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Australian Institute of Health and Welfare

Australia's welfare

2013



Australia's welfare 2013

*The 11th biennial
welfare report of the
Australian Institute of
Health and Welfare*



*Australian Institute
of Health and Welfare*

The Australian Institute of Health and Welfare (AIHW) 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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Please check the online version at <www.aihw.gov.au> for any amendments.





Australian Government
Australian Institute of
Health and Welfare

Authoritative information and statistics
to promote better health and wellbeing

The Hon Tanya Plibersek, MP
Minister for Health and Medical Research
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 2013*, 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

24 July 2013



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Preface

Every two years, the Australian Institute of Health and Welfare (AIHW) produces its *Australia's welfare* report, and I'm pleased to introduce *Australia's welfare 2013*, our 11th report in this series.

It is one of two reports (the other being *Australia's health*) that the AIHW is required to submit to the Australian Parliament in alternate years, and it must include statistics and information on the provision of welfare services to the Australian people, as well as detail about the development of these statistics.

The AIHW's work related to welfare is broad, and encompasses a large number of data collections that provide rich information about Australian society, the wellbeing of Australians, and the demand for, and supply of, welfare services.

Policy makers, researchers and the wider community have an ever-increasing need for regular, reliable and relevant information about welfare services and service users—and for those looking for such information, *Australia's welfare* has become an indispensable resource.

Following the success of the inaugural *Australia's welfare—in brief* booklet in 2011, this edition is also accompanied by a mini report, available in print and on the AIHW website.

This report presents information on: population factors underpinning the demand for welfare services, particular needs and assistance provided to key groups, and the resourcing of welfare services in Australia. Finally, it ends with updated data for a range of indicators of Australia's welfare. These measures provide an overview of the wellbeing of Australians across domains of healthy living, autonomy and participation, and social cohesion.

It also includes a summary of major recent or forthcoming data developments that will improve the coverage, timeliness and comparability of information. These developments will help improve our overall understanding of the need for welfare services, the way in which services are delivered, and the outcomes achieved.

No single report can cover every aspect of welfare services delivered in Australia in 2013. The AIHW publishes more than 150 reports and website products each year to complement the information presented in the *Australia's welfare* and *Australia's health* series of reports.

These and associated data products are available from <www.aihw.gov.au>.

The AIHW welcomes your feedback on this report and ways we can improve its usefulness and relevance.

David Kalisch

Director



Acknowledgments

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Australian Bureau of Statistics

Department of Health and Ageing

Department of Employment, Education and Workplace Relations

Department of Immigration and Citizenship



Symbols

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



Notes

When reading this report

Throughout this report, all references to tables that include an 'A' in the table number (for example, Table A1.1) are Appendix A tables. These appendix tables are available on the AIHW website <www.aihw.gov.au>.

In a number of sections of this report, age-standardised and age-specific rates are provided. The Glossary provides a brief description of these terms, as well as definitions for other key terms.

Percentage distributions may not always sum exactly to 100 due to rounding.

Data sources

The best available information has been used to inform *Australia's welfare 2013*, with data drawn from a range of sources as detailed throughout this report. The two main data sources are national collections managed by the AIHW and the Australian Bureau of Statistics (ABS). These main sources are supplemented by other data collections, as appropriate.

Each of the data sources has strengths and limitations that affect how the data can be used and what we can infer from the results. The AIHW takes great care to ensure that data used are correct and that the conclusions drawn are robust.

Although this report is published in 2013, many of the statistics refer to 2011 or earlier. This is because some data, such as population-based surveys, are collected every 3 to 5 years or even less often. Also, it can often take some time before data are fully processed and available for use. For example, at the time of writing, no information from the ABS 2011–12 Survey of Income and Housing and from the ABS 2012 Survey of Disability, Ageing and Carers were available, and some ABS 2011 Census data were also not yet available.

Given the comprehensive nature of this report, and the time it takes to prepare a compendium report of this scale, it is possible that some other reports with more recent data have been released by the AIHW or others. For a comprehensive list of all of AIHW's reports, as well as an online version of *Australia's welfare 2013*, see the AIHW website <www.aihw.gov.au>.

Additional material available

The highlights from this report are available in booklet form in *Australia's welfare 2013—in brief*, which is available online.





x

Section 1



Section 1

Chapters 1-3

Population,
participation
and housing





Chapter

1

Australia's people

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1 Australia's people

At a glance

Who we are

- Around 23 million people lived in Australia in April 2013.
- In 2012, the majority (70%) of the population lived in *Major cities*, and 2% lived in *Remote and very remote* areas. Almost 1 in 3 Australians (32%) lived in New South Wales, and 1 in 4 (25%) in Victoria.
- The Australian population is ageing. People aged 65 and over comprised 8% of the population in 1972 compared with 14% in 2012. Over the same period, the proportion aged under 25 fell from almost half (46%) to one-third (32%) of the population.
- In June 2011, an estimated 3% of the total population were Indigenous Australians. Indigenous people have a notably younger age structure than the Australian population: more than half (56%) were aged under 25 and 3% were aged 65 and over.
- The proportion of the population born overseas has grown steadily from 1 in 10 (10%) in 1947 to more than 1 in 4 (27%) in 2011.

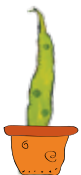
Births and deaths

- In 2011, 301,600 births were registered in Australia—22% more than in 2001. In 2011, Australia's total fertility rate was 1.9 births per woman; this is below the replacement rate of 2.1 births per woman but higher than the historical low of 1.7 in 2001.
- Around 146,900 deaths were registered in Australia in 2011—14% more than in 2001.

Our families

- In 2011, there were 7.8 million households in Australia, of which almost three-quarters (72%) were family households, one-quarter (24%) lone-person households and 4% group households. Of all families, almost half (47%) comprised a parent, or parents, with one or more dependent children.
- Among one-family households, Indigenous households were more than twice as likely than other households to be one-parent families (36% and 15% respectively) and about half as likely to be a couple family with no children (20% and 38%).
- In 2011, 2.2 divorces were granted per 1,000 people. Almost half (48%) of all divorces in 2011 were between couples with children aged under 18, a decrease from 54% in 1991.

1



1.1 Introduction

The demand for various types of welfare services is influenced by a range of factors, including age structure, population health and disability status, social and economic participation, access to appropriate housing, and availability of informal support networks. In addition, population diversity and geographical distribution are important considerations for planning, and providing appropriate and sufficient services in the locations where they are needed.

A number of key demographic factors of relevance to the demand for, and delivery of, welfare services in Australia are described in this chapter, with a particular focus on trends and differences between population groups. Trends in education, employment and access to economic resources are discussed in Chapter 2, while Chapter 3 presents information about housing in Australia.

1.2 Population size and structure

According to the Australian Bureau of Statistics (ABS), there were an estimated 23 million people in Australia in April 2013—which is 4 times the population of 90 years ago (around 5.7 million in June 1923) (ABS 2008b, 2013c).

While detailed data about the population in April 2013 were not available at the time of writing, available data indicate that Australia's population grew by almost 360,000 people between June 2011 and June 2012—increasing from 22.3 million to 22.7 million (ABS 2012f).

One-third (32%, or 7.4 million people) of the population in June 2012 were aged under 25. Of those in this age group:

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

Children and young people are the focus of Chapter 4.

Around 1 in 7 (14%, or 3.2 million people) of the population were aged 65 and over. Of those:

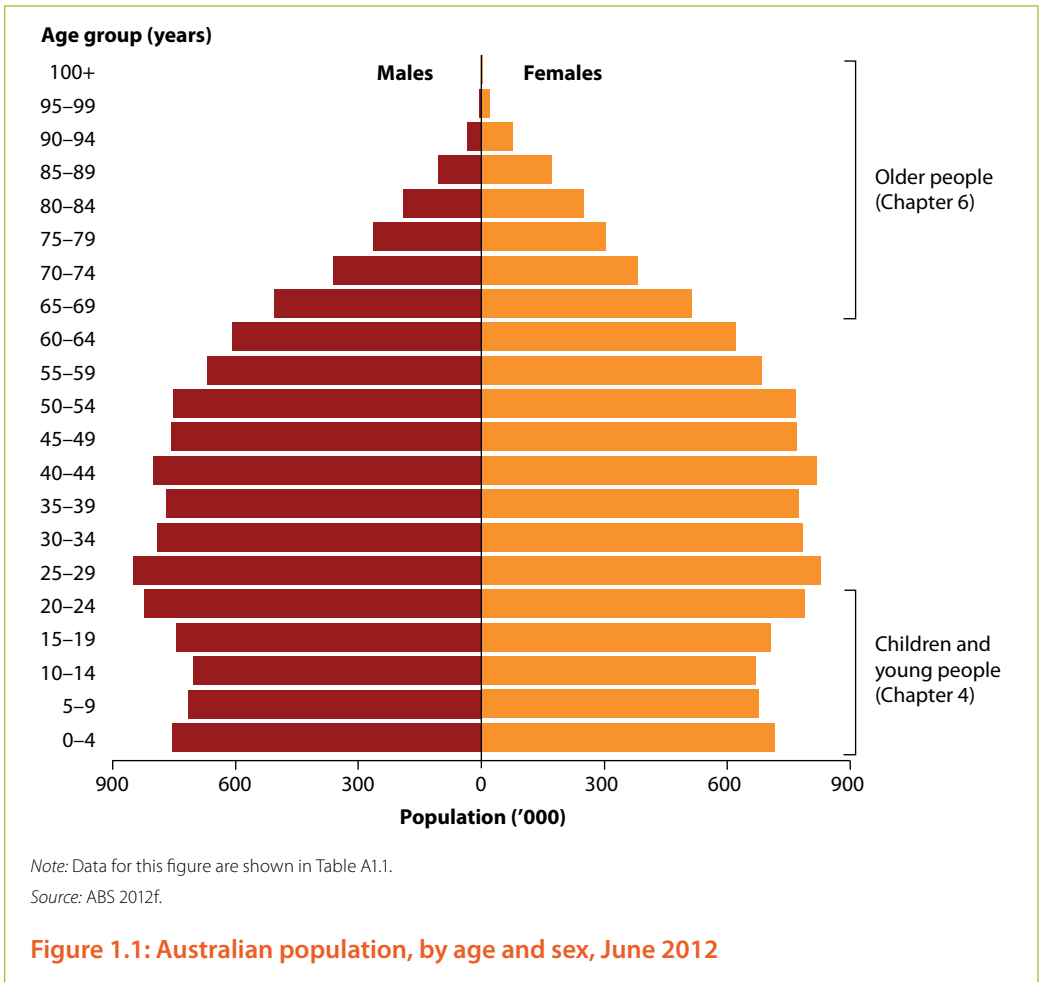
- 2.8 million were aged 65–84
- 423,700 were aged 85 and over (including 3,500 aged 100 and over).

Detailed information about older people is in Chapter 6.

There were slightly more males than females at all ages up to and including the 30–34 age group—51% for all age groups to age 25–29 and just over 50% for those aged 30–34 (Figure 1.1). From the 35–39 age group onwards, there were fewer males than females. Initially the difference is slight, with males comprising around 49% of all age groups between 35–39 and 70–74. After this, the difference is more marked, especially at more advanced ages: 47% of those aged 75–79 were male, compared with a third (35%) of those aged 85 and over. Differences in mortality rates between males and females that contribute to this pattern are discussed in Section 1.4.

1





Indigenous population

Preliminary estimates produced by the ABS suggest that the Aboriginal and Torres Strait Islander population of Australia was 669,700 people, or 3.0% of the total Australian population at 30 June 2011 (ABS 2012g). Note that these numbers may differ to some degree from the final estimates due for release by the ABS in August 2013.

The ABS's preliminary estimates are based on the 2011 Census of Population and Housing (referred to as the 2011 Census in this report), adjusted for net undercount (for example, taking into account people who were missed and those whose Indigenous status was not stated). According to the actual (unadjusted) 2011 Census count, 548,370 people identified and were counted as being of Aboriginal and Torres Strait Islander origin, representing 2.5% of the 2011 Census count. This is up from 2.3% in 2006 (ABS 2012j).

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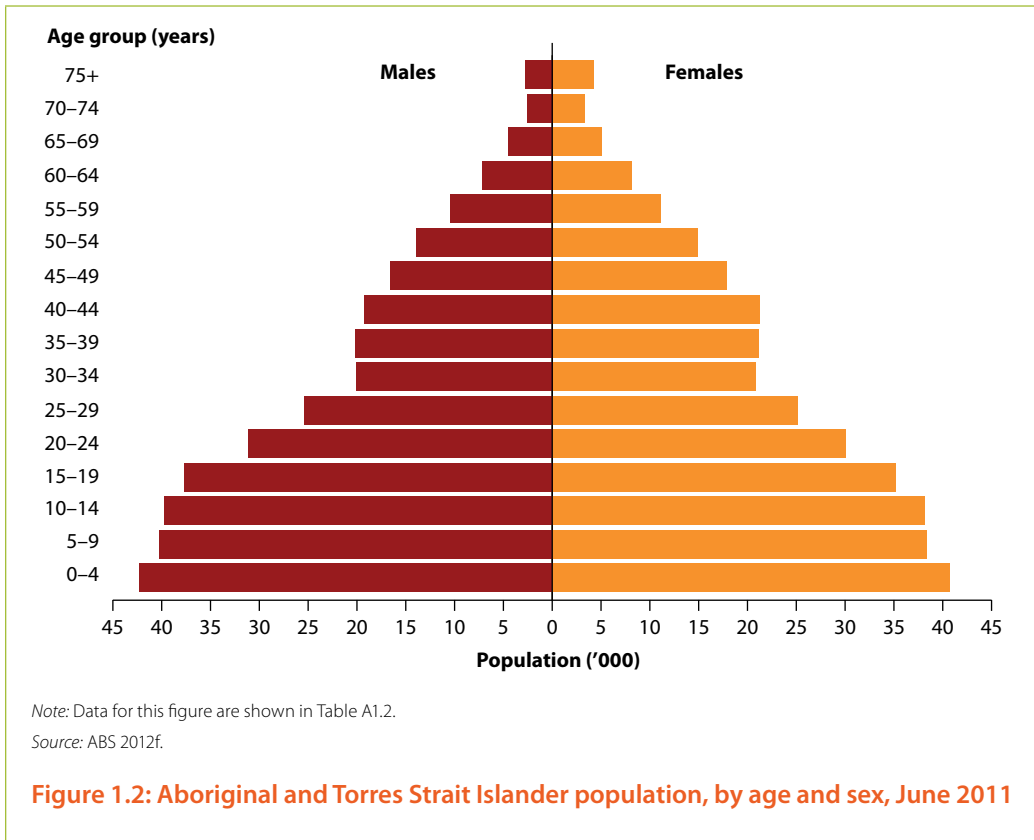
Australia's people



The age profile of the Indigenous population is considerably younger than the Australian population (Figure 1.2). While data for 2012 were not yet available at the time of writing, data for June 2011 indicate that more than half (56%) of Indigenous people were aged under 25 (compared with 32% of the total population), and 3.4% were aged 65 and over (compared with 14% of the total population).

As in the wider Australian population, there were more Indigenous women than men at older ages. Women accounted for 52% of Indigenous people aged 50 to 74, and 60% of those aged 75 and over.

The differences between the Indigenous and non-Indigenous population age structures are due to both higher fertility rates and earlier mortality among Indigenous people (see Section 1.4).



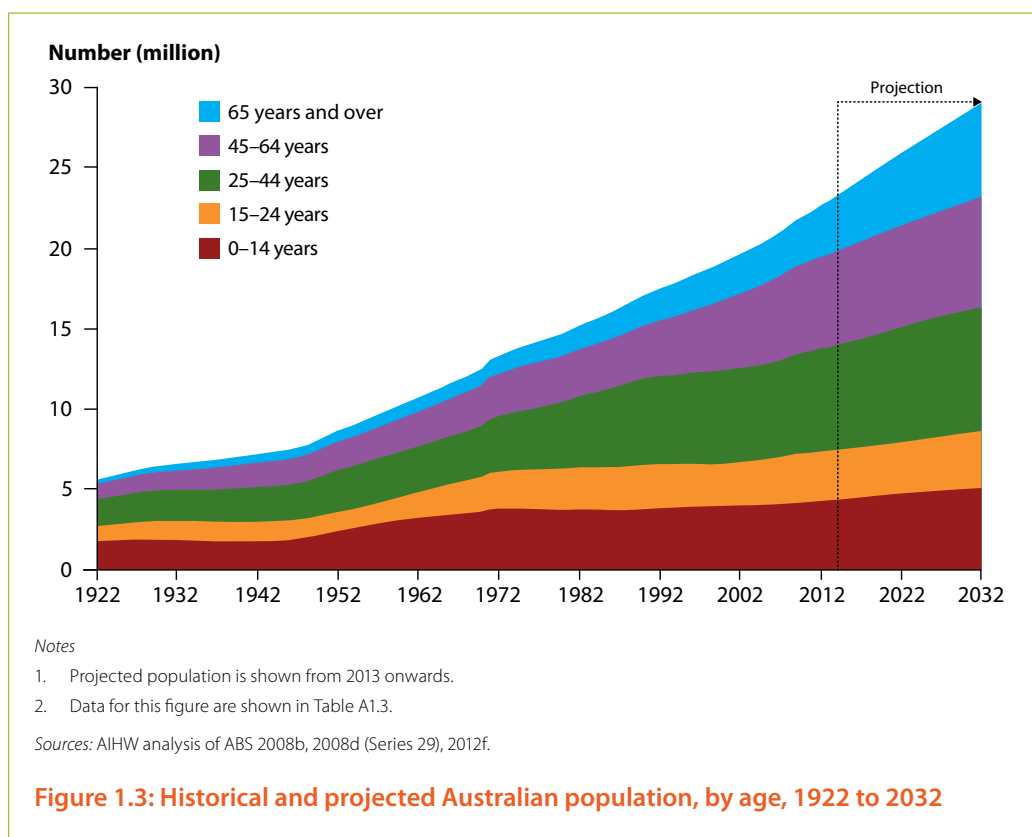
1.3 Australia’s population is ageing

Population ageing has social and economic consequences that affect the demand for various types of services (including welfare and other services), the ability of governments to meet this demand with sufficient and appropriate services, and the broader economy.

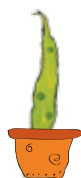


Long-term trends and projections

The size of Australia's population has been increasing steadily over time, but such growth has not been consistent across all age groups (Figure 1.3). Instead, over recent decades, population growth has been strongest among older age groups. For example, between 1972 and 2012, the number of people aged 65 and over nearly tripled (from 1.1 million to 3.2 million). Over the same period, there was a sixfold increase in the population aged 85 and over—from 69,800 to 423,700 people. Meanwhile, the number of children and young people (aged under 25) rose by only 21% (from 6.1 million to 7.4 million). Similar population ageing trends are seen in other regions of the world (see Box 1.1 for more detail).



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As a consequence of these changes, older Australians account for an increasing share of the population. People aged 65 and over comprised 8% of the population in 1972 compared with 14% in 2012. Over the same four-decade period, the proportion of the population aged 85 and over increased from 0.5% to 1.9%. Meanwhile, the share of the population that was aged under 25 dropped from almost half (46%) in 1972 to a third (32%) in 2012 (Figure 1.4).



Box 1.1: Global population is ageing

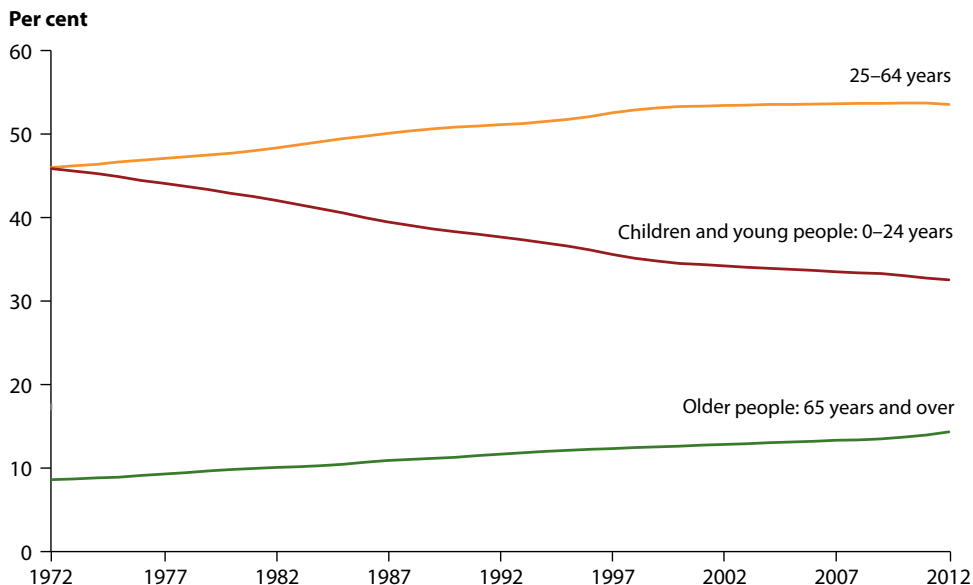


In 2010, the median age of the world population was estimated to be 29, with 7.6% of the population aged 65 and over (UN 2011b). As in Australia, the world population is ageing—the median age has risen from 24 in 1950 and is projected to reach 38 by 2050 (Table A1.4).

Median ages differ markedly between more and less developed regions of the world. In more developed regions, the median age was 40 in 2010, an increase of 11 years since 1950. By comparison, in less developed regions, the median age was 27 in 2010, an increase of 5 years since 1950.

The proportion of the population that older people comprise also differs between regions. In 2010, the proportion aged 65 and over in less developed regions was 5.8%, having increased from 3.9% in 1950. In more developed regions, the proportion in 2010 was 15.9, double the proportion of 7.9% in 1950 (UN 2011a).

Compared with other more developed countries, Australia has a relatively young population, ranking 25th out of 34 Organisation for Economic Co-operation and Development (OECD) member countries in 2010 in median age (36.9) (UN 2011a). Among member countries, Japan had the highest median age (44.7), while Mexico had the lowest (26.6) (UN 2011b).



Note: Data for this figure are shown in Table A1.5.

Sources: AIHW analysis of ABS 2008b, 2012f.

Figure 1.4: Share of the population attributed to broad age groups, 1972 to 2012

1



Based on the ABS's medium-level growth assumptions, the population is projected to grow to 29.1 million people by 2032—an increase of 28% from 2012 (Table A1.3). Meanwhile, the number of people aged 65 and over is projected to increase by 82% between 2012 and 2032. Among people aged 85 and over, the projected increase between 2012 and 2032 is more than 100%. Growth in the population aged 85 and over is particularly significant for aged care service planning, as this group is most likely to require such services, including residential care (see Chapter 6).

Dependency ratios

Children and many older people are 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 with the number of people who are in the labour force and therefore potentially able to provide support. Three dependency measures are commonly used; see Box 1.2 for a description of these measures and how to interpret them.

Box 1.2: Dependency ratios

The three commonly used dependency ratios are:

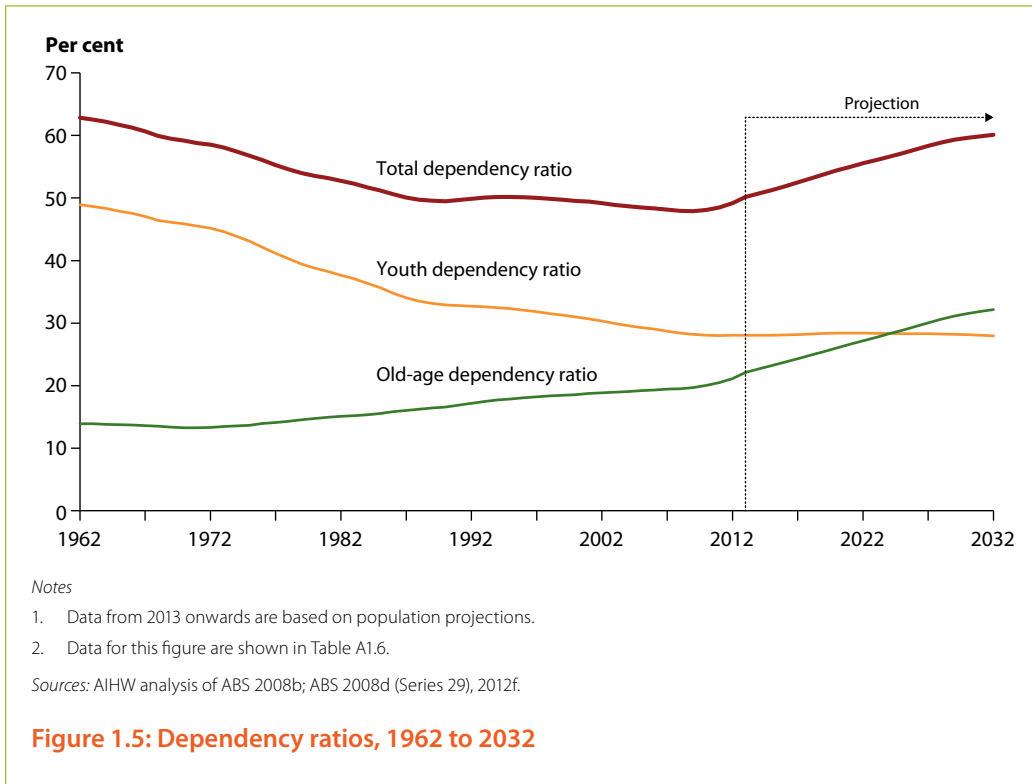
- **Youth dependency ratio:** the number of children aged 0 to 14 compared with the number of people aged 15 to 64 (that is, people of 'traditional working age')
- **Old-age dependency ratio:** the number of people aged 65 and over compared with the number aged 15 to 64
- **Total dependency ratio:** the sum of the number of children aged 0 to 14 and people aged 65 and over compared with the number aged 15 to 64.

Dependency ratios are expressed as a percentage, with a higher number suggesting less support available to meet the needs of dependent people. A dependency ratio of more than 100 implies that there are more dependants than supporting people in the population.

Australia's youth dependency ratio has fallen considerably, from 49% in 1962 to 28% in 2012 (Figure 1.5). An increase in the old-age dependency ratio, which rose by 7 percentage points from 14% to 21% over the same period, has partially offset this trend. As a result, Australia's total dependency ratio has decreased over the past five decades from 63% in 1962 to 49% in 2012, implying slightly more 'supporters' per 'dependant' than in the past (that is, 1.6 and 2.0 adults of traditional working age for each person of 'dependent' age). However, in recent years this trend has slowed. Given current population projections, it is predicted that a stabilisation in the youth dependency ratio coupled with a rise in the old-age dependency ratio will lead to the total dependency ratio rising over the upcoming decades, reaching 60% by 2032—or 1.7 adults of traditional working age for each person of 'dependent' age.

1





Note that these measures are broadly indicative of population trends rather than providing a definitive classification of ‘dependants’ 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, retirement or other reasons. They also do not differentiate between people aged 65 and over who are completely financially 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.

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, a considerable number of people retire before the age of 65. At the same time, an increasing proportion of older Australians remain engaged in paid employment beyond the traditional retirement age. These trends are discussed in more detail in chapters 2, 4 and 6.

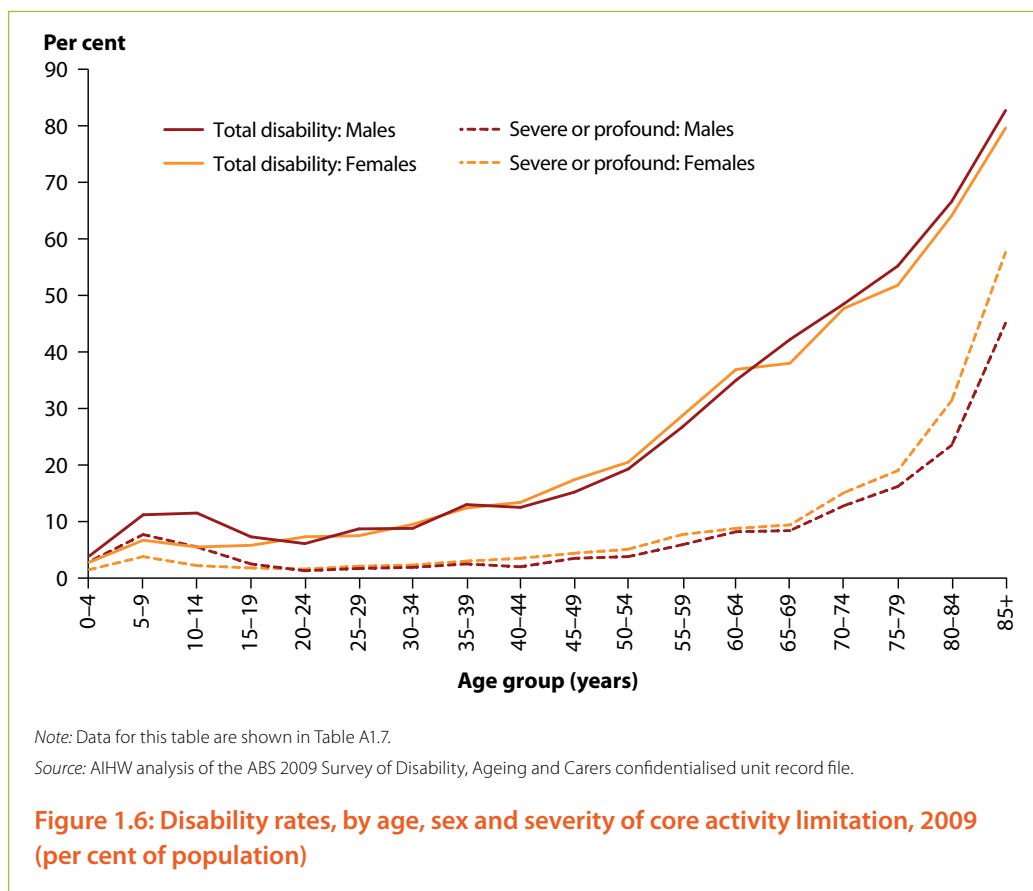
1



The prevalence of disability

In 2009, an estimated 4.0 million Australians had some form of disability—18.5% of the population. This included 1.3 million people (5.8%) with severe or profound core activity limitation (ABS 2010b). As explained in more detail in the Glossary, people with such a limitation are those who sometimes or always need help with core activities of daily living (mobility, self-care and communication).

With the exception of boys aged 5 to 14 (where the rates were around 11%), disability rates were below 10% among people aged under 35 in 2009 (Figure 1.6). The higher rates of disability for boys aged 5 to 14 are largely due to higher rates of conditions such as autism spectrum disorders and attention deficit hyperactivity disorder, which are often diagnosed after schooling begins (AIHW 2006, 2012).



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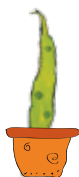


Figure 1.6 shows that the prevalence of disability generally increased gradually throughout middle age and then, after around the age of 50, rose considerably—from 20% in the 50–54 age group to 81% among people aged 85 and over. Rates of severe or profound core activity limitation were even more strongly associated with age. This degree of disability was reported for fewer than 1 in 20 Australians up to the age of 50 (excluding boys aged 5 to 14), but for almost one-third (31%) of people aged 75 and over (ABS 2010b). See Chapter 5 for more information about people with disability.



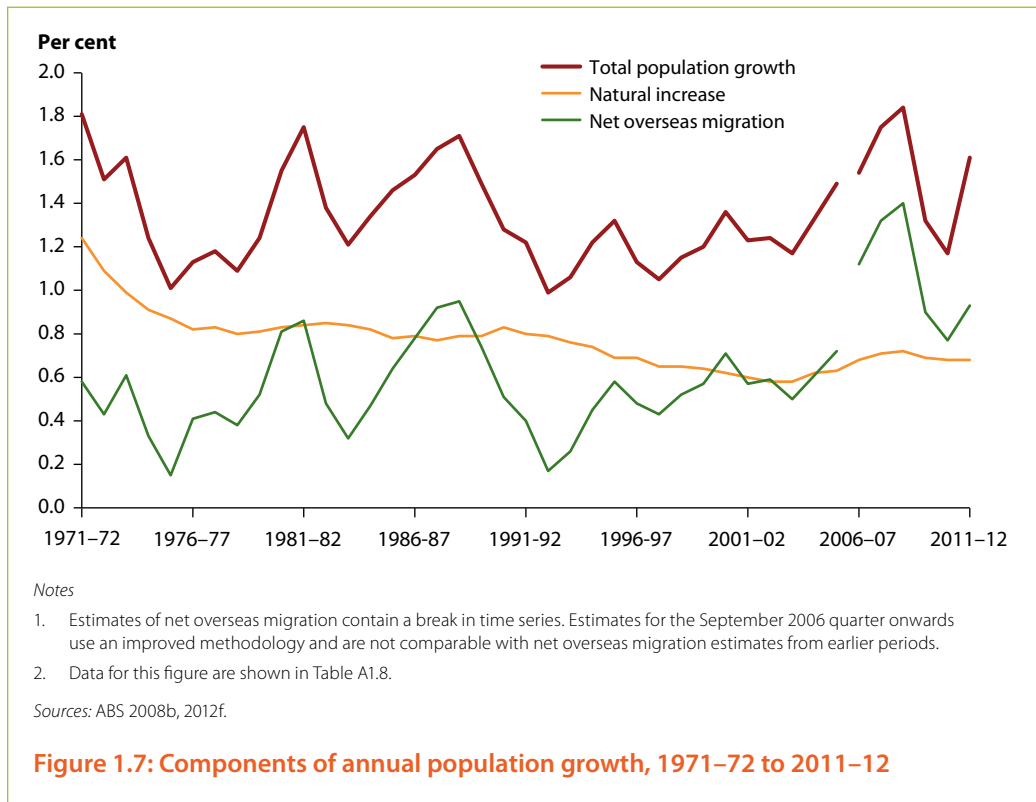
1.4 Components of population growth

Changes in population size are determined by two factors:

- 'natural increase' (that is, the number of births minus the number of deaths)
- 'net overseas migration' (the difference between the number of people migrating into a country and emigrating out of it).

Between June 2011 and June 2012, the Australian population grew by 1.6%, with 0.9% of this due to net overseas migration and 0.7% due to natural increase (ABS 2012f).

Annual population growth attributable to net overseas migration has been quite volatile over the 40 years between 1971–72 and 2011–12 (Figure 1.7). In contrast, the annual growth rate due to natural increase has been relatively more stable. These factors combined have resulted in the Australian population growing by between 1.0% and 1.8% per year over the 40 years, with net overseas migration overtaking natural increase as the main component of such growth consistently from 2005–06.

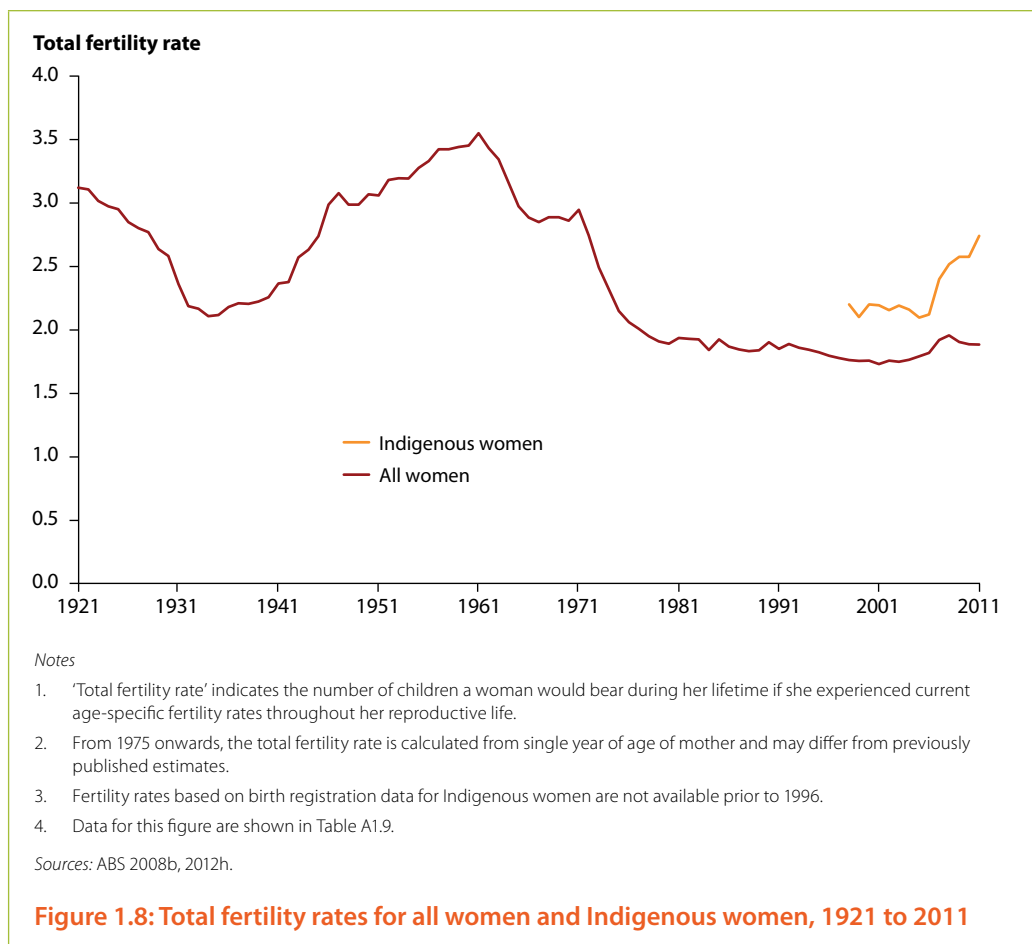


Fertility

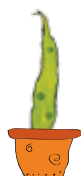
In 2011, a total of 301,617 births were registered in Australia, about 55,200 (22%) more than the number registered in 2001 (246,394) (ABS 2012h). Just over half (51%) of all births registered in 2011 were male babies.

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 level of fertility at which a population replaces itself from one generation to the next is referred to as the 'replacement rate', and is generally estimated at 2.1 births per woman in developed countries (Craig 1994).

Australia's total fertility rate in 2011 was 1.9 births per woman—an increase from its historical low of 1.7 in 2001 (Figure 1.8). Australia experienced a decline in fertility in the 1920s and 1930s, before rebounding to more than three births per woman in the 1950s and 1960s (the post-World War II '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 the replacement rate since 1977.



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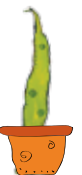
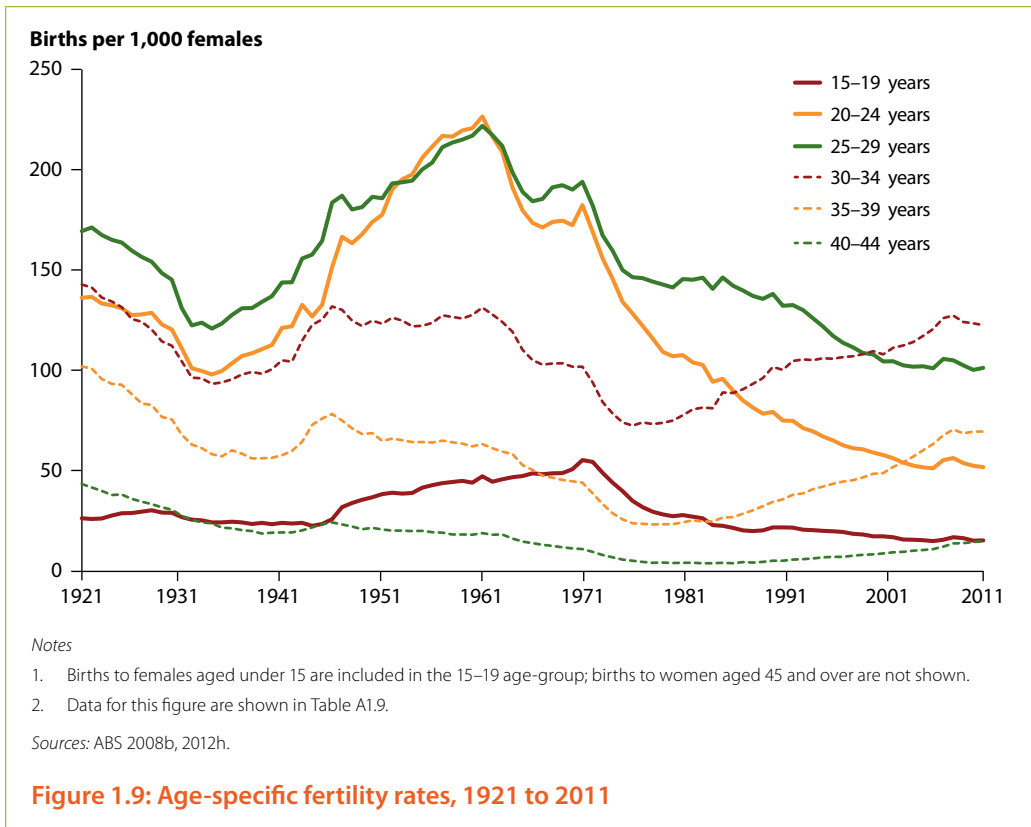
While all jurisdictions are working to improve the quality of Indigenous status data in birth registrations, variability in earlier records makes historical comparisons difficult. Recent data suggest a higher fertility rate among Indigenous women than the population as a whole (Figure 1.8). The total fertility rate among Indigenous women in 2011 was 2.7 births per woman. This difference, in part, contributes to the younger age structure of the Indigenous population.

Between 1926 and 1986, fertility rates were highest among women aged 20 to 29 (Figure 1.9). However, from 1987 onwards, there was a shift: the fertility rates were highest among those aged 25 to 34, with the rate for those aged 20–24 having dropped sharply from the early 1960s. Since 2000, fertility has been highest among women aged 30–34 and, from 2004, rates among women aged 35–39 have exceeded those of women aged 20–24.

Over the 90 years shown in Figure 1.9, fertility rates for teenagers aged 15–19 peaked in 1971 (at 56 births per 1,000 women) and then fell to a historical low in 2006 (15 births per 1,000 women). In 2011, the rate was 16 births per 1,000 teenagers aged 15–19.

