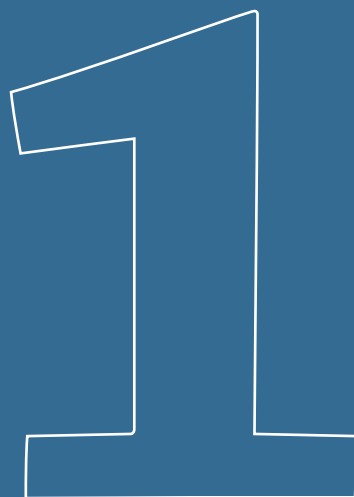


Introduction

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The Australian Institute of Health and Welfare (AIHW) has produced a biennial report on Australia's welfare since 1993, focusing on welfare services specified in the *Australian Institute of Health and Welfare Act 1987*, that is, aged care services, child care services, child welfare services, services for people with disabilities, housing assistance, and other community services. *Australia's welfare 2009* is the ninth report in the series. It provides statistics and related information concerning these services, as well as an outline of the development of welfare-related information and statistics during the 2-year period to June 2009.

Australia's welfare is complemented by the AIHW's other flagship publication, *Australia's health*, which reports on patterns and determinants of health and illness, health across the life stages, the supply and use of health services, health expenditure, the health workforce and health sector performance.

1.1 Welfare, wellbeing and social inclusion

Previous editions of *Australia's welfare* have identified a range of definitions for the term 'welfare' and the related concept of 'wellbeing'. *Australia's welfare* has generally defined welfare in terms of services, assistance, community, need, wellbeing, self-sufficiency, self-reliance, social and economic engagement, and participation.

In *Australia's welfare 2009*, wellbeing is defined using the conceptual framework presented in Figure 1.1. Services and interventions, such as the welfare services and informal care described in this report, contribute to wellbeing and are interrelated with socioeconomic, environmental, biological, behavioural and geographic factors, and human, financial and information resources. The components of wellbeing, including healthy living (shelter and housing, and disability), autonomy and participation (economic resources, employment and labour force participation, and recreation and leisure), and social cohesion (family formation, social support and networks, and community and civic engagement) are dealt with in *Australia's welfare 2009* through chapters focusing on children, youth and families; ageing and aged care; disability and disability services; carers and informal care; housing and housing assistance; and homelessness.

Health as a component of wellbeing is the subject of *Australia's health*, the most recent edition of which was published in 2008. A similar conceptual framework was used in that report to demonstrate the complex interplay between influential factors, services and interventions, and resources.

Reflecting the Australian Government's policy commitment to social inclusion, *Australia's welfare 2009* has a particular focus on social inclusion and its counterpart, social exclusion.

The Australian Government's Social Inclusion Agenda aligns with the conceptual framework for wellbeing used in this report. The Social Inclusion Agenda confronts social and economic disadvantage in Australia to create a society in which all Australians have the opportunity to participate fully in social and economic life. In order to achieve this, all Australians should have the resources (skills and assets), opportunities and capability to:

- learn—participate in education and training
- work—participate in employment or unpaid or voluntary work including family and carer responsibilities
- engage—connect with people, use local services and participate in local cultural, civic and recreational activities
- have a voice—influence decisions that affect them.

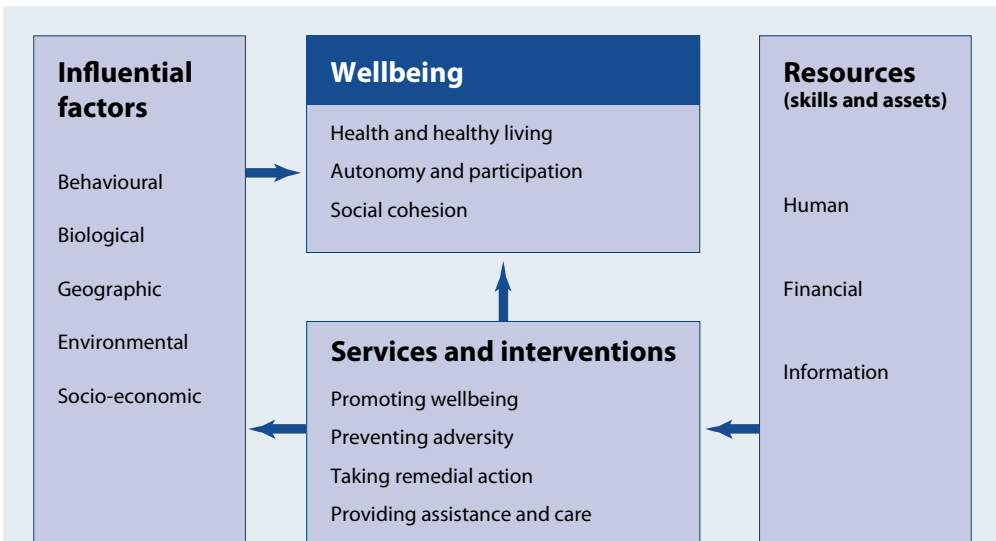


Figure 1.1: Conceptual framework for Australia's welfare 2009

Social exclusion is seen as arising from a mix of resource, opportunity and capability gaps that lead to a disconnection from key social, cultural, political and economic activities in society. Compared with traditional definitions of socio-economic disadvantage, the concept of social inclusion is broader and more multidimensional, and embraces a wider variety of reasons why people may be denied full participation in society. For example, social inclusion focuses not just on resources and assets but also on less tangible factors such as having a voice in decision making.

Disadvantage and social exclusion in Australia tend to be more prevalent among some population groups, which may also overlap. The most socially excluded Australians are those who experience complex and multiple forms of disadvantage relating to income, work, health, education, safety and support. Multiple disadvantage can affect individuals, families and communities.

