following contact with Centrelink.

An evaluation of the usefulness of the Centrelink homelessness identifier as a proxy measure of the homeless population is to be undertaken. Specifically, if there is found to be good correlation between the Census count of the homeless population and the count derived using the Centrelink identifier, this could enable annual reporting of the homeless population between Censuses.

The Journeys Home: Longitudinal Study of Factors Affecting Housing Stability

The aim of the Journeys Home study is to improve the understanding of, and policy response to, the diverse social, economic and personal factors that are related to homelessness and the risk of becoming homeless. FaHCSIA funds and manages the study on behalf of the Australian Government. The Melbourne Institute of Applied Economic and Social Research (University of Melbourne) has undertaken the design and development of the study, data management and analysis, and the preparation of research and statistical reports.

The Journeys Home study is the first large-scale study of its type in Australia, combining de-identified administrative data held by Centrelink with a sample survey of 1,550 income support recipients across Australia. It aims to address a number of questions that a longitudinal study can answer:

- pathways into/out of homelessness
- the characteristics associated with people identified as homeless and the characteristics that distinguish at risk and vulnerable people who become homeless from those who do not
- the triggers for any changes from being at risk of homelessness to becoming homeless, including movement between levels of homelessness
- the length of time that people in the sample experience homelessness, including multiple episodes of homelessness
- the factors associated with instability/stability in housing tenancy or occupancy, including over time.

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Chapter

9

Housing assistance services

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9 Housing assistance services

Key points

- More than one in five (22%) low-income households were considered to be in housing stress in 2007–08, including 42% of those with a mortgage and 45% renting from a private landlord.
- Growth in house prices has outstripped income growth over the past decade. Between 2001 and 2011 median house prices rose by 147%, while median disposable household income rose by 57%.
- Housing assistance provided by governments in Australia can be broadly divided into two categories: services that relate to housing in the private sector (both home ownership and private rental); and the provision of social housing.
- Of the forms of direct assistance provided in the private rental market, Commonwealth Rent Assistance was the largest, paid to 1.1 million income units in June 2010 (see Box 9.5). In addition, states and territories provided private rental assistance to more than 154,000 households in 2009–10.
- Around 44,000 households received Home Purchase Assistance in 2009–10.
- Social housing assisted almost 400,000 households at 30 June 2010. Community housing (mainstream and Indigenous) accounted for 16% of all social housing dwellings at this time, up from 12% at 30 June 2004.
- The demand for social housing is high with almost 250,000 applicants waiting for allocation to, or transfer within, the public rental housing, state owned and managed Indigenous housing (SOMIH), or mainstream community housing (CH) programs at 30 June 2010.
- In public rental housing and SOMIH, 50% of newly allocated households in 2009–10 were previously homeless and a further 36% were at risk of homelessness.
- Social housing provides important assistance to many special need groups, with at least half of all allocations being to households with special needs. Disability was the main special need category.
- Public rental housing and SOMIH provide affordable housing to the majority of households they assist, with only around 1% of low-income households reported to be in rental stress at 30 June 2010. In mainstream community housing, however, 18% of low-income households were reported to be in rental stress at 30 June 2010.

9.1 Housing assistance policy

Housing is an important driver of the national economy and a key source of private wealth. Moreover, it plays a critical role in the health and wellbeing of individual Australians. The availability of affordable, sustainable, and appropriate housing underpins good health and the social, educational and economic participation of individuals.

National Affordable Housing Agreement

Housing assistance provides an essential safety net for those Australians who experience difficulty in securing or sustaining affordable housing in the private market. Housing assistance in Australia is currently delivered under the National Affordable Housing Agreement (NAHA) (see Box 8.1 in 'Chapter 8 Homelessness' for details of the NAHA). Having commenced on 1 January 2009, the NAHA represents a considerable shift in housing policy from its predecessor, the Commonwealth State Housing Agreement (CSHA). In contrast to the CSHA, which was a program targeted to those in highest need, the NAHA has seen an expansion of both the Australian and state/territory governments' roles in the housing market with the aim to support all Australians to achieve 'affordable, safe and sustainable housing that contributes to social and economic participation' (COAG 2009a), whether this be in the rental market (private or social housing) or in home purchase. This shift in policy aligns with moves internationally to extend the scope of housing policies to cover the functions of the entire housing market, as opposed to just social housing (AHURI 2008).

The NAHA brings housing and homelessness together as one continuum of housing need. While there are certain vulnerable groups, such as some people with disability and older non-homeowners who may need longer term housing support, some people may just need a helping hand to bridge a difficult period or to take the next step towards stable independent housing. The NAHA focuses on identifying entry points to housing assistance, the provision of housing assistance services, and pathways out of assisted housing.

A number of National Partnership Agreements (NPAs) support the NAHA. These fund specific projects and facilitate delivery of significant reforms in key policy areas, including NPAs on Social Housing (NPASH) and Remote Indigenous Housing (NPARIH) (see boxes 9.1 and 9.2). The NPASH was a short-term agreement that expired on 30 June 2010. It saw the establishment of a 'Social Housing Growth Fund' which aimed to, among other things, increase social housing supply. The NPASH endeavoured to make an immediate impact with all approved projects required to be completed and habitable within 2 years of receiving funding.

Box 9.1: National Partnership Agreement on Social Housing

The National Partnership Agreement on Social Housing (NPASH) commenced on 1 January 2009 and expired on 30 June 2010, with total funding of up to $400 million (FaHCSIA 2009a). The specific objectives of the NPASH were:

- to increase the supply of social housing through new construction
- to provide increased opportunities for persons who are homeless or at risk of homelessness to gain secure long term accommodation
- to develop options for reform that will address supply shortfalls including through identifying areas of housing need based on the work of the National Housing Supply Council, through City Wide Planning Authorities and/or State planning mechanisms; and propose possible payment of Commonwealth funding assistance for social housing through means such as Commonwealth Rent Assistance.

The NPASH aimed to achieve outcomes such as:

- people being able to rent housing that meets their needs
- people who are homeless or at risk of homelessness achieving sustainable housing and social inclusion
- Indigenous people having improved housing amenity and reduced overcrowding.

Source: COAG 2009b

The NPARIH is a long-term commitment by the government, not due to expire until 30 June 2018. Over 10 years, this NPARIH will provide up to 4,200 new houses in remote Indigenous communities and upgrades to around 4,800 existing houses. Improving housing conditions is seen as pivotal to achieving Indigenous health, education and employment outcomes, and the NPARIH makes a major contribution to the Closing the Gap in Indigenous Disadvantage strategy (FaHCSIA 2009b). It also links to the National Indigenous Reform Agreement (NIRA), which brings together the various National Agreements and NPAs that address the six Closing the Gap targets.

Box 9.2: National Partnership Agreement on Remote Indigenous Housing

The National Partnership Agreement on Remote Indigenous Housing (NPARIH) contributes to the Closing the Gap initiative. It is a 10-year agreement that expires on 30 June 2018, with total funding of $5.5 billion. The objectives of the NPARIH include:

- significantly reducing severe overcrowding in remote Indigenous communities
- increasing the supply of new houses and improving the condition of existing houses in remote Indigenous communities
- ensuring that rental houses are well maintained and managed in remote Indigenous communities.

The primary outcome of the NPARIH is to contribute to the NAHA outcome:

- Indigenous people have improved amenity and reduced overcrowding, particularly in remote and discrete communities.

Source: COAG 2009c

National Partnership Agreement on Nation Building and Jobs Plan

In February 2009, as part of their economic stimulus package in response to the global financial crisis, the Australian Government released an additional National Partnership Agreement on Nation Building and Jobs Plan (NBJP; Box 9.3). The NBJP was a timely economic stimulus aimed at supporting economic growth and jobs. Schedule C of this agreement relates to social housing and builds on the NAHA and the NPASH, committing the Australian and state/territory governments to a significant increase in social housing supply, as well as a range of reforms of the social housing sector discussed below.

Since the release of the NBJP, there has been significant progress on these reforms. Housing ministers in all jurisdictions have agreed to integrate their waiting lists by July 2011. Also, housing ministers have begun development of a national regulatory system for the not-for-profit housing sector. This is seen as a vital step in providing greater protection for tenants and governments and greater assurance for investors in affordable rental housing (Housing NSW 2010). This reform supports an increased role for the not-for-profit sector in an integrated social housing system (Housing Ministers' Conference 2009). Over the past 5 years, the community housing sector has grown rapidly, increasing by a third between 2003 and 2008 (FaHCSIA 2010). Housing ministers have also agreed that up to 75% of the housing stock constructed under round two of the NBJP will be transferred to community housing providers, with the aim to develop a large-scale not-for-profit sector encompassing up to 35% of social housing by 2014 (FaHCSIA 2010).

Box 9.3: National Partnership Agreement on the Nation Building and Jobs Plan (Schedule C)

The Social Housing Initiative of the National Partnership Agreement on the Nation Building and Jobs Plan (NBJP) will receive a total of $6.4 billion funding over the years 2008–09 to 2011–12. The specific objectives of the NBJP are:

- to increase the supply of social housing through new construction and the refurbishment of existing stock that would otherwise be unavailable for occupancy
- to provide increased opportunities for persons who are homeless or at risk of homelessness to gain secure long term accommodation
- to stimulate the building and construction industry, both through funding additional dwellings and increasing expenditure on repairs and maintenance. This will help stimulate businesses which supply construction materials and help to retain jobs in the industry.

The NBJP aims to contribute to the following outcomes:

- within three years around 20,000 new social housing dwellings will be built primarily for people who are homeless or at risk of homelessness
- dwellings built will meet the needs of people on public housing waiting lists, including age and disability pensioners, Indigenous people and women with children escaping domestic violence
- new dwellings will provide around a 50 per cent reduction in the waiting time for people with high housing needs on public housing waiting lists and a reduction in the number of low income households paying more than half their income in rent
- 75 per cent of the new dwellings constructed through this initiative will be completed by December 2010
- around 2,500 existing public housing stock will become available that would otherwise become unfit for occupation
- this initiative will provide an immediate stimulus to the building and construction industry.

Sources: COAG 2009d.

Reform of the social housing sector

Funding under the NBJP is contingent on jurisdictions implementing a range of reforms in the social housing sector, including:

- integration of public and community housing waiting lists
- better social and economic participation for social housing tenants by locating housing closer to transport, services and employment opportunities
- implementation of support arrangements to assist social housing tenants to transition from social housing arrangements to affordable private rental and home ownership as their circumstances change

- reducing concentrations of disadvantage through appropriate redevelopment to create mixed communities that improve social inclusion
- introduction of a national regulatory and registration system for not-for-profit housing providers to enhance the sector's capacity to operate across jurisdictions
- increased transparency through the establishment of consistent and comparable accounting and reporting standards across jurisdictions that allow clear and objective assessments of performance that meet public accountability requirements
- social housing providers to be subject to independent prudential supervision to protect public investment in the sector
- improved tenancy management and maintenance benchmarks for social housing
- improved efficiency of social housing including through better matching of tenants with appropriate dwelling types and the introduction of rent-setting policies that reflect the type of dwellings occupied by tenants
- introducing contestability in the allocation of funds to encourage a range of new providers and create diversification in the not-for-profit sector to enhance the ability of providers to offer housing options to a broader range of client types
- leveraging of government capital investment to enhance the provision of social housing
- better use of government-owned land to provide more affordable housing opportunities for low income earners
- improved procurement practices that promote competition between proponents and provide participation opportunities for small and medium enterprises (COAG 2009d).

National Rental Affordability Scheme

The National Rental Affordability Scheme (NRAS), implemented in July 2008, created an important avenue for community housing organisations to increase their role in the social housing sector. The scheme is a long-term commitment by the Australian Government to invest in affordable rental housing. It seeks to address the shortage of affordable rental housing by offering financial incentives to the business sector and community organisations to build and rent dwellings to low- and moderate-income households at 20 per cent below market rates for 10 years. The NRAS aims to:

- increase the supply of new affordable rental housing
- reduce rental costs for low and moderate income households
- encourage large-scale investment and innovative delivery of affordable housing.

The Australian Government has committed $1 billion to the scheme over 4 years to stimulate construction of up to 50,000 high-quality homes and apartments, providing affordable private rental properties for Australians and their families.

The scheme is designed to pool significant resources from a range of participants including financial institutions, not-for-profit organisations and local governments which, when combined with the incentives provided to investors, will increase the supply of lower rent housing. Initially, the NRAS was expected to increase the supply of affordable rental dwellings across Australia by up to 50,000 dwellings by 2012 and, subject to demand, another 50,000

dwellings after July 2012 (FaHCSIA 2009c; Queensland Government 2010). In January 2011, however, the Australian Government announced further NRAS funding would be deferred until 2015 to divert government funding to rebuilding projects in Queensland following major flooding (Gillard 2011; Peake 2011).

9.2 Target groups for housing assistance

Housing assistance services provide an essential safety net for those Australians who, for a variety of reasons including low income, experience difficulty securing or sustaining affordable and appropriate housing in the private market. This support becomes increasingly important as factors such as population growth, changing demographics, dwelling supply constraints, and affordability issues place pressure on the capacity of Australians to meet their housing needs in the private housing market.

All governments in Australia have put in place policy and funding mechanisms that provide housing assistance to individuals and families purchasing or renting their home. This part of the chapter examines the main target groups of housing assistance services, considering how housing pressures affect them and examining their main housing needs.

Box 9.4: Key concepts relating to housing costs and affordability

Low-income households

Some analyses presented in this chapter refer to 'low-income households'. Low-income households are defined in this chapter as those whose equivalised gross household income (see Glossary for definition) is in the bottom 40% of the income distribution. This measure is not necessarily indicative of eligibility for government assistance targeted at low-income households, and assistance may also be provided to households that do not meet this definition. For more information about equivalised gross household income, see Chapter 3.

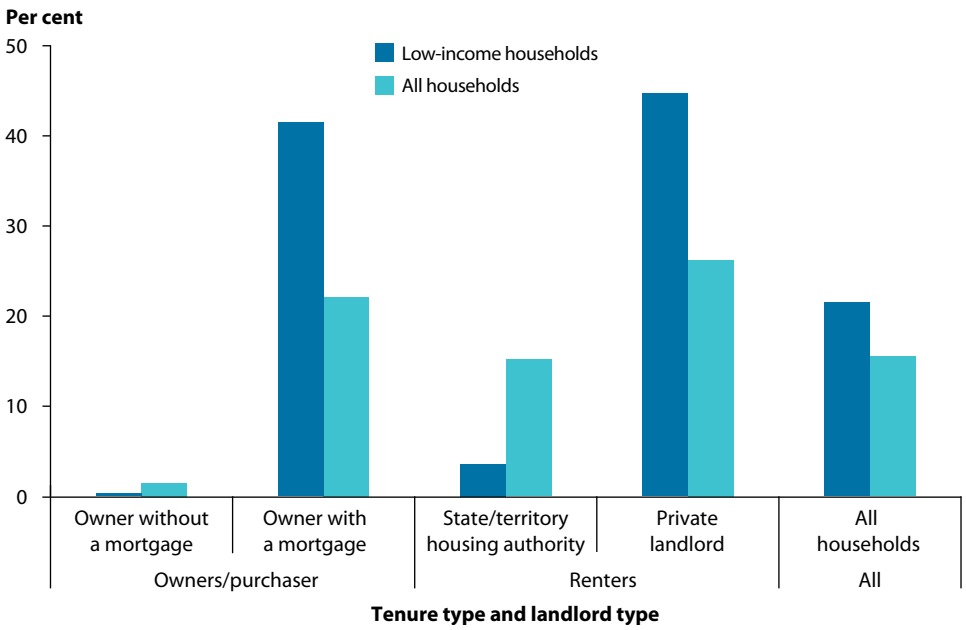
Housing stress

A household is considered to be in housing stress if it spends more than 30% of its gross (that is before tax) income on housing costs, such as mortgage repayments or rent.

First home purchasers and low-income homebuyers

Enabling home purchase, particularly in the younger working population, is an important factor in preventing need for housing assistance in the future. Housing costs are a major component of expenditure for many households and home ownership, particularly ownership without a mortgage, is an important source of wealth, especially in retirement.

House prices increased by 147% between 2001 and 2011, while income increased by 57% over the same period, based on a disposable income and house price index (NATSEM 2011). The increasing cost of home ownership is a particularly significant issue for low-income households. In 2007–08, low-income mortgagees were almost twice as likely as low-income households overall (42% compared to 22%) to be classified as in housing stress (Box 9.4; Figure 9.1).



Source: Table A9.1.

Figure 9.1: Households spending more than 30% of their gross income on housing costs (per cent), by tenure type and landlord type, 2007–08

Affordability issues for first homebuyers

Chapter 2 described some of the characteristics of first homebuyers, and recent trends in this population. Here the focus is on the value of homes purchased and mortgages entered into, and the affordability implications of these factors.

The mean value of dwellings for first homebuyers with a mortgage doubled between 1995–96 and 2007–08 (from $176,000 to $356,000 after inflation is taken into account). This increase in value exceeds that of dwellings for changeover buyers (households that have previously owned another dwelling), which still rose by a substantial 90% over the same period.

With this rise in dwelling values has come a rise in the average mortgage value. In the 12 years to June 2009, the average size of loans for first homebuyers with a mortgage increased by 157%, and is now higher than the average amount borrowed by non-first homebuyers.

In addition to higher average mortgage values, higher dwelling values for first homebuyers also increase their start-up costs. Either a larger deposit must be saved or, if only a partial deposit (less than 20% of the value of the purchase) has been saved, first homebuyers must generally bear the additional cost of mortgage insurance. In 2007–08, more than half of all first homebuyers with a mortgage either had no deposit or a deposit of less than 10% of the purchase price of the dwelling (ABS 2009b). It is taking first homebuyers longer to save a deposit, with a full (20%) deposit requiring 3.7 years of savings by March 2009, and by March 2010, 4.5 years of savings (Bankwest 2010).

Higher value dwellings, larger mortgages, small deposits, in addition to various market factors, can result in multiple effects for first homebuyers including:

- first homebuyers being discouraged from home ownership, which can be seen in reduced home ownership rates among younger households since the 1970s
- as the income needed for home ownership increases, home ownership becomes unattainable for many single-income households (later partnering than in the past further magnifies this point)
- larger loans are required with higher mortgage repayment to income ratios (AHURI 2007).

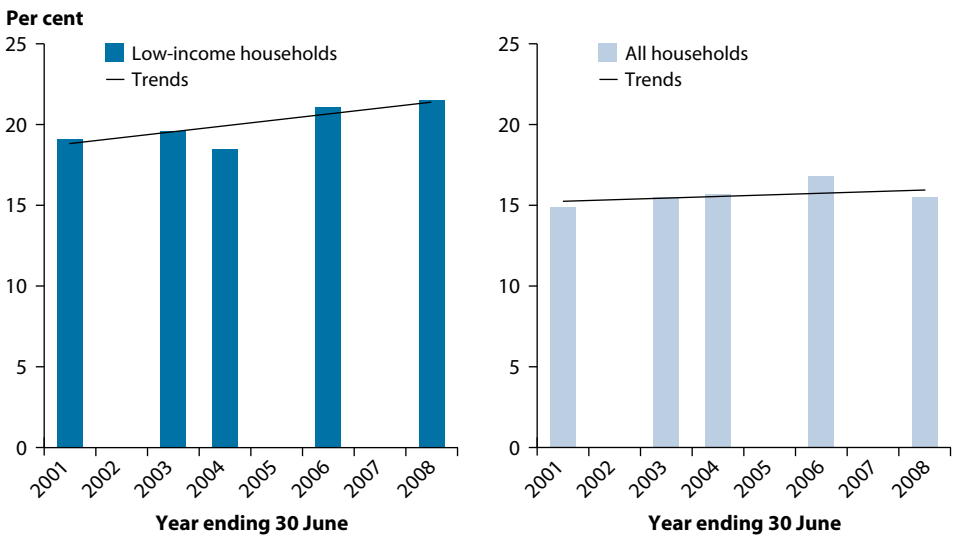
Low-income renters in housing stress

The private rental market plays an important role in the Australian housing sector with almost one in four households (24%) in 2009–10 renting privately, an increase from 18% in 1994–95 (ABS 2011). In terms of dwellings, Australia's private rental sector grew by 11% between 2001 and 2006, bringing the total number of private renter dwellings to 1.47 million (AHURI 2009a).

Affordability issues in the home purchase market, as well as the supply of dwellings, government policies and the prevailing economic conditions, affect the private rental market, which has an increasing need to accommodate potential home purchasers waiting to enter the market, as well as those unable or not intending to purchase. In the private rental market, low-income households compete with those on higher incomes for a limited supply of dwellings. While private rental vacancy rates vary considerably across Australia, overall dwelling stock in the four lowest rent categories (rent of $192 per week and below) declined between 2001 and 2006, from 50% to 37% of private rental dwellings (AHURI 2009a). The demand for affordable housing in many areas is greater than supply. This particularly impacts on households in the bottom 20% of the income distribution, where there is estimated to be only one affordable dwelling for every two households (AHURI 2009a).

Affordability pressures are a major driver behind the need for housing assistance services in the rental sector, particularly for low-income households. In 2007–08 almost 45% of low-income households in the private rental market were in housing stress (Figure 9.1).

The percentage of low-income households experiencing housing stress across all tenures rose by 3 percentage points between 2000–01 and 2007–08, greater than the increase in housing stress among all households over the same period (less than 1 percentage point; Figure 9.2). If this trend continues, increasing numbers of Australians will require housing assistance services.



Source: Table A9.2.

Figure 9.2: Households spending more than 30% of gross income on housing costs (all tenures), 2000-01 to 2009–10 (per cent)

Homeless people

Homelessness is a complex issue, often the result of factors other than just a lack of housing. Chapter 8 is therefore dedicated to discussing the specific needs of this population and the services provided to them, including accommodation support. Discussion of homelessness in this chapter is restricted to examining social housing's role as a pathway out of homelessness. While data do not currently enable the linking of information on homeless persons or households across the two service sectors, Chapter 8 discusses pathways out of specialist homelessness services into social housing, while Box 9.8 examines homelessness as a pathway into social housing.

Older Australians

Certain people, such as older non-homeowners on low incomes, and those with a disability, are more vulnerable than others to affordability pressures and the limited availability of appropriate housing. They are therefore more likely to need housing assistance, often for the long term.

Chapter 2 shows that older Australians enjoy high rates of home ownership: 84% of 65–74 year olds and 82% of those 75 years and over own their own home. Home ownership constitutes a significant financial resource for many older people, as well as providing a sense of security and continuity of lifestyle as they age. This can reduce other stresses and delay entry into residential aged care, particularly where appropriate home-based services are available (AIHW 2008). For details of assistance provided to older Australians within the residential aged care setting, as well as other specialist services provided to this group, see 'Chapter 6 Ageing and aged care'.

Social housing acts as a critical safety net for older Australians. The importance of social housing for older Australians who have not attained home ownership was illustrated in Chapter 2. While only one in 23 young (15–24 year old) renters rely on social housing, almost one in two older renters live in social housing.

People with disability

Chapter 1 noted that disability affects about one in five Australians, and one in 20 have a severe or profound limitation. In the context of housing assistance, people with disability are likely to have lower incomes than the general population and therefore fewer housing options, and may have a higher dependence on social housing and support services (AHURI 2009b). Indeed, the 2006 Census showed that one in 10 people with a need for assistance (i.e. needing help with self-care, mobility and/or communication because of a disability, long term health problem or old age) were living in social housing, compared to 4% of the overall population (ABS 2008). Further, the rate of home ownership was lower in almost all age groups for those with a need for assistance than those who did not have such a need. Social housing offers affordable, long term support for people with disability who have difficulty securing and sustaining appropriate accommodation.

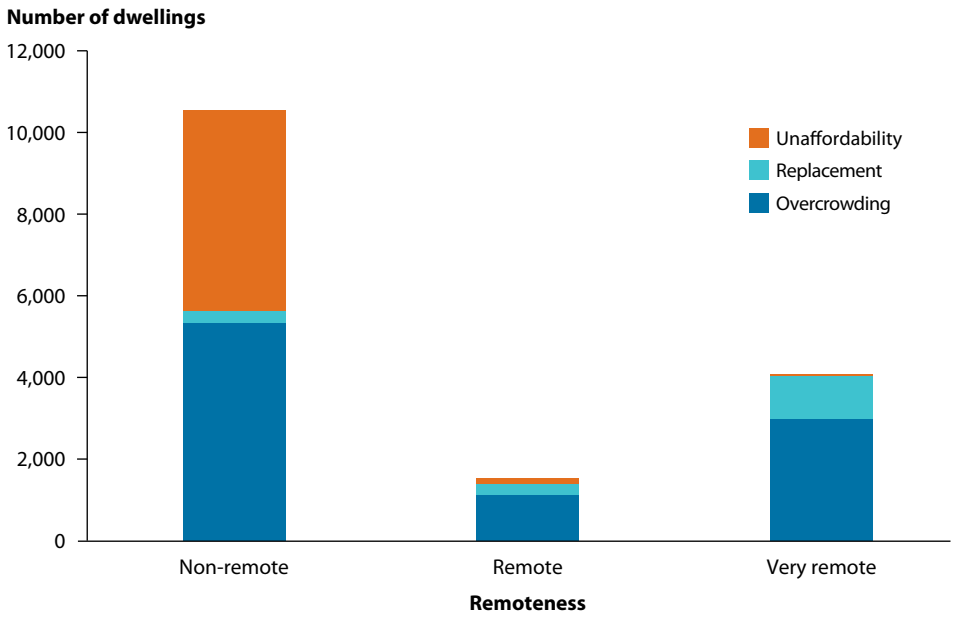
Indigenous Australians

Low incomes, discrimination or lack of suitable housing may limit the options available for Aboriginal and Torres Strait Islander people to access secure, affordable housing. In very remote areas, some Indigenous Australians live in poorly maintained, overcrowded housing without essential infrastructure such as safe drinking water supply or an effective sewerage system (AIHW 2009).

Indigenous overcrowding rates overall are more than 4 times those of non-Indigenous Australians (ABS 2006 Census customised tables), and higher across all tenure types than for non-Indigenous households. The disparity is particularly evident in community-managed social housing (40% overcrowding for Indigenous households compared with 4% for non-Indigenous households). In *Very remote* areas 41% of Indigenous households have been identified as needing one or more additional bedrooms (ABS 2006 Census customised tables). Further, in 2006 31% of dwellings that Indigenous community housing organisations (ICHOs) managed in *Very remote* areas and 28% in *Non-remote* areas required major repair or replacement (ABS 2007c).

AIHW modelling showed that in 2006 more than 16,000 dwellings were required to help those in need in relation to overcrowding, poor dwelling condition and lack of affordability (Figure 9.3). This is expected to increase by a further 4,200 dwellings by 2018 due to population growth and changes in household formation. The majority of these dwellings are needed to address overcrowding (Figure 9.3).

Housing assistance already plays an important role in addressing Indigenous housing need, with 29% of Indigenous households living in social housing—more than 11 times the rate of non-Indigenous Australians (ABS 2007a).



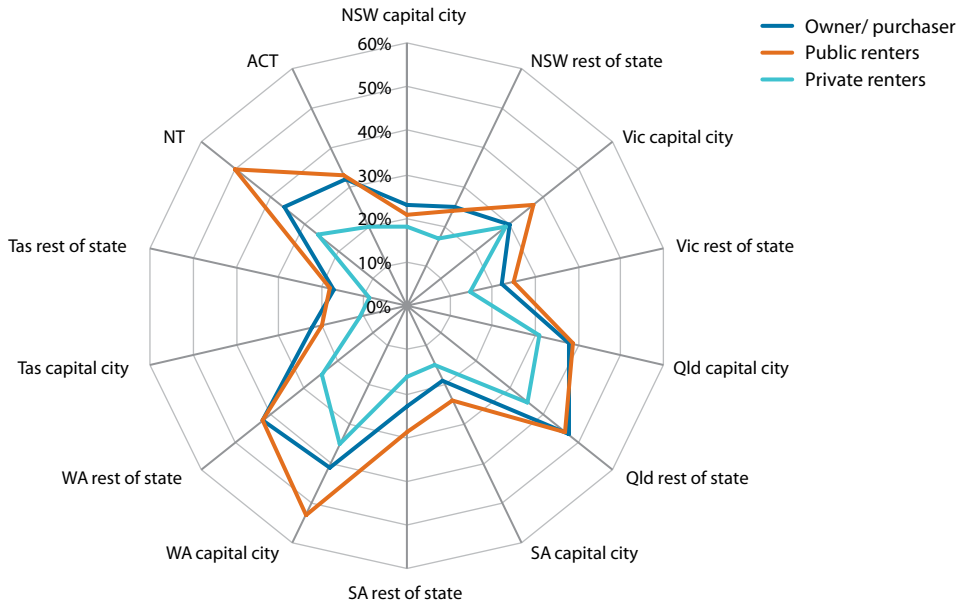
Source: Table A9.3.

Figure 9.3: Number of dwellings needed to address Indigenous dwelling need, by remoteness and type of need, 2006

Targeting need into the future

Population growth, the trend toward smaller household sizes and larger dwelling sizes, as well as major changes in household composition and relationships in Australia (chapters 1–3), directly affect the demand for housing. In 2007–08, there were 8.1 million households living in private dwellings, an increase of 23% since 1994–95 (ABS 2009b). This increase in underlying demand for housing currently outstrips housing supply. The National Housing Supply Council (NHSC) has estimated that the gap between total underlying demand and total supply was a shortfall of 178,400 dwellings at June 2009. In the 5 years to 2014, the NHSC projects growth in the overall gap of a further 129,600 dwellings to a total of 308,000 dwellings (NHSC 2010).

The housing supply gap is having a direct impact on housing affordability for both renters and home purchasers (FaHCSIA 2010). If these trends continue, housing need across all of the target groups will increase. The increasing shortage of housing will differentially affect households by tenure type, with those on the lowest incomes expected to be most affected. NHSC projections indicate that in 2021 relative to 2006, the projected increased demand for housing will be strongest in the public rental sector for the majority of states and territories (Figure 9.4), varying between 20% in Hobart to 53% in Perth. Private rental demand projections are lower, varying from an 11% increase in Hobart to a 35% increase in Perth, while projected demand for owner/purchaser dwellings falls between the two, ranging from 19% in Adelaide to 41% in Perth.

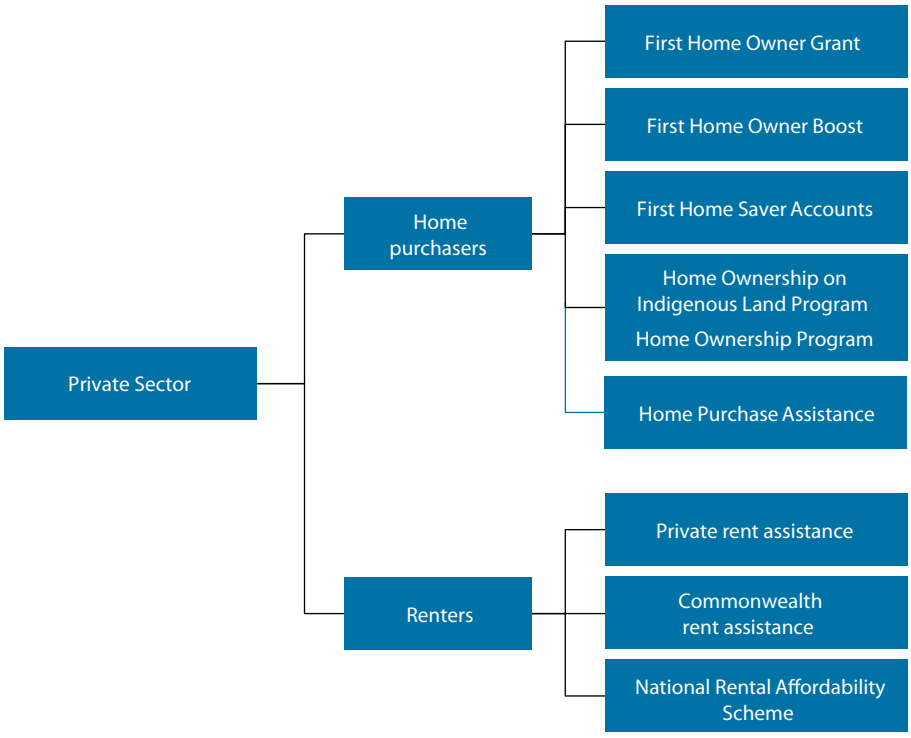


Source: Table A9.4.

Figure 9.4: Projected increased demand for dwellings in 2021 relative to 2006 (per cent), by tenure type and state and territory

9.3 Housing assistance in the private sector

The large majority of Australian homes are in the private sector—owner–occupier households, owners with a mortgage, and households that rent from a private landlord (Chapter 2). A range of services, including government programs, stamp duty exemptions, and private market financial products, are available to Australians to assist in securing and sustaining affordable, safe and sustainable housing in rental and home purchase. The main private sector housing assistance programs that the NAHA and its related NPAs fund or provide are summarised in Figure 9.5.



Note: Individual state and territories also provide jurisdiction-specific programs, including stamp duty exemptions, which are not shown.

Figure 9.5: Main programs providing housing assistance in the private sector, 2009–10

Assistance to homebuyers

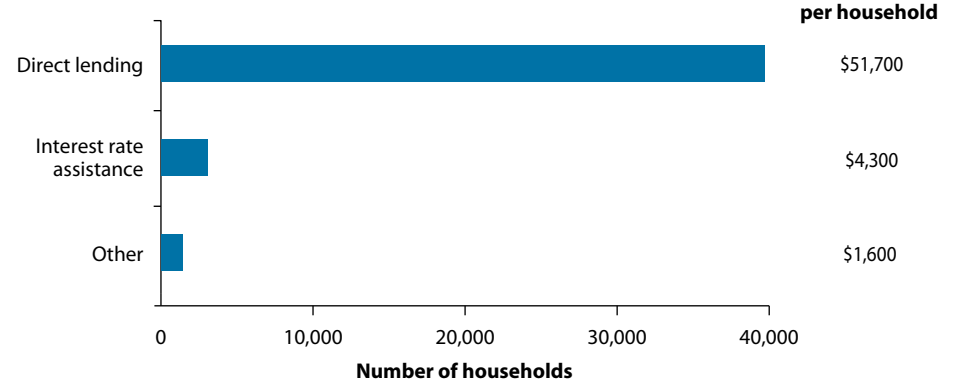
Governments provide assistance to people purchasing their home through a range of direct and indirect measures. The following programs represent the major types of direct assistance available in 2009–10:

- *First Home Owners Grant* commenced with the goods and services tax (GST) to compensate first home purchasers for the resulting increase in the cost of housing, including construction costs. The states and territories administer this grant and it provides $7,000 to eligible first homebuyers.
- *First Home Owners Boost* was a temporary assistance measure of the Australian Government from October 2008 to December 2009, aimed at stimulating activity in the construction industry and assisting Australians to achieve home ownership, whereby eligible first home purchasers received an extra grant for their purchase. There were two levels of the grant, with eligible applicants who built or purchased a newly constructed home receiving twice as much as those purchasing established properties. In 2009–10, the Australian Government provided approximately $1.1 billion to the states and territories under the National Partnership on the First Home Owners Boost (Treasury 2010).

- *First Home Saver Accounts* assist Australians saving for their first home through low tax savings accounts and Australian Government co-contributions. In 2009–10, $6 million was outlaid on this program (ATO 2010).
- *Home purchase assistance for Indigenous Australians*. The Home Ownership Program and the Home Ownership on Indigenous Land Program assist low-income Indigenous households to purchase their own homes.
- *Home Purchase Assistance* (HPA) provides financial assistance to eligible households to improve their access to home ownership and includes direct lending (including government loans, shared equity loans and bridging loans), deposit assistance, interest rate assistance, mortgage relief, and other assistance grants.

State- and territory-administered HPA supported just over 44,000 households in 2009–10, at a cost of almost $2.1 billion (Table A9.5). The most common form of HPA was direct lending, accounting for 90% of all recipients in 2009–10 (Figure 9.6). Interest rate assistance helped a further 3,000 households and approximately 1,400 households received other forms of HPA, including deposit assistance, mortgage relief, home purchase advisory and counselling services. The average amount of assistance provided per household was $51,700 for direct lending, $4,300 for interest rate assistance, and $1,600 for other assistance (Figure 9.6).

While the majority (64%) of households that received home purchase assistance were located in *Major cities*, around one in five (21%) were in *Outer regional, Remote* or *Very Remote* areas (AIHW analysis of National Housing Assistance Data Repository 2009–10).



Notes

1. 'Other' includes deposit assistance, mortgage relief, home purchase advisory and counselling services.
2. Households may have received more than one form of assistance.

Source: Table A9.5.

Figure 9.6: Home purchase assistance provided to households, 2009–10

Assistance in the private rental sector

Almost one-quarter of households rent their home from a private landlord (Chapter 2). Direct government assistance to eligible households in the private rental sector is mainly provided under the following two programs:

- *Commonwealth Rent Assistance* (CRA) is a demand-based subsidy that the Australian Government funds. The principal objective of CRA is to provide income support recipients and low-income families in the private rental market with additional financial assistance.
- *Private rent assistance* (PRA) is provided by states and territories to low-income households experiencing difficulty in securing or maintaining private rental accommodation. The program assists households to meet rent payments, relocation costs and the cost of bonds, and may offer advice or information services. Not-for-profit organisations funded by government may also provide this assistance.

Box 9.5: Households and income units

Information about housing is often reported in terms of households or income units. Similarly, many forms of housing assistance are provided to these groups rather than to discrete individuals. Both terms are used here, depending on the context and data source, and while there are some overlaps between households and income units, they are not interchangeable.

A **household** is one or more persons who usually live in the same private dwelling. A household may be an individual who lives alone, a family, an unrelated group of people, multiple families living together, or a mixed group of related and unrelated individuals.

An **income unit** is a group of people within a household who are assumed to pool their income and share the benefits. In practice, an income unit is defined as two or more people who usually live in the same household who are related to each other by a couple relationship and/or parent/dependent child relationship. A person in the same household who is not part of these relationships, including non-dependent children, is considered a separate income unit.

Commonwealth Rent Assistance

CRA is the largest program in the housing assistance services sector, with more than 3.3 million people living in the 1.1 million income units receiving this payment in June 2010 (AIHW analysis of Australian Government Housing Data Set June 2010). CRA is available to households renting in the private market, but is also available to mainstream CH tenants and, in New South Wales, to tenants residing in SOMIH (see the discussion of social housing programs later in this chapter). As a result, there is some overlap with these programs.

CRA recipients receive assistance on behalf of their income unit (Box 9.5). CRA is provided in the form of a monetary amount in addition to the income unit's government benefit and provides rental cost relief. The level of assistance varies (up to a prescribed maximum rate) depending on the financial circumstances of the income unit. For the week of 4 June 2010, the average weekly amount of CRA that income units received was $49, and 52% of income units were receiving the prescribed maximum rate (AIHW analysis of Australian Government Housing Data Set June 2010).

Who receives Commonwealth Rent Assistance?

Around half of all income units receiving CRA in June 2010 were single adults with no children, and almost one-quarter were single with children. Compared to the general population in the rental market, one-parent families were over-represented among CRA recipients while relatively few recipients were couples without children (Table 9.1).

Table 9.1: Income unit types receiving CRA compared to all renter households (per cent)

	CRA[(a)]	All renters[(b)]
Lone person	51.8	53.3
Couple without children	8.9	18.5
Single with children	22.5	11.3
Couple with children	16.8	16.9
Total	**100.0**	**100.0**

(a) As at 4 June 2010.

(b) 2007–08 reference year.

Source: ABS 2009b; AIHW analysis of Australian Government Housing Dataset, June 2010; unpublished data from the ABS 2007–08 Survey of Income and Housing.

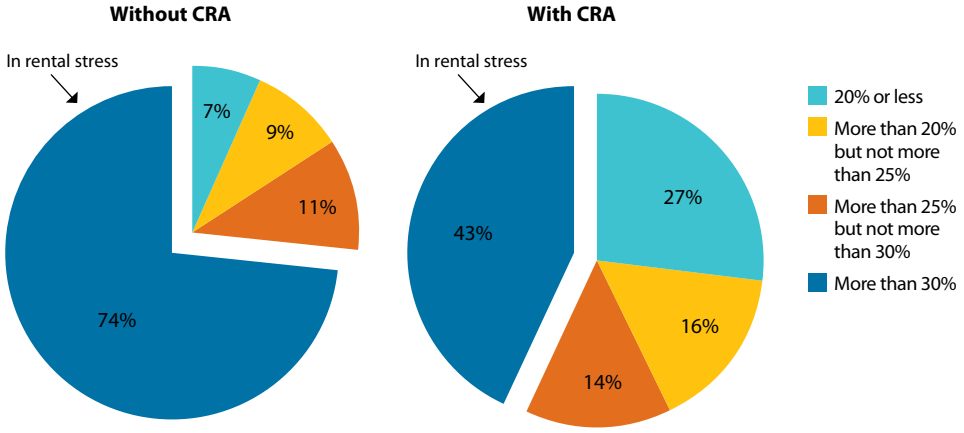
More than half (55%) of people living in income units that received CRA were aged less than 18 years, with an additional 7% aged 18–24 years. By comparison, one-third of the overall Australian population was aged 0–24 years in 2010 (Chapter 1). Close to 243,000 people (8%) in income units receiving CRA were aged 65 years or over. This is lower than the percentage of older Australians in the population, but higher than the percentage of households headed by older people in the private rental market (6%; AIHW analysis of ABS 2007–08 Survey of Income and Housing). These patterns reflect the fact that one-parent families and people aged 65 years or over are particularly likely to live in low-income households (Chapter 3). It should be noted, however, that not all of the 1.8 million children and young people that CRA supported lived in one-parent families—some lived in couple families and others lived alone or in group households.