As a consequence of these trends in fertility rates, the median age of mothers has changed over time—it fell from 28.8 years in 1921 to 25.4 in 1971 and then rose to 30.0 in 2001. Over the decade to 2011, the median age remained around 30 years, standing at 30.6 in 2011 (ABS 2008b, 2012h).

The median age of fathers (for which data are only available from 1975 onwards) has also shown an upwards trend since the 1970s. It was 28.6 years in 1975, rose to 33.1 in 2006 and has stabilised around that level in the following years, standing at 33.0 in 2011 (ABS 2012h).

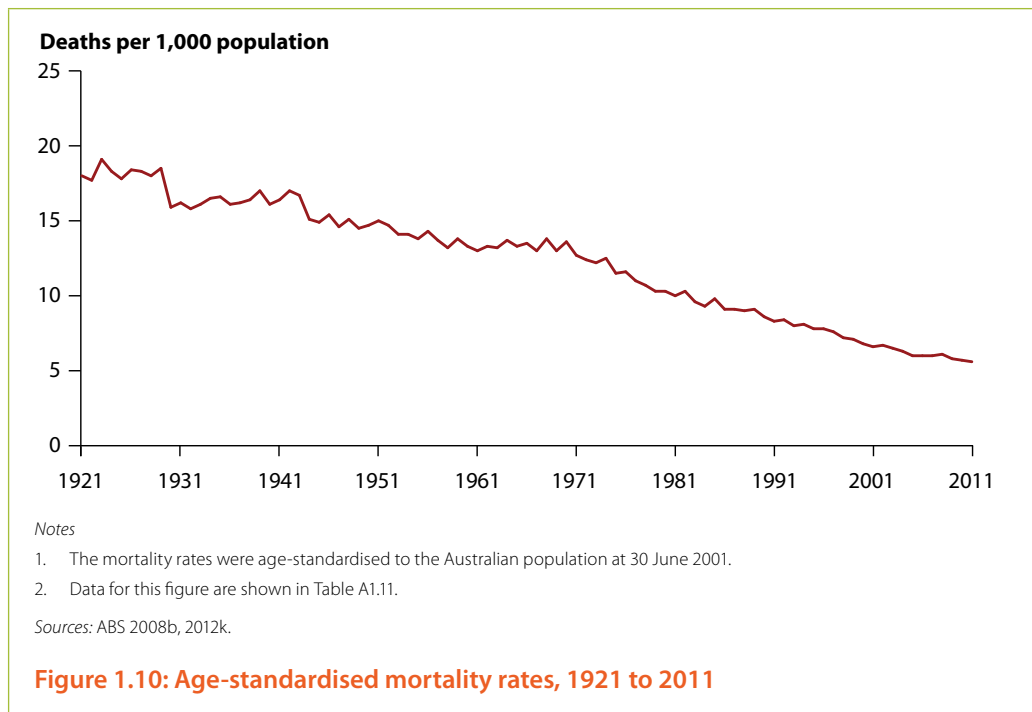


Indigenous men and women are more likely to have children at younger ages than the general population. For Indigenous births (that is, at least one parent reported being an Indigenous person), the median age of mothers in 2011 was 25.1 and the median age of fathers was 27.7 (ABS 2012h). In that same year, the fertility rate for Indigenous teenagers (those aged 15–19) was about 5 times as high as that for all teenagers (78 and 16 births per 1,000 females, respectively) and, for those aged 20–24, 3 times as high (155 and 52 births per 1,000 females). While the fertility rate for Indigenous women aged 25–29 was still higher than for all women in that age group, the difference is no longer as marked (45% higher) and, for the remaining age groups, the fertility rate of Indigenous women was lower (Table A1.10).

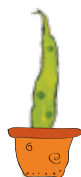
Mortality

There were 146,932 deaths registered in Australia in 2011, which is 14% more than in 2001 (128,544) (ABS 2012k). After accounting for differences due to changes in the population age structure over time, Australia’s mortality rate in 2011 was 5.6 deaths per 1,000 population.

There has been a long and continuing decline in mortality rates in Australia over time (Figure 1.10). The age-standardised death rate fell by 69% between 1921 and 2011, from 18.0 to 5.6 per 1,000 population. The decline in mortality in the first half of the last century tended to be associated with factors such as control of infectious diseases, and better hygiene and nutrition. In contrast, the decline in later years was associated with improvements in road safety measures, falls in smoking rates, and improvements in prevention, detection and treatment of diseases such as cardiovascular disease (AIHW 2000).



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Infant mortality (under the age of 1 year) is a well-established and widely accepted indicator of population health and the effectiveness of the health system (see Chapter 11 for more information about health- and welfare-related indicators). Like the overall mortality rate, the infant mortality rate has fallen over past decades, but the decline has been markedly steeper—falling from 65.7 to 3.8 per 1,000 live births between 1921 and 2011 (Table A1.11). The rate of 3.8 recorded for 2011 is the lowest rate on record. Improvements in infant mortality over time are related to improvements in acute care for seriously ill newborn babies and to postnatal factors such as nutrition, infectious diseases and environment, immunisation coverage and access to primary health care services (AHMAC 2012).

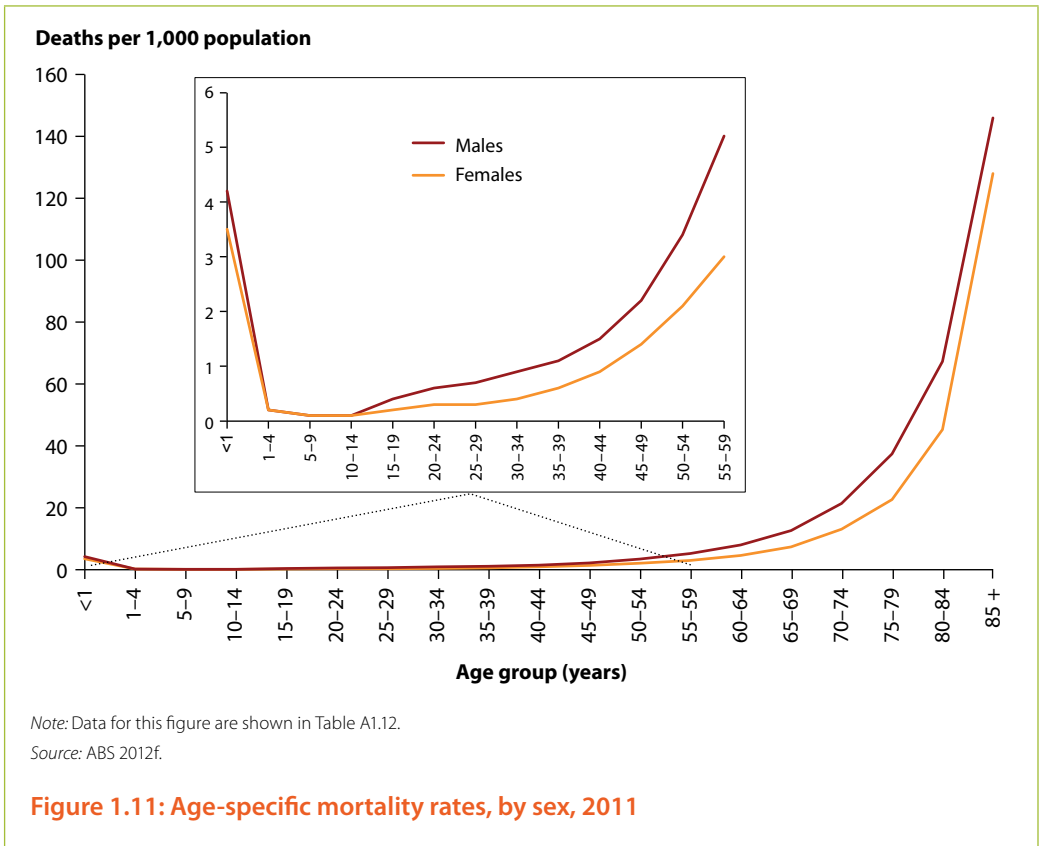
Indigenous infant mortality rates are higher than non-Indigenous infant mortality rates, although there has been a significant closing of the gap between these rates over recent years. Based on data for five jurisdictions with adequate identification of Indigenous deaths, infant mortality among Indigenous people declined by 46% between 2001 and 2011 (from 11.2 to 6.6 per 1,000 live births) (Table A11.2). By comparison, non-Indigenous infant mortality declined by 13% over the same period (from 5.0 to 3.6 per 1,000 live births). Data about specific causes of death indicate that there were declines in Indigenous infant mortality rates for all but one major cause of infant death between 2001–2005 and 2006–2010, with the exception being diseases of the circulatory system, which showed a slight increase (AIHW 2013).

Life expectancy is another common indicator of the general health of the population that is associated with mortality. As detailed in Indicator 1 in Chapter 11, a boy born in Australia between 2009 and 2011 can expect to live to the age of 79.7 years and a girl, 84.2 years (ABS 2012k). In the decade to 2011, life expectancy increased by 2.7 years for males and 1.8 years for females.

Age-specific death rates in 2011 were lowest for people aged 5–9 and 10–14 (both 0.1 per 1,000 population). These rates increased with age thereafter, albeit more slowly initially (Figure 1.11). By the age of 55–59, the death rate was 4.1 deaths per 1,000 population, while it was 10.0 deaths per 1,000 population for those aged 65–69 and 134.1 deaths per 1,000 population for those aged 85 and over.

Mortality was higher among males than females for nearly all age groups, including being more than twice as high for people between the ages of 15 and 34. The exceptions are the age groups spanning 1 to 14 years, where the rates were the same for boys and girls.





As well as varying with age and sex, mortality rates are associated with demographic factors, including Indigenous status and remoteness of residence. In the period 2007–2011, age-specific death rates among Indigenous people in all age groups were at least double that of non-Indigenous people, except for two groups—those aged 65 and over and those aged under 1 year—where the rates were still higher but less than double (Table 1.1). The most pronounced differences in mortality rates were for those aged between 25 and 54, where Indigenous mortality rates were 4 to 5 times as high as non-Indigenous rates.

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Table 1.1: Age-specific mortality rates, by Indigenous status and age, selected states and territories, 2007–2011

Age group (years)	Indigenous	Non-Indigenous	Indigenous to non-Indigenous rate ratio
Deaths per 1,000 live births (infant mortality)			
Less than 1	7.6	4.0	1.9
Deaths per 100,000 population			
1–4	49.6	18.3	2.7
5–14	21.8	9.3	2.4
15–24	112.9	37.4	3.0
25–34	220.8	56.8	3.9
35–44	478.9	97.4	4.9
45–54	874.8	220.3	4.0
55–64	1,644.2	513.0	3.2
65 and over	5,167.0	3,862.4	1.3

Notes

1. Death rates are based on the average number of death registrations between 2007 and 2011 divided by the population at 30 June 2009.
2. Excludes deaths where Indigenous status was not stated.
3. Based on data for New South Wales, Queensland, South Australia, Western Australia and Northern Territory (state/territory of usual residence). Data for other jurisdictions are excluded because of data quality issues in registered Indigenous deaths data.

Source: ABS 2012k: Table 19.1.

People living in areas classified as *Major cities* generally have lower mortality rates than people living in other parts of Australia, as mortality rates increase with remoteness (see Box 1.3 for information about the classification of geographical information). In 2010, the age-standardised mortality rates for people living in *Inner regional* areas and *Outer regional* areas were 1.1 times the rate for those living in *Major cities*; the corresponding rate ratio for *Remote and very remote* areas compared with *Major cities* was 1.2. Differences in mortality rates by remoteness areas were greatest in the 15–24 year age group, with a particularly large difference between people in this age group living in *Remote and very remote* areas compared with *Major cities* (Figure 1.12). Mortality rates among people aged 65 and over did not differ substantially between remoteness areas.



Box 1.3: Classification of geographical information

The ability to access and provide a wide range of services is influenced by the distance between clients and providers, be it for the clients to travel to the service providers or for the providers to travel to deliver services close to a person's home. The geographical location of areas is therefore an important concept in planning and analysing the provision of services.

The Australian Standard Geographical Classification (ASGC) Remoteness Structure (ABS 2006) allocates areas to one of five remoteness categories depending on their distance from urban centres, where the population size of the urban centre is considered to govern the range and types of services available. The five categories are: *Major cities*, *Inner regional*, *Outer regional*, *Remote* and *Very remote*. The category *Major cities* includes Australia's capital cities, with the exceptions of Hobart and Darwin, which are classified as *Inner regional*.

In July 2011, the ABS adopted a new geographical framework—the Australian Statistical Geography Standard (ASGS). This standard brings all the geographic disaggregations for which the ABS publishes statistics into a single framework.

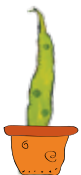
One component of the ASGS is the remoteness structure which is built using the same principles as the earlier remoteness structure. Although the ASGS remoteness areas have been defined using a different base unit, the ABS has indicated that the remoteness areas from the ASGC and the ASGS are generally comparable (ABS 2013a). Further information is available on the ABS website <www.abs.gov.au>.

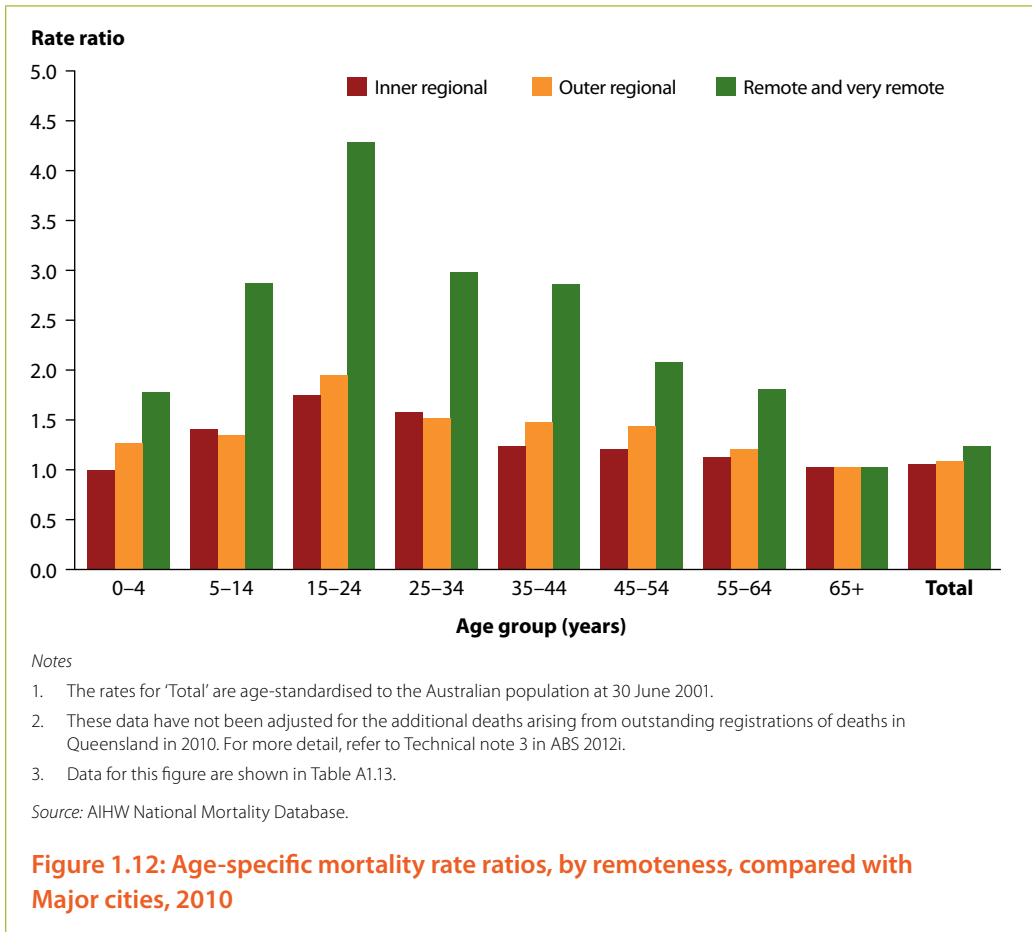
Another component of the ASGS that is used in this report is the Greater Capital City Statistical Area (GCCSA) structure. GCCSAs are designed to represent a socioeconomic definition of each state and territory capital city. The GCCSA boundaries include people who regularly socialise, shop or work within the city but live in areas surrounding the city. The GCCSAs do not define the built-up edge of the city.

The ABS is currently transitioning from the ASGC to the ASGS with the new classification being initially used for the release of data from the 2011 Census. The vast majority of ABS spatial data will be based on the ASGS by 2014. The Australian Institute of Health and Welfare (AIHW) is also in the process of transitioning its data collections towards the use of the new geography standard.

In this report, the reporting of geographies is most often based on the older ASGC because the data are only available according to that classification system. However, in a number of instances, it has been possible to use the newer ASGS system (such as in Section 1.5) or the data are only available based on a classification scheme other than those mentioned here. Throughout this report, when the geographical classification scheme used is other than the ASGC, it is noted.

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Overseas migration

Net overseas migration

Net overseas migration equals the number of incoming international travellers minus the number of outgoing international travellers, where the movement to or from Australia is for 12 months or more. A number greater than 0 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:

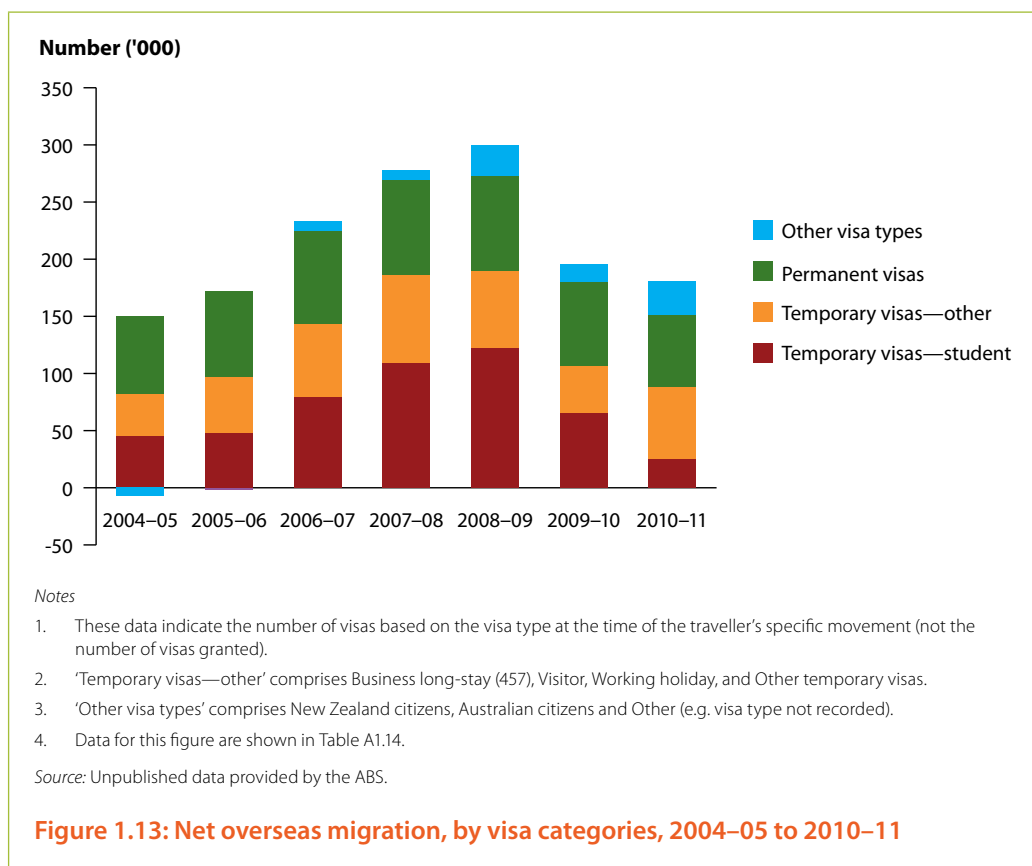
- people holding temporary visas—including student visas and Business long-stay visas
- people holding permanent visas—Skill visas, Family visas and Special eligibility and humanitarian visas
- Australian citizens
- citizens of New Zealand who are free to cross Australia's borders due to the 1973 Trans-Tasman Travel Arrangement
- other migration, including non-citizen permanent residents of Australia, and those with onshore visas and visas with the type not recorded.

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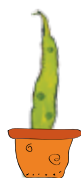


As illustrated by Figure 1.7, which shows net overseas migration (NOM) over 4 decades, population growth from NOM fluctuates markedly over time. This fluctuation is due to changes in government policy and a range of other factors. Figure 1.13, which focuses on more recent years, indicates that net overseas migration more than doubled between 2004–05 and 2008–09, rising from 142,500 people to a record high of 299,860 people. The number fell sharply the next year to 196,060 and continued to fall to 180,360 in 2010–11.

Although final data for 2011–12 were not available at the time of writing, preliminary estimates by the ABS suggest that Australia’s net overseas migration rose in 2011–12 to 208,300 people, comprising 472,100 arrivals and 263,800 departures (ABS 2012f).



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Information according to visa type is available only for final NOM data, and the latest final data pertain to 2010–11. Note that data on visa type are based on the visa type held by the traveller at the time of entering or leaving Australia, not the total number of visas granted by the Department of Immigration and Citizenship (DIAC) (some of which may never be used or be used in a different period).



Net overseas migration data by visa type for 2010–11 indicate that:

- Temporary visa holders accounted for just under half (49%) of NOM, including students (14% of NOM), Business long-stay (13%), and Working holiday visa holders (15%).
- Permanent visa holders comprised about one-third (35%) of NOM, with the net number of Family permanent visas (29,060 people, or 16% of NOM) somewhat larger than the number of Skill permanent visas (25,140 people, or 14%).
- New Zealand citizens accounted for 21% of NOM (37,280 people).
- Around 8,790 more Australian citizens left the country than moved back from overseas, which had a negative effect on overall population growth (–5%).

Temporary visa holders have been the largest contributor to fluctuations in net overseas migration in recent years. Between 2004–05 and 2008–09, the net number of temporary visas more than doubled (from 82,000 to 189,220). This was followed by a sharp decrease of 44% between 2008–09 and 2009–10 (to 106,510) and a further fall to 88,000 in 2010–11. These changes were primarily driven by the education sector—in 2008–09, 41% of net overseas migration was attributable to temporary visas for higher education, vocational education and training, or other education courses, compared with 33% in 2009–10 and 14% in 2010–11 (Table A1.14). The drop in the student contribution to net overseas migration reflects a drop in applications for student visas, which may be related to a number of factors including a stronger Australian dollar, the global financial crisis, and changes to both visa processing and the General Skilled Migration Program (DIAC 2011, 2012b). DIAC expects the flow of international students to increase as the recommendations of the Knight Review of the Student Visa Program are progressively implemented (DIAC 2012b, 2013).

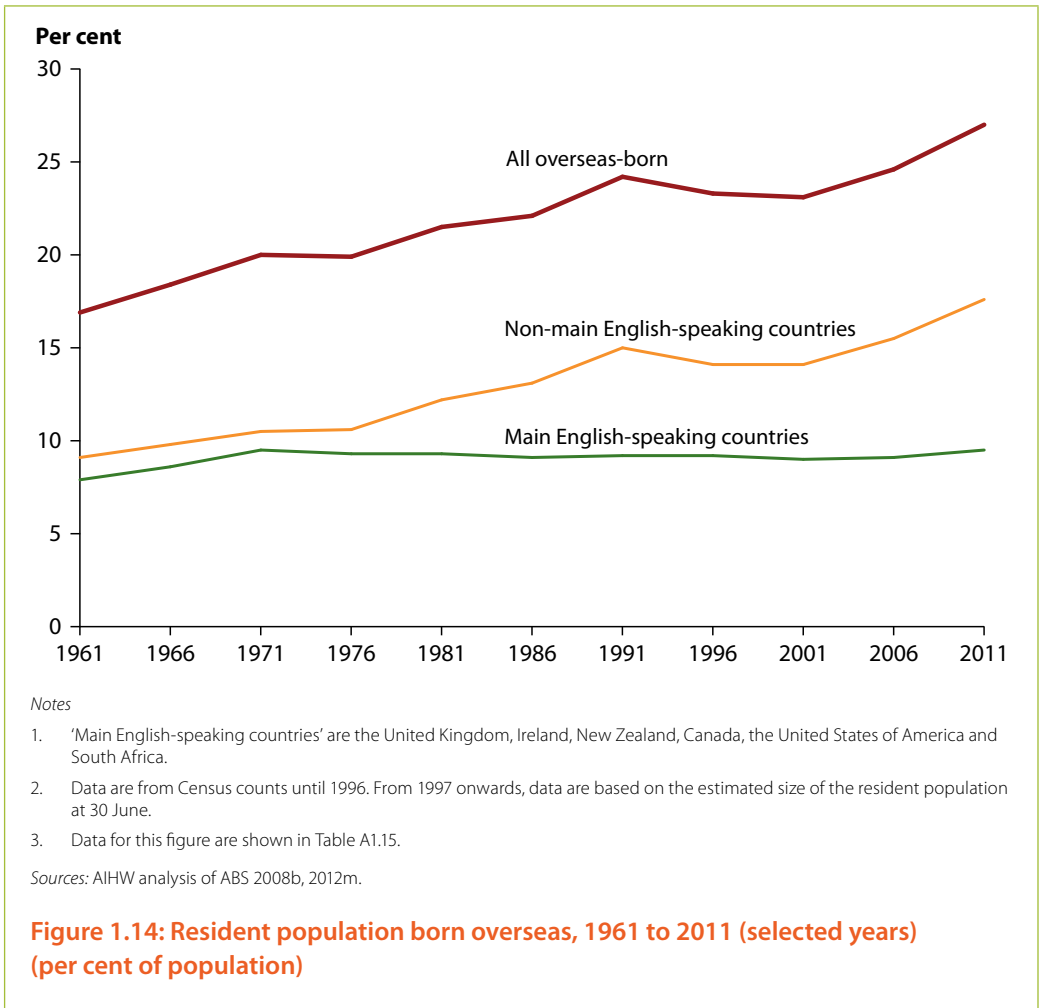
The net number of permanent visas has fallen from a high of 83,930 people in 2008–09 to 63,250 in 2010–11 (Figure 1.13). Of the three visa types that comprise permanent visas, the largest decrease over that period was for Skill visas (39%) (Table A1.14)—this was at least partly due to an increased proportion of Skill visas being granted onshore (DIAC 2012b). Since 2004–05, the net number of Special eligibility and humanitarian visas has fluctuated between 13,240 in 2004–05 and 9,060 in 2010–11.

Australia's population by country of birth

At 30 June 2011, 9% of the Australian population was born overseas in 'main English-speaking countries'—that is, the United Kingdom, Ireland, New Zealand, Canada, the United States of America and South Africa. Another 18% were born in other overseas countries which are often referred to collectively as 'non-main English-speaking countries'. In total, more than one-quarter (27%) of the Australian population was born overseas (Figure 1.14). Note that it cannot be assumed that a person born in a main English-speaking country (or in Australia) is proficient in English, nor that a person born in a non-main English-speaking country has poor English language skills. Therefore, while there may be a relationship at the broad level, data about country of birth are not interchangeable with data about proficiency in English.

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As a proportion of the total population, Australia’s overseas-born population has grown steadily since the late 1940s—increasing from 1 in 10 Australians (10%) in 1947 to more than 1 in 4 (27%) in 2011 (Table A1.15). This increase has been driven largely by migration from non-main English-speaking countries, with the proportion of residents born in these countries rising from just 2% in 1947 to 18% in 2011. Over the same period, the proportion born in main English-speaking countries has remained at around 8% to 9%.

In regard to specific source countries, people born in the United Kingdom represent the largest proportion of overseas-born residents (comprising 5.3% of Australia’s total population at 30 June 2011), followed by people born in New Zealand (2.5%), China (1.8%), India (1.5%), Vietnam (0.9%) and Italy (0.9%) (ABS 2012m).

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The composition of the population born overseas has changed over recent decades. According to the 2011 Census, among migrants who arrived before 2007 and were in Australia on Census night, 25% were from the United Kingdom, while the remaining top 10 countries of birth included an equal mix of European and Asian countries. Among those who arrived in 2007 or after, 13% were born in India, followed by 11% in the United Kingdom; the remaining top 10 birth countries were in Asia (ABS 2012o).

Given the changing composition of countries of birth for migrants over time, older migrants in Australia are most likely to have been born in European countries, while younger people are relatively more likely to have been born in New Zealand or countries throughout Asia.

The proportion of migrants from different countries varies considerably between regions, as well as between suburbs within large cities. For example, according to the 2011 Census, more than half of all Australian residents born in Iraq (60%) and Lebanon (70%) lived in *Greater Sydney*, while nearly half of those born in Sri Lanka (49%) and Greece (48%) lived in *Greater Melbourne* (AIHW analysis of 2011 Census). In general, migrants disproportionately live in capital cities rather than regional and remote areas.

Australia has two programs for permanent migration: the Migration Program and the Humanitarian Program. In 2010–11, a total of 168,685 permanent visas were granted under the Migration Program, with visas granted to people from the People's Republic of China, the United Kingdom, India and the Philippines collectively accounting for 51% of the Migration Program places (DIAC 2012a). (Note that these data pertain to the total number of visas granted, not the number of visas contributing to net overseas migration as discussed earlier).

In 2010–11, 13,799 visas were granted under the Humanitarian Program. This program has an 'offshore resettlement' component and an 'onshore protection' component. Offshore resettlement entails the granting of a permanent resettlement visa to refugees, from outside Australia. The top three countries of birth for people granted offshore humanitarian visas in 2010–11 were Iraq (24%), Myanmar (Burma) (16%) and Afghanistan (11%). Onshore protection is for those seeking asylum in Australia, with claims assessed in Australia. Those people found to be refugees who meet health and character requirements are granted Protection visas, which provide for permanent residence. Among those granted onshore Protection visas in 2010–11, the top three countries of citizenship were Iran (23%), Pakistan (12%) and the People's Republic of China (9%) (DIAC 2012a).

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 the aged care sector, there is currently a greater need for services to accommodate people speaking European languages rather than Asian languages; among services targeted at traditional working-age people, the reverse is true.

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1.5 Where do Australians live?

As services are often delivered to people in the areas in which they live and work, population distribution and density is an important factor in planning and delivering welfare services. 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. At the same time, people living in sparsely populated areas often have to travel long distances to access services, and may have a reduced range of options compared with people living in more densely populated areas.

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 a particular migrant background—so geography has varying implications for different service sectors. In addition, the need for 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 2). 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.

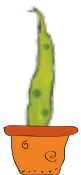
The large majority of the Australian population lives in a number of relatively small geographical areas, as shown in Figure 1.15. In particular, the population is heavily concentrated in the south-east of the country, especially in urban areas. Population density ranged from between 0.1 to 1 person per square kilometre throughout most of central and northern Australia to more than 1,000 people per square kilometre in some city suburbs in June 2012. The highest population densities in Australia were in central Sydney suburbs, with between 13,100 to 13,900 people per square kilometre (ABS 2013b).

In terms of the distribution of the population by jurisdiction, in 2012, almost 1 in 3 people (32%) lived in New South Wales, 1 in 4 in Victoria (25%), 1 in 5 in Queensland (20%), 11% in Western Australia, 7.3% in South Australia, 2.3% in Tasmania, 1.7% in the Australian Capital Territory, and 1.0% in the Northern Territory (ABS 2013b).

Meanwhile, the majority (70%) of the Australian population lived in *Major cities*, 18% in *Inner regional* areas, 9.0% in *Outer regional* areas, 1.4% in *Remote* areas and 0.9% in *Very remote* areas in 2012 (ABS 2013b; see Box 1.3 for information about the classification of geographical areas).

Remote areas of Australia are disproportionately populated by Indigenous people. While the relevant data based on the 2011 Census were not available at the time of writing, available data indicate that while Indigenous Australians comprised less than 3% of the total population in 2006, almost half (47%) of people living in *Very remote* areas and 15% in *Remote* areas were Indigenous Australians (ABS 2008c). Note, though, that Indigenous people were still more likely to live in urban than remote areas. While about 1 in 4 lived in *Remote* areas (9%) or *Very remote* areas (15%) in 2006, about one-third (32%) lived in *Major cities*, 21% in *Inner regional* areas, and 22% in *Outer regional* areas.

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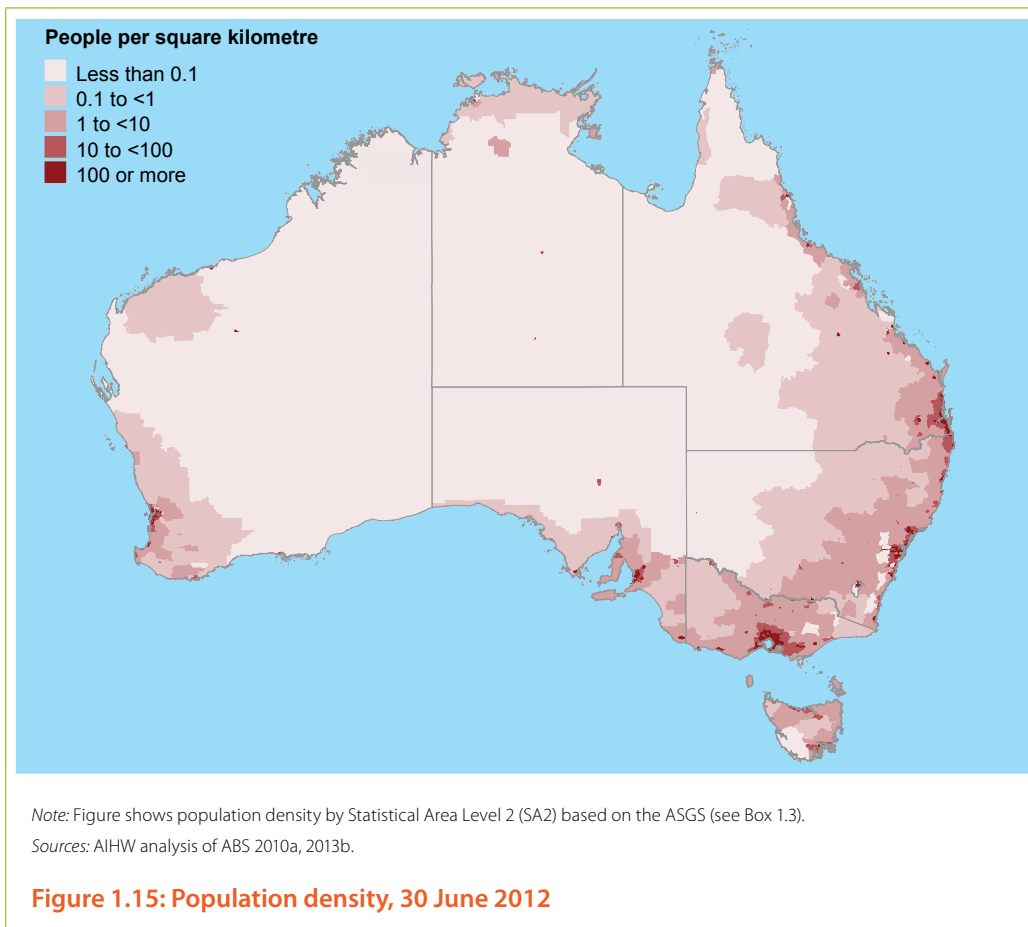


Table 1.2 shows the proportion of the Indigenous population living in each state and territory based on preliminary population data for 30 June 2011. New South Wales was home to the largest proportion of all Indigenous people (31%), just as it is for all Australians (32%). However, there were notable differences in other jurisdictions. Compared with the general population, a higher proportion of Indigenous Australians lived in Queensland and the Northern Territory, while a substantially lower proportion lived in Victoria.

Meanwhile, the proportion of Indigenous to non-Indigenous people within each jurisdiction varied widely from one jurisdiction of Australia, ranging from 30% of people in the Northern Territory to 1% in Victoria (Table 1.2).



Table 1.2: Distribution of population, by Indigenous status, and state and territory, 30 June 2011

State or territory	Per cent			Indigenous population as % of jurisdiction population
	Indigenous	Non-Indigenous	All Australians	
New South Wales	31.1	32.3	32.3	2.9
Victoria	7.1	25.3	24.8	0.9
Queensland	28.2	19.8	20	4.2
South Australia	5.6	7.4	7.3	2.3
Western Australia	13.2	10.5	10.5	3.8
Tasmania	3.6	2.2	2.3	4.7
Northern Territory	10.3	0.8	1.0	29.8
Australian Capital Territory	0.9	1.7	1.6	1.7
Australia	100.0	100.0	100.0	3.0

Note: Indigenous data are preliminary ABS population estimates based on the 2011 Census.

Source: ABS 2012f.

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 cities. According to 2011 Census data, almost 30% of people living in Greater capital cities were aged 20–39, compared with 23% living outside the capital cities (Table 1.3). The concentration of education, employment and other opportunities in cities is a driving factor behind young adults moving out of regional areas (ABS 2012n).

Table 1.3: Population living within and outside Greater capital cities^(a), by age, 2011 (per cent)

Age group (years)	Greater capital cities ^(b)	Outside capitals ^(c)
0–19	25.5	26.5
20–39	29.8	23.4
40–59	26.6	27.6
60–79	14.4	18.2
80 and over	3.7	4.3
Total	100.0	100.0

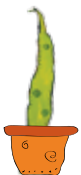
(a) Data are classified according to the ASGS Greater Capital City Statistical Area structure (see Box 1.3).

(b) 'Greater capital cities' includes *Greater Sydney, Greater Melbourne, Greater Brisbane, Greater Adelaide, Greater Perth, Greater Hobart, Greater Darwin* and the Australian Capital Territory.

(c) 'Outside capitals' includes *Rest of New South Wales, Rest of Victoria, Rest of Queensland, Rest of South Australia, Rest of Western Australia, Rest of Tasmania, Rest of Northern Territory, and Other Territories.*

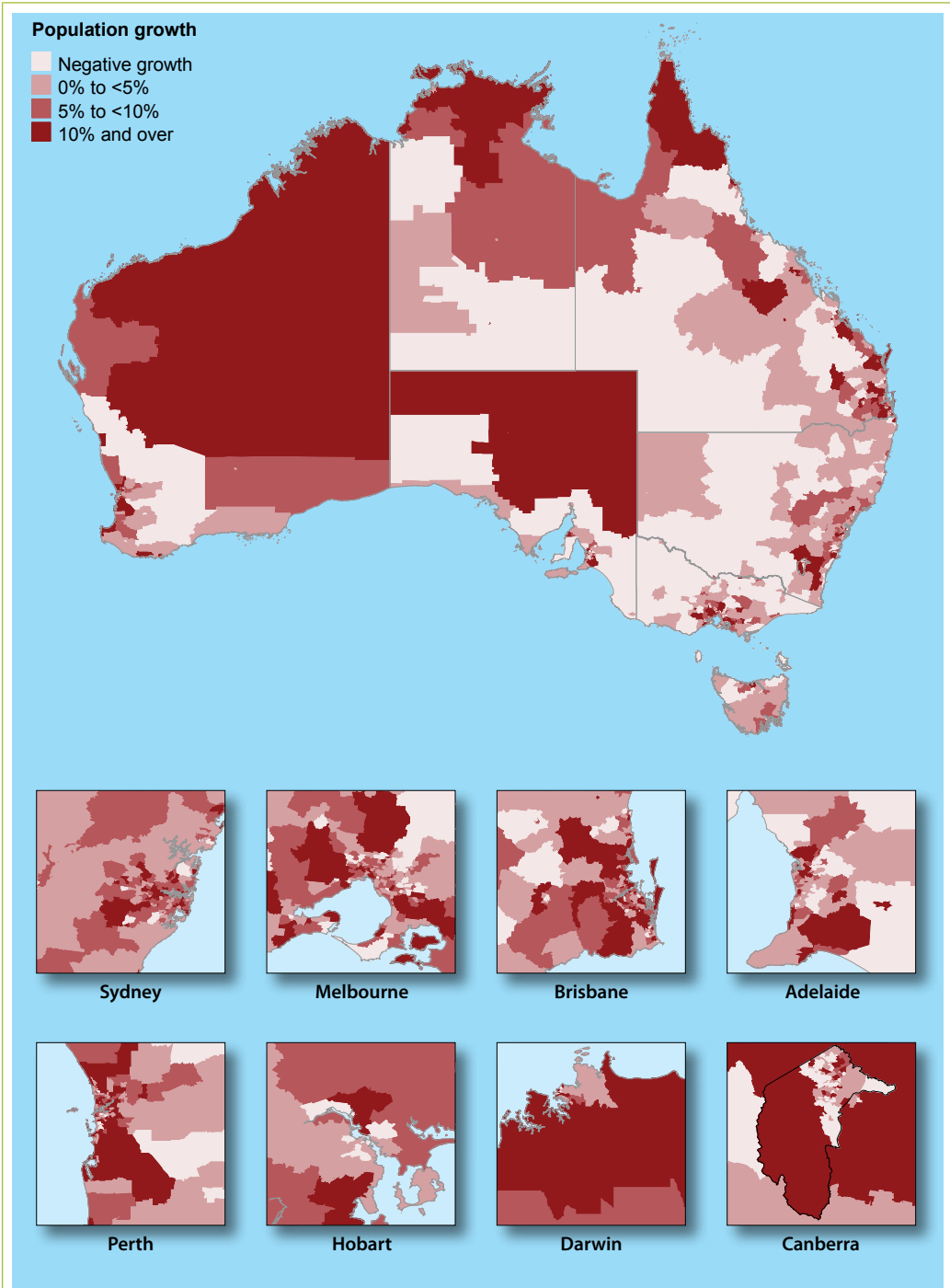
Source: AIHW analysis of ABS 2011 Census.

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As the demographic composition of the population is not constant across geographical regions, the implications of population size for demand on welfare services differ between service types and locations. For example, after taking into account population size differences, regional areas require a relatively greater number of services targeted at older people than cities, while Indigenous communities in remote Australia have a relatively high need for children's services. Between 2007 and 2012, the Australian population grew by 8%, representing an average annual change of 1.6% each year (AIHW analysis of ABS 2013b). Over this period, there was population growth in all states and territories. Western Australia experienced the fastest growth (average of 3.0% per year), followed by the Australian Capital Territory (1.9%) and the Northern Territory (1.8%). Figure 1.16 shows the average annual population change for 2007 to 2012 across Australia. Growth rates were higher than the national average in many regions of Western Australia and in a number of smaller geographical areas, especially on the fringes of the capital cities as well as in some coastal areas. Declines in population numbers were most prominent in the inland rural areas of Queensland, New South Wales and Victoria.