The overarching aspirational principles of social inclusion, developed with advice from the Social Inclusion Board (Australian Government 2008), guide an inclusive approach to policy, programs and services. They include:

- reducing disadvantage
- increasing social, civil and economic participation
- giving people a greater voice, combined with greater responsibility.

These are guided by principles of approach that encourage building on individual and community strengths and partnerships with key stakeholders. These principles recognise that people experiencing, or at risk of, significant exclusion require services and interventions at particular points in the life-cycle such as transitions from childhood through adolescence to adulthood or at retirement.



In July 2009 the Government committed to developing a national statement on social inclusion by the end of 2009. It will set out a long term, whole-of-government strategy that encompasses social inclusion agenda measures. These include many that are already underway that relate to homelessness, the closing the gap agenda, the creation of jobs and skills in areas of concentrated unemployment and disadvantage.

A national compact between the Australian Government and the non-profit sector, outlining how both will work together to improve and strengthen their relationship now and into the future, is also being developed.

In the context of these developments, *Australia's welfare 2009* provides information and analysis about:

- need and demand, and associated unmet need and demand, where it can be identified
- how government welfare services and assistance contribute to individual and societal wellbeing in Australia
- the people who receive welfare services and assistance
- the distribution of welfare services and wellbeing across the population
- reforms in the provision of services that have occurred since the last report
- goals for change in the Council of Australian Governments (COAG) reform work and the Social Inclusion Agenda which will have an impact on the provision of services, their contribution to wellbeing, and how these are able to be measured and reported
- data and information gaps.

The report also considers priorities identified in the Social Inclusion Agenda that pertain to the specific areas examined in *Australia's welfare 2009*, including: the incidence and needs of children at greatest risk of long-term disadvantage and jobless families with children, the geographic distribution of programs and services, homelessness, employment for people living with a disability, and closing the gap for Indigenous Australians.

Australia's welfare 2009 also considers evidence of a social gradient and its relationship with the provision of services and interventions to promote wellbeing. The social inclusion principles refer to evidence that disadvantage can be concentrated in particular geographic locations. This is explored in detail in several areas of this report. For example, Chapter 2 notes that, compared to those in metropolitan areas, students in remote and very remote areas have a poorer record of academic achievement, which reduces their opportunities for further education and employment. Chapter 3 describes the uneven distribution of disability among older people across Australia, with the burden of disability for this age group being greatest in remote areas. The uneven geographic distribution of disability for the total population is also described, with findings presented in Chapter 4 showing that higher levels of disability tend to be more prevalent in areas of relative economic disadvantage. Chapter 7 describes patterns of homelessness across cities, regional and remote areas, and finds that while inner city areas have the highest rate of homelessness, the incidence of homelessness in regional and remote areas is also considerable.



1.2 Whose needs? How well met?

This edition of *Australia's welfare* focuses on the theme 'Whose needs? How well met?' When a person's wellbeing is compromised and they are unable to achieve a particular outcome or activity without assistance, their need may be expressed as a demand for services or assistance or it may remain unexpressed. In some cases, for example in the child protection sector, need may not be expressed but individuals may be assessed by welfare authorities as being in need of assistance. Need is subjective, and relative to individual and social expectations which may change over time.

The availability of welfare services is limited by available resources. To ensure services are allocated to those most in need and on an equitable basis, service providers may undertake an assessment process to confirm and sometimes prioritise the person's eligibility when a request for assistance is made. Once eligibility is confirmed, services are either provided and demand is met, or demand remains unmet because there is inadequate or inappropriate service provision. The relationship between need and demand is shown in Figure 1.2.