CRA was a significant source of housing assistance to people with disability, with one in five (219,000) income units receiving CRA in June 2010 also receiving the Disability Support Pension (DSP). This equates to roughly one-quarter of all DSP recipients (see Chapter 5 for more information about people receiving the DSP).

Almost two-thirds (66%) of income units that received CRA in June 2010 lived in *Major cities*; 24% were in *Inner regional* areas; 10% were in *Outer regional* areas; and around 1% lived in *Remote* or *Very remote* areas (AIHW analysis of Australian Government Housing Dataset, June 2010). Indigenous income units accounted for 3.9% of all CRA recipients in June 2010 (43,000 income units). Some of these were also being assisted through social housing (see following discussion).

Commonwealth Rent Assistance reduces housing stress among low-income households

CRA alleviates affordability pressures for renters in the private sector by providing additional income that can contribute to rent payments. Without CRA, almost three in four (74%) low-income recipients would be in housing stress (Box 9.4; Figure 9.7). The impact of CRA on households' housing affordability is substantial, with a 42% reduction in the number of low-income recipients in housing stress. Despite this, a considerable proportion of low-income recipients (43%) remain in housing stress even after receipt of CRA.



Source: Table A9.6.

Note: 'Low-income recipients' are those living in households with an equivalised gross household income that falls in the bottom two-fifths of the population.

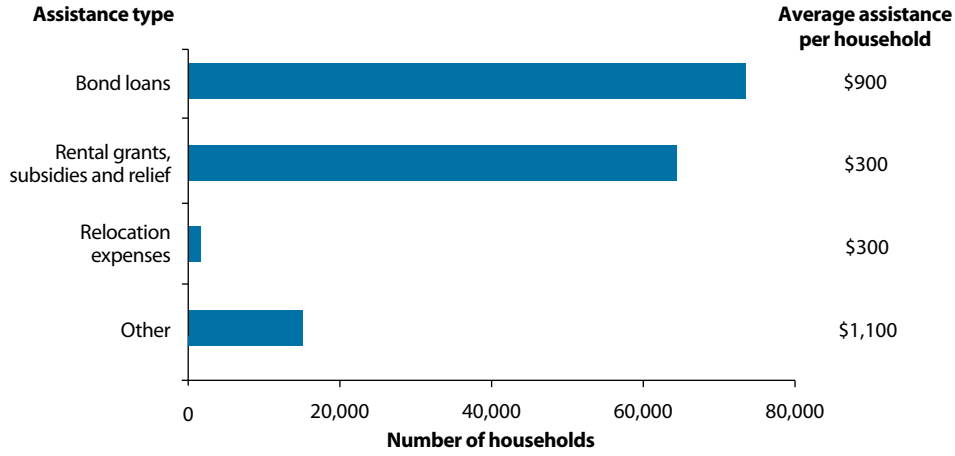
Figure 9.7: Low-income Commonwealth Rent Assistance recipients (per cent), by income spent on rent with and without CRA, June 2010

Private rent assistance (PRA)

In 2009–10, PRA assisted approximately 154,000 households, at a cost to states and territories of more than $105 million (Table A9.7).The range of assistance types provided under PRA and related eligibility criteria differ across jurisdictions. During 2009–10, all states and territories provided bond loans; five provided rental grants, subsidies and relief (New South Wales, Victoria, Queensland, South Australia, and Tasmania); two provided relocation expenses (Victoria and Tasmania); and two provided other types of assistance (New South Wales and Victoria).

Of the 154,000 households assisted in 2009–10, around half (48%) received bond loan assistance; a further 42% received rental grants, subsidies and relief; 1% received relocation assistance; and 10% received other assistance (Figure 9.8). Some of these households may have received more than one form of PRA. The average amount of assistance provided per household varied according to the PRA type.

Two-thirds (66%) of households that received PRA in 2009–10 were located in *Major cities*, with another 21% in *Inner regional* areas. Only 1% of PRA-recipient households were in *Remote* or *Very remote* areas (AIHW analysis of National Housing Assistance Data Repository 2009-10). This pattern is similar to the distribution of households in the population generally.



Notes

1. 'Other' includes storage costs and/or whitegoods provided through a Housing Establishment Fund grant (Victoria) and temporary accommodation (NSW).
2. Households may have received more than one form of assistance.

Source: Table A9.7.

Figure 9.8: Private rent assistance provided to households, 2009–10

9.4 Social housing

Housing that the government and community sectors provide is collectively referred to as social housing. In contrast to the other housing assistance programs, social housing provides assistance in the form of a dwelling. There were four main social housing programs operating in Australia in 2009–10 (Figure 9.9):

- *Public rental housing* encompasses publicly owned or leased dwellings that state and territory governments administer; this provides affordable and accessible housing, largely for low-income households who are in housing need.
- *State owned and managed Indigenous housing* (SOMIH) is also administered by state and territory governments but is targeted specifically at households with at least one Indigenous member. It provides appropriate, affordable and accessible housing for low- to moderate-income households.
- *Mainstream community housing* (CH) is provided for low- to moderate-income or special needs households and it is managed by community-based organisations. A variety of groups, including the government, own housing stock and the community housing models vary across jurisdictions.
- *Indigenous community housing* (ICH) is owned and/or managed by Indigenous community housing organisations (ICHOs) for the provision of housing to Indigenous Australians. In the past, ICH was funded and administered under a variety of arrangements by state, territory and Australian governments but it is now funded along with mainstream housing services under the NAHA (COAG 2009a) and the NPARIH (COAG 2009c).

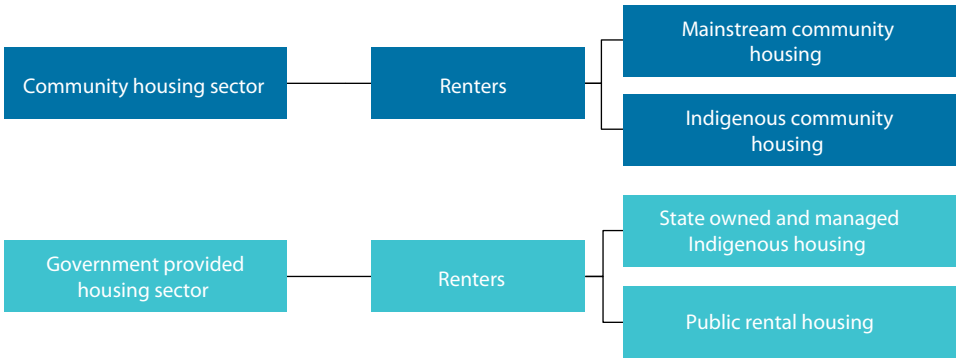
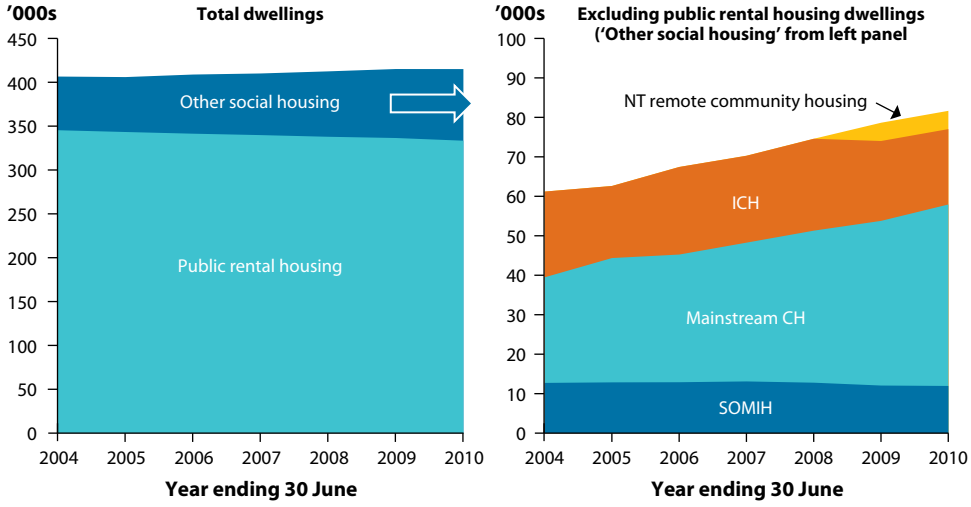


Figure 9.9: Main social housing assistance programs in Australia, 2009–10

Social housing dwelling stock

Because social housing programs provide assistance in the form of physical dwellings, the number of households that can be assisted through social housing is limited by the stock in each program. As at 30 June 2010, the total social housing stock in Australia was around 415,000 dwellings, of which 80% (334,000) were public rental housing (Figure 9.10). Mainstream CH was the second largest holder of social housing dwellings—almost 46,000 or 11% of the total stock. Indigenous-specific programs accounted for the remainder of social housing dwellings.



Source: Table A9.8.

Figure 9.10: Number of dwellings by social housing program, 2003–04 to 2009–10

Between 2003–04 and 2009–10, the overall social housing stock increased slightly, from 406,500 dwellings to 414,600 dwellings. However, this period saw a decline in the social housing stock relative to the total number of dwellings in Australia, from representing 5.3% of all dwellings in 2004 to 4.9% in 2010 (ABS 2009a). A decrease in the number of dwellings in public rental housing was offset by an increase in mainstream CH (Figure 9.10). The increasing contribution of the community sector reflects changes in the housing policy environment discussed at the beginning of this chapter.

Location of social housing dwellings

The relationship between social housing density and remoteness varies between programs. No clear pattern exists across remoteness categories within mainstream programs, apart from a slightly higher density of mainstream CH in *Very remote* areas (Figure 9.11). On the other hand, social housing through Indigenous-specific programs accounts for a greater percentage of all Indigenous households in *Very remote, Remote* and *Outer regional* areas than in *Major cities* or *Inner regional* areas. In particular, 95% of Indigenous households in *Very remote* areas and 22% in *Remote* areas lived in an ICH dwelling in 2006, compared to just 1% of Indigenous households in *Major cities*. This reflects the limited housing options available in more remote areas to Indigenous Australians, as well as the generally lower socioeconomic status of these households (AIHW 2009).

Notes

1. ICH remoteness data are for 2006, as more recent data are not available.
2. Indigenous-specific programs are calculated per 1,000 households in the Indigenous population.
3. Remoteness categories are based on the Australian Standard Geographical Classification (ABS 2007b).
4. Different programs use different counting units, however they are comparable. The counting unit for public rental housing and SOMIH is households, for mainstream CH it is tenancy rental unit, and for ICH it is dwellings.

Source: Table A9.9.

Figure 9.11: Density of social housing, by program and remoteness

Social housing tenants

As at 30 June 2010, social housing assisted almost 400,000 households (Table 9.2), reflecting an overall dwelling occupancy rate of 96%. Public rental housing had the highest occupancy rate at 98%, followed by SOMIH and mainstream CH at 96%, and ICH at 91% occupancy. Additionally, up to 2% of dwellings were undergoing major redevelopments or otherwise unavailable for occupation (AIHW 2011c).

Indigenous households

Roughly 60,000 Indigenous households were living in social housing in June 2010 (Table 9.2)—more than a third (36%) of the 167,000 Indigenous households in Australia (ABS 2007a). Indigenous-specific programs (ICH and SOMIH) accommodated half of these households and half were in mainstream programs (public rental housing and mainstream CH). The largest single program providing social housing assistance for Indigenous Australians was not a targeted program but public rental housing, which accommodated 26,000 households.

Indigenous Australians are strongly represented in all mainstream housing assistance programs. At 30 June 2010, 8% of public rental housing households and 7% of mainstream CH households were Indigenous (Table 9.2), compared to their overall share of 2% of Australian households (ABS 2007a).

Table 9.2: Households receiving social housing assistance, by program, 30 June 2010

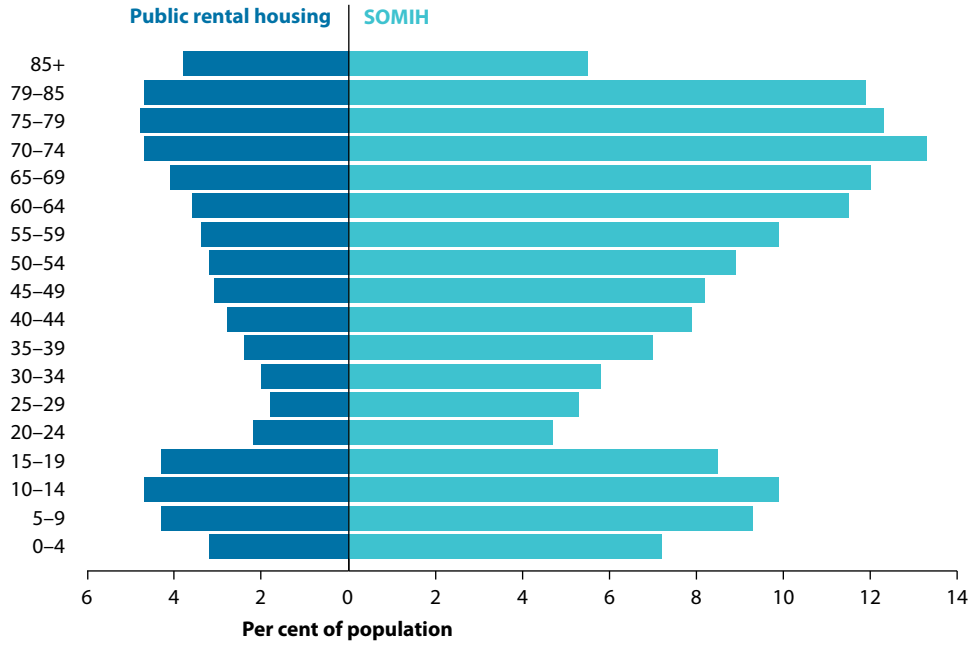
	Public rental housing	SOMIH	Mainstream CH	ICH	Total
Number of households	325,726	11,451	42,414	19,096	398,687
Number of Indigenous households	26,363	11,451	3,153	19,096	60,063
% Indigenous	8.1	100.0	7.4	100.0	15.1

Note: Household data are not available for ICH, so the number of dwellings is shown for this program.
Source: AIHW 2011a, 2011b, 2011c, 2011d.

Household composition

On average, 3.3% of Australians lived in public rental housing in 2010. Among children and young people aged less than 20 years, and people aged 65 years or over, the share was between 4% and 5% (Figure 9.12). Almost 270,000 residents of public housing were aged under 25 years (37% of all people living in public housing) while 130,000 (18%) were aged 65 years or over. This age profile relates to the over-representation of single adults and one-parent families in public rental housing. Almost one in five (18%) households were one-parent families, and more than half comprised a single adult without children (Table 9.3)—both household types were more common in public rental housing than among renters generally.

Residents of SOMIH households are also disproportionately children and older people, with one in 10 Indigenous young people aged 10–19 years and more than one in 10 aged 55 years or over living in a SOMIH household (Figure 9.12). One-parent families were the largest group in this program, comprising 40% of all households (Table 9.3). More than half of SOMIH residents were aged less than 25 years (58%, or around 24,000 children and young people).



Note: Residents in SOMIH are shown as a percentage of the Indigenous population; residents of public rental housing as a percentage of the total Australian population.

Source: Table A9.10.

Figure 9.12: Proportion of the population living in public rental housing and SOMIH (per cent), by age group, 30 June 2010

Equivalent data are not available for mainstream CH or ICH; however, in mainstream CH in 2009–10 there were 2,600 households with a main tenant aged less than 25 years, and 4,000 households whose main tenant was aged 75 years or over.

Table 9.3: Composition of households in selected social housing programs and all rental households, 30 June 2010 (per cent)

	Public rental housing	SOMIH	All renters[(a)]
Single adult	51.1	22.3	32.5
Couple only	8.9	4.8	16.2
Sole parent with children	18.3	39.8	12.5
Couple with children	6.3	13.0	19.4
Group and mixed composition[(b)]	15.3	20.1	19.4
Total	**100**	**100**	**100**

(a) Data for all renting households is from 2007–08

(b) Includes group, other one-family and multiple-family households. .

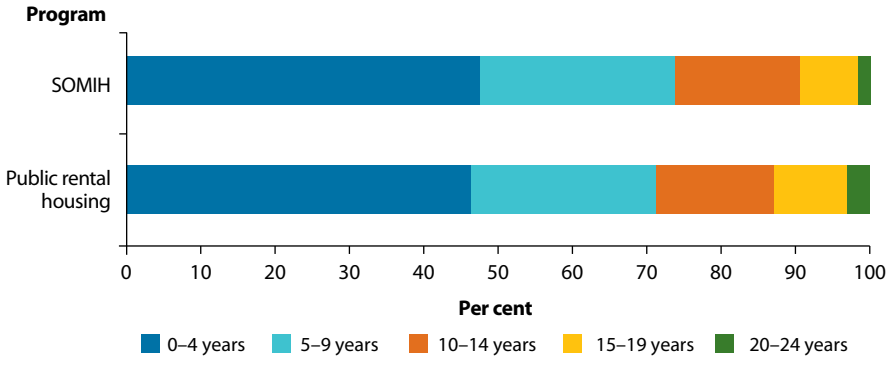
Source: ABS 2009b; AIHW analysis of National Housing Assistance Data Repository 2009–10.

Box 9.6: Children and young people in social housing

Children are identified as being at greatest risk of long term disadvantage in the early years (Australian Government 2010a) with early childhood a vital period in children's learning and development (Australian Government 2010b). With recent research acknowledging that housing characteristics have varying effects at different developmental stages (Dockery et al. 2010), housing plays a key role in children's development. Nearly one in 20 households with children (5%) reside in government-managed social housing (ABS 2009b). This type of housing appears to play a particularly important role for one parent households, with 16% of these households living in government-managed housing (ABS 2009b).

As at 30 June 2010, there were 45,000 young people who had been in the same public rental or SOMIH dwelling their entire lives (AIHW analysis of National Housing Assistance Data Repository 2009–10). Almost half of these were aged 4 years or under, however almost one in three (29%) had lived in the same dwelling for 10 years or more, and a further 3% (nearly 1,400 people) had lived in the same dwelling for at least 20 years (Figure 9.13).

A recent AIHW report highlighted inter-generational use of social housing in which young people initially housed as dependants in public rental housing or SOMIH subsequently made the transition to become the main tenant in a household lease (AIHW 2010). Between 2003–04 and 2009–10 there were about 1,800 transitions where a dependant living in public rental housing and SOMIH started their own public tenancy lease by the following year (AIHW analysis of National Housing Assistance Data Repository 2009–10). Many of these had made this transition from dependency to their own lease without leaving the public system.



Source: Table A9.11.

Figure 9.13: Length of tenure of young people in public rental housing and SOMIH since birth, 30 June 2010

Tenant income sources

Government pensions and allowances constitute the main income source for most social housing tenants (92% in public rental housing and 89% in SOMIH). Among public housing tenants, the DSP (32%) and the Age Pension (28%) were the most common primary sources of household income, with only 6% having employee income as the primary household income source. Among SOMIH tenants, the primary source of household income was a non-specified government payment for 41% of households, and employee cash income for 10% of households (AIHW analysis of National Housing Assistance Data Repository 2009–10).

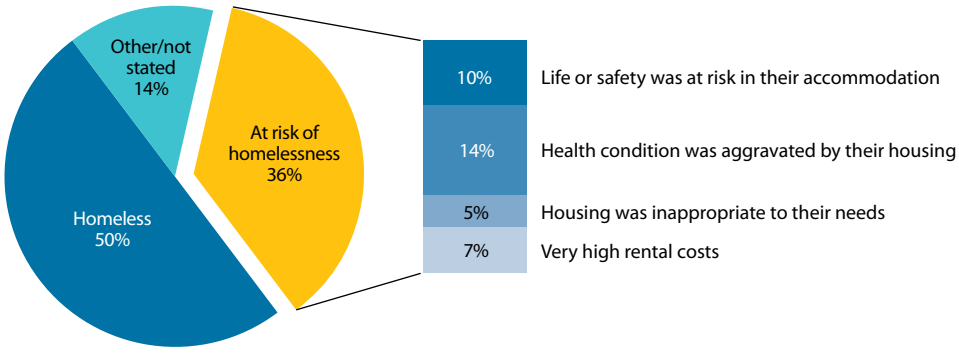
Priority groups for social housing

Public rental housing, SOMIH and mainstream CH have in place priority allocation policies that ensure households in the greatest need are given priority access to housing. A household can be classified to be in greatest need if they are homeless or are subject to one or more other circumstances that put them at risk of homelessness, namely:

- their life or safety was at risk in their accommodation
- their health condition was aggravated by their housing
- their housing was inappropriate to their needs
- they had very high rental costs.

Three-quarters of households newly allocated to public rental housing (75%), more than half of households newly allocated to SOMIH (56%), and almost two-thirds of households newly allocated to mainstream CH (63%) were classified as being in greatest need in 2009–10 (AIHW 2011a, 2011c, 2011d).

Of the households newly allocated to public rental housing or SOMIH in 2009–10 and classified as in greatest need, half (50%) were homeless at the time of allocation (Figure 9.14). In mainstream CH, more than one in four (27%) households were homeless at the time of allocation. Box 9.8 provides more information on social housing assistance for people and households experiencing homelessness.



Note: Where more than one greatest need category applied to a household, the main reason is shown.

Source: Table A9.12.

Figure 9.14: Newly allocated public rental housing and SOMIH households in greatest need by main reason for greatest need, 2009–10 (per cent)

The priority allocation these households receive can be seen in the waiting times they experienced prior to allocation compared to new households not in greatest need. In 2009–10, in public rental housing, 83% of new households who waited less than 3 months were classified as being in greatest need (AIHW 2011c). Similarly, in SOMIH, 62% of new households who waited less than 3 months for allocation were in greatest need (AIHW 2011d). Waiting times for mainstream CH are not available.

Special needs

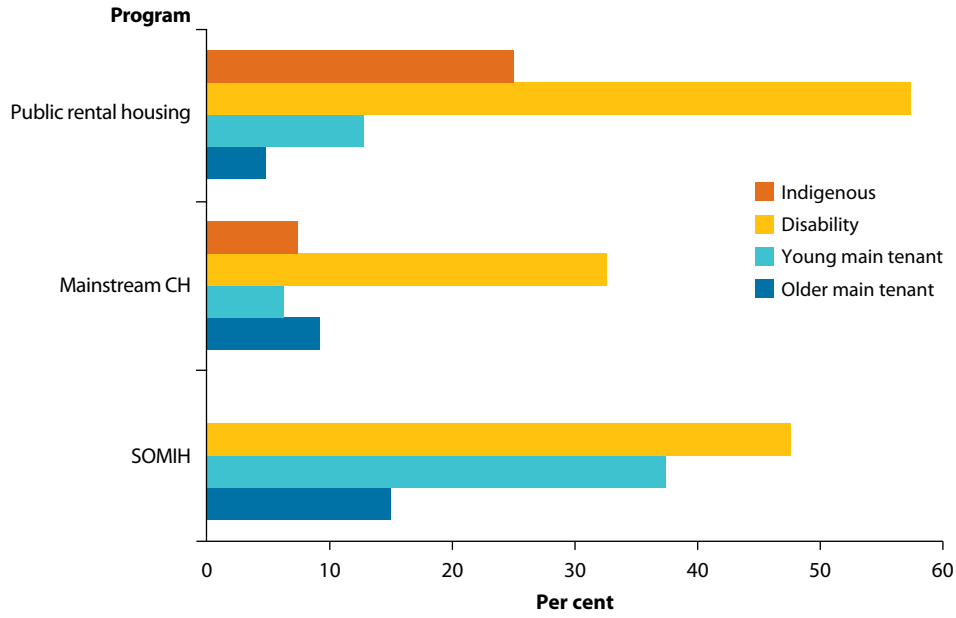
Many households that social housing assisted are also considered to have special needs. Special needs households in public rental housing and mainstream CH include those that have a member with a disability, a principal tenant aged under 25 years or 75 years and over, or households that are defined as Indigenous households. For SOMIH, special needs households are those low-income households that have a member with a disability, or a principal tenant aged less than 25 years or 50 years and over. Special needs categories are not mutually exclusive, meaning a household may fall into a number of these categories (AIHW 2006).

In 2009–10, nearly two-thirds of newly allocated public rental housing households (65%), around half of newly allocated SOMIH households (51%), and 60% of newly allocated mainstream CH households had special needs (AIHW 2011a, 2011c, 2011d). Disability was the most prominent special need category across all three social housing programs (see Box 9.7), while households with a principal tenant aged under 25 years were particularly prominent in SOMIH (Figure 9.15).

Box 9.7: People with disability in social housing

At 30 June 2010, more than one in three people in public rental housing (36% or 232,000 people) and almost one in three in SOMIH (31% or 11,000 people) had a disability (AIHW analysis of National Housing Assistance Data Repository 2009–10).

A considerable proportion of households with disability were classified as being in greatest need. In 2009–10, 79% of households with disability that were newly allocated to public rental housing and 66% of those newly allocated to SOMIH were deemed to be in greatest need (AIHW analysis of National Housing Assistance Data Repository 2009–10). In each program around two-fifths of these households nominated homelessness as their main reason for seeking support (44% and 42%, respectively).



Notes

1. Due to some households having multiple special need reasons, the sum of individual reasons may be greater than the total number of special need households.
2. As all households in SOMIH are Indigenous this is not identified as a special need category within this program.
3. A 'young main tenant' is one aged under 25 years.
3. An 'older main tenant' refers to one aged 75 years or more in public rental housing or mainstream CH, or aged 50 years or more in SOMIH.

Source: Table A9.13.

Figure 9.15: New households by special need category and program (per cent), 2009–10

Social housing waiting lists

As at 30 June 2010, there were more than 210,000 applicants waiting for an allocation to or transfer within the public rental housing and SOMIH programs and almost 37,000 waiting within mainstream CH (outside NSW and ACT) (AIHW 2011a, 2011c, 2011d). Housing ministers in all states and territories have agreed to integrate their waiting lists by July 2011; this reform was completed in Queensland in 2009, with New South Wales and the Australian Capital Territory recently completing implementation (post-30 June 2010). In states without a consolidated waiting list, households may be on more than one list, therefore the total number of households waiting to be allocated across Australia is likely to be an overestimate.

Of those on the waiting list in 2009-10, 30% of public rental housing applicants, 34% of SOMIH applicants and 60% of mainstream CH applicants were new applicants and classified as being in greatest need (AIHW 2011a, 2011c, 2011d).

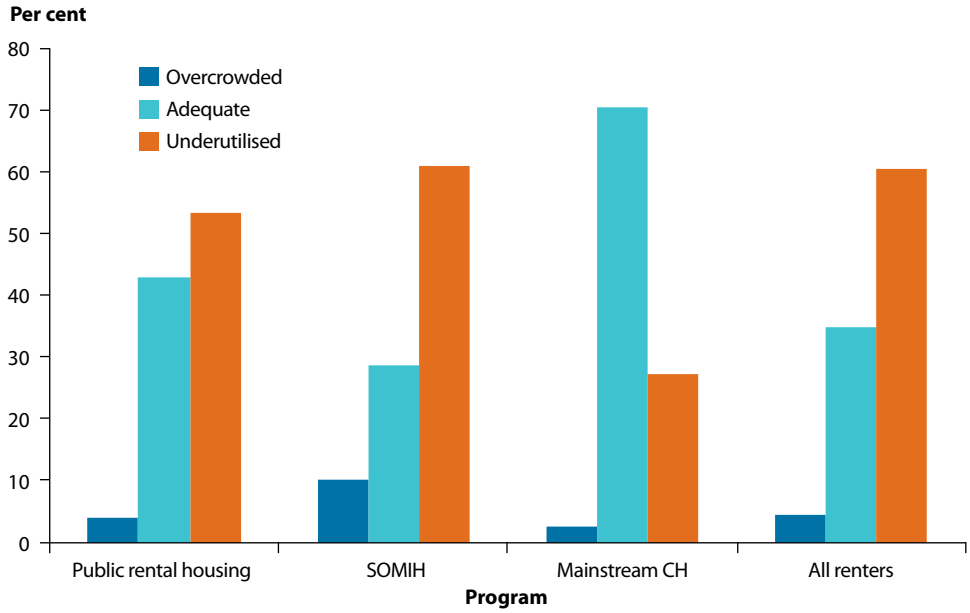
Households allocated to public rental housing in 2009–10 had a median waiting time of 202 days, compared to 224 days for SOMIH households. Waiting times for mainstream CH are not available.

Match of dwelling to household size in social housing

Matching of dwelling size to household size ensures that existing dwelling stock is used to its capacity and that households are housed according to their requirements. Overcrowding occurs when the dwelling is too small for the size and composition of the household living in it. Underutilisation occurs when the dwelling size is larger than required to adequately house the household.

Based on the Canadian National Occupancy Standard (CNOS; see Chapter 2), overcrowding rates in public rental housing (4%) and mainstream CH (3%) were slightly lower than in the overall rental sector (5%) (Figure 9.16). Indigenous households were more likely than average to experience overcrowding, with 10% of SOMIH households, 10% of Indigenous households in public rental housing, and 4% of Indigenous households in mainstream CH being classified as overcrowded (AIHW 2011a, 2011c). Comparable data are not available for ICH.

In all these programs, underutilisation was more prevalent than overcrowding (Figure 9.16). Over half of public rental housing households (53%), almost two-thirds of SOMIH households (61%) and more than one-quarter of mainstream CH households (27%) were living in underutilised dwellings at 30 June 2010. While underutilisation rates appear high, the majority of social housing stock is three-bedroom dwellings, in line with the average number of bedrooms per dwelling in Australia (ABS 2009b), and this provides flexibility for allocation to a wide range of households. Underutilisation rates in social housing are comparable to those in the wider Australian rental sector (61%).



Sources: Table A9.14.

Figure 9.16: Dwelling utilisation in social housing programs (30 June 2010) and for all renters (2007–08) (per cent)

Box 9.8: Pathways into social housing—homelessness

A common pathway into social housing is through homelessness, with social housing providing housing to many homeless Australians (Figure 9.14). In total, social housing provided a pathway out of homelessness for more than 11,000 households during 2009–10 (AIHW analysis of National Housing Assistance Data Repository 2009–10; AIHW 2011a).

People experiencing homelessness receive priority allocation into social housing relative to both households not in greatest need, and households that fall into other categories of greatest need. Of all new greatest need households allocated in less than 3 months, more than half were to those experiencing homelessness (59% in public rental housing and 52% in SOMIH) (AIHW analysis of National Housing Assistance Data Repository 2009–10). Around 40% of greatest need households experiencing homelessness were allocated housing in less than 3 months (41% in public rental housing and 39% in SOMIH). In 2009–10, the median waiting time for homeless households allocated to public rental housing or SOMIH was 131 days, compared to 203 days for all newly allocated households.

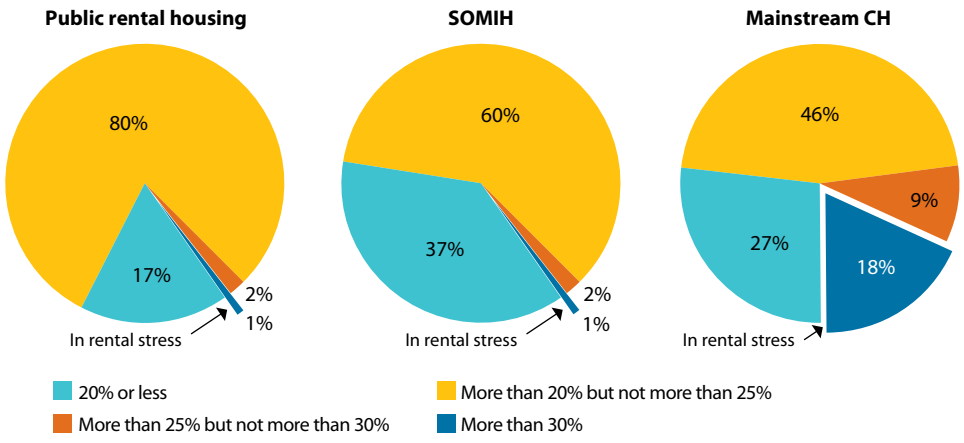
According to the 2010 NSHS (Box 9.9), more than one in five (21%) public rental housing households and almost one in three (31%) mainstream CH households have been homeless at some time in the past. More than a quarter of these public rental housing households (28%) and 40% of these mainstream CH households had been homeless in the last 5 years (AIHW Analysis of 2010 National Social Housing Survey of public rental housing and mainstream CH tenants).

Affordability in social housing

One of the key advantages social housing provides to its tenants is affordability, as rent-setting policies for social housing are designed to limit the burden of housing costs. Subsidised rents play an important role in keeping public rental housing and SOMIH households out of rental stress. Dwellings are often provided at below market rent values, with housing authorities subsidising rents so that households pay less than 30% of their income in rent. Nationally, 89% of households in public rental housing and 79% of SOMIH households paid subsidised rents with average rental subsidies of $127 and $123 per week, respectively (AIHW 2011c, 2011d).

Only a small proportion of low-income public rental housing and SOMIH households were reported to be in rental stress at 30 June 2010 (1.3% of low-income public rental housing households and 0.8% of low-income SOMIH households) (Figure 9.17). In mainstream CH, however, 18% of low-income households were reported to be in rental stress at 30 June 2010.

Data on housing costs in ICH are not currently available.



Note: Mainstream CH figures should be interpreted with caution as there is some uncertainty about the treatment of CRA by organisations, which may result in a higher estimation of rental stress.

Source: Table A9.15.

Figure 9.17: Low-income households by income spent on rent (per cent), by program, 30 June 2010

Length of tenure

Sustainable housing in this context refers to households maintaining accommodation for a prolonged period of time. Even though this can be across different tenures, sustainable tenure is an important component of sustainable housing.

Length of tenure in the general population was strongly related to tenure type. In 2007–08, less than half of all people aged 15 years or over (43%) had moved house in the previous 5 years. For people renting from a private landlord this rose to 87%, while tenants of state/territory housing authorities were more likely to have long tenures, with around one in three (37%) having moved house in the previous 5 years (ABS 2010).

Within social housing, length of tenure appears to vary between programs. In 2009–10, 39% of tenancies in public rental housing had been in effect for less than 5 years, compared to 51% in SOMIH and 57% in mainstream CH (AIHW analysis of National Housing Assistance Data Repository 2009–10 and 2010 National Social Housing survey of mainstream CH tenants).

The long average lengths of tenure are reflected in the number of exits and transfers within each program. Nationally, less than 3% of public rental housing tenants and 4% of SOMIH tenants transferred to a new dwelling in 2009–10. Exit rates are slightly higher with 7% of public rental housing tenants and 10% of SOMIH households ending their tenancies in 2009–10 (AIHW 2011c, 2011d).

In some cases, tenants are churning through the social housing system. The concept of churning refers to tenants who move in and out of social housing a number of times. In the last 5 years, around one in 40 households in public rental housing and one in 25 mainstream CH households exited and then returned to the same program (AIHW analysis of 2010 National Social Housing Survey of public rental housing and mainstream CH).

Social and economic participation

Feeling valued and having the opportunity to participate fully in the life of our society are critical indicators of social inclusion and long term wellbeing. The Australian Government is committed to achieving their vision of a socially inclusive society by ensuring that all Australians have the resources, opportunities and capability to learn, work, engage in the community and have a voice (Social Inclusion Board 2011).

In the 2010 NSHS, around 74% of public rental housing tenants and 73% of mainstream CH tenants reported that public rental housing and mainstream CH respectively had helped them feel part of the community (AIHW Analysis of 2010 National Social Housing Survey of public rental housing and mainstream CH tenants).

Chapter 3 showed that people living in social housing are less likely to participate in the labour force and more likely to be unemployed than the wider population. However, around 46% of public rental housing tenants and 45% of mainstream CH tenants reported that social housing has helped them to see an improvement in their job situation such as getting a better job or a second income (AIHW Analysis of 2010 National Social Housing Survey of public rental housing and mainstream CH tenants).

According to the 2010 NSHS, 69% of under 18s in public rental housing and 65% of under 18s in mainstream CH were currently enrolled in education (AIHW Analysis of 2010 National Social Housing Survey of public rental housing and mainstream CH tenants). Note that this includes children outside the compulsory schooling age range (6–15 years in most states and territories) however a more detailed age breakdown was not available. Fifty-five per cent of public rental housing households and 54% of mainstream CH households reported that living in social housing had helped them start or continue education or training. A further 20% of public rental housing households and 24% of mainstream CH households reported that while social housing had not yet helped them start or continue education or training, it might in the future.

Tenant satisfaction

According to the National Social Housing Survey (NSHS; Box 9.9), satisfaction with overall services, emergency maintenance services and day-to-day maintenance services were high in both public rental housing and mainstream CH, with close to three-quarters of tenants being satisfied or very satisfied with these services (AIHW 2011b). Dissatisfaction levels were highest for day-to-day maintenance services (14% for mainstream CH and 16% for public rental housing) although more tenants were satisfied than dissatisfied. Satisfaction with the physical condition of the home was higher among tenants of mainstream CH (73%) than tenants of public rental housing (59%).

Box 9.9: National Social Housing Survey

The 2010 National Social Housing Survey (NSHS) data were collected via postal and online questionnaires from a randomly selected sample of public rental and mainstream CH tenants. The tenants completing the questionnaires were from all jurisdictions, except those in the ACT who completed a survey administered by that jurisdiction. The overall response rate for the public rental housing component of the NSHS was 40%; for mainstream CH it was 36%. Survey weights are applied to the data when calculating outputs.

The NSHS also collects information on the importance of aspects of dwelling amenities and location for tenants of public rental housing and mainstream CH. The following features were reported as being important to more than 80% of tenants (AIHW 2011b):

- privacy of the home
- easy access and entry
- yard space and fencing
- car parking
- dwelling size
- close to emergency services, medical services or hospitals
- close to shops and banking
- close to family and friends
- close to public transport.

In relative terms, modifications for special needs and proximity to child care services were rated as least important of the dwelling aspects assessed. For those that rated dwelling amenity or location aspects as important, more than three-quarters reported that their dwelling met their needs in that regard.

9.5 Data development

Quality housing assistance data are required to meet the information needs of policy makers and to enhance service provision, as well as meet public accountability requirements. Under the NAHA all governments in Australia have committed to:

- share data
- provide data for a national minimum data set
- continually improve data.

Further, under the social housing reform agenda, governments have committed to increasing transparency in the social housing sector through the establishment of consistent and comparable accounting and reporting standards across jurisdictions that allow clear and objective assessments of performance.

Data development activity in the housing assistance sector includes ongoing work such as improvement of Indigenous identification in mainstream data collections, continual refinement of the National Housing Assistance Data Dictionary, and recent reviews of the ICH collection and the NSHS. The establishment of the NAHA and associated NPAs has provided a vehicle and imperative for expanding or initiating a number of data development projects. Projects that are nearing completion or have made significant progress include:

- Integration of social housing waiting lists which will provide consolidated and consistent data on households waiting to be allocated to social housing.
- Increasing the uptake of unit record data (URD) in the housing assistance sector. The HPA and PRA data collections have recently moved to URD format, while mainstream CH and ICH are focusing on increasing the coverage and quality of their URD.
- Establishment of a new National Housing and Homelessness Information Infrastructure Agreement, which provides the mandate and decision-making processes needed to develop and coordinate consistent national housing and homelessness information.

The AIHW has taken the lead on many of the data development initiatives undertaken in this sector to ensure national housing data is available for policy and planning.

Data development in the housing assistance sector links in with that in the homelessness sector including the new Specialist Homelessness Services collection (see Chapter 8), which collects data based on client experiences rather than numbers and types of services offered. Data development planned for the housing assistance sector will work towards developing a national minimum data set collected consistently and comprehensively across the entire housing assistance sector and which enables linking with the homelessness and community services sectors. The first step towards this builds on the National Housing Assistance Data Dictionary and involves development of a set of data standards across the sector that meets current reporting requirements, including the flexibility to meet future housing data needs. Work towards development of new national housing data standards is underway.