Note: Figure shows population change by Statistical Area level 2 (SA2) based on the ASGS (see Box 1.3).
 Sources: AIHW analysis of ABS 2012m, 2013b.

Figure 1.16: Change in population size from 2007 to 2012



1.6 Household structure

Households play a critical role in facilitating personal wellbeing. People living together generally provide social, material and financial support that affects the need for welfare services (see, for example, the discussion of informal carers in Chapter 8). Further, many services are delivered to entire families or households rather than to individuals, so an understanding of the structure of Australian 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. Thus, understanding the composition of different family types, including how and why this is changing, is important in any consideration of population wellbeing.

According to the 2011 Census, there were 7.8 million households in Australia on Census night (ABS 2012e). While projections based on the 2011 Census were not yet available, projections based on the 2006 Census suggest that there will be between 11.4 and 11.8 million households in Australia by 2031 (ABS 2010c). While family households (with or without children) will remain dominant, the greatest relative increase is anticipated among lone-person households. Projected growth of up to 91% between 2006 and 2031 in the number of lone-person households is mainly associated with population ageing.

Data from the 2011 Census indicate that the average household size (that is, the number of people usually living in the household) was 2.6, the same as in the 2001 and 2006 Censuses, but lower than the 2.7 recorded in the 1996 Census (ABS 2008a, 2012d).

The information in this section pertains to people living in households (private dwellings). While this remains the dominant living arrangement—98% of Australians were members of households living in private dwellings including houses and apartments in 2009–10 (ABS 2012q)—many people live in other types of residences, both short and long term. Living arrangements described elsewhere in *Australia's welfare 2013* include:

- general housing (see Chapter 3)
- residential (for example group homes) and facility-based out-of-home care for children and young people (Chapter 4)
- youth justice facilities (Chapter 4)
- residential aged care facilities for older people as well as some younger people with disability (chapters 5 and 6)
- supported accommodation for the homeless, boarding houses, improvised dwellings and other temporary lodging (Chapter 7).

Family composition

According to the 2011 Census, almost three-quarters (72%) of the 7.8 million households were family households, one-quarter (24%) were lone-person households and 4% were group households. Nearly all (98%) family households contained a single family, while 2% were multiple family households. Note that for all discussions about family composition in households, the presence or absence of children is in relation to whether the children are usually living in the household (not to whether a person or couple has any children), as detailed further in Box 1.4.

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Box 1.4: Statistical classification of families

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

The data in this report draw on statistics about families from a range of ABS and other collections, some of which may have slight variations in definitions of family-related concepts (such as 'dependent student'). Definitions of these concepts, as used for the ABS Census, are provided here.

A family is defined as:

Two or more people, 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. Non-related people living in the same household are not counted as family members (unless under 15 years of age).

Families are classified by the relationships that exist between the family members, with different types of families identified based on the presence or absence of couple relationships, parent–child relationships, child dependency relationships and other family relationships.

A 'child' is defined as:

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 individual under 15, usually resident in the household, who forms a parent–child relationship with another member of the household. This includes otherwise related children aged less than 15 and unrelated children less than 15. In order to be classified as a child, the person can have no identified partner or child of his/her own usually resident in the household. A separate family in the household is formed in this instance.

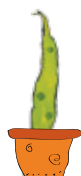
Three types of children are identified by the ABS, with the first two collectively referred to as dependent children:

- a child under 15
- a dependent student—that is, a child aged 15 to 24 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
- a non-dependent child—that is, a child aged 15 or over who is usually resident in the household and who is not a full-time student aged 15 to 24, and who has no identified partner or child of his/her own usually resident 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.

Sources: ABS 2011a, 2011b.

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As detailed in Table 1.4, the 2011 Census data also indicate that of the 5.7 million families:

- 38% were couples with no children
- 37% were couples with dependent children (with or without non-dependent children)
- 8% were couples with non-dependent children only
- 11% were one-parent families with dependent children
- 5% were one-parent families with non-dependent children only
- 2% were 'other family types', such as adult siblings living together in the absence of both parents.

Overall, 60% of families comprised a parent, or parents, with one or more children, with 47% of families having dependent children living with them and 13%, only non-dependent children.

Of all families with children, 74% were couple families, while 26% were one-parent families. In addition, of such families, one-parent families were more likely than couple families to have only non-dependent children living with them (33% of one-parent families and 18% of couple families with children, respectively). The majority of lone parents were female (82%) (ABS 2012e).

Table 1.4: Family composition, 2011

Type of family	Number ('000)	Per cent
Couple family		
With no children	2,150.3	37.8
With dependent children	2,086.3	36.7
With non-dependent children only	448.1	7.9
<i>Total</i>	4,684.7	82.4
One-parent family		
With dependent children	600.9	10.6
With non-dependent children only	300.7	5.3
<i>Total</i>	901.6	15.9
Other family ^(a)	97.7	1.7
Total	5,684.1	100.0

(a) 'Other family' is defined as a group of related individuals residing in the same household, who cannot be categorised as belonging to a couple or one-parent family, such as siblings living together where neither is a spouse/partner, lone parent or child.

Source: ABS 2012b: Table B25.

According to the 2011 Census, there were 209,000 households (2.7% of all households) in Australia in which at least one Indigenous person lived (these are referred to as Indigenous households for brevity). Indigenous households were more likely than other households to be family households (81% and 71% respectively), while they were less likely to be lone-person households (14% and 25%) (ABS 2012a; see Table A1.16).

Of all family households, 6% of Indigenous households were multiple-family households, compared with 2% of other households.

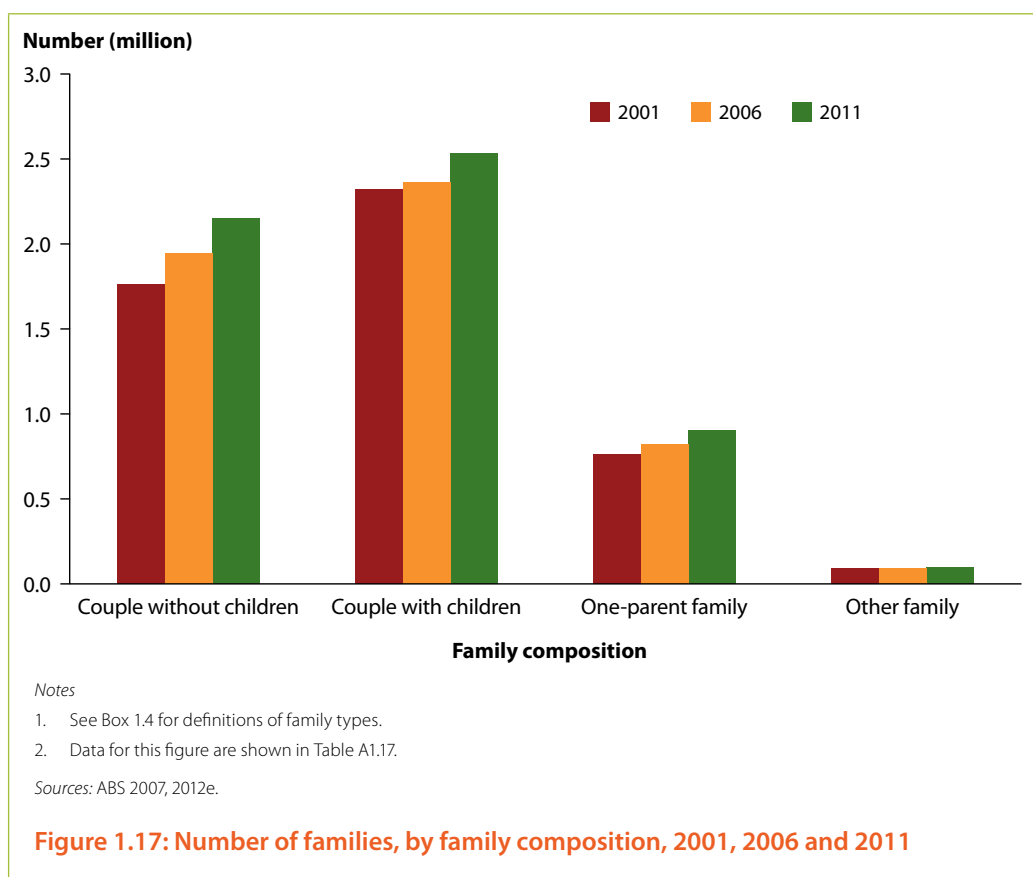
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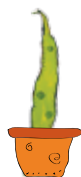
Among one-family households, Indigenous households were more than twice as likely as other households to be one-parent families (36% and 15%) and about half as likely to be a couple family with no children (20% and 38%).

Projections based on the 2006 Census suggest that the number of couple families without children in the household would grow larger than the number of couple families with children by 2014 to become the most common family type—due in part to increasing numbers of ‘empty nesters’ as higher life expectancy results in more people living together to older ages than in past generations (ABS 2010c).

Between the 2001 and 2011 Censuses, the total number of Australian families grew by 747,200, or 15%. More than half of the additional families added over this period were couples without children (Figure 1.17).



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Families with children

According to the 2011 Census, there were 4.9 million dependent children living in families on Census night, with 79% (3.9 million) of these aged 0–14, and 21% (1.0 million) aged 15–24 (ABS 2012c). Since these data only include those children who were home on Census night, the actual number of dependent children may be understated, particularly in the older age groups (where children are more likely to be absent from home) but also among younger children (for example, when there are shared care arrangements with another parent). For this reason, data about families with children that are based on the usual residence of people, as sourced from the ABS 2009–10 Family Characteristics Survey, are mainly shown in this section in favour of Census data.

There were almost 7.0 million children living in 3.7 million families in 2009–10, including dependent and non-dependent children (ABS 2011c). Around three-quarters (77%, or 5.4 million) of children living in families were dependent children, with 60% aged under 15 and 17% dependent students aged 15–24 (Table 1.5). Non-dependent children comprised 23% of children living in families in 2009–10, with 13% aged 15–24 and 10% aged 25 and over. In 1997, a smaller proportion (20%) of all children living in families were non-dependent children.

In 2009–10, 1 in 5 children (20% or 1.4 million) lived in a one-parent family—a rate that has not changed since 1997 (Table 1.5). One-parent families were more likely than couple families to include children aged 25 and over living with their parent(s) (19% and 7% respectively in 2009–10). Conversely, fewer than half (48%) of the children living in one-parent families and almost two-thirds (63%) of those in couple families were aged under 15.

Between 1997 and 2009–10, the number of dependent children living in families grew by 12% (from 4.8 million to 5.4 million), with the growth in the number of dependent children in couple families (13%) outpacing that of dependent children in one-parent families (7%) (Table 1.5). The number of children living in the family home who were dependent students aged 15–24 increased by 29% in couple families and by 53% in one-parent families between 1997 and 2009–10. Trends in participation in education among young people are explored further in chapters 2 and 4.

Notably, there were fewer children aged 0 to 9 living in one-parent families in 2009–10 (420,000) than in 1997 (462,000). This may be due in part to the declining divorce rate and increasing duration of marriages before divorce observed in recent years (see the following discussion on divorce).

Although the number of dependent children living in families has grown over time (as noted above), growth in the number of non-dependent children living in families has been even more substantial—with an increase of 34% between 1997 (1.2 million) and 2009–10 (1.6 million). This increase was due to growth both in the number of non-dependent children aged 15–24 living in families (24%) and the number of children aged 25 and over (51%). For more information about the living arrangements of young people, see Section 4.5.

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Table 1.5: Children living in families, by family type and dependency/age of child, 1997, 2003, 2006–07 and 2009–10

Dependency and age of child (years)	1997		2003		2006–07		2009–10	
	No. ('000)	%	No. ('000)	%	No. ('000)	%	No. ('000)	%
Couple families								
Dependent children	3,935	82.3	3,987	80.3	4,143	80.9	4,439	80.1
0–4	1,088	22.7	1,043	21.0	1,133	22.1	1,261	22.8
5–9	1,055	22.1	1,048	21.1	1,061	20.7	1,105	19.9
10–14	1,055	22.1	1,047	21.1	1,079	21.1	1,122	20.3
Dependent student aged 15–24	737	15.4	849	17.1	870	17.0	951	17.2
Non-dependent children	848	17.7	977	19.7	977	19.1	1,100	19.9
Non-dependent child aged 15–24	588	12.3	628	12.7	657	12.8	702	12.7
25 and over	260	5.4	349	7.0	320	6.3	398	7.2
Total children in couple families	4,783	100.0	4,963	100.0	5,120	100.0	5,539	100.0
One-parent families								
Dependent children	868	72.4	940	73.4	884	69.0	931	65.7
0–4	204	17.0	199	15.5	150	11.7	177	12.5
5–9	258	21.5	261	20.4	235	18.3	243	17.1
10–14	246	20.5	292	22.8	290	22.6	266	18.8
Dependent student aged 15–24	160	13.3	188	14.7	209	16.3	245	17.3
Non-dependent children	332	27.7	342	26.7	398	31.0	485	34.2
Non-dependent child aged 15–24	152	12.7	152	11.9	196	15.3	218	15.4
25 and over	180	15.0	190	14.8	202	15.8	267	18.8
Total children in one-parent families	1,199	100.0	1,281	100.0	1,282	100.0	1,417	100.0

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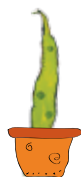


Table 1.5 (continued): Children living in families, by family type and dependency/ age of child, 1997, 2003, 2006–07 and 2009–10

Dependency and age of child (years)	1997		2003		2006–07		2009–10	
	No. ('000)	%	No. ('000)	%	No. ('000)	%	No. ('000)	%
All families								
Dependent children	4,803	80.3	4,927	78.9	5,027	78.5	5,370	77.2
0–4	1,292	21.6	1,242	19.9	1,283	20.0	1,438	20.7
5–9	1,313	21.9	1,309	21.0	1,296	20.2	1,348	19.4
10–14	1,301	21.7	1,339	21.4	1,369	21.4	1,388	20.0
Dependent student aged 15–24	897	15.0	1,037	16.6	1,079	16.9	1,196	17.2
Non-dependent children	1,180	19.7	1,319	21.1	1,375	21.5	1,585	22.8
Non-dependent child aged 15–24	740	12.4	780	12.5	853	13.3	920	13.2
25 and over	440	7.4	539	8.6	522	8.2	665	9.6
Total children in all families	5,982	100.0	6,245	100.0	6,402	100.0	6,955	100.0

Note: See Box 1.4 for relevant definitions.

Source: ABS 2011c: Table 6.1.

Family formation and dissolution

Marriage

Couple families, with or without children, include people in a registered marriage as well as those in de facto relationships. During 2011, there were 121,752 registered marriages (ABS 2012l). Between 1991 and 2011, the number of registered marriages declined from 6.6 to 5.4 per 1,000 population (Table 1.6). Over the same period, the median age at marriage increased by 3.0 years for males and 3.3 for females. Around 1 in 5 people entering into a registered marriage in 2011 had previously been married (21% of males and 19% of females).

De facto relationships (also referred to as de facto marriages) have become increasingly common in Australia. According to the 2011 Census, 9.5% of Australians aged 15 and over were living in a de facto relationship in 2011 compared with 7.3% in 2001 (ABS 2012b, 2012d). De facto relationships were most common among younger people: 19% of people aged 25–34 and 14% of those aged 20–24 were in a de facto relationship in 2011 (Figure 1.18). In contrast, fewer than 3% of people aged 65 and over were in a de facto relationship.

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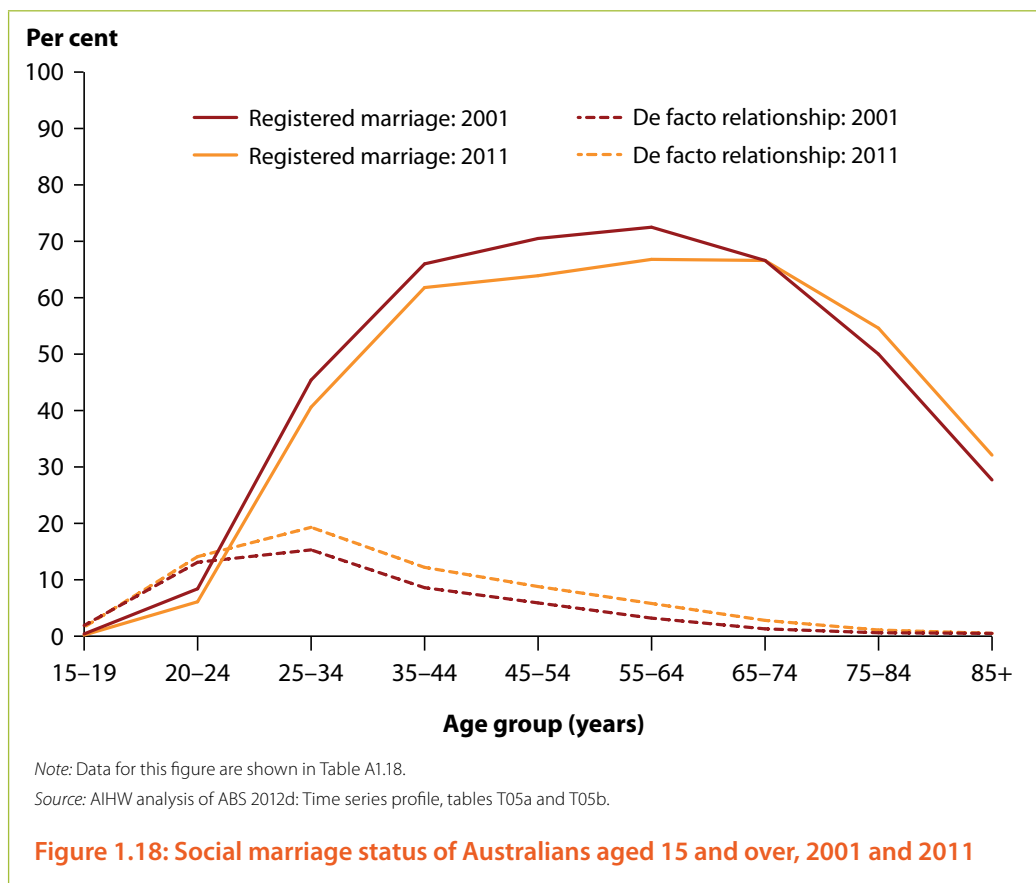
Table 1.6: Selected marriage indicators, 1991 to 2011 (selected years)

	1991	2001	2007	2008	2009	2010	2011
Number of registered marriages	131,869	103,130	116,322	118,756	120,118	121,176	121,752
Crude marriage rate ^(a)	6.6	5.3	5.5	5.5	5.5	5.4	5.4
Median age at marriage (years)							
Males	28.4	30.6	31.6	31.6	31.5	31.4	31.4
Females	26.0	28.6	29.3	29.3	29.2	29.2	29.3
Previously married (%) ^(b)							
Males	23.7	24.5	23.2	22.7	21.9	21.3	21.1
Females	22.8	23.4	21.5	21.0	20.2	19.6	19.4

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

(b) People previously married include those who have been widowed or divorced.

Source: ABS 2012I.



In 2011, more than 3 in 4 couples (78%) entering a registered marriage had previously lived together, compared with 72% in 2001 (ABS 2012I).



Divorce

Almost 49,000 divorces were granted in 2011—a rate of 2.2 per 1,000 population (Table 1.7). The crude divorce rate has been generally falling since 2001, when it was 2.8 per 1,000 population. The 2011 rate of 2.2 per 1,000 population (also recorded in 2008) is the lowest since the introduction of the *Family Law Act 1975* which changed the grounds under which divorce could be granted (ABS 2009).

Just under half (48%) of all divorces in 2011 occurred between couples with children aged under 18, a decrease from 54% in 1991. However, the average number of children per divorce has remained steady since 1991, at 1.9 (ABS 2012l).

The two decades to 2011 saw an increase in the median duration of marriage (from date of marriage registration to divorce) from 10.3 to 12.2 years. Meanwhile, the median age at divorce rose by 6 years for both men and women (from 38.4 to 44.5 and from 35.5 to 41.7 respectively) in the same period.

Table 1.7: Selected divorce indicators, 1991 to 2011 (selected years)

	1991	2001	2007	2008	2009	2010	2011
Number of divorces	45,652	55,330	47,963	47,209	49,448	50,240	48,935
Crude divorce rate ^(a)	2.6	2.8	2.3	2.2	2.3	2.3	2.2
Median duration of marriage ^(b) (years)	10.3	11.8	12.5	12.3	12.3	12.3	12.2
Divorces involving children ^(c) (%)	54.2	51.2	49.3	48.8	49.1	49.5	48.3
Median age at divorce (years)							
Males	38.4	41.8	44.2	44.1	44.4	44.4	44.5
Females	35.5	39.1	41.3	41.4	41.5	41.5	41.7

(a) Number of divorces per 1,000 estimated resident population at 30 June of each year.

(b) Median duration of the marriage to divorce (decree made absolute).

(c) Unmarried children of the marriage who were aged under 18 at the time of application for divorce.

Source: ABS 2012l.

Same-sex couple families

According to the 2011 Census, there were 33,714 same-sex couples on Census night, with the majority identifying as de facto partners (96%). The remaining 4% identified as the husband or wife of someone of the same sex. These couples may have been married in a country other than Australia, registered their relationship under state or territory law, been through a private ceremony, or regard the term 'married' to be the most appropriate term to describe their relationship (ABS 2012p).

Most same-sex couples lived together without children or other relatives in their family (86%), although just over 1 in 10 (12%) had children (of any age including adults) living with them in their family. There were 6,120 children under the age of 25 in same-sex couple families, of whom 78% were under the age of 15 (ABS 2012p). Female same-sex couples were 7 times as likely as male same-sex couples to have children in their family (22% versus 3%).

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Step and blended families

The Census differentiates between various types of couple families with children, including intact, step and blended families (see Box 1.5).

Of all families with children in 2011, 2.2 million (88%) were intact families with no other children present (Table 1.8). Almost 172,000 (7%) families were step families with no other children present and another 100,000 (4%) were blended families with no other children present. The proportion of children living in step or blended families with no other children did not change markedly between 2006 and 2011 (ABS 2008a, 2012b).

In 2011, just over 23,000 (1%) families were intact families with other children present, such as a foster child, or a grandchild being raised by grandparents. Another 11,500 (0.5%) families were 'other couple families', such as grandparents raising grandchildren and couple families with only foster children.

Box 1.5: Census definitions of couple families with children

In the ABS Census, couple families with children are classified according to the parent-child relationships within the family, with temporarily absent children taken into account. The four categories are:

- **intact family:** a couple family with at least one child who is the natural or adopted child of both partners in the couple and no child who is the step child of either partner in the couple
- **step family:** a couple family with one or more children, at least one of whom is from a previous relationship of either partner, but none of whom is the natural or adopted child of both members of the couple
- **blended family:** a couple family with two or more children, of whom at least one child is the natural or adopted child of both members of the couple and at least one is the step child of either partner in the couple
- **other couple family:** a couple family containing one or more children where no child is the natural or adopted child of either partner in the couple, and no child is the step child of either parent in the couple.

Source: ABS 2011a: 'family blending variable'.

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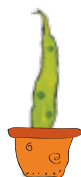


Table 1.8: Couple families with children, by type of family, 2006 and 2011

Type of family	2006		2011	
	Number	Per cent	Number	Per cent
Families with no other children present				
Intact family with no other children present	2,081,216	88.1	2,223,032	87.7
Step family with no other children present	155,464	6.6	171,683	6.8
Blended family with no other children present	92,960	3.9	100,430	4.0
Families with other children present				
Intact family with other children present	19,404	0.8	23,236	0.9
Step family with other children present	2,283	0.1	1,597	0.1
Blended family with other children present	1,189	0.1	2,963	0.1
Other couple family with other children only	10,069	0.4	11,456	0.5
Total	2,362,585	100.0	2,534,397	100.0

Note: See Box 1.5 for definitions of 'couple families with children' as used in the ABS Census.

Sources: ABS 2007, 2012a.

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 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 information about adopted children and those living in out-of-home care.

Children with a natural parent living elsewhere

Although most Australian children live in intact families, 1 million children aged 0 to 17 (21%) had a natural parent living elsewhere during 2009–10 (ABS 2011c). 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 had a natural parent living elsewhere, compared with 12% of children aged under 5.

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. Almost half (45%) of those children with a natural parent living elsewhere do not stay overnight with them.

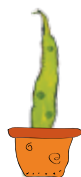
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Chapter

2



Economic participation

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2 Economic participation

At a glance

Education

- Australians are better educated than a decade ago: 67% of those aged 25 to 64 had a non-school qualification in 2012 compared with 54% in 2002. A non-school qualification is an educational qualification other than pre-primary, primary and secondary education.
- The proportion of women aged 25 to 64 with a non-school qualification increased from 50% in 2002 to 65% in 2012. The increase for men was smaller, from 59% to 68%.
- In 2011, 1 in 4 (26%) Indigenous Australians aged 15 and over had completed a non-school qualification compared with 1 in 2 (49%) non-Indigenous people.

Jobs

- Since 2008, labour force participation rates for males and females aged 15 to 64 have remained fairly steady at the levels observed for 2012: 83% for males and 70% for females.
- The unemployment rate in 2012 was 5.2%—this compares with 5.6% in 2009.
- The unemployment rate for people aged 25 to 54 in May 2012 was more than twice as high for those whose level of highest educational attainment was Year 11 or below as those with a Bachelor degree (6.6% and 2.7% respectively).
- In 2012, 63% of men and 44% of women aged 60–64, and 34% of men and 20% of women aged 65–69 were in the labour force. Over the past decade, labour force participation by older Australians has risen markedly, particularly among people in their late 60s.
- In 2012, almost 1 in 3 (30%) employed people worked part time (less than 35 hours per week) compared with 17% in 1982. In 2012, females were almost 3 times as likely as males to be employed part time (46% and 16% respectively).

Doing it tough

- In 2009, 13% of the population were considered to be in relative income poverty. The rate of poverty varied substantially by family type—for example, 21% of lone-parent families were classified as in poverty compared with 7% of couples with children.
- Elderly single males (32%) and elderly single females (41%) were more likely to experience poverty for 5 or more years over a 9-year period than couples with children (4%) and one-parent families with children (9%).

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2.1 Introduction

Broadly speaking, economic participation refers to an individual's engagement in work and/or education, and their access to economic resources that result from such participation. Generally, economic participation conveys financial, health and social benefits to individuals, families and households 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 access to economic resources is positively linked to mental health and wellbeing, and optimal child development (AIHW 2012; VicHealth 2005). As well, educational attainment is associated with lower criminal activity, greater social cohesion and improved outcomes for children (Lochner Moretti. 2004; Murray 2007).

The extent to which positive outcomes associated with education and employment are due to direct (rather than indirect) benefits of participation is unclear. Indeed, 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. Alternatively, education and employment may provide greater access to economic resources, and those resources (and the accompanying lower levels of financial stress) may provide much of the direct positive effect on wellbeing.

Economic participation is also of critical importance at the whole-of-society level. In Chapter 1, some of the challenges Australia is expected to face in the future as a consequence of population ageing are described, including the projected increase in dependency ratios as the share of the population of 'traditional working age' (that is, those aged 15 to 64) decreases. In the third Intergenerational Report, the Australian Government 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 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 gross domestic product (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 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).

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2.2 Participation in education

COAG has highlighted the critical role of education and training in ‘increasing the productivity of individual workers and the economy’ (COAG 2012b). In 2008, COAG agreed to an education reform agenda, now being implemented across Australian schools. These reforms are directed across a range of areas, including improving literacy and numeracy, improving teacher quality, working towards a national curriculum, supporting students with disability and helping students make the transition from school to further education, training or employment.

While education is a particularly important factor for 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 among people aged 15 to 64. Detailed statistics relating to the education of children, including early learning in the pre-primary school years, is in Chapter 4, which also expands on the discussion of young people’s participation in education, apprenticeships and employment.

Patterns of participation

The ABS collects data on the number of people who are studying for a qualification, with such study also referred to as formal learning. These data include information on those studying for school and non-school qualifications—the latter comprises those pursuing educational qualifications other than pre-primary, primary and secondary education.

In 2012, 19% of people aged 15 to 64 were enrolled in study for a qualification, with females (20%) more likely than males (18%) to be enrolled (Table 2.1). These proportions are slightly higher than those observed for 2002 when 18% of those aged 15 to 64 were enrolled (17% of females and 18% of males) (ABS 2012d). A substantial proportion of the change over time has been due to the increase in the participation of females in formal learning.

Table 2.1: People aged 15 to 64 enrolled in study for a qualification, by age and sex, May 2012 (per cent of population)

Sex	Age group (years)					Total
	15–19	20–24	25–34	35–44	45–64	
Males	79.1	39.6	13.9	7.0	2.8	17.9
Females	81.5	42.2	16.2	10.1	5.5	20.1
Persons	80.3	40.9	15.1	8.5	4.2	19.0

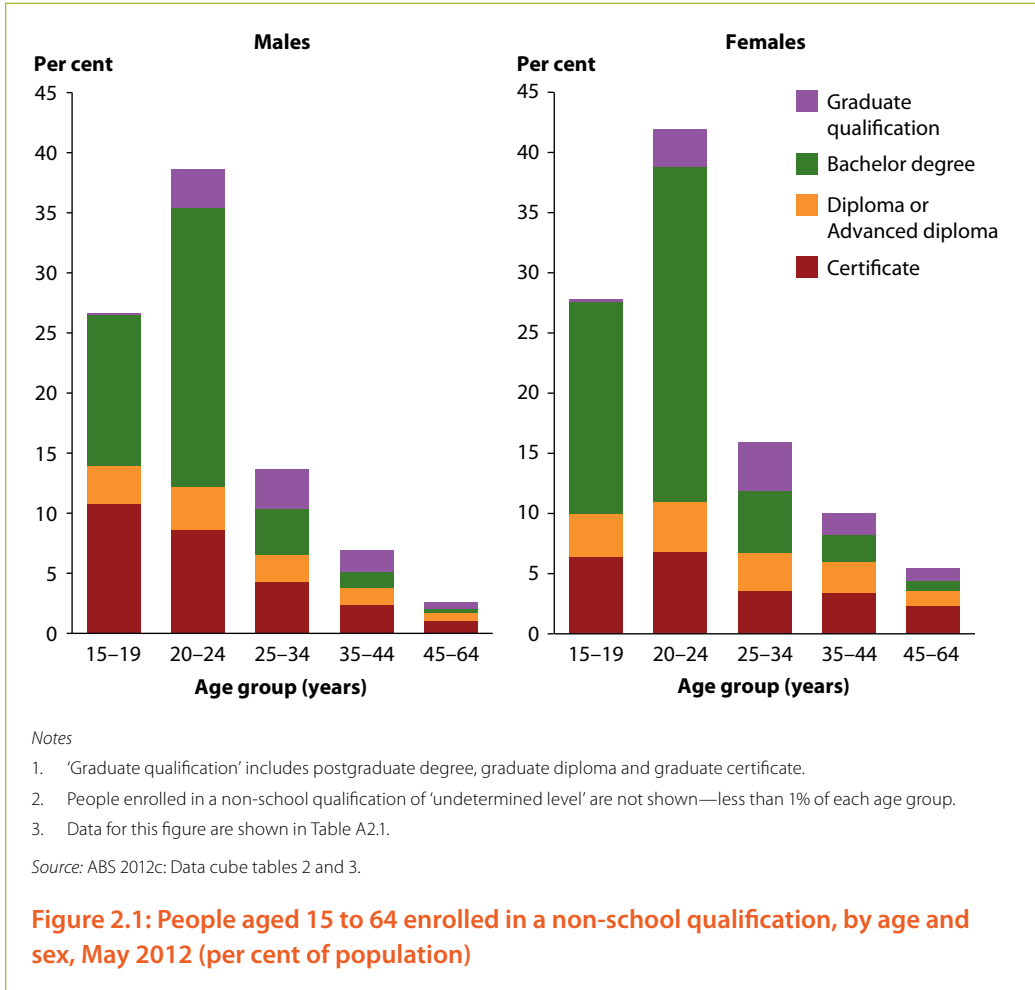
Source: ABS 2012c: Data cube Table 2.

Enrolment in study for a qualification declines steadily with age—in 2012, the proportion decreased from 80% of those aged 15–19 to 4% of those aged 45–64. The majority (65%) of those aged 15–19 who were enrolled in formal learning were still in school (rather than undertaking other types of study), compared with less than 1% of other age groups (AIHW analysis of ABS 2012c).

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In 2012, 14% of people aged 15 to 64 were studying for a non-school qualification. Younger people (27% of those aged 15–19 and 41% of those aged 20–24) were more likely than others to be studying for such a qualification, with enrolment declining with increasing age thereafter (Figure 2.1).



There were no marked differences in the proportion of males and females enrolled in graduate qualifications, and in Diplomas or Advanced diplomas. However, enrolment in Certificate-level qualifications was somewhat higher among young males than young females, for both those aged 15–19 (11% of males and 6% of females) and those aged 20–24 (9% and 7% respectively). These include trade certificates, which males more commonly undertake. Over a quarter (28%) of women aged 20–24 were enrolled in a Bachelor degree compared with 23% of men.

Further discussion about participation in education of specific population groups is in Chapter 4 regarding young people, in Chapter 5 regarding people with disability, and in Chapter 6 regarding older people.



Educational attainment

Educational attainment has increased over time in Australia, with more young people completing Year 12 (or equivalent) and more people in the traditional working ages holding non-school qualifications.

The attainment of Year 12 is considered to be an important factor in enabling young people to acquire the knowledge and skills they require to successfully participate in further study and employment. As part of the COAG's National Education Agreement, targets have been set in relation to the proportion of those aged 20–24 attaining a Year 12 certificate or equivalent (see Box 2.1). Additional information about Year 12 attainment is in Section 4.4.

Box 2.1: National Education Agreement targets

The National Education Agreement is one of six national agreements made between the Australian Government and state and territory governments. Under the agreement, Australian governments have committed to the objective that 'all Australian school students acquire the knowledge and skills to participate effectively in society and employment in a globalised economy' (COAG 2012a). Two of the targets set out in this agreement, and progress towards them, are outlined below. Information about other targets, which relate to closing the gap between Indigenous and non-Indigenous students, is in Box 4.2.

Lift the Year 12 or equivalent or Certificate II attainment rate to 90% by 2015

The agreed measure for this target is the proportion of young people aged 20–24 who have achieved at least Year 12 (or equivalent) or Certificate II or above as measured by the ABS Survey of Education and Work.

In 2012, 86% of people aged 20–24 had attained a Year 12 (or equivalent) or Certificate II or above. This is up from 80% in 2003 (ABS 2012d). The COAG Reform Council has found that to meet the 2015 target, the attainment rate will need to increase more quickly than it has done from 2001 to 2011 (COAG Reform Council 2012).

Lift the Year 12 or equivalent or Certificate III attainment rate to 90% by 2020

The agreed measure for this target is the proportion of young people aged 20–24 who have achieved at least Year 12 (or equivalent) or Certificate III or above as measured by the ABS Survey of Education and Work.

In 2012, 85% of people aged 20–24 had attained a Year 12 (or equivalent) or Certificate III or above. This is up from 78% in 2003 (ABS 2012d).

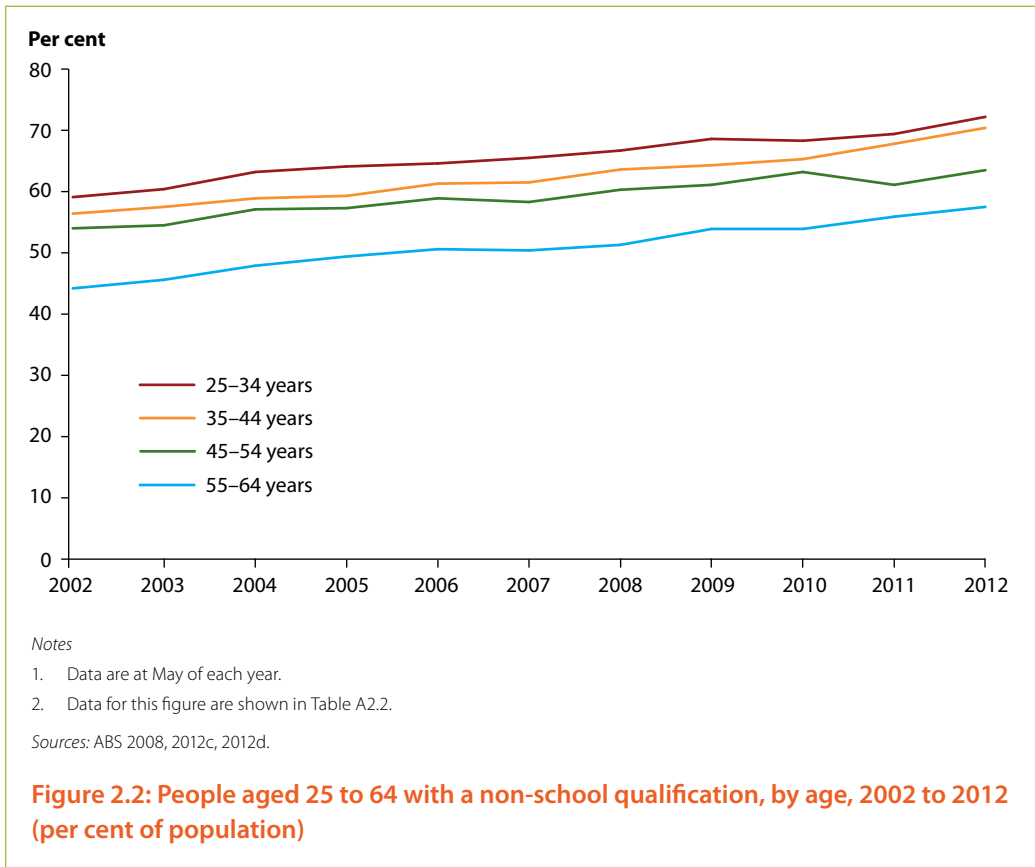
Sources: COAG 2012a; COAG Reform Council 2012.

The proportion of people of traditional working age who hold a non-school qualification has increased over time—59% of people aged 15 to 64 had a non-school qualification in 2012 compared with 48% in 2002 (ABS 2008, 2012c).

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Since many young people are either too young to have completed Year 12 or are still enrolled in their first non-school qualification, educational attainment is markedly higher when only those aged 25 to 64 are considered, with 67% of people in this age group having a non-school qualification in 2012. This is up from 54% in 2002 (Figure 2.2). Much of this growth was due to a greater proportion of people aged 25 to 64 having a Bachelor degree or higher qualification (from 20% to 30% over the period), although there was also some growth in the proportion with a non-degree qualification (that is, an Advanced diploma or below) (from 33% to 35%) (ABS 2008, 2012c).

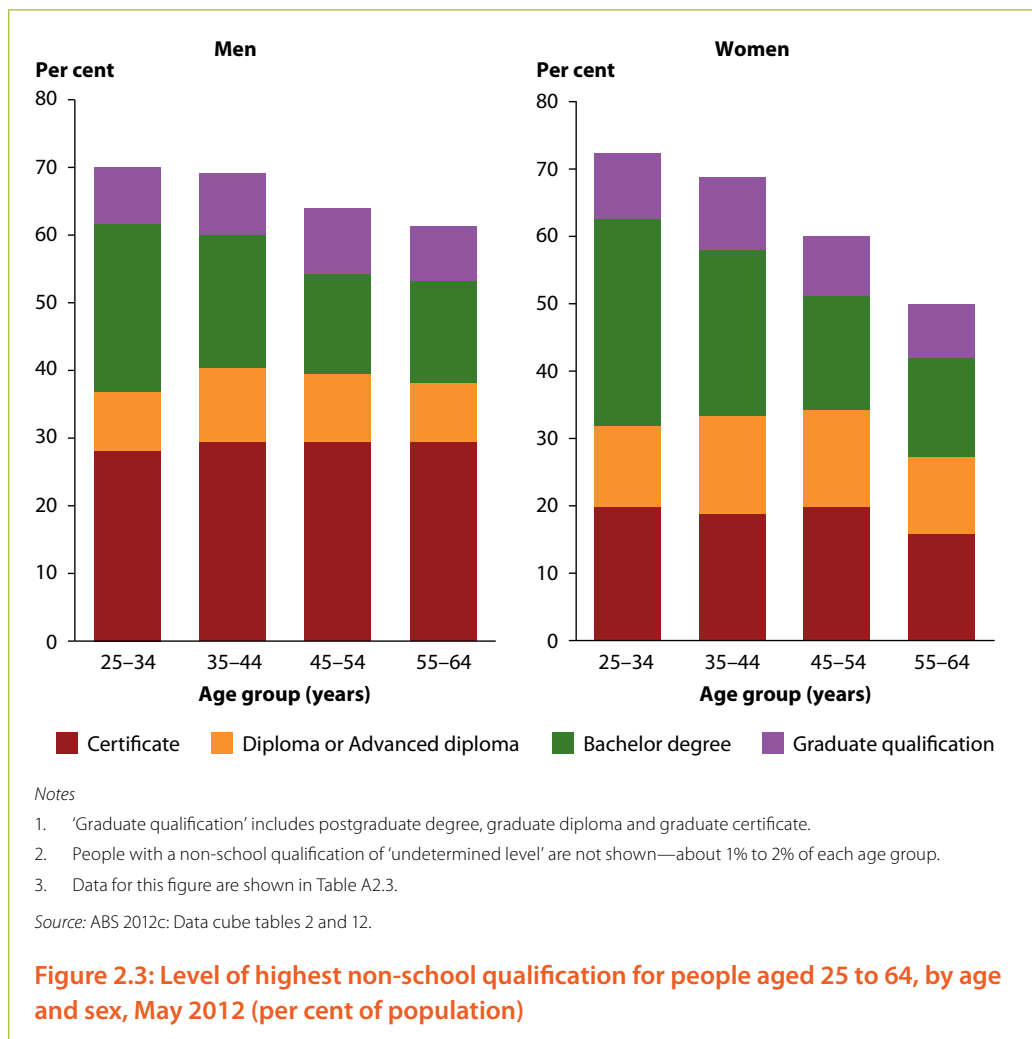


While females have had higher levels of participation in education than males in recent years (as noted earlier), males are more likely to have a non-school qualification, although the gap has narrowed considerably. In 2012, 68% of men and 65% of women aged 25 to 64 had a non-school qualification (ABS 2012c). By comparison, the corresponding proportions in 2002 were 59% for men and 50% for women (ABS 2012d).