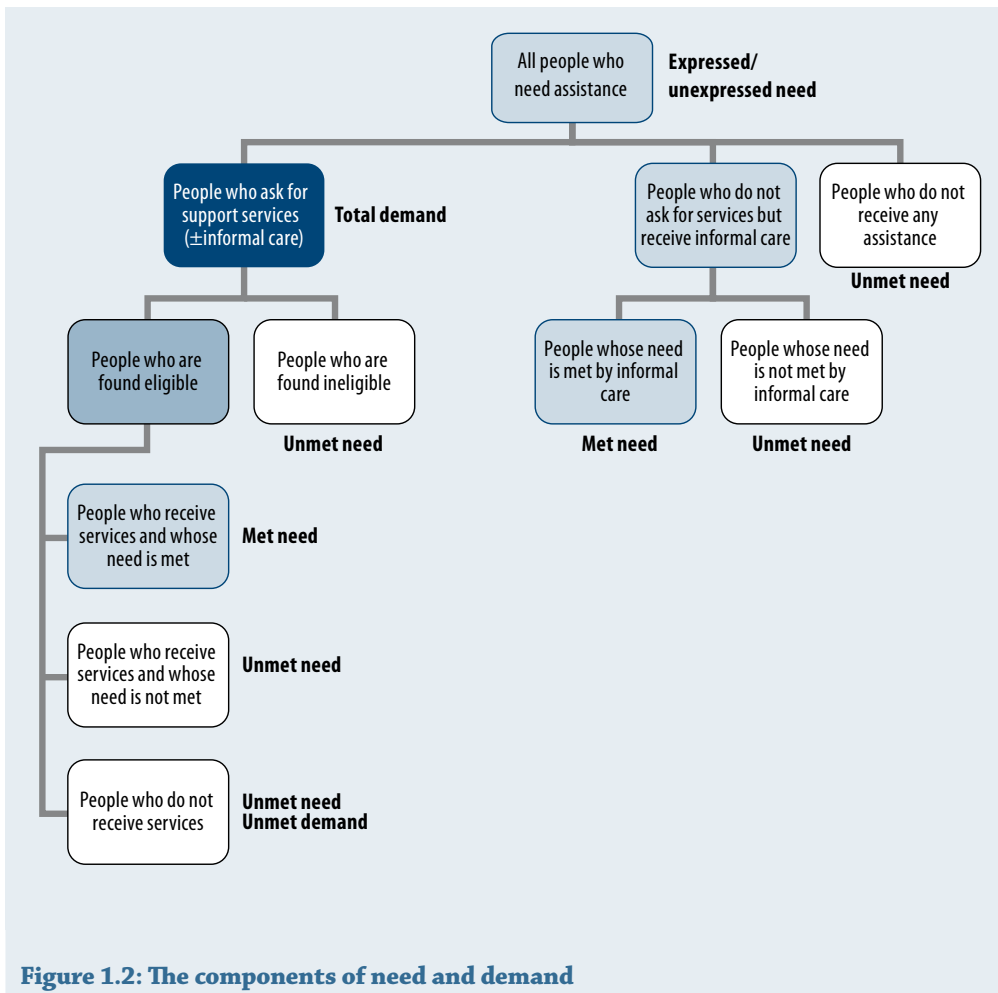


Figure 1.2: The components of need and demand



Need may also be met by informal assistance, or it may remain unmet, even where the person has been assessed as being eligible for services. An example is the waiting list system for social housing, where people are assessed as eligible but dwellings are not available.

Many people with disability or poor health rely on a mix of formal services and assistance, and the informal care provided by family, friends and neighbours. For some, the need for assistance will be met, either fully or partially, by informal care. Others will need and possibly receive both informal care and formal assistance (either government funded or privately funded). The availability of informal care is an influential factor in the total demand for formal assistance.

Obtaining a precise understanding of the level of need and demand, both met and unmet, across the various services and programs is difficult, because the availability of data is variable and data usually relate to assessed need or demand. However, where relevant data exist, *Australia's welfare 2009* attempts to describe the level of need and demand for services, identify population groups with particular needs and demands, and provide insights into how well need and demand is met.

Australia's welfare 2009 highlights areas where there is likely to be increasing demand for government services and assistance, particularly in a climate of financial and economic uncertainty. For example, Chapter 2 notes that over half a million children (15%) live in jobless families, and that these families have particular requirements for support, for example financial support.

Families with working parents may also have unmet demand for services. Access to child care is critical for many working parents with young children but one in 10 parents experiences difficulty obtaining formal child care.

It is difficult to quantify children at risk who may need child protection services. The Australian Government National Framework for Protecting Australia's Children, which includes a monitoring framework, will help to resolve this important information gap. The work underlying the framework should help to shift the focus of services for children at risk to early prevention and support services, with the aim of reducing the need for services in the longer term.

The ageing of Australia's population and the increasing rate of disability that ensues are likely to increase demand for aged care services. While aged care data give useful information about the services provided for Australia's ageing population including on the quality of care, there is a paucity of data about how well the needs of individuals are met and their associated quality of life, including for those who live in residential aged care facilities. The perspective of individuals, for example their satisfaction with government services and assistance, is also important in understanding how well needs are met.

Informal carers often provide care for older people and those with disability where there is an unmet need or no expressed demand for formal assistance and services. Informal carers play a critical role in the welfare system by providing support to people with disability and long-term health conditions that restrict their daily activity. Informal carers may also have unmet needs—while some financial assistance is available for carers, many experience economic disadvantage as a result of their carer role. While there is some evidence that carers have considerable unmet need for respite care, data gaps make it difficult for the level of unmet need to be quantified.



Housing plays a major role in the health and wellbeing of Australians, and facilitates social, community and economic participation. Unmet need for housing encompasses homelessness, a lack of conventional or adequate housing including poor dwelling conditions, overcrowded housing, a lack of affordable housing and extreme financial stress caused by unaffordable housing costs.

The challenges in housing affordability in recent years, both for renters and home buyers, have contributed to increases in the number of people experiencing homelessness, particularly in families with children, many of whom have an unmet need for assistance. Chapter 7 notes that families with children have more difficulty than people without children in securing some of the services they need to resolve their homelessness.

1.3 Australia at a glance

Almost 70% of Australia's 21.5 million people live in metropolitan areas, mostly near the coast, and concentrated in the south-east corner. Population density varies greatly across Australia, ranging from very low population density in remote areas to very high population density in some major cities. This report uses the ABS Australian Standard Geographical Classification, which classifies areas as *Major cities*, *Inner regional*, *Outer regional*, *Remote* and *Very remote*.

Life expectancy in Australia is among the highest in the world. In 2003–05, the life expectancy at birth for Australian males was 78.5 years, exceeded only by a 79-year life expectancy for males in Iceland and Hong Kong. Australian females had a life expectancy at birth of 83.3 years, exceeded only by an 85-year life expectancy for females in Japan and Hong Kong (ABS 2008a).

Like that of most developed countries, Australia's population is ageing. The median age has increased by more than 5 years over the past two decades to almost 37 years in 2008. The proportion of Australians aged 0 to 14 years has fallen from 22.4% in 1988 to 19.3% in 2008. Over the same 20-year period, the proportion of Australians aged 65 and over has risen from 10.8% to 13.3%. The working age population (15 to 64 years) has remained relatively steady over the past two decades, representing 67.5% in 2008, compared with 66.8% in 1988 (ABS 2008b).