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Section 3

Chapters 10–11 Resourcing welfare services

Chapter

10

Community services workforce

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10 Community services workforce

Key points

- More than half a million people (571,000) were employed by organisations providing community services in June 2009, equivalent to 362,000 full-time positions.
- The majority (59%) of community service workers in June 2009 were employed by not-for-profit organisations, while one-quarter (26%) were employed by for-profit organisations and 15% were employed by governments.
- The community services workforce was predominantly female, with women accounting for 78% of people employed by community services organisations in June 2009—and more than 90% of aged care workers.
- Only one-third (33%) of people in the community services sector were employed on a permanent full-time basis in June 2009, with 42% being permanent part-time and 25% casual or contractors.
- More than 325,000 volunteers gave an average of 78.3 hours service each to community service organisations in 2008–09.
- Community service workers were less likely to have a bachelor degree or higher qualification than the overall workforce aged 15–64 years (15% compared to 26%), but were more likely to have a diploma, certificate or equivalent qualification (43% compared to 33%).
- One in 10 child protection and juvenile justice workers in 2009 were Indigenous.
- Community services industry workers earn less, on average, than people in other industries: $982 per week in 2010, compared to $1,219 for the equivalent number of hours paid at the average wage of all other industries.
- The number of students completing community service-related university courses increased by 8% between 2004 and 2008. The large majority (89% each year) were female.

10.1 Introduction

Outcomes in the welfare sector are affected by the composition and nature of the community services workforce, including its ability to respond to growth in demand, changing models of service delivery, expectations of recipients and the broader community, and introduction of new technologies. Consequently community services require a workforce that is accessible and sufficiently skilled, as well as being of adequate size.

While technological developments continue to change the way people interact with services, the labour-intensive nature of many vital community services means that technology is unlikely to successfully substitute for labour in the foreseeable future. Therefore trends in the size, distribution and capability of the workforce are of ongoing importance.

This chapter presents data on the size and characteristics of the paid and volunteer workforces. Data on volunteers are limited as they are collected only through occasional special purpose Australian Bureau of Statistics (ABS) and industry-specific surveys. The chapter also discusses potential entrants to the paid workforce and shortages in community service-related occupations. Information on informal carers is presented in 'Chapter 7 Informal care'.

10.2 Workforce change and challenges

Strong recent growth in the community services workforce (AIHW 2009) is expected to continue (DEEWR 2010). In the 5 years up to 2014–15, it is projected that workforce growth of between 3.3% and 3.7% per year will be achieved in the various community service sub-industries, compared with 1.8% for all industries.

Despite having grown considerably in size over recent years, the community services workforce faces important challenges (Cortis et al. 2009; Healy & Lonne 2010). This has led to a number of recent government and non-government policies and initiatives (see Box 10.1).

Box 10.1: Policy responses to community services workforce challenges

Numerous workforce initiatives have been developed within the community services sector, many of which share common themes:

- Raising the profile and status of the community services sector to make the work more attractive to new workers through advertising campaigns, career resource kits for employers and careers counsellors, career exhibitions and promoting school-based apprenticeship pathways.
- Promoting the positive aspects of the work, including opportunities to make a difference to people's lives, flexible working hours, access to entry-level positions and salary-sacrifice options.
- Investigating possible improvements in conditions of employment, including portable long service leave and more competitive salaries.
- Reforming the provision of higher education and vocational training for community services workers to ensure access to relevant skills and the capacity to transfer skills between sections of the industry.
- Building the capacity of organisations to effectively manage their workforce, particularly for smaller organisations with limited infrastructure, through development of shared resources, workshops and equipment grants.

Source: CSHISC 2011.

Growing demand for services

The demand for community services is expected to increase at a greater rate than overall population growth. Population ageing and the implementation of reforms in the aged care and disability sectors, including a possible National Disability Insurance Scheme, are expected to increase the demand for aged care and disability support services (see chapters 5 and 6). Similarly, the ongoing availability of unpaid informal carers providing assistance within the household unit is affected by rising participation of women in the labour force, increasing numbers of single-person households, and the ageing of the carer population (see Chapter 7). Chapters 1, 2 and 3 present further information on the demographic and economic trends that are driving demand for community services.

Difficulty attracting and retaining workers

It can be difficult to attract people to careers in community services and to retain them once recruited. In part, this may be related to a perception that community services work is undervalued by the general community, and is regarded as challenging work for comparatively low return (Meagher 2007).

Many of the same demographic trends that drive the demand for community services also affect the supply of workers providing the service. The projected ageing of the Australian population, increasing the demand for aged care services, is also likely to increase the proportion of community services workers approaching and reaching retirement age. Similarly, greater

participation by women in a broad range of occupations and industries creates greater competition for these workers from other sectors due to their increased skill levels.

Low unemployment in Australia increases competition among employers for skilled workers and has implications for the community services sector, particularly not-for-profit organisations which pay comparatively low wages (Meagher 2007). This can cause attraction and retention issues where sectors that offer more attractive wages and conditions for similar roles compete for workers.

It is within this context that Fair Work Australia has been hearing an equal remuneration case that is considering wages for community services workers in relation to those of the general labour market and in regard to issues of gender equity (FWA 2011).

Skills and career pathways

Reforms in community services include shifts towards more person-centred care and community-based service delivery, coordinated across more than one program area (CSHISC 2011). These changes require the redesign of roles, the acquisition of new and more sophisticated skills and changes to training programs by vocational and higher education providers. Increased competition for skilled workers can constrain the capacity of service providers to recruit workers with the qualifications and skills that these reforms require (CSHISC 2011).

When suitably qualified workers are attracted to community services work, there is evidence that limited opportunities for career development and lack of permanent roles in the industry, particularly in small service organisations, can lead to the workers becoming overqualified for their current position but unable to progress to advanced roles and therefore potentially difficult to retain (Meagher 2007).

Limited organisational capacity

While large government or non-government organisations deliver many community services, they are also delivered by small, non-government organisations, typically not-for-profit organisations that are funded on a short-term basis, with limited access to the corporate resources often found in larger organisations (Cortis et al. 2009). For example, these services may have fewer staff to devote to human resource management.

10.3 Overview of the community services sector workforce

The community services sector has two components, the 'community services industry' and 'other industries' that support the provision of community services. The community services industry consists of four sub-industries: residential aged care services, other residential care, child care services and other social assistance services (Box 10.2).

Employees of other industries are involved with community service activities but do not work directly in the four sub-industries that define the community services industry (ABS 2010a:32). These other industries include employment placement and recruitment services (of people with disabilities); government agencies with a significant role in funding and/or directly providing community services; and interest groups such as peak bodies or agencies providing advocacy services. In this chapter, the combined community services industries workforce and the other industries workforce is referred to the 'community services sector workforce'.

Box 10.2: The community services industry in the ABS Community Services Survey

Information about the size and characteristics of the community services sector workforce is based on the 2008–09 ABS Community Services Survey, which obtained data from businesses and other organisations primarily engaged in the provision of community services. This included information about employees collected from the employer, and therefore employees with multiple jobs are counted for each job they hold. Therefore, estimates of employees from this survey are not directly comparable with those from the ABS Labour Force Survey, which obtains information about workforce characteristics directly from individuals.

For the purposes of this Community Services Survey, the community services industry was defined to comprise four groups from the Australian and New Zealand Standard Industrial Classification (ANZSIC) (ABS 2006b:349–351): aged care residential services; other residential care services; child care services; and other social assistance services.

Aged care residential services

Organisations mainly engaged in providing residential aged care combined with either nursing, supervisory or other types of care as required (including medical). Primary activities include: accommodation for the aged operation; aged care hostel operation, nursing home operation; residential care for the aged.

Other residential care services

Organisations mainly engaged in providing residential care (except aged care) combined with either nursing, supervisory or other types of care as required (including medical). Primary activities include: children's home operation (excluding juvenile corrective services); community mental health hospital; crisis care accommodation operation; hospice operation; residential refuge operation; respite residential care operation.

Child care services

Organisations mainly engaged in providing day care of infants or children. Primary activities include: before and/or after school care service; child care service; child minding service; children's nursery operation (except preschool education); family day care service.

Other social assistance services

Organisations mainly engaged in providing a wide variety of social support services directly to their clients, excluding those involved with raising funds for welfare purposes. These services do not include accommodation services, except on a short-stay basis.

Sources: ABS 2006b; ABS 2010a.

Total workforce

Organisations providing community services employed approximately 571,000 people at the end of June 2009. This workforce equated to 362,200 full-time equivalent (FTE) workers in the community services sector. The difference between the FTE and head count numbers reflects the fact that many workers work fewer hours than the 35-hour standard working week (ABS 1996:8).

Employer organisations

There were 11,000 organisations involved in the provision of community services at the end of June 2009 (ABS 2010a:8). The large majority of these organisations (90%) were in the community services industry, while 4.7% were Australian, state/territory and local government agencies, and 5.3% were in other industries.

Nearly nine in 10 organisations employed fewer than 50 workers and seven in 10 employed fewer than 20 workers (Table A10.1). Organisations with more than 100 employees accounted for 7% of all organisations in the community services industry, but employed almost two-thirds of all workers (280,000). These large organisations also had the largest proportion of volunteers (43%) (ABS 2010a).

Just over half (53%) the organisations that performed community service activities operated on a 'not-for-profit' basis (Table 10.1). Not-for-profit organisations employed nearly three-fifths (59%) of the community services sector workforce (tables 10.1 and A10.1).

Organisations run for profit accounted for 42% of all community services organisations, and employed one-quarter (26%) of all workers in the community services sector. Government organisations, which represented 5% of organisations involved in community services, employed 15% of all workers in the sector.

Regional distribution

At the end of June 2009, organisations involved in the provision of community services operated from about 30,100 locations, of which 58% (around 17,500) were in capital cities and suburban areas (Table A10.5). Nearly two-thirds (63%) of the workers in the community services sector worked in capital cities and suburban areas.

Demographics

In June 2009, women accounted for 78% of people that organisations providing community services employed, compared to 46% in the overall workforce in the same period (ABS 2011:6). The predominance of female workers was most apparent in for-profit organisations, where they accounted for 88% of workers. They accounted for three-quarters of those working in not-for-profit and government organisations (Table 10.1).

Workers in the sector were predominately aged between 26 and 45 years (43%) with 28% aged 46–55 years and 15% aged over 55 years.

Workers tended to be younger in organisations run for profit than those in not-for-profit and government organisations: 66% of workers in for-profit organisations were aged 45 years or less compared to 56% in not-for-profit organisations and 48% in government (Table 10.1). Government organisations' employees were the oldest, with half of the workers (52%) aged over 45 years and, in particular, one in five aged over 55 years.

Table 10.1: Selected characteristics of organisations and persons employed in community services sector, by profit status, 2008–09 (number and per cent)

Selected characteristics	For-profit[a]	Not-for-profit[a]	Government	Total
Organisations at end of June				
Businesses/organisations (no.)	4,638	5,809	520	**10,967**
Employment				
Total employees at end of June (no.)	147,242	336,032	87,372	**570,646**
Volunteers during the year (no.)[b]	n.p.	288,723	. .	**325,440**
Capital cities/suburbs at end of June (%)	70.7	60.6	60.7	**63.2**
Demographics at end of June				
Female (%)	87.7	75.0	75.9	**78.4**
Age group[c]				
Under 26 years (%)	23.4	11.2	7.8	**14.0**
26–45 years (%)	42.1	44.4	40.2	**43.1**
46–55 years (%)	23.1	28.7	31.8	**27.6**
Over 55 years (%)	11.4	15.8	20.1	**15.2**
Employment status at end of June				
Permanent full-time (%)[d]	30.5	28.6	51.1	**32.5**
Permanent part-time (%)	39.3	47.4	28.5	**42.4**
Casual or temporary (%)	30.2	24.0	20.4	**25.0**
Qualifications at end of June[e]				
Non-school qualification (%)[f]	*62.9*	*57.3*	*54.0*	***58.3***
Bachelor degree or higher (%)	13.2	14.7	22.2	**15.4**
Diploma/certificate or equivalent (%)	49.7	42.6	31.8	**42.9**
Other qualification(%)[g]	12.9	13.4	21.9	**14.5**
No qualification (%)[h]	24.2	29.2	24.1	**27.1**

(a) Includes government trading enterprises.

(b) Volunteer data not collected for Commonwealth and state/and territory governments. Total includes volunteers assisting for-profit organisations and local government.

(c) Age group of person providing direct community services.

(d) Includes working proprietors and partners of unincorporated businesses.

(e) Qualification status of person providing direct community services.

(f) Non-school qualification includes diploma, certificate, bachelor degree or higher.

(g) Educational qualification other than a diploma, certificate, bachelor degree or higher.

(h) No recognised accreditation for any post-secondary education undertaken.

Source: AIHW analysis of ABS Community Services Survey, 2008–09; Table A10.5.

Qualifications

At June 2009 almost three in five (58%) direct care workers (those who spend the majority of their time on direct community services provision) within the community services sector had a non-school qualification (Table 10.1). A similar proportion of workers aged 15–64 years in the total workforce had a non-school qualification in 2009 (ABS 2010b:29-30).

A diploma, certificate or equivalent was the most commonly held qualification in the community services sector (43%), followed by a bachelor degree or higher qualification (15%) (Table 10.1).

Community service workers were less likely to have a bachelor degree or higher qualification than the overall workforce aged 15–64 years (15% compared to 26%) (ABS 2010b:29–30). In contrast, the proportion of community services workers with a diploma, certificate or equivalent qualification was greater than the overall workforce aged 15–64 years (43% compared to 33%).

Those that held no post-secondary education qualification made up 27% of the community services sector's workforce (Table 10.1).

Government organisations (22%) had the largest proportion of workers with a bachelor degree or higher, followed by not-for-profit organisations (15%) and then businesses run for profit (13%). For-profit and not-for-profit organisations had the largest proportions of workers with a diploma, certificate or equivalent qualification, at 50% and 43%, respectively.

Employment status

Relatively few workers in the community services sector were employed full time—around one-third (33%) of the workforce, or 186,000 people. The most common arrangement was permanent part-time, with 42% of workers (around 242,000 people) employed under this arrangement. Casual and temporary workers represented a quarter of the workforce (tables 10.1 and A10.5).

Permanent part-time employees comprised the largest proportions of both the for-profit and not-for-profit community service workforce, at 39% and 47% of the workforce respectively. In contrast, half (51%) of workers in government organisations in the sector were permanent full-time (Table 10.1). For-profit organisations had the highest proportion of workers on casual or temporary employment arrangements at 30%, compared with 24% for not-for-profit and 20% for government organisations.

Volunteers

In the context of the community services workforce, volunteers are defined as people who willingly provided community services, businesses or organisations unpaid help in the form of time, service or skills in the provision of direct and non-direct community services. It includes volunteers who sat on boards of management or were members of fundraising committees (ABS 2010a).

Many organisations in the community, particularly those that provide community services, depend heavily on volunteers. In 2008–09, organisations in the community services sector were assisted by more than 325,000 volunteers who provided, on average, 78.3 hours of voluntary services each (tables 10.1 and A10.1). The majority (66%) of volunteers provided direct community services. These volunteers worked an average of 82.5 hours during 2008–09, compared to an average 70.4 hours worked by volunteers providing non-direct services (ABS 2010a:10).

Almost 289,000 volunteers assisted not-for-profit organisations in the community services sector during 2008–09, representing 89% of the total volunteer workforce.

Nearly two-fifths of all volunteers in the community services industry provided services on behalf of small organisations (that is, those employing less than 20 workers).

10.4 Selected workforces in the community services sector

There are distinct differences in how particular workforces in the community services sector are structured, and these lead to unique workforce characteristics and challenges.

The information presented in this section is based on the National Institute of Labour Studies (NILS) surveys of child protection, juvenile justice, disability support services and other general community service agencies in 2009, and the survey of aged care services in 2007 (Martin & King 2008; Martin & Healy 2010). Details on the type of organisations surveyed are presented in Box 10.3.

Residential and community aged care workforce

The aged care workforce is large, with almost 175,000 people working in residential aged care services and an additional 87,500 providing community aged care in 2007 (Figure 10.1). Around four in five aged care workers were employed directly providing or managing care—133,000 in residential aged care and 74,100 in community aged care. Direct employees were defined as those that directly provided or managed service delivery, as opposed to those employees that provided or managed other services or administered the organisation. After taking into account the average hours worked, this was equivalent to around 78,800 and 46,100 full-time direct workers, respectively.

Aged care workers were primarily employed in not-for-profit organisations—almost three-quarters (73%) of staff in community aged care services and 58% in residential aged care. However, one in three residential aged care workers were in the for-profit sector; a higher proportion than any of the other selected community service workforce.

In 2007, more than 90% of aged care employees were female—the highest proportion of all selected community services workforces. Around one in three residential aged care workers, and more than one in four community aged care workers, were born outside Australia.

An estimated 70% of community aged care workers and 60% of residential aged care workers were aged 45 years or older, including 29% and 23%, respectively, who were 55 years or older (Martin & King 2008). These workers tended to join the aged care workforce relatively late in their working life, with around one in three (26% of community aged care and 37% of residential aged care workers) having entered before the age of 30 years. However, they also spent relatively long periods in the workforce. In particular, 70% of residential aged care workers had been employed in that sector for 5 years or more—a higher proportion than other community services workforces examined (Figure 10.1).

Permanent part-time employment was the most common employment arrangement in the community and residential aged care workforces (59% and 69% respectively). Aged care workers were less likely than any other workforce shown in Figure 10.1 to be employed on a permanent full-time basis, and more likely than most to be casual or contractors.

Only 17% of the residential workforce and 14% of the community workforce held a bachelor or higher degree. With the aim of further professionalising the aged care workforce, the Australian Government has introduced range of workforce development initiatives, including additional enrolled and registered nurse training places and scholarships (DoHA 2010).

Box 10.3: Community services workforces in the NILS surveys

The NILS studies used a two-stage survey process. The first stage involved selecting and surveying a sample of organisations to collect information on their workforce. In the second stage, a sample of workers from the selected organisations was also surveyed to collect more detailed individual information.

For the purposes of the NILS surveys, the workforce surveyed worked in organisations providing the following services: juvenile justice services; child protection services; disability support services; general community services; residential aged care; and community aged care. The activities of these organisations were defined as follows:

Child protection

Providing social support and social assistance services to children and young people who have experienced, or are at risk of, abuse, neglect or other harm. Such services include out-of-home care services that provide care for children and young people who are placed away from their parents or family home for reasons of safety or family crisis. Receiving and assessing allegations of child abuse, neglect or other harm to children.

Juvenile justice

Managing and operating correctional institutions and detention centres for juveniles, and providing social support and social assistance services targeted at juvenile offenders. This includes a range of social support and assistance services, including specifically targeted educational services, psychological services, work services and sport/recreation services. It also includes case management and youth conferencing.

Disability support service

Providing social support and social assistance services to people requiring support or assistance because of a disability. Such services assist people with a disability to participate in the community. They include providing support to people with a disability in institutional settings (hostels, group homes) or in the disabled person's own home (including HACC), and respite services.

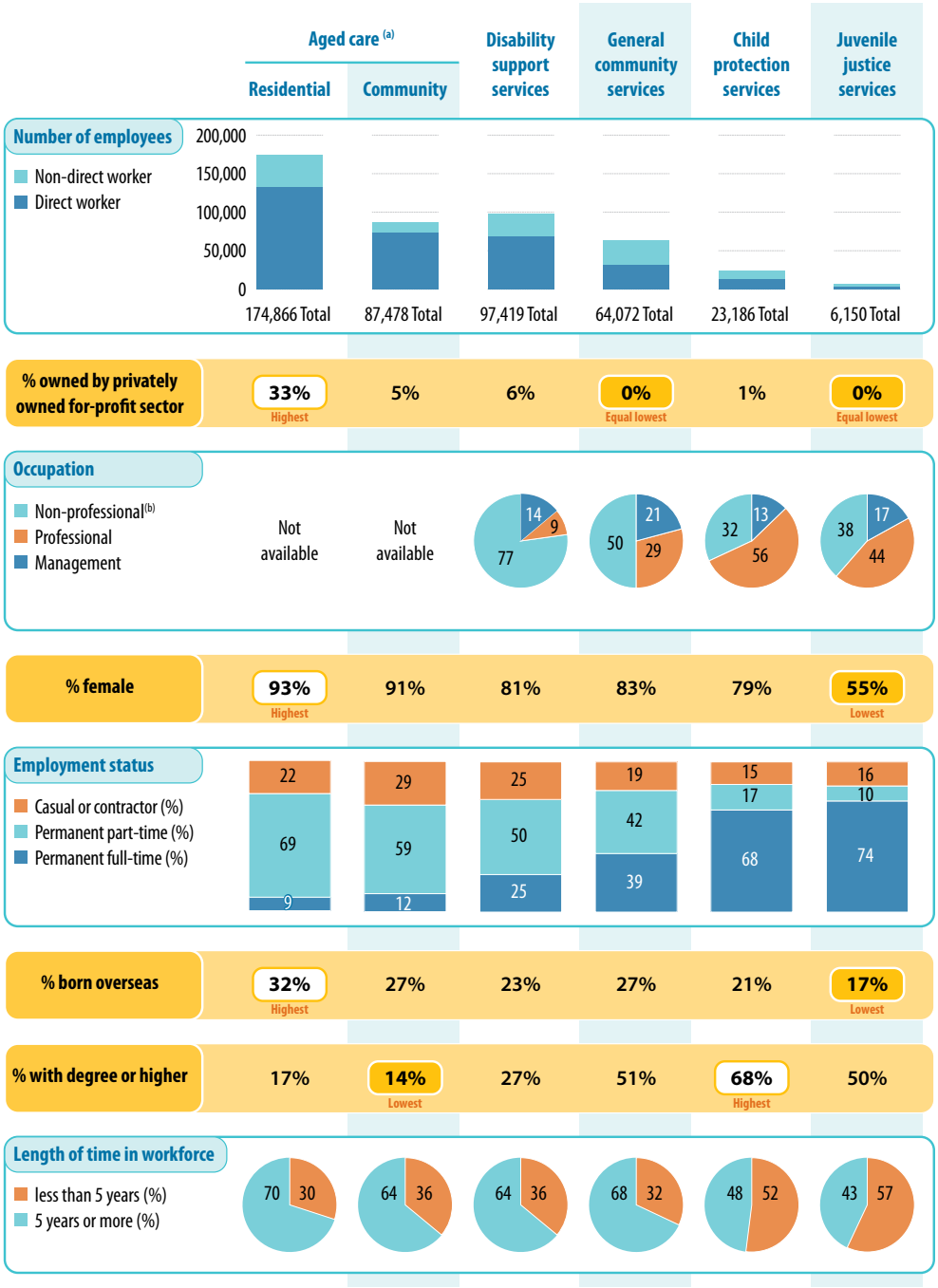
General community service

Social support and assistance services provided directly to children and families. These activities include only services that are not covered by definitions of other sectors in this report, and are not directed specifically at the aged, at providing housing or supported accommodation, or crisis services.

Residential and community aged care

Providing care at all Australian residential aged care facilities funded by the Commonwealth, and all community-based service outlets which provided services under a set of Commonwealth supported programs. Community-based organisations providing aged care services were included on the basis that they were funded to provide services under one of six programs to which the Commonwealth contributes funds.

Sources: Martin & King 2008; Martin & Healy 2010.



(a) Data for residential and community aged care workforce are for 2007.

(b) Includes 'Other' occupation category.

Sources: Martin & King 2008; Martin & Healy 2010; Table A10.2.

Figure 10.1: Selected characteristics of persons employed in the community services sector, selected workforces, 2009[(a)]

Disability support services workforce

In 2009, an estimated 97,400 people were employed in the Australian disability support services workforce, including 68,700 (70%) directly providing services or managing those who provide these services (Figure 10.1 and Table A10.2). Adjusting for the average hours worked, this was equivalent to a little over 34,000 full-time direct workers. Almost three-quarters of disability service workers worked in non-profit organisations. Most of the remainder were employed directly by government, with about 6% working for profit-making enterprises.

The disability services workforce was predominately female (81%). Compared with the Australian female workforce, the disability services workforce had an older age profile. Only 14% of disability workers were under 30 years, whereas 29% of all Australian female employees were in this age group.

This workforce was not highly professionalised, with fewer than one in four (23%) workers being employed in professional and management roles. Professional roles included allied health workers, social workers and disability case managers. Non-professional roles, including personal carers, home care workers, community care workers and disability and residential support workers, accounted for 77% of the workforce.

Just over one quarter (27%) of the workforce held a bachelor or higher degree. Disability services workers were twice as likely to have a qualification at the Certificate III or IV level as Australian workers generally. These qualifications were mainly in fields such as social work, psychology, counselling and community work.

Permanent part-time employment was the most common arrangement in the disability support services workforce, with half of all workers being employed on this basis. Casual or contract employment accounted for a quarter (25%) of the workforce—higher than any of the workforces examined in Figure 10.1 apart from community aged care.

Two in five disability service workers entered the disability support services workforce before the age of 30 years. Close to two-thirds had been in the workforce for 5 years or more.

General community services workforce

In 2009, the general community services workforce had around 64,000 employees in total, including an estimated 32,200 workers (or 18,100 FTEs) directly providing services or managing those who do (Figure 10.1 and Table A10.2). Not-for-profit organisations employed most of these workers (85%). There was no general community service employment in privately owned for-profit organisations.

Workers in the general community services workforce were primarily women (83%). Compared to the Australian female workforce, the general community services workforce has an older age profile. For example, 15% of general community service workers were aged less than 30 years, compared with 29% of Australian female workers.

Professional workers made up 29% of the workforce. Professional roles included social workers, case managers, psychologists and counsellors. Non-professional roles included carers, referral and information workers, and youth and child support workers.

In comparison to the overall Australian workforce, the general community services workforce was more highly educated. Half of community services workers held a bachelor or higher degree. Workers in this sector were about twice as likely as other employed Australians to have a diploma, and about three times as likely to have a postgraduate degree.

Within the general community services workforce, permanent part-time employment was the most common employment arrangement, with about 42% of workers being employed on this basis. The extent of casual or contract employment was comparable with other community services workforces.

Almost half of these workers (47%) entered the community services workforce before the age of 30 years. They tended to have been in the workforce for some time, with only 32% employed less than five years in the general community services workforce.

Child protection workforce

The child protection workforce in Australia was a comparatively small one, with an estimated 23,200 employees in 2009 (Figure 10.1). Of these, 13,000 (56%) were employed in providing direct child protection services or managing those who provide these services (Table A10.2). After taking into account the average hours worked, this was equivalent to almost 10,000 full-time workers.

Governments employed almost 60% of child protection workers, while 40% worked in non-profit organisations.

The majority of child protection workers were female (79%). In contrast to the aged care and disability support workforces, the child protection workforce had a relatively young age structure. Around one-quarter of employees were aged under 30 years, and only 3% were aged 60 years or over.

Indigenous Australians were well-represented in the child protection workforce, with 9% of workers being Indigenous Australians. Indigenous Australians were more likely to work for non-government employers, with almost 20% of non-government child protection workers being Indigenous, compared with 7% of government workers (Martin & Healy 2010).

The majority (56%) of the child protection workforce in 2009 were classified as professional workers—a higher proportion than any of the other selected workforces. Professional roles including child protection workers, social workers, psychologists and case managers. Non-professional roles included direct care workers and family, youth or child support workers.

Child protection workers were also more likely than other community services workforces discussed here to have a bachelor or higher degree (68% overall, and 81% of those employed in a professional capacity). Three in four (77%) non-professionals in this workforce had at least a Certificate III qualification (Martin & Healy 2010). Qualifications were generally in areas such as social work, psychology or counselling, community work or youth work.

The child protection workforce had high levels of permanent full-time employment (68%). The proportion of permanent full-time workers was higher in the government sector than in the non-government sector, with employers in the latter group relying more on permanent part-time arrangements. Casual employment was also more common in the non-government sector, mainly because of the greater numbers of casual workers among non-professional workers (Martin & Healy 2010).

Child protection workers tend to commence work early in their careers and do not appear to remain in the child protection workforce for long. Almost half of child protection professionals commenced in that field before 30 years of age, and half of child protection workers reported working in child protection for less than 5 years. Of those employed in the government, 36% had been with their current employer for 5 years or more, compared with 20% of non-government workers (Martin & Healy 2010).

Juvenile justice workforce

The juvenile justice workforce in Australia was relatively small, with an estimated 6,200 employees in 2009. Around half of these (3,400 people or 3,000 FTEs) were employed to provide juvenile justice services directly, or to manage those providing the services (Figure 10.1 and Table A10.2). The government primarily employed these workers (83%), with none employed in privately owned for-profit organisations.

In contrast to much of the community services workforce, juvenile justice services employed almost equal numbers of men and women. The workforce was also a comparatively young one, with 23% of workers less than 30 years old. Indigenous Australians made up a substantial proportion of the juvenile justice workforce—one in nine workers.

Compared with other community services workforces, the juvenile justice workforce was relatively professionalised, with 44% being professional workers. Professional roles included juvenile justice officers, social workers, case managers and psychologists. Non-professional roles included residential care workers and youth workers.

Juvenile justice workers also tended to have relatively high levels of education: half held a bachelor or higher degree. Non-professional juvenile justice workers were more likely to have obtained post-school qualifications than other Australian workers, especially at the Certificate 3 or 4 and diploma levels.

Permanent full-time employment was the predominant form of employment in the juvenile justice workforce (74%)—the highest percentage of all the workforces shown in Figure 10.1.

Similar to child protection workers, juvenile justice workers appear to commence work in the workforce early in their careers and many do not remain for long. Over half of workers joined the juvenile justice workforce before 30 years of age and 57% reported being in the workforce for less than 5 years.

Child care workforce

Organisations mainly engaged in providing day care to infants and children employ child care workers. Lower staff-to-child ratios and increased staff qualification requirements are being gradually phased in under the National Quality Framework for Early Childhood Education and Care (COAG 2009:19). These changes could result in significant growth in the need for additional child care workers and for the delivery of relevant training.

Given that no data on the child care workforce were available from the recent NILS surveys, this section presents data on the child care workforce drawn from the 2008–09 ABS Community Services Survey (ABS 2010a).

At June 2009, around 86,900 people were employed in the Australian child care workforce directly providing services or managing those who provide these services (Table A10.1). Adjusting for the average hours worked by part-time workers, this was equivalent to almost 57,000 full-time workers. The number of child care workers grew 9% per year between June 2000 and June 2009 (ABS 2010a; Table A10.4).

Two-thirds of child care workers (67%) worked in for-profit organisations, with not-for-profit organisations employing the remainder (Table A10.1).

The child care workforce was predominately female in all occupations with an estimated 92% of child care workers being female. Only 6% of the child care workforce was aged 56 years or over compared with 15% for the community services sector generally.

Only 12% of the workforce held a bachelor or higher degree with the majority holding a diploma, certificate or equivalent qualification (47%). Permanent full-time employment was the most common employment arrangement in the child care workforce with about 40% of workers being employed on this basis. Permanent part-time and casual/temporary employment arrangements accounted for around 30% of the workforce each (Table A10.1).

There are many occupations that play a key role in the workforce for the community services sector. This section examines the characteristics, earnings and education of those occupations that make up a large part of the community services sector workforce.

10.5 Key occupations for the community services sector

Selected occupations from the Australian and New Zealand Standard Classification of Occupations (ANZSCO) are profiled here as major contributors to the community services workforce (Box 10.4). While they have been categorised here as community services-related occupations, some categories (for example, drug and alcohol counsellor, Indigenous health worker, psychologist, registered nurse) could also be regarded as health- or education-related occupations for other purposes.

Box 10.4: Community services-related occupations

Thirteen categories of community services-related occupations, based on the Australian and New Zealand Standard Classification of Occupations (ABS 2006a), are used in the analysis in this section:

- Child care centre manager—plans, organises, directs, controls and coordinates the activities of child care centres and services including physical and human resources.
- Early childhood (pre-primary school) teacher—teaches the basics of numeracy, literacy, music, art and literature to early childhood (pre-primary) students and promotes students' social, emotional, intellectual and physical development.
- Registered nurse—provides nursing care to patients in hospitals, aged care and other health care facilities, and in the community; includes nurse practitioner, registered nurse specialising in aged care.
- Counsellor—provides information on vocational, relationship, social and educational difficulties and issues, and works with people to help them to identify and define their emotional issues through therapies such as cognitive behaviour therapy, interpersonal therapy and other talking therapies; includes drug and alcohol, family and marriage, careers, rehabilitation and student counsellor.
- Psychologist—investigates, assesses and provides treatment and counselling to foster optimal personal, social, educational and occupational adjustment and development. This category includes psychotherapist, clinical psychologist, educational psychologist, organisational psychologist.

- Social worker—assesses the social needs of individuals, families and groups; assists and empowers people to develop and use the skills and resources needed to resolve social and other problems, and further human wellbeing and human rights, social justice and social development.
- Welfare, recreation and community arts worker—designs and implements strategies and programs to meet community and individual needs and assists individuals, families and groups with social, emotional and financial difficulties to improve quality of life by educating and supporting them and working towards change in their social environment.
- Enrolled and mothercraft nurses—provides nursing care to patients in hospitals, aged care and other health care facilities and in the community, and assists patients in providing care to newborn infants under the supervision of a registered nurse or midwife.
- Welfare support worker—provides support, information and advice to clients on emotional, financial, recreational, health, housing and other social welfare matters; and evaluates and coordinates the services of welfare and community service agencies. This category includes parole or probation officer, youth worker, residential care officer, disability services officer and family support worker.
- Child care worker—provides care and supervision for children in residential homes and non-residential childcare centres. This category includes child care centre manager, child care worker, family day care worker, nanny and outside-school-hours care worker.
- Aged and disabled care worker—provides general household assistance, emotional support, care and companionship for aged and disabled persons in their own homes.
- Nursing support and personal care workers—provides assistance, support and direct care to patients in a variety of health, welfare and community settings.
- Special care worker—provides care and supervision for children in residential child care establishments and correctional institutions; general household assistance, emotional support, care and companionship for aged and disabled persons in their own homes; assists therapists in providing therapy programs and in the direct care of their patients in a variety of health, welfare and community settings; and care and support to people in refuges. This category includes hostel parent, child or youth residential care assistant, refuge worker, aged or disabled person carer and therapy aide.

In addition to these categories, four smaller categories are included in the total numbers for community services-related occupations: diversional therapist; education aide; special education teacher and Indigenous health worker. The latter is included among community services workers because much of their work involves liaising on behalf of patients and their families with the health care or education systems.

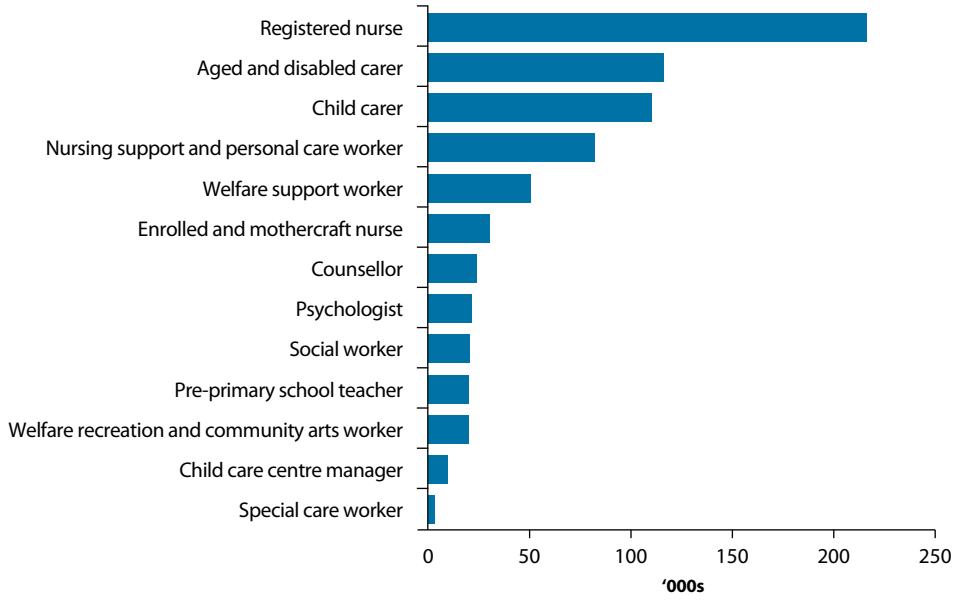
Some relevant occupations have not been included due to the absence of appropriate occupation categories in ANZSCO (e.g. people working for community housing and disability employment placement services).

Source: ABS 2006a.

Workers in community services-related occupations provide various types of care and social assistance. They may be employed in the community services industry or in other industries such as medical and other health services. In 2010, there were around 811,000 people employed in the community services-related occupations described in Box 10.4. Fewer than half (46%) were employed in the community services industry (Table A10.3).

The largest occupational group was registered nurses, with around 216,000 workers (Figure 10.2). However, only one in five (20%) were employed in the community services industry (Figure 10.3). The largest occupational groups with a majority of their workers employed in the community services industry were aged and disabled carers (116,000 workers in total, with 92% working in the community services industry) and child carers (110,000 workers, with 81% in the community services industry) (figures 10.2 and 10.3).

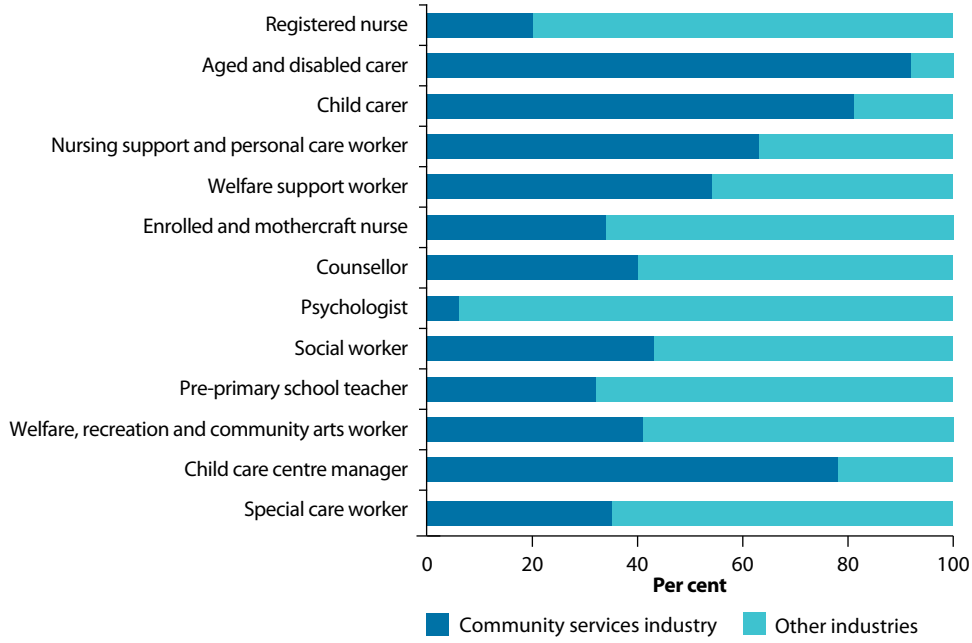
Psychologists were most likely of the selected community services-related occupations to be working outside the community services industry. In 2010, 94% of the approximately 21,500 employed psychologists in Australia worked outside the community services industry.



Note: Figures shown are averages over four quarters in the calendar year.

Source: Unpublished data from ABS Labour Force Survey, 2010; Table A10.3.

Figure 10.2: Employment in community services-related occupations, all industries, 2010



Note: Community services industry includes 'social assistance services not further defined'.

Source: Unpublished data from ABS Labour Force Survey, 2010; Table A10.3.

Figure 10.3: Workers in community services-related occupations, by industry, 2010 (per cent)

Earnings

The relatively low earnings of community services workers are shown in the results of the ABS Survey of Employee Earnings and Hours, which collects weekly earnings data for various categories of employees by occupation and industry. According to the 2010 survey, the average total weekly earnings of full-time non-managerial employees working in community services-related occupations of $1,180 per week were lower than the average for all occupations ($1,266). The exceptions were psychologists ($1,705), registered nurses ($1,509) and social workers ($1,352), all occupations with the majority employed outside the community services industry (Table 10.2).

Earnings of workers in community services-related occupations also varied depending on whether they worked in the community services industry or in another industry. In 2010, the average total weekly earnings of those working in the community services industry was less than the earnings of workers in other industries ($968 compared with $1,304 per week respectively) despite working, on average, similar hours (37.7 compared to 37.5 hours).

Social workers experienced the greatest difference, where those working in the community services industry earned $574 less per week, on average, than those working in other industries. In comparison, enrolled and mothercraft nurses had the least difference in average weekly earnings, with those in the community services industry earning $5 more per week than their counterparts in other industries.

Table 10.2: Average hours paid for[(a)] and average weekly earnings[(b)], full-time non-managerial adults, selected community services-related occupations, by industry, May 2010

Occupation	Community services industry[(c)]		Other industries[(d)]		All industries	
	Average hours paid for	Average weekly earnings ($)	Average hours paid for	Average weekly earnings ($)	Average hours paid for	Average weekly earnings ($)
Child care centre manager	37.9	1,114.7	38.7	1,072.2	38.1	1,105.7
Pre-primary school teacher	38.9	1,005.7	36.9	1,217.8	38.3	1,068.8
Registered nurse	43.2	1,622.5	38.3	1,503.4	38.5	1,509.3
Counsellor	37.5	904.9	36.8	1,276.5	37.0	1,148.1
Psychologist[(e)]	n.p.	n.p.	36.9	1,713.7	36.9	1,704.5
Social worker	37.7	1,044.8	36.9	1,619.1	37.2	1,352.0
Welfare, recreation and community arts workers	32.2	964.0	35.7	1,306.4	34.5	1,183.5
Enrolled and mothercraft nurse	41.1	1,120.6	37.5	1,115.4	38.1	1,116.2
Welfare support worker	37.9	1,041.7	37.7	1,242.9	37.8	1,140.9
Child carer	37.6	744.3	37.2	770.6	37.5	753.5
Aged and disabled carer	38.2	869.7	35.0	906.5	37.4	879.3
Nursing support and personal care worker	39.1	897.5	38.1	941.7	38.5	922.5
Special care worker	31.4	804.4	39.0	842.8	32.2	808.5
All community services-related occupations[(f)]	*37.7*	*968.2*	*37.5*	*1,303.6*	*37.6*	*1,179.8*
All occupations	**37.7**	**982.3**	**39.4**	**1,274.0**	**39.4**	**1,265.7**

(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 ANZSIC groups 860 (Residential care services), 871 (Child care services) and 879 (Other social assistance services).

