

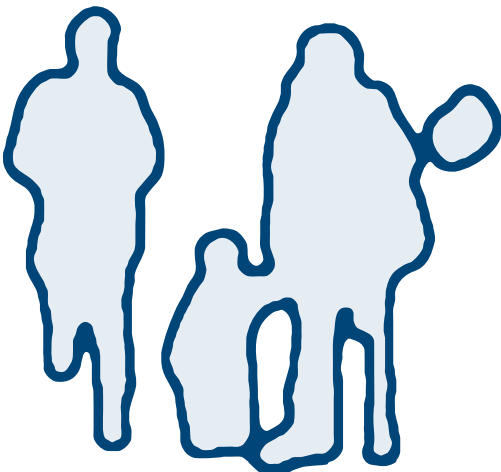


**Australian Government**

**Australian Institute of  
Health and Welfare**

# Australia's welfare 2009

**The ninth biennial welfare report of the  
Australian Institute of Health and Welfare**



Australian Institute of Health and Welfare  
Canberra

The Australian Institute of Health and Welfare is Australia's national health and welfare statistics and information agency. The Institute's mission is *better information and statistics for better health and wellbeing*.

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This publication is part of the Australian Institute of Health and Welfare's Australia's welfare series. A complete list of the Institute's publications is available from the Institute's website <[www.aihw.gov.au](http://www.aihw.gov.au)>.

ISSN 1321-1455  
ISBN 978 1 74024 956 0

#### **Suggested citation**

Australian Institute of Health and Welfare 2009. Australia's welfare 2009. Australia's welfare series no. 9. Cat. no. AUS 117. Canberra: AIHW.

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Published by the Australian Institute of Health and Welfare

Cover art by Aldrich Ekin

Text edited by Ann Parkinson

Layout by [tk] type

Printed by Union Offset Printers

Please note that there is the potential for minor revisions of data in this report. Please check the online version at <[www.aihw.gov.au](http://www.aihw.gov.au)> for any amendments.

*Note:* All population and appendix tables can be found online at [www.aihw.gov.au](http://www.aihw.gov.au) and are also available on the CD accompanying the printed book.



**Australian Government**  
**Australian Institute of  
Health and Welfare**

*Better information and statistics  
for 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 2009*, 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

A handwritten signature in black ink, appearing to read 'Peter Collins'.

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

17 September 2009

# Foreword

I am pleased to introduce *Australia's welfare 2009*, the ninth edition of this comprehensive and influential report on the state of the welfare services provided to Australians. Reflecting the Australian Government's 2007 commitment to pursuing a Social Inclusion Agenda, this edition presents information on the provision of welfare services to Australians with a focus on social inclusion in Australia.

The Australian Social Inclusion Board was established in May 2008 to advise the Australian Government on ways to achieve better outcomes for the most disadvantaged in our community. This advice has focused on three priority areas: locational approaches to disadvantage, children at greatest risk of long term disadvantage, and jobless families with children.

Despite most Australians having a comparatively good standard of living, many Australians still face disadvantages which exclude them from community and civic engagement, and prevent them from sharing in the benefits of a wealthy nation. Although most often associated with poor labour market attachment and low education and skills resources, social exclusion can be further entrenched by mental illness, disability, family violence and homelessness. An inability to access services—one of the primary structural barriers to social and economic participation—is reflected in this report's discussion on unmet demand and need.

The persistence of social exclusion in Australia (even during the extended period of growth that Australia experienced until very recently) demonstrates the need for a different policy approach. Conventional policy responses have tended to focus only on individuals, with limited reference to family or community context. Further, conventional models generally employed a limited list of policy levers to address individual drivers of disadvantage with inadequate recognition of the interconnectedness of those drivers and little cross-disciplinary coordination.

A social inclusion response recognises that to address the needs of socially excluded groups, policy and delivery need to address the intertwining mix of resource, capability and opportunity gaps that drive disadvantage. Further, it recognises the context in which people live, addressing the interdependency between individuals, families and communities.

Social exclusion not only imposes a cost on individuals but also entails a significant cost to Australia if people are unable to contribute to their communities and to the broader productivity of the nation. The global financial crisis can be expected to exacerbate social exclusion. The crisis is likely to disproportionately affect young people and the low skilled, and create additional strain for the not-for-profit sector. The challenge for practitioners and policymakers will be to ensure Australia emerges from the downturn without disadvantaged groups being further excluded from economic and community participation.

The key to developing and delivering the Government's Social Inclusion Agenda is a comprehensive evidence base on how welfare services are being delivered to Australians, where services are effective and where the unmet demand and need remains. As it has done for 16 years, *Australia's welfare* will again be a vital tool for practitioners and policy makers in addressing the social policy challenges we face.

Patricia Faulkner  
Chair, Social Inclusion Board

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*Note:* All population and appendix tables can be found online at [www.aihw.gov.au](http://www.aihw.gov.au) and are also available on the CD accompanying the printed book.

# Preface

Welcome to *Australia's welfare 2009*. This major work is the latest of the AIHW's 2-yearly reports that provides statistics and related information on the provision of welfare services to the Australian people.

Welfare is of course an out-dated word. The *AIHW Act* expands on its meaning to require that the 'welfare' report covers community services including aged care, child care, disabilities, housing assistance, child protection and substitute care.

To achieve this, the AIHW draws on the 'welfare-related' information and statistics it collects from service providers and governments as well as other relevant information that provides transparency and allows analysis of trends and issues.

All of the specific subject matters are covered in this biennial report. In addition, this year, there is a special chapter on carers which draws on information from administrative data to highlight the role that carers, mostly women, play in complementing and underpinning the services provided by governments and the community.