In 2006, the estimated Indigenous population of Australia was 517,000—about 2.4% of the total population (ABS 2008c). One-quarter of the population was born overseas, with migration being the major contributor to population growth (ABS 2008d). Figure 1.3 shows the age and sex distribution of Indigenous Australian and non-Indigenous Australian populations. The age structure of the Indigenous population is much younger than that of the non-Indigenous population. This reflects both the higher mortality among Indigenous Australians in the middle adult age groups (35–54 years) and the higher birth rate among Indigenous women compared with all women (2.1 births compared with 1.9) (AIHW 2009).

About five million families were counted in the 2006 Census. Couples with dependent children, representing 37% of all families, are no longer the most common family type (down from 45% in 1986). Couple-only families also account for 37% of families, while one-parent families account for 11% (ABS 2007).



Australia at a glance



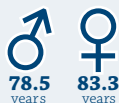
21.5 million people

Population was 21.5 million at June 2008, an increase of 0.5 million from June 2007 (ABS 2008b).



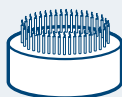
2.7 people per square kilometre

Population density was 2.7 people per square kilometre at June 2007 (ABS 2008b) but varied greatly from very low density in remote areas to very high density in inner city areas.



78.5 years (males), 83.3 years (females)—life expectancy

Life expectancy at birth in Australia is amongst the highest in the world at 78.5 years for males and 83.3 years for females (ABS 2008a).



36.9 years old—median age

The median age of Australians was 36.9 years in 2008 (ABS 2008b), an increase of 5.3 years since 1988.



0.5 million Indigenous people

The estimated Indigenous population was 0.5 million at June 2006—about 2.4% of the total population (ABS 2008c). The age structure of the Indigenous population is younger than that of the non-Indigenous population.



75% born in Australia

Almost 75% of people living in Australia were born here. (ABS 2008a). Of people born overseas, the most common countries of birth were, in descending order, England, New Zealand, China, Italy and Vietnam (ABS 2007).



5.6% unemployment

Unemployment was 5.6% in May 2009 (ABS 2009).



\$1,027 weekly household income

Median gross household income was \$1,027 a week and median gross family income was \$1,171 in 2006 (ABS 2007).



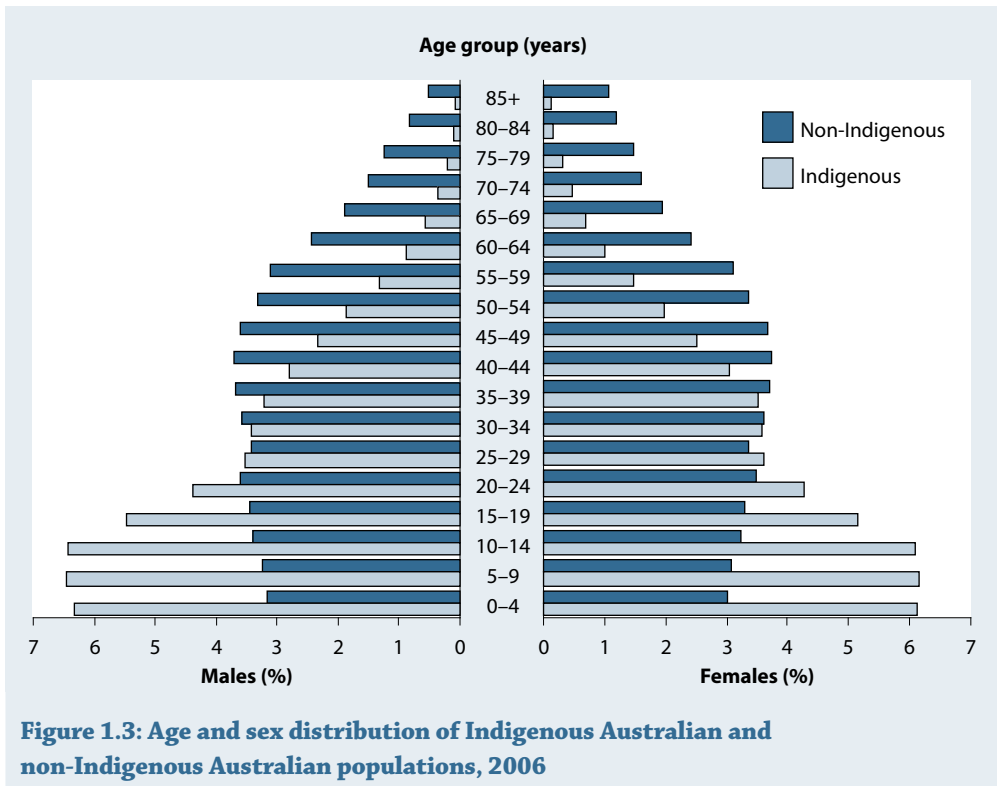
\$52,287 per capita gross domestic product

Per capita annual gross domestic product (GDP) was \$52,287 with Australia ranked 10th among OECD countries in 2006 (OECD 2008).



65% of homes owner-occupied

There is a high proportion of home ownership, with almost 65% of privately occupied dwellings being purchased or owned outright (ABS 2007).



The number of people with disability doubled between 1981 and 2003, to reach an estimated 3.9 million Australians (ABS 2004). By 2010, it is projected that 1.5 million people will experience severe or profound core activity limitation and will require help with core daily activities.

Care for people of all ages with disability and poor health is often delivered in the community, where informal carers play an important role. In 2003 an estimated 2.4 million informal carers provided assistance to almost 2 million people. Most carers were aged between 25 and 54 years, and were close family members of the person for whom they provided care. Females accounted for 54% of all carers and 71% of carers who were the main carer for someone with a severe or profound core activity limitation (ABS 2004).