(d) Includes all ANZSIC groups except 860 (Residential care services), 871 (Child care services) and 879 (Other social assistance services).

(e) Data for community services industry not published as estimates from the ABS Survey of Employee Earnings and Hours have relative standard errors greater than 50% and are considered too unreliable for general use.

(f) Includes diversional therapists; education aides; Indigenous health workers; and special education teachers.

Source: Unpublished data from ABS Survey of Employee Earnings and Hours, May 2010.

A comparison of community services-related occupations with all occupations within the community services industry shows an equal number of hours worked (37.7 hours) but the average weekly earnings of community services-related occupations were lower than those of other occupations ($968 compared with $982 per week respectively). In other industries, those working in community services-related occupations worked fewer hours on average and received higher weekly earnings compared with all workers.

Overall, workers in the community services industry earned on average $982 per week compared with $1,274 per week for workers in all other industries (for a 37.7- and 39.4- hour working week, respectively). For comparative purposes, this would equal $1,219 for the community services industry for a 37.7-hour week if paid at the 'all other industries' rate.

Workforce shortages

The Australian Government Department of Education, Employment and Workplace Relations (DEEWR) publishes information on workforce shortages in a number of community services-related occupations. DEEWR monitors occupational labour markets in Australia and assesses whether skill shortages exist by consulting with employers, industry peak bodies, employer and employee organisations, and education and training providers. DEEWR does not quantify the skill shortage of the occupations that it identifies are in shortage.

A number of community service-related occupations that DEEWR reports on (Table 10.3) are not directly comparable with occupations used for ABS labour force data in this chapter (ABS 2006a).

In 2010, DEEWR identified shortages of registered nurses for aged care in every Australian jurisdiction (Table 10.3).

Table 10.3: Shortages in community services-related occupations, states and territories, 2010

Client group/occupation	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
Child care centre manager	S	D	S	S	N	R	S	N
Child care worker	D	S	S	S	S	S	S	S
Clinical psychologist	R-D	D	S	S	S	S	N	S
Early childhood teacher	S	S	S	N	N	N	N	D
Enrolled nurse	S	N	S	D	D	N	S	S
Registered nurse (aged care)	S	S	S	S	S	S	S	S
Social worker	D	N	R	S	N	N	N	N
Special needs teacher	D	D	N	R-D	N	N	N	D
Student counsellor	R-D	N	N	N	N	N	N	D
Welfare worker	S	N	N	R	S	N	N	S

Note: S = state- or territory-wide shortage, R = shortage in regional areas, D = recruitment difficulty, R-D = recruitment difficulty in regional areas, N = no shortage assessed.

Source: DEEWR 2011.

DEEWR also identified widespread shortages in early childhood-related occupations. There were shortages in child care workers across all jurisdictions except New South Wales. In addition, there were shortages or recruitment difficulty for managers of child care centres in New South Wales, Victoria, Queensland, Western Australia, Tasmania and the Australian Capital Territory. Also, the three most populous states (New South Wales, Victoria and Queensland) reported state-wide shortages in early childhood teachers.

10.6 Community service-related education and training

For those who have completed secondary education, undertaking further study can provide opportunities to enter higher paying community service-related occupations. The education system also provides skill development for community services workers and workers in other industries who are interested in working in higher skilled community services-related occupations.

Higher education sector

Between 2004 and 2008, the number of students completing courses related to community services-related occupations increased from 5,416 to 5,826, a rise of 8% (Table 10.4). In 2008, almost two-thirds (65%) of completed courses were undergraduate degrees, a fall from 72% in 2004.

Like those employed in community services-related occupations, students completing community services-related courses were predominantly females (about 89% in both 2004 and 2008).

Table 10.4: Australian citizens/permanent residents completing selected community services-related higher education courses, sex and course level, 2004 and 2008

	2004			2008			
Field of education	**Number**	**% female**	**% under-graduate**	**Number**	**% female**	**% under-graduate**	**% change in number**
Teacher education: early childhood	1,828	97.4	91.8	2,026	97.5	88.4	10.8
Teacher education: special education	555	87.9	29.7	586	88.1	18.8	5.6
Human welfare studies & services	441	83.0	71.7	279	87.1	69.5	–36.7
Social work	1,354	85.6	86.6	1,298	86.2	82.5	–4.1
Children's services	17	100.0	88.2	40	97.5	42.5	135.3
Youth work	97	84.5	100.0	91	71.4	100.0	–6.2
Care for the aged	40	90.0	52.5	18	77.8	—	–55.0
Care for the disabled	123	90.2	91.1	56	92.9	96.4	–54.5
Counselling	645	77.2	21.6	1,134	82.2	22.2	75.8
Welfare studies	173	86.7	79.8	166	83.1	84.9	–4.0
Human welfare studies & services, nec	139	73.4	36.7	131	83.2	48.9	–5.8
Total	**5,416**	**88.5**	**72.2**	**5,826**	**89.3**	**65.0**	**7.6**

Source: AIHW analysis of DEEWR Higher education data, 2004 and 2008.

Early childhood teacher education and social work were the two most frequently completed courses in both 2004 and 2008. There was an 11% increase in early childhood teacher education course completions from 1,828 in 2004 to 2,026 in 2008. In contrast, despite the overall popularity of social work as a field of study, there was a 4% decrease in course completions from 1,354 to 1,298 over the same period.

Course completions in the fields of aged and disabled care have decreased by more than half between 2004 and 2008. However, course completions in the field of counselling have increased by three-quarters (76%) from 645 to 1,134.

Vocational education and training sector

In 2009, a total of 54,317 community services-related vocational education and training (VET) courses were completed, and there were 175,110 student enrolments in 2010 (Table 10.5).

Courses in fields of study related to aged and disabled carer (25%), welfare support worker (24%) and child carer (20%) occupations made up most of the course completions for 2009. The welfare support worker courses were primarily at the Certificate IV level (62%) whereas child carer and aged and disabled carer courses were mainly at the Certificate III level (98% and 93% respectively) (Table A10.7).

A large proportion of community services-related enrolments were for female students (85%). Over 95% of students enrolled in child care centre manager and child carer courses were female.

Table 10.5: Student completions and enrolments in selected community services-related VET courses, by field of study[(a)], 2009 and 2010

		2010 enrolments		
Field of study	**2009 completions**	**Number**	**% female**	**% rural/remote localities[(b)]**
Child care centre managers	4,261	24,514	97.2	16.8
Special education teachers	—	700	37.9	4.9
Counsellors	180	1,130	66.7	24.8
Psychologists	—	25	84.0	—
Social workers	1	86	67.4	19.8
Enrolled and mothercraft nurses	3,875	17,911	86.6	18.3
Indigenous health workers	326	1,386	67.2	69.1
Welfare support workers	13,182	45,633	75.9	19.1
Child carers	10,663	31,218	96.1	21.2
Education aides	1,897	8,427	92.4	32.1
Aged and disabled carers	13,549	27,491	82.0	24.4
Nursing support and personal care workers	5,999	16,353	79.8	26.5
Special care workers	384	236	67.4	22.6
Total	**54,317**	**175,110**	**85.4**	**21.6**

(a) Field of study describes the intended occupational outcome after course completion. Fields are classified using the Australian and New Zealand Standard Classification of Occupations (ABS 2006a).

(b) Based on the combined Remoteness Area classifications: Outer regional, Remote and Very remote.

Source: AIHW analysis of NCVER National VET Provider Collection data, 2009 and 2010.

Indigenous health worker-related courses had the highest level of rural and remote area enrolments, at 69% compared with 22% for community services-related courses generally (Table 10.5).

10.7 Data development

In recent years there has been a concerted effort nationally to identify and address the gaps in the information available on the community services workforce (AIHW: Vaughan 2006; Martin & Moskos 2006). As a result there is a considerable amount of data available on the characteristics of community services workforce, with the recent release of the findings from both the ABS 2008-09 Community Services Survey and the NILS community services workforce profile (ABS 2010a; Martin & Healy 2010). However gaps remain in the data available and work is underway to address them.

Occupation-based data

Data on community services-related occupations are useful for exploring the potential labour force and for comparing the characteristics of those working in the community services industry with those in other industries (e.g. regarding earnings). These data are also used at times as a proxy for workforce size when industry-based data are not available.

Australia has been well served with occupation data from the ABS Census of Population and Housing and the ABS Labour Force Survey. Most occupation data collections, including all ABS collections, use the ANZSCO which has some limitations in relation to the lack of some separately identifiable occupation categories, such as community housing workers and disability employment placement services workers.

A notable development has been the implementation of a single national registration scheme for health professionals which may present opportunities in the future to obtain more detailed data on health professionals working in community service industries. The current scope includes some community service-related occupations such as nurses and psychologists and may expand to include more community service-related occupations in the future.

Industry-based data

Many data collections, including the ABS Census of Population and Housing, the ABS Labour Force Survey and the ABS Community Services Survey, collect data based on the ANZSIC. Using this classification it is not possible to obtain data for key sub-industries. The most detailed level of information available is for aged care residential, other residential, child care and other social assistance services. The NILS studies attempt to fill this gap by providing data on the disability services, juvenile justice services and child protection services workforces. National administrative data sets such as the Commonwealth State and Territory Disability Agreement Minimum Data Set (CSTDA MDS) and the FaHCSIA Child Care Census also provide some limited workforce data for these industries. The CSTDA MDS is currently under redevelopment.

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Chapter

11

Welfare expenditure

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11 Welfare expenditure

Key points

- In 2008–09, total welfare spending was $136.6 billion, of which $94.4 billion (69%) was cash payments and $42.2 billion (31%) was for welfare services.
- Growth in welfare spending was higher in 2008–09 than in any of the previous 9 years. This was largely due to governments' response to the global financial crisis and disasters such as bushfires and floods. There was also increased spending in other areas such as child care assistance and pensions.
- Of the estimated $94.4 billion spent on cash payments in 2008–09, the highest amounts were for older people ($34.4 billion) and for families and children ($33.5 billion). People with disability received $16.5 billion.
- While governments funded 73% of welfare services spending in 2008–09, non-government community services organisations (NGCSOs) provided 59% of these services. In addition to funding from governments, NGCSOs also contributed their own funds and households provided some funding in the form of client fees.
- After adjusting for inflation, the Australian Government and state and territory governments' recurrent funding of welfare services grew by an average of 5% per year between 1998–99 and 2008–09.
- In 2008–09, the value of unpaid care was estimated as $68.4 billion. This includes care that families or neighbours provide to older people and people with disability as well as the work that volunteers do through NGCSOs.
- Tax expenditures, or revenue forgone, for welfare by the Australian Government in 2008–09 were estimated at $41.3 billion (not included in the estimates of total welfare spending). Of this, $32.1 billion was for superannuation concessions. This was a considerable drop from $39.0 billion the previous year due to the impact of the global financial crisis on superannuation contributions and earnings.

11.1 Policy context

Australia's system of cash payments and welfare services aims to assist people to participate fully in society and support those in need, thereby improving 'the lives of Australians by creating opportunities for economic and social participation by individuals, families and communities' (FaHCSIA 2009).

Support is provided to 'reduce social exclusion and, through a range of programs, provide opportunities for people to contribute to economic growth and the community' (ABS 2010b). In terms of welfare expenditure this includes income support for retired people, people with disability, carers, families with children, and war veterans and their families. Assistance is also provided through pensioner concession and health cards, and programs which provide assistance with employment for people with disability. In addition, support is provided in the form of services such as child care, or home and community care for older people or people with disability.

Recent initiatives

With the adoption of the Council of Australian Governments (COAG) reform agenda in 2008–09, all governments committed to collaborate on policy development and service delivery and facilitate the implementation of economic and social reforms.

The objective of the COAG reform agenda is to improve the wellbeing of Australians and some of the key challenges include raising productivity and improving workforce participation. The focus on increased workforce participation was also a major driver of the Australian Government Welfare to Work policies introduced in 2006. Recent reforms also aim to deliver payments to those who are most disadvantaged, while encouraging those who can work to do so (ABS 2010b).

Other policy initiatives which will influence welfare spending in the future include outcomes of the *Caring for Older Australians* and *Better Support for Carers* inquiries, the implementation of a National Disability Insurance Scheme, decisions in the Fair Work Australia Equal Remuneration Case, and reforms in the areas of child care and homelessness.

Governments provide the main source of funding for welfare services, with both the government and non-government sectors, including the not-for-profit sector, delivering these services. In a recent report on the contribution of the not-for-profit sector, the Productivity Commission recommended actions to reduce compliance costs, improve the governance and productivity of the sector, as well the development of an information plan to support the analysis of the sector's activities (PC 2010). Government decisions in relation to these issues are likely to affect the delivery of welfare services.

11.2 Welfare expenditure

What is considered as welfare expenditure?

Welfare expenditure broadly comprises spending on welfare services and cash payments. Welfare-related aims are also supported by tax expenditures or foregone revenue such as tax exemptions, offsets and deductions that can be claimed for certain activities or by particular classes of taxpayer. Tax expenditures are not traditionally included in the estimates of welfare expenditure addressed here; however, it is presented separately in Chapter 11.7.

Where possible in this chapter, expenditure on both welfare services and cash payments has been based on who the payments or services are targeted at, using the ABS Government Purpose Classification (GPC) for financial transactions for welfare services:

- Family and child welfare services (GPC 0621)
- Welfare services for the aged (GPC 0622)—referred to as 'older people' in this chapter
- Welfare services for people with a disability (GPC 0623)
- Welfare services not elsewhere classified (GPC 0629)—here referred to as 'other' welfare.

These categories specifically exclude employment services, which are in 'Other labour and employment affairs' (GPC 1339), except for those that support specific welfare groups such as people with disability. See Box 11.3 for more details about expenditure in relation to unemployment benefits.

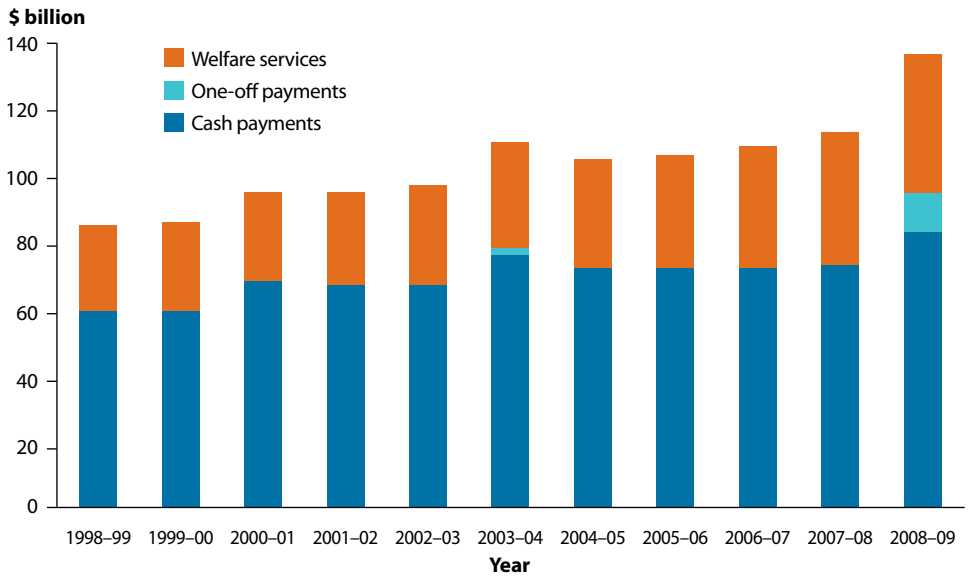
Support and services provided to people who are homeless are included in welfare expenditure estimates: those specifically aimed at youth homelessness are included in family and child welfare services, while services such as the Supported Accommodation Assistance Program (SAAP; see Chapter 8) are included under 'other' welfare. Although many services and payments related to housing, including social housing, can be considered to have a welfare focus, these are classified as a separate category and are not traditionally included in the ABS GPC estimates of welfare expenditure.

See Appendix C (available on the AIHW website at: <www.aihw.gov.au>) for the data sources used to compile the AIHW welfare expenditure database, from which the tables and figures were drawn, and for the technical notes describing the methodologies used.

Total welfare expenditure in Australia

In 2008–09, welfare expenditure was estimated to be $136.6 billion (Table A11.1). After adjusting for inflation (Box 11.1), growth in total welfare expenditure was higher in 2008–09 than in any of the previous 9 years (Figure 11.1). This is in large part due to the Economic Security Strategy in response to the global financial crisis, as well as payments to assist in disaster recovery (see 'Impact of global financial crisis' and 'Natural disasters' below).

Of the estimated $136.6 billion for welfare expenditure, $94.4 billion was for cash payments while $42.2 billion was for welfare services. Of the $94.4 billion for cash payments, approximately $11.5 billion was one-off payments as part of the Economic Security Strategy and for recovery from disasters (AIHW welfare expenditure database 2011).



(a) Constant price estimates are expressed in terms of 2008–09 prices.

Source: AIHW welfare expenditure database 2011.

Figure 11.1: Welfare expenditure, constant prices[(a)], 1998–99 to 2008–09

Over the decade 1998–99 to 2008–09, the highest share of welfare expenditure for cash payments was in 2000–01 (71%) and for welfare services it was in 2007–08 (35%) (Table A11.1). The introduction of the goods and services tax on 1 July 2000 and the corresponding compensation arrangements affected the share of cash payments in 2000–01. This was partly due to an increase in the rates of payment of government pensions and benefits (ABS 2003). There was also an increase in 2003–04 due to one-off payments of around $2.2 billion for families and children which was part of 'More Help for Families' (FaHCSIA 2005b).

Box 11.1: Current and constant prices

'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 of the goods or services.

'Constant price' estimates in this chapter indicate what expenditure would have been had 2008–09 prices applied in all years, that is, it removes the inflation effect. Changes in expenditure in constant prices reflect changes in volume only.

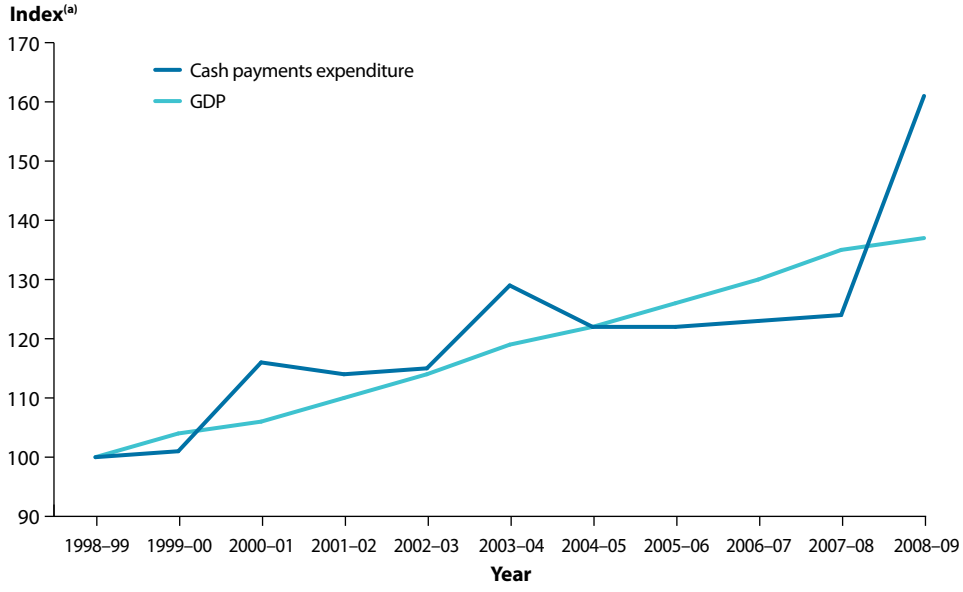
Constant price estimates for expenditure have been derived using deflators produced by the ABS (see Appendix C).

11.3 Expenditure on cash payments

Cash payments or benefits include pensions, carer allowances and parenting payments which provide income support for older people, people with disability, people who provide care for others, families with children, and war veterans and their families. One-off payments such as those made as part of the Economic Security Strategy are also included.

In 2008–09, the total amount spent on cash payments was estimated at $94.4 billion, up $21.6 billion from the previous year (Table A11.1). Spending on cash payments in 2008–09 was 7.5% of gross domestic product (GDP), an increase from 5.9% in the previous year (Table A11.2).

The amount spent on cash payments between 1998–99 and 2008–09 increased on average each year by 4.9%, higher than GDP growth of 3.2%. However, this was driven by very high growth in cash payments expenditure (30%) in 2008–09 coinciding with unusually low growth in GDP (1.4%) (Figure 11.2). When data for 2008–09 are excluded, the average annual growth in cash payments over the period 1998–99 to 2007–08 was 2.4%—lower than the average growth in GDP over the same period (3.2%).



(a) Cash payments expenditure and GDP indexed at 100 with 1998–99 as the base year.

Source: Table A11.2.

Figure 11.2: Cash payments expenditure and GDP, 1998–99 to 2008–09

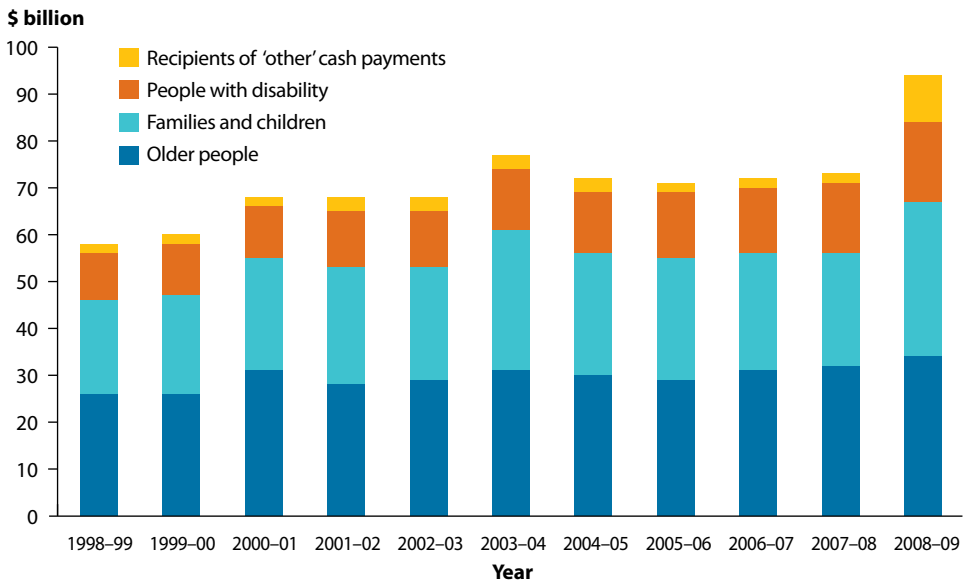
In 2008–09, spending on cash payments represented 69% of total welfare spending, in line with the average proportion over the decade (Table A11.1). Of the estimated $94.4 billion, the greatest amount was for older people ($34.4 billion) followed by spending on families and children ($33.5 billion). People with disability received $16.5 billion and $9.9 billion was provided for 'other' welfare payments (See Appendix C; Table A11.3).

In 2008–09, the amount spent on welfare, both services and cash payments, was affected by governments' response to the global financial crisis, as well as to the Victorian bushfires and storms and floods in Queensland and northern New South Wales.

Over the decade to 2008–09, the most rapid growth was for recipients of 'other' welfare payments, averaging 15.8% per year. However, this was driven by the $7.4 billion provided in one-off payments in 2008–09 as part of the Economic Security Strategy. Excluding 2008–09, cash payments in the category 'other' welfare grew by an average 0.8% per year.

Government funding of cash payments for families and children increased from $20.3 billion in 1998–99 to $33.5 billion in 2008–09, or an annual average growth rate of 5.1%. This was also affected by particularly large expenditure in 2008–09 (Figure 11.3). Between 1998–99 and 2007–08 expenditure on cash payments for families and children grew by an average 1.7% per year.

Cash payments for older people increased from $25.6 billion in 1998–99 to $34.4 in 2008–09, an average annual growth rate of 3.0% (or 2.5% when 2008–09 data are excluded). See Box 11.2 for a discussion of the measurement of living cost for pensioners. For people with disability the rise was from $10.5 billion to $16.5 billion (4.7% per year). Excluding 2008–09, cash payments for people with disability rose by an average 3.8% per year—more than any other category.



(a) Constant price estimates are expressed in terms of 2008–09 prices.

Note: 'Other' refers to welfare payments not elsewhere classified. See ABS GPC in Appendix C (available online).

Source: Table A11.3.

Figure 11.3: Cash payments expenditure, by major area of expenditure, constant prices[(a)], 1998–99 to 2008–09

Impact of global financial crisis

To assist communities to cope with the domestic impact of the global financial crisis, one-off payments were made to individuals as part of the Australian Government's Economic Security Strategy. This measure cost approximately $7.4 billion (ATO 2009). Over 4 million pensioners and carers also received lump sum payments at a cost of $4.9 billion (FaHCSIA 2009). Another contributor to the higher cash payment outlays in 2008–09 was the increased expenditure on pensions such as the Age Pension and the Disability Support Pension (DSP), driven by the ageing of the population, as well as the impact of the indexation of these payments.

The impact of the global financial crisis is also reflected in GDP for 2008–09, which grew by 1.4% over the year—a lower annual growth rate than at any time over the previous decade (Table A11.2). This contrasts with the growth rate for total welfare spending in 2008–09 of 21.5% (calculated from Table A11.1).

Natural disasters

In certain cases, Australians also receive cash payments to help them cope with natural disasters. In 2008–09, payments were made through disaster recovery and assistance schemes to affected people to assist with recovery from bushfires and floods. The Australian Government Disaster Recovery Payment scheme provided approximately $130.8 million to individuals in 2008–09 (FaHCSIA 2009). State and territory governments also provided grants to assist people whose homes had been destroyed or damaged by natural disasters.

In 2008–09, bushfires in Victoria as well as storms and floods in Queensland and the mid-north coast of New South Wales, had a significant impact on many Australians. In addition to the Australian Government Disaster Recovery Payments, other immediate assistance included income subsidies and cash payments for funerals (FaHCSIA 2009).

The Australian Government administers the Natural Disaster Relief and Recovery Arrangements (NDRRA) which provide partial reimbursement to states and territories for the costs of relief and recovery (AG 2009). In 2008–09, this system provided almost $300 million to states and territories. For example, an unprecedented level of assistance was required following the Victorian bushfires. NDRRA funds provided $220 million to the Victorian Government to deliver assistance to individuals and communities (AG 2009).

Box 11.2: Living costs

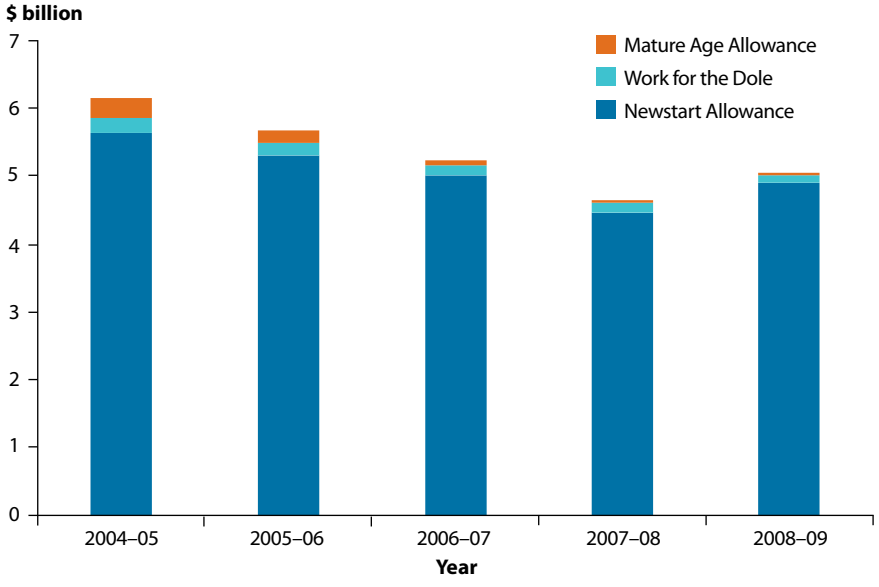
In August 2009, the ABS published the Pensioner and Beneficiary Living Cost Index (PBLCI) for the first time. It is a by-product of the Consumer Price Index (CPI) and measures the impact of changes in prices on the disposable incomes of households whose main income is government pensions or benefits. It is useful for assessing whether pensioners and benefit recipients, on average, face price pressures that are different from that reflected in the CPI. For the June quarter 2009, the PBLCI showed a 0.1% increase in prices compared with the 0.5% increase reported in the CPI, while for the March quarter it showed a 0.9% increase, compared with a 0.1% increase for the CPI (ABS 2009).

Box 11.3: Unemployment benefits

Estimates of expenditure on unemployment benefits are not included in the welfare expenditure estimates in this chapter in order to maintain a consistent time series with previously published estimates. In the past, the principal purpose of unemployment benefits was considered to be labour market support, rather than income support, so unemployment benefits were not included in welfare expenditure estimates. In the future, inclusion in overall estimates will be considered after clarifying the scope of future data collection and reporting (see Chapter 11.9).

In 2008–09, the following programs provided cash payments primarily to people who were unemployed: Newstart Allowance, Work for the Dole, and Mature Age Allowance (discontinued on 19 September 2008). Youth Allowance is excluded as, although it is provided to young people to encourage them in undertaking further education or to look for paid employment, the majority of recipients are full-time students. Payments through the Community Development Employment Projects (CDEP) program provided in some remote Aboriginal and Torres Strait Islander communities have also been excluded due to data unavailability.

Figure 11.4 shows expenditure on cash payments to unemployed people from 2004–05 to 2008–09. In 2008–09, $5.0 billion was spent on these payments. The bulk of this money was spent on Newstart Allowance ($4.9 billion in 2008–09).



(a) Constant price estimates are expressed in terms of 2008–09 prices.

Note: Excludes CDEP and Youth Allowance.

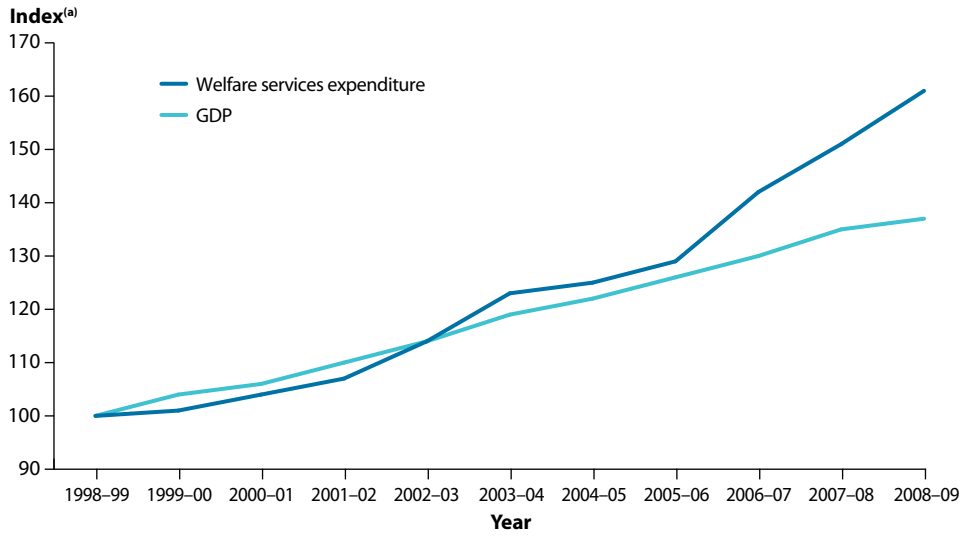
Sources: DEEWR 2005, 2006, 2007, 2008, 2009; FaHCSIA 2005a.

Figure 11.4: Expenditure on unemployment benefits, constant prices[(a)], 2004–05 to 2008–09

11.4 Expenditure on welfare services

Welfare services comprise services for which payments are made, for example child care services, or home and community care services for older people or people with disability. Spending on welfare services includes employee expenses, program costs, concessions and fees that clients paid. Assistance provided to meet child care costs, such as the Child Care Benefit (CCB) and Child Care Tax Rebate (CCTR) is included in welfare services. Welfare spending, defined according to the four GPC welfare services categories, does not include all government spending on welfare services programs. For example, some programs relevant to people with disability are in GPC categories of education, health or housing.

In 2008–09, the total amount spent on welfare services was estimated at $42.2 billion, up $2.6 billion from the previous year (Table A11.4). Spending on welfare services in 2008–09 was 3.4% of GDP, an increase from 3.2% in the previous year. The amount spent on welfare services between 1998–99 and 2008–09 increased on average each year by 4.9%, much higher than GDP growth of 3.2%. The highest growth in welfare spending over the decade was in 2006–07 (11%). The growth in spending in 2008–09 (6.6%) coincided with the lowest GDP growth rate (1.4%) for the decade. As a result, welfare spending relative to GDP increased during this year (Figure 11.5).



(a) Welfare services expenditure and GDP indexed at 100 with 1998–99 as the base year.

Source: Table A11.4.

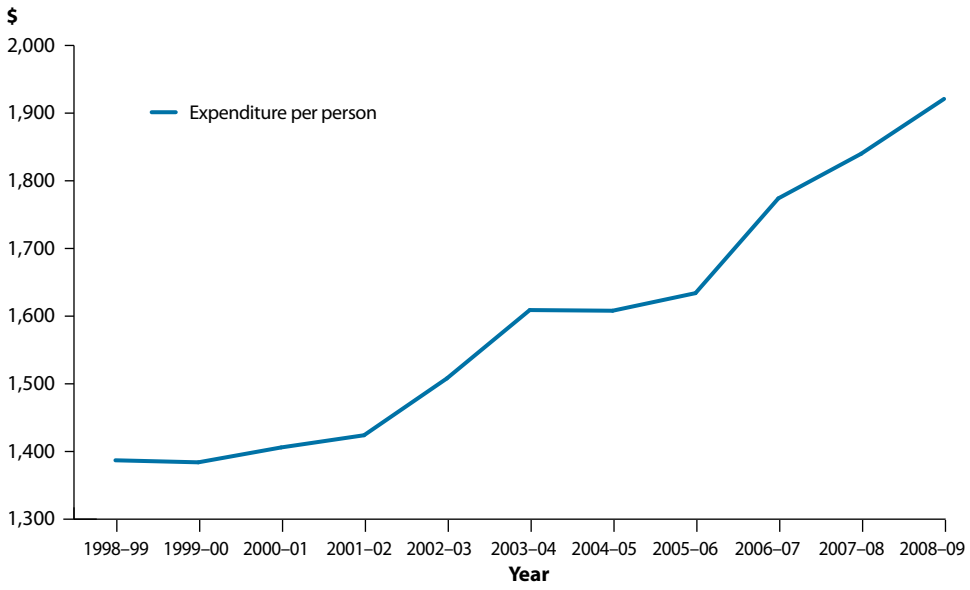
Figure 11.5: Welfare services expenditure and GDP, 1998–99 to 2008–09

A number of factors, including population growth, the cost of providing services and rates of service use, drive increases in welfare services spending. Government policy also has an effect on spending. For example, in 2008–09 the Australian Government instigated a number of measures to assist Australians in coping with the global financial crisis and the projected increase in unemployment (see Chapter 11.3). This included the Economic Security Strategy, and measures such as increased financial counselling.

During this period the Australian Government implemented the COAG reform agenda by working with states and territories towards a range of improvements such as the provision of integrated early childhood education. This included the establishment of new centres providing both learning and care in a long day care setting. In July 2008 the CCTR, which assists parents with child care costs, increased from 30% of out-of-pocket costs to 50% after the CCB is deducted from the fees (DEEWR 2009). During 2008–09, expenditure on the CCB for people most in need of additional financial assistance also increased with the removal of the minimum rate for the CCB. Prior to 2006 the CCTR was provided as a tax rebate. Both the CCTR and CCB are exempt from income tax. See Chapter 11.7 for discussion of tax expenditures.

Most spending on welfare services is 'recurrent expenditure'. This comprises payments for wages, salaries, operating expenses and running costs in providing welfare services and managing welfare programs. In 2008–09, recurrent expenditure was estimated at $41.6 billion, while capital expenditure (expenditure on building and equipment) by governments was estimated at $0.6 billion (Table A11.5). Government capital expenditure has been less than 2% of total welfare services expenditure over the decade 1998–99 to 2008–09 (calculated from Table A11.5). Information on capital spending for non-government community services organisations (NGCSOs) is not available.

The average amount spent on welfare services per Australian resident in 2008–09 was $1,921, up from $1,840 in 2007–08, an increase of 4.4% (Table A11.6). Over the period 1998–99 to 2008–09, per person spending on welfare services grew by 3.3% on average per year (Figure 11.6).



(a) Constant price estimates are expressed in terms of 2008–09 prices.

Sources: Table A11.6; AIHW Population Database 2011.

Figure 11.6: Welfare services expenditure per person, constant prices[(a)], 1998–99 to 2008–09

11.5 Funding for welfare services

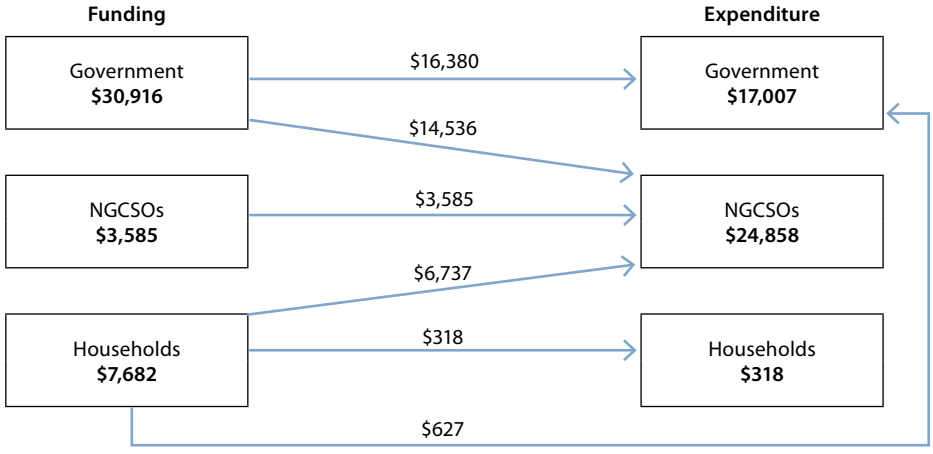
While NGCSOs incurred 59% of spending on welfare services in 2008–09 (Table A11.7), the majority of funding came from governments—mostly the Australian Government and state and territory governments (Table A11.8). See Box 11.4 for definitions of expenditure (spending) and funding.

Box 11.4: Expenditure and funding

Expenditure, or spending as it is mostly referred to in this chapter, is reported in terms of who incurs the expense, rather than who provides the funding for that expense. Spending on welfare services in Australia involves all three levels of government (Australian Government, state, territory, and local), NGCSOs and individual households. In the case of disability services, for example, the expense is incurred by the state, territory and local governments; NGCSOs that provide services; and the Australian Government which provides the DSP.

Funding is reported in terms of who provides the funds that are used to pay for welfare spending. Some welfare services are funded by voluntary carers and others who give freely of their time and effort to support friends, neighbours or the community. The remainder is funded by the Australian Government; state, territory and local governments; NGCSOs from their own resources; and households through client fees or copayments. Total spending equals total funding as all spending is funded from one source or another.

In 2008–09, governments funded almost three quarters (73% or $30.9 billion) of welfare services spending, with the non-government sector funding the remainder ($11.3 billion) (Figure 11.7). Households funded (through fees and copayments) twice as much welfare services spending as NGCSOs (18% and 8.5% respectively) (Table A11.8).



Note: Totals may not add due to rounding.
Source: AIHW welfare expenditure database 2011.

Figure 11.7: Funding of and expenditure on welfare services, by service provider, 2008–09 ($m)

Between 1998–99 and 2008–09, the share of welfare services spending that NGCSOs funded was highest in 2003–04 (12%) and lowest in 2008–09 (8.5%). The low proportion in 2008–09 was largely due to the particularly high additional government spending in that year. For households, the average share was 19% over the decade (Table A11.8).