This narrowing gender gap in educational attainment can be attributed to two factors: higher levels of participation by females than males in recent years (Figure 2.1), and the ageing of a generation of women with relatively low levels of attainment so that they increasingly fall outside the 25 to 64 age group.



Among those aged 25 to 64, the largest difference by sex in the attainment of non-school qualifications in 2012 was observed among those aged 55–64, with men in this age group substantially more likely than women to hold such qualifications (63% and 52% respectively) (Figure 2.3). The size of this gender gap declined by age and, indeed, was reversed for the youngest age group considered, with more women than men aged 25–34 having a non-school qualification (73% and 71% respectively).



Among all those aged 25 to 64, men were more likely than women to have a Certificate-level qualification (29% and 19% respectively), with this pattern holding true for each of the age groups considered. In contrast, men were less likely than women to have completed a Bachelor degree (19% and 22% respectively) although, for the oldest age group, attainment rates were similar for both sexes.

For information on how Australia compares with other countries in educational attainment, see Box 2.2.



Box 2.2: International comparison of educational attainment

In 2010, the proportion of people aged 25 to 64 who had attained a tertiary education in Australia was higher than the OECD average (38% compared with 31%). Australia ranked equal seventh highest among the 34 OECD countries with available data. The countries with the highest levels of tertiary attainment were Canada (51%), Israel (46%) and Japan (45%) (OECD 2012a: Table A1.3a).



Indigenous Australians

Aboriginal and Torres Strait Islander people have lower levels of educational attainment than other Australians. In terms of Year 12 completion, ABS 2011 Census data indicate that 1 in 4 (25%) Indigenous Australians aged 15 and over (excluding those still at school) had completed Year 12 (or equivalent) compared with about half (52%) of non-Indigenous Australians (ABS 2012a).

The legacy of educational patterns of past generations is also evident. Among people aged 45 and over, the Year 12 completion rate for Indigenous Australians (13%) was about one-third as high as the rate for non-Indigenous Australians (37%) in 2011 (ABS 2012a). However, even among those aged under 45 (and no longer in school), Year 12 completion rates are substantially lower for Indigenous Australians—31% of Indigenous Australians reported completing Year 12, compared with 68% of non-Indigenous Australians.

In terms of non-school qualifications, substantial gaps are also evident. According to the 2011 Census, 26% of Indigenous Australians aged 15 and over had a non-school qualification, compared with 49% of non-Indigenous Australians (ABS 2012a). Similar proportions of Indigenous and non-Indigenous Australians had completed Certificate-level qualifications (17% and 19% respectively). However, Indigenous Australians were substantially less likely to hold a qualification above Certificate level (8% compared with 29% of non-Indigenous Australians). For example, 3% of Indigenous people compared with 14% of non-Indigenous people had a Bachelor degree.

Under COAG's National Indigenous Reform Agreement (COAG 2011) and its National Education Agreement (COAG 2012a; see also Box 2.1), the aim is to halve the gap for Indigenous people aged 20–24 in attainment of at least Year 12 or equivalent by 2020. According to the 2011 Census, 54% of Indigenous people aged 20–24 had attained Year 12 or equivalent, up from 47% in 2006 (which is the baseline). This compares with 86% of non-Indigenous Australians aged 20–24 in 2011 (from 84% in 2006) (FaHCSIA 2013).

The importance of education for economic participation

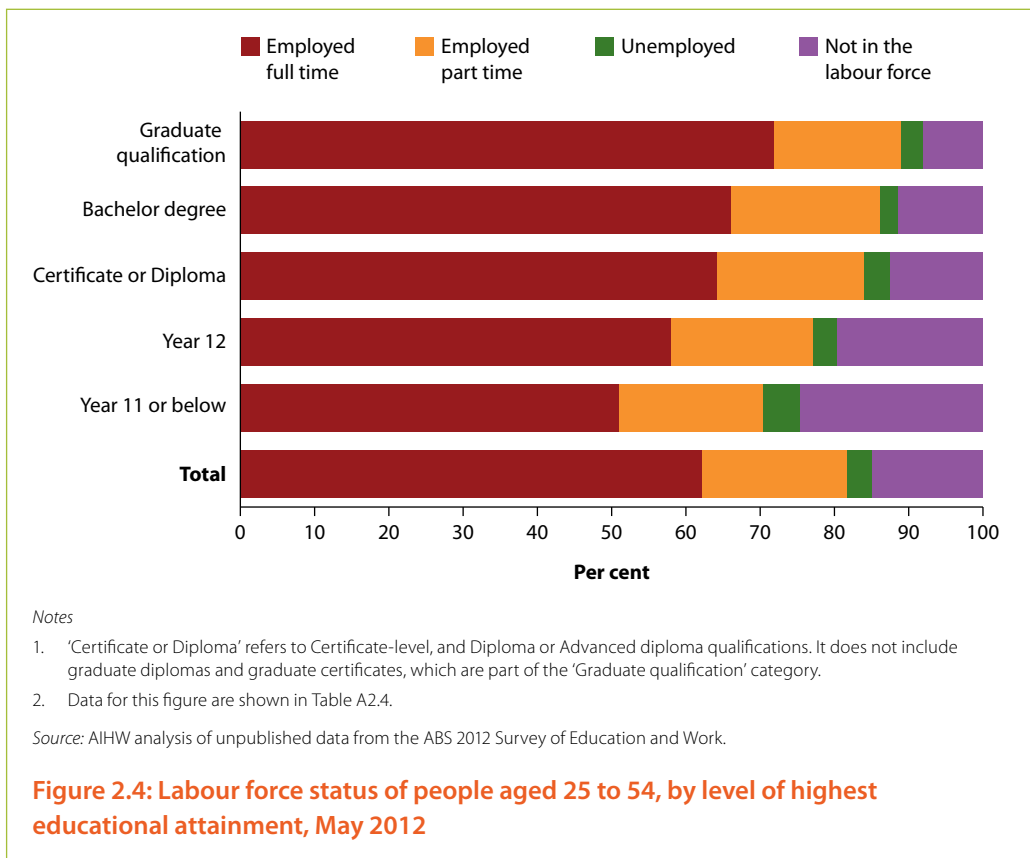
People who have completed a non-school qualification have higher rates of participation in the labour force and lower rates of unemployment than people without such qualifications.

The age group of 25 to 54 is sometimes referred to as 'prime working age' as it excludes younger people (15–24) who are often still engaged in formal study, as well as people aged 55 and over, some of whom have left the workforce before the 'traditional' retirement age of 65.

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In 2012, 1 in 4 people (25%) of prime working age whose highest qualification was Year 11 or below were not in the labour force, compared with 1 in 5 (20%) who had completed Year 12 but had no non-school qualifications, 12% with a Bachelor degree, and 8% with a graduate qualification (Figure 2.4).



People with higher level qualifications were less likely to be unemployed once in the labour force. The unemployment rate in May 2012 for people aged 25 to 54 was 2.7% for those whose highest qualification was a Bachelor degree and 3.2% for those with a graduate qualification. This is half the rate of people whose highest educational attainment was Year 11 or below (6.6%) (Table A2.4).

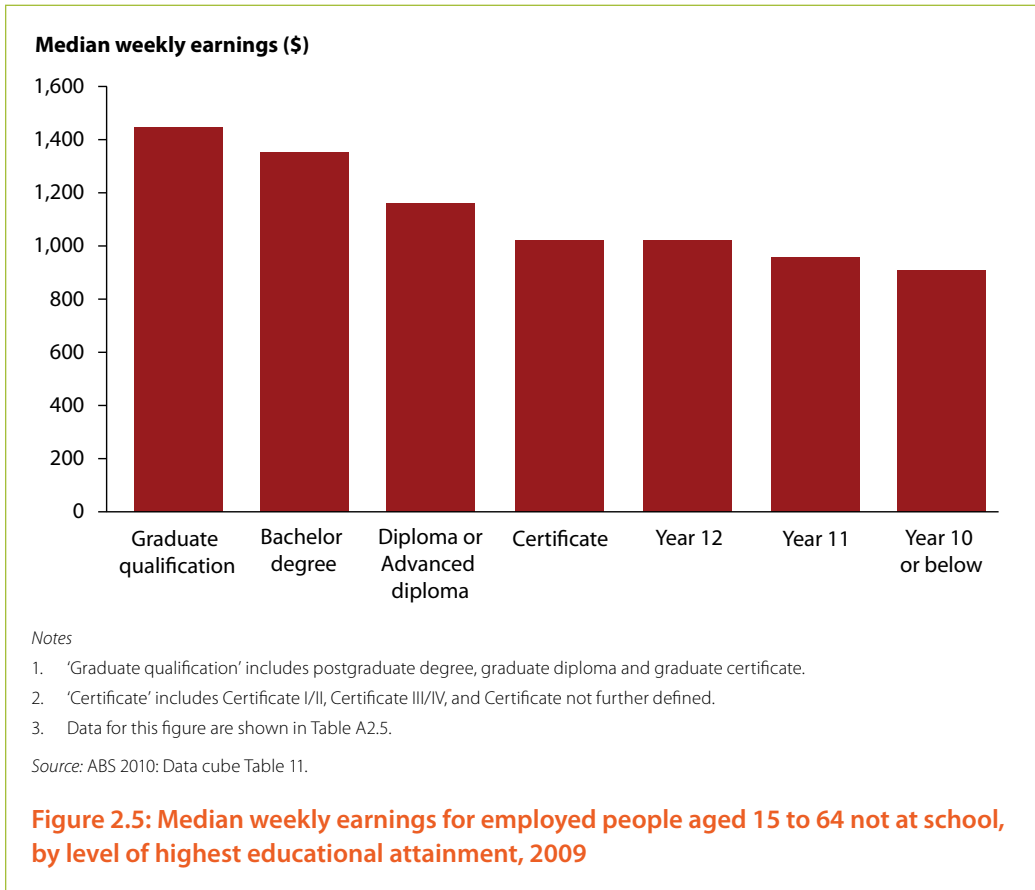
The proportion of people aged 25 to 54 who were employed part time did not vary considerably with educational attainment, at 19% to 20% across all attainment groups, with the exception of those with a Graduate qualification. For this group, 17% were employed part time in May 2012 (Table A2.4).

Earnings are also related to educational attainment. In 2009, the median earnings for employed people aged 15 to 64, excluding people who were still at school, were \$1,106 per week (ABS 2010). Higher levels of educational attainment were associated with higher weekly median incomes (Figure 2.5). Median earnings of employed people with a graduate qualification was \$1,445 per

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week—31% higher than the median for all employed people. Employed people whose highest qualification was a Bachelor degree also had median earnings substantially above the national figure (\$1,351 per week, 22% above the national median). In contrast, those whose highest qualification was Year 10 or below had a median income that was 18% below the national figure (\$907 per week).



2.3 Labour force participation

The labour force participation data in this section were sourced largely from the ABS; key labour force concepts and terms, as used by the ABS, are explained in Box 2.3. Some non-ABS data about labour force participation are also discussed in this section—for example, information about workforce participation among social housing tenants is sourced from AIHW's National Social Housing Survey. Definitions of labour force terms in these other collections may differ to some degree from those used by the ABS.

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Box 2.3: Labour force concepts and terms

Employed: People aged 15 and over who: during the reference week of the survey worked for 1 hour or more for pay, profit, commission or payment in kind or worked for 1 hour or more without pay in a family business or on a farm; or were employees, employers or own account workers who had a job but were not at work in the reference week.

Employment-to-population ratio: The number of employed people in a specified group expressed as a percentage of the civilian population in the same group.

Full-time workers: Employed people 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.

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

Labour force 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 and over, but may also be limited to people of traditional working age (15 to 64).

Long-term unemployed: People aged 15 and over who were unemployed for 52 weeks or more.

Part-time workers: Employed people 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.

Participation rate: See labour force participation rate.

Underemployed workers: Employed people who want, and are available for, more hours of work than they currently have. This includes people employed part time who want to work more hours and are available to start work with more hours, and people employed full time who worked part-time hours in the reference week for economic reasons (such as being stood down or insufficient work being available).

Underutilisation rate: The sum of people unemployed and underemployed, expressed as a percentage of the labour force.

Unemployed: People aged 15 and 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 4 weeks of the reference week and could have started in the reference week if the job had been available then.

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

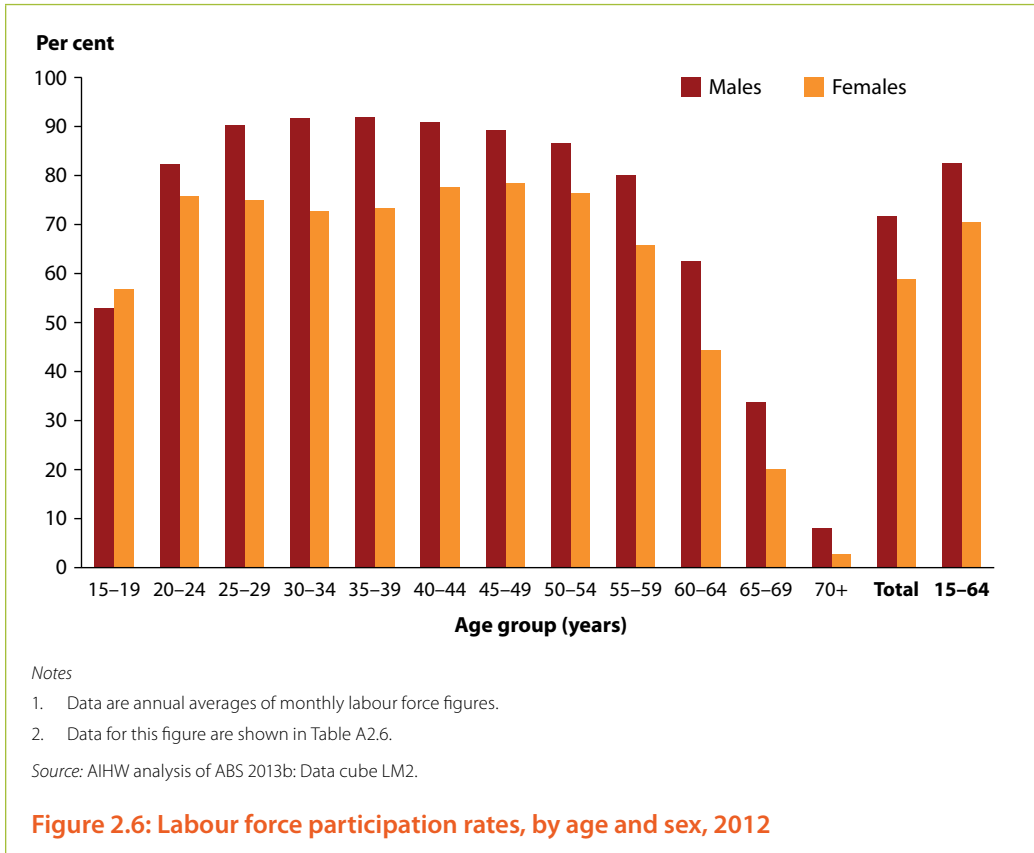
Source: Adapted from ABS 2009b.

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Participation across the life cycle

During 2012, the average labour force participation rate for people aged 15 and over was 72% for males and 59% for females (Figure 2.6). These rates include people who are eligible for an age pension, many of whom have permanently retired from the workforce. When people aged 65 and over are excluded, the participation rate in 2012 among people of traditional working age was 83% for males and 70% for females (AIHW analysis of ABS 2013b).



With the exception of those aged 15–19, the participation rate was higher for males than females in every age group, with the gender gap greatest among people in their 30s. For the age groups from 25–29 to 45–49, the male participation rate was consistently between 89% and 92%. In contrast, and in association with the most common child-bearing years, female participation was lower for women in their 30s compared with women in their 20s and 40s, with the highest rate of 79% observed for those aged 45–49.

Both male and female participation rates were lower among people in their mid-50s and early 60s. This could be explained by some workers taking early retirement, and others becoming discouraged from unsuccessfully finding employment and therefore exiting the labour market.

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In the three decades to 2012, the labour force participation rate for people aged 15 and over increased by 4 percentage points, with a 14-point rise among females partially offset by a 6-point decline among males (Table 2.2). In the absence of any other changes, population ageing would be expected to cause a decline in the participation rate as greater proportions of the population aged 15 and over are of retirement age. However, even when only those aged 15 to 64 are considered, the rate of participation for males fell—from 86% in 1982 to 83% in 2012. For females aged 15 to 64, the labour force participation rate increased by 18% between 1982 and 2012 (from 52% to 70% respectively).

Table 2.2: Labour force participation rates, by sex, 1982 to 2012 (selected years) (per cent)

	1982	1992	2002	2012	Change from 1982 to 2012 (percentage points)
People aged 15 and over					
Males	77.4	74.2	71.8	71.8	-5.6
Females	44.6	51.9	55.2	58.8	14.2
Persons	60.8	62.9	63.4	65.2	4.4
People aged 15 to 64					
Males	86.0	83.8	82.1	82.5	-3.5
Females	52.1	61.8	66.1	70.4	18.3
Persons	69.2	72.9	74.1	76.4	7.2

Notes

1. Data are annual averages of monthly labour force figures (based on 'original series' estimates).
2. Data for all years from 1982 to 2012 are shown in Table A11.22.

Source: AIHW analysis of ABS 2013b: Data cube LM2.

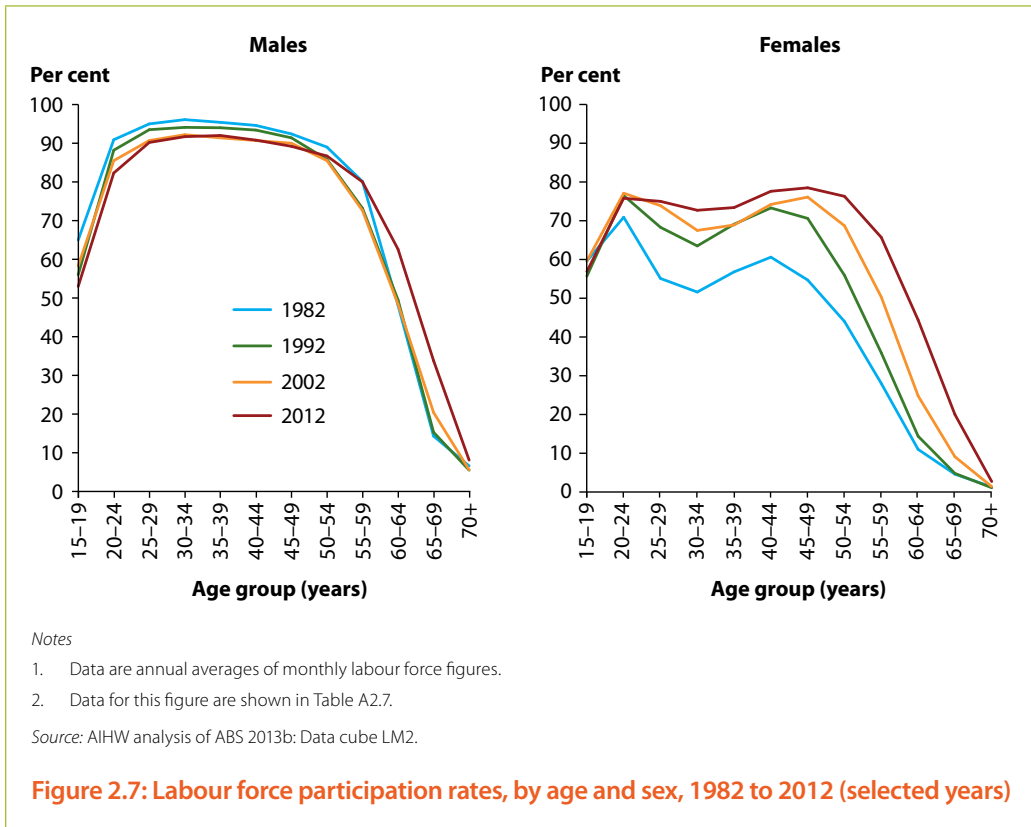
Over more recent years, the labour force participation rates for both males and females aged 15–64 have remained fairly steady—at around 83% since 2005 for males and at about 70% since 2008 for females (see Indicator 22 in Chapter 11 for further information).

Compared with 1982, male participation in the labour force was lower in 2012 for every age group under 55 (Figure 2.7). The difference was greatest among people aged 15–24, which may be related to increasing retention rates at school and participation in non-school education among young people (see Chapter 4), as well as reduced labour market opportunities in some industries (ABS 2013c).

Among men aged 60–64 and 65–69, participation rates rose considerably over the decade to 2012, from 48% and 20% respectively in 2002 to 63% and 34% in 2012. More information about labour force participation of older Australians is below.

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Examination of age-specific participation rates for females show that the growth in female participation over the three decades to 2012 reflects two trends. First, the fall in participation rates associated with child-bearing was considerably shallower and occurred later in life in 2012 compared with 1982 (Figure 2.7). This change largely emerged in the 1980s.

Second, growth in the labour force participation rate by women aged in their 50s and 60s was substantial, including rates 4 times as high in 2012 as in 1982 for women aged in their 60s. Some of this change among older women can be attributed to the increase in the qualifying age for the Age Pension for women, which was set at 60 until 1995 and has increased gradually thereafter. In 1992, 14% of women aged 60–64 were in the labour force, compared with 25% in 2002 and 44% in 2012.

However, participation rates among women aged 55–59 also increased markedly over recent decades, from 36% in 1992 to 50% in 2002 and 66% in 2012, indicating a more widespread shift in labour force engagement among women than is driven by pension changes alone. Women currently in their 50s are part of a cohort with a history of greater labour force participation than their predecessors. It would appear 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.

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For information on how labour force participation rates in Australia compare with other OECD countries, see Box 2.4.

Box 2.4: International comparison of labour force participation



In 2011, the labour force participation rate for Australians aged 15 to 64 ranked 10th out of 34 OECD countries. Australia's performance varied considerably for different age groups (Table 2.3):

- The participation rate for younger workers (15–24) was among the highest in the OECD behind Iceland and the Netherlands.
- Participation of 'older workers' (55–64) ranked 12th for both sexes, slightly above the median for all OECD countries. Iceland had the highest participation rates in this age group.
- Australia's participation rates among those aged 25–54 ranked 24th for females and 26th for males—thus in the bottom third of OECD countries. While Australian men in this age group participated at a rate similar to those in the United States of America and Canada, and only slightly behind the United Kingdom and New Zealand, more than 93% of men aged 25 to 54 were in the workforce in many non-main English-speaking OECD countries.

Table 2.3: Labour force participation rates, Australia and the OECD, by age and sex, 2011

Age group (years) and sex	Australia (%)	OECD median ^(a) (%)	Australia's rank ^(b)
Younger workers (15–24)			
Males	69.1	46.9	3
Females	67.7	41.3	3
Persons	68.4	42.5	3
Prime working ages (25–54)			
Males	90.6	92.2	26
Females	75.7	79.9	24
Persons	83.1	86.2	26
Older workers (55–64)			
Males	71.6	67.5	12
Females	55.0	47.5	12
Persons	63.2	59.1	12

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

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

Source: OECD 2012c.

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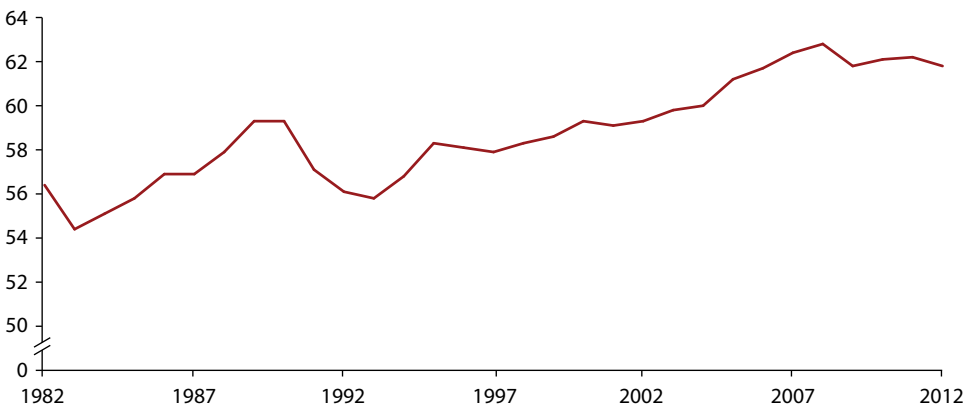


Employment

At December 2012, there were 11.7 million employed people in Australia, which is 1.3% more than in the previous December. Employment numbers have grown from year to year since the end of the recession in the early 1990s, with an overall increase of 52% between December 1992 and December 2012 (Table A2.8).

Some growth in employment numbers over time can be expected due simply to an increase in the number of people in the population. To remove population growth as a confounding factor, 'employment-to-population ratios' are often considered, with such rates allowing for a better comparison of change over time (ABS 2012e). As shown in Figure 2.8, there were two major falls in the employment-to-population ratio in recent decades: one in the early 1980s (down to an average of 54% in 1983) and the other in the early 1990s (56% in 1993). Since the mid-1990s, the employment ratio tended to increase over time, peaking in 2008 at 63%. It fell to 62% in 2009, after the onset of the global financial crisis (GFC), and then remained at that level to 2012. While Australia fared better than most other major advanced economies during the GFC, the pace of employment growth remained sluggish between 2010 and 2012, with various reasons offered, including global uncertainty, the strong Australian dollar and cautious consumer sentiment (DEEWR 2013).

Per cent



Notes

1. Employment-to-population ratios are the annual averages of the number of employed people expressed as a percentage of the annual average civilian population aged 15 and over.
2. Data for this figure are shown in Table A2.8.

Source: ABS 2013a: Time series spreadsheet Table 3.

Figure 2.8: Employment-to-population ratios, 1982 to 2012

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In 2012, the majority (70%) of employed people worked full time, while almost one-third (30%) worked part time—that is, less than 35 hours per week (AIHW analysis of ABS 2013b). Females were almost 3 times as likely as males to be employed part time (46% compared with 16%), with part-time employment more common for females than males in all age groups. The gender gap was largest in the 35–39 age group, which is likely associated with child care responsibilities. The youngest and oldest workers disproportionately undertook part-time work, as discussed further below.

The proportion of employed people who worked part time almost doubled over the three decades to 2012 (17% in 1982 and 30% in 2012) (AIHW analysis of ABS 2013b). The increase was most stark for males, rising from 6% in 1982 to 16% in 2012, while the corresponding proportions for females were 35% and 46%.

Over recent years, the proportion of employed males and females who worked part time has been fairly steady, at around 16% for males since 2009 and 46% for females since 2010 (Table A11.24). See Indicator 24 in Chapter 11 for additional information about part-time employment.

In 2012, casual workers (that is, employed people without paid leave entitlements) comprised 20% of employed people: 17% of employed males and 23% of employed females (Table A11.24). For males, around 16% to 17% of employed workers have been employed on a casual basis between 2007 and 2012. Over that same period, the proportion of females employed on a casual basis fell slightly from 25% to 23%. See Indicator 24 in Chapter 11 for additional information about casual employment.

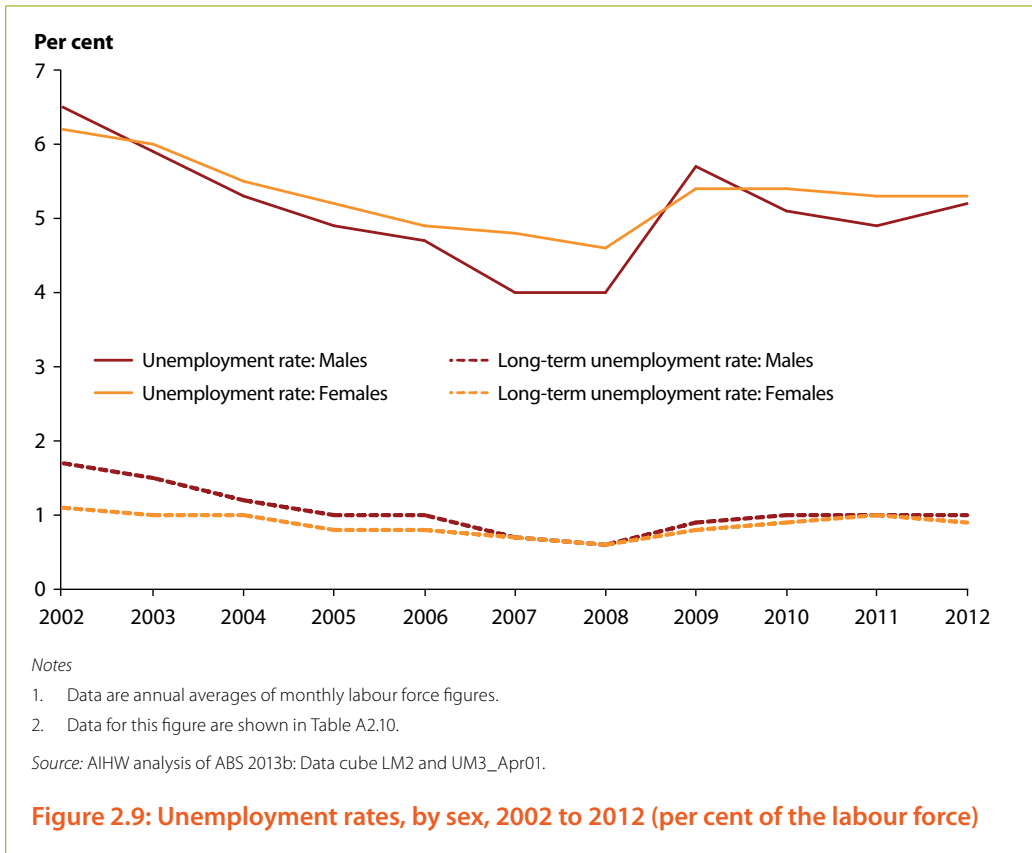
Unemployment

The average unemployment rate for 2012 was 5.2%, with rates for males and females similar—5.2% and 5.3% respectively (AIHW analysis of ABS 2013b). For both males and females, unemployment rates were highest among young people, as discussed further below, and lowest among older people. The unemployment rate of people aged 65 and over was 1.6% (2.0% for males and 1.0% for females) compared with rates between 3% to 5% for people aged in their 30s to 50s (Table A2.9). Low unemployment rates among older people may be due to some who were unsuccessful in finding employment choosing to exit, rather than remain in, the labour force.

Over the decade to 2012, the unemployment rate fell from 6.4% in 2002 to a low of 4.2% in 2008 (4.0% for males and 4.6% for females). After the onset of the GFC, the rate rose to 5.6% in 2009, with the rate higher for males (5.7%) than females (5.4%). The unemployment rate then fell to 5.2% in 2010, stabilising around that level through to 2012. As shown in Figure 2.9, unemployment rates appear to be more volatile for males than females over time.

2





People who have been unemployed for 52 weeks or more are classified as ‘long-term unemployed’. In December 2012, about 116,400 people were long-term unemployed—equal to roughly 1 in 5 unemployed people (ABS 2013b).

Trends in the annual average long-term unemployment rates are shown in Figure 2.9. This rate fell from 1.4% of the labour force in 2002 to 0.6% in 2008. It then rose to 0.8% in 2009 and then to 1.0% in 2010, where it stabilised through to 2012. Since 2007, the long-term unemployment rates for males and females have been similar. This is in contrast with earlier years when these rates were somewhat higher for males than females.

Underutilisation

Another commonly used measure to describe the labour force is the underutilisation rate. This rate sums information on unemployment and underemployment (that is, employed people who want, and are available for, more hours of work than they currently have) and presents those data as a proportion of the labour force. In 2012, the average labour force underutilisation rate was 12.5% (Table A11.23). This is lower than the rate of 13.3% in 2009, associated with the global financial crisis, but slightly higher than the rate of 12.2% in 2011 (see Indicator 23 in Chapter 11).



The labour force underutilisation rate is generally lower for males than females. In November 2012, it was 10.6% for males and 14.7% for females (ABS 2013a). This difference by sex holds for each of the age groups considered, although the gap is much smaller for the youngest and oldest age groups (Table 2.4). For both males and females, the age group with the highest labour force underutilisation rate was 15–24, with 1 in 4 young people in the labour force either unemployed or underemployed (24.7% of males and 25.5% of females).

Table 2.4: Labour force underutilisation rates of people aged 15 and over, by age and sex, 2012 (per cent of the labour force)

Sex	Age group (years)					Total
	15–24	25–34	35–44	44–54	55+	
Males	24.7	9.2	6.7	7.1	8.3	10.6
Females	25.5	12.9	13.3	12.6	9.5	14.7
Persons	25.0	10.9	9.7	9.7	8.8	12.5

Note: Data are trend estimates for November 2012.

Source: ABS 2013a: Table 22.

Participation among selected population groups

Young people (15 to 24)

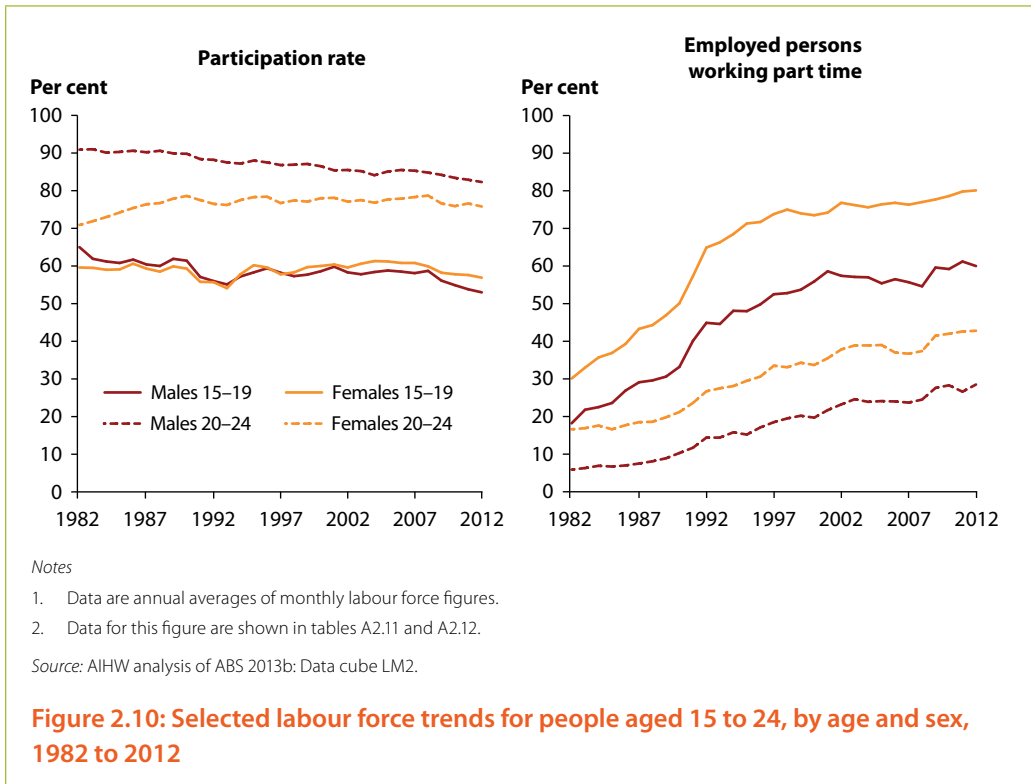
In 2012, over half (55%) of Australians aged 15–19 and about 4 in 5 (79%) of those aged 20–24 were in the labour force. Participation rates among those aged 15–19 were higher among females than males (53% and 57% respectively)—the only age group in which this was the case. Over the three decades to 2012, participation rates for those in the 15–19 age group tended to gradually decrease, from 62% in 1982 to 59% in 2008, with a more substantial decrease in each of the following years to 2012 (55%) (Figure 2.10). The decrease was much more marked for males than females—a decrease of 18% between 1982 and 2012 for males compared with a 5% decrease for females.

Among women aged 20–24, participation rates increased during the 1980s, and then stabilised around 76% to 78%. In 2012, the labour force participation rate for this group was 76%.

Meanwhile, between 1982 and 2012, participation of men aged 20–24 gradually declined (from 91% to 82% respectively). This decline, as well as that for males aged 15–19, may be due to a number of factors including increased participation in further education, reduced job prospects in goods-producing industries and the changing role of men in families (ABS 2013c).

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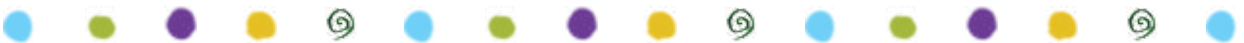


Youth unemployment is a significant social and economic concern. In 2012, the unemployment rate for people aged 15 to 24 was 11.7%, more than double that of the wider labour force (AIHW analysis of ABS 2013b). Furthermore, people aged 15–19 constituted 21% of all unemployed people in 2012, with another 18% aged 20–24.

In recent generations, there have been substantial increases in the proportion of employed young people who work part time (Figure 2.10). In 2012, 70% of employed people aged 15–19 worked part-time hours, which is about 3 times more than in 1982 (24%). Although less likely to work part time than those aged 15–19, the proportion of young people aged 20–24 who worked part time also increased markedly over recent decades, from about 1 in 10 (11%) workers in 1982 to about 1 in 3 (35%) in 2012. This trend may be at least partly related to an increasing participation in post-secondary education, with growing numbers of young people combining education and part-time work (see Section 4.6).

For information on how unemployment and part-time employment for young people in Australia compare with other countries, see Box 2.5.

2



Box 2.5: International comparison of unemployment and part-time employment among young people



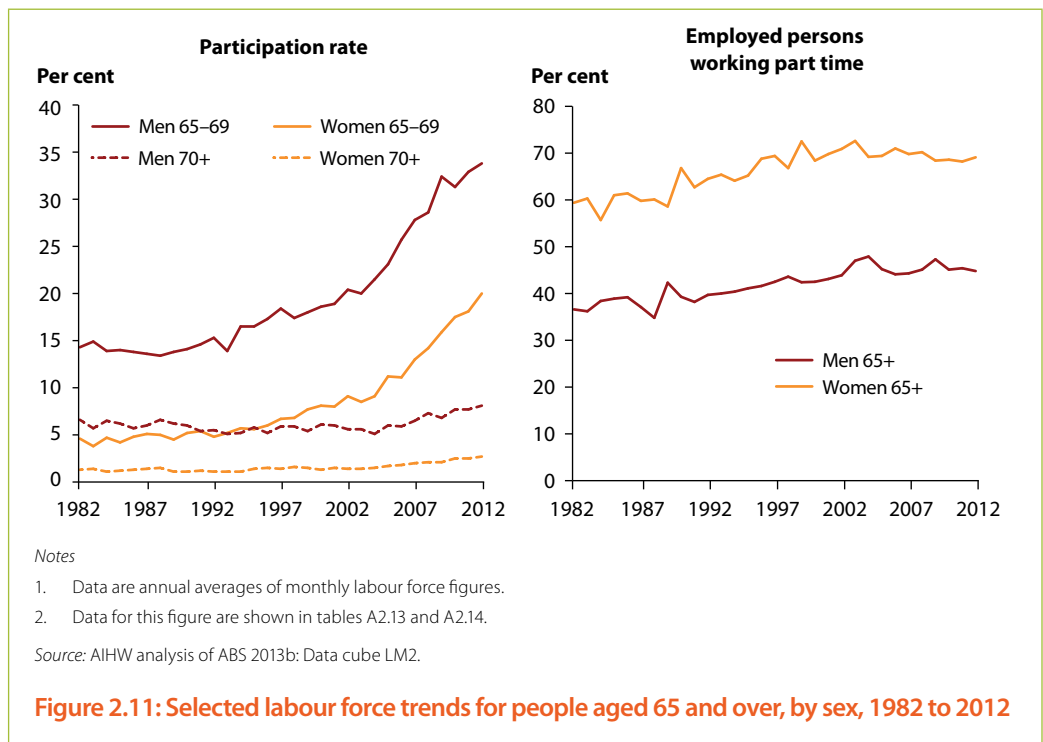
Unemployment: Australia has lower rates of youth unemployment than other developed countries. OECD data for 2011 indicate that Australia's unemployment rate of 11.3% among people aged 15 to 24 was well below the OECD average of 16.2%, and was the ninth lowest out of 34 OECD countries (OECD 2012c).

Part-time employment: Based on a common definition of part-time employment as less than 30 hours per week, the proportion of Australian workers aged 15–24 who worked part time in 2011 was substantially higher (43%) than the OECD average (29%) (OECD 2012b).

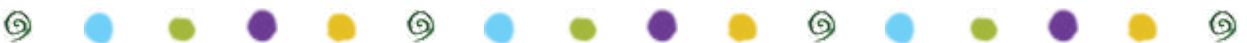
Older Australians (65 and over)

A substantial number of Australians remain in the workforce beyond the traditional retirement age of 65, with higher participation rates among older men than women. In 2012, 1 in 3 (34%) men and 1 in 5 (20%) women aged 65–69 participated in the labour force, along with 8% of men and 3% of women aged 70 and over (Figure 2.6).

The participation rate for older Australians has risen markedly since the turn of the century, mainly among people in their late 60s (Figure 2.11). For example, among those aged 65–69, the rate for women was 2.2 times as high in 2012 (20%) as in 2002 (8%), and 1.7 times as high for men (34% and 20% respectively).



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Among older Australians employed in 2012, just over half (53%) worked part time, with women more likely to do so than men (69% versus 45%). Rates of part-time work increased during the 1980s and 1990s but have since tended to stabilise, fluctuating between 52% and 54% over the decade to 2012 (Figure 2.11). For further information about the participation of older people in the labour force, see Chapter 6.