The majority of the 7.5 million private dwellings counted in the 2006 Census were being purchased (32.2% in 2006) or were owned outright (32.6%). Rented dwellings comprised 27.2% of occupied private dwellings. Tenure type was not stated for 7.1% of dwellings, while 0.9% were recorded as 'other tenure type'. Compared with 2001, there was a large decrease in the proportion of private dwellings that were owned outright, falling 7.1 percentage points in the 5 years to 2006. Conversely, the proportion of private occupied dwellings that were mortgaged increased by 5.7 percentage points (ABS 2007).

In 2006, the number of homeless people in Australia was estimated at 105,000. The highest numbers of homeless people were recorded in inner city areas, but some regional and remote areas, notably in northern Australia, also experienced high rates of homelessness. In 2007-08, just over 200,000 people accessed Supported Accommodation Assistance Program services, with almost 77,000 being accompanying children.



Box 1.1: Why some statistics appear dated

The most recent data available at the time of writing are used in this report. While the report is published in 2009 and includes statistics up to June 2009, many statistics refer to 2006, the date of the last Australian Census, or earlier. This is because some data, such as population-based surveys, are collected every 3 or 5 years, or even less frequently. Where more recent data have been collected, the process of preparing data, including quality assurance and publication lead times, has in some cases meant that more recent data were not available for this report.

1.4 A changing society

Through the nine editions of *Australia's welfare*, the AIHW has reported on changes in government services and programs aimed at meeting the needs of Australians in a society that has undergone significant social, economic and demographic changes over recent decades. These changes, which are key drivers of the need for services and assistance, include changed patterns of marriage and family formation, an ageing population, greater workforce participation by women, differing economic aspirations and conditions, and shifts in immigration policy. The various chapters of this report discuss some of these changed conditions, and the corresponding effects on the demand for, and provision of, government services and assistance.

Consideration is given in this report to the changing patterns of need over an individual's life course. While most children and young people in Australia experience positive life outcomes, for those who experience difficulties, key transition points at major developmental phases in life provide information that may guide the development of policy responses. The need for early prevention of disadvantage and social exclusion is informed by evidence of the potential for negative outcomes. Chapter 2 of *Australia's welfare 2009* considers the various stages in the development and learning process, from early learning and child care, through to schooling, vocational training and higher education. It notes the critical role that families play in a young person's life, and considers the impact of changes in family formation.

Changing community standards in relation to child safety and the increasing complexity of family situations are among the factors that may have contributed to the large increases in children on care and protection orders and in out-of-home care (up 37% and 32% respectively between 2005 and 2007). Greater awareness may also have led to greater measurement of the issue.

Chapter 3 of this report describes an ageing Australia. Ageing affects all aspects of life, from social and economic participation to housing, health, family relationships and work. One hundred years ago, the Age Pension was introduced to provide financial assistance to older people. It continues to be an essential component of the Australian retirement income system.

Since 2001 there has been a general increase in the proportion of older Australians who describe their health as excellent or very good (ABS 2009b). Nevertheless, rates of poor health and disability increase with age and older people experience a greater share of the burden of disease than other age groups. Dementia is the greatest single contributor to disability at older ages, responsible for more than half the burden of disease. Population ageing will continue to be an important driver of demand for health, aged care and disability support services.



During the second half of the 20th century, the typical housing life-cycle moved from renting in early adulthood, to home purchase and mortgages as partnerships were formed and children born, to outright home ownership in older age. Today, declining marriage and fertility rates, dissolution of households through separation and divorce, an ageing population, increased life expectancy and challenges in housing affordability are altering this cycle.

Adult children also remain at home longer. In the decade to 2006–07, there was a 19% increase in the number and proportion of non-dependent adult children aged 25 years or older remaining in the parental home. When they do leave home, they may rent for longer periods before purchasing. Once a home has been purchased, it may remain mortgaged for many years. Outright home ownership is increasingly deferred because of the high cost of home purchase and the wider use of housing equity to finance other lifestyle options.

Since the 2007 edition of *Australia's welfare*, there has been a significant shift in housing policy with a new national focus on measuring, monitoring and improving housing supply through the National Housing Supply Council, and strategies aimed at enhancing the supply of, and access to, secure affordable housing through a new National Housing Affordability Agreement. While the outcomes of this policy shift are yet to be measurable, *Australia's welfare 2009* describes the changed policy environment and the areas that these policies will affect.

Likewise, the new National Disability Agreement will contribute to a changing policy environment for the provision of disability services and assistance. While outcomes will not be measurable or reportable until the next biennial edition of *Australia's welfare* at the earliest, consideration is given in this report to areas and findings that are likely to be significantly affected by policy changes over the medium and long term.