Funding by governments

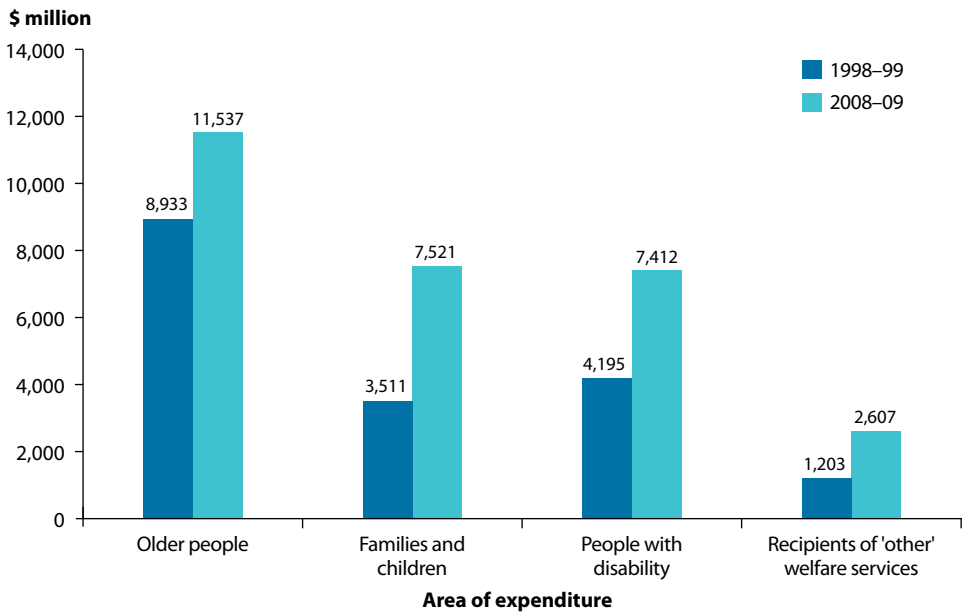
The Australian Government provided over half (52%) of government funding for welfare services in 2008–09 (Table A11.9). The shares of funding by the three levels of government fluctuated during the period 1998–99 to 2008–09. When the share of the Australian Government funding was high, the share of the state and territory government funding was low (by definition), and vice versa. The local government share also fluctuated over the period and was 4.2% in 2008–09.

With the implementation of the COAG reform agenda in 2008–09, there was a major change in the way payments were made to state and territory governments. The new financial framework which commenced in January 2009 involved the rationalisation of over 90 specific purpose payments (SPPs) into five national agreement SPPs and a number of national partnership payments. In the area of welfare this included the National Disability Agreement, the National Partnership Agreement on Homelessness and the National Healthcare and National Health Reform Agreements (which cover aged care as well as health services).

Only funding by the Australian Government and the state and territory governments is included in the remainder of the discussion of government funding. This is because data are not available to reliably allow more detailed examination of funding by local government. This is also the case for state and territory governments for the years 2006–07 and 2007–08.

Government funding for welfare services grew at 5.0% per year between 1998–99 and 2008–09 (Table A11.10). The most rapid growth was for recipients of 'other' welfare services, averaging 8.0% per year over the period, and the second highest growth area was in welfare services for families and children (7.9%). The average annual growth rates of funding for people with disability and older people were 5.9% and 2.6% respectively. Government funding of welfare services for families and children more than doubled over the decade from $3.5 billion in 1998–99 to $7.5 billion in 2008–09 (Figure 11.8). For older people the increase was from $8.9 billion to $11.5 billion (Table A11.10).

The increased welfare funding for families and children is associated with a number of initiatives in this area, such as the increase in child care assistance. The particular focus on families and children reflects the COAG reform agenda. The reform agenda, implemented in 2008–09, recognises the productivity benefits of giving children a good start in life as well as giving parents opportunities to participate in work and community life.



(a) Constant price estimates are expressed in terms of 2008–09 prices.

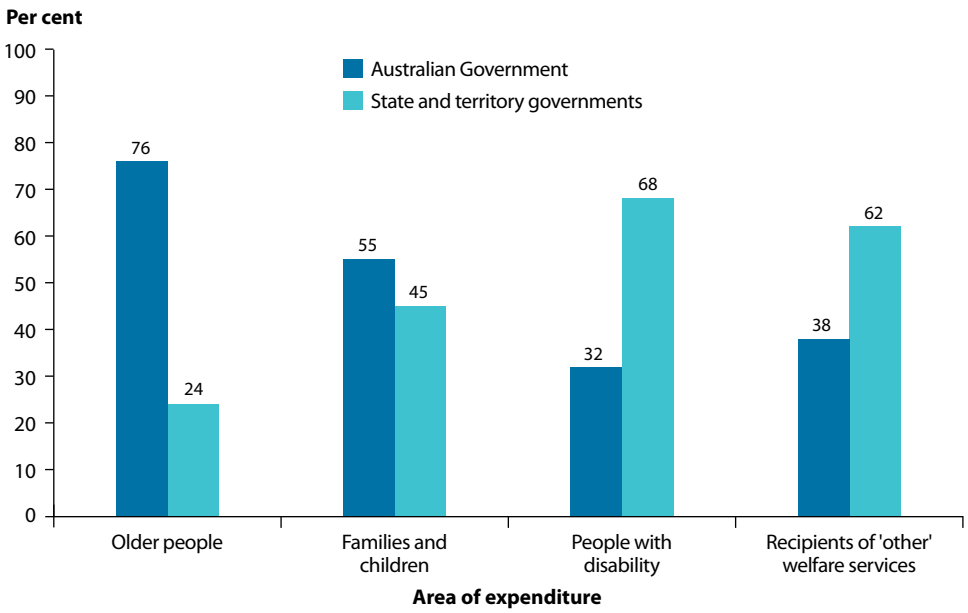
Note: 'Other' refers to welfare services not elsewhere classified. See ABS GPC in Appendix C (available online).

Source: Table A11.10.

Figure 11.8: Government recurrent funding of welfare services, by major area of expenditure, constant prices[(a)], 1998–99 and 2008–09

Funding shares of governments

In 2008–09, the share of funding between the Australian Government and state and territory governments varied for the four welfare services categories (Figure 11.9). The Australian Government's share was higher for welfare services for older people (76%) and for families and children (55%). The state and territory governments' share was higher for welfare services for people with disability (68%) and for 'other' welfare services (62%). The funding shares between the Australian Government and state and territory governments reflect the historic division of responsibilities for service provision (tables A11.11 to A11.14).



Note: 'Other' refers to welfare services not elsewhere classified. See ABS GPC in Appendix C (available online).
Sources: Tables A11.11 to A11.14.

Figure 11.9: Share of government recurrent funding of welfare services, by level of government and major area of expenditure, 2008–09

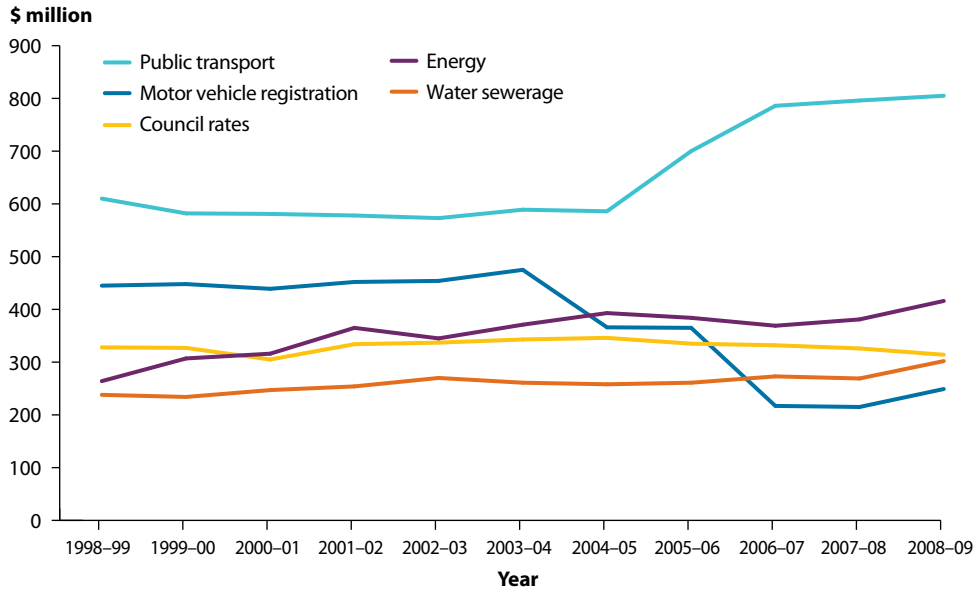
Concessions

Concessions represent revenue forgone by governments and lower costs to welfare recipients, as they occur when governments do not receive full fees for services provided. Concessions are granted to eligible households on charges for energy (electricity and gas), public transport, water and sewerage services, local government rates, and motor vehicle registration. These are called core concessions and are included in the spending estimates for welfare services.

Recipients of certain social security payments receive core concessions through holding a Pensioner Concession Card. In some circumstances, Health Care Card and Commonwealth Seniors Health Card holders receive core concessions. Veterans and their dependants receive similar concessions through pensioner concession cards that the Department of Veterans' Affairs issues.

The total value of core concessions in 2008–09 was estimated at $2.1 billion (Table A11.15). The states and territories provided the majority of this (an estimated $1.9 billion), while the Australian Government funded the rest ($220 million).

Over the decade from 1998–99 to 2008–09, government funding of core concessions varied according to the type of concession provided. Funding for motor vehicle registration concessions declined sharply between 2003–04 and 2007–08 while public transport concession funding rose rapidly from 2004–05 (Figure 11.10).



(a) Constant price estimates are expressed in terms of 2008–09 prices.

Source: Table A11.15.

Figure 11.10: Core government concessions for welfare services, constant prices[(a)], 1998–99 to 2008–09

Funding by households

Families and individuals (households) pay client fees for services that governments and NGCSOs provide. In addition, they also pay fees to people who provide services on a private basis. However, only client fee data for informal child care services are available for this chapter. It is possible that informal care provided to older people and people with disability may also attract client fees, but this information is not readily available.

Households pay fees for services such as domestic and personal assistance and child care. Client fees for all welfare services were estimated at $7.7 billion (or $350 per person) in 2008–09 (Table A11.16). Of this, client fees for informal child care services totalled $318 million. The majority of client fees in 2008–09 (88% of the total) were paid to NGCSOs, 8% to government service providers and 4% to households for providing informal child care services (calculated from Table A11.16), reflecting the averages for the past decade.

Funding by non-government community services organisations

Spending by NGCSOs on welfare services was estimated at $24.9 billion in 2008–09 (Table A11.17), an increase of 62% since 1998–99. In 2008–09, NGCSOs funded 14% of this amount, governments funded 58% and client fees funded just over a quarter (27%). Government funding to NGCSOs almost doubled from $8.2 billion in 1998–99 to $14.5 billion in 2008–09. During the same period, NGCSOs' own source funding increased from $2.5 billion to $3.6 billion, and funding from client fees increased from $4.6 billion in 1998–99 to $6.7 billion.

In terms of relative shares, the government proportion of funding to NGCSOs has increased in the past decade from 54% in 1998–99 to 58% in 2008–09. The share of funding from NGCSOs' own funds fluctuated, reaching its peak of 18% in 2003–04 (calculated from Table A11.17). The share of funding from client fees also fluctuated over the same period.

It should be noted that estimations of funding by the non-government sector for 2006–07 to 2008–09 were calculated using a different methodology to that used for 1998–99 to 2005–06, however the results are considered comparable (see Box 11.5 and Appendix C available online).

Box 11.5: Estimating spending by the non-government sector

Estimations of funding by the non-government sector for 2006–07 to 2008–09 were calculated using a different methodology to that used for 1998–99 to 2005–06, however the results are considered comparable.

NGCSOs' own source funding and client fees for 2006–07 to 2008–09 were both calculated using proportions from the 2008–09 ABS Community Services Survey (ABS 2010a).

Government-funded NGCSO expenditure between 1998–99 and 2008–09 was estimated using information about grants to NGCSOs from the Australian Government, state and territory governments, and local governments. This information was compiled from Australian Government annual reports and ABS Government Finance Statistics reporting of state, territory and local governments' grants to NGCSOs.

The estimates of NGCSOs' own source funding and client fees for years up to and including 2005–06 used a combination of information obtained from the following sources: the 1999 ABS Community Services Survey, surveys conducted by the Australian Council of Social Services, the Department of Health and Ageing's Aged and Community Care Management Information System, and a sample of NGCSO financial reports. Estimates from 2006–07 to 2008–09 were based on the 2008–09 ABS Community Services Survey as this was considered the most appropriate option.

See Appendix C, available online, for further details.

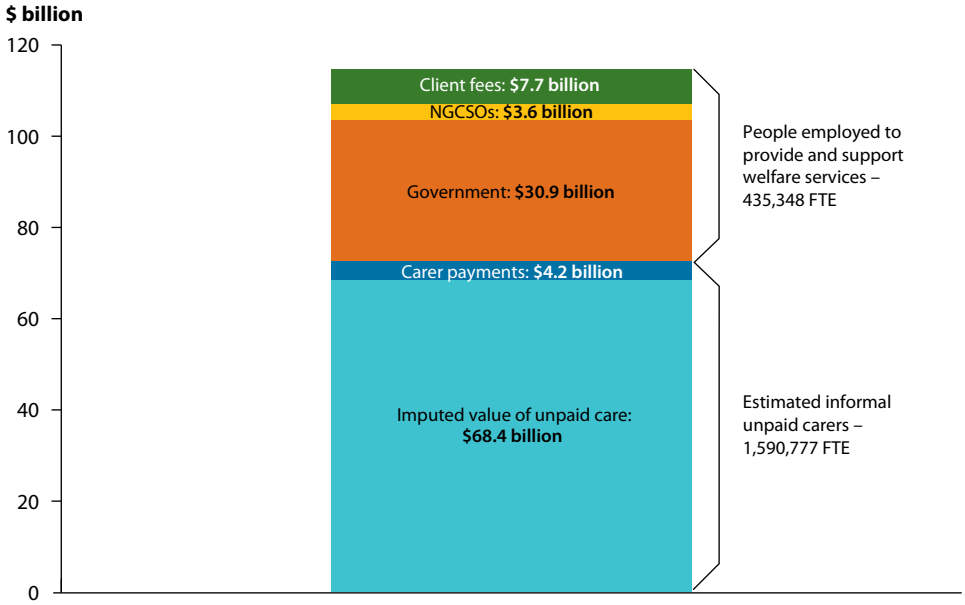
11.6 Financial and human resources for welfare services

The size of the effective workforce—paid and unpaid—devoted to providing welfare services was estimated to be more than 2 million full-time equivalent (FTE) workers in 2008–09. The paid workforce comprised fewer than a quarter (435,348 FTE) of these human resources, with almost 1.6 million FTE consisting of informal carers and other unpaid people, such as volunteers (Figure 11.11).

The value of unpaid welfare services has been estimated in order to help provide a more comprehensive picture of the total value of welfare services provided to Australians. In 2008–09, $68.4 billion was 'imputed' (estimated) as the value of services where no payments or expenses were actually incurred. This does not include the $4.2 billion expended on the Carer Allowance and/or Carer Payment, which is paid to eligible members of the unpaid workforce who provide informal care to older people and people with disability (FaHCSIA 2009). Therefore the value of the services provides by the unpaid workforce in 2008–09 was estimated to be approximately $72.5 billion.

Revised constant price estimates indicated the equivalent figure for 2005–06 was $71.0 billion. Considering population increases over the period, the 2008–09 figure does not appear to represent a large increase from 2005–06 and may indicate the effects of increased workforce participation as well as the early effects of the ageing of the carer population.

With $42.2 billion spent on welfare services (discussed above), the imputed value of services provided by the unpaid workforce plus expenditure on carer payments takes the total estimated value of welfare services in Australia in 2008–09 to $114.7 billion (Figure 11.11).



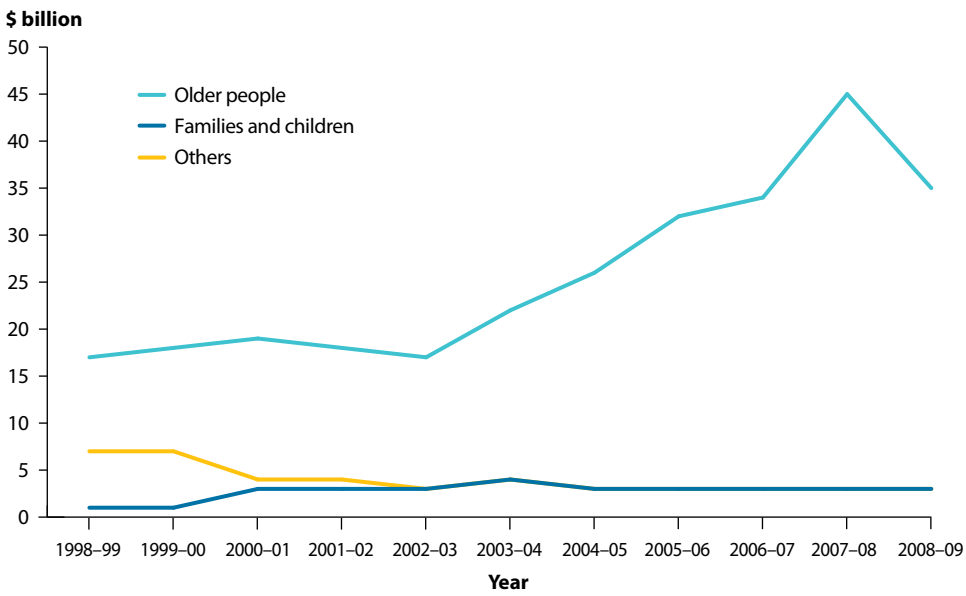
Sources: Tables A11.8, A11.16, A11.17; FaHCSIA 2009.

Figure 11.11: Financial and human resources for welfare services, 2008–09

11.7 Tax expenditures

Tax expenditures are concessions that provide a benefit to a specified activity or class of taxpayer. Various forms of tax expenditures 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 or not received by the government, consistent with the Organisation for Economic Cooperation and Development's (OECD's) reporting methods.

Tax expenditures or concessions for welfare by the Australian Government in 2008–09 were estimated at $41.3 billion (Table A11.18). This amount is not included in the estimates of total welfare spending. The majority ($35.4 billion or 86%) was for older people while $3.1 billion (7.6%) was for families and children (Figure 11.12). Concessions for older people have increased markedly since 2002–03. Most of the amount for older people was concessions for superannuation ($32.1 billion in 2008–09). This was a considerable drop from $39.0 billion (Table A11.19) for superannuation concessions in the previous year due to the impact of the global financial crisis on superannuation contributions and earnings (Treasury 2010).



(a) Constant price estimates are expressed in terms of 2008–09 prices.

Note: 'Others' refers to people who are not older nor families with children.

Source: Table A11.18.

Figure 11.12: Tax expenditures by the Australian Government for welfare, constant prices[(a)], 1998–99 to 2008–09

11.8 International comparisons

Compared with other OECD countries (Box 11.6), Australia's welfare expenditure as a proportion of GDP, using OECD definitions, was estimated at 12.4% in 2007 (Table 11.1). This was close to the OECD average of 13.9%, and Australia ranked 24 out of 34 countries (Table A11.21). Australia's per person expenditure was higher than the OECD average in the area of families and incapacity and slightly below the OECD average for old age. It should be noted that estimates in tables 11.1 and A11.21 include superannuation payments (both lump sum and pension).

Box 11.6: OECD's Social Expenditure Classification (SOCX)

Australia's welfare expenditure can be compared internationally through use of the OECD's Social Expenditure Classification (SOCX). There are nine social or welfare expenditure (SOCX) categories that the OECD uses, and Australia's welfare expenditure corresponds to those for the old age, survivor (spouse or dependent of a deceased person), incapacity-related and family categories. Other SOCX categories are not included (Table A11.20). The OECD categories used include welfare services and cash payments for the four welfare services groups described elsewhere in this chapter—families and children, older people, people with disability, and 'other' welfare.

Table 11.1: International comparison (selected countries) of welfare expenditure[(a)] by OECD SOCX category[(b)], current prices, 2007 (A$ million)

	Per person expenditure						Total expenditure[(c)]	
Country	Old age	Survivors	Incapacity-related	Family	Other	Total[(c)]	A$ million	% of GDP
Sweden	5,915	288	2,841	1,788	347	11,179	**102,265**	**21.4**
France	5,379	887	1,154	1,436	430	9,286	**573,016**	**19.4**
Italy	5,748	1,071	912	640	146	8,517	**505,483**	**19.3**
United Kingdom	5,194	70	1,445	1,642	398	8,749	**526,029**	**17.5**
Germany	4,642	1,019	933	904	123	7,620	**626,892**	**15.5**
Japan	5,727	616	457	376	125	7,301	**932,825**	**15.3**
United States	6,281	456	1,063	428	365	8,593	**2,591,718**	**13.0**
Canada	4,325	212	496	527	1,410	6,970	**229,844**	**12.8**
Australia	**4,154**	**102**	**1,259**	**1,373**	**55**	**6,943**	**146,299**	**12.4**
New Zealand	1,652	53	975	1,205	57	3,942	**16,668**	**10.2**
OECD[(d)]	**4,229**	**476**	**827**	**607**	**312**	**6,452**	**..**	**13.9**

(a) Australia's welfare expenditure estimates presented in this table use the OECD System of Health Accounts to enable international comparisons to be made. Therefore, these estimates are not directly comparable to expenditure estimates presented elsewhere in this chapter.

(b) Includes public, mandatory private and voluntary private social expenditures.

(c) Excludes health, active labour market programs, unemployment and housing.

(d) The OECD per person averages are weighted by population. Total expenditure as a per cent of GDP is weighted by GDP.

Note: Expenditure converted to Australian dollar values using GDP purchasing power parities.

Source: OECD SOCX database 2010.

It can be observed that 13 of the top 15 countries with the highest welfare expenditure as a proportion of GDP are members of the European Union. This includes the top three countries—Sweden, France and Italy. In 2007, these three countries' welfare expenditure as a proportion of GDP was estimated at 19% or higher (Table A11.21). Social payments in many European Union countries include contributions that individuals make over their working lives.

11.9 Data development

The AIHW has published national welfare expenditure data from 1995 to 2007 covering data from 1987–88 to 2005–06, in *Welfare expenditure Australia* (WEA). The WEA series provided a comprehensive picture of welfare services expenditure and included estimates of:

- government expenditure
- NGCSO contribution to welfares services provision
- client fees paid for services that NGCSOs and governments provided
- core concession expenditure by governments
- tax expenditures.

Existing data collections and surveys were used to minimise the reporting burden on data providers. Data on welfare services by the Australian Government were obtained from various departments administering or providing services, often via annual reports. Data on state and territory expenditure and certain household expenditure were obtained from the ABS and the Productivity Commission; a range of other data sources were also used to supplement these.

In 2007, the WEA series was put on hold, along with other projects, due to budget constraints. A review of the collection and report was undertaken to consider changes needed to make the report more useful to policy and program areas of government, as well as to resolve issues of data availability. The review found there was stakeholder support to resume the collection and ensure that comprehensive national estimates are available. The review also noted that the collection should be undertaken in the context of the COAG Reform Council reporting and aligned, where possible, with the Productivity Commission's Indigenous Expenditure Report (IER). It was recommended that welfare expenditure be published biennially in *Australia's welfare*, and in alternating years via the web, as well as provided to the OECD. This chapter in *Australia's welfare 2011* now provides an update of the WEA series to 30 June 2009. Progressing welfare expenditure reporting beyond this will require a commitment of funding from stakeholders, as AIHW cannot fund this from its existing appropriation.

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Section 4

Chapter 12 Indicators of Australia's welfare

Chapter

12

Indicators of Australia's welfare

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12 Indicators of Australia's welfare

12.1 Introduction

Welfare is difficult to define in specific and universally agreed terms. Nonetheless, some tangible and measurable aspects of welfare can be delineated, and, in earlier volumes of *Australia's welfare*, a conceptual framework for welfare was outlined.

The framework specifies three domains of welfare (AIHW 2007):

- Healthy living, which embodies the most basic human needs—good health, shelter and freedom from harm.
- Autonomy and participation, a concept which reflects the value people place on the opportunity to realise their potential, to be self-sufficient, and to participate in their community.
- Social cohesion, which attests to the importance to individuals of relationships, both at the personal and the societal level.

Figure 12.1 illustrates the framework and specifies 12 indicator topics that relate to these domains—this chapter will present a series of indicators relating to these 12 topics. It is important to note that the indicators which will be presented 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 S. et al. 2004).

As far as is possible and meaningful, three types of measures are presented:

- measures of level (for example, the proportion of adults who were obese in 2007–08)
- measures of distribution (for example, the proportion of males and females, or persons by age group, or persons by income group, who were obese in 2007–08)
- measures of changes in levels over time (for example, the change in the proportion of adults who were obese between 2001 and 2007–08).

The welfare of Australians, how it is distributed throughout society, and how it has changed over time, are important topics of community discussion. Issues currently being debated in the public sphere include:

- How has the global financial crisis (GFC) impacted the welfare of Australians?
- Do Australians enjoy balance in their lives—that is, are they able to live healthy lives and build healthy relationships while generating enough income to live and participate in society?
- Do disadvantaged Australians—in particular Indigenous Australians—experience an adequate standard of living?

This chapter attempts to contribute to these discussions by presenting current national data on a diverse array of topics related to Australia's welfare. Each of the following three sections contains a brief description of one of the three domains of welfare, the components of each domain, and the indicators related to each component; followed by indicator results. Statistical definitions for each indicator are provided in the final section of this chapter.

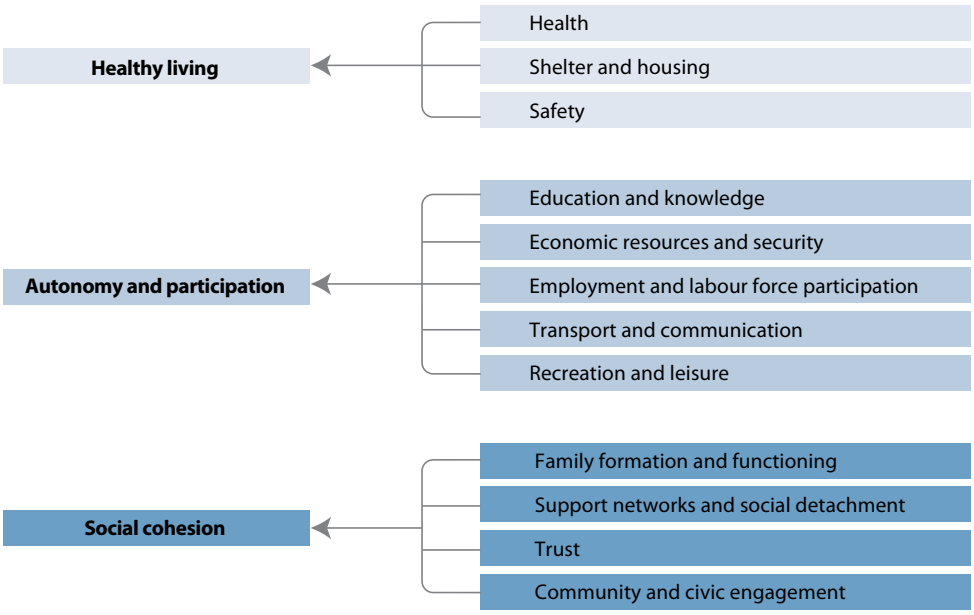


Figure 12.1: Welfare components and related indicator topics

12.2 Healthy living

Healthy living embodies the most basic needs of human beings—good health, shelter and freedom from harm. These factors play an important role in the promotion and maintenance of physical, mental and social wellbeing.

The conceptual framework defines three components of healthy living—health, shelter and housing, and safety.

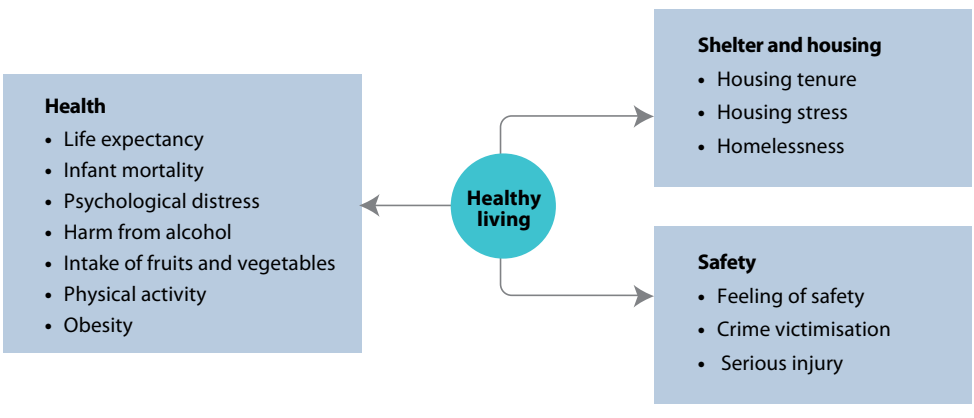


Figure 12.2: Indicators of healthy living

Good health represents quality of life in terms of longevity and functioning. Health can influence participation in many aspects of life, including education, work and recreation; it is thus an important resource for personal, social and economic development and participation, as well as being important in its own right (AIHW 2010).

Seven indicators of healthy living are presented:

- Life expectancy at birth. Life expectancy is a well-established and widely accepted indicator of the general health of a population.
- Infant mortality rate. Infant mortality is also a well-established and widely accepted indicator of population health.
- Proportion of adults reporting very high levels of psychological distress. Reported psychological distress may be a useful proxy for the existence of a mental health problem, which 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).
- Proportion of people aged 14 years or over at risk of lifetime harm from alcohol. Excessive alcohol use is a major risk factor for morbidity and mortality, and has wider social and economic costs.
- Proportion of people aged 15 and over that usually consume the recommended daily intake of fruits and vegetables. Eating sufficient fruits and vegetables plays an important role in maintaining good health, contributing to the prevention of many chronic diseases, as well as overweight and obesity (WHO 2003).
- Proportion of people aged 15 years or over who reported sedentary levels of exercise. Regular physical activity also plays an important role in maintaining good health, and can also provide social and mental health benefits (WHO 2006b).
- Proportion of adults who are obese. Obesity has many negative consequences, including increased risk of Type 2 diabetes, cardiovascular disease, high blood pressure and some cancers (WHO 2000).

A more thorough investigation of these indicators and other determinants of health are provided in *Australia's health 2010*.

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 security and privacy, and to 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 physical and mental health. In addition, housing equity is a major component of wealth.

Three indicators of shelter and housing are presented:

- Proportion of households with selected tenure types. Stable tenure brings security and a sense of permanence; home ownership also brings autonomy and an opportunity to build wealth, and is a goal to which many Australians have traditionally aspired.
- Proportion of lower income households that spent more than 30% of their gross income on housing costs. This is a commonly used indicator of housing affordability.

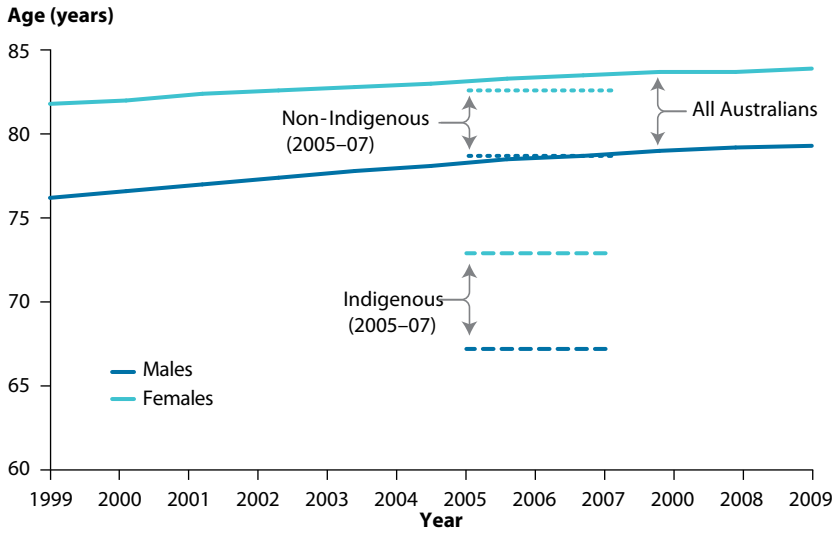
- Number of homeless people. Homeless people are among Australia's most disadvantaged. Contemporary definitions of homelessness refer not only to the absence of conventional accommodation (for instance, those sleeping rough or living in makeshift dwellings), but also to people with transient accommodation—those staying with friends or relatives, using Supported Accommodation Assistance Program (SAAP) services, and living in boarding houses.

Safety is an important indicator for both physical and mental wellbeing. Issues surrounding safety not only reflect protection from actual harm, but also from perceived harm. Fear, crime and injury can have serious detrimental effects, both for those directly affected and for those involved through family, friendship or community ties.

Three indicators of safety are presented:

- Proportion of people aged 15 years or over who feel safe in various situations. As well as having a negative effect on mental wellbeing, feeling unsafe may also have an impact on people's ability to engage with their communities.
- Victimisation rate of selected crimes. Experiences of crime, as well as being traumatic for victims in their own right, may have a negative effect on feelings of safety, both for the victims and for the community. In addition, there are costs involved in treating victims and apprehending and sentencing perpetrators.
- Rate of hospitalisation due to injury. Serious injuries can have a considerable negative impact on physical and mental wellbeing, and also represent costs to the health system (AIHW 2010).

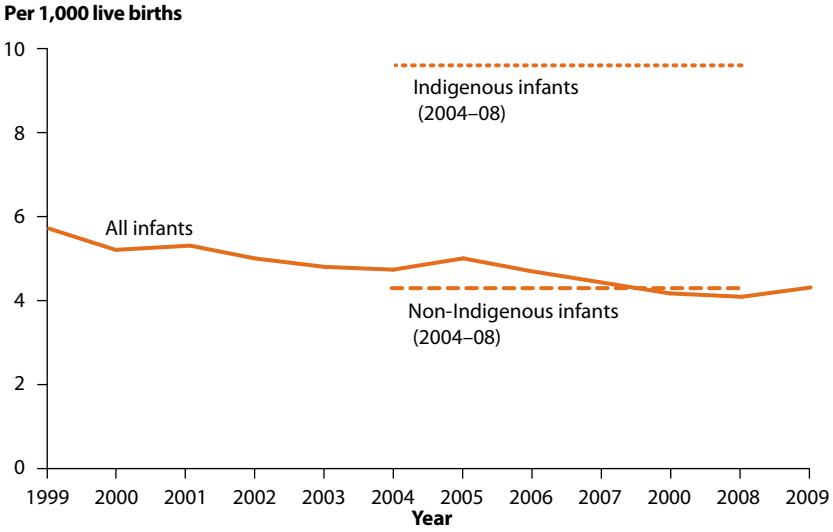
Life expectancy at birth



Source: Table A12.1.

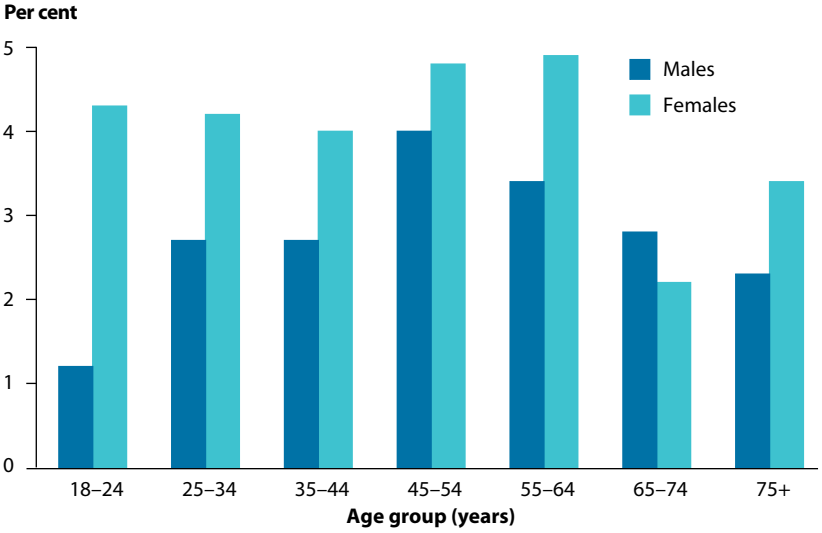
- Australian life expectancy in 2009 was 79.3 years for males and 83.9 years for females—among the highest in the world for both sexes.
- Between 1999 and 2009 life expectancy rose by 3.1 years for males and 2.1 years for females.
- Life expectancy for Indigenous Australians over the period 2005–2007 was 67.2 years for males and 78.7 years for females.

Infant mortality rate



- In 2009, there were 4.3 infant deaths per 1,000 live births.
- The rate fell 25% between 1999 and 2009.
- Mortality was twice as high for Indigenous infants (9.6 per 1,000 births) as non-Indigenous infants (4.3 per 1,000 births) over the period 2004–2008

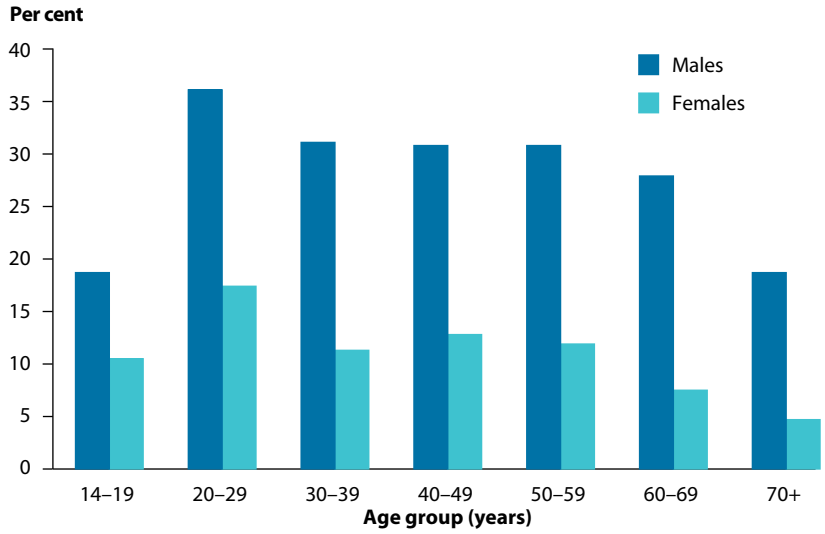
Adults reporting very high levels of psychological distress



Source: Table A12.3.

- In 2007–08, 2.8% of males and 4.1% of females reported very high levels of psychological distress.
- Psychological distress was most prevalent for males aged 45–54 years and females aged 55–64 years.
- Rates were lower than in 2004–05 for both sexes.

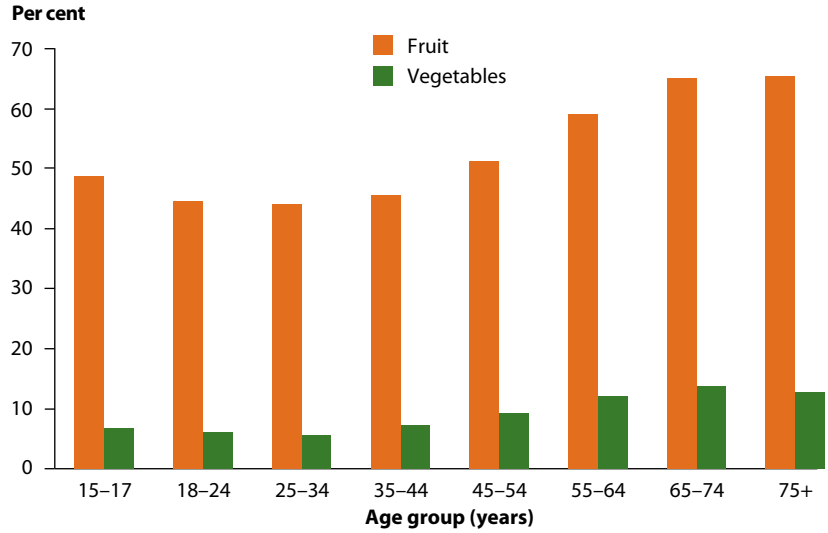
People aged 14 years or over at risk of lifetime harm from alcohol



Source: Table A12.4.

- In 2010, 20% of people aged 14 years or over consumed alcohol in quantities that put them at risk of harm from alcohol-related disease over injury over their lifetime—the same as in 2007.
- Males were more likely than females to be at risk (29% compared to 11%)
- Risky drinking was most common among people aged 20–29 years.

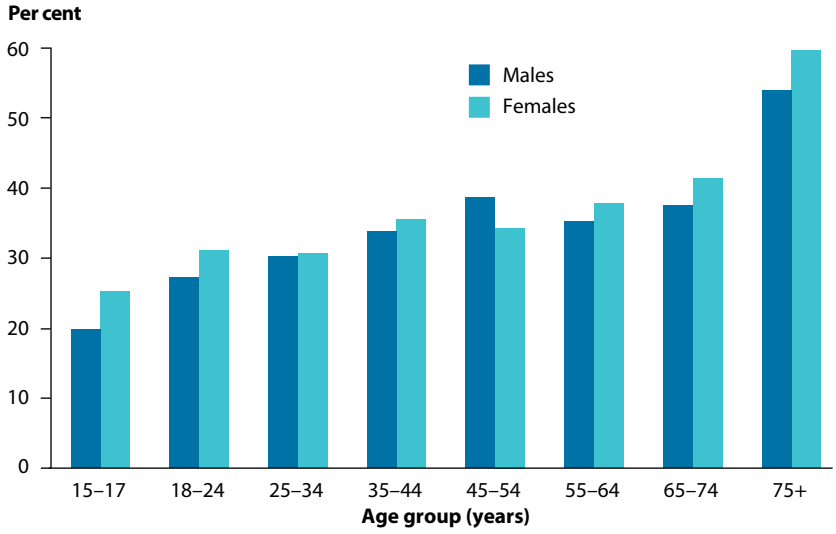
People aged 15 years or over who usually eat the recommended daily intake of fruits and vegetables



Source: Table A12.5.