Box 2.6 provides information on how the labour force participation rates of Australians aged 65–69 compare with their counterparts in other OECD countries.

Box 2.6: International comparison of labour force participation among older people



According to OECD data for 2011, labour force participation rates among Australians aged 65–69 was similar to the OECD average (25% and 24% respectively) but considerably lower than countries such as New Zealand (39%), Japan (37%) and the United States of America (32%) (OECD 2012c).

Indigenous people

The most recent and reliable data available on the labour force status of Indigenous Australians pertain to 2008 and were collected as part of the National Aboriginal and Torres Strait Islander Social Survey (NATSISS), with comparable data for non-Indigenous people available from the National Health Survey. According to those data, the participation rate for Indigenous people is lower than for other Australians. In 2008, the labour force participation rate for Indigenous Australians aged 15 to 64 was 65%, compared with 79% for non-Indigenous Australians. The rates for Indigenous people compared with non-Indigenous people were lower for both females (55% and 73% respectively) and males (75% and 85%) (AHMAC 2012).

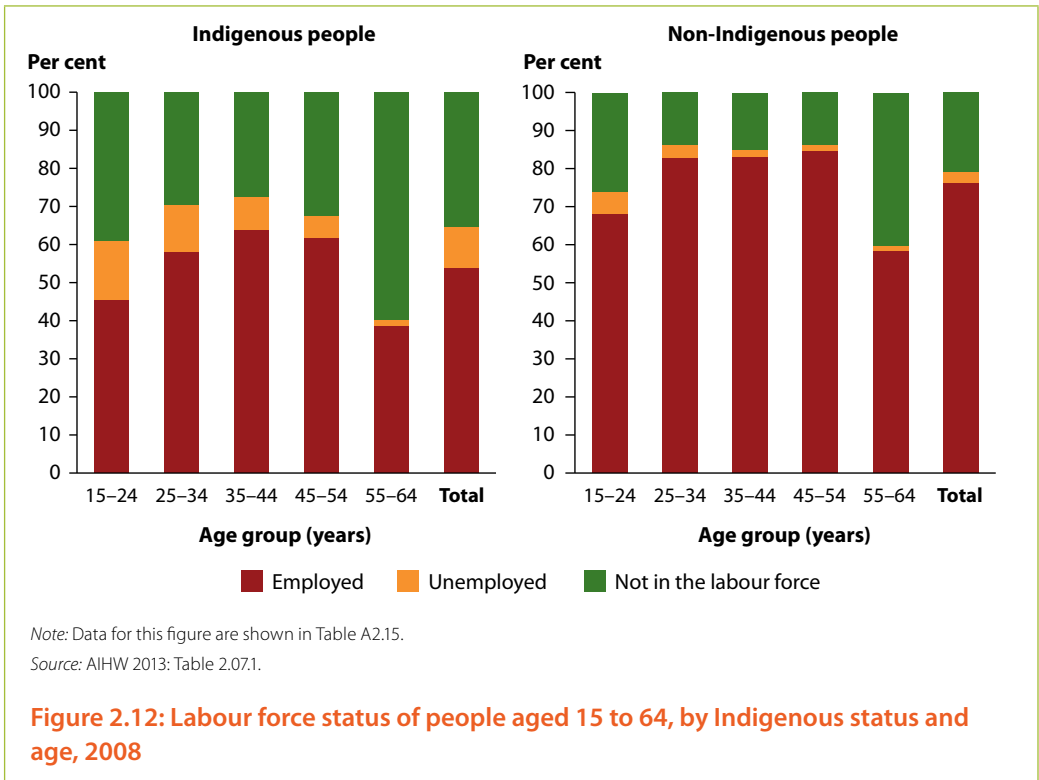
In 2008, unemployment rates were 4 times as high for Indigenous people (17%) as for non-Indigenous people (4%) aged 15 to 64, while the employment-to-population ratio was 54% for Indigenous people, compared with 76% for non-Indigenous people (AHMAC 2012). Note that Indigenous participants in the Community Development Employment Projects scheme were counted as employed in the NATSISS; such participants accounted for 10% of employed Indigenous people (AIHW 2013).

Among Indigenous people aged 15–24, the labour force participation rate was 61% in 2008; this rate increased to 73% for those aged 35–44, and then dropped to a low of 40% for those aged 55–64 (Figure 2.12). This same inverted U-shaped pattern in participation rates is observed for non-Indigenous people although, for each age group, the rate for Indigenous people was lower than the corresponding rate for non-Indigenous people.

Likewise, unemployment rates were higher for Indigenous people than non-Indigenous people for each age group. The highest unemployment rate of 25% was for Indigenous youth aged 15–24; this compares with 8% for non-Indigenous youth (Table A2.15).

2





Indigenous people living in *Major cities* were more likely than those living in other areas to be employed in 2008, with 59% of those in *Major cities* employed, compared with 51% in both *Inner* and *Outer regional* areas, and 52% in *Remote and very remote* areas. While non-Indigenous people living in *Major cities* were also more likely to be employed than those in other areas, the difference was not as marked (77% in *Major cities*, 74% in *Inner regional* areas, 75% in *Outer regional* areas and 73% in *Remote* areas) (AIHW 2013).

Over time, labour force participation rates of Indigenous Australians have increased—from 52% in 2001 to 65% in 2008 among those aged 15 to 64. However, over the same period, the proportion of Indigenous people in that age group who were unemployed increased from 7% to 11% (AHMAC 2012).

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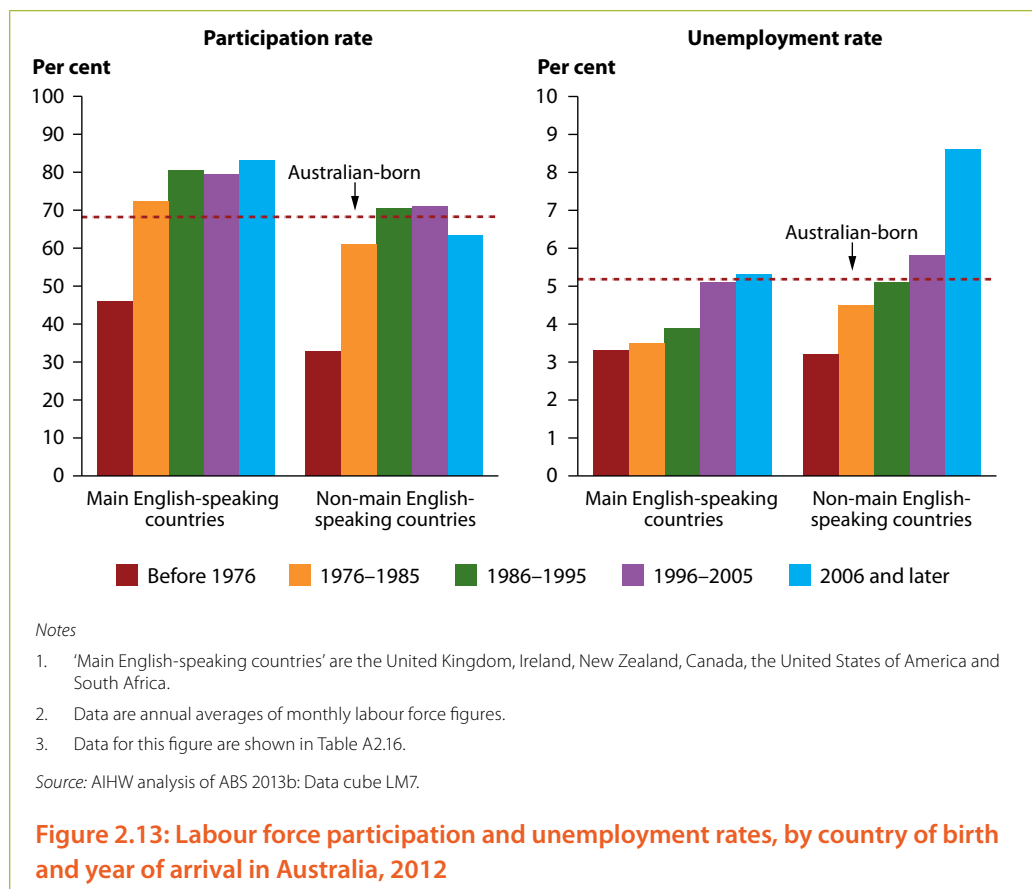


Migrants

In 2012, more than one-quarter (28%) of people in the labour force were born overseas (AIHW analysis of ABS 2013b). About 1 in 10 (11%) were born in main English-speaking countries, while 17% were born in non-main English-speaking countries (see the Glossary for definitions of these terms). As noted in Chapter 1, it cannot be assumed that a person born in a non-main English-speaking country has poor English language skills or that a person born in a main English-speaking country (or in Australia) is proficient in English.



The participation rate for people born in main English-speaking countries was similar to that for people born in Australia (both 68%) in 2012 (Figure 2.13). However, people born in non-main English-speaking countries had a lower participation rate (58%). They also had the highest unemployment rate (5.9%), followed by people born in Australia (5.2%). People born in main English-speaking countries had the lowest unemployment rate (4.3%).



For people born overseas, unemployment rates were higher among more recent immigrants (Figure 2.13). For example, among people born in non-main English-speaking countries, the unemployment rate among those who arrived in 2006 or later was 8.6% compared with, for example, 5.1% of those who arrived between 1986 and 1996. Although the differences are not as marked, the same pattern is apparent among those born in main English-speaking countries. The relationship between labour force participation rates and year of arrival was less stark than it was for unemployment. For those born in main English-speaking countries, participation rates were highest for those who arrived in 1986 or later. Among those born in non-main English-speaking countries, the rates were higher for people who arrived in the years between 1986 and 1995, and between 1996 and 2005 (both 71%) than for people arriving in 2006 or later (63%).



Fewer than half (39%) of all migrants who arrived before 1976 were in the labour force—many of these people will have reached retirement age.

In a 2010 ABS survey of recent migrants, common difficulties with finding work included a lack of Australian work experience or references (reported by 64% of recent migrants who had experienced difficulty finding their first job), language difficulties (33%) and lack of local contacts or networks (23%) (ABS 2011b).

See Section 1.4 for information about patterns of migration to Australia.

Where people live

Labour force participation rates vary across geographical regions and are typically somewhat higher in capital cities than in other areas. The difference was largest in Western Australia in 2012 with a participation rate of 80% in Perth compared with 77% in the rest of the state, while the difference was smallest in Victoria (77% in Melbourne compared with 76% elsewhere in that state) (Table 2.5). Meanwhile, unemployment rates tend to be slightly lower in capital cities. South Australia was an exception to this, however, with a higher unemployment rate in Adelaide (5.7%) than in the rest of the state (5.0%) in 2012.

Table 2.5: Labour force participation and unemployment rates, by state/territory and region, 2012 (per cent)

State or territory	Participation rate ^(a)			Unemployment rate		
	Capital city ^(b)	Balance of state	Total	Capital city ^(b)	Balance of state	Total
New South Wales	75.8	73.1	74.9	4.8	5.5	5.1
Victoria	76.7	75.9	76.5	5.4	5.7	5.5
Queensland	78.3	76.5	77.4	5.5	6.0	5.8
Western Australia	80.1	76.6	79.2	4.0	4.1	4.0
South Australia	76.1	74.9	75.8	5.7	5.0	5.5
Tasmania	75.1	72.0	73.4	5.9	7.8	7.0
Australian Capital Territory	n.a.	n.a.	82.0	n.a.	n.a.	3.8
Northern Territory	n.a.	n.a.	79.0	n.a.	n.a.	4.0
Australia	77.0	75.5	76.4	5.1	5.5	5.2

(a) Labour force participation among people aged 15 to 64.

(b) Capital cities are defined as the Sydney, Melbourne, Brisbane, Adelaide and Perth Major Statistical Regions and the Hobart Statistical Division.

Note: Data are annual averages of monthly labour force figures.

Source: AIHW analysis of ABS 2013b: Data cube LM2.

2



In 2012, the Australian Capital Territory had the highest labour force participation rate (82% of the population aged 15 to 64), followed by Western Australia and the Northern Territory (both 79%). The Australian Capital Territory had the lowest unemployment rate (3.8%) in 2012, although unemployment rates were also relatively low in the Northern Territory and Western Australia (both 4.0%). Note, however, that the data for the Australian Capital Territory and the Northern Territory should be interpreted with caution due to the small sample size of these jurisdictions in the ABS Labour Force Survey. In 2012, Tasmania had the highest unemployment rate (7.0%).

Families with children

In June 2011, the most common working arrangement for couples with children aged under 15 was for both parents to be employed (63%), often with the wife or female partner working part time (40% of all couple families) (AIHW analysis of ABS 2011f). In one-third of couple families (32%), one parent was employed, usually the husband or male partner. Between 1999 and 2011, the proportion of couple families with children aged under 15 in which both parents were employed increased from 55% to 63% (Table A2.17).

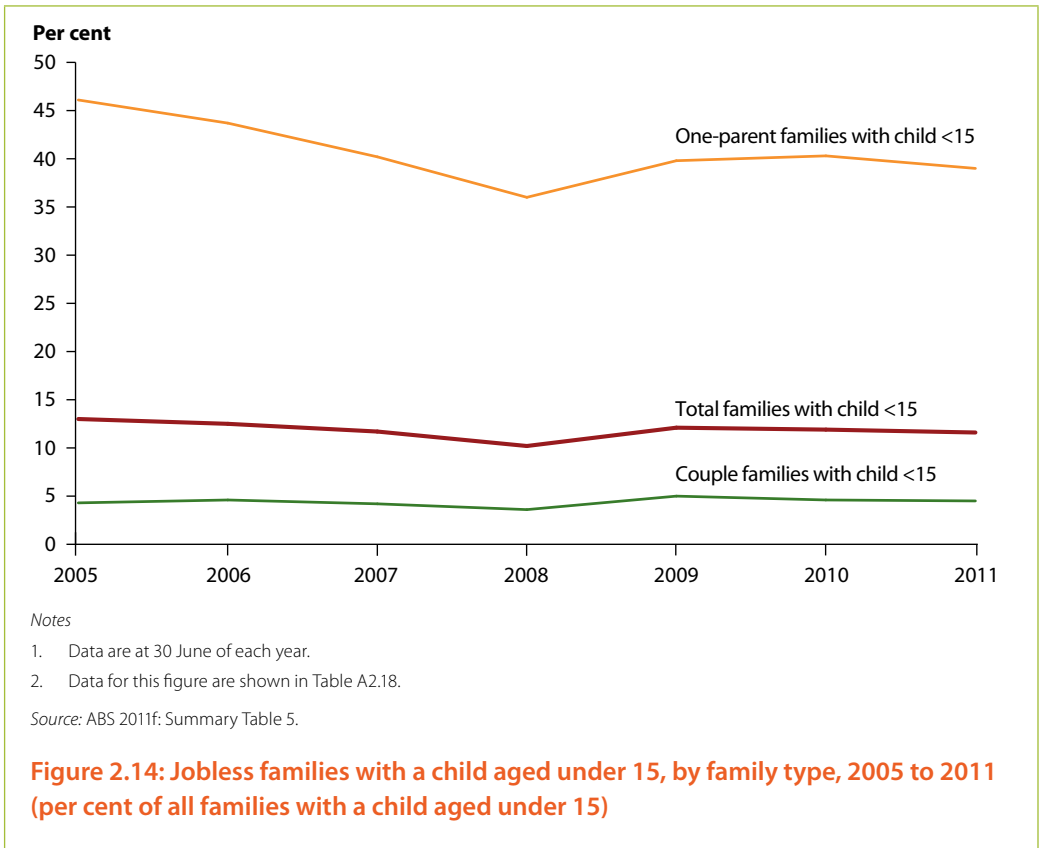
For one-parent families with children aged under 15, more than half (56%) of the parents were employed in June 2011. Lone mothers—who headed 86% of one-parent families with children aged under 15—were less likely to be employed than lone fathers (54% versus 67%) (AIHW analysis of ABS 2011f). Lone mothers were more likely to be employed part time (30% of lone mothers) than full time (24%). For lone fathers, the reverse was true, with a higher proportion working full time (53% of lone fathers) than part time (14%). The proportion of one-parent families with children aged under 15 in which the parent was employed increased from 44% in 1999 to 56% in 2011 (Table A2.17).

Research in OECD countries has shown the importance of having a working parent as a role model for children and the relative lack of intergenerational change in the circumstances of families in low socioeconomic areas (d'Addio 2007). This is why there is a long-standing interest in the number of, and trends in, jobless families. Issues 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 (Australian Social Inclusion Board 2011). Definitions of jobless families vary somewhat, with the ABS defining the term as families where no-one aged 15 and over in the family is employed (ABS 2011f). When only families with a dependent child aged under 15 are considered, ABS data indicate that 11.6% of such families were jobless in June 2011. This is lower than the 13.0% recorded in June 2005 (Figure 2.14).

2





In June 2011, one-parent families with a child under 15 were much more likely to be jobless (39%) than couple families (5%), although the proportion of jobless one-parent families did decrease over the 7-year period considered (from 46% in June 2005). The data also suggest that, for both one-parent and couple families, there was an increase in the proportion that were jobless between 2008 and 2009 (possibly associated with the GFC), with the rate still higher in 2011 than it was in 2008.

For information on how the proportion of children living in jobless families in Australia compares with other OECD countries, see Box 2.7.

2



Box 2.7: International comparison of proportion of children living in jobless families



OECD data are available on the number of children aged under 15 living in jobless families (this differs somewhat from the ABS data that look at the proportion of all families with a child of that age that are jobless). The OECD defines a jobless family as one in which no adults in the household are in paid work, regardless of the number of adults (and their relationships) in the household.

In 2008, the proportion of children aged under 15 living in jobless families in Australia was substantially higher than the OECD average (15% compared with 9%), with Australia having the fourth-highest proportion of children aged 0 to 14 living in jobless families among the 31 OECD countries with available data (OECD 2011). The United Kingdom and New Zealand had the highest proportions (both at 18%).

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. According to data from the ABS 2009 Survey of Disability, Ageing and Carers (SDAC), the participation rate for people aged 15 to 64 with disability was 54%, compared with 83% among people without disability. For people aged 15 to 64 with severe or profound core activity limitation, the participation rate was 31% (ABS 2011c). As detailed in the Glossary, a person who sometimes or always needs help with one or more of the core activities is referred to as having 'severe or profound core activity limitation'.

The 2009 SDAC data also indicate that the unemployment rate was higher for people with disability (8%) than for those without (5%). Unemployment among people with severe or profound core activity limitation (11%) was twice the national rate.

In terms of employment, half (50%) of all people aged 15 to 64 with disability and just over one-quarter (28%) of people with severe or profound core activity limitation were employed, compared with more than three-quarters (79%) of people without disability.

See Section 5.5 for further information about the labour force participation of people with disability.

Informal carers

Providing informal care for a person with disability, long-term health condition or who is frail aged can have an impact on the opportunities for the carer's involvement in the labour force. Based on data from the 2009 SDAC, primary carers aged 15 to 64 had a labour force participation rate of 54% which is substantially below that of non-primary carers (71%) and the general population (79%) (AIHW 2011). The participation rate of female primary carers (51%) was lower than male primary carers (61%). Further information about the labour force participation of carers is in Section 8.4.

2



People who are homeless or at risk of homelessness

Participation in employment by people who are homeless or at risk of homelessness has a number of benefits, including access to economic resources and social contact, as well as engagement with mainstream society. According to the 2011 Census, of the homeless people who provided information on their labour force status (85% did so), 55% indicated they were not in the labour force, while 45% were. Of those in the labour force, 27% were unemployed, 37% were employed full time, 29% were employed part time and 8% were employed but away from work at the time of the Census (ABS 2012b). Detailed information about people who are homeless or at risk of homelessness is in Chapter 7.

Social housing tenants

Two groups of social housing tenants are considered in this section:

- tenants of public rental housing (also referred to as public housing)—this type of housing, which is provided largely to low-income households in housing need, encompasses publicly owned or leased dwellings that state and territory governments administer
- tenants of mainstream community housing—this type of housing is provided for low- to moderate-income or special-needs households by not-for-profit housing providers (tenants of Indigenous community housing are not included).

According to self-reported data from the AIHW 2012 National Social Housing Survey (NSHS), the majority of public rental housing tenants (78%) and mainstream community housing tenants (72%) aged 15 to 64 were not in the labour force in 2012 (Figure 2.15). For both of these types of social housing, participation rates were higher for female tenants than male tenants (Table A2.19). Note that since the labour force definitions used in the NSHS differ somewhat from those used by the ABS in their Labour Force Surveys, the NSHS data are not directly comparable with national labour force data.

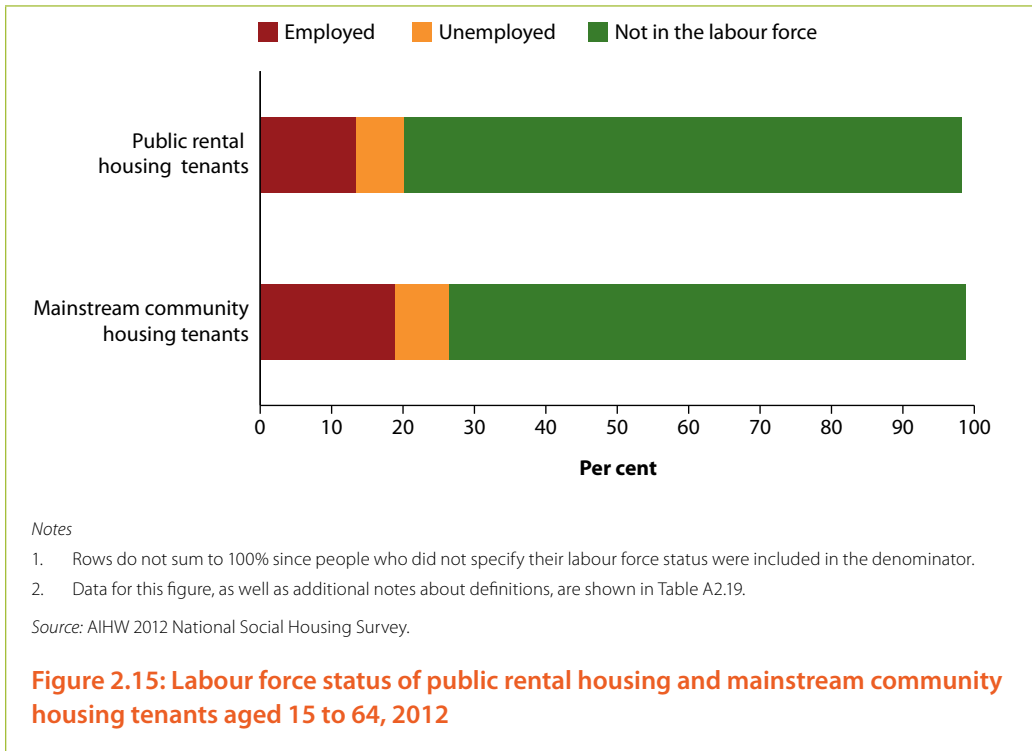
Among those tenants who were in the labour force, 33% of public rental housing tenants and 29% of mainstream community housing reported that they were unemployed (defined as not currently employed but have been looking for a job). In both cases, the unemployment rate was higher for males than females, but the difference was larger for those living in public rental housing (39% of males and 31% of females) than for those living in mainstream community housing (31% and 27% respectively) (Table A2.19).

Among those who were employed, part-time employment was more common than full-time employment for both groups of social housing tenants: 63% of public rental housing tenants and 71% of mainstream community housing tenants (Table A2.19).

See Section 3.8 for further details about social housing.

2





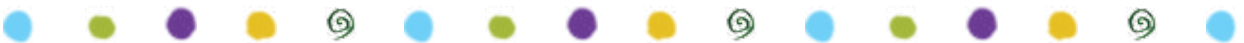
2.4 Household economic resources

An individual or household's access to economic resources is important to their health and wellbeing, including their ability to participate in the community.

When assessing the relative access different population groups have to economic resources, both income and wealth must be considered together since 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 2011e). 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.

Measures of household income rather than of individual income are usually used to describe people's economic wellbeing and such measures are described in this section. One commonly used measure is 'equivalised household income'. As described in Box 2.8, this measure makes adjustments to the actual incomes of households to allow for the analysis of the relative wellbeing of households of varying sizes and composition (ABS 2011d).

2



Note that in this section, when the term 'higher income' households is used, it is referring to households in the top fifth (that is, 20%) of the income distribution, after all equivalised disposable household incomes were ranked from the lowest to the highest. Meanwhile, 'lower income' households refers to those in the second and third deciles of the income distribution (ABS 2011e).

Box 2.8: Equivalised household income

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 neither 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. 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.

Data on a household's equivalised *disposable* income (rather than gross income) is often reported since disposable income provides a better indication of economic resources available to meet the needs of households. It is equal to gross (total) income minus income tax, the Medicare levy and the Medicare levy surcharge.

Sources: ABS 2009a, 2011d, 2011e.

2



Household income

In 2009–10, the average (mean) equivalised disposable household income was \$848 per week (see Indicator 19 in Chapter 11). Meanwhile, the median (midpoint) equivalised disposable household income was lower, at \$715 per week. The 20% of households with the lowest incomes had an equivalised disposable income of \$425 or less and represented 7% of all household income, while the 20% of households with the highest incomes (those earning more than \$1,145 per week) accounted for 40% of all household income (ABS 2011d).



Income varied between households of different composition, even after taking into account variations in household size and composition. Around 18% of households comprising a couple with dependent children were in higher income households compared with 4% of one-parent families with dependent children (Table 2.6). More than 1 in 3 (39%) one-parent families with children were in lower income households. This compares with 17% of couples with dependent children.

Table 2.6: Equivalised disposable household income, by household type, 2009–10

Household type	Median weekly income (\$)	% lower income ^(a)	% higher income ^(b)
One-family households			
Couple with dependent children	738	16.9	18.4
One-parent with dependent children	478	38.9	3.6
Couple only	761	23.2	27.5
Reference person aged 15–44	1,124	6.3	47.6
Reference person aged 45–64	840	15.1	30.0
Reference person aged 65 or over	435	46.9	7.0
Other one-family households ^(c)	825	13.4	25.2
Multiple family households			
Multiple family households	696	13.8	*12.2
Non-family households			
Lone-person households	522	25.0	15.7
Lone person aged 15–24	639	*10.7	*4.8
Lone person aged 25–44	896	7.5	31.5
Lone person aged 45–64	575	17.3	18.3
Lone person aged 65 and over	375	46.2	3.2
Group households	918	14.2	31.7
All households	715	20.0	20.0

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

(a) Lower income households are defined here as those households in the second and third income deciles.

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

(c) Examples of 'Other one-family households' are households with: one couple and their non-dependent children only, and one couple with or without non-dependent children plus other relatives.

Note: See the Glossary for definitions of reference person, dependent children and non-dependent children.

Source: ABS 2011d: Data cube tables 4 and 5.

As noted in Section 2.3, one-parent families are disproportionately headed by women, and women have lower rates of labour force participation and higher rates of part-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, and may mean that they are more likely to need to rely on income support and social housing in their later years.

2



Among couple-only and lone-person households, income was strongly associated with age. The median weekly disposable income of couple-only households in which the reference person was aged 15–44 (\$1,124) was more than 2.5 times that of those in which the reference person was aged 65 or over (\$435) (Table 2.6). Almost half of all older couple-only households (47%) and older lone-person households (46%) were in the lower income group. These patterns likely reflect the important role of employment in securing income. Groups that are over-represented among lower income households—namely, one-parent families and older people—tend to have relatively low rates of employment, especially full-time employment, as discussed in Section 2.3.

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 the 2011 Census, more than half (56%) of Indigenous people reported an equivalised weekly total household income between \$200 and \$799, with 20% reporting a weekly income above \$800 (ABS 2012a). In comparison, 51% of non-Indigenous people had an equivalised weekly household income between \$400 and \$1,249, with a further 22% reporting weekly household income above \$1,250.

About one-third (33%) of non-Indigenous people reported having an equivalised weekly household income of \$1,000 or more, compared with only 13% of Indigenous people (ABS 2012a).

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 with \$650 per week in other areas (ABS 2011d).

Around 1 in 6 (17%) people living in capital cities in 2009–10 were in lower income households, compared with 1 in 4 (25%) people living in other areas. People living in higher income households accounted for 23% of the population in capital cities and 14% elsewhere (ABS 2011d).

Income mobility

Income mobility refers to the extent to which an individual or household's position on the income distribution moves over time. This compares with capturing information on a person's income at a single point in time, with such income potentially being higher than usual (for example, due to working extra hours or receiving a windfall payment) or lower than usual (for example, as a result of taking a temporary break from paid employment to care for young children or to undertake formal study).

According to the Household, Income and Labour Dynamics in Australia (HILDA) survey, most people did not move more than one income quintile between 2001 and 2009 (Wilkins & Warren 2012). Nonetheless, income mobility was not the same for all income quintiles (Table 2.7). That is, while about 1 in 4 remained in the same quintile among those in the middle three quintiles, around half of those in the top and bottom quintiles remained in the same quintile (56% and 46% respectively). This suggests that income mobility is greater for middle-income Australians than for those with relatively low or high incomes.

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Table 2.7: Income mobility between 2001 and 2009, by income quintile (per cent)

Income quintile in 2001	Income quintile in 2009				
	1 (lowest)	2	3	4	5 (highest)
1 (lowest)	55.5	20.9	11.9	6.2	5.5
2	29.2	27.9	21.7	13.9	7.3
3	15.5	20.8	24.7	24.5	14.4
4	9.6	14.9	23.6	28.4	23.6
5 (highest)	7.0	10.7	12.9	23.5	46.0

Note: Shaded cells show the percentage of people who remained in the same income quintile.

Source: Wilkins & Warren 2012: Table 6.6.

Relative income poverty

There is no single accepted understanding of what constitutes poverty, especially in more developed countries 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 of 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, more commonly, in relative terms (where the 'poverty threshold' changes in line with growth in average income).

In this section, data from the HILDA survey are used to describe relative income poverty. In that survey, a person is defined to be in relative income poverty if their equivalised household income is less than 50% of the median equivalised household income (Wilkins & Warren 2012).

According to the HILDA survey, 13% of the Australian population was classified as being in relative income poverty in 2009—that is, having an annual equivalised disposable household income less than \$19,967. Further, Wilkins and Warren (2012) suggest that there is a relatively high level of persistence and/or recurrence of poverty in Australia, and that poverty persistence has increased over the HILDA survey period (from 2001 to 2009).

The rate of poverty was found to vary substantially by family type, with rates relatively high in all survey years for the elderly (defined as those aged 60 and above), and especially for elderly single people (36% of men and 39% of women). However, as Wilkins and Warren (2012) note, the elderly are more likely than others to own their house which is not taken into account in the relative income poverty measure and, thus, that the income poverty rates are likely to overstate the extent of relative deprivation among the elderly. Poverty rates were also relatively high for lone-parent families (21% in 2009). This compares, for example, with rates of 7% for both non-elderly couples and couples with children.

2



Comparisons between family types show differences in the experience of transient versus persistent poverty over the medium term. More than half of all lone-parent families with children and two-thirds of elderly people experienced poverty for 1 or more years over the 9-year period considered (Table 2.8). However, about 1 in 10 (9%) lone-parent families were in poverty for 5 or more years, compared with 22% of elderly couples, 32% of elderly single males and 41% of elderly single females. Couples with children were least likely to experience poverty over the medium term (4%) (Wilkins & Warren 2012).

Table 2.8: Years in poverty, by family type, 2001 to 2009 (per cent)

Family type (in 2001)	0 years	1–2 years	3–4 years	5–9 years	Total
Families with children^(a)					
Lone parent with children	44.4	33.2	13.6	8.8	100.0
Couple with children	70.6	18.8	6.2	4.4	100.0
Non-elderly people					
Single male	63.6	22.0	7.0	7.4	100.0
Single female	65.2	19.5	6.1	9.3	100.0
Couple	69.2	16.9	8.1	5.9	100.0
Elderly people^(b)					
Single male	28.5	22.7	16.4	32.4	100.0
Single female	24.2	23.6	11.0	41.3	100.0
Couple ^(c)	33.9	32.1	11.8	22.3	100.0

(a) 'Children' refers to dependent children—defined in the HILDA survey as any child aged under 15 or a child aged 15 to 24 who is engaged in full-time study, is not employed full-time, is living with one or both parents, is not living with a partner, and does not have a resident child of their own.

(b) 'Elderly' refers to people aged 60 and over.

(c) Both members of the couple must be aged 60 or over. If one is aged under 60, the couple is grouped with 'non-elderly people'.

Source: Wilkins & Warren 2012: Table 7.4.

Household wealth

A household's net wealth, or net worth as it is also called, is the value of a household's assets minus the value of its liabilities. According to the ABS Survey of Income and Housing, the mean household net worth in 2009–10 in Australia was \$719,600, comprising the following components (ABS 2011e):

- \$233,500 in financial assets, consisting of superannuation (\$115,900), the net value of incorporated businesses that household members owned (\$39,500), money in accounts held with financial institutions (\$32,900), shares and bonds (\$22,700) and trusts (\$21,500)
- \$605,900 in non-financial assets, consisting of property (\$501,300), dwelling contents (\$60,800), the net value of unincorporated businesses that household members owned (\$22,700), vehicles (\$20,500) and other assets (\$600)

2



- \$119,800 in liabilities, consisting of money outstanding on property loans (\$105,000), investment loans (\$6,900), car and other personal loans (\$5,300), and credit-card debt (\$2,600).

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

Households in which the reference person was aged 55 to 64 had the highest mean net worth (\$1,051,600; Figure 2.16). 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 more than \$400,000 for households in which the reference person was aged 55 or over, compared with \$225,000 for households with a reference person aged 35–44 and less than \$100,000 when the reference person was younger than 35.

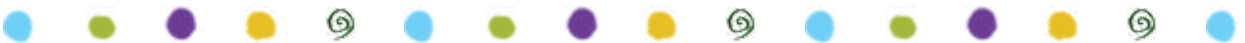
Excluding owner-occupied dwellings, other non-financial assets (predominantly other property) accounted for around one-third of household net wealth. Households with a reference person aged 45–54 had the greatest average value of these non-financial assets.

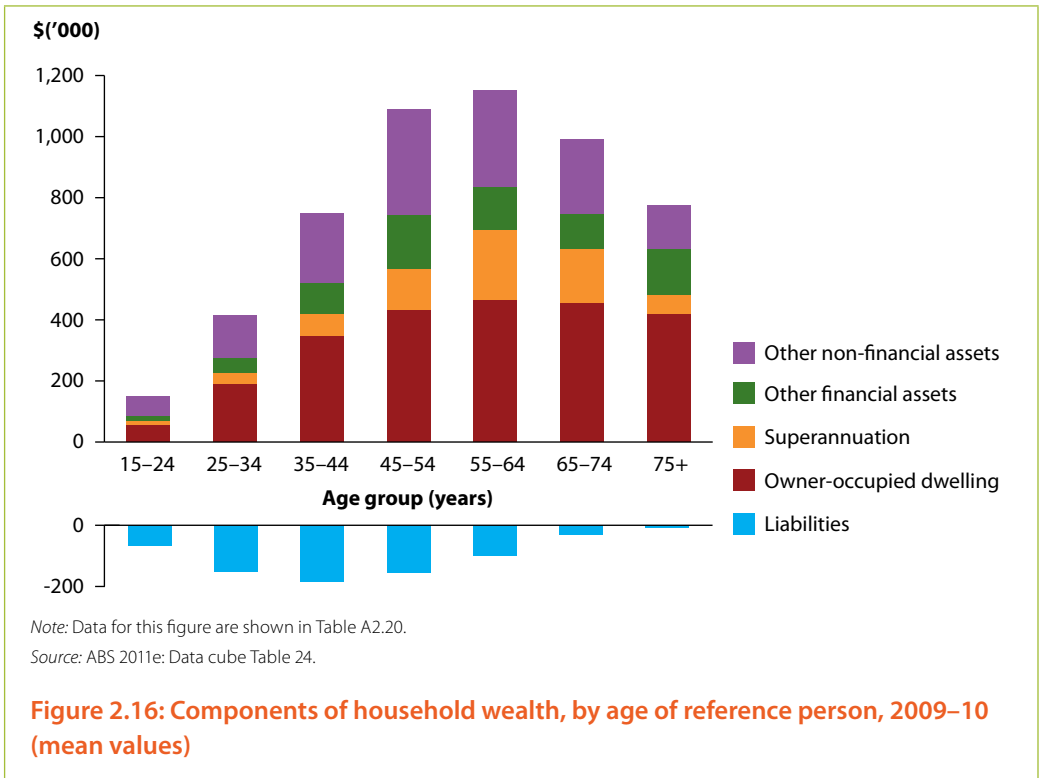
Superannuation balances were highest in households with a reference person aged 55–64—an average of \$230,800. This reflects the longer time people in this age group have had to accumulate superannuation compared with younger people (while less likely to have drawn on superannuation than people beyond the traditional retirement age of 65).

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 or over had an average of around \$63,300 in financial institution accounts and \$60,600 in shares (ABS 2011e). 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.

Note that compared with the mean net worth of households (which, as noted above, was \$719,600), the median net worth of Australian households was considerably lower (\$425,500). This reflects the uneven distribution of wealth between households, as the wealthiest 20% of households owned 52% of total household wealth while the least wealthy 20% held 1% (ABS 2011e).

2





2.5 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 (CSDH 2008). 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 (WHO 2012). 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).

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). At the population level, only 50% of people aged 20–24 whose self-assessed health status was fair or poor had completed Year 12 in 2009, compared with 79% of those who rated their health as excellent (ABS 2011a).

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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 2007).

2.6 Income support

Contribution of government payments to household income

In 2009–10, 1 in 4 households (25%) reported government pensions or allowances as their main source of household income, according to data from the ABS Survey of Income and Housing. Of these:

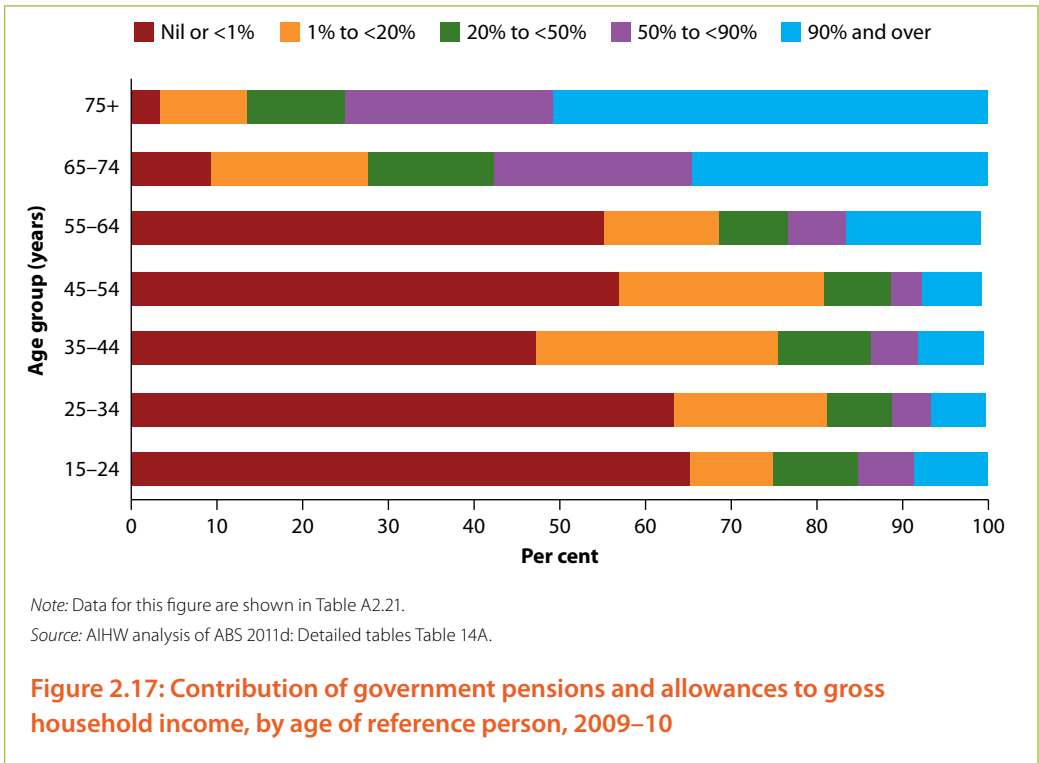
- more than half (56%) received an age pension (including the Age Pension and the Department of Veterans' Affairs (DVA) service pension)
- almost 1 in 3 (31%) received disability or carer payments (that is, Carer Allowance, Carer Payment, Disability Support Pension or DVA Disability Pension)
- 1 in 5 (20%) received family support payments (Baby Bonus, Family Tax Benefits or Parenting Payments)
- 1 in 7 (14%) received unemployment and/or study payments (Newstart Allowance, Youth allowance, Austudy or ABSTUDY)
- 18% received other government payments (ABS 2011d: Table 14A).

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

Dependence on income support is related to age. In 2009–10, government pensions and allowances contributed the majority of income to more than half (57%) of households in which the reference person was aged 65–74, and three-quarters (75%) of households in which they were 75 or over (Figure 2.17). In contrast, most households in which the reference person was aged 15–34 received less than 1% of their income from government pensions and allowances. Meanwhile, government payments comprised a moderate share of income for households in which the reference person was aged 35–44—more than 1 in 3 (39%) received between 1% to less than 50% of their income from government pensions and allowances. These households are also most likely to have dependent children.

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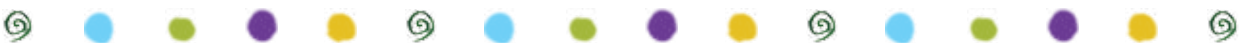
Among one-family households with dependent children only, government payments contributed 1% to 50% of household income for 61% of couples whose eldest child was aged 0–4 and 55% of couples whose eldest child was aged 5–14 (Figure 2.18). One-parent families with dependent children were relatively more likely to receive government pensions or allowances; these comprised the main source of household income for 48% of one-parent families.