1.5 Closing the gap on Indigenous disadvantage

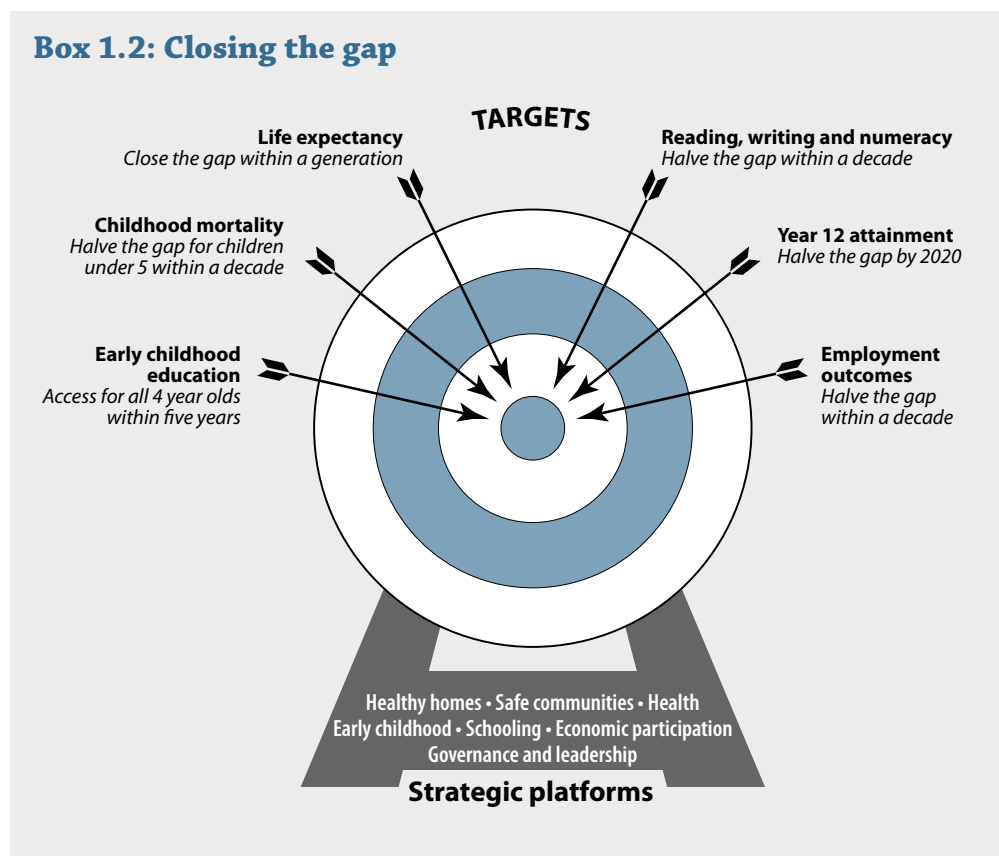
The welfare of Indigenous Australians continues to differ markedly from that of non-Indigenous Australians in many areas described in this report. For example, Aboriginal and Torres Strait Islander children and young people are less likely to meet minimum literacy and numeracy standards or continue their schooling to Year 12. They are more than 6 times as likely to be in the child protection system and 14 times as likely to be under juvenile justice supervision as non-Indigenous children and young people.

Indigenous Australians are more than twice as likely as non-Indigenous Australians to need help with core daily activities because of disability. The most marked difference between Indigenous and non-Indigenous Australians with disability is the prevalence of disability in Indigenous people aged 45–54 years. They are almost 3 times as likely to need assistance with core activities as non-Indigenous people of the same age.

Aboriginal and Torres Strait Islander people are over-represented in the homeless population, making up 10% of homeless people but only around 2.5% of the total Australian population. They are also more likely to live in overcrowded dwellings, particularly in remote areas where, in 2006, 19% of Indigenous households required two or more additional bedrooms. Around 7% of the dwellings managed by Indigenous community housing organisations, the majority located in remote areas, required replacement. A lack of secure housing, or housing that is poorly constructed and inadequately maintained, may contribute negatively to people's health and wellbeing.



The Australian Government has committed significant resources over 5 years to assist in closing the gap on Indigenous disadvantage. A set of targets and seven strategic platforms have been identified and formally adopted by COAG to tackle the current state of disadvantage (see Box 1.2).



The Closing the Gap initiatives and the 2009 National Indigenous Reform Agreement provide a new policy context for welfare services and assistance to Indigenous Australians. Five National Partnership Agreements support the National Indigenous Reform Agreement, providing for reform in the areas of Indigenous health (Closing the Gap in Indigenous health outcomes), Indigenous economic participation, remote Indigenous housing, Indigenous early childhood development, and remote service delivery. Each of these partnership agreements has a set of objectives and key priorities, as well as a set of expected outcomes for monitoring.

In addition, the National Health Care Agreement, the National Affordable Housing Agreement, the National Disability Agreement and the National Preventative Health Partnership Agreement will allow monitoring of Indigenous outcomes using key indicators.

Although some reform initiatives are producing immediate changes, it will not be until subsequent editions of *Australia's welfare* that broader changes will be measurable and reported. Data on Indigenous Australians are included in the relevant chapters of this report.



1.6 The evidence base for socially inclusive policy

Evidence and integrated data are used to inform policy and to provide information for the design and evaluation of welfare services and interventions. Likewise, the need for welfare services and interventions, particularly when this results in unmet need, is a critical indicator of social inclusion.

Achieving progress in social inclusion requires change in how government policies and programs are designed, developed, coordinated and delivered. The change must occur across major policy areas of government from health and education through to infrastructure, law and justice, financial services and other portfolios. It requires a greater focus on the needs of disadvantaged groups and places, on prevention and early intervention, and on the building of individual and community strengths. Adopting a whole-of-government approach, planning for sustainability, using locational approaches, developing tailored and 'joined-up' services, and monitoring and evaluating the effects of these policies and services on the wellbeing of disadvantaged groups are critical elements in achieving and measuring progress.

Using evidence and integrated data to inform policy is one of the 11 social inclusion principles outlined by the Australian Government (2008). Better information, faster learning and better use of knowledge are described as key factors in the improvement of outcomes, which should be evaluated alongside existing evaluations of processes. The measurement and evaluation of outcomes form a substantial part of the data requirements that underpin the COAG's national reform agenda, the National Indigenous Reform Agenda and agreements on health, education, housing and disability.

A range of measurement frameworks are being developed in Australia and internationally to identify the extent of social exclusion and its underlying causes. Evaluation and assessment using robust performance indicators will provide a strong evidence base to inform policy and develop new solutions.