- In 2007–08, 51% usually ate enough fruit and 9% ate enough vegetables.
- Females were more likely than males to consume recommended amounts—56% and 46% of female and males, respectively, ate enough fruit; 10% and 7% enough vegetables.
- Sufficient consumption was lowest for people aged 25–34 years, and highest for those aged over 65 years.

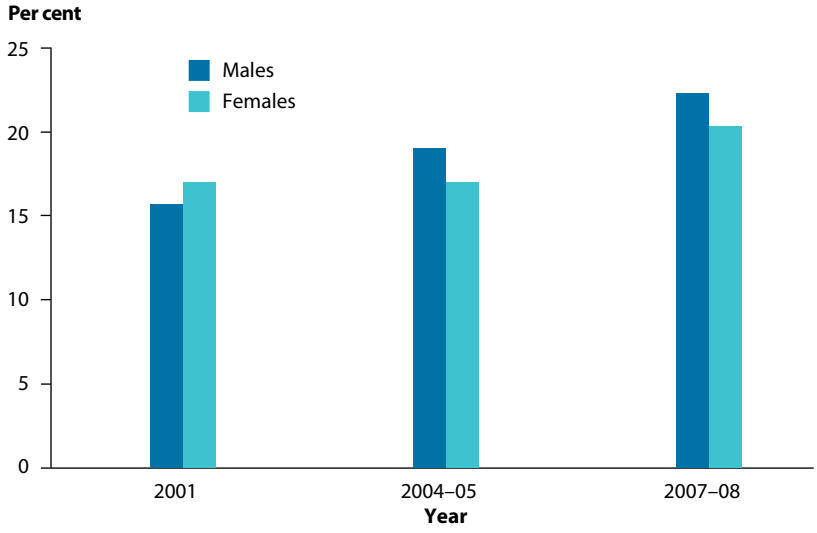
People aged 15 years or over who reported sedentary levels of exercise



Source: Table A12.6.

- In 2007–08, 35% of people aged 15 years or over were sedentary—that is, they did no or very little exercise.
- People aged 15–17 years (23%) were least likely to be sedentary; and people aged 75 years or over (57%) mostly likely.

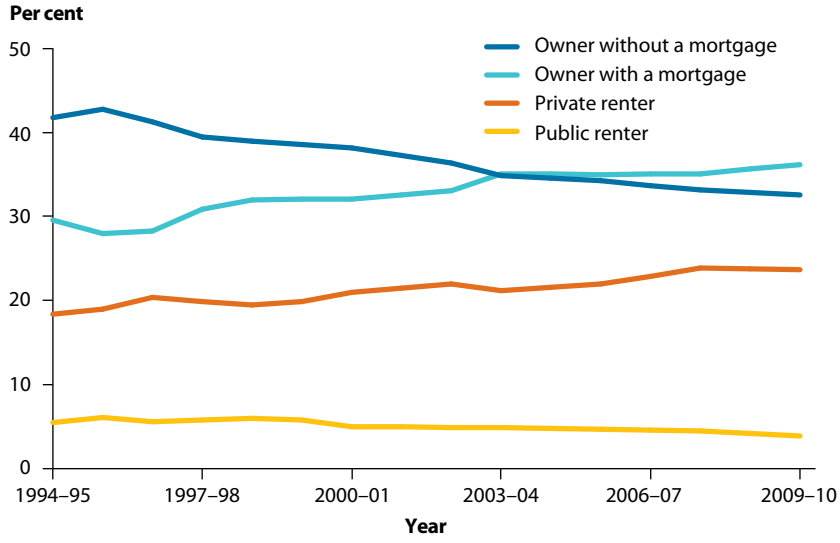
Adults who are obese



Source: Table A12.7.

- In 2007–08, 21% of adults were obese—22% of males and 20% of females.
- Both males and females aged 18–24 years were least likely to be obese (10% and 8%, respectively); and middle-aged people most likely (28% of each sex).
- The obesity rate has increased from 16% in 2001.

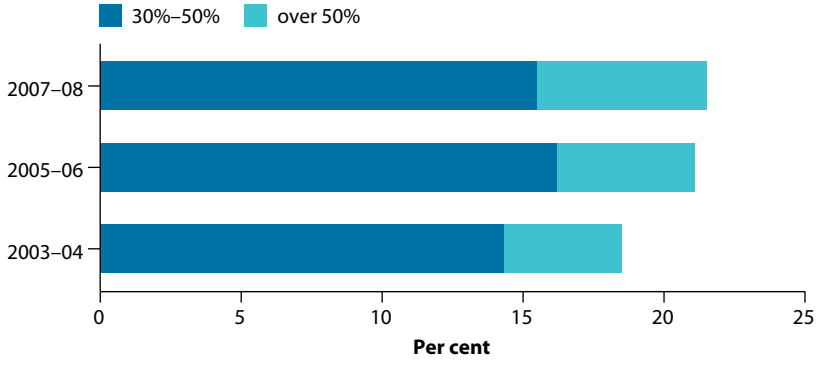
Household tenure types



Source: Table A12.8.

- In 2009–10, 69% of households were owner–occupiers (36% with a mortgage; 33% without), 4% were public renters, and 24% private renters.
- Tenure type varied considerably with household composition.
- Patterns of tenure have undergone appreciable change since 1994–95—there are now more owners with a mortgage than without.

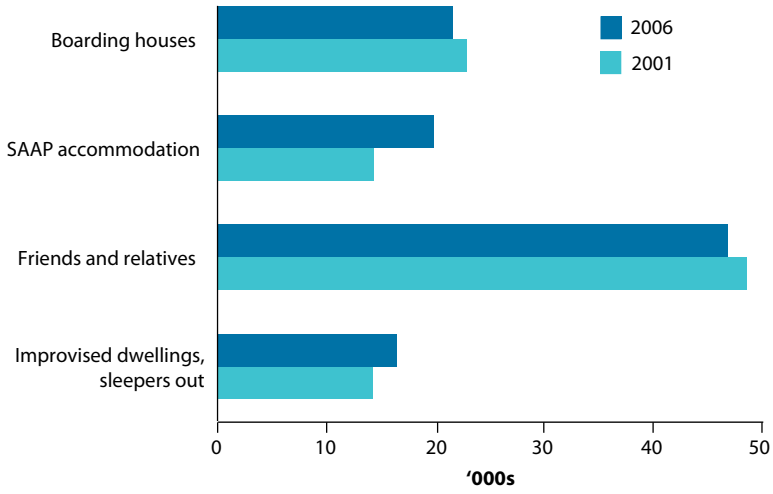
Lower income households that spent more than 30% of their gross income on housing costs



Source: Table A12.9.

- In 2007–08, 22% of lower income households spent more than 30% of their gross income on housing costs, including 6% that spent more than 50%.
- 45% of lower income private renters, and 42% of lower income owners with a mortgage, spent more than 30%.
- The share of lower income households spending over 30% increased from 19% in 2003–04.

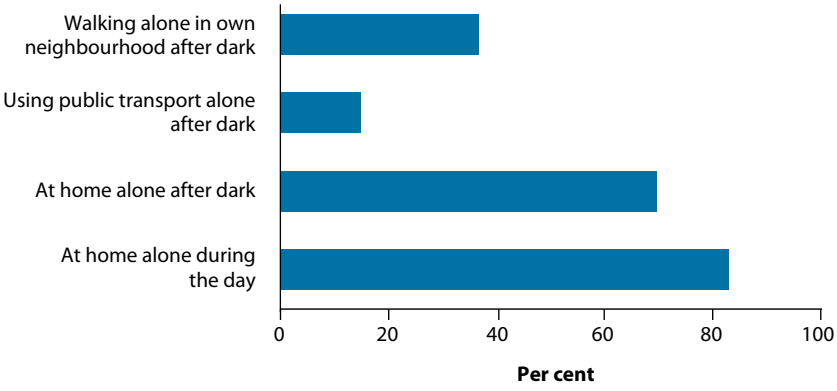
Number of homeless people



Source: Table A12.10.

- In 2006, there were 104,676 people estimated to be homeless according to the broad social definition (see Chapter 8)—53 per 10,000 population.
- Homeless people were most likely to be staying temporarily with friends or relatives (45%).
- The number increased since 2001 (from 99,900), but the population rate was unchanged.

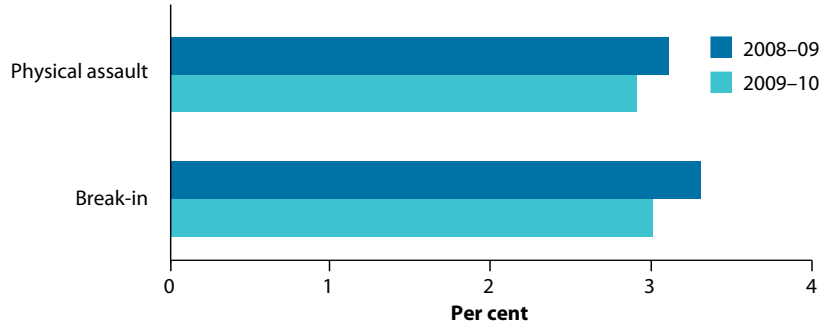
People aged 15 years or over who feel safe in various situations



Source: Table A12.11.

- In 2008–09, 83% felt 'safe' or 'very safe' alone at home during the day, and after dark 70% felt safe or very safe at home, 37% walking in their neighbourhood and 15% using public transport.
- Because of safety concerns, 10% did not use public transport alone after dark and 15% did not walk alone in their neighbourhoods after dark.
- Since 2005 the proportion feeling safe alone at home has not changed markedly.

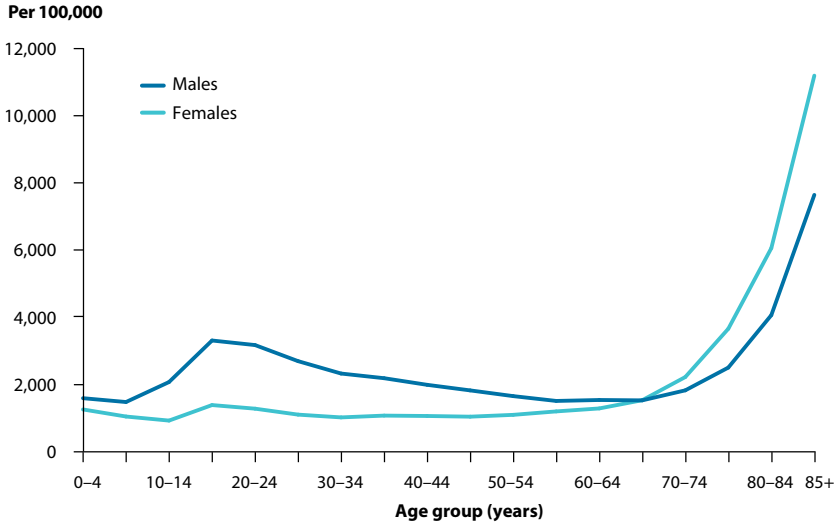
Victimisation rate for selected crimes



Source: Table A12.12.

- In 2009–10, 2.9% of people aged 15 years or over were victims of a physical assault, and 3.0% of households were victims of a break-in.
- Males (3.4%) were more likely to be assault victims than females (2.4%); people aged 15–19 years were the most likely to be assault victims (6.0%), and people aged 65 years and over the least likely (0.8%).
- Since 2008–09, there has been a slight decrease in victimisation rates for physical assault (from 3.1%), and for break-ins (3.3%).

Hospitalisation due to injury



Source: Table A 12.13.

- In 2008–09, the hospitalisation rate due to injury was 1,865 separations per 100,000 population.
- Hospitalisation due to injury is much more prevalent among those aged 75 years and over, and also disproportionately affects males aged 15–24 years.
- Since 2001, the age-standardised injury hospitalisation rate increased by 8%.

12.3 Autonomy and participation

Autonomy and participation are concepts which reflect the value people place on the opportunity to be self-sufficient, to realise their potential, and to participate in their community. Autonomy—the opportunity to make and implement choices and to develop the capabilities to do so—and active participation in the economy and in society are thus vital for wellbeing.

The conceptual framework defines five components of autonomy and participation—education and knowledge, economic resources and security, employment and labour force participation, transport and communication, and recreation and leisure.

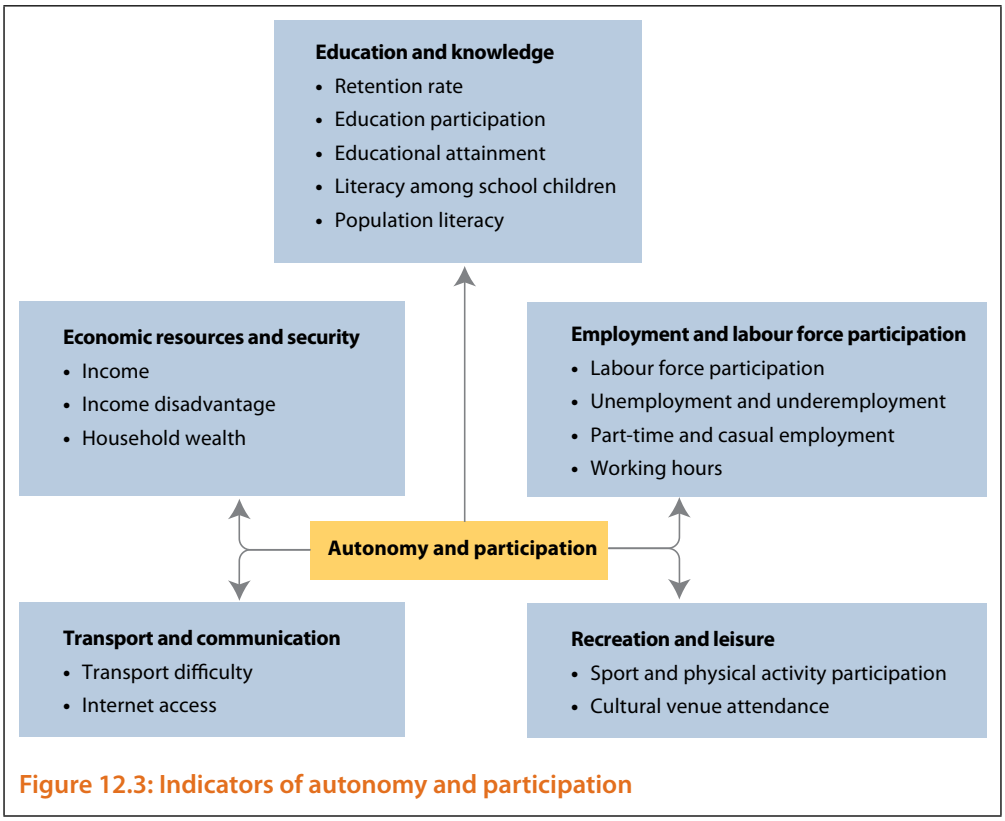


Figure 12.3: Indicators of autonomy and participation

Education and knowledge help to empower individuals and allow them to become more autonomous within society. Education is considered to be 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.

Five indicators of education and knowledge are presented:

- Apparent retention rate to Year 12—an approximate measure of the proportion of students who remain at school until the final year of secondary education.
- Proportion of people aged 15–64 years studying for a qualification.
- Proportion of people aged 15–64 years with a non-school qualification.

- Proportion of Year 5 school children not meeting literacy benchmarks.
- Proportion of persons aged 15–74 years with insufficient levels of literacy. The concept of literacy in developed countries has evolved into a term that describes the ability to use various forms of information to function in society. 'Sufficient literacy' encompasses the ability to appropriately use information contained in various written formats, to effectively respond to the mathematical demands of diverse situations, and to apply goal-directed thinking in situations where no routine solution is available (ABS 2008).

Education is discussed in detail in chapters 2 and 4.

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.

Three indicators of economic resources and security are presented:

- Equivalised disposable household income. Household income is considered 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.
- Proportion of people living in households with low income—the proportion of the population with equivalised disposable household income below 40%, 50% and 60% of the median. People with income at these levels are commonly regarded as income disadvantaged (see OECD 2008).
- Household wealth. Wealth is a source of economic security, as accumulated assets can buffer material living standards during periods of low income.

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—lack of work is associated with crime, poor health, and decreased social cohesion, in addition to reduced financial wellbeing (Borland & Kennedy 1998). Describing employment, however, is not simply a matter of counting the number of unemployed persons—the basis and conditions under which people are employed also have an impact on Australians' sense of autonomy and participation.

Four indicators of employment and labour force participation are presented:

- Labour force participation rate.
- Unemployment and underemployment.
- Part-time and casual employment.
- Average hours worked by full-time workers.

More detailed statistics about employment are described in Chapter 3.

Transport and communication are fundamental to autonomy and participation. Having access to reliable transport allows people to participate in the community. As well as enhancing social wellbeing, access to transport can broaden access to jobs, which in turn may increase financial security. Access to means of communication is also beneficial to many aspects of welfare, enabling, for example, greater access to educational and social resources.

Two indicators of transport and communication are presented:

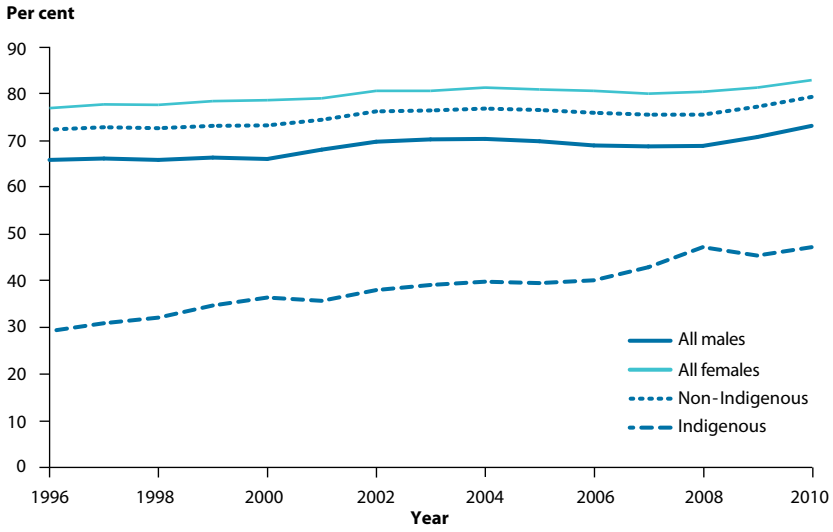
- Proportion of adults who report difficulty with transport.
- Proportion of households with access to the internet at home.

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' (UN 1948).

Two indicators of recreation and leisure are presented:

- Proportion of people aged 15 years or over who participated in sport and physical activities.
- Proportion of people aged 15 years or over who attended selected cultural venues.

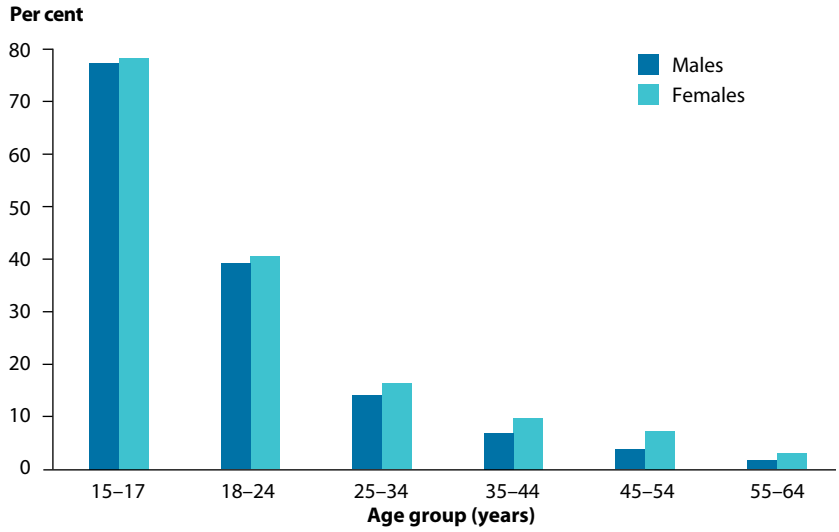
Apparent retention rate to Year 12



Source: Table A12.14.

- The apparent retention rate was 78% in 2010—higher for females (83%) than males (73%).
- Retention to Year 12 was much higher for non-Indigenous students (79%) than for Indigenous students (47%).
- Since 1996 the apparent retention rate increased by 8 percentage points for non-Indigenous students and 18 percentage points for Indigenous students.

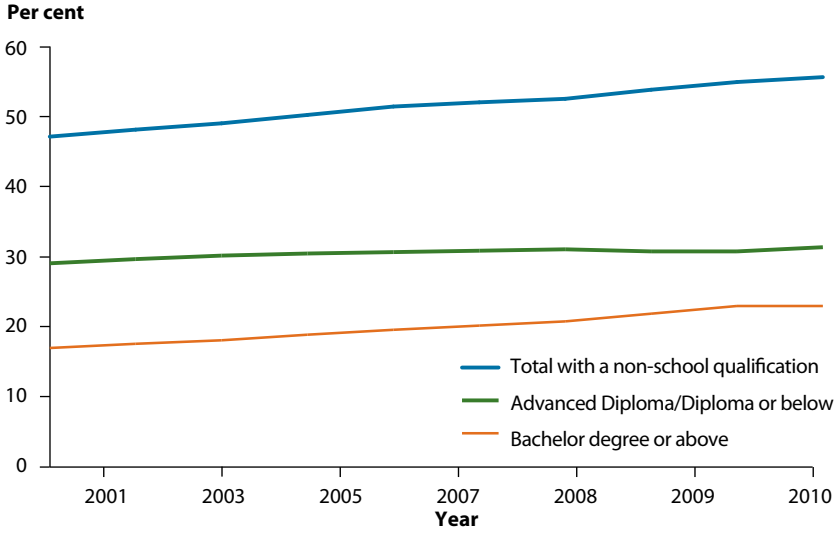
People aged 15–64 years studying for a qualification



Source: Table A12.15.

- In 2010, 19% of people aged 15–64 years were studying for a qualification (including school students).
- Participation declined with age, and was more common for females than males in each age group.
- Enrolment in formal study increased from 17% in 2001.

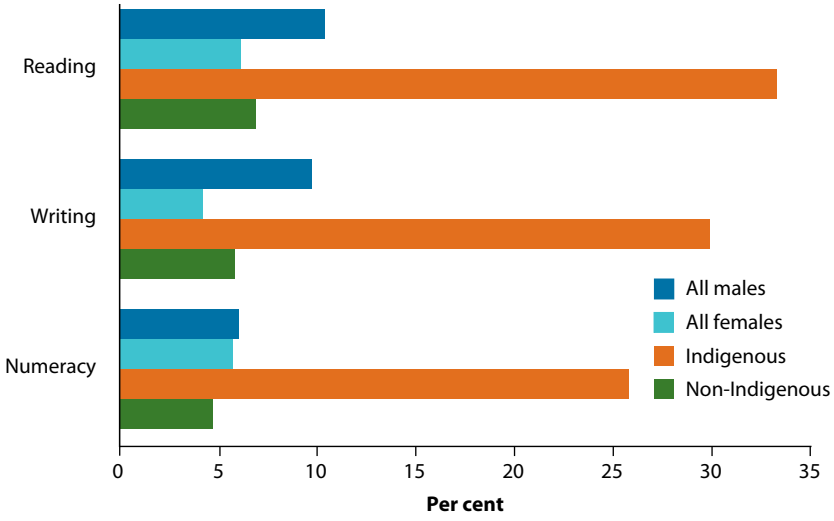
People aged 15–64 years with a non-school qualification



Source: Table A12.16.

- In 2010, 56% of people aged 15–64 years had a non-school qualification.
- People aged 25–34 years were the most likely to have a non-school qualification (67%).
- Attainment of non-school qualifications increased from 47% in 2001, with attainment of a Bachelor degree or above rising from 17% to 23%.

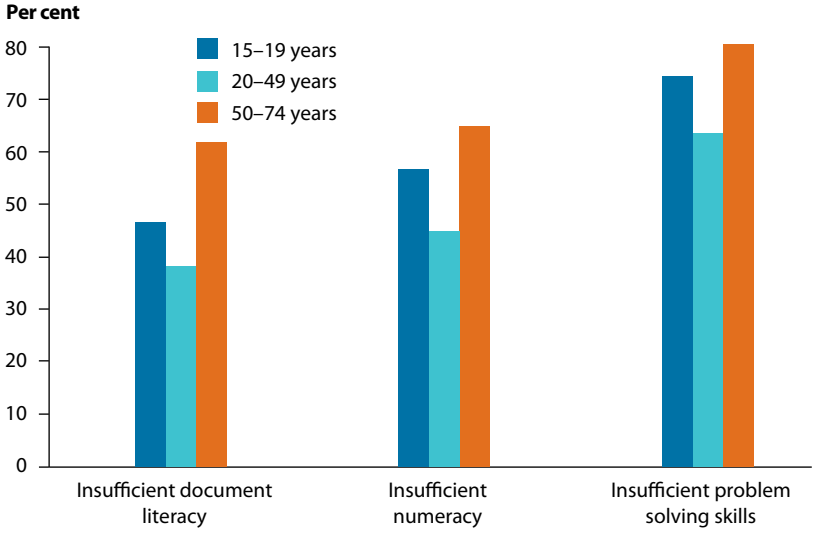
Year 5 school children not meeting literacy benchmarks



Source: Table A12.17.

- In 2010, 9% of Year 5 students had skills below the national minimum standard for reading; 7% for writing; and 6% for numeracy.
- Boys were less likely than girls to meet minimum standards, and Indigenous students less likely than non-Indigenous students, across all three domains.

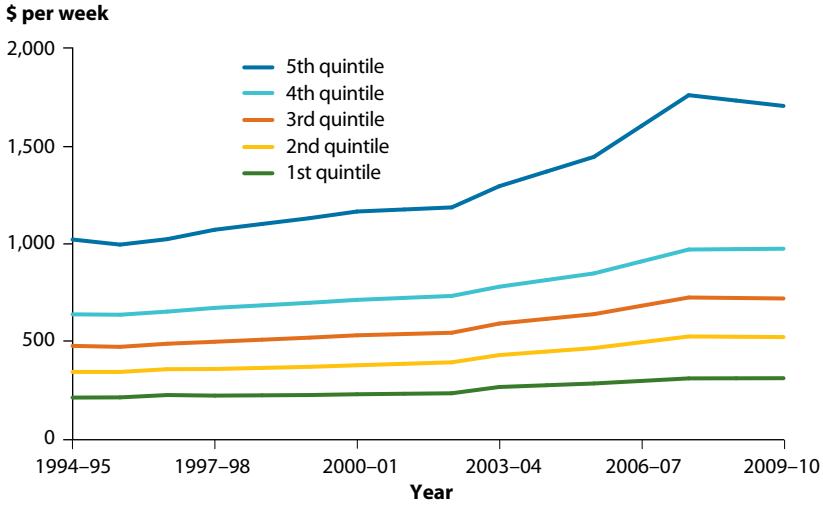
People aged 15–74 years with insufficient levels of literacy



Source: Table A12.18.

- 'Sufficient literacy' means having the knowledge and skills required to use various types of information.
- In 2006, 47% had insufficient levels of document literacy, 53% had insufficient levels of numeracy, and 70% had insufficient problem-solving skills.
- People aged 50–74 years were most likely to have insufficient levels of literacy, across all three domains.

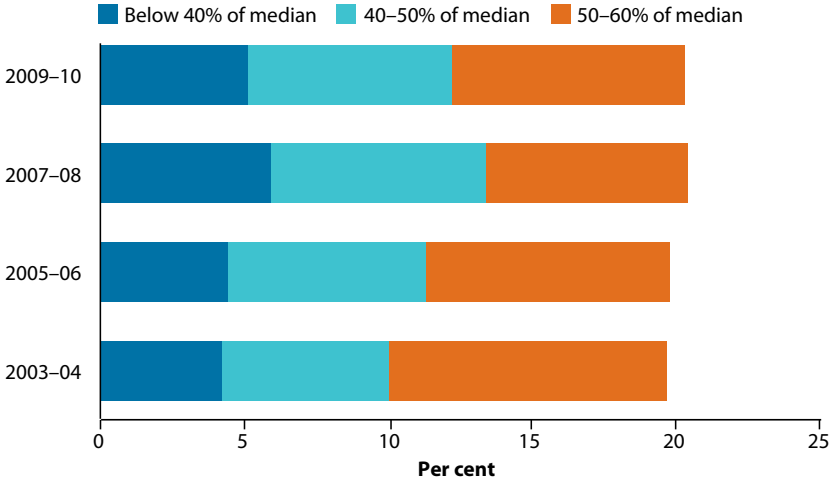
Equivalised disposable household income



Source: Table A12.19.

- In 2009–10, median equivalised disposable household income was $715 per week.
- The average income of the lowest-income 20% of households was $314 per week, compared to $1,704 for the highest-income households.
- There was no significant change in income between 2007–08 and 2009–10; however, inflation-adjusted household income rose by 48% in the 15 years to 2009–10.

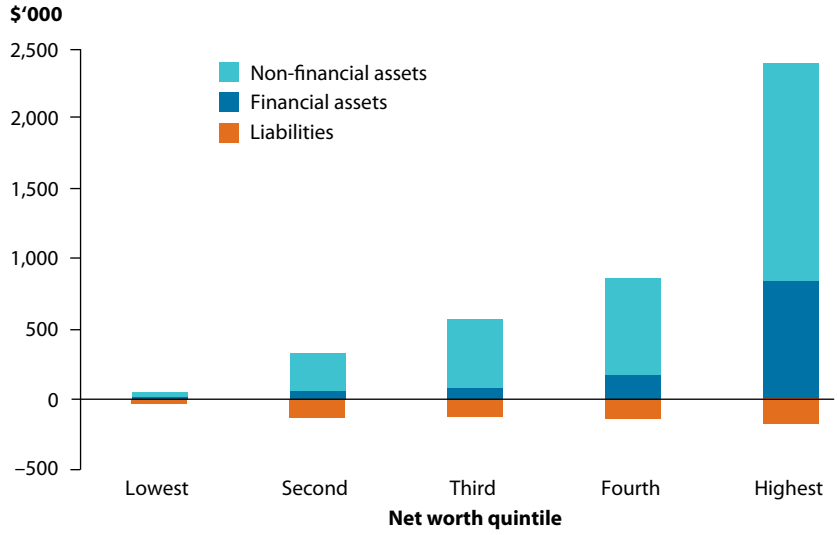
Low income households



Source: Table A12.20.

- In 2009–10, 12% of people lived in households with an equivalised disposable income less than 50% of the national median. This includes 5% whose income was less than 40% of the median.
- One in five people (20%) lived in households with an equivalised disposable income less than 60% of the median.
- The percentage of people living with less than half the median household income increased (from 10% in 2003–04), but the total with less than 60% of the median income did not change.

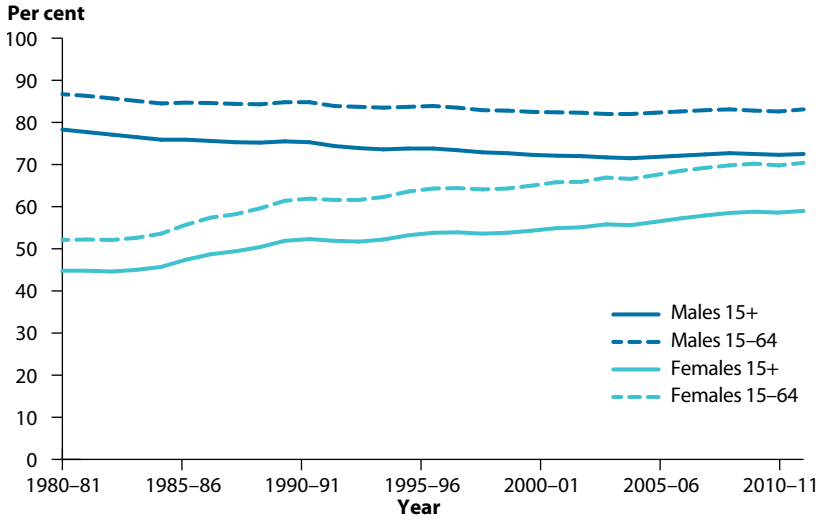
Average household wealth



Source: Table A12.21.

- In 2009–10, average household net worth was $719,600, comprising $233,500 in financial assets (such as shares, superannuation and savings); $605,900 in non-financial assets (such as property or owned businesses); and $119,800 in liabilities (such as money owed on a mortgage or other loan).
- The largest component of household wealth was equity in owner-occupied dwellings (on average, $296,500 per household).
- The average net worth of the wealthiest 20% of households ($2.2 million) was 3 times the average of all households.

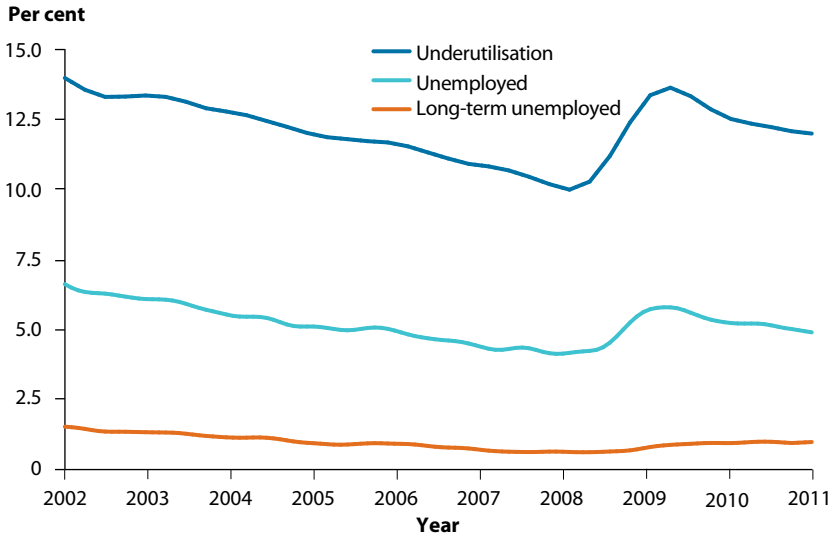
Labour force participation rate



Source: Table A12.22.

- In 2010–11, the participation rate of people aged 15 years or over was 73% for males and 59% for females. Excluding people aged 65 years or over, participation among people of 'traditional working age' was 83% for males and 70% for females.
- Participation for females continues to rise. Male participation has stabilised among the 'traditional working age' population after falling in the 1980s and 1990s.

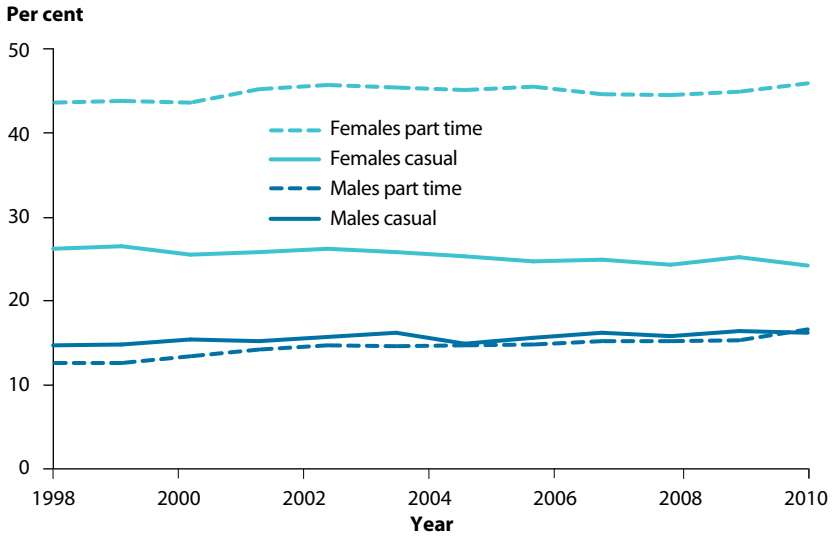
Unemployment and underemployment



Source: Table A12.23.

- In February 2011, 12% of the labour force was underutilised (unemployed or underemployed); this has been falling since late 2009, following a rise due to the global financial crisis.
- The unemployment rate (5.1% in 2010–11) has also fallen from 5.8% in July 2009.
- Almost 1% of the labour force had been unemployed for 12 months or more in 2010–11.

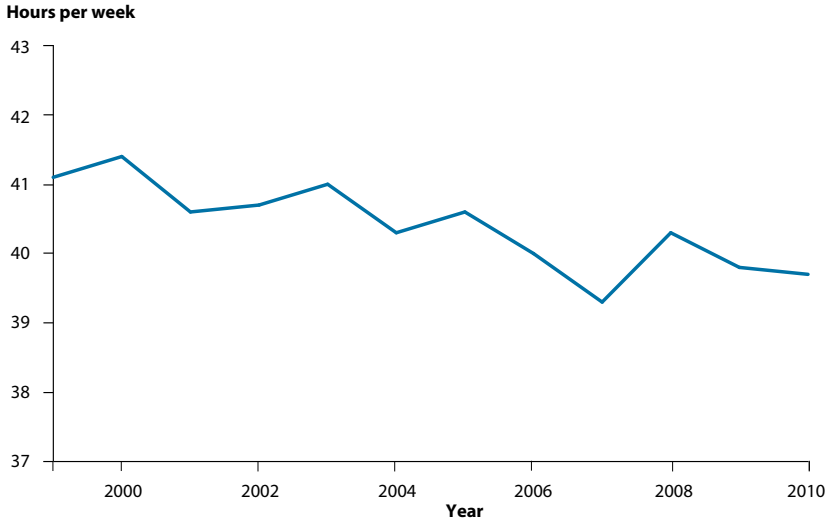
Part-time and casual employment



Source: Table A12.24.

- In 2010, 30% of employed people worked part time: 17% of males and 46% of females.
- Casual workers (employees without leave entitlements), whether on full-time or part-time hours, comprised 16% of employed males and 24% of employed females.
- Since 1999, part-time work increased for both sexes, while casual work rose slightly among males but fell for females.

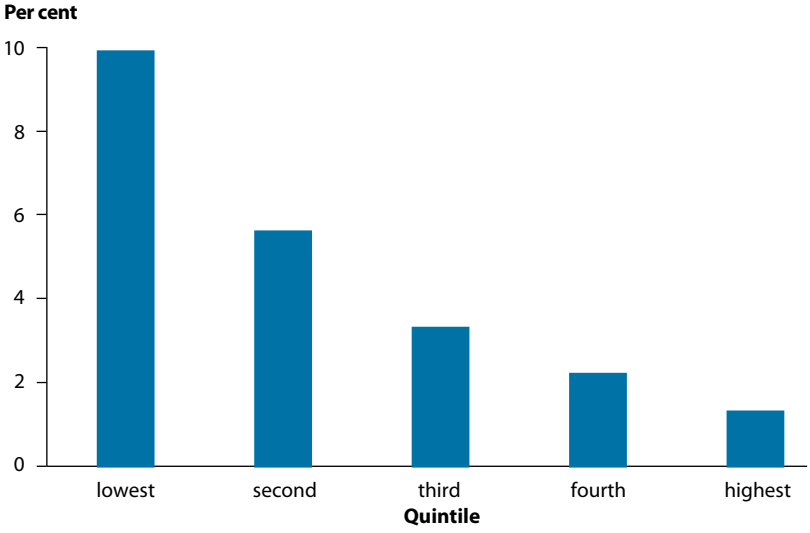
Average hours worked by full-time workers



Source: Table A12.25.

- In 2010, full-time workers worked an average of 39.7 hours a week.
- Average full-time working hours fell from 41.1 hours per week in 1999.
- The proportion of workers working more than 50 hours a week also fell (from 25% to 22% of full-time workers).

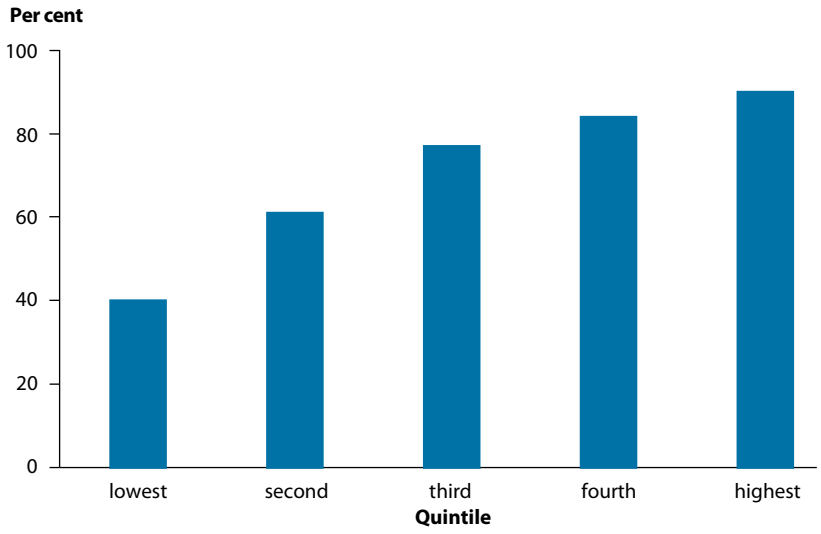
Adults who report difficulty with transport



Source: Table A12.26.