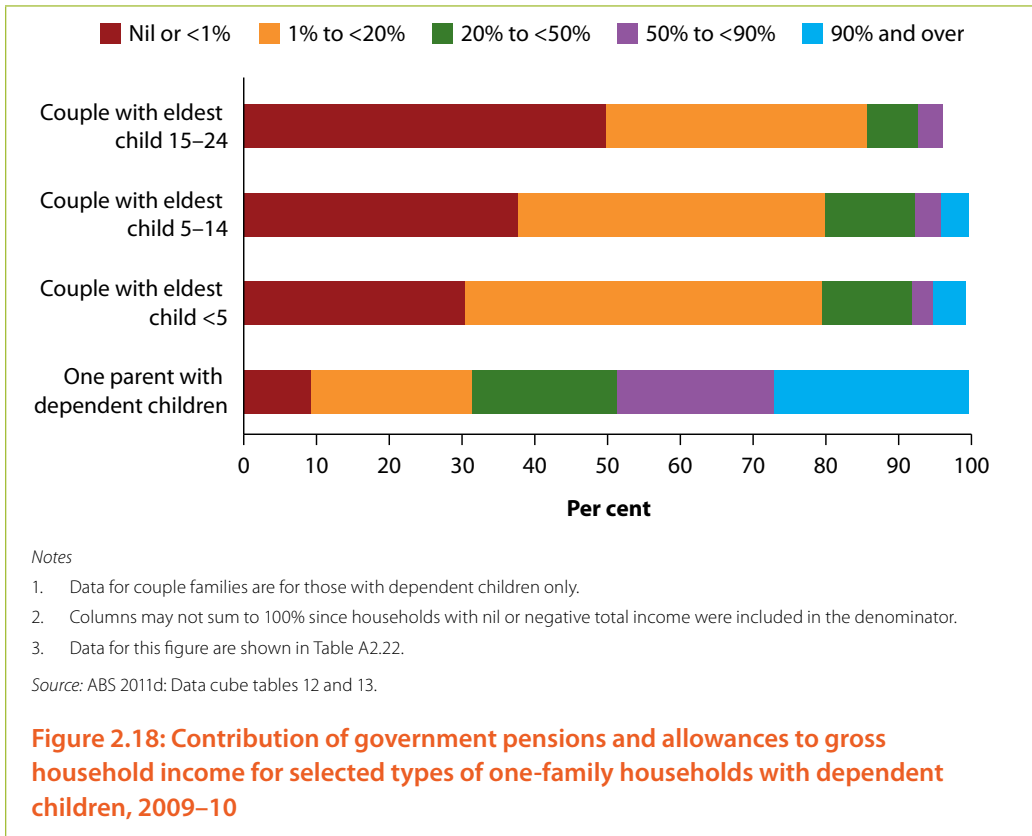
Major income support and other Australian Government payments

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 or illness. 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 2.9 lists some of the major income support payments that have a welfare focus, with details of target groups for each payment 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.

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As eligibility rules and payment rates are subject to change, up-to-date information on these payments should be sourced from the Department of Human Services website: <www.humanservices.gov.au/>.

As shown in Table 2.9, the income support program with the largest number of recipients is the Age Pension (including those receiving the Age Pension through Centrelink and the Department of Veterans' Affairs), with nearly 2.3 million people receiving a full or part-rate pension at June 2012. See Section 6.6 for more information about the Age Pension.

At June 2012, more than 1.6 million families received the Family Tax Benefit Part A, while around 1.4 million families received the Family Tax Benefit Part B. See Chapter 4 for further information about these and other family assistance payments.

About 827,500 people received the Disability Support Pension in June 2012. See Chapter 5 for information about disability-related payments and allowances made by the Australian Government.

At June 2012, almost 550,000 people received the Carer Allowance; see Section 8.5 for more information about this payment and other Australian Government payments for informal carers.

Chapter 10 provides information about expenditure on welfare services. All of the payments listed in Table 2.9 are included in the estimates of welfare expenditure with the exceptions of Youth Allowance, Austudy and ABSTUDY (see Box 10.2).

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Table 2.9: Number of recipients of selected Australian Government payments, June 2012

Type of payment	Number of recipients
Payments related to ageing, illness, disability and caring	
Age Pension ^(a)	2,282,627
Carer Allowance ^(b)	549,638
Carer Payment	205,565
Carer Supplement	557,181
Child Disability Assistance Payment	148,880
Disability Support Pension	827,460
Mobility Allowance	61,343
Partner Allowance ^(c)	13,945
Sickness Allowance	7,150
Special Benefit	5,828
Widow Allowance	28,935
Wife Pension (Age) ^(c)	9,117
Wife Pension (Disability Support Pension) ^(c)	10,200
Payments related to studying or looking for work	
ABSTUDY	35,942
Austudy	41,042
Newstart Allowance	549,773
Youth Allowance (includes student/apprentice and other types of Youth Allowance)	355,274
Payments related to assisting families with children	
Baby Bonus ^(d)	157,581
Child Care Benefit ^(d)	756,000
Child Care Rebate ^(d)	771,700
Family Tax Benefit Part A ^(e)	1,615,570
Family Tax Benefit Part B ^(e)	1,355,572
Maternity Immunisation Allowance ^(d)	470,000
Parenting Payment–Partnered	114,342
Parenting Payment–Single	319,582

(a) Includes people receiving the Age Pension through Centrelink, as well as the 4,412 people receiving the Age Pension through the Department of Veterans' Affairs.

(b) Excludes those who receive a Health Care Card only.

(c) Closed to new claimants.

(d) Data relate to the number of families who received a payment during the financial year (1 July 2011 to 30 June 2012).

(e) The number of families who received fortnightly payments at 29 June 2012.

Sources: DEEWR 2012a, 2012b; DHS 2012, 2013; DVA 2013; FaHCSIA 2012a, 2012b, 2012c.



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Chapter 3

Housing

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3 Housing

At a glance

Housing affordability and size

- Australian house prices grew rapidly over the decade to 2012. The growth was more evident among established houses (6.7% average annual increase) than newly constructed houses (3.9% average annual increase).
- Over this period, house prices outstripped growth in household income. The disparity suggests that house purchase affordability has been in long-term decline.
- More than 1 in 5 (22%) lower income households were considered to be in housing stress in 2009–10—up from 19% in 2003–04.
- The National Housing Supply Council estimated that there was a total shortfall of 228,000 dwellings nationally at June 2011.
- While the average number of people per household decreased between 1986 to 2001, and then stabilised to 2011, the size of dwellings has increased.

Help with costs

- Of the forms of direct assistance to renters in the private market, Commonwealth Rent Assistance was accessed by the most households—1.2 million income units (more than 2.4 million people) received assistance in the week ending 1 June 2012. Private Rent Assistance was provided to 94,500 households in 2011–12.
- Nationally, 103,600 people received a First Home Owners Grant in 2010–11 and 41,200 households received Home Purchase Assistance in 2011–12.

Social housing

- At 30 June 2012, around 411,300 households were provided with social housing. At the same time, around 173,200 applicants were waiting for allocation to either public housing or state-owned and managed Indigenous housing (SOMIH), and 51,000 were waiting to enter or transfer within the mainstream community housing program.
- In 2011–12, two-thirds (68%) of newly allocated public housing and around half (54%) of newly allocated SOMIH were for households with special needs.
- Of households that were newly allocated public housing and SOMIH in 2011–12, 54% were previously homeless and a further 36% were at risk of homelessness.

3



3.1 Introduction

Housing plays a critical role in the health and wellbeing of Australians and provides the security that allows people to participate in the social, economic and community aspects of their lives. Home ownership is a widely held aspiration in Australia, providing security of tenure and long-term economic benefits to home owners, albeit exposing them to some financial risk (ABS 2011d). A range of factors—including Australia’s growing and ageing population, and taxation and other policies—affect the supply and demand for housing. The absence of affordable, secure and appropriate housing can result in a number of negative consequences, including homelessness, poor health, and lower rates of employment and education participation, all of which can lead to social exclusion.

3.2 Overview of the housing market

Over the decade to 2012, Australian house prices grew strongly, despite short periods of small declines. The highest levels of growth were for established houses, with an average annual increase of 6.7%. This is in comparison with newly constructed houses, which rose in value steadily but more slowly, at an annual average of 3.9% (ABS 2012e). Note that construction prices do not reflect the increase in land price, which has been a key driver of price increase until 2011 (Yates 2011a).

The growth in house prices resulted from a number of factors. At the start of the decade, interest rates fell and the number of low-deposit, easily accessible loans grew. This happened against a background of relatively strong and consistent economic and employment growth that continued until 2007–08. Over the same period, housing supply failed to keep pace with population growth, and building activity levels dropped from historically high levels at the beginning of the decade and again in 2008–09 (NHSC 2010). The global financial crisis (GFC) in 2008–09 led to falls in established house prices. While prices quickly recovered to new peaks in 2009–10, prices then remained largely flat through 2010–11. By 2012, prices were again on the increase, and data for December 2012 suggest a quarterly increase in established house prices of 0.3% (ABS 2013b).

Household income has steadily risen across Australia throughout the decade to 2012, increasing at an average annual rate of 4.4% (ABS 2012c). The disparity in house price and income growth (Yates 2011a) suggests that house purchase has become less affordable over time. Nationally, Australian house prices were more than 7 times the average household income in 2011, compared with 4 times at the start of 2002 (NATSEM 2011). House prices as a multiple of local incomes are substantially higher in many local markets, including those of the nation’s largest capital cities. Sustained house price growth in excess of income growth has meant that many moderate-income households are spending a greater proportion of their income on housing than previously (Flood & Baker 2010).

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Interest rates play an important role in the level of activity in the housing market—rates steadily increased from 4.75% in late 2002 to a high of 7.25% in March 2008. In response to a number of factors, including the GFC and falling house prices, the cash rate was cut rapidly, falling to 3.0% by April 2009. From there, it rose to 4.75% in November 2010, and then fell to a new low of 2.75% in May 2013 (RBA 2013).

Rental markets are currently tight across Australia. While price trends are the key measure of the balance between supply and demand, the rental vacancy rate is another indicator of market conditions. The Australian rental vacancy rate has been below the long-term average for the seven years prior to 2012 (Kearns, 2012). This tightening of the Australian rental market was also noted by the Federal Government when setting out policy guidelines for the National Rental Affordability Scheme (FaHCSIA 2011).

While house purchase affordability in Australia has worsened since 2002, a decline in house prices and reduced interest rates have provided some relief for home buyers in 2011 and 2012. Strong house price growth affects households differently, with some home owners and investors enjoying a surge in wealth while potential first home buyers may be locked out of home ownership in a private rental market where rents have risen strongly in recent years.

Factors including Australia's growing and ageing population (see Chapter 1), taxation policy, land release and zoning, and labour costs affect the supply and cost of housing, and consequently its affordability. The rising cost of housing remains a significant concern in Australia, and is reflected in an undersupply of affordable housing, high levels of housing stress and continuing high level of demand for housing assistance.

Focus on need in the future

As noted earlier, Australia's growing and ageing population, as well as ongoing changes in household composition, directly affect the demand for housing. In 2011, there were 7.8 million households living in private dwellings (excluding visitor only and other non-classifiable households)—up from 7.1 million in 2006 (an increase of 10%) and from 5.8 million in 1991 (an increase of 34%) (ABS 1993, 2007, 2012b). This increase in underlying demand for housing currently outstrips housing supply. The housing shortfall continued to increase over the year to June 2011 but was at a slightly slower pace than in the two preceding years (NHSC 2010). The National Housing Supply Council (NHSC) has estimated that the gap between total underlying demand and total supply was a shortfall of 228,000 dwellings at 30 June 2011. In the 5 years to 2016, the NHSC projects growth in the overall gap to increase to 370,000 dwellings, and to 492,000 dwellings by 2021 (NHSC 2010, 2012).

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The housing supply gap has a direct impact on housing affordability for both renters and home purchasers (FaHCSIA 2010). If these trends continue, the need for housing assistance will increase. The increasing shortage of housing will affect households differently by tenure type, with the biggest impact expected to be felt by those on the lowest incomes. NHSC projections indicate that in 2021, relative to 2009, the increased demand for housing will be strongest in the public rental sector for the majority of states and territories, varying from 19% in Hobart to 55% in Perth. Private rental demand projections are lower, varying from a 9% increase in Tasmania (excluding Hobart) to a 34% increase in Perth, while increased demand for owner/purchaser dwellings ranges from 16% in Tasmania (excluding Hobart) to 42% in Perth (NHSC 2011).

3.3 Housing assistance policy

Housing assistance aims to relieve the pressures of housing costs and provide safe and secure housing for many low-income Australian households, particularly those which are disadvantaged or vulnerable. Housing assistance is provided through a number of programs and is a part of the Australian Government's social and economic policies and social inclusion agenda. Assistance is provided to those renting or purchasing their own home who are having difficulties meeting their housing costs, and to those who are homeless or in crisis.

National Affordable Housing Agreement

Housing assistance in Australia is currently delivered under the National Affordable Housing Agreement (NAHA). The NAHA started on 1 January 2009 and is a considerable shift in housing policy from its predecessor, the Commonwealth State Housing Agreement.

The overarching objective of the NAHA is to ensure that all Australians have access to affordable, safe and sustainable housing that contributes to social and economic participation. It is a framework for improving outcomes for all Australians: for renters and home buyers; for those receiving and those not receiving housing assistance; and for those who have access to housing and those who are experiencing, or are at risk of, homelessness (COAG Reform Council 2012a).

Under the agreement, the Australian Government, together with state and territory governments, committed to achieving six outcomes and identified indicators by which the community could assess their performance toward these outcomes (see COAG 2009a for further details). Each year, the COAG Reform Council assesses and publicly reports on the governments' performance.

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National Partnership Agreements

Five National Partnership Agreements were established to support the NAHA:

- the National Partnership Agreement on Homelessness (\$1.1 billion over 4 years) (see Chapter 7 for further details)
- the National Partnership Agreement on Social Housing (\$400 million for the construction of new social housing over 2 years from 2008–09 to 2009–10) (Treasury 2011b)
- the National Partnership Agreement on Remote Indigenous Housing (\$1.9 billion over 10 years) (COAG 2009c)
- the National Partnership Agreement on Nation Building and Jobs Plan (\$6 billion for construction of new social housing from 2008–09 to 2011–12 and \$400 million for repairs and maintenance of public housing until 2008–09 under the Social Housing Initiative) (Treasury 2011a)
- the National Partnership Agreement on Extending the First Home Owners Boost (an additional \$7,000 to first home buyers until the end of 2009) (COAG 2009d).

These agreements have provided added support to existing programs (Commonwealth Rent Assistance, National Rental Affordability Scheme, the Housing Affordability Fund and the First Home Owners Grant) that are not part of the NAHA, yet contribute to the objectives of the NAHA. The NAHA has ongoing funding, provided by the Australian Government and state and territory governments, and was updated in December 2012 to incorporate provisional performance benchmarks. It is expected that the terms of the next NAHA will be negotiated in the second half of 2013, with one of the priorities to bring together these policies and programs as part of a cohesive national housing strategy.

3.4 Housing tenure

Of the 7.8 million households living in private dwellings in Australia in 2011, the majority owned their own home with or without a mortgage (5.2 million, or 67%) and a further 2.3 million were renting either private (25%) or social housing dwellings (5%). (As explained further in Section 3.8, social housing is housing provided by the government and community sectors.) The remaining 3% either had an 'other' tenure type or the information was not specified (AIHW analysis of ABS 2011 Census). The tenure of households varies depending on their composition, income and the life stage of the members.

Owner-occupied housing has long been the most common form of tenure in Australia. According to the ABS Survey of Income and Housing (see Box 3.1), between 1994–95 and 2009–10, the proportion of households that were owner-occupiers fell slightly from 71% to 69% (Figure 3.1). However, there was a considerable shift within this group. Until 2003–04, more households owned their homes outright than had a mortgage. From 1994–95 to 2009–10, the share of households that were paying off a mortgage rose from 30% to 36%, while those who owned their house outright fell from 42% to 33%. A higher proportion of households rented privately in 2009–10 than in 1994–95 (24% and 18% respectively), while relatively fewer were renting from a state or territory housing authority (5.5% and 3.9% respectively).

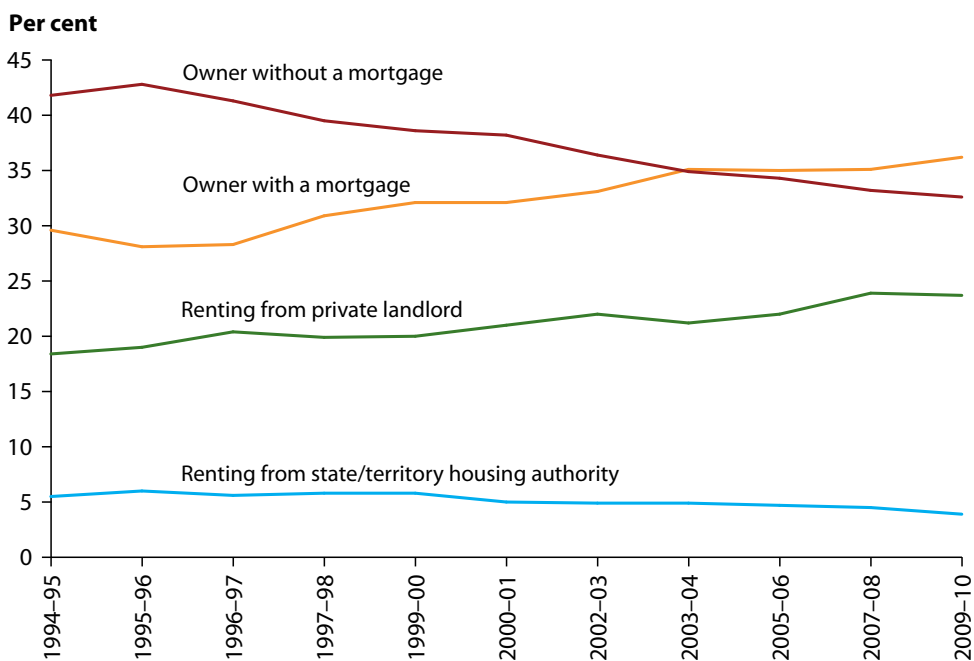
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Box 3.1: Survey of Income and Housing

The ABS Survey of Income and Housing (SIH) is a household survey that collects information on sources of income, amounts received, housing characteristics, household characteristics and personal characteristics. Information on current income (which is generally based on their most recent payment) as well as annual income is collected. The SIH is conducted about every 2 years; the most recent available data are for 2009–10 (ABS 2011e). Data from the 2011–12 SIH, which were not available at the time of writing, are being released by the ABS from July 2013 onwards.

It is often of interest to compare households based on the characteristics of their members, such as age or employment status. The SIH facilitates this by identifying a ‘reference person’ for each 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 and over (see Glossary).



Notes

1. Not shown are households with tenure type of ‘Renting from other landlord type’ (accounts for 1% to 2% of households) and ‘Other tenure type’ (accounts for 2% to 3% of all households).
2. Data for this figure are shown in Table A3.1.

Source: ABS 2011e: Data cube Table 3.

Figure 3.1: Selected tenure and landlord types, 1994–95 to 2009–10 (per cent of households)



Variations in tenure by household composition

A range of market factors affect trends in housing tenure, including accommodation cost and supply, demographic change, and economic conditions and expectations. Similarly, at the household level, tenure choice is subject to a range of individual factors, such as stage of life, personal preferences and lifestyle choices, as well as affordability.

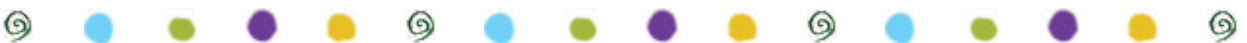
The influence of household structure is evident in patterns of tenure, which vary between types of family and non-family households (Figure 3.2). In 2009–10, the majority of couples with dependent children were paying off a home mortgage (62%)—a slightly higher proportion than in 2000–01 (58%), while the proportion owning their home outright decreased from 21% in 2000–01 to 15% in 2009–10 (see Box 1.4 for definition of dependent children and related terms).

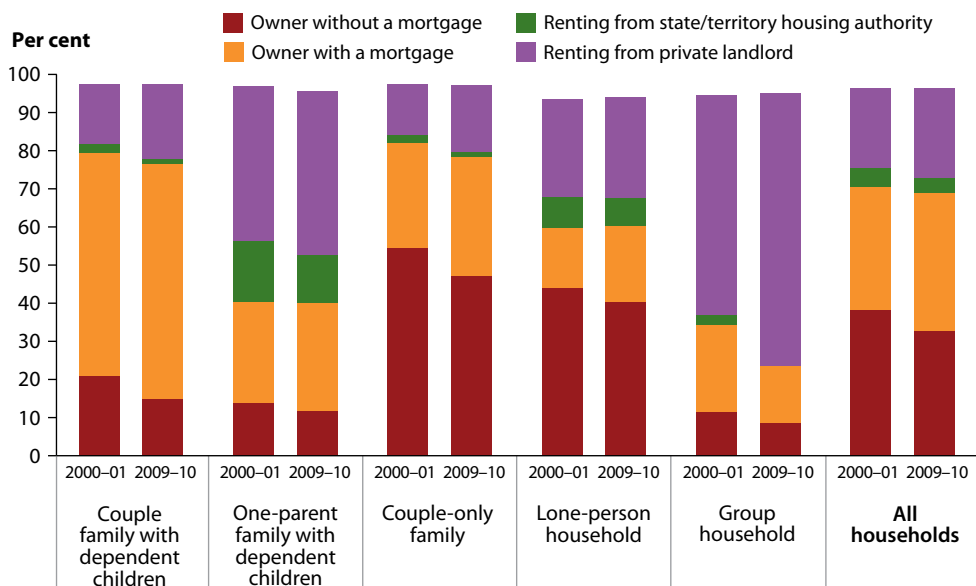
This is part of an important wider trend of overall home ownership rates (including those with and without mortgages) falling substantially for some adult cohorts. For example, as shown in Table 3.1, the proportion of households that owned their home where the reference person was aged 25–34 fell from 61% in 1981 to 51% in 2006, with a further reduction to 47% in 2011. The relative stability of the population-wide home-ownership rate to date masks key changes in the age of home purchase that appear to be more sensitive to the longer term reduction in house purchase affordability.

Households with no dependent children living in the household (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 in 2009–10 (Figure 3.2). However, both of these proportions were down from 2000–01 (54% and 44% respectively). The proportion of lone-parent households in social housing was 3 times that of all households, with 13% renting from a state or territory housing authority in 2009–10 (down from 16% in 2000–01). The proportion of households renting from private landlords increased across all housing types, most notably for group households (up 13 percentage points from 2000–01).

Patterns of tenancy among households with no dependent children were strongly related to age. In 2009–10, 4% of lone-person and 2% of couple-only households with the reference person aged under 35 owned their home outright, compared with 72% of lone-person and 84% of couple-only households with the reference person aged 65 or over. Younger persons in couple relationships were more likely to move into home ownership than younger single people, with 49% of younger couple households owning their home with or without a mortgage, compared with only 35% of younger singles. Likewise, younger couples with dependent children are more likely than younger couple-only households to own their home (ABS 2011d).

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Notes

1. Household composition categories 'Multiple-family households' and 'Other one-family households' are not shown; together, they account for about 13% of all households for both reference years.
2. 'Other tenure type' and 'Renting from other landlord type' are not shown; together, they account for about 4% of all household tenures.
3. Data for this figure are shown in Table A3.2.

Sources: ABS 2003: Data cube Table 7; ABS 2004: Data cube Table 7; ABS 2011a: Data cube Table 12; ABS 2011d: Data cube Table 7.

Figure 3.2: Tenure and landlord type, by selected household types, 2000-01 and 2009-10 (per cent of households)

Table 3.1: Home ownership^(a), in Australia, by age of reference person^(b), 1981 to 2011 (selected years) (per cent)

Age group (years)	1981	1986	1991	1996	2001	2006	2011
15-24	25	26	24	22	24	24	25
25-34	61	58	56	52	51	51	47
35-44	75	74	74	70	69	69	64
45-54	79	79	81	79	78	78	73
55-64	81	82	84	83	82	82	79
65 and over	78	80	84	82	82	82	79
All households	70	70	72	69	70	70	67

(a) Refers to home ownership with or without a mortgage.

(b) For a definition of 'reference person', see Glossary.

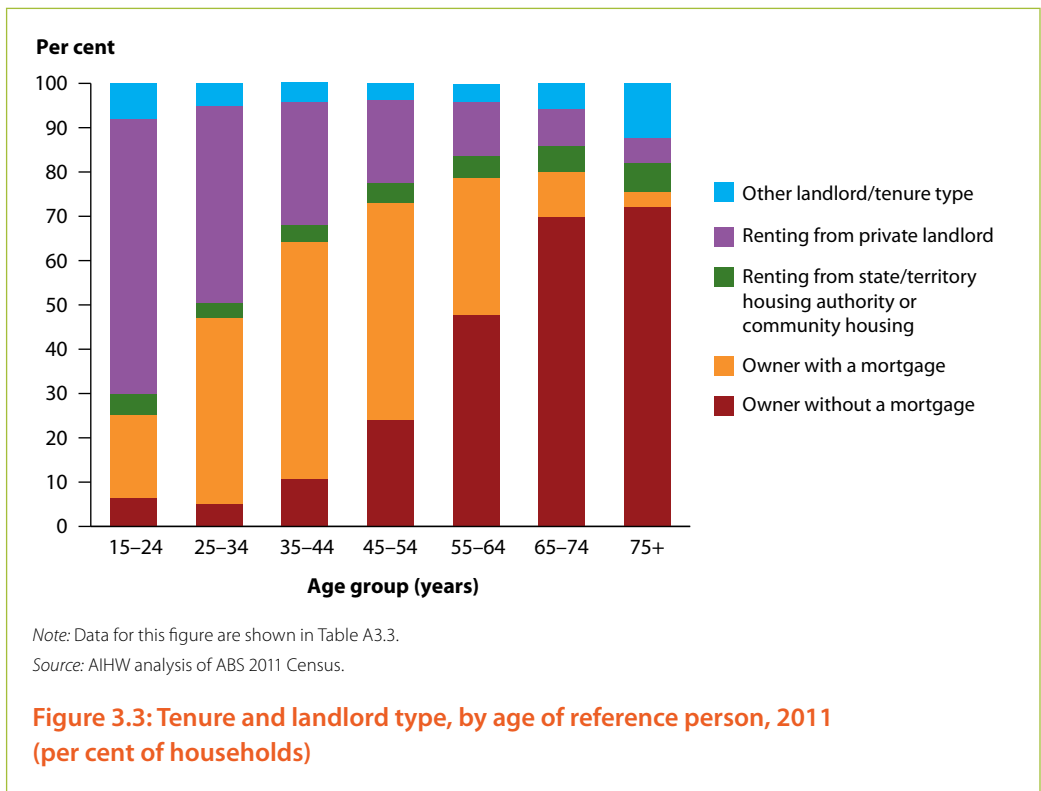
Sources: Yates 2011b (for 1981 to 2006 data); data for 2011 provided by Yates (based on the ABS 2011 Census).



Tenure across the life cycle

Housing tenure has strong links with the stages of a person's life. A pattern of renting in early adulthood is generally followed by moving to home purchase and a mortgage as income rises, and partnerships and families are formed, then to owning the home outright in middle or late adulthood. Figure 3.3 shows the change in patterns of housing tenure according to the age of the reference person:

- private rental was most common among households with a reference person aged 15 to 24 (62% of these households) and aged 25 to 34 (44%)
- ownership with a mortgage was most common for households with a reference person aged 35 to 44 (53%)
- outright home ownership was the most common type of tenure for households with a reference person aged 55 or over (from 48% to 72%, depending on the age group)
- between 3% (for households with a reference person aged 25–34) and 7% (for households with a reference person aged 75 or over) of households were renting from a state or territory housing authority or community housing.



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Home ownership contributes a large part of the wealth of many households. Higher rates of home ownership among older age groups generally reflect wealth accumulation over the life cycle, although the growing practice of housing equity withdrawal means this is no longer as straightforward. Housing equity withdrawal is when a person uses the wealth accumulated through house ownership to help pay for household expenses. Wealth accumulated through housing equity acquired during a person's working life can be used to support household expenses, as income typically falls after retirement. See Section 2.4 for further information on differences in household income by household composition and age.

Younger couples, generally those aged 35 and under, and lone-person households of all ages were more likely than older households to be paying off a home mortgage, or renting from a private landlord. However older people, defined as those aged 65 and over, had slightly higher usage of state or territory provided housing (AIHW analysis of ABS 2011 Census).

Older people are generally more likely than younger people to have relatively low housing costs. However, older people also tend to have lower incomes, so housing affordability can be a significant concern for people of retirement age with relatively high-cost housing, such as those renting in the private market. People unable to attain home ownership during their working life are at risk of being pushed into severe financial stress by private rents that tend to be high in relation to retirement incomes, or forced to depend on social housing (see Section 3.6). This group includes older people who are lower income workers and those who have been outside the labour force for an extended period over their working life, such as people with disability and informal carers.

Tenure of Indigenous Australians

In contrast to the general population, rental accommodation remains the dominant form of tenure for Aboriginal and Torres Strait Islander people. Data from the 2011 Census indicate that 59% of Indigenous households were renters, and almost half of these (26% of all Indigenous households) rented from a state or territory housing authority or community housing (ABS 2012f). Around 1 in 3 (36%) Indigenous households were owner-occupiers in 2011—25% with a mortgage and 11% without a mortgage. (Note that an Indigenous household is one in which at least one person identifies as being Indigenous).

Among households with a reference person aged 65 or over, 41% of Indigenous households owned their home outright compared with 71% of other households. The proportion of Indigenous households who rented from a state or territory housing authority or community housing varied according to the age of the reference person, ranging from a low of 23% of those aged 15 to 24 to a high of 30% of those aged 65–74 (Table A3.4).

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3.5 Housing occupancy

While the number of households in Australia has continued to rise over time, this is not the case for household size. Census data indicate that household size decreased from the mid-1980s to 2001, with the average number of people per household falling from 2.8 in 1986 to 2.6 in 2001. However, the 2006 and 2011 Censuses show that household size has stabilised at 2.6 (a trend that has also been seen elsewhere such as in the United Kingdom). A contributory factor may be that young people are not as readily leaving the family home due to declining housing affordability (see Section 4.6).

Despite household size decreasing between 1986 to 2001, and then stabilising to 2011, the size of dwellings has increased over time, with the proportion of homes with four or more bedrooms doubling from 15% in 1986 to 30% in 2011 (AIHW analysis of ABS 2011 Census).

Indigenous households tend to be larger than other households. However, the size of Indigenous households has decreased at a greater rate than other households—from an average of 4.5 people per household in 1986 to 3.3 people per household in 2011 (AIHW analysis of ABS 2011 Census).

The dwelling size requirements of a household can be measured according to the Canadian National Occupancy Standard (CNOS; see Box 3.2). While most Australian households have sufficient bedrooms for their residents, a small proportion are considered to be overcrowded. In 2009–10, 3% of Australian households were assessed as needing one or more additional bedrooms to meet this occupancy standard (ABS 2011d). Households containing multiple families (25%) or one-parent family households with dependent children (12%) were the most likely family types to be assessed as overcrowded (ABS 2011d).

Box 3.2: Canadian National Occupancy Standard

The CNOS is a standard used to assess overcrowding in households. It measures the bedroom requirements of a household based on the number, sex, age and relationships of household members. For a household not to be considered as overcrowded, it specifies that:

- no more than 2 people share a bedroom
- parents or couples may share a bedroom
- children under 5, either of the same sex or opposite sex, may share a bedroom
- children under 18 of the same sex may share a bedroom
- a child aged 5 to 17 should not share a bedroom with a child under 5 of the opposite sex
- single adults aged 18 and over and any unpaired children require a separate bedroom.

Source: ABS 2011c.

Indigenous households have comparatively high rates of overcrowding—in the 2011 Census, 11.8% were reported as overcrowded (that is, requiring one or more extra bedrooms) (data provided by the ABS). This compares with 13.7% in the 2006 Census (AIHW 2011a).

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3.6 Target groups for housing assistance services

Housing assistance remains important for many Australians who experience difficulty securing or sustaining affordable and appropriate housing in the private market. This assistance becomes increasingly important as factors such as population growth, changing demographics, dwelling supply constraints and affordability issues limit the capacity of lower income households to meet their housing needs in the private market. Assistance is also available to those experiencing homelessness and is aimed at meeting emergency, transitional and longer-term housing needs.

Social housing allocation policies generally give preference based on assessed need. Households in greatest need are defined as those that, at time of allocation, were homeless, in housing inappropriate to their needs, in housing that is adversely affecting their health or placing their life and safety at risk, or that has very high rental costs (AIHW 2012). While the number of new social housing allocations has decreased in recent years, the proportion of allocations to households in greatest need has risen. For further information, see Section 3.8.

The Australian Government and state and territory governments have adopted policy and funding mechanisms to assist selected households purchasing or renting their home.

First home buyers and low-income home buyers

Enabling home purchase, particularly for younger working age groups, may help to limit the need for future housing assistance. Housing costs are a major component of expenditure for most households and, as noted earlier, equity accumulated through home ownership is an important source of wealth, especially for those who are retired.

National house prices increased by 147% between 2001 and 2011—up from a median price of \$169,000 to a median of \$417,500—while annual median disposable incomes for households increased by 57% over the same period—from \$36,000 in 2001 to \$57,000 in 2011 (NATSEM 2011). Although influenced by prevailing interest rates and the length of the loan period, rising house prices feed through into the cost of meeting home mortgage payments—a particular issue for low-income households. In 2009–10, low-income mortgagees were 1.6 times as likely as all mortgagees (37% compared with 23%) to be classified as in housing stress (Box 3.3; Figure 3.4).

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Box 3.3: Key concepts relating to housing costs and affordability

Low-income households

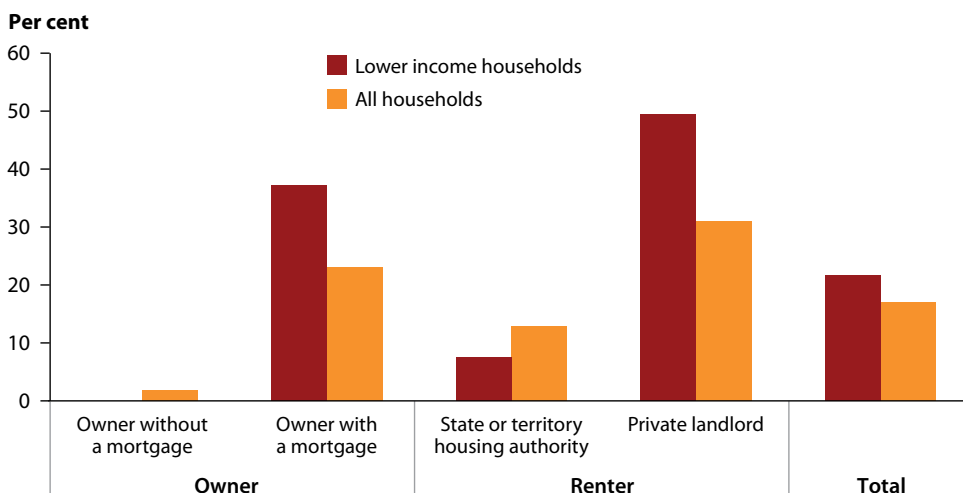
Some analyses presented in this chapter refer to 'low-income households'. In this chapter, when using AIHW data holdings, low-income households are defined as those whose equivalised gross household income is in the bottom 40% of the income distribution. This measure is not necessarily indicative of eligibility for government assistance targeted at low-income households, and some types of assistance may also be provided to households that do not meet this definition.

This definition differs from the ABS definition as used in their *Housing occupancy and costs, 2009-10* report (ABS 2011d). That definition refers to lower income households as those in which equivalised disposable household income falls between the bottom 10% and 40% of the income distribution. When data from the ABS about lower income households are referred to in this report, this second definition applies (unless otherwise indicated).

Housing stress

A household spending more than 30% of its gross household income on housing costs is said to be in housing stress.

Sources: AIHW 2012; ABS 2011d; SCRGSP 2013.



Notes

1. The estimate for lower income households with a tenure type of 'owner without a mortgage' is not shown. It has a relative standard error greater than 50% and is considered too unreliable for general use.
2. Data for this figure are shown in Table A3.5.

Source: ABS 2011d: Table 5.

Figure 3.4: Households spending more than 30% of their gross income on housing costs, by tenure and landlord type, 2009-10 (per cent of households)



The mean value of dwellings purchased by first home buyers with a mortgage more than doubled between 1995–96 and 2009–10 (from \$186,000 to \$401,000 taking inflation into account). This increase in value exceeds that of dwellings for changeover buyers (that is, existing home owners trading up or down), which still rose by a substantial 90% over the same period (compared with 116% for first home buyers) (ABS 2011d).

The rise in purchased dwelling values has come with a rise in the size of mortgages secured. Between 1993 and 2011, in real terms, the average size of loans for first home buyers with a mortgage increased by 127%, mainly reflecting the rise in dwelling values over the same period (ABS 2011d).

In addition to higher average mortgage values, higher dwelling values for first home buyers also increase entry costs since 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 home buyers generally have to bear the additional cost of mortgage insurance. A measure of declining home purchase affordability is the increased time needed to save a deposit. Nationally, first home buyers needed to save for 4.1 years to raise a 20% deposit to buy a house in June 2011; in June 2006, it was 3.8 years (Bankwest 2011).

According to the Australian Housing and Urban Research Institute (2007), higher value dwellings, larger mortgages and difficulties in obtaining the necessary deposit, in addition to various market factors, can result in:

- first home buyers being discouraged from (or delaying) home ownership, which can be seen in reduced home ownership rates among younger households since the 1970s
- home ownership becoming unattainable for many single-income households (this is further magnified by people partnering later in life)
- larger loans being required with higher mortgage repayment-to-income ratios.

Box 3.4 further explores the characteristics of first home buyers and recent trends.

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Box 3.4: First home buyer trends

More than 1 million households had purchased a home within the previous 3 years in 2009–10, and 40% of these were first home buyers (ABS 2011d). In the ABS Survey of Income and Housing, a first home buyer is defined as a household in which the reference person (or their co-resident partner) bought the dwelling in which they live in the 3 years before being interviewed, and neither that reference person nor their co-resident partner had owned or been purchasing a home previously.

In 2009–10, there were 429,000 first home buyer households, of which 93% (399,500) had a mortgage. First home buyers with a mortgage accounted for 7% of all owner–occupiers with a mortgage, compared with 18% in 1995–96.

First home buyers with a mortgage

In 1995–96, the ABS SIH found that the average age of the reference person for all first home buyers was 32. This peaked at 33 in 2002–03 and 2003–04, then returned to 32 in 2004–05 where it remained to 2009–10. The average age of the reference person for lower income first home buyers with a mortgage remained slightly higher at 34 (ABS 2011d).

First home buyers were disproportionately represented among higher income households: almost two-thirds (61%) had an equivalised disposable household income in the top 40% of the income distribution of the population in 2009–10. The proportion of first home buyers who were in the bottom three equivalised disposable income quintiles in 2009–10 has returned to 1995–96 levels at 39%, despite significant fluctuations occurring between these two points in time. On average, housing costs for first home buyers accounted for 26% of gross household income in 2009–10.

Notable first home buyer trends in recent years include an increased tendency to purchase medium- and high-density housing (including semi-detached houses, terrace houses, townhouses, flats, units and apartments)—26% of dwellings in 2009–10 compared with 15% in 1995–96. However, first home buyers were more likely to purchase new homes in 2009–10 than they were in 2007–08. Over this period, the proportion buying new homes, as opposed to established homes, rose from 9% to 18%. The shift towards new dwellings may reflect the availability of housing stock as well as the availability of the First Home Owners Boost during this period as an additional incentive to buy new dwellings.

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Low-income renters in housing stress

Almost one-third (30%) of Australian households in 2011 were renting privately, an increase from 26% in 1981 (AIHW analysis of the ABS 1981 and 2011 Censuses). In terms of the number of dwellings, Australia's private rental sector grew by 14% between 2006 and 2011, bringing the total number of private rental dwellings to 2.3 million.

The private rental market is affected by affordability conditions in the home purchase market, investor landlord activity, government policies and the prevailing economic conditions. In many areas the demand for moderately priced rental housing is greater than supply. The need for housing assistance services in the private rental sector is largely driven by affordability pressures, particularly for lower income households. In 2009–10, almost half (49%) of lower income households in the private rental market were in housing stress (ABS 2011d).



However, it is not only lower income households in the private rental market who are experiencing housing stress. Across all tenure types, 22% of lower income households were considered to be in housing stress in 2009–10. This compares with 19% in 2003–04 (see Indicator 9 in Chapter 11 for further details).

Older Australians

The Australian population is ageing and growth in the number of people aged 65 and over is expected to continue to accelerate over the next 20 years (see Chapter 1). This change places demands on housing provision, because the housing needs of many older Australians differ from those of the rest of the population (AIHW 2013).

Older Australians have high rates of home ownership: in 2011, 70% of households in which the reference person was aged 65–74 and 72% of those with the reference person aged 75 or over owned their own home outright (Figure 3.3). Home ownership constitutes a crucial financial resource for many older people, as well as providing a sense of security and continuity of lifestyle. This can reduce other stresses and delay entry into residential aged care, particularly where appropriate home-based services are available (AIHW 2008). However, as mentioned previously, for older Australians who do not own their homes and who are unable to access social housing, housing affordability can be a major concern, given that they may need to meet relatively high private rents from often limited incomes (see Box 3.5). Historically, older people are prioritised by social housing allocation systems and 40% of renters aged 65 and over live in social housing (ABS 2011d). Because social housing supply has not kept up with demand, there has been a tightening of eligibility criteria for public and community housing towards those most in need, leading to many older people not meeting the required threshold for social housing.

For details of assistance provided to older Australians within the residential aged care setting, as well as other specialist aged care services provided to this group, see Chapter 6.