It has not been possible in this edition to include information on welfare expenditure or to update the chapter on welfare indicators produced in previous versions. The Institute's welfare expenditure collection has been reviewed and is being re-developed with the aim of publishing a report in 2010. We plan to publish the welfare indicators in a separate report early next year.

The collections managed by the AIHW continue to be improved in their national consistency, comprehensiveness and usefulness. In each chapter of this report, we have included a discussion of data gaps and areas where the data need to be improved—some improvements are soon to be realised, some still a distant vision.

Statistics can both drive and serve policy. They also provide a key resource for the community, to increase our understanding of the society we are building, to provide the evidence base we often so badly need, and so to inform debate about the options. I hope that this comprehensive compilation of information will serve both purposes well.

Dr Penny Allbon  
Director

# Acknowledgments

Authors and contributors to this report were:

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Chapter 2: Sushma Mathur, Liz Berryman, Rebecca Rodgers, Tim Beard, Rachel Aalders

Chapter 3: Ann Peut, Joanna Gilham

Chapter 4: Louise O'Rance, Cathy Hales, Garth Brigden, Kirsten Trunk

Chapter 5: Clara Jellie

Chapter 6: Melinda Petrie, Simon Arnold

Chapter 7: Sean Ackland, Felicity Murdoch, Michael Navaratnam, Lynda Carney

The editorial and publication team included: Moira Hewitt, Alison Verhoeven, Fadwa Al-Yaman, Alison Heycox, Cecilia Burke, Peter Nolan, John Steggall and Judith Abercromby.

A number of AIHW staff contributed to chapters or provided comment and advice, including Anne Aisbett, Penny Allbon, Kuldeep Bhatia, Evon Bowler, Anne Broadbent, Sally Bullock, Mark Cooper-Stanbury, Simon Edwards, Tracie Ennis, Roxanne Foster, Malcolm Gall, Frances Green, Jenny Hargreaves, Joe Hogan, Jacinta Holcroft, Edmond Hsu, Helen Johnstone, Susan Killion, Cynthia Kim, Simone Littlewood, Malcolm MacDonald, Paul Magnus, Joanne Maples, Indrani Pieris-Caldwell, Andrew Powierski, Julie Roediger, Claire Ryan, Brendan Scott, Laura Smith, Lisa Thompson, Nick Thompson, Richard Tuttle, and Xingyan Wen.

Critical and constructive comment by referees has added to the quality and authority of this publication. The contributions of the following individuals and organisations are gratefully acknowledged: Kathy Apeness, Neil Argent, Judy Cashmore, Ben Edwards, Heather Gardner, Justin Griffin, Alan Hayes, Gill Lewin, David MacKenzie, Mark Pattison, Ian Spicer, Tony Vinson, Pam Webster, Yvonne Wells, Ian Winter, Judy Yates, Australian Bureau of Statistics, Australian Social Inclusion Board, Department of Education, Employment and Workplace Relations, Department of Families, Housing, Community Services and Indigenous Affairs, Department of Health and Ageing, Department of the Prime Minister and Cabinet, Department of Veterans' Affairs.

Funding for Chapter 5 of this report, Carers and informal care, was provided by the Department of Families, Housing, Community Services and Indigenous Affairs.

# Symbols

\$	Australian dollars, unless another country is specified
%	per cent
'000	thousands
n.a.	when used in a table: not available
n.f.d.	not further defined
. .	when used in a table: not applicable
—	when used in a table: nil or rounded to zero (including null cells)
*	when next to a numerical value in a table: estimate has a relative standard error of 25% to 50% and should be used with caution
**	when next to a numerical value in a table: estimate has a relative standard error greater than 50% and is considered too unreliable for general use

## Key points—*Australia's welfare 2009*

This section presents selected findings from the report. Each chapter from 2 to 7 also begins with its own list of key points. Please refer to the index for more detail on these topics.

### Children, youth and families

- Over half a million Australian children (15%) lived in jobless families in 2006.
- Almost three-in-four (72%) children aged 3–6 years not in school usually attended preschool or a preschool program in long day care in 2008. Attendance was lower in families where parents were not employed.
- Aboriginal and Torres Strait Islander children and young people continue to be disadvantaged across a number of areas—less likely to attend preschool and school, meet minimum standards for literacy and numeracy and to continue their schooling to Year 12, are over-represented in the child protection system, and are more likely to be under juvenile justice supervision.

### Ageing and aged care

- The planning of the allocation of places in Australian Government programs for residential and community care is under review, with the programs continuing to grow and reflect the structural changes in the ageing population.
- Home and Community Care (HACC) continues to reach the largest number of older clients in community care.
- Deeper understanding of how clients interact with the programs and services in the aged care system is being aided by data linkage between programs. The study of pathways in aged care (PIAC study) has led to a linked dataset which enables a study into patterns and dynamics in aged care service use.

### Disability and disability services

- The number of people with disability doubled between 1981 and 2003, to reach an estimated 3.9 million Australians.
- The rate of growth in the number of people with profound or severe core activity limitation, that is, people who need help with core daily activities, was even higher (173% increase). Estimated to be around 1.5 million Australians by 2010, the number of people with this high level of disability is projected to increase to almost 2.3 million by 2030—roughly equivalent to the entire population of Western Australia in 2009.
- Aboriginal and Torres Strait Islander people are more than twice as likely as non-Indigenous Australians to need help with core daily activities because of disability.
- Disability shows an uneven geographic distribution, not always linked to remoteness. Census data on capital cities show that higher levels of disability tend to be more prevalent in areas of relative economic disadvantage.