- In 2006, 4% of adults reported that they cannot, or often have difficulty, getting to places needed—however 10% of those in the lowest quintile of equivalised gross household income reported such difficulty.
- Older people and people who did not speak English well were also more likely to report such difficulty.

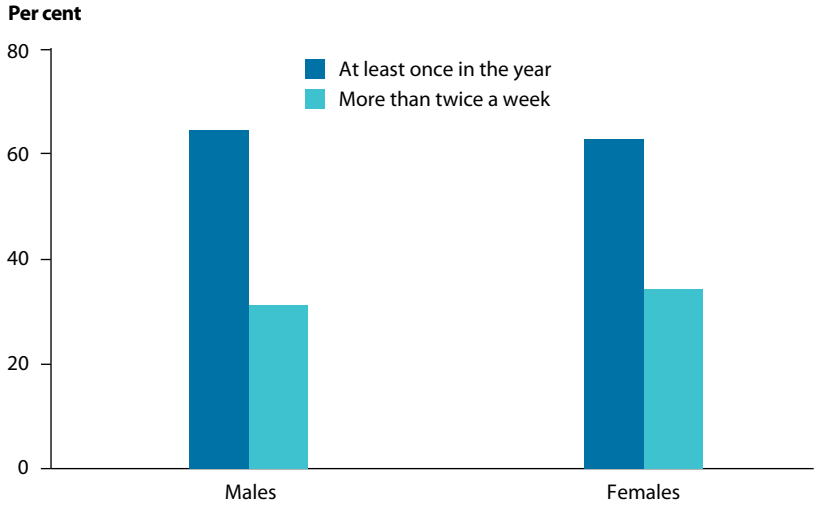
Households with access to the internet at home



Source: Table A12.27.

- In 2008–09, 72% of households had access to the internet at home; however, only 40% of households in the lowest quintile of equivalised gross household income had internet access.
- Home internet access was higher in metropolitan (76%) than non-metropolitan (65%) areas.
- Access increased markedly over the previous decade, from 16% in 1999.

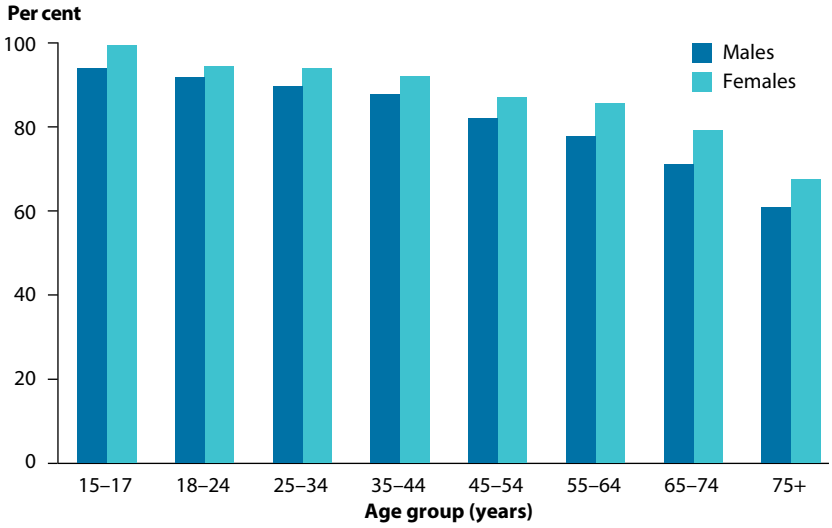
People aged 15 years or over who participated in sport and physical recreation



Source: Table A12.28.

- In 2009–10, 64% participated in sport and physical recreation at least once; 33% participated more than twice a week on average.
- Non-participation increased with age—52% of people aged 65 years and over did not participate.
- Regular participation did not vary greatly with age.

People aged 15 years or over who attended selected cultural venues



Source: Table A12.29.

- In 2009–10, 86% attended a selection of cultural venues at least once in the year.
- Attendance was higher for females than males at all ages and declined with age.
- The most common venues were cinemas (67%), zoos and aquariums (37%), and botanic gardens (35%).

12.4 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.

The conceptual framework defines four components of social cohesion—family formation and functioning, support networks and social detachment, trust, and community and civic engagement (Figure 12.4).

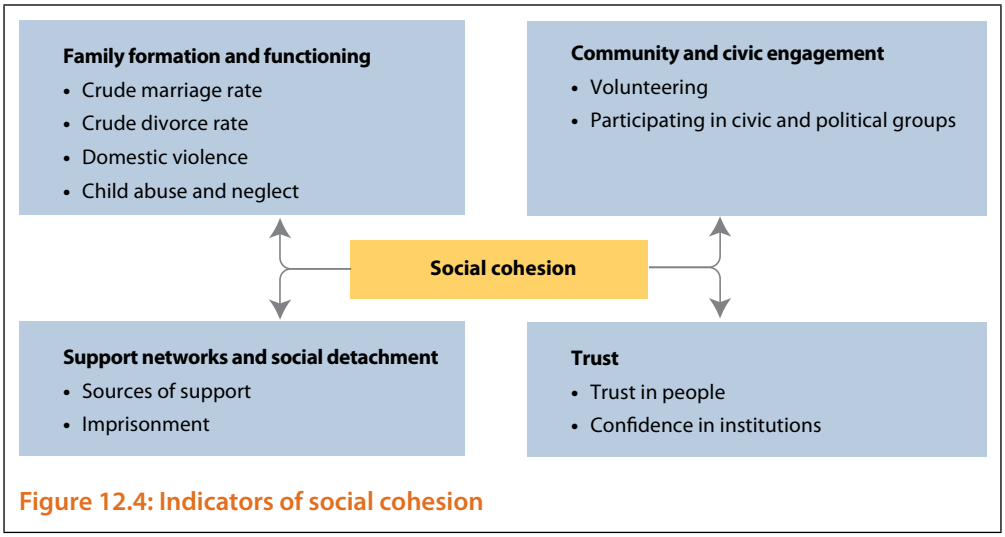


Figure 12.4: Indicators of social cohesion

Families are the core unit of society in which people are supported and cared for and social values are developed. The structure of Australian families has undergone considerable transformation over recent years, reflecting wider social, demographic and economic changes. 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.

Four indicators of family formation and functioning are presented:

- Crude marriage rate.
- Crude divorce rate.
- Proportion of adults who experienced violence by a current or previous partner. Partner violence can have severe negative consequences, both for victims and for children who witness the violence.
- Proportion of children who were the subject of a child protection substantiation.

Family formation and functioning is further discussed in chapters 2 and 4.

Support networks describe the connections between individuals and groups. As well as providing a sense of belonging, support networks can provide tangible benefits such as informational, emotional, and financial support. Being disengaged from support networks—'socially detached'—can have significant negative impacts.

Two indicators of support networks and social detachment are presented in this section:

- Proportion of adults who feel able to access support outside the household in times of crisis.
- Imprisonment rate. People in prison may be severely socially detached and may have difficulty re-joining society. Social detachment may also be a precursor to criminal behaviour (Colvin et al. 2002).

The incidence of crime and prevalence of homelessness, both discussed in Chapter 12.2, are also indicators of social detachment.

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.

Two indicators of trust are presented:

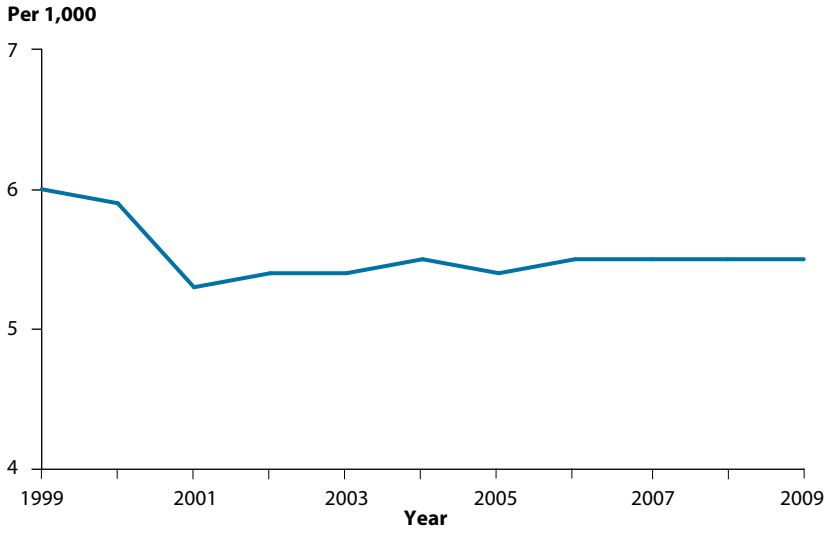
- Proportion of people aged 17 years or over who agree that most people can be trusted—a measure of social trust. Social trust is perceived as a more sensitive measure of acceptance than interpersonal trust (Cox & Caldwell 2000).
- Proportion of people aged 17 years or over who have confidence in selected institutions—a measure of civic trust. Civic trust promotes better access to resources and socially useful links (Anheier & Kendall 2000; Black & Hughes 2001).

Community and civic engagement creates cohesive networks of people from various backgrounds, as well as allowing individuals to have a say in the future direction of their communities. Community and civic engagement can be expressed in various ways, such as being involved in the community or political life, or simply through volunteering.

Two indicators of community and civic engagement are presented:

- Proportion of adults volunteering.
- Proportion of adults participating in civic and political groups.

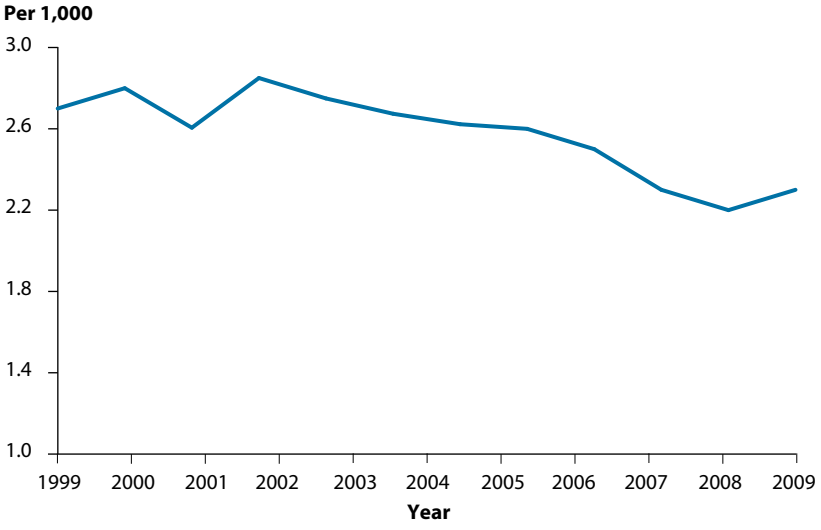
Crude marriage rate



Source: Table A12.30.

- In 2009, there were 5.5 marriages per 1,000 population—a rate that has remained steady since 2004.
- 71% of marriages were the first marriage for both partners.
- The median age at marriage was 32 for males and 29 for females.

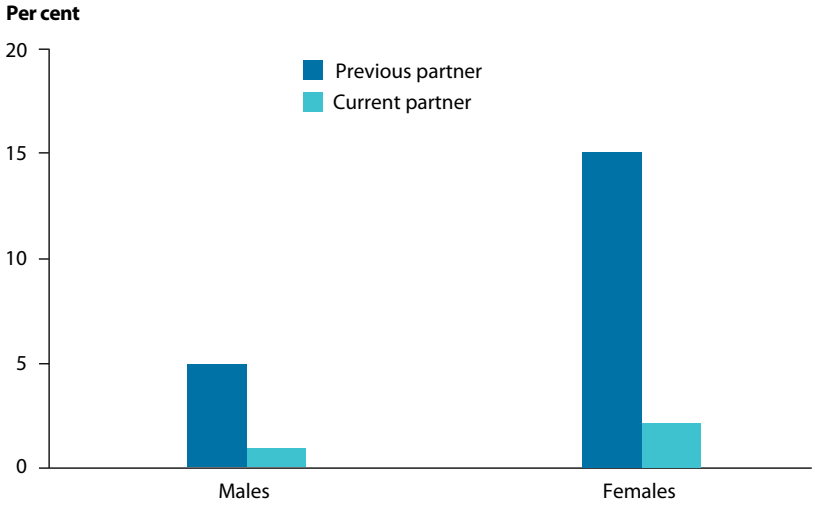
Crude divorce rate



Source: Table A12.30.

- In 2009, there were 2.3 divorces per 1,000 population. Almost half (49%) involved children.
- The median duration of marriage to separation was 8.7 years.
- The crude divorce rate fell slightly over the past decade, from 2.8 per 1,000 population in 1999.

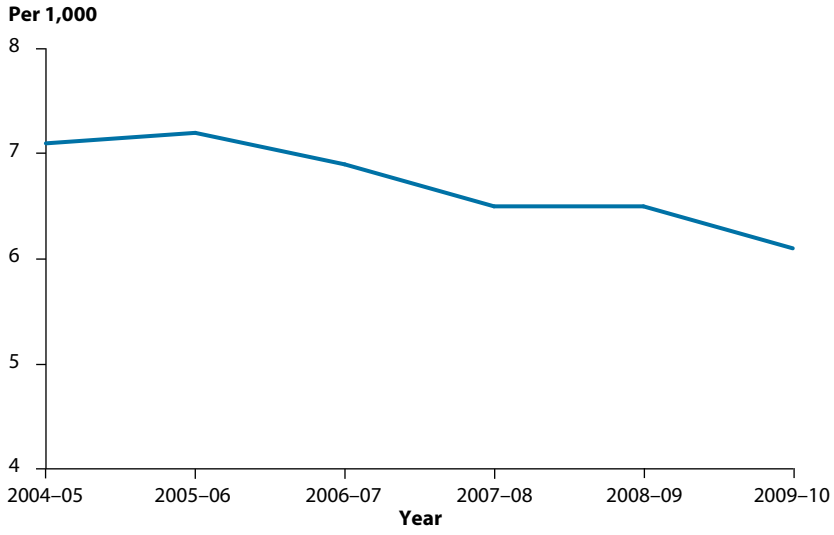
Adults who experienced partner violence at some time since 15 years of age



Source: Table A12.31.

- In 2005, 1% of males and 2% of females reported having experienced violence (threats and/or assaults) by their current partner; 5% of males and 15% of females reported violence by a previous partner.
- 49% of people reporting current partner violence, and 61% of those reporting previous partner violence, had children in their care at some time during the relationship.

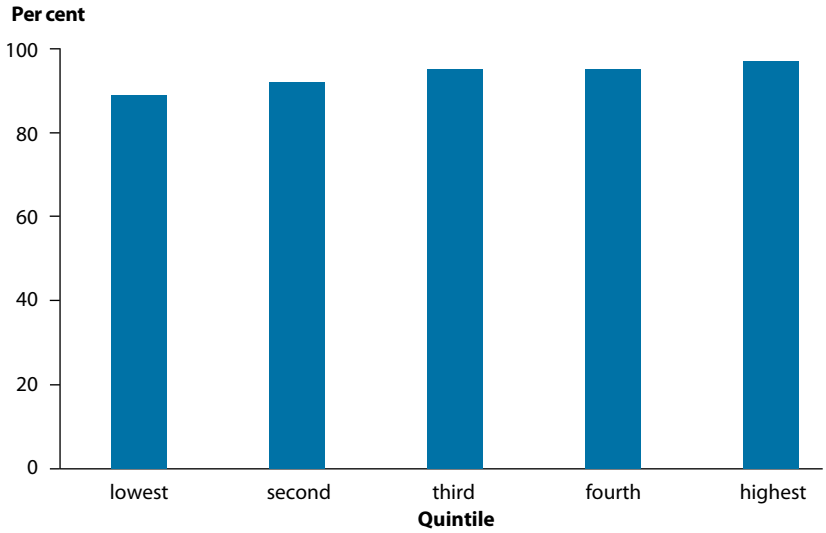
Children who were the subject of a child protection substantiation



Source: Table A12.32.

- 6 in every 1,000 children aged 0–17 years were the subject of a child protection substantiation in 2009–10; this included 13 per 1,000 infants.
- Indigenous children were almost 8 times as likely as non-Indigenous children to be the subject of a substantiation.
- Rates have fallen since 2004–05.

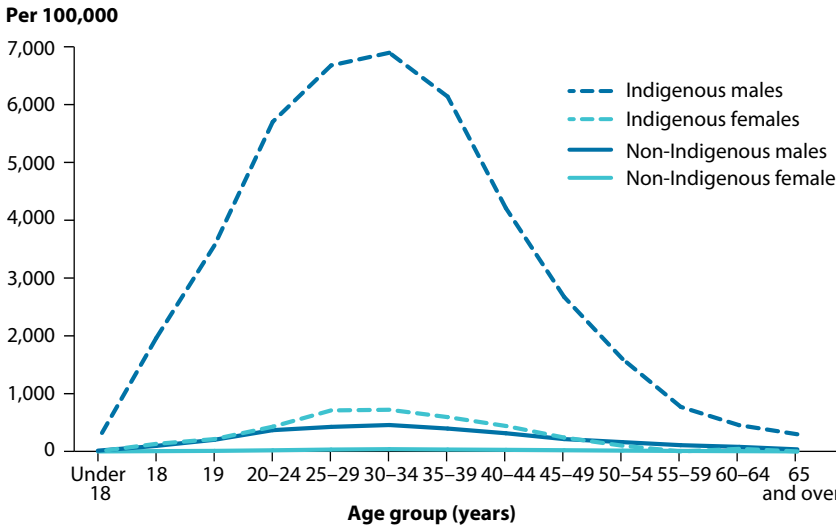
Adults who feel able to access support outside the household



Source: Table A12.33.

- In 2006, 93% of adults reported that they felt able to access support in times of crisis from people living outside the household.
- People with lower equivalised gross household incomes were less likely to feel able to access support.
- Older people and people who did not speak English well were also less likely to feel able to access support.

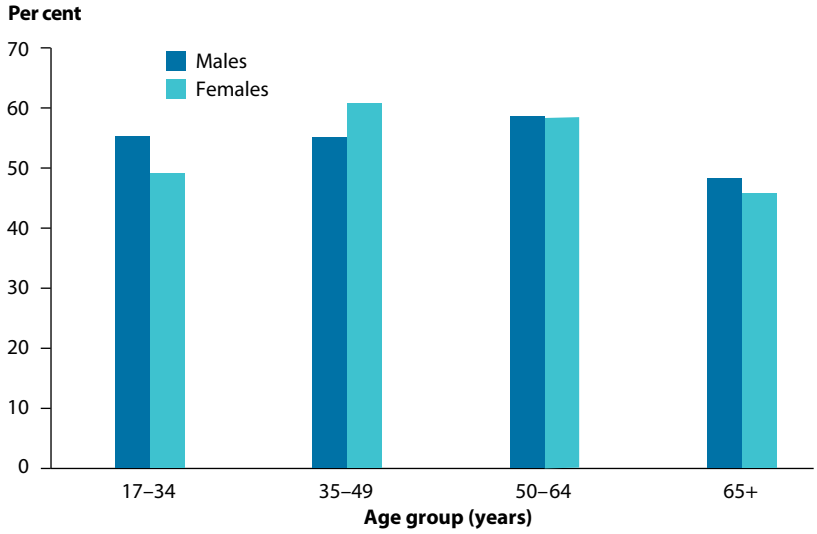
Imprisonment rate



Source: Table A12.34.

- In 2010, the imprisonment rate was 170 per 100,000 population—14 times higher for Indigenous people (1,892 per 100,000) than non-Indigenous people (134 per 100,000).
- Males aged 30–34 years were the most likely to be in prison (609 per 100,000).
- Since 2000, the non-Indigenous imprisonment rate has remained steady, but the Indigenous imprisonment rate has increased by over 50%.

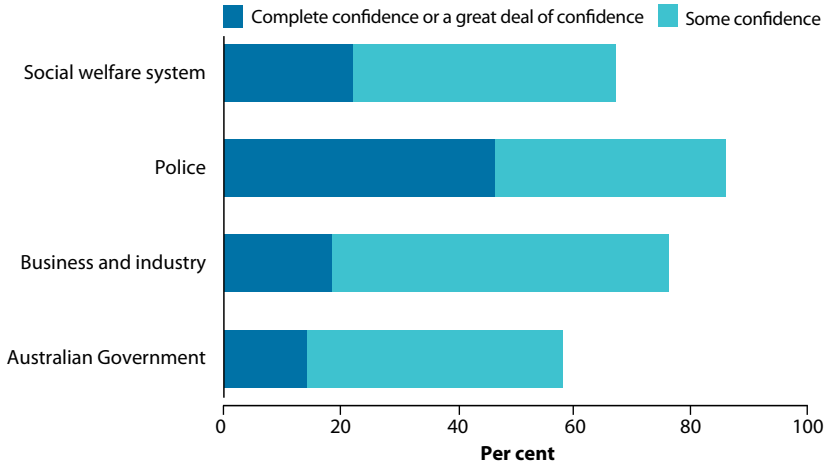
People aged 17 years or over who agree that most people can be trusted



Source: Table A12.35.

- In 2009, 55% agreed that most people can 'almost always' or 'usually' be trusted.
- Males and females had similar levels of social trust.
- People aged 65 years or over had the lowest levels of social trust (47%).

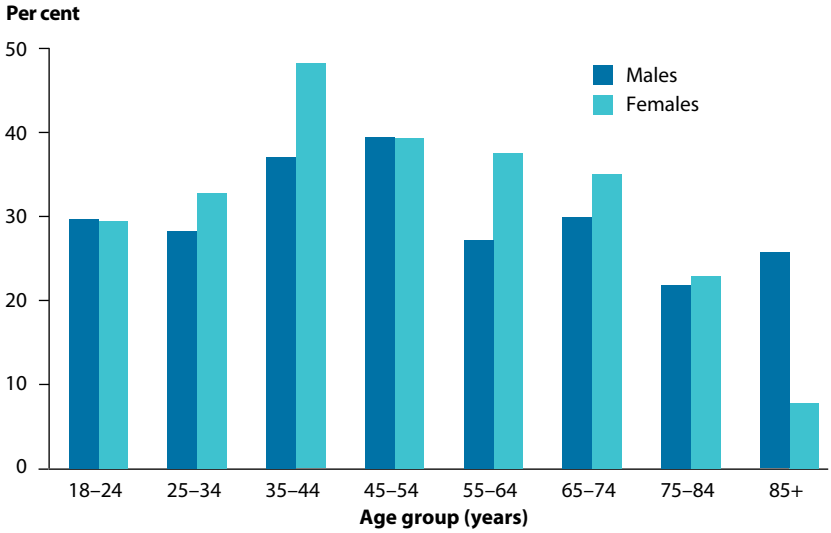
People aged 17 years or over who have confidence in selected institutions



Source: Table A12.36.

- In 2009, 86% expressed at least some confidence in the police; 76% in business and industry; 67% in Australia's social welfare system; and 58% expressed confidence in the Australian Government.
- Males and females were similarly likely to have confidence in these institutions.
- The likelihood of having at least some confidence in the Australian Government, and in business and industry, declined with age.

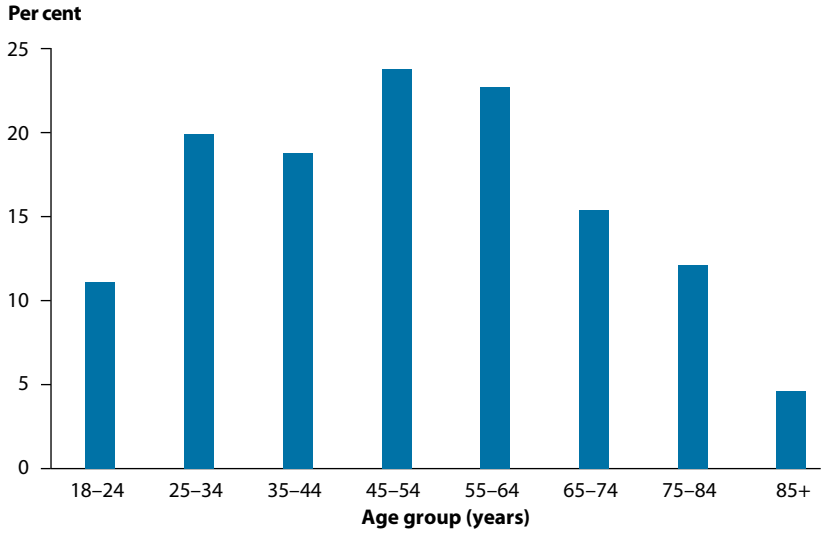
Volunteering



Source: Table A12.37.

- In 2006, 34% of adults performed volunteer work at least once in the year—up from 24% in 1995.
- People aged 35–44 years were the most likely to volunteer (43%); and females (35%) were more likely to volunteer than males (32%).

Participation in civic and political groups



Source: Table A12.38.

- In 2006, 19% of adults actively participated in civic and political groups at least once in the year.
- Participation was highest among people aged 45–54 years (24%) and 55–64 years (23%).

12.5 Indicator definitions

Indicator	Definition
Life expectancy at birth	The number of years that a baby born in a given year can expect to live, if age-specific death rates do not change.
Infant mortality rate	The number of deaths among infants aged less than 1 year per 1,000 live births.
Adults reporting very high levels of psychological distress	The percentage of respondents aged 18 years or over scoring very high on the Kessler Psychological Distress Scale –10 items (K10). This is a scale of non-specific psychological distress based on 10 questions about negative emotional states in the 4 weeks prior to interview.
People aged 14 years or over at risk of lifetime harm from alcohol	The percentage of respondents aged 14 years or over who, in the 12 months prior to survey, consumed alcohol in quantities that put them at risk of harm from alcohol-related disease or injury over their lifetime (on average, more than two standard drinks per day). This definition relates to Guideline 1 of the National Health and Medical Research Council (NHMRC) 2009 guidelines.
People aged 15 and over that usually consume the recommended daily intake of fruits and vegetables	The percentage of respondents aged 15 years or over who reported usually consuming the quantities recommended by the NHMRC—two serves of fruit, and five serves of vegetables. One serve is approximately 150 grams of fresh fruit, 50 grams of dried fruit, half a cup of cooked vegetables, or one cup of salad vegetables. Beverages are not included.
People aged 15 years or over who reported sedentary levels of exercise	The percentage of respondents aged 15 years or over who, based on responses regarding the frequency, duration and intensity of exercise undertaken for fitness, recreation or sport, in the two weeks before the survey, were deemed to have done no exercise or 'very low' exercise.
Adults who are obese	The percentage of respondents aged 18 years or over who, based on self-reported height and weight, were deemed obese by World Health Organization (WHO) and NHMRC guidelines—that is, with a body mass index (BMI) of 30 or more.

Indicator	Definition
Households tenure types	The percentage of households who were owners with a mortgage, owners without a mortgage, public renters (i.e. renting from a state or territory housing authority) and private renters. Note that two other tenure types are possible—'other landlord type' (1–2% of households) and 'other tenure type' (2–3% of households.
Lower income households that spent more than 30% of their gross income on housing costs	The percentage of lower income households that reported spending more than 30% of their gross income on housing costs. Lower income households are households whose equivalised disposable income is ranked between the bottom 10% and bottom 40% of the income. Housing costs comprise rent payments; rates payments; and mortgage or unsecured loan payments if the initial purpose was primarily to buy, add to or alter the dwelling.
Number of homeless people	The number of homeless people estimated from the Census. Includes primary homeless (sleeping on the streets, in derelict buildings, or in cars), secondary homelessness (staying in emergency or transitional accommodation, or temporarily with other households), or tertiary homelessness (living in boarding houses).
People aged 15 years or over who feel safe in various situations	The percentage of respondents aged 15 years or over who reported feeling 'safe' or 'very safe' alone at home during the day, alone at home after dark, walking alone after dark in their neighbourhood, and using public transport alone after dark.
Victimisation rate for selected crimes	The percentage of respondents aged 15 years or over who reported being victims of a physical assault; and the proportion of respondent households that reported being victims of a break-in. Incidents not reported to police are included.
Hospitalisation due to injury	The number of hospital separations due to injury, per 100,000 population. The headline rate is expressed as an age-standardised rate.
Apparent retention rate to Year 12	The percentage of students who remain in secondary education from the start of secondary school to Year 12. To calculate the apparent retention rate in 2010, the total number of full-time students enrolled in Year 12 in 2010 would be divided by the number of full-time students who were in the base year—Year 7 in NSW, Vic, Tas and the ACT in 2005, and Year 8 in Qld, SA, WA and the NT in 2006.

Indicator	Definition
People aged 15–64 years studying for a qualification	The percentage of respondents aged 15–64 years who reported being enrolled in formal learning. A learning activity is formal if it leads to a learning achievement that is possible to position within the Australian Qualification Framework (AQF).
People aged 15–64 years with a non-school qualification	The percentage of respondents aged 15–64 years who reported having a non-school qualification. Non-school qualifications are awarded for educational attainments other than those of pre-primary, primary or secondary education.
Year 5 school children not meeting literacy benchmarks	The percentage of Year 5 students that did not meet the national minimum standard in the National Assessment Program—Literacy and Numeracy (NAPLAN) reading, writing and spelling tests.
People aged 15–74 years with insufficient levels of literacy	The percentage of respondents aged 15–74 years whose measured document literacy, numeracy, and problem-solving skills were deemed below the minimum required to meet the complex demands of everyday life and work in the emerging knowledge-based economy.
Equivalised disposable household income	The reported weekly equivalised disposable household income of respondents. See Chapter 3 for information about equivalised disposable household income.
Low income households	The proportion of respondents whose reported equivalised disposable household income is below 40%, 50% and 60% of median equivalised disposable household income.
Household wealth	The reported average net wealth of respondent households. The net worth of a household is the value of its assets less the value of its liabilities. Assets include property, owned businesses, shares, and superannuation. Liabilities are primarily the value of loans outstanding.
Labour force participation rate	The number of respondents in the labour force—employed or unemployed—expressed as a percentage of the civilian population aged 15 years or over.

Indicator	Definition
Unemployment and underemployment	The labour force underutilisation rate, the unemployment rate and the long-term employment rate. The labour force underutilisation rate is the sum of the number of unemployed respondents and the number of underemployed—employed and wanting, and available for, more hours of work than they currently have—respondents, expressed as a proportion of the labour force. The unemployment rate is the number of unemployed—not employed, actively looking for work and available for work, or waiting to start a new job and able to start—respondents, as a proportion of the labour force. The long-term unemployment rate is the number of respondents unemployed for 12 months or more, as a proportion of the labour force. Trend estimates are presented.
Part-time and casual employment	The number of part-time (working fewer than 35 hours a week) employed respondents as a percentage of all employed people; and the number of respondents who were considered casual workers— employees without leave entitlements—as a percentage of employed persons. The part-time employment rate is an annual average for the year ending 30 June; the casual employment rate is as at November.
Average hours worked by full-time workers	Average actual hours worked, per week, by full-time employed—employed and working 35 hours a week or more—respondents, during the year ending 30 June. Overtime is included; hours paid for but not worked, such as paid annual leave, public holidays or paid sick leave, are not included.
Adults who report difficulty with transport	The percentage of respondents aged 18 years or over who reported, when asked how difficult it is for them to travel to places they may need to go to in normal circumstances, that they 'often have difficulty', or 'can't get to the places needed'. Persons who reported that they never go out or are housebound are not included. Difficulties which may have been taken into account are traffic problems, parking and distances, as well as those difficulties not directly related to transport such as poor health or lack of finances.
Households with access to the internet at home	The percentage of respondent households who report having access to the internet at home.
People aged 15 years or over who participated in sport and physical recreation	The percentage of respondents aged 15 years or over who reported participating, at least once in the year, in sport and physical recreation.

Indicator	Definition
People aged 15 years or over who attended selected cultural venues	The percentage of respondents aged 15 years or over who reported attending, at least once in the year, art galleries, museums, zoological parks and aquariums, botanic gardens, libraries, archives, classical music concerts, popular music concerts, theatre performances, dance performances, musicals and operas, other performing arts, or cinemas.
Crude marriage rate	The number of marriages granted during the calendar year per 1,000 estimated resident population at 30 June.
Crude divorce rate	The number of divorces granted during the calendar year per 1,000 estimated resident population at 30 June.
Adults who experienced partner violence at some time since 15 years of age	The percentage of respondents aged 18 years and over who reported experiencing violence by a current or previous partner at some time since the age of 15 years. Violence is any incident of sexual assault, threatened sexual assault, physical assault or threatened or attempted physical assault.
Children who were the subject of a child protection substantiation	The number of children aged 0–17 years who were the subject of substantiation of a child protection notification received during the relevant year, per 1,000 children. A substantiation occurs when an investigation into a child protection notification concludes that there is reasonable cause to believe that the child had been, is being, or is likely to be abused, neglected or otherwise harmed.
Adults who feel able to access support outside the household	The percentage of respondents aged 18 years and over who reported being able to get support in a time of crisis from persons living outside the household. Support could be in the form of emotional, physical or financial help. Potential sources of support could be family members, friends, neighbours, work colleagues and various community, government and professional organisations.
Imprisonment rate	The number of persons in adult prisons on the night of 30 June, per 100,000 adults. Unsentenced prisoners are included; persons held in juvenile institutions, psychiatric custody and police custody are excluded.
People aged 17 years or over who agree that most people can be trusted	The percentage of respondents aged 17 years and over, who, when asked to choose between the statements 'people can almost always be trusted', 'people can usually be trusted', 'you usually can't be too careful in dealing with people' and 'you almost always can't be too careful in dealing with people', chose one of the first two statements.

Indicator	Definition
People aged 17 years or over who have confidence in selected institutions	The percentage of respondents, aged 17 years and over, who, when asked about their confidence in the Federal government/parliament, in business and industry, in the police in their state or territory, and in Australia's social welfare system, expressed 'complete confidence', 'a great deal of confidence' or 'some confidence'.
Volunteering	The percentage of respondents aged 18 years and over who reported performing voluntary work at least once in the year. Voluntary work is the provision of unpaid help, willingly, to an organisation or group. Work done overseas, work experience, and required unpaid community work—for example under the Work for the Dole Program or a Community Service Order—was excluded.
Adults participating in civic and political groups	The percentage of respondents aged 18 years and over who reported actively participating in civic and political groups at least once in the year.

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Abbreviations • Glossary
Appendixes • Index

Abbreviations

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
ACOSS	Australian Council of Social Services
ADHD	Attention Deficit Hyperactivity Disorder
AEDI	Australian Early Development Index
AHURI	Australian Housing and Urban Research Institute
AIFS	Australian Institute of Family Studies
AIHW	Australian Institute of Health and Welfare
ANZSCO	Australian and New Zealand Standard Classification of Occupations
ANZSIC	Australian and New Zealand Standard Industrial Classification
ASCED	Australian Standard Classification of Education
ASGC	Australian Standard Geographical Classification
BMI	body mass index
CACP	Community Aged Care Packages
CAP	Crisis Accommodation Program
CCB	Child Care Benefit
CCR	Child Care Rebate
CCTR	Child Care Tax Rebate
CDC	consumer-directed care
CDEP	Community Development Employment Projects
CH	Community Housing
CNOS	Canadian National Occupancy Standard
COAG	Council of Australian Governments
COPS	Community Options projects
CPI	consumer price index
CRA	Commonwealth Rent Assistance
CRS	Commonwealth Rehabilitation Service
CSHA	Commonwealth State Housing Agreement

CSHISC	Community Services and Health Industry Council
CSTDA	Commonwealth State/Territory Disability Agreement
CURF	confidentialised unit record file (ABS)
DEEWR	Australian Government Department of Education, Employment and Workplace Relations
DEN	Disability Employment Network
DES	Disability Employment Services
DEST	Australian Government Department of Education, Science and Training
DEWR	(former) Australian Government Department of Employment and Workplace Relations
DMS	Disability Management Service
DoHA	Australian Government Department of Health and Ageing
DOWG	(National Disability Strategy) Development Officials Working Group
DPRWG	Disability Policy and Research Working Group
DS NMDS	Disability Services National Minimum Data Set
DSP	Disability Support Pension
DVA	Australian Government Department of Veterans' Affairs
EACH	Extended Aged Care at Home
EACHD	Extended Aged Care at Home Dementia
ESS	Employment Support Service
FaCS	(former) Australian Government Department of Family and Community Services
FaCSIA	(former) Australian Government Department of Families, Community Services and Indigenous Affairs
FaHCSIA	Australian Government Department of Families, Housing, Community Services and Indigenous Affairs
FHOB	First Home Owners Boost
FHOG	First Home Owners Grant
FHSA	First Home Saver Accounts
FTB-A	Family Tax Benefit A
FTB-B	Family Tax Benefit B
FTE	full-time equivalent
FWA	Fair Work Australia
GDP	gross domestic product
GFC	global financial crisis

GPC	(ABS) Government Purpose Classification
GSS	General Social Survey
GST	goods and services tax
HACC	Home and Community Care
HILDA	Household, Income and Labour Dynamics in Australia Survey
HOIL	Home Ownership on Indigenous Land Program
HOP	Home Ownership Program
HPA	Home Purchase Assistance
HREOC	Human Rights and Equal Opportunity Commission
HRSCFCHY	House of Representatives Standing Committee on Family, Community, Housing and Youth
IADL	Instrumental Activity of Daily Living
ICF	International Classification of Functioning, Disability and Health
ICH	Indigenous Community Housing
ICHO	Indigenous Community Housing Organisation
I-CHOSS	Inner City Homelessness Outreach and Support Service
IER	Indigenous expenditure report
JJ NMDS	Juvenile Justice National Minimum Data Set
LBOTE	language background other than English
MCEECDYA	Ministerial Council for Education, Early Chidlhood Development and Youth Affairs
MDS	minimum data set
NAHA	National Affordable Housing Agreement
NBJP	Nation Building and Jobs Plan
NCCP	National Carer Counselling Program
NCSDC	National Community Services Data Committee
NCSIA	National Community Services Information Agreement
NCSIMG	National Community Services Information Management Group
NCVER	National Centre for Vocational Education Research
NDA	National Disability Agreement
NDRRA	Natural Disaster Relief and Recovery Arrangements
NDS	National Disability Strategy
NEIS	New Enterprise Incentive Scheme
NGCSO	Non-government community service organisation
NHMRC	National Health and Medical Research Council
NHS	National Health Survey
NHSC	National Housing Supply Council

NILS	National Institute of Labour Studies
NIRA	National Indigenous Reform Agreement
NMDS	National minimum data set
NPA	National Partnership Agreement
NPAH	National Partnership Agreement on Homelessness
NPASH	National Partnership Agreement on Social Housing
NPARIH	National Partnership Agreement on Remote Indigenous Housing
NRAS	National Rental Affordability Scheme
NRCP	National Respite for Carers Program
NSHS	National Social Housing Survey
NSMHWB	National Survey of Mental Health and Well Being
NYC	National Youth Commission
OECD	Organisation for Economic Co-operation and Development
PBLCI	Pensioner and Benecifiary Living Cost Index
PRA	Private rent assistance
RA	Remoteness Area
RCS	Resident Classification Scale
RSE	relative standard error
SAAP	Supported Accommodation Assistance Program
SDAC	(ABS) Survey of Disability, Ageing and Carers
SEIFA	Socio-Economic Index for Areas
SES	socioeconomic status
SMART	SAAP Management and Reporting Tool
SOCX	(OECD's) social expenditure classification
SOMIH	state owned and managed Indigenous housing
SPP	specific purpose payment
TAFE	technical and further education
TCP	Transition Care Program
UN	United Nations
URD	unit record data
VET	vocational education and training
VHC	Veterans Home Care
VRS	Vocational Rehabilitation Services
WEA	Welfare expenditure Australia
WHO	World Health Organization
YPIRAC	Younger People in Residential Aged Care

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

Accessible May be entered, used, acquired and enjoyed by a person with activity limitations and/or participation restrictions, on an equal basis with others.

Adoption The legal process by which a person legally becomes a child of the adoptive parent(s) and legally ceases to be a child of his/her existing parent(s). Intercountry adoptions are adoptions of children from countries other than Australia who are legally able to be placed for adoption, but who generally have had no previous contact or relationship with the adoptive parents.

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 A method of removing the influence of age when comparing populations with different age structures. The age structures of the different populations are converted to the same 'standard' structure. In this report the standard population is usually the Australian population as at 30 June 2001.

Apparent retention rate The percentage of full-time students who remain in secondary education from the start of secondary school (Year 7/8) to the given year (usually Year 10 or Year 12).

Bachelor degree or higher Attainment of an undergraduate or postgraduate qualification at a university.