Box 3.5: Older people with high housing costs

Older Australians—especially older couples—tend to have relatively low housing costs as the majority own their home outright or are paying relatively low residual mortgage payments. In 2009–10, people aged 65 and over in lone-person households spent, on average, 10% of gross income on housing costs and those in couple-only households (in which the reference person was aged 65 or over) spent 5%. People aged 65 and over in lone-person households with a mortgage spent 21% of gross income on housing costs compared with 13% for couple-only households (in which the reference person was aged 65 or over).

Five per cent of households in which the reference person was aged 65 or over rented from a state or territory housing authority, in which rental payments are tied to tenants' income.

For older people living in private rental accommodation, housing costs accounted for, on average, 29% of gross income for couples only households and 37% of gross income for lone-person households with the reference person aged 65 or over.

Source: ABS 2011d.

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People with disability

An estimated 4 million Australians (18.5% of the population) had some form of disability in 2009 and, of these, around 1.3 million (5.8% of the population) had severe or profound core activity limitation (see Chapter 5; ABS 2011b). In the context of housing assistance, people with disability are likely to have lower incomes than the general population and therefore tend to have fewer housing options (AHURI 2009). In 2011, 1 in 10 people (10%) who needed help with core activities (that is, self-care, mobility and communication) because of disability or a long-term health problem were living in social housing, compared with almost 4% of the overall population (AIHW analysis of ABS 2011 Census). For further information about housing arrangements of people with disability, see Chapter 5.

Indigenous Australians

A number of factors may limit the housing options available to Indigenous people, including relatively low incomes and the lack of suitable dwellings. In very remote areas, some Indigenous Australians live in poorly maintained, overcrowded housing and may lack essential infrastructure, such as safe drinking water supply or an effective sewerage system (AIHW 2009a).

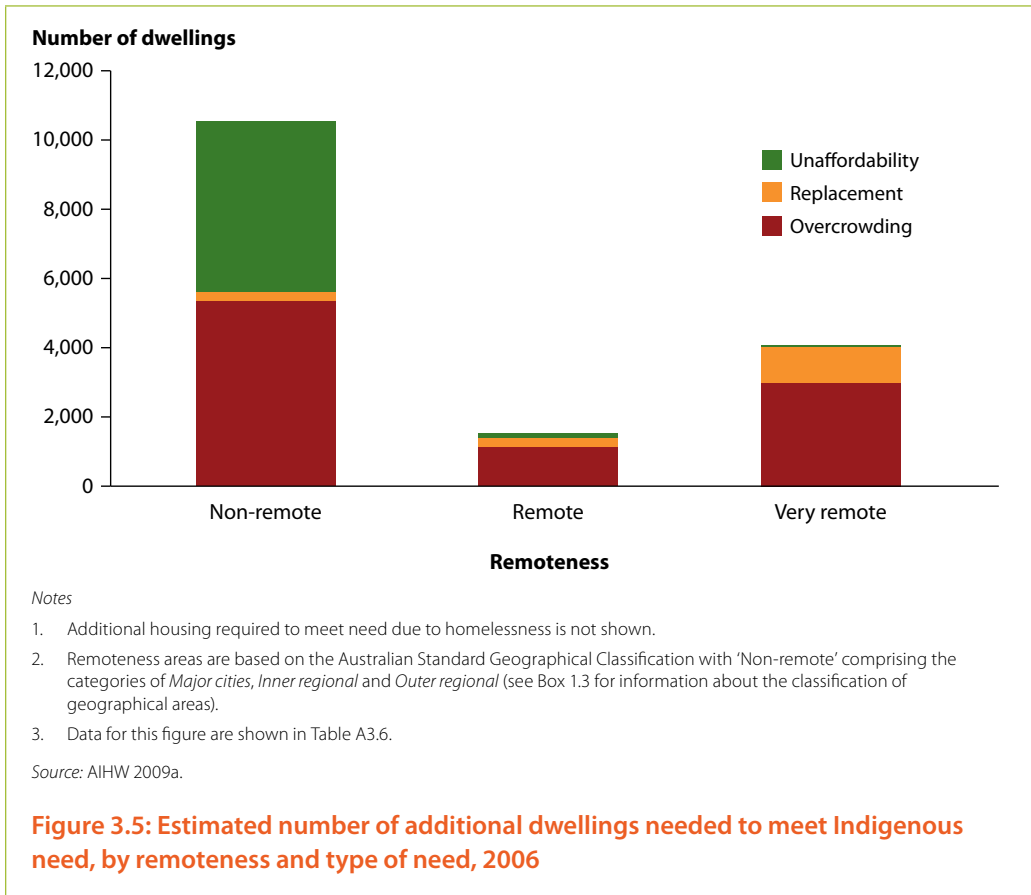
Housing assistance plays an important role in addressing Indigenous housing need, with 26% of Indigenous households living in social housing in 2011—more than 6 times the rate of non-Indigenous Australians (AIHW analysis of ABS 2011 Census).

On Census night in 2011, Indigenous Australians accounted for 28% of all homeless people who provided information on their Indigenous status (see Section 7.3). Of the Indigenous Australians who were classified as homeless, 75% were living in severely crowded dwellings compared with 30% of non-Indigenous homeless people (see Glossary for definitions of homeless people and severely crowded dwelling). In 2011, there were about 20,000 Indigenous people living in about 1,800 severely crowded dwellings (ABS 2012d).

In 2006, more than 16,000 additional dwellings were required to help Indigenous people in need in relation to overcrowding, poor dwelling condition and affordability stress according to modelling undertaken by the AIHW (Figure 3.5). This is expected to increase by a further 4,200 dwellings by 2018 due to population growth and changes in household composition. The majority (58%) of these dwellings are needed to deal with overcrowding and are required in non-remote areas.

3





Homeless people

Homelessness is a complex issue that often results from factors other than just a lack of housing. Chapter 7 focuses on the housing needs of people experiencing homelessness or at risk of homelessness and the services provided to them, including accommodation support. It discusses pathways from specialist homelessness services into social housing and highlights the lack of social housing options as an exit out of homelessness for many people. Additional data are also now emerging from the FaHCSIA-funded Journeys Home longitudinal study that highlighted the cycle of homelessness and marginal housing experienced by many people with complex needs and a lack of resources to achieve sustained housing outcomes (Chigavazira et al. 2013).

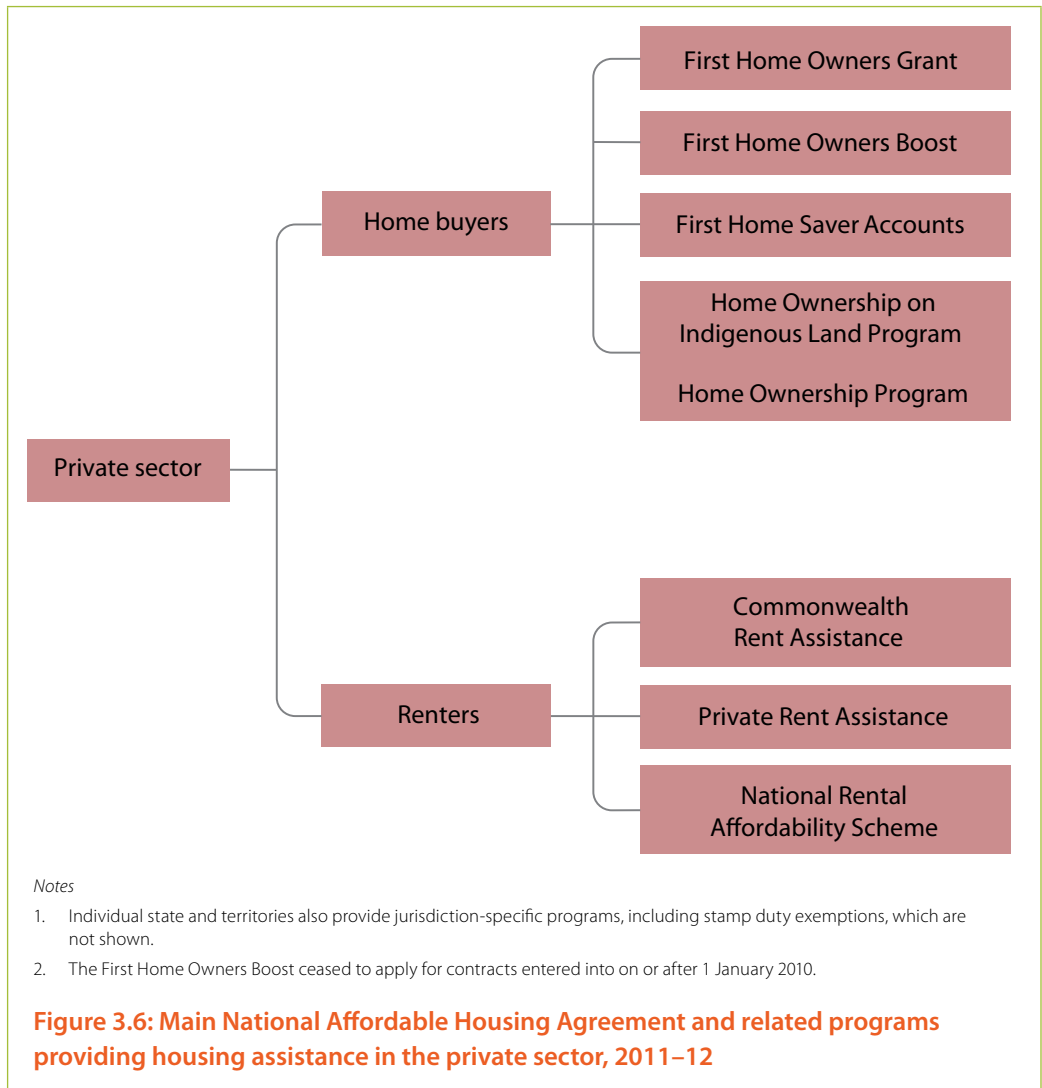
People experiencing homelessness receive priority allocation into social housing relative to other categories of greatest need. In 2011–12, social housing provided a pathway out of homelessness for more than 13,000 households (AIHW analysis of National Housing Assistance Data Repository). According to the 2012 National Social Housing Survey (NSHS), around 1 in 10 (9%) public rental housing households had been homeless at some time in the 5 years to July 2012, as had around 1 in 10 state-owned and managed Indigenous housing (SOMIH) tenants. In comparison, almost 1 in 5 mainstream community housing households had been homeless in the past 5 years (AIHW analysis of 2012 NSHS).

3



3.7 Housing assistance in the private sector

About 95% of Australian households are in the private housing sector in either owner-occupied dwellings or homes rented from private landlords. A range of services, including social housing provision, stamp duty exemptions, first home owners grants and private market financial products are available to help secure affordable, safe and sustainable housing through rental or home purchase. The main private-sector housing assistance programs that the NAHA and its related National Partnership Agreements fund or provide are summarised in Figure 3.6.



3



Assistance to home buyers

Governments provide assistance to people purchasing their home, particularly first and low-income home buyers, through a range of direct and indirect measures. The following four programs represent the main types of direct assistance available in 2011–12.

First Home Owners Grant

The First Home Owners Grant (FHOG) was introduced in 2001 to compensate first home buyers for the imposition of the goods and services tax (GST) on new housing. The states and territories administer this grant. Nationally in 2010–11, 103,600 people received the FHOG, compared with 168,600 people in 2009–10 (COAG Reform Council 2012a). Increased demand in 2009–10 appears to constitute demand brought forward from later years in response to the First Home Owners Boost, which applied to contracts to purchase or build a home entered into between 14 October 2008 and 31 December 2009 (COAG Reform Council 2012a).

First Home Saver Accounts

These accounts assist Australians saving for their first home through low tax savings accounts and Australian Government co-contributions. In 2011–12, the dollar value of government contributions paid was \$15 million (ATO 2012).

Home purchase assistance for Indigenous Australians

Two programs assist low-income Indigenous households to purchase their own homes: the Home Ownership Program and the Home Ownership on Indigenous Land Program. As announced in the 2012–13 Budget, the programs are to be merged into a single Indigenous Home Ownership program and will assist up to an additional 545 Indigenous Australians buy their own home in established housing markets over the next 4 years. By May 2012, the Australian Government supported more than 15,000 Indigenous households move into home ownership (FaHCSIA 2012).

Home Purchase Assistance

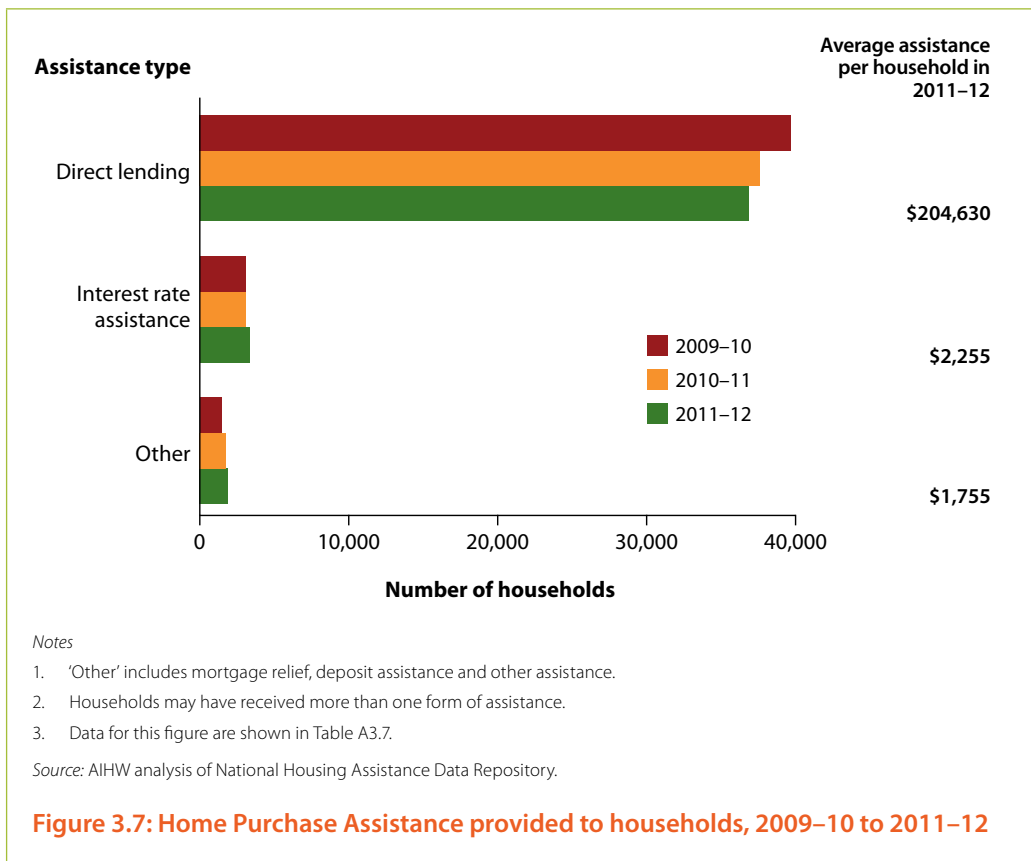
Home Purchase Assistance (HPA) is a state- and territory-administered program that provides financial assistance to eligible households to improve their access to home ownership. It includes direct lending (including government loans, shared equity loans and bridging loans), deposit assistance, interest rate assistance, mortgage relief and other assistance grants.

HPA supported 41,200 households in 2011–12, at a cost of almost \$11 billion (AIHW analysis of National Housing Assistance Data Repository). The most common form of assistance was direct lending, accounting for 89% of all recipients in 2011–12 (Figure 3.7). A further 3,300 households were helped with interest rate assistance and about 1,000 households received other forms of HPA, including deposit assistance and mortgage relief. The average amount of assistance provided per household for 2011–12 was \$205,600 for direct lending, \$2,300 for interest rate assistance, and \$1,800 for other assistance (Figure 3.7). The number of households receiving HPA in the form of direct lending and 'other' types of assistance has fallen since 2009–10, while the number receiving interest rate assistance has increased over the same period.

3



While the majority (63%) of households that received Home Purchase Assistance were in *Major cities* in 2011–12, around 1 in 5 (18%) were in *Outer regional* areas and 1 in 6 (15%) were in *Inner regional* areas. Very few were located in either *Remote* (4%) or *Very remote* (1%) areas (AIHW analysis of National Housing Assistance Data Repository).



3

Assistance in the private rental sector

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 funded by the Australian Government. It provides help to income support recipients and low- and moderate-income families (with children) in the private rental market and community housing.
- **Private Rent Assistance (PRA)** is a program that assists households to meet rent payments, relocation costs and the cost of bonds; advice or information services may also be offered. PRA is provided to low-income households experiencing difficulty in securing or maintaining private rental accommodation directly by states and territories, or by not-for-profit organisations funded by state or territory governments.



Commonwealth Rent Assistance

CRA is the largest program in the housing assistance services sector, with more than 2.4 million people making up the 1.2 million income units that received this payment in the week ending 1 June 2012 (AIHW analysis of Australian Government Housing Data Set). An income unit is a person or group of related people 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. CRA is available to households renting in the private market, mainstream community housing (CH) or Indigenous community housing (ICH) tenants and, in New South Wales, to tenants living in SOMIH (see the discussion of social housing programs in Section 3.8). As a result, there is some overlap between CRA recipients and households supported through other housing programs.

CRA recipients receive assistance on behalf of their income unit. The level of assistance varies (up to a prescribed maximum rate) depending on the financial circumstances of the income unit. There is no separate income or asset test but the amount of rent assistance may be affected by income and asset tests applicable to the primary payment. For the week ending 1 June 2012, the average weekly amount of CRA that income units received was \$52, and 54% of income units were receiving the prescribed maximum rate. At its maximum rate, the gap between CRA and average rents has been increasing and CRA is now far below typical capital city rents, even those at the bottom of the market.

Who receives Commonwealth Rent Assistance?

Around half (53%) of all income units receiving CRA in June 2012 were a lone person with no children (that is, no dependents living with them), and more than one-fifth (22%) were a single adult with dependent children. Compared with the general population in the rental market at 2007–08, one-parent families were over-represented among CRA recipients, while relatively few recipients were couples without children. Of the 1.1 million children and young people that CRA supported, 22% lived in one-parent families (Table 3.2).

Table 3.2 Income unit types receiving Commonwealth Rent Assistance compared with all renter households, 2012 (per cent)

Income unit type	CRA ^(a,b)	All renters ^(c)
Lone person	53.0	53.3
Couple without children	9.1	18.5
Single with children	21.6	11.3
Couple with children	16.4	16.9
Total	100.0	100.0

(a) Data are as at week ending 1 June 2012.

(b) Unlike in previous years, 2012 data no longer exclude units with inconsistencies between payment type and unit structure. Therefore, 2012 data are not comparable with data for previous years.

(c) These data pertain to 2007–08 and are the latest data available to AIHW at the time of writing on 'all renters' by income unit.

Sources: ABS 2011e; AIHW analysis of Australian Government Housing Data Set; unpublished data from the ABS 2007–08 Survey of Income and Housing.

3



In the week ending 1 June 2012, more than one-third (39%) of people living in income units that received CRA were aged under 18, with an additional 7% aged 19–24. Almost 272,000 people (11%) in income units receiving CRA were aged 65 and over. This is lower than the proportion of older Australians in the population (14% in 2012, see Chapter 1), but higher than the proportion of households headed by older people in the private rental market (6% in 2009–10; AIHW analysis of ABS 2011d). These patterns reflect that one-parent families and people aged 65 and over are relatively more likely to live in lower income households.

CRA was a significant source of housing assistance to people with disability, with 1 in 5 (249,000) income units receiving assistance in June 2012 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).

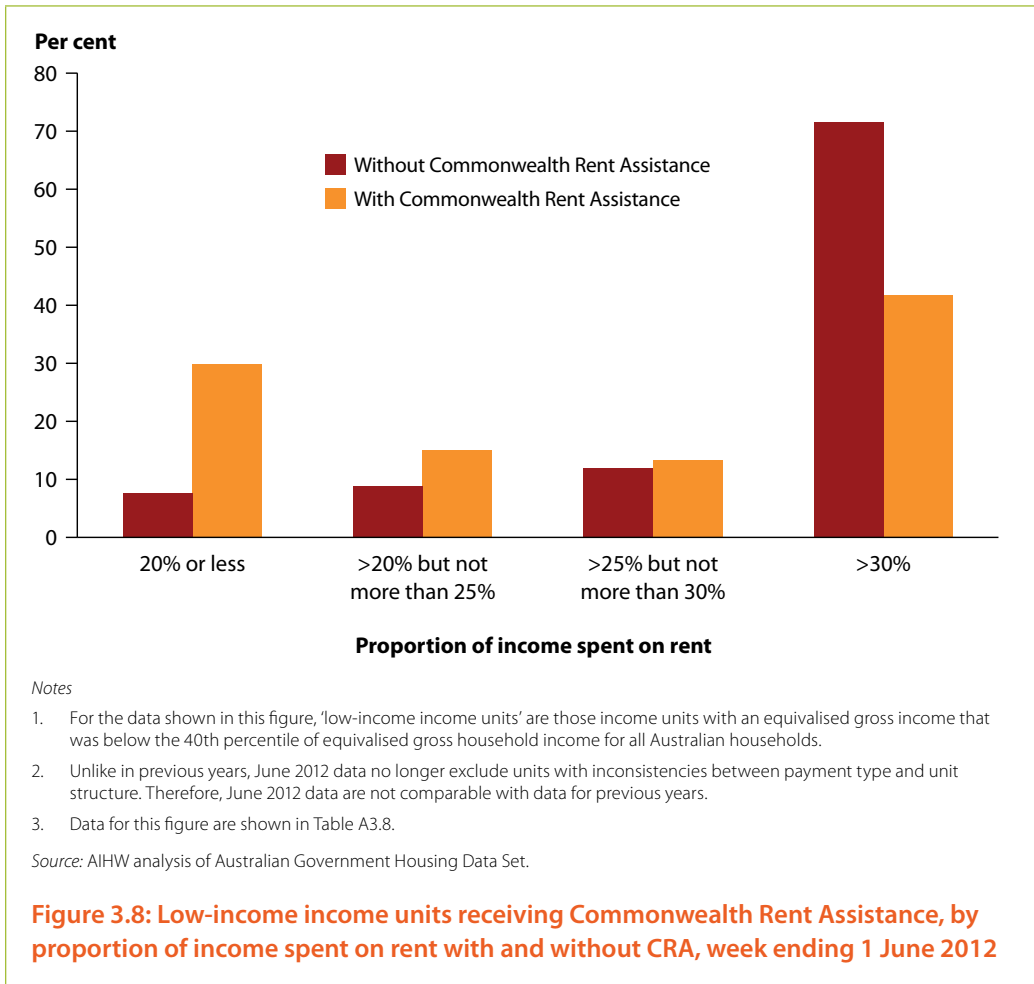
Almost two-thirds (64%) of income units that received CRA in June 2012 lived in *Major cities*, 24% in *Inner regional* areas, 10% in *Outer regional* areas and around 1% in *Remote* or *Very remote* areas (AIHW analysis of Australian Government Housing Data Set). Indigenous income units accounted for 4.2% of all CRA recipients in June 2012 (almost 50,000 income units). Some of these were also being assisted through social housing (see Section 3.8).

Commonwealth Rent Assistance and housing stress

CRA alleviates affordability pressures for renters in the private sector by providing additional income that can contribute to rent payments. Before CRA is taken into account, almost 3 in 4 (71%) low-income income units receiving CRA would have been in housing stress at June 2012 (Box 3.3; Figure 3.8). Low-income income units are defined here as those whose equivalised gross income falls below the 40th percentile of equivalised gross household income for all Australian households. In June 2012, 92% of income units were classified as low income. The impact CRA has on households' housing affordability is substantial, with a 29 percentage point reduction in the number of low-income recipients in housing stress due to CRA. Despite this, a considerable proportion of low-income recipients (42%) remain in housing stress, even after receiving CRA.

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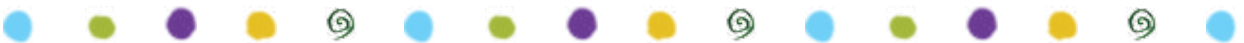


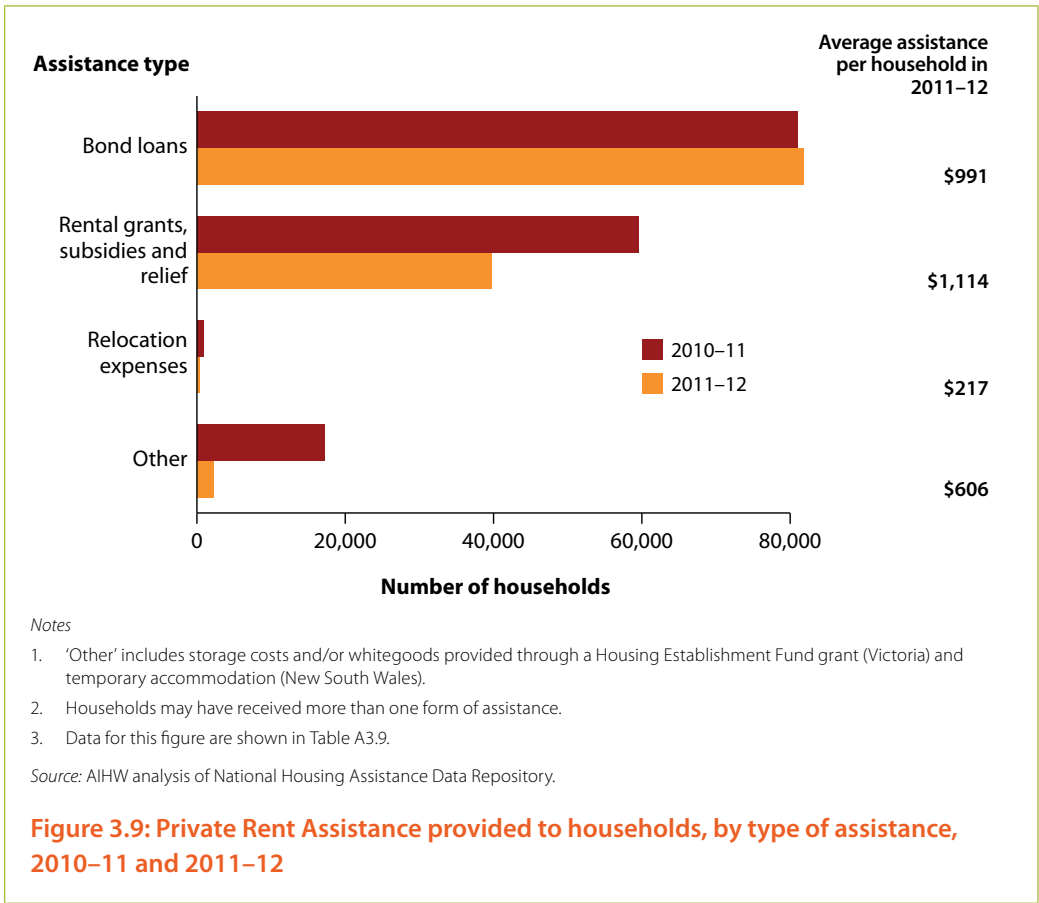
Private Rent Assistance

In 2011–12, PRA assisted around 94,500 households, at a cost to states and territories of more than \$126 million (AIHW analysis of National Housing Assistance Data Repository). The range of assistance and eligibility criteria differs across jurisdictions. During 2011–12, all states and territories provided bond loans; 5 provided rental grants, subsidies and relief (New South Wales, Northern Territory, Queensland, South Australia, and Tasmania); 2 provided relocation expenses assistance (Australian Capital Territory and Tasmania); and 2 provided other types of assistance (South Australia and Tasmania).

Of the 94,500 households assisted nationally in 2011–12:

- almost 9 out of 10 (86%) received bond loan assistance
- around 2 in 5 households (42%) received rental grants, subsidies and relief
- less than 1% received relocation expenses assistance, and 2% received other assistance (Figure 3.9).





Note that many households received more than one type of Private Rent Assistance.

Between 2010-11 and 2011-12, the number of households receiving bond loans increased while the number of households receiving rental grants, subsidies and relief, relocation expenses or 'other' types of assistance decreased. The average amount of assistance provided per household varied according to the type of PRA received (Figure 3.9).

Almost 3 in 5 (59%) instances of PRA in 2011-12 involved households in *Major cities*, with 26% in *Inner regional* areas, 13% in *Outer regional areas* and 2% in *Remote or Very remote* areas (AIHW analysis of National Housing Assistance Data Repository). This pattern differs somewhat to the distribution of households in the population generally with 67% of households in *Major cities*, 20% in *Inner Regional areas*, 10% in *Outer regional areas*, and 3% in *Remote or very remote* areas (AIHW analysis of ABS 2011 Census).

3



3.8 Social housing

Housing provided by state and territory governments and the community sector is collectively referred to as social housing. There were four main social housing programs operating in Australia in 2011–12 (Figure 3.10):

- **Public rental housing** (also referred to as public housing) encompasses publicly owned or leased dwellings that state and territory governments administer; this provides affordable and accessible housing, largely for low-income households in housing need.
- **State-owned and managed Indigenous housing** is administered by state and territory governments but is targeted specifically at low- to moderate-income households with at least one Indigenous member.
- **Mainstream community housing** (referred to as ‘mainstream’ community housing to distinguish it from Indigenous community housing) is provided for low- to moderate-income or special needs households by not-for-profit housing providers. In the main, the housing stock concerned remains in state government ownership, with management outsourced under contract.
- **Indigenous community housing** is owned and/or managed by Indigenous community housing organisations and provides housing to Indigenous Australians. ICH is funded along with mainstream housing services under the NAHA (COAG 2009a) and the National Partnership Agreement on Remote Indigenous Housing (COAG 2009b).

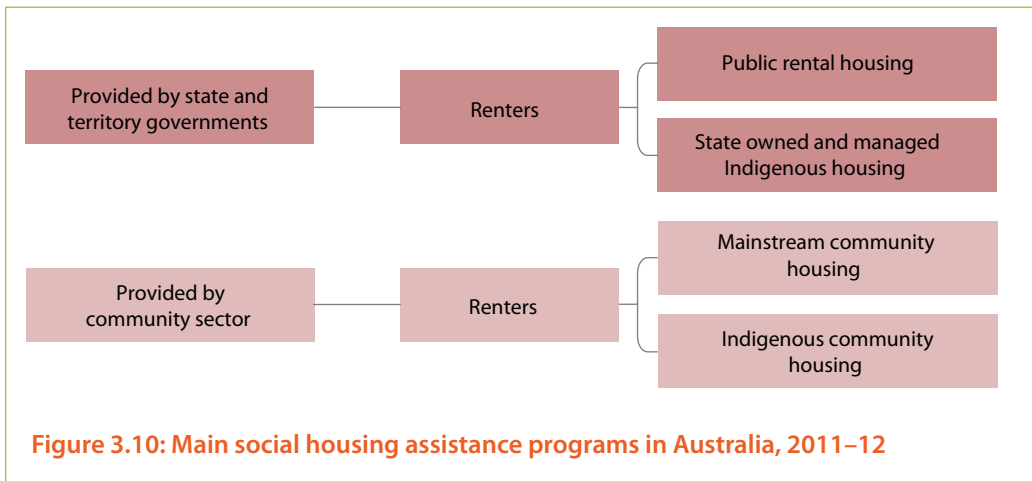


Figure 3.10: Main social housing assistance programs in Australia, 2011–12

Number of social housing dwellings

The number of households that can be assisted through social housing is limited by the stock (that is, the number of dwellings) in each program and by the turnover of occupants. In response to the GFC, the Australian Government introduced an economic stimulus plan that, among other things, initiated the construction of almost 20,000 new social housing dwellings under the Social Housing Initiative (COAG 2009b).

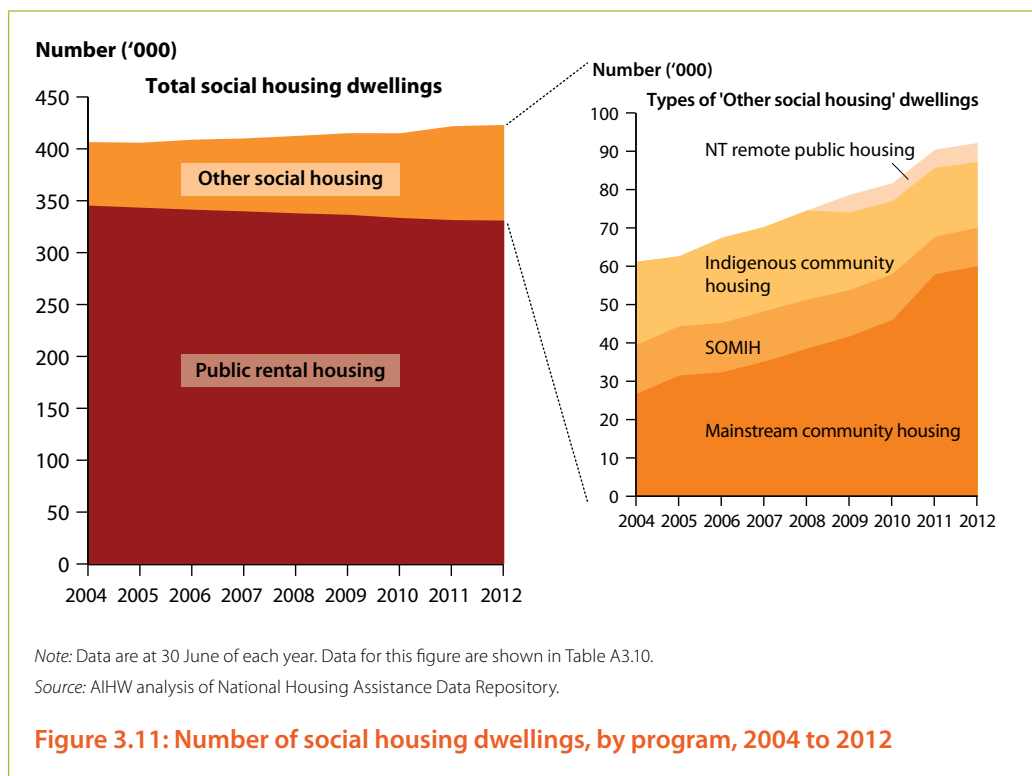
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At 30 June 2012, the total social housing stock in Australia was around 423,000 dwellings, of which 78% (331,000) were public rental housing (Figure 3.11). Mainstream community housing was the second-largest holder of social housing dwellings—almost 60,000, or 14%, of the total stock. Indigenous-specific programs accounted for the remainder of social housing dwellings (8%).

Between 30 June 2006 and 30 June 2012, the overall social housing stock increased from 408,800 to 423,000 dwellings. While the Social Housing Initiative contributed to maintaining the level of stock, during this period there was a small decline in the stock relative to the total number of dwellings in Australia—from 4.7% of all dwellings in 2006 to 4.5% in 2011 (AIHW analysis of ABS 2006 and 2011 Censuses). A decrease in the number of public rental dwellings was offset by an increase in mainstream CH (Figure 3.11). The increasing contribution of the community sector reflects housing policy at both the Australian Government and state and territory government levels.

The mainstream not-for-profit housing sector has grown rapidly over the 5 years to 2011–12, increasing by more than half between 2007–08 and 2011–12 (AIHW analysis of National Housing Assistance Data Repository). This trend looks set to continue, with housing ministers committing to an aspirational target under which community housing will account for up to 35% of all social housing by 2014 (FaHCSIA 2010).



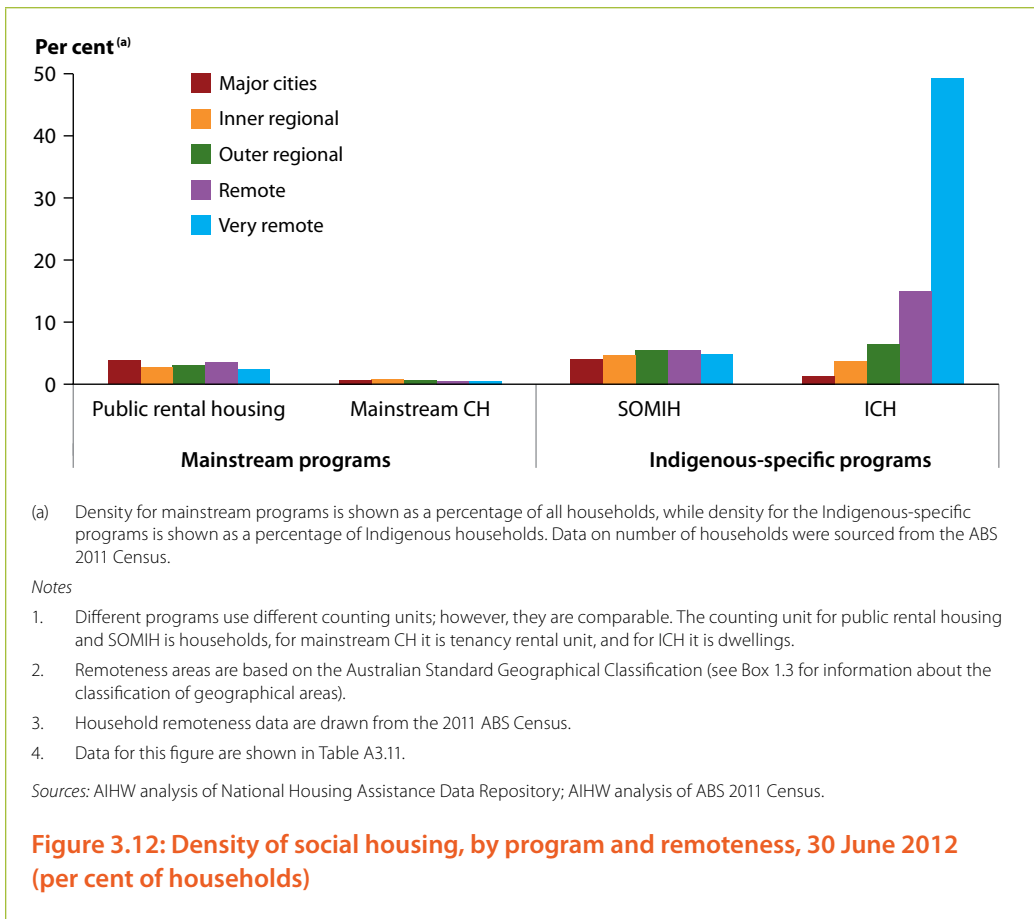
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Location of social housing

For mainstream social housing programs, no clear pattern exists in the location of social housing by remoteness areas, apart from a slightly higher density of households in public housing in *Major cities* and *Remote* areas compared with the overall number of Australian households in these areas (Figure 3.12).

On the other hand, social housing through Indigenous-specific programs accounts for a greater proportion of Indigenous households in *Very remote* areas compared with other areas. In particular, 49% of Indigenous households in *Very remote* areas lived in an ICH dwelling at 30 June 2012, compared with just 1% of Indigenous households in *Major cities* (AIHW analysis of National Housing Assistance Data Repository). This partly reflects the limited housing options available in more remote areas to Indigenous Australians, as well as the generally lower socioeconomic status of these households (ABS 2011 a).



Social housing tenancies

At 30 June 2012, around 411,300 households were being provided with social housing (Table 3.3), reflecting an overall dwelling occupancy rate of 97%. Public rental housing had the highest occupancy rate at 98%, followed by SOMIH (97%), mainstream CH (96%) and ICH (92%). Up to 2% of dwellings were being redeveloped or otherwise unavailable for occupation (AIHW analysis of National Housing Assistance Data Repository).

Indigenous households

About 61,400 Indigenous households were living in social housing at 30 June 2012 (Table 3.3). This represents just under one-third (29%) of the 209,000 Indigenous households reported in Australia at the latest Census (ABS 2012a). Indigenous-specific programs (that is, ICH and SOMIH) accommodated almost half (44%) of these households and the remainder 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 30,300 Indigenous households at 30 June 2012—an increase from 7% of Indigenous households at 30 June 2007 to 9% at 30 June 2012. However, care should be taken when comparing these data over time as some jurisdictions transferred dwellings and households previously reported under SOMIH to public rental housing since they no longer have a separately identified or funded public Indigenous housing program. At 30 June 2012, Indigenous households accounted for 7.1% of mainstream CH households (Table 3.3), compared with their overall share of 2.7% of Australian households (ABS 2012a).

Household composition

An average of 3% of Australians lived in public rental housing in 2011–12. For children and young people aged under 20 and people aged 65 and over, the share was between 3% and 5% (Figure 3.13). Almost 259,800 residents of public rental housing were aged under 25 (37% of all people living in public rental housing), while 131,300 (19%) were aged 65 and over. This age profile relates to the over-representation of single adults and one-parent families in public rental housing. Almost 1 in 5 (18%) households were one-parent families, and more than half comprised a single adult without children (Table 3.4)—both household types were more common in public rental housing than among renters generally.

Residents of SOMIH households were also disproportionately children and older people, with 1 in 4 Indigenous young people aged 19 and below, and more than 3 in 10 aged 55 and over, living in a SOMIH household in 2011–12 (Figure 3.13). One-parent families were the largest group in this program, comprising 39% of all SOMIH households (Table 3.4). More than half (57%) of SOMIH residents were aged under 25 (18,500 children and young people).

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Table 3.3: Households receiving social housing assistance, Indigenous households and all households, by social housing program, 2007 and 2012^(a)

	Public rental housing		SOMIH		Mainstream CH		ICH ^(b)		Total	
	2007	2012	2007	2012	2007	2012	2007	2012	2007	2012
Number										
Indigenous households ^(c)	23,102	30,262	12,622	9,692	1,773	4,345	22,192	17,113	59,689	61,412
All households	333,085	323,423	12,622	9,692	33,557	61,033	22,192	17,113	401,456	411,261
Per cent										
Indigenous households (% of all households)	6.9	9.4	100.0	100.0	5.3	7.1	100.0	100.0	14.9	14.9

(a) Data are at 30 June of each year.