Measurement frameworks used by agencies in the United Kingdom and Europe, such as the Joseph Rowntree Foundation, the New Policy Institute and the European Commission for Cross Country Comparison, employ a battery of objective measures of aspects of disadvantage. The battery approach has the advantage of using existing data collections, providing cost efficiencies and allowing time series to be produced. However, its reliance on existing concepts and definitions may limit data collection to what is currently feasible, rather than promoting data development to meet contemporary information requirements (Levitas et al 2007).

The European Commission has instigated the Peer Review and Assessment in Social Inclusion Program, which monitors, evaluates and promotes good practice in selected policies and institutional arrangements across its member countries.

In Australia, the Social Policy Research Centre at the University of New South Wales has developed measures of social inclusion based on indicators that relate poverty (based on income) with measures of deprivation (economic exclusion) and service exclusion. This work also measures the experience of multiple exclusions. The Melbourne Institute of Applied Economic and Social Research at the University of Melbourne uses multidimensional measures of low capabilities, functioning and wellbeing to describe poverty and disadvantage.



The social inclusion principles note that government needs to report regularly on progress in social inclusion, with several layers of disaggregation from the community level through to neighbourhoods, families and individuals. Long-term sustainable improvement in social inclusion is being built on established benchmarks and formal quantified targets that are attainable, measurable and time specific (Australian Government 2008).

There is a particular focus on geographic disaggregation in the social inclusion principles. Hayes and colleagues note that data from the Australian Bureau of Statistics (ABS) Census of Population and Housing and from AIHW administrative data sources can be used to produce estimates for small geographic areas, and to identify localities where social exclusion is prevalent (Hayes et al. 2008).

Longitudinal data are also a key component in measuring progress towards achieving social inclusion goals because of the long-term, cyclical aspects of social exclusion. Disadvantage is often the culmination of life-time experiences and is transmitted across generations. Hayes and colleagues suggest that 'because longitudinal data provide information on the sequence in which events occur, they can help in understanding the processes and experiences that lead to social exclusion and to the socially excluded becoming included' (Hayes et al. 2008).

The evidence base for socially inclusive policy development must therefore take into account the processes and interconnectedness of disadvantage. This has significant implications for the data collections that underpin policy development. In the past, data collections have been sector-specific and often based on single programs. In order to establish an effective evidence base to support research, policy development, planning and delivery of services with a socially inclusive focus, there is an increasing expectation that data will be linked across related sectors to give a more complete understanding.

Data linkage projects may also facilitate better understanding of 'joined-up' service provision, and the improvements in outcomes that may be achieved as the result of connected services. For example, linking data on aged care service provision, as described in Chapter 3 of this report, enhances the ability to report on transitions, pathways and outcomes from the service system as a whole as well as individual programs. Similar methodological approaches might be useful in measuring progress towards achieving social inclusion.

1.7 Gaps in the data

Australia's welfare 2009 identifies a range of data gaps and constraints in the topics examined that limit the ability to determine who needs welfare assistance or services, and how well their needs are being met. It examines data development activities currently underway or potentially required and makes recommendations about data development work that could address these information gaps. Many of the data gaps will need to be dealt with as a priority to help in reporting progress against the COAG reform and social inclusion agendas, and in providing an evidence base for policy development.

Early childhood education and child protection are notable areas that have significant national data gaps. The National Framework for Protecting Australia's Children will assist in identifying children at risk of multiple disadvantages. AIHW, in collaboration with the Australian Government and state and territory governments, has undertaken work to develop a draft national minimum data set for the National Child Protection Data Collection, which will help in better informing child protection policy. Similarly, initiatives



such as the Australian Early Development Index, the development of nationally consistent data on early childhood education and care, and the Children's Headline Indicators are building new evidence bases on the wellbeing of children and youth to facilitate effective policy development.

At the other end of the life course, data are available to describe family and community participation for older people living in private households, but there are no data about similar social contacts for people living in residential aged care. The move from one's own home to an aged care facility may provoke a disconnection from the broader community and lead to social isolation. Conversely, for others, particularly the 27% of older people who live alone, a move to cared accommodation may expand social contact. Without data, it is difficult to gain a clear picture of this element of social inclusion for older people.

While there is an array of clinical and system indicators that help in measuring the standard and quality of aged care services, the concept of quality of life is more difficult to measure. Data development work in this area, particularly incorporating consumer perspectives, would enable a better understanding of the outcomes that contribute to maintaining or improving quality of life for older people.

Although Australia is well advanced in the measurement and monitoring of disability prevalence and the need for assistance, there are gaps in data and knowledge that are being highlighted by the move towards person-centred service provision. Much of the existing data relate to the number and amount of different types of services and the number of people who receive them. There is only limited information about whether the services offered or accessed are those needed or chosen by people with disability, and whether the services are effective in meeting people's needs. Priority work under the National Disability Agreement (NDA) will help address these gaps.

Data about carers are inconsistent and not comprehensive. Some enhancements to the primary data source (the 2009 ABS Survey of Disability, Ageing and Carers) will help deal with some data gaps. These changes include revised survey protocols to ensure better identification of primary carers, improved questions relating to unmet need, and an increased sample size to facilitate better analysis of groups of special interest, including those in remote areas.

The implementation of the National Affordable Housing Agreement, which forms part of the COAG reform agenda, has focused the reporting of progress against priority housing reform areas with the specification of associated outcomes and performance indicators. Reporting against these outcomes and performance indicators will require enhancements to existing data collections as well as the development of new data collections to provide information about the private housing market. Improving Indigenous identification, collecting unit record-level data, measuring components of need and linking records are important data development requirements.