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 orders or arrangements which give child protection 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, third-party parental responsibility orders, supervisory orders, interim and temporary orders, and other administrative arrangements.

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.

Casual/temporary employee Employed persons who are not entitled to paid leave.

Community-based supervision Supervision of a young person in the community by a juvenile justice agency while the young person is either awaiting an initial court appearance for an alleged offence, waiting for a court hearing or outcome, or completing an order following the finalisation of a court case. Includes supervised bail, probation, community service orders, suspended detention and parole.

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 prices for a given year applied in all years; that is, removing 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 Needing assistance, having difficulties or using aids or equipment to help 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 may 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.

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 Supervision of a young person in a remand or detention centre by a juvenile justice agency while the young person is either awaiting an initial court appearance for an alleged offence, waiting for a court hearing or outcome, or completing an order following the finalisation of a court case. Includes remand and sentenced detention.

Diploma/certificate or equivalent Attainment of document certifying completion of an accredited course of post-secondary education.

Direct community services Community services provided to individuals/families on an interactive or face-to-face basis or on their behalf.

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. See Chapter 5.

Disposable income Total (gross) income minus income tax, the Medicare levy and the Medicare levy surcharge (if applicable). See Box 3.3.

Dwelling A structure or a discrete space within a structure intended for people to live in or where a person or group of people live. Thus a structure that people actually live in is a dwelling regardless of its intended purpose, but a vacant structure is only a dwelling if intended for human residence. A dwelling may include one or more rooms used as an office or workshop provided the dwelling is in residential use.

Early intervention As used in the childhood development sector, programs used among children aged 0–6 years identified with, or at risk of, developmental delay or disability to improve health and developmental outcomes. It may include, among others, physiotherapy, speech therapy, occupational therapy and special education. To distinguish from other forms of early intervention it is sometimes termed Early Childhood Intervention.

Employed Persons aged 15 years and over who, during the reference week of the ABS Labour Force Survey worked for one hour or more for pay, profit, commission or payment in kind in a job or business, or on a farm, or worked for one hour or more without pay in a family business or on a farm (i.e. contributing family workers). This includes employees who had a job but were not at work and were away from work for less than four weeks up to the end of the reference week, or away from work for more than four weeks up to the end of the reference week and received pay for some or all of that four week period, those who were away from work as a standard work or shift arrangement, on strike or locked out, on workers' compensation and expected to return to their job, or were employers or own account workers, who had a job, business or farm, but were not at work.

Equivalised household income An indicator of the economic resources available to a standardised household. For a lone-person household it is equal to income received. For a household comprising more than one person, equivalised income is an indicator of the household income that a long-person household would require in order to enjoy the same level of economic wellbeing as the household in question. See Box 3.3.

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. Each separately identified couple relationship, lone parent-child relationship or other blood relationship forms the basis of a family. Some households contain more than one family.

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.

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 before and/or after school care, long day care, family day care and occasional care.

Full-time equivalent A standard measure of the size of a workforce that takes into account both the number of workers and the hours that each works. For example, if a workforce comprises two people working a full-time 35 hours a week and two working half time, this is the same as three working full time.

Full-time workers Employed persons who usually worked 35 hours or more a week (in all jobs) and those who, although usually working less than 35 hours a week, worked 35 hours or more during the reference week of the ABS Labour Force Survey

Gross domestic product A statistic commonly used to indicate national income. It is the total market value of goods and services produced within a given period after deducting the cost of goods and services used up in the process of production, but before deducting allowances for the consumption of fixed capital.

Household A group of two or more related or unrelated people who usually reside in the same dwelling, and who make common provision for food or other essentials for living. Or a single person living in a dwelling who makes provision for his or her own food and other essentials for living, without combining with any other person.

Household equivalised income Equivalised income adjusts household income for household size and composition. For a household comprising more than one person, equivalised income shows how much income a person living alone would need to enjoy the same level of economic wellbeing as the household in question.

Incidence The number of new cases of an event occurring during a given period. Compare with *prevalence*.

Inclusion The Australian government's Social Inclusion Board describes social inclusion in terms of having resources, opportunities and capabilities needed to participate in education, training, employment, social and recreational activities, and to have a voice.

Indigenous A person of Aboriginal and/or Torres Strait Islander descent who identifies as an Aboriginal and/or Torres Strait Islander.

Indigenous household One which contains one or more Indigenous persons.

Indigenous status Whether a person identifies as being of Aboriginal or Torres Strait Islander origin.

Individualised funding A funding arrangement whereby a person with disability, or a nominated person on their behalf, is directly allocated an amount of funding determined by an assessment of their needs. The individual determines how those funds are used to satisfy the assessed needs, exercising independent choice in the purchase of services and support.

Informal carer An informal carer is a person, such as a family member, friend or neighbour, who provides regular and sustained care and assistance to a person with disability, a long term health condition, or an older person without payment for the care given.

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 natural or adopted child of both partners in the couple, and no child aged 0–17 years who is the stepchild of either partner of the couple. Intact families may also include other children who are not the natural or adopted children of either parent.

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.

Labour force Persons who were employed or unemployed (not employed but actively looking for work) during the reference week of the ABS Labour Force Survey.

Labour force participation rate The size of the labour force as a percentage of the civilian population. See Box 3.1.

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.

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 condition If multiple conditions are reported in the ABS Survey of Disability, Ageing and Carers, the main condition is the one reported as causing the most problems. If only one condition is reported, this is recorded as the main condition.

Main English-speaking countries In the context of people born outside Australia: the United Kingdom, Ireland, New Zealand, Canada, the United States of America and South Africa. A person born in a main English-speaking country is not necessarily fluent in English.

Main tenant The tenant who is party to the residential tenancy agreement. Where this is not clear, it is the person who is responsible for rental payments.

Mainstream services Services available to the general population rather than targeting discrete sub-populations in areas including health, welfare, education and employment

Median The midpoint of a list of observations that have been ranked from smallest to largest.

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-direct community services Non-direct services include social policy planning and development; group advocacy and social action; community group development and support; service delivery development and support to other organisations; administrative support and fundraising.

Non-Indigenous People who have declared that they are not of Aboriginal or Torres Strait Islander descent.

Non-main English-speaking countries In the context of people born outside Australia: all countries excluding the United Kingdom, Ireland, New Zealand, Canada, the United States of America and South Africa. A person born in a non-main English-speaking country does not necessarily have poor English speaking skills.

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. Examples of one parent families include a 25-year-old parent with dependent children; and an 80-year-old living with his or her 50-year-old child.

Occasional care A type of formal care provided mainly for children who have not started school. These services cater mainly for the needs of families who require short term care for their children.

Older person For the purposes of this report, a person aged 65 years or over.

Out-of-home care Alternative overnight accommodation for children and young people under 18 years of age who are unable to live with their parents, where the child protection department makes (or offers) a financial payment. Children in out-of-home care can be placed in a variety of living arrangements, including foster care, relative/kinship care and residential care.

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.

Participation The ICF defines participation in terms of involvement in life situations, from basic learning and applying knowledge, through general tasks and demands, to domestic life, relationships, education and employment, and community life.

Part-time workers Employed persons who usually worked less than 35 hours a week (in all jobs) and either did so during the reference week of the ABS Labour Force Survey, or were not at work in the reference week.

Permanent employee Employed persons who are entitled to take paid leave.

Person-centred care and planning An approach to supporting people with disability that privileges their voice in identifying goals and aspirations and harnesses the power of personal social networks to achieve them. Services and supports are developed that flow from, rather than drive, the individual's goals and aspirations. Individualised funding is a feature of this approach.

Prevalence The number or proportion (of cases, events and so forth) present in a population at a given time. Compare with ***incidence***.

Primary carer Defined by the ABS as a person who provides the most informal assistance, in terms of help or supervision, to a person with one or more disabilities or aged 60 years and over.. 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).

Private dwelling A private dwelling is normally a house, flat, or even a room. It can also be a caravan, houseboat, tent, or a house attached to an office, or rooms above a shop. A private dwelling can be occupied or unoccupied. Occupied dwellings in caravan/residential parks are treated as occupied private dwellings.

Projection Is not a forecast but simply illustrates changes that would occur if the stated assumptions were to apply over the period in question.

Quintile A group derived by ranking a population according to specified criteria (for example, income) and dividing it into five equal parts.

Recurrent expenditure Expenditure incurred for services and goods with a life of less than a year.

Reference person In the ABS Survey of Income and Housing the reference person for each household is chosen by applying, to all household members aged 15 years and over, the selection criteria below, in the order listed, until a single appropriate reference person is identified:

- one of the partners in a registered or de facto marriage, with dependent children
- one of the partners in a registered or de facto marriage, without dependent children
- a lone parent with dependent children

- the person with the highest income
- the eldest person.

For example, in a household containing a lone parent with a non-dependent child, the one with the higher income will become the reference person. However, if both individuals have the same income, the elder will become the reference person. See Box 2.4.

Residential aged care 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).

Respite services Services that support community living by people who receive assistance from informal carers. 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 is the 'respite effect' achieved by relieving the carer of other tasks of daily living, which may or may not be directly related to their caring responsibility.

SAAP accompanying child A person aged under 18 years who: has a parent or guardian who is a SAAP client; and 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.

SAAP client A person who is homeless or at imminent risk of homelessness 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.

Severe or profound core activity limitation A person with profound or severe core 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.

Social housing Rental housing which is funded or partly funded by Government and that which is owned or managed by the government or a community organisation and let to eligible persons. This includes public rental housing, State owned and managed Indigenous housing, community housing and Indigenous community housing.

Specialist disability services Services provided under the National Disability Agreement for people with intellectual, psychiatric, sensory, physical or neurological impairments that manifest before 65 years of age, and which result in need for assistance with one or more core activities of life. Services currently include accommodation support, community support, community access, respite and employment. Compare with ***Mainstream services***.

Stepfamily A couple family containing one or more children aged 0–17 years, none of whom is the natural 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 natural or adopted children of either parent.

Tenancy (rental) unit The unit of accommodation (dwelling or part of a dwelling) to which a rental agreement can be made.

Tenure The nature of a person or social group's legal right to occupy a dwelling.

Total fertility rate (TFR) 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.

Traditional working age As used in this report, refers to the age group 15–64 years.

Unemployed Persons aged 15 years and over who were not employed during the reference week of the ABS Labour Force Survey, and had actively looked for full- or part- time work at any time in the previous four weeks, or were waiting to start a new job within four weeks of the end of the reference period.

Unemployment rate The number of unemployed people, expressed as a percentage of the labour force.

Appendix A: Tables

Note: All population and appendix tables can be found online at <www.aihw.gov.au> and are also available on the CD accompanying the printed book.

Appendix B: Major income support payments

This Appendix provides details of the major income support payments listed at the end of Chapter 3. The list is not exhaustive or definitive, and does not include additional or supplementary payments such as Rent Assistance, Pharmaceutical Allowance or the Commonwealth Seniors Health Card. As eligibility rules and payment rates are subject to change, up-to-date information on any of these payments should be sourced from the Centrelink website: <www.centrelink.gov.au>.

Further statistics, including characteristics of recipients and trends in recipient numbers, are provided throughout *Australia's welfare 2011* as indicated.

Payments related to ageing, illness, disability and caring

- **Age Pension:** A means tested pension that provides income support to older Australians. The qualifying age as at 30 June 2010 was 65 years for males and 64 years for females. This was the largest income support category in 2010, with almost 2.2 million people receiving a full or part pension. Further information about the Age Pension is provided in Chapter 6.
- **Disability Support Pension (DSP):** A means tested pension that provides support to people with disability aged 16 years or over but below Age Pension age. To be eligible to receive the DSP a person must be assessed as having a permanent impairment that renders them unable to work at or above the minimum wage for at least 15 hours per week or train for such work for at least two years; or be permanently blind. Further information about DSP recipients is provided in Chapter 5.
- **Sickness Allowance:** A means tested benefit that provides assistance to employed people or students who have temporarily suspended their work or study because of a medical condition. It is paid to people aged 21 years or over but below Age Pension age. Further statistics relating to this payment are included in Chapter 5.
- **Mobility Allowance:** A non–means tested payment that contributes to covering the transport costs of people with disability who are unable to use public transport without assistance. It is paid to people aged 16 years or over who are undertaking an approved activity (such as work or study) that requires them to travel to and from their home. Trends relating to this payment are included in Chapter 5.
- **Wife Pension:** A means tested pension paid to the wife of an Age Pensioner or DSP recipient, who was not receiving a pension in her own right. It has been closed to new entrants since 1 July 1995, but women who were granted the Wife Pension prior to this date can continue to receive the payment. Trends relating to this payment are shown in Chapter 5.
- **Carer Payment:** A payment to support people who provide full–time care in the home to another person with a severe disability or medical condition, and whose caring role makes them unable to participate in the workforce. See Chapter 7 for more information about informal carers.
- **Carer Allowance:** A non–means tested supplementary payment to people who provide daily care to someone with a severe disability or medical condition. The care recipient may be an adult or a child. See Chapter 7 for more information about informal carers.

Student and labour market related programs

- **Austudy Payment:** A means tested payment that provides support to qualifying full–time students undertaking approved courses and full-time apprentices aged 25 years or over undertaking approved courses.
- **ABSTUDY:** An ongoing special measure to assist in addressing the educational disadvantage of Indigenous Australians. It provides a means and income tested living allowance and a range of supplementary benefits to Aboriginal and Torres Strait Islander full-time students.
- **Youth Allowance:** A payment to people aged 16–24 years who are undertaking full-time study or an Australian Apprenticeship; or who are aged 16–20 years (or, from 1 July 2012, 15–21 years) and unemployed and looking for work, undertaking a combination of approved activities such as part-time work and part-time study; or who are temporarily incapacitated. It is subject to independence and means tests. Participation in education and employment by young people is discussed in Chapter 4.
- **Newstart Allowance:** A means tested payment to people aged between 21 years (or, from 1 July 2012, 22 years) and the Age Pension qualifying age who are unemployed and satisfy the activity test (that is, actively seeking work or undertaking other approved activities such as training or participation in a labour market program). Some recipients of Newstart Allowance are subject to mutual obligation requirements including Work for the Dole.
- **Partner Allowance:** A means tested payment to partners of people in receipt of one of a range of pensions, who were aged 40 years or over and had no recent workforce experience. Partner Allowance was closed to new claimants on 20 September 2003, but continues to be paid to existing recipients who remain eligible.
- **Widow Allowance:** A means tested payment to women aged 50 years or over with no recent workforce experience who were widowed, divorced or separated after the age of 40 years. It was closed to new claimants from 1 July 2006 unless the woman was born on or before 1 July 1955.
- **Special Benefit:** A discretionary means tested payment to people in severe financial hardship due to circumstances beyond their control, and who are unable to receive any other income support payment. The circumstances under which it is granted are determined by the Secretary of the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA).

Payments relating to family assistance

The following payments to families to assist with the costs of raising a child are discussed in detail in Chapter 4.

- **Family Tax Benefit A** helps families with the costs of raising children. Payment amounts are dependent upon the age and number of children, as well as overall family income.
- **Family Tax Benefit B** is also available to single income families (sole or two-parent) with children aged under 16 years (18 years if full-time student).
- The **Child Care Rebate** (CCR) and **Child Care Benefit** (CCB) assist families with the cost of child care and to support parental participation in the workforce. The payment rate of CCB varies depending on the type of care and the school status of the child being cared for.

The CCR covers 50% of out-of-pocket expenses of approved child care services up to an annual cap of $7,500 (per child), after which the rebate ceases. To be eligible for CCR, the parent/s should be eligible for CCB. CCR is not income-tested—parents eligible for CCB, but not receiving any CCB payments due to high income, are still eligible for CCR.

- The **Baby Bonus** is paid to help with the extra costs of a new baby or adopted child in 13 fortnightly instalments. A family income test determines eligibility.
- The *Paid Parental Leave Act 2010* was introduced in January 2011. The Act aims to promote infant and maternal health by enabling working parents to spend more time caring for their newborn child. Eligible recipients can choose to receive either paid parental leave or the Baby Bonus for each child.
- **Parenting Payment** helps to fund the costs of raising a child. This income-tested payment is made to one parent only in a couple relationship with a youngest child aged under six years. For single parents, the payment rate is higher, and the youngest child must be under eight years old.

Appendix C: Technical notes on welfare expenditure

C.1 Introduction

Data on welfare expenditure reported in Chapter 11 comprise data from the Australian Government, state and territory governments, local governments, non-government community services organisations (NGCSOs) and households. These data include information on the expenditure on welfare services and cash payments (or social security). Where possible this information is reported for:

- families and children
- older people
- people with disability
- 'other' welfare.

These categories are based on the ABS Government Purpose Classification (GPC):

- family and child welfare services
- welfare services for the aged
- welfare services for people with a disability
- welfare services not elsewhere classified.

For details of what is included in each category see 'C.13 Government finance statistics' at the end of this Appendix.

Chapter 11 also provides data on core concession expenditure by governments (included in state and territory governments' welfare expenditure) and tax expenditures, as well as international comparisons. Estimates of the imputed value of unpaid care, the number of full-time equivalent informal unpaid carers and the number of full-time equivalent people employed to provide and support welfare services have also been included. Chapter 11.9 outlines current data development and reporting issues for welfare expenditure.

C.2 Australian Government

Total welfare expenditure for the Australian Government was estimated using the following data sources:

- Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) annual reports
- Department of Health and Aging (DoHA) unpublished data
- Department of Veterans' Affairs (DVA) unpublished data and budget statements
- Department of Immigration and Citizenship (DIAC) budget statements
- Department of Education, Employment and Workplace Relations (DEEWR) annual reports

- Australian Institute of Family Studies (AIFS) annual reports
- Australian Institute of Health and Welfare (AIHW) annual reports.

FaHCSIA

Each program identified in FaHCSIA annual reports was assigned a welfare category based on the program's target group and classified as either a welfare service or a cash payment. Programs were also identified as capital or recurrent expenditure.

Departmental administrative costs were allocated to individual programs weighted by the program expenditure. Some programs were split between two or more welfare categories.

Table C.1 lists recent FaHCSIA programs allocated to two or more categories as well as the basis for this. It should be noted that the table is not an exhaustive list of FaHCSIA programs that have been allocated to two or more categories over the decade to 2008–09. It is meant to provide examples only.

Table C.1: Examples of FaHCSIA programs where expenditure has been allocated to more than one welfare category and the methodology used

Program[a]	Welfare categories' allocation	Methodology used to allocate
Carer Allowance	People with disability (cash payment) Older people (cash payment)	Allocation based on proportions of recipients who are under 65 years old and 65 years old and over from FaHCSIA carer allowance database (unpublished).
Carer Payment	People with disability (cash payment) Older people (cash payment)	Allocation based on proportions of recipients who are under 65 years old and 65 years old and over from FaHCSIA carer payment fact sheet (unpublished).
Bereavement Allowance Special Benefit Reimbursement to Great Southern Rail for concessional fares Utilities Allowance	Families and children (cash payment) Older people (cash payment) People with disability (cash payment) 'Other' (cash payment)	Allocation based on numbers of social security recipients from FaHCSIA annual reports.
Extension of Fringe Benefits to pensioners and older long-term allowees and beneficiaries	Families and children (welfare service) Older people (welfare service) People with disability (welfare service) 'Other' (welfare service)	Allocation based on numbers of social security recipients from FaHCSIA annual reports.
Commonwealth State Housing Agreement SPP	Families and children (welfare service—capital) 'Other' (welfare service—capital) Non-welfare	Crisis accommodation assistance expenditure (obtained from Federal Financial Relations budget papers) allocated to families and children and 'other' based on proportions of Supported Accommodation Assistance Program (SAAP) recipients from AIHW data. The remainder of expenditure allocated as non-welfare (housing).

Program[a]	Welfare categories' allocation	Methodology used to allocate
Homelessness and Housing Supported Accommodation Assistance Programme (SAAP) SAAP Data and Program Evaluation Fund Special Account Innovation and Investment Fund SPP (SAAP)	Families and children (welfare service) 'Other' (welfare service)	Allocation based on numbers of SAAP recipients from AIHW data.

(a) Expenditure in all programs in each section has been allocated the welfare categories shown in that section.

DoHA

The welfare expenditure items from DoHA were sourced from DoHA cost centre data provided by the department. Welfare items were identified as capital or recurrent expenditure.

The Home and Community Care (HACC) expenditure was allocated to the older people and people with disability categories based on AIHW data on the number of HACC clients aged 65 years old and over. All other welfare expenditure was classified as welfare services for older people.

DVA

Unpublished DVA data provided by the department were used to estimate DVA's welfare services expenditure. Welfare services administrative costs were calculated as the proportion of DVA expenditure classified as welfare services expenditure multiplied by the total administrative costs. The welfare services administrative costs were added to DVA's welfare services expenditure to obtain DVA's total welfare services expenditure.

DVA's total welfare services expenditure was then allocated to the following welfare services categories: people with disability, older people, and 'other' recipients of welfare services. It was allocated using a weighted average of the number of recipients of the DVA pensions and allowances listed in Table C.2.

Table C.2: DVA pensions and allowances and corresponding welfare service category

DVA pensions and allowances	Welfare service category
Pensions and allowances for veterans and dependants	People with disability
Service pension	Older people
Pensions and allowances for war widows and dependants	'Other'

Additional data were obtained from DVA budget statements and were used to estimate DVA's total welfare cash payments. Pensions and payments identified as welfare cash payments were assigned a category based on the program's target group (Table C.3). Administrative costs were allocated to individual programs weighted by the program expenditure.

Table C.3: DVA cash payments and welfare category allocated

DVA pensions and payments	Welfare category (cash payments)
Income Support Pension	Older people
Disability Pension	People with disability
War and Defence Widows Pension	'Other'
Rehabilitation Compensation Acts Payment	People with disability

DIAC

Data from DIAC budget statements were used to estimate DIAC's welfare expenditure. Welfare categories were assigned to each welfare expenditure item and all welfare items were identified as being recurrent expenditure. Programs and administrative costs were classified as welfare services for families and children or for 'other' recipients based on the target group of the program. To ensure expenditure was net of transfers, fees for services have been subtracted from the 'other' welfare services category.

DEEWR

Expenditure on welfare programs was obtained from the 'Early childhood education and child care' and 'Labour market assistance' outcomes of DEEWR annual reports. Welfare programs were assigned a category based on their target group and classified as either a welfare service or a cash payment. Items were also identified as capital or recurrent expenditure. Departmental administrative costs were allocated to individual items weighted by the expenditure item.

As the Utilities Allowance was not directly targeted to a specific population, it was allocated to the four welfare categories by using a weighted average of expenditure from the payments listed in Table C.4.

Table C.4: Items used to allocate Utilities Allowance, 2008–09

DEEWR or FaHCSIA social security item	Welfare category (cash payments)
Disability Support Pension (FaHCSIA)	People with disability
Parenting Payment (Partnered) (DEEWR)	Families and children
Parenting Payment (Single) (DEEWR)	Families and children
Partner Allowance (Benefit) (DEEWR)	Families and children
Partner Allowance (Pension) (DEEWR)	Families and children
Widow Allowance (DEEWR)	'Other' welfare
Widow B Pension (FaHCSIA)	'Other' welfare
Wife Pension (Age) (FaHCSIA)	Older people
Wife Pension (DSP) (FaHCSIA)	People with disability
Age Pension (FaHCSIA)	Older people

AIFS

Welfare expenditure by the AIFS was estimated using the Income Statements from AIFS annual reports. All expenditure was allocated to the families and children welfare services category. To ensure expenditure was net of transfers, funding from the Australian Government was subtracted.

AIHW

Welfare expenditure by the AIHW was estimated using the Income Statements from AIHW annual reports. Half of AIHW expenditure was allocated to the 'other' welfare services category while the remainder was assumed to be health expenditure. To ensure expenditure was net of transfers, funding from the Australian Government was subtracted.

Changes to federal financial arrangements

From 1 January 2009 some specific purpose payments (SPPs) previously made by line agencies were made by Treasuries. This expenditure was obtained from Treasury final budget outcomes papers.

Economic stimulus payments

Economic stimulus payments of $7.4 billion were classified as 'other' welfare cash payments. This was obtained from the Commissioner of Taxation's Annual Report (ATO 2009).

Accuracy

Data from annual reports, budget statements, and unpublished data provided by agencies are considered to be accurate. Allocation to welfare categories based on program functions is considered accurate to the extent the program is directed as outlined. Allocations to welfare categories based on client numbers and, where relevant, based on expenditure to target groups is considered a satisfactory way of allocating expenditure to two or more welfare categories.

Scope

Where changes to payment arrangements and responsibilities were known, these expenditures were included in estimates. These include SPPs made by the Treasury from January 2009 and Economic Stimulus payments made by the Australian Taxation Office. It is possible however that not all welfare-related expenditure has been captured, and consequently this may result in an underestimation.

Coherence

The AIHW considers the Australian Government data from 1998–99 to 2008–09 to be comparable across the decade. Departmental restructures (for example the Disability Support Pension moving from DEEWR to FaHCSIA and the Child Care Tax Rebate and Child Care Benefit from FaHCSIA to DEEWR) has meant that the source data for some programs have changed over the years, however expenditure for these programs has been included.

C.3 State and territory governments

Total welfare expenditure by state and territory governments was estimated using ABS Government Finance Statistics (GFS) unpublished data for welfare services and data from the Indigenous Expenditure Report (IER).

For years up to and including 2005–06, ABS GFS data at the 4-digit level were used. The 4-digit level indicated the appropriate welfare categories for each type of expenditure. For each state and territory, the welfare expenditure was taken as the sum of welfare expenditure net of transfers for each welfare service category. Using expenditure net of transfers ensures that expenditure provided by the Australian Government and expended by the states or territories has not been double counted. Due to data quality concerns these data were no longer available at the 4-digit level after 2005–06.

Data for 2008–09 were estimated using a combination of ABS GFS data (at the 3-digit level) and data from the IER. The total expenditures for each of families and children, older people and people with disability were from the IER. The total for the 'other' category was obtained by subtracting the total of expenditure for families and children, older people and people with disability from the ABS GFS total welfare services expenditure. The IER, published for the first time for 2008–09, uses data from state and territory treasuries provided at the 4-digit level. A reliable method for estimating expenditure for 2006–07 and 2007–08, for each welfare service category, has not been developed.

Accuracy

ABS GFS state and territory government data at the 4-digit level for years up to and including 2005–06, and estimations for 2008–09 for the four welfare categories based on IER data are considered to be accurate.

Scope

Data on cash payments (or social security) were not included as historically these payments have only been made by the Australian Government. Increasingly however, state and territory governments are becoming involved in these activities, most notably with respect to payments to people to assist them in disaster recovery.

Coherence

It has not been possible to use the same methodology for the 11-year period due to ABS GFS 4-digit data not being available for the whole period. However, the published estimates are considered to be reasonably comparable.

C.4 Local governments

Total welfare expenditure by local governments was estimated using ABS GFS unpublished data. This provided recurrent and capital welfare expenditure net of transfers for local governments, as well as client fees for services for local governments.

The estimate of local government recurrent welfare expenditure is net of transfers and total client fees (revenue) have been subtracted. Using welfare expenditure net of transfers ensures that expenditure provided by the Australian Government and state and territory governments and expended by local governments has not been double counted.

Accuracy

ABS GFS local government data are considered accurate.

Coherence

AIHW considers the time series data comprising local government expenditure from 1998–99 to 2008–09 to be comparable.

C.5 Non-government community services organisations

The estimate of total welfare expenditure by non-government community services organisations (NGCSOs) comprises government-funded NGCSO expenditure, NGCSO self-funded expenditure and funding paid to NGCSOs in the form of client fees.

Government funding of NGCSOs

AIHW estimated the government-funded amount of NGCSO expenditure for each financial year by collecting information on grants to NGCSOs from the Australian Government, state and territory governments, and local governments. Both the state and territory government and local government information were sourced from ABS GFS unpublished data. However, as the ABS GFS figures were considered unrealistically low for Victoria, figures published by the Department of Human Services, Victoria, were used to estimate Victoria's state government grants to NGCSOs. Data on Australian Government grants to NGSCOs were collected by AIHW as the ABS GFS figures were considered unreliable for the Australian Government. The Australian Government data have instead been collected from annual reports and unpublished data from the following government departments: DoHA, FaHCSIA, DEEWR, DVA and DIAC.

Total grants to NGCSOs were estimated by adding grants from the Australian Government departments listed previously to grants for NGCSOs provided by state and territory governments.

NGCSOs self-funding

For years up to and including 2005–06, AIHW made estimates of NGCSOs self-funded expenditure based on the Australian Council of Social Service (ACOSS) database and a sample of NGCSO financial reports (from both small and large organisations). For years 2006–07, 2007–08 and 2008–09 the ACOSS data were not available and time constraints precluded collecting data from the NGCSOs themselves. NGCSOs self-funded expenditure for these years was estimated using the ratio of NGCSOs self-funded expenditure to government grants from *Community services, Australia, 2008–09* (ABS 2010a). This ratio was applied to estimate figures for 2006–07, 2007–08 and 2008–09.

Client fees

For years 1998–99 to 2005–06, AIHW estimated client fees based on the Aged and Community Care Management Information System and ACOSS data.

For years 2006–07, 2007–08 and 2008–09, the ACOSS data were not available. Client fees paid to NGCSOs were estimated using the ratio of client fees to government grants from *Community services, Australia, 2008–09* (ABS 2010a). This ratio was applied to estimate figures for 2006–07, 2007–08 and 2008–09.

Accuracy

AIHW considers data gathered from annual reports and unpublished data sent by line agencies to accurately reflect Australian Government grants to NGCSOs. AIHW considers the state and territory data reported in the ABS GFS to underestimate state and territory government grants to NGCSOs. This was particularly apparent in Victoria. The detail published by the Victorian Department of Human Services enabled estimates of grants to NGCSOs to be made based on its published figures. The same level of detail was not available for other jurisdictions. AIHW considers the methodology used to make estimates of NGCSOs' own source funding and client fees to be the most appropriate option available for estimating these figures, and to be of reasonable accuracy.

Coherence

The method used to estimate NGCSOs' own source funding and client fees for 2006–07, 2007–08 and 2008–09 resulted in a reasonable trend. When back-cast, the ratio obtained from *Community services, Australia, 2008–09* (ABS 2010a) produced estimates very close to the 2004–05 and 2005–06 published estimates (that is, using the previous method). NGCSOs' own source funding and client fees time series data are therefore considered comparable across the time period.

C.6 Households (client fees)

The estimate of total fees paid by households comprised fees paid for services that the government and NGCSOs respectively provided. In addition, fees are paid by clients for some services provided by informal carers in the household sector; however, no data on the fees paid for informal carers are available. The only client fees data available are for child care services.

Government

Client fees for government services were estimated as the sum of Australian Government fees for services, state and territory government fees for services and local government fees for services, from ABS GFS unpublished data.

NGCSOs

See 'Client fees' subsection of 'C.5 non-government community services organisations'.

Households (as providers of informal child care)

Households' client fees figures for informal child care were estimated using data from *Childhood education and care, Australia, June 2008* (ABS 2009a), a survey which is carried out every three years. Information from this survey provides the number of children in informal care and the cost of this care per week. The annual cost of informal care was estimated as 48 times the total weekly cost of care for the number of children receiving this care. For years between the ones in which the survey was conducted growth rates from *Consumer price index, Australia, June 2009* (ABS 2010b) were applied to obtain estimates of households' client fees for those years.

Accuracy

The methodology used to estimate NGCSOs' client fees is considered the most appropriate option available for estimating these figures, and is of reasonable accuracy.

Only client fees data for informal child care services were available. It is possible that informal care provided to older people and people with disability may also attract fees. No data are available on these and they are not captured in the reported expenditure data, therefore the estimate of client fees is likely to be conservative.

Coherence

AIHW considers the government services' client fees and households' client fees to be directly comparable over the years 1998–99 to 2008–09. The method used to estimate NGCSOs' own source funding and client fees for 2006–07, 2007–08 and 2008–09 resulted in a reasonable trend. When back-cast, the ratio obtained from *Community services, Australia, 2008–09* (ABS 2010a) produced estimates very close to the 2004–05 and 2005–06 published estimates (that is, using the previous method). The estimates are therefore considered comparable.

C.7 Core government concessions

Estimates of concessions considered as core concessions, that is for energy, public transport, water and sewerage, council rates and motor vehicles, were obtained from:

- New South Wales Treasury Budget statements
- Department of Human Services Victoria State concessions and hardship programs
- Queensland Treasury Budget Strategy and Outlooks papers
- Western Australia Treasury Budget papers
- South Australia Department for Families and Communities, unpublished data
- Tasmania Department of Treasury and Finance, unpublished data
- ACT Department of Disability, Housing and Community Services, unpublished data
- Northern Territory (NT) Department of Health and Community Services, unpublished data.

AIHW was only able to obtain unpublished data from NT for the years up to and including 2005–06, so the average growth rate between 2000–01 and 2005–06 has been used to estimate NT concessions for years 2006–07, 2007–08 and 2008–09.

An estimate of core concessions funded by the Australian Government through SPPs to states and territories for extension of concessions to part-pensioners was made using data sourced from Federal Financial Relations budget papers. The estimate of core concessions funded by the Australian Government was subtracted from total core concession expenditure to obtain an estimate of core concessions funded by state and territory governments.

Accuracy

AIHW considers the estimates of core government concessions to be accurate. The methodology used to estimate core concessions funded by the Australian Government through SPPs to states and territories for extension of concessions to part-pensioners is considered appropriate.

C.8 Tax expenditures

All tax expenditure data are from Treasury tax expenditures statements and comprised all tax expenditures in the category 'Social security and welfare'. Each item was allocated to a welfare category and the AIHW made no estimations.

The tax expenditure figures for each year are the most recent published figures by Australian Treasury. Table C.5 lists the tax expenditures statement that published the most recent figures for each year.

Table C.5: Tax expenditures statement that published the most recent figures for years 1998–99 to 2008–09

Year	Treasury tax expenditures statement
1998–99	2002
1999–00	2003
2000–01	2004
2001–02	2005
2002–03	2006
2003–04	2007
2004–05	2008
2005–06	2009
2006–07	2010
2007–08	2010
2008–09	2010

Accuracy

AIHW considers tax expenditure data to be accurate.

Coherence

The tax expenditure data are directly comparable for years 1998–99 to 2008–09.

C.9 International comparisons

All international comparisons data for 2007 are sourced from the Organisation for Economic Co-operation and Development (OECD) Social Expenditure Database (SOCX) 2010. This included voluntary private social expenditure, mandatory private social expenditure and public social expenditure for the following categories: old age, survivors, incapacity-related, families and other. These data were obtained for 34 OECD countries. Note that the categories of health, active labour market programs, unemployment and housing were excluded.

The purchasing power parities (PPP) for GDP in the national currency per US dollar, population data and gross domestic product (GDP) data in the national currency unit were obtained from the OECD SOCX database for each of the 34 countries of interest.

Total social expenditure was calculated for each country as the sum of each country's voluntary private social expenditure, mandatory private social expenditure and public social expenditure. Total social expenditure was calculated for each category (old age, survivors, incapacity-related, families and other) and converted to Australian dollars by dividing the total social expenditure by the US PPP and multiplying by the Australian PPP per US dollar.

For each country and category, per person expenditure in Australian dollars was calculated as the total social expenditure (for each country and category) in Australian dollars divided by the population of that country. Total expenditure as a proportion of GDP was estimated to be the country's total social expenditure (in national currency units) divided by their GDP in Australian dollars.

Each country's GDP was also calculated in Australian dollars by dividing GDP (in each country's national currency unit) by the US PPP and multiplying the Australian PPP per US dollar.

The OECD per person expenditure averages are weighted by the population of each country, and the OECD average total expenditure as a proportion of GDP is weighted by each country's GDP.

Accuracy

AIHW considers international comparisons data to be accurate. No estimations have been made.

C.10 Unpaid care

The number of people providing unpaid care and the value of this care was imputed for 2008–09. This included child-care-related activities as well as the hours spent on voluntary work, and care for the community and for others.

How Australians use their time, 2006 (ABS 2008) provided the total hours men and women spent providing unpaid care in 2006. To estimate these figures for 2008–09, the 2006 figures were multiplied by the growth rates in the available hours (for providing unpaid care) of employed men and women in the labour force (aged 15–64). Growth rates in available hours were estimated based on data from *Labour force, Australia, January 2009* (ABS 2009c). The number of available hours in the year was estimated as the population multiplied by 24 (hours in a day) multiplied by 365 (days in a year) less the estimated total hours worked per year (the number of employed people multiplied by 48 times the average hours worked per week).

The number of full-time equivalent carers was calculated using the total hours spent providing unpaid care divided by average hours per year a community and personal service worker works. This was obtained from *Employee earnings and hours, Australia, August 2008* (ABS 2009b). To obtain the value of unpaid care, the number of hours was multiplied by the average hourly rate for a community service worker.

Accuracy

This method for estimating the imputed value of unpaid care and full-time equivalent workers providing unpaid care is considered to be satisfactory.

C.11 Welfare services workforce

The number of full-time equivalent workers employed in the welfare sector was estimated using data from the *Community services, Australia, 2008–09* (ABS 2010a). The survey provided the wage and salary costs and total expenses for aged care residential services, other residential care services, child care services and other social assistance services. The proportion of total expenses spent on wage and salary costs was multiplied by the estimated total welfare services expenditure (from Table A11.1) to obtain an estimate of expenditure on wage and salary costs for welfare services.

The estimate of expenditure on wage and salary costs for welfare services was divided by the average yearly salary for community and personal service workers to obtain the estimate of the number of full-time equivalent welfare workers. Note that the average yearly salary for community and personal service workers was estimated as their average weekly rate multiplied by 52 (weeks in a year). The average weekly rate was assumed to be 35 (standard weekly hours) multiplied by the average hourly rate for community and personal service workers. The average hourly rate was obtained from *Employee earnings and hours, Australia, August 2008* (ABS 2009b).

Accuracy

This method for estimating the number of full-time equivalent workers in the welfare sector is considered to be satisfactory.

C.12 Deflators

Most data in the chapter have been converted to constant prices, to remove the effect of inflation. The deflator used for data presented in constant prices, with the exception of GDP data, is the ABS Government Final Consumption Expenditure General Government deflator with reference year 2008–09.

The GDP constant price data was from *Australian national accounts: national income, expenditure and product, December 2010* (ABS 2011).

C.13 Government finance statistics

Government finance statistics refer to statistics that measure the financial activities of governments and reflect the impact of those activities on other sectors of the economy. The ABS GPC is used to classify expense transactions according to the government purpose.

Welfare services (GPC 062)

Welfare services are defined as assistance delivered to clients, or groups of clients with special needs such as the young, the aged or the disabled.

Family and child welfare services (GPC 0621)

Child care services and services for children which are developmental in nature.

This classification includes outlays on:

- long day care centres, family day care, occasional care/other
- centres and outside school hours care
- subsidies for child care assistance and child care cash rebate
- child, youth and family welfare services which are protective (children), developmental (youth), and supportive (families) in nature.

It also includes outlays on:

- substitute care (short term and permanent)
- information, advice and referral, particularly in adoption
- development and monitoring of family/household management skills
- SAAP for youth
- protective investigation, protective supervision, statutory guardianship management, protective accommodation
- services delivered by residential institutions, such as centres, villages, shelters, hostels, orphanages, youth refuges, juvenile hostels, campus homes and family group homes
- marriage and child/juvenile counselling
- assessment and evaluation of offenders by non-judicial bodies.

Welfare services for the aged (GPC 0622)

Welfare services for the aged are programs providing services primarily intended for persons aged 65 and over.

This classification includes outlays on:

- respite care
- domestic and personal assistance, for example services provided through the HACC Program
- services delivered by residential institutions, e.g. hostels, villages, group homes
- financial assistance not primarily related to inadequate earning capacity, e.g. concessions for aged persons (transport and material assistance, etc.)
- community centres, e.g. senior citizens centres.

It excludes outlays on nursing homes for the aged which are classified to GPC 0530.

Welfare services for people with a disability (GPC 0623)

This classification includes outlays on:

- respite care
- development care
- substitute care
- domestic and personal assistance, e.g. services provided through the HACC delivered by residential institutions (such as hostels and group homes), and other services provided under the Commonwealth/State Disability Agreement
- transport other than public transport
- supported employment and rehabilitation, e.g. sheltered employment, training centres for people with a disability
- community centres, e.g. day care centres for people with a disability
- nursing homes for people with a disability and financial assistance not primarily related to inadequate earning capacity, e.g. concessions specifically for people with a disability (transport and material assistance, etc.).

Welfare services not elsewhere categorised (GPC 0629)

This classification includes outlays on:

- homeless persons' assistance, e.g. SAAP for people other than youth
- information, advice and referral services
- prisoners' aid
- care of refugees
- premarital education
- Aboriginal welfare services
- women's shelters
- general casework services which lead to the determination of eligibility for income assistance or welfare services
- multi-client services (food and clothing) in times of personal and family emergencies and relief for victims of man-made disasters
- departments, bureaux or program units which serve the welfare services system including those that disseminate information, prepare budgets, policy and research financial assistance (other than for the aged and the disabled) not primarily related to inadequate earning capacity
- community and management support.

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