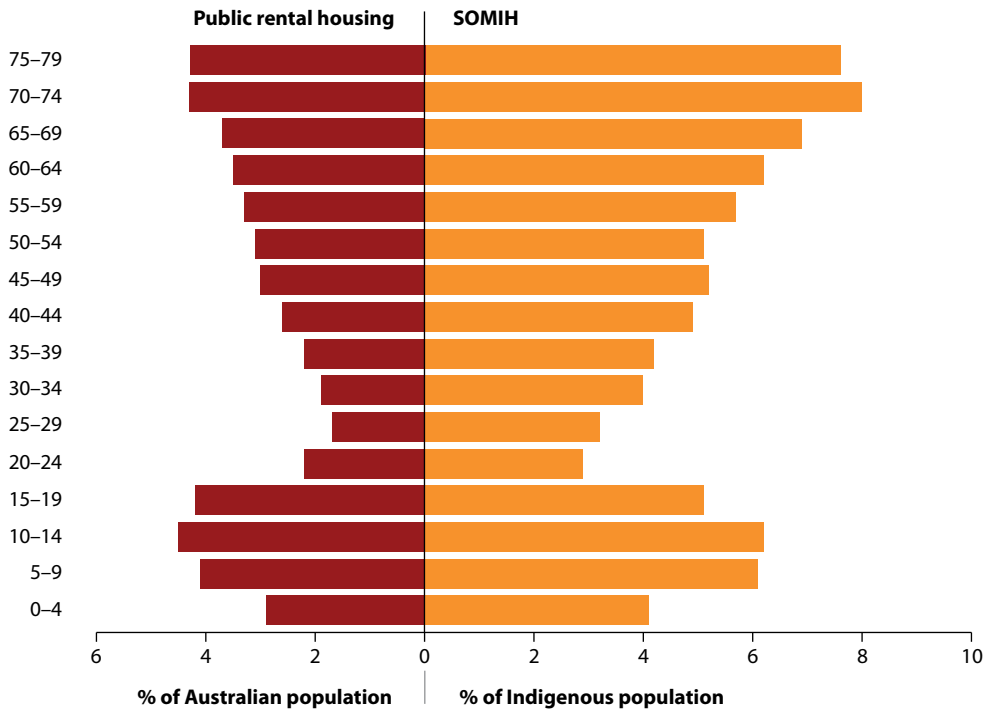
(b) Data on the number of households are not available for ICH; thus, the data on the number of dwellings are shown for this program.

(c) An Indigenous household is one in which at least one person identifies as being Indigenous.

Source: AIHW analysis of National Housing Assistance Data Repository.



Age group (years)



Notes

1. Residents of public rental housing are shown as a percentage of the total Australian population (as sourced from ABS 2013a for June 2012); residents in SOMIH are shown as a percentage of the Indigenous population, as sourced from ABS 2009 (Series B) for 2012.
2. Excludes residents for whom date of birth was missing or not known.
3. Data for this figure are shown in Table A3.12.

Sources: AIHW analysis of National Housing Data Repository; ABS 2009, 2013a.

Figure 3.13: People living in public rental housing and SOMIH, by age, 2011–12 (per cent of population)

3



Table 3.4: Composition of households in selected social housing programs at 30 June 2012, and all renter households, 2011 (per cent)

Household composition	Social housing programs		
	Public rental housing	SOMIH	All renters ^(a)
Single adult	52.2	25.0	21.9
Couple only	8.5	4.6	16.9
Sole-parent with dependent children	18.0	39.3	39.2
Couple with dependent children	5.8	10.8	9.0
Group and mixed composition ^(b)	15.5	20.4	13.0
Total	100.0	100.0	100.0

(a) Data for all renter households are from ABS 2011 Census.

(b) Includes group, other one-family and multiple-family households.

Sources: AIHW analysis of ABS 2011 Census; AIHW analysis of National Housing Assistance Data Repository.

Tenant income sources

Australian Government pensions and allowances were the main income source for most social housing tenants in 2011–12 (92% in public rental housing and 89% in SOMIH). (See Section 2.6 for information on major income support and other Australian Government payments.) Among public housing tenants, the Disability Support Pension (34%) and the Age Pension (27%) were the most common primary sources of household income, with only 7% having employee cash income as the primary household income source. Among SOMIH tenants, the primary source of household income was a non-specified government payment for 37% of households, and employee cash income for 9% of households (AIHW analysis of National Housing Assistance Data Repository).

Priority groups for social housing

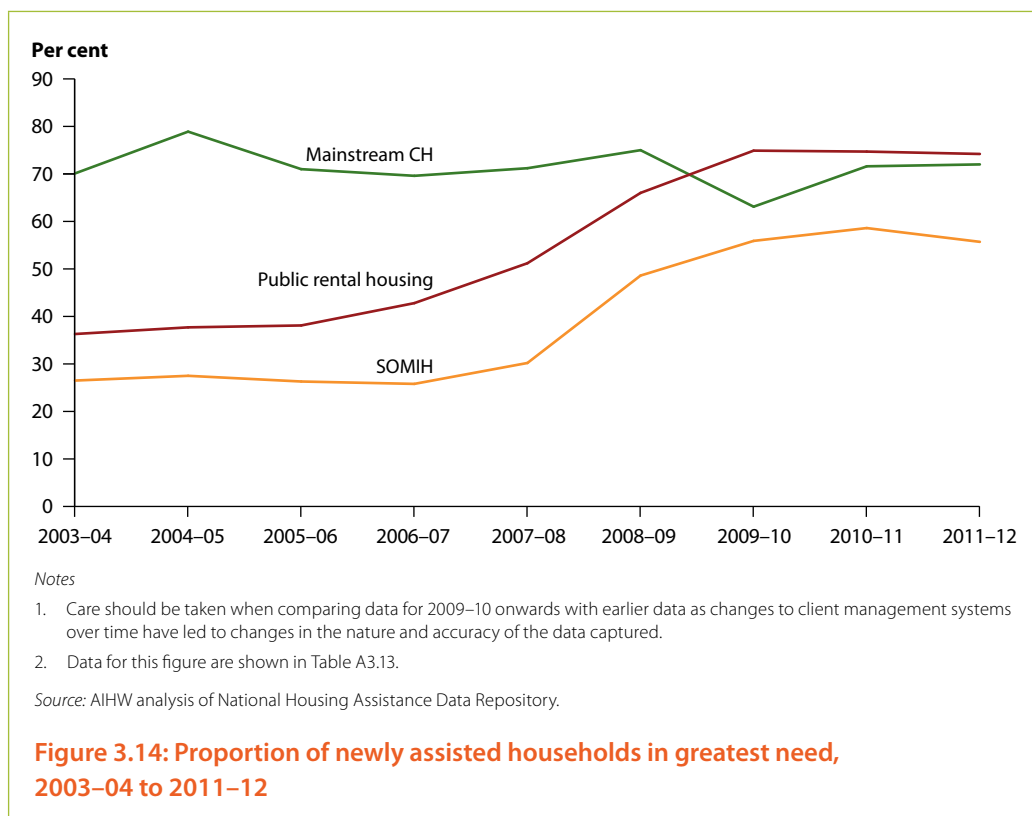
Public rental housing, SOMIH and mainstream CH have allocation policies in place that prioritise households in the ‘greatest need’. A household can be classified as such if they are homeless or are subject to one or more other circumstances that put them at risk of homelessness, namely:

- 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.

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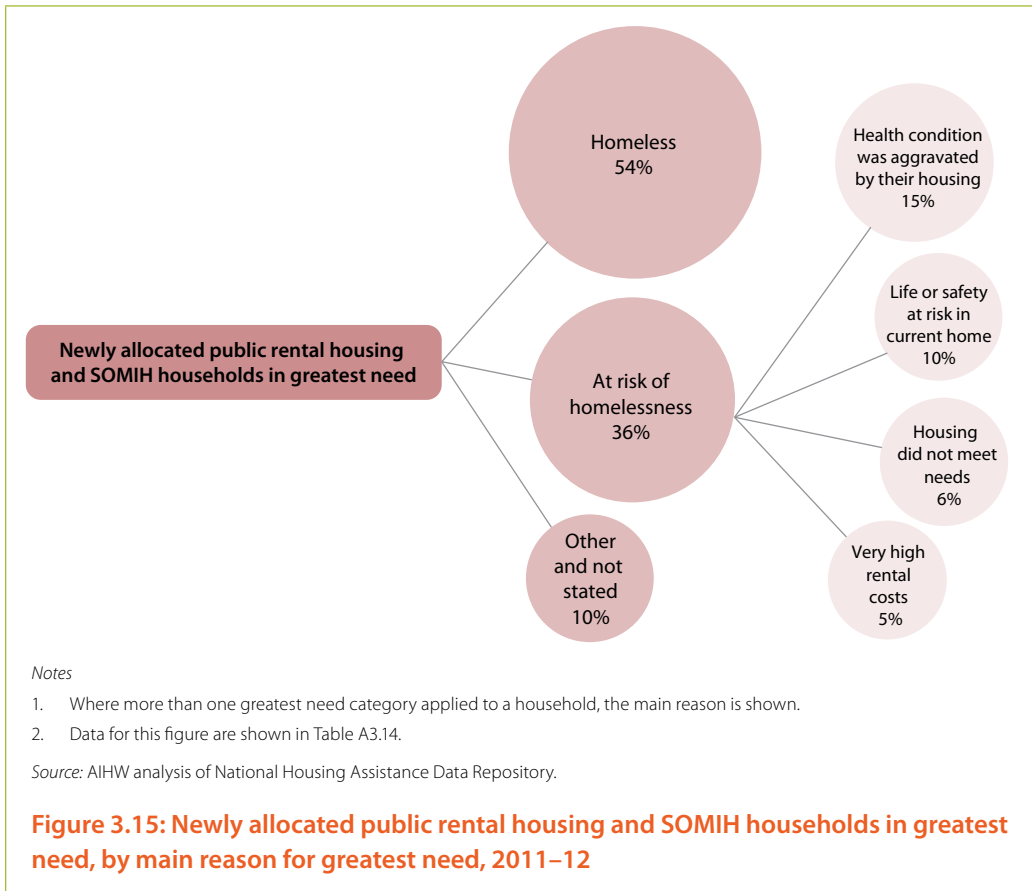
Between 2003–04 and 2011–12, the proportion of newly assisted households (that is, new tenancies, excluding transfers) classified as being in greatest need more than doubled for both public rental housing (from 36% to 74%) and SOMIH (from 27% to 56%). In comparison, the proportion of households newly allocated to mainstream CH increased only marginally between 2003–04 and 2011–12 (from 70% to 72%) (Figure 3.14). However, care should be taken when comparing data for 2009–10 onwards with earlier data as changes to client management systems over time have led to changes in the nature and accuracy of the data captured.



Of the households newly allocated to public rental housing or SOMIH in 2011–12 and classified as in greatest need, around half (54%) were homeless at the time of allocation, while another 36% were at risk of homelessness (Figure 3.15). In mainstream CH, around 1 in 10 (8%) households assisted were homeless at the time of allocation (AIHW analysis of National Housing Assistance Data Repository).

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The priority allocation these households receive is illustrated by the times they had to wait before allocation compared with newly allocated households not in greatest need. In 2011–12, 81% of newly allocated households who waited less than 3 months for housing were classified as being in greatest need. Similarly, in SOMIH, 70% of newly allocated households who waited less than 3 months for allocation were in greatest need (AIHW analysis of National Housing Assistance Data Repository). Households newly allocated to public rental housing in 2011–12 had a median waiting time of 307 days since application (up from 283 days in 2007–08), compared with 188 days for SOMIH households (down from 243 days in 2007–08) (AIHW 2009b, 2009c, 2011b, AIHW analysis of National Housing Assistance Data Repository). Waiting times for mainstream CH are not available.

Special needs

Many households assisted by social housing are also considered to have special needs. This includes households where there is a member with disability, a main tenant aged under 25 or aged 75 or over, or an Indigenous member. For SOMIH, special needs households are those that have a member with disability, or a principal tenant aged under 25 or 50 or over. A household may fall into more than one special needs categories (AIHW 2006).



In 2011–12, two-thirds (68%) of newly allocated public housing tenants (up from 59% in 2007–08) and around half of newly allocated SOMIH households (54%, up from 47% in 2007–08) had special needs (AIHW 2009b, 2009c, 2011b; AIHW analysis of National Housing Assistance Data Repository). Disability was the most prominent special needs category across both social housing programs, while households with a principal tenant aged under 25 were particularly prominent in SOMIH (Figure 3.16).

At 30 June 2012, around 1 in 5 people in public rental housing (22% or 138,600 people) and more than 1 in 10 in SOMIH (11% or around 3,000 people) had disability (AIHW analysis of National Housing Assistance Data Repository).

A considerable proportion of households with a person with disability were classified as being in greatest need. In 2011–12, 78% of newly allocated public rental housing households and 59% of those newly allocated to SOMIH that included a person with disability were deemed to be in greatest need (AIHW analysis of National Housing Assistance Data Repository). In each program, around two-fifths of these households nominated homelessness as their main reason for seeking support (55% and 51% respectively).



3



Social housing waiting lists

Social housing waiting lists have continued to increase across all social housing programs. At 30 June 2012, there were 164,000 applicants registered for access to public housing (up from 154,000 at 30 June 2008), and 9,200 applicants waiting for allocation to state-owned and managed Indigenous housing (up from 9,100 at 30 June 2008). The number of applicants in the community housing sector has increased by around 40%, with more than 51,000 waiting to enter or transfer within mainstream CH at 30 June 2012 (up from almost 37,000 at 30 June 2010) (AIHW analysis of National Housing Assistance Data Repository).

The management of waiting lists varies across jurisdictions. New South Wales, Queensland, Western Australia, the Australian Capital Territory and the Northern Territory have adopted an integrated social housing waiting list and do not differentiate between public rental housing, SOMIH and community housing. Progress towards adopting an integrated waiting list varies for the remaining jurisdictions. In states without a consolidated waiting list, households may be on more than one list; therefore, the total number of households on official waiting lists across Australia is likely to be an overestimate.

Of those on the waiting list in 2011–12, 29% of public rental housing applicants, 49% of SOMIH applicants and 65% of mainstream CH applicants were new applicants and classified as being in greatest need (AIHW analysis of National Housing Assistance Data Repository).

Overcrowding and underutilisation of social housing

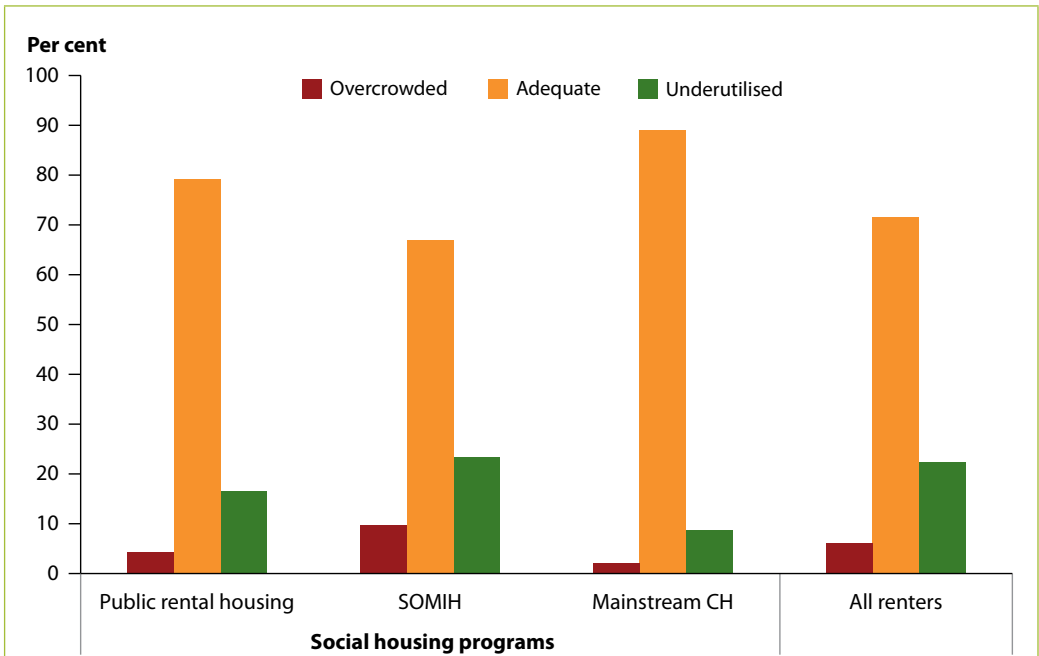
Matching of dwelling size to household size helps ensure that existing dwelling stock is used to its capacity and that households are accommodated according to their requirements. Overcrowding occurs when the dwelling is too small for the size and composition of the household living in it. Underutilisation occurs when the dwelling size is larger (that is, more than one spare bedroom) than required to adequately accommodate the household.

Based on the Canadian National Occupancy Standard (see Box 3.2), overcrowding rates in public rental housing (4%) at 30 June 2012 and in mainstream CH (2%) were lower than in the overall rental sector (6% at 30 June 2010; Figure 3.17). Indigenous households were more likely than average to experience overcrowding, with 10% of SOMIH households classified as overcrowded, as were 10% of Indigenous households in public rental housing, and 4% of Indigenous households in mainstream CH (AIHW analysis of National Housing Assistance Data Repository). Comparable data are not available for ICH.

In all social housing programs shown in Figure 3.17, underutilisation was more prevalent than overcrowding. In part, this reflects the built form of public housing, where family-size dwellings predominate. Around 1 in 5 public housing tenants (17%), almost one-quarter of SOMIH households (23%) and almost 1 in 10 mainstream CH tenants (9%) were living in underutilised dwellings at 30 June 2012. Underutilisation rates in public housing and mainstream community housing are lower than those in the wider Australian rental sector as measured at 30 June 2010 (22%; ABS 2011d).

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Notes

1. Excludes households for which sufficient details were not known.
2. Some assumptions have been made where only partial household information was known, including: all single-person or couple-only households and any unmatched single-person households each require their own bedroom; and each person in a household that is classified as a 'group of unrelated adults' each require their own bedroom.
3. Data for this figure are shown in Table A3.16.

Sources: AIHW analysis of National Housing Assistance Data Repository; ABS 2011d: Table 14.

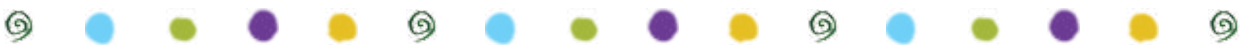
Figure 3.17: Dwelling utilisation in social housing programs, 30 June 2012, and for all renters, 30 June 2010

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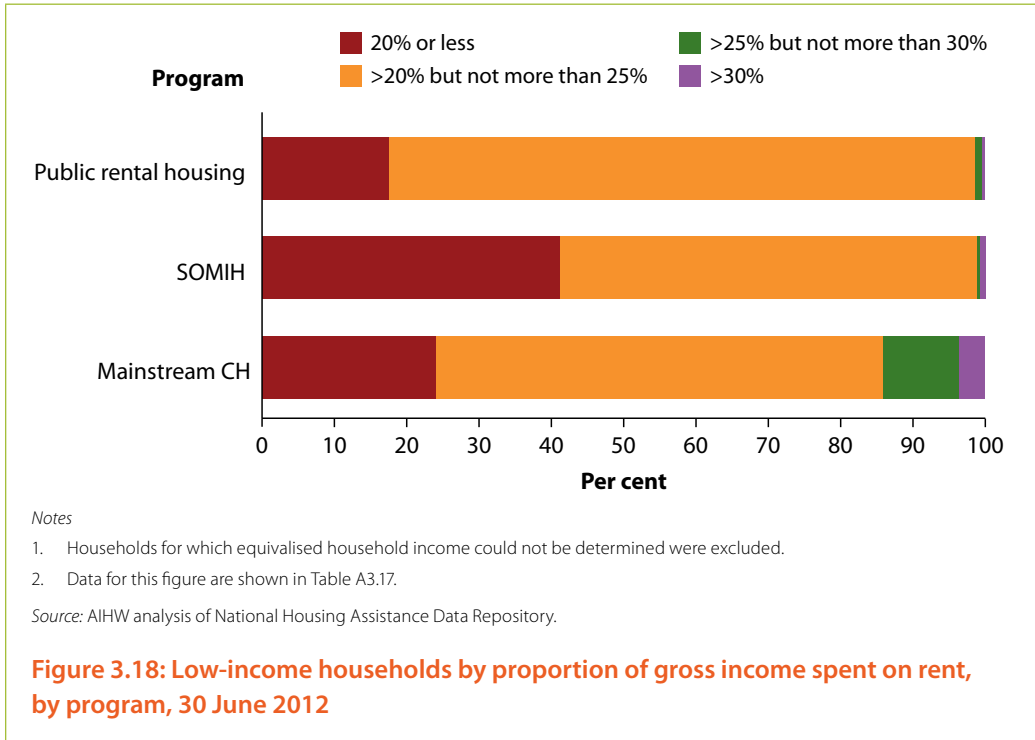


Affordability

Subsidised rents play an important role in keeping public rental housing and SOMIH households out of rental stress. While dwelling rents are set at market levels, amounts actually charged to the occupying tenant are set at a fixed percentage of household incomes, usually 25% or 30%. Nationally, 91% of households in public rental housing and 78% of SOMIH households paid subsidised rents (that is, market rents discounted in line with tenant incomes) with average rental subsidies of \$143 and \$136 per week respectively (AIHW analysis of National Housing Assistance Data Repository). Consequently, less than 1% of low-income public rental housing and SOMIH households were reported to be in rental stress at 30 June 2012 (0.4% of low-income public rental housing households and 0.7% of low-income SOMIH households) (Figure 3.18). Almost 98% of public rental households are low-income households, as are 94% of SOMIH households. In mainstream CH, however, 4% of low-income households were reported to be in rental stress at 30 June 2012. Almost 92% of mainstream CH households are low-income households.



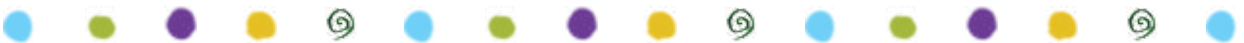
These figures should be interpreted with caution as there is some uncertainty about the treatment of Commonwealth Rent Assistance by organisations. While the CRA amount should be excluded from rent charges and household income, some organisations have incorrectly included CRA, which may result in a higher estimation of rental stress.

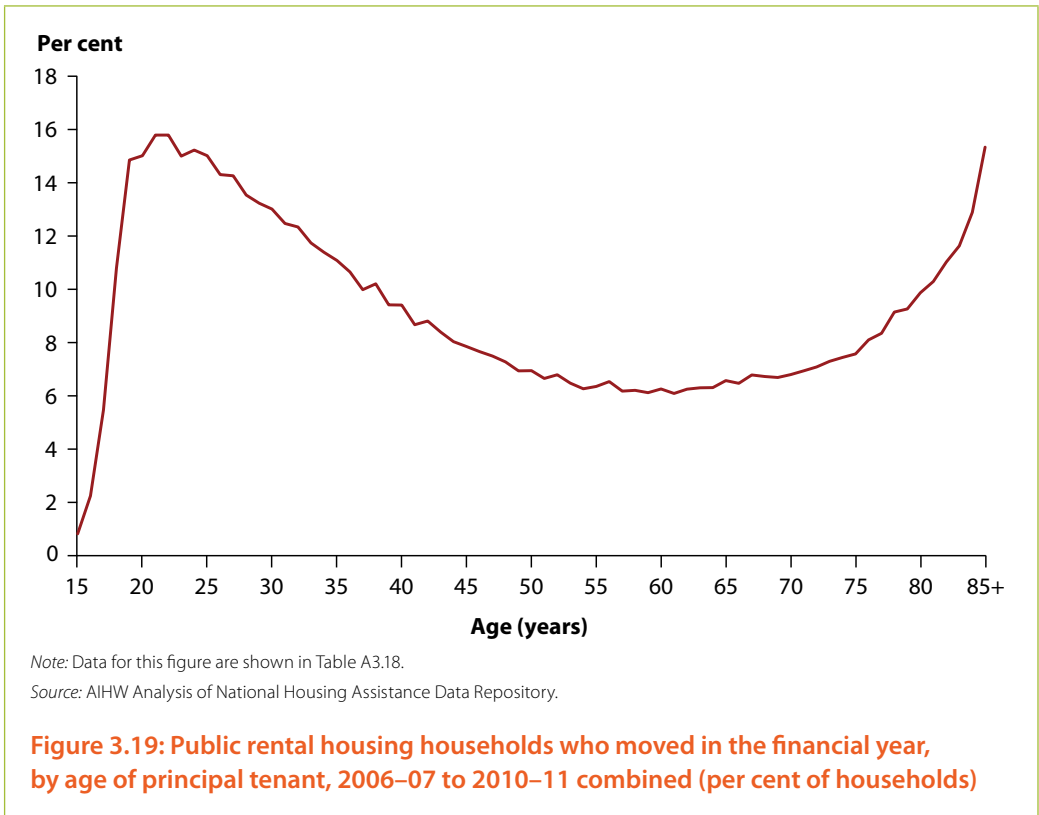


Sustainable tenancies

Housing can be considered to be sustainable if the household can maintain their dwelling for a prolonged period. Even though this can be across different dwellings, sustainable tenure is an important component of sustainable housing. In most jurisdictions, public housing tenants continue to occupy their homes on ‘open-ended’ tenancies. However, reviewable fixed-term tenancies have been issued to new tenants entering public housing in New South Wales since 2006 and in Queensland since 1 July 2012. Similar regimes have recently been under consideration in Victoria, where an extensive consultation process for a new social housing framework is ongoing. Length of tenure can be affected by the principal tenant’s age. Combined data for 2006–07 to 2010–11 show that housing mobility among public housing tenants declined between the ages of 20 to 60, with a subsequent, rapid increase in housing mobility beginning around the age of 75 (AIHW analysis of National Housing Assistance Data Repository). Given these households have relatively low incomes and the low cost of public housing, it may be that as public housing tenants age, they are less inclined to move, and they often stay in their homes until health conditions compel them to move (Figure 3.19).

3





Within social housing, length of tenure varies between programs. In 2011–12, 37% of tenancies in public rental housing had been in effect for less than 5 years, compared with 47% in SOMIH and 63% in mainstream CH (AIHW analysis of National Housing Assistance Data Repository and 2012 NSHS).

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 3% of SOMIH tenants transferred to a new dwelling in 2011–12. Exit rates are slightly higher, with 6% of public rental housing tenants and 6% of SOMIH households ending their tenancies in 2011–12 (AIHW analysis of National Housing Assistance Data Repository).

Social and economic participation

Feeling valued and having the opportunity to participate fully in society are important indicators of social inclusion and long-term wellbeing. The Australian Government has the objective of facilitating 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 (Australian Social Inclusion Board 2011).

3



In the 2012 NSHS (see Box 3.7), social inclusion as an overall characteristic was measured through the separate attributes of ‘feel part of the local community’, ‘feel more able to improve job situation’ and ‘feel more able to start or continue education/training’. Using those criteria, around 43% of public housing tenants, 50% of mainstream CH tenants and 57% of SOMIH tenants reported that living in social housing had improved their sense of social inclusion within their community (AIHW analysis of 2012 NSHS).

As would be expected, given prevailing allocation policies (see earlier), social housing tenants are much less likely to participate in the labour force and, among those that do, more likely to be unemployed than the wider population (see Section 2.3). However, 12% of public rental housing tenants, 16% of mainstream CH tenants and 22% of SOMIH tenants reported that social housing had helped them to improve their job situation. In addition, a further 11% of public rental housing tenants, 16% of mainstream CH tenants and 19% of SOMIH tenants reported that social housing had helped them to start or continue their education or training. More than one-third of public housing tenants (38%), 43% of mainstream CH tenants and 51% of SOMIH tenants reported that living in social housing had helped them to feel part of their local community (AIHW analysis of 2012 NSHS).

Box 3.7: National Social Housing Survey

The 2012 NSHS data were collected via postal and online questionnaires from a randomly selected sample of public rental housing, SOMIH and mainstream CH tenants. The tenants completing the questionnaires were from all jurisdictions, with 13,400 tenants responding. The overall response rate was 16% for public rental housing, 14% for SOMIH and 17% for mainstream community housing tenants. Survey responses were weighted to obtain national totals.

Dwelling condition

Acceptable dwelling condition is defined as the proportion of households living in a dwelling that has at least four working facilities (for example, washing machine, stove, fridge and laundry tub) and not more than two major structural problems (such as major cracks in walls/floors and rising damp) for public rental housing, SOMIH and community housing (SCRGSP 2013). The 2012 NSHS found that the majority (76%) of households in social housing lived in dwellings with acceptable conditions. However, this varied by housing program—85% of mainstream CH tenants, 75% of PH tenants and only 61% of SOMIH tenants reported that their dwelling had four working facilities and not more than two major structural problems. More than 1 in 3 SOMIH tenants reported that their dwelling had 3 or more structural problems. The proportion of public rental housing and community housing tenants reporting living in dwellings with 3 or more structural problems was lower—1 in 5 (21%) for public housing and 1 in 10 (11%) for community housing (AIHW analysis of 2012 NSHS).

3



Dwelling amenities and location of social housing

The 2012 NSHS also collected information on the importance of aspects of dwelling amenities and location. The following features were reported as being important to more than 80% of tenants of public rental housing, SOMIH and mainstream CH:

- privacy
- easy access and entry
- yard space and fencing
- car parking
- dwelling size
- safety and security within the home and neighbourhood
- close to emergency services, medical services or hospitals
- close to shops and banking
- close to family and friends
- close to public transport
- close to community and support services.

In relative terms, safety and security within the home and proximity to emergency services, medical services and hospitals were rated as most important of the aspects assessed. Meanwhile, modifications for special needs and proximity to child care services were rated as least important. For those who rated dwelling amenity or location aspects as important, more than three-quarters (75%) reported that their dwelling met their needs in that regard (AIHW analysis of 2012 NSHS).

3.9 Where to from here?

Quality data about housing, including social housing and housing assistance, are required for housing policy development and service delivery, as well as for public accountability. Australian governments have agreed to increase transparency in the social housing sector by establishing consistent and comparable accounting and reporting standards across jurisdictions. Further, under the National Affordable Housing Agreement, governments have committed to share and continually improve data to provide a nationally consistent picture of the housing sector.

Information requirements need to be clarified to gain a coherent national picture of social housing. This needs to be informed by clear direction in social housing policy involving discussion and understanding of how housing policy informs the broader national economic and social policy.

Measuring whether housing meets people's needs and is affordable

The broad objective of the NAHA is to ensure that housing meets the needs of people and is affordable for all Australians. Measuring the extent to which housing meets people's needs is complex, but can be considered to cover issues of whether the housing is safe, in good condition,

3



has sufficient amenities and is well located in relation to labour markets, services and community and support networks. Across all housing types there is a need for more information about the match of housing to needs. For example, the Grattan Institute has observed that there is little survey data available about Australians' housing preferences (Kelly et al. 2011). Similarly, the recent review of the NAHA reporting framework noted the difficulty and expense of gathering data about the affordability aspects of housing needs (COAG Reform Council 2012b).

Housing affordability affects most Australians regardless of housing tenure. The current affordability measures are based on the '30/40 rule'—indicating lack of affordability if a household pays more than 30% of its income and the household is in the bottom 40% of the income distribution. There has been some criticism of this approach and work towards improving affordability measures is ongoing. For example, the National Housing Supply Council has noted that non-discretionary housing-related costs are not included in affordability calculations, particularly for owner-occupiers (NHSC 2012). The council has indicated its intention to look into broader housing costs, including fuel costs for households living in new, outer suburbs.

The usefulness of current affordability measures in social housing collections has also been questioned. The recent review of the NAHA Performance Reporting Framework noted that using the 30/40 rule as a measure of affordability in social housing was of limited use because rent-setting policies in the sector generally kept rents below 30% of households' income. The more significant issue for reporting was that of the affordability of housing for low-income earners in the private market.

Measuring outcomes

The NAHA has a strong focus on outcomes such as the sustainability of housing tenure. The need for more data related to tenant sustainability is the focus of projects such as the Australian Housing and Urban Research Institute's work around the types of housing services that prevent people from returning to homelessness (AHURI 2012).

The recent NAHA review considered current performance indicators, measures and proxies used for reporting and found them to be largely sufficient, though recommended the disaggregation of indicators by 'young people' and 'disability'. The review found that measuring sustainability from an affordability perspective was appropriate.

There is room for further improvements in outcomes data, for example, about employment outcomes for social housing tenants. Little is known about the effectiveness of housing assistance programs, such as Private Rent Assistance, which commonly assists with the cost of bonds. Similarly, data from programs such as tenant support are often not available or are not published in a nationally consistent way. Data are needed to help understand the relative outcomes of tenants in different social housing sectors. Longitudinal data about housing pathways is also needed to understand the longer term housing outcomes and the relationship between homelessness programs and housing assistance.

3



Social housing

As detailed above, social housing encompasses public housing, state-owned and managed Indigenous housing, mainstream community housing and Indigenous community housing. There has been a significant investment in the social housing sector in recent years through the Social Housing Initiative. Data developments have not kept pace with this and other changes in the profile of social housing in Australia. Better information is needed to understand the costs, effectiveness and outcomes across the social housing spectrum. Improvements to data on how mainstream government services assist those in social housing are also needed, for example, data about the integration of housing assistance and social support.

Activities under way to improve and develop data about social housing include:

- further improving the coverage and completeness of unit record data in the community housing collection
- developing reporting requirements and establishing a National Regulatory System for community housing providers
- ongoing quality enhancements in the collection of data on Indigenous community housing. Accurate and timely data about ICH are difficult to obtain due to the structure and processes of ICH organisations and challenges of collecting information in remote areas
- establishing integrated waiting lists for social housing across jurisdictions, which has been the first stage in providing improved information about households awaiting allocation. However, further work is needed to improve the consistency and quality of integrated wait-list information for national reporting (as discussed in Section 3.8). This includes the use of common data definitions and standards
- the Social Housing Data Development project, which will provide a longer term plan for social housing and housing assistance data developments. This will support policy information into the future and contribute to defining the core data needed for a clearer picture of social housing at the national level.

3

National Rental Affordability Scheme

The affordability of housing is an ongoing issue, especially for lower income households in the private rental market. One recent initiative is the National Rental Affordability Scheme (NRAS), which provides incentives to developers to build and rent dwellings at 20% below market rent to eligible households. Due to the eligibility requirement of NRAS, it is difficult to identify households and dwellings assisted by this program. Further work needs to be done to identify the assistance provided by the program across all sectors.



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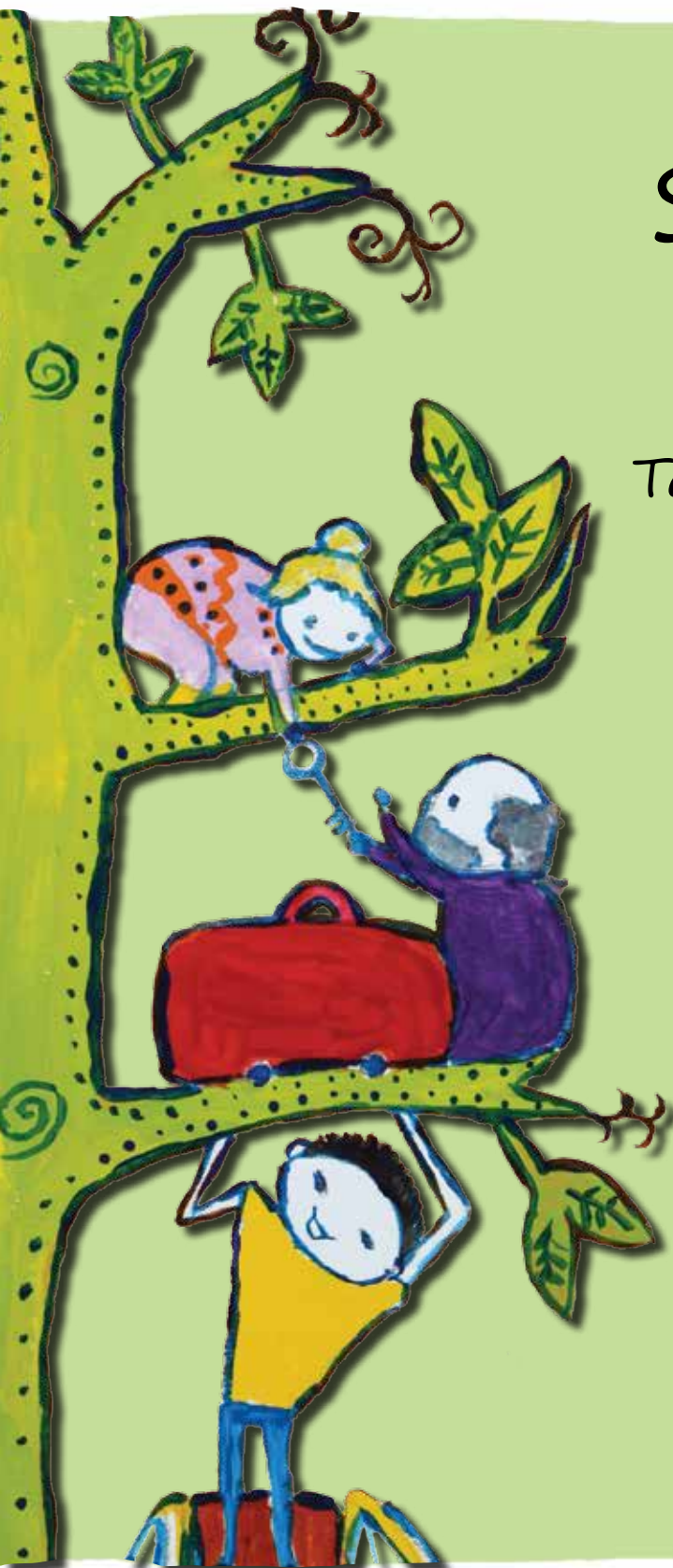




Section 2

Chapters 4-7

Target groups for
welfare services





Chapter 4

Children and young people

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4 Children and young people

At a glance

Families

- Most families report high levels of family cohesion, although the proportion of one-parent families with children aged 6–7 and 10–11 who reported ‘good’, ‘very good’ or ‘excellent’ cohesion (83% and 81% for the age groups respectively) was lower than couple families (93% and 91%) in 2010–11.
- Some children and young people are more vulnerable to poorer outcomes—37,781 children aged 0 to 17 (7.4 per 1,000 children) were subject to a substantiation of abuse or neglect in 2011–12, 107,200 people aged under 25 were assisted by specialist homelessness agencies in 2011–12, and 6,940 young people were under youth justice supervision on an average day in 2011–12.

Early childhood education and care

- Just over half (52%) of children aged 0 to 12 usually attended child care in 2011.
- In 2012, an estimated 89% of children were enrolled in a preschool program in the year before full-time schooling and 86% attended for at least 1 hour in the reference week.
- More than one-fifth (22%) of children in their first year of school were developmentally vulnerable on one or more domains of the Australian Early Development Index in 2012, a small decrease from 24% in 2009.

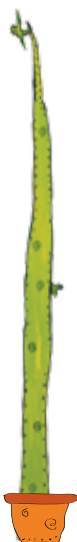
School years

- In 2012, nearly three-quarters (72%) of children aged 5 to 14 took part in organised sport and/or selected cultural activities outside school hours in the previous year.
- Most students in Years 3, 5, 7 and 9 (82% to 95%) in 2012 achieved at or above the national minimum standards for reading, persuasive writing, language conventions and numeracy.
- The apparent retention rates of full-time students from the first year of secondary school to Year 10 and Year 12 steadily increased for Indigenous students between 1998 and 2012—from 83% to 98% for Year 10 and from 32% to 51% for Year 12.

Further education and employment

- In 2012, 12% of 20–24 year olds were not in employment, education or training compared with 14% in 2003. The proportion with a non-school qualification was similar in 2006 (39%) and 2011 (41%).
- Rates of unemployment (11.7%) and underemployment (13.7%) among 15–24 year olds in 2012 were twice the national rates for those aged 15 and over (5.2% and 7.3% respectively).

4



4.1 Introduction

Childhood and youth are periods of rapid growth and critical development. What happens during this time affects the immediate quality of young people's lives, as well as their future and that of the community as a whole. Child care, early education programs, schooling, and further education and training play a critical role in providing the foundation for successful entry into the workforce, transition to independence and full participation in society.

However, some children and young people are exposed to factors—such as child abuse and neglect, disability, violence, homelessness and contact with the justice system—that place them at risk of disadvantage and require the provision of additional supports and services.

This chapter looks at the key stages of growing up in Australia, from early childhood to young adulthood, as well as some of the supports available to children, young people and families. In this chapter, children are defined as those aged 0 to 14 and young people as those aged 15 to 24, unless otherwise stated.

4.2 The policy context

Most Australian children and young people lead healthy lives with access to appropriate services to meet their needs. They have one of the highest life expectancies in the world (see Indicator 1 in Chapter 11), and most parents rate their children's health as very good or excellent. The majority of Australian households with children perceive their neighbourhoods as safe, and most families report that they have access to assistance in times of crisis (AIHW 2012d). High quality early childhood services and education are readily accessible for most. However, some children are disadvantaged and vulnerable to social exclusion. Consequently, a key aim of government policy is to reduce this disadvantage and facilitate access to high quality services.

Recent national initiatives for children and young people have focused primarily on early childhood development, child and family safety, and education, as outlined below. Many of these build on long-term policy frameworks established in recent years, largely through national partnerships driven by COAG.

Early childhood

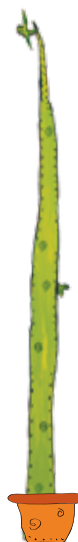
National Quality Framework for Early Childhood Education and Care

The National Quality Framework (an initiative under the COAG National Early Childhood Development Strategy) took effect on 1 January 2012. Under this framework, a range of key requirements, including staff qualification levels and educator-to-child ratios, are being phased in between 2012 and 2020 (DEEWR 2012b).

National Partnership Agreement on Early Childhood Education (2009–13)

The goal under this COAG agreement is universal access by June 2013 to early childhood education for children in the year before full-time school (COAG 2009a).

4



Early Years Workforce Strategy 2012–2016

The strategy sets out how all governments will support the early childhood education and care workforce to ensure a sustainable and highly qualified workforce. It covers issues relating to attracting and retaining workers to the sector, ensuring their professionalism and qualifications, and building capacity to respond to the diverse needs of all children, families and communities accessing early childhood education and care services (DEEWR 2012a; SCSEEC 