The White Paper on Homelessness identified a need for improvements in homelessness data (FaHCSIA 2008). Chapter 7 discusses the limitations of current homelessness data, in particular the difficulties in defining what constitutes homelessness, enumerating the homeless population, identifying the various interactions that homeless people have with a range of support services, understanding how well their need for support services is met, and understanding the support required for homeless people to make the transition from homelessness to secure housing. The chapter describes some plans and options for data development in these critical areas.



The National Indigenous Reform Agreement includes key indicators to monitor progress in closing the gap on Indigenous disadvantage. Deficiencies in the quality and timeliness of existing data collections are a major challenge. The varying level of identification of Indigenous Australians in administrative data collections, by data set, by state and territory, by remoteness and over time are key barriers to the comparability of existing data sets. Survey data, on the other hand, suffer from sample sizes too limited to allow meaningful disaggregation, and sometimes are not conducted frequently enough for annual reporting.

Indigenous identification in key administrative data sets (the births, deaths, hospital, and perinatal data sets) and registers (infectious diseases notifications and surveillance system, and end-stage renal disease, diabetes and cancer registers) is improving. At a jurisdictional level, further improvement in Indigenous identification is still needed, but is particularly an issue for the south-eastern jurisdictions. It should be noted that small numbers in Tasmania and the Australian Capital Territory will always limit reporting for these jurisdictions.

The AIHW and the ABS in their respective areas of responsibility are working with the relevant government departments and ministerial councils to improve the quality and availability of existing data. Key strategies include implementing best practice guidelines to collect Indigenous information in all relevant data sets, assessing the level of under-identification in key data sets in order to adjust existing data to enhance comparability, improving the comprehensiveness of data collections, and using data linkage to enhance statistical reporting against some of the COAG targets, in particular those relating to mortality and life expectancy.

1.8 How this report is presented

Each of the chapters in this report begins with key points, summarising significant information within the chapter. There is an overview of the environment and population relevant to the particular topic, and detailed discussion of data about services and outcomes. Where available, regional and Indigenous data are disaggregated and analysed. Data gaps are identified and recommendations are made about data development needs.

Chapter 2 provides an overview of the wellbeing of children, youth and families. It discusses the substantial reforms that have occurred in the areas of early childhood development, schooling and skills training. Early intervention and prevention programs for families and children at risk are described. Information on children in the child protection system and out-of-home care, and those in the juvenile justice system is presented in this chapter. The incidence and needs of jobless and homeless families with children are also covered.

Chapter 3 reports on the provision and use of aged care services relative to the needs of older people, as well as the economic wellbeing and social inclusion of older Australians (defined as those aged 65 or over). Where possible, it compares the situation of older people in 2009 with that of 1999, the International Year of Older Persons. The chapter challenges two persistent myths about older Australians—that they are a homogenous group and that they are a burden on the community—through data that describe the diversity of the older population, and their community and civic participation.

Chapter 4 covers disability and disability services. It describes policy initiatives to support respite care and ageing carers, the National Disability Strategy, amendments to the Disability Discrimination Act, and the National Inquiry into Employment and Disability.



Chapter 5 focuses on informal care, the characteristics of carers, and the trends in levels of informal care provision as evidenced within existing community care programs for the elderly and the disabled. In particular, the chapter describes the impact that informal caring can have on the lives of carers, especially for those who provide care over the long term, and for women who frequently combine other roles with that of a carer.

Chapter 6 discusses housing and housing assistance. It reflects the contemporary national agenda by focusing on issues of supply and demand. The chapter examines the role social housing and other forms of government housing assistance play in meeting that demand. The effects and outcomes of this assistance are considered.

Chapter 7 describes program responses and service delivery to tackle homelessness, particularly those that support families and children. It includes a focus on locations where the incidence of homelessness is most significant.

References

- ABS (Australian Bureau of Statistics) 2004. Disability, ageing and carers, Australia: summary of findings, 2003. ABS cat. no. 4430.0. Canberra: ABS.
- ABS 2007. 2006 Census QuickStats: Australia. Canberra: ABS.
- ABS 2008a. Year book 2008. ABS cat. no. 1301.0. Canberra: ABS.
- ABS 2008b. Population by age and sex, Australian states and territories 2008. ABS cat. no. 3201.0. Canberra: ABS.
- ABS 2008c. Experimental estimates of Aboriginal and Torres Strait Islander Australians, June 2006. ABS cat. no. 3238.0.55.001. Canberra: ABS.
- ABS 2008d. Migration Australia 2006–07. ABS cat. no. 3412.0. Canberra: ABS.
- ABS 2009a. Labour force, Australia, May. ABS cat. no. 6202.0. Canberra: ABS.
- ABS 2009b. National Health Survey: summary of results 2007–08. ABS cat. no. 4364.0. Canberra: ABS.
- AIHW (Australian Institute of Health and Welfare) 2009. A picture of Australia's children, 2009. Cat. no. PHE 112. Canberra: AIHW.
- Australian Government 2008. Social inclusion principles for Australia. Canberra: Australian Government.
- FaHCSIA (Australian Government Department of Families, Housing, Community Services and Indigenous Affairs) 2008. The road home: a national approach to reducing homelessness. White Paper. Canberra: FaHCSIA
- Hayes A, Gray M and Edwards B 2008. Social inclusion: origins, concepts and key themes. Canberra: Department of the Prime Minister and Cabinet.
- Levitas R, Pantazis C, Fahmy E, Gordon D, Lloyd E and Patsois D 2007. The multi-dimensional analysis of social exclusion. United Kingdom: Social Exclusion Task Force.
- OECD 2008. Country statistical profiles 2008. Paris: OECD. Viewed 24 December 2008, <http://stats.oecd.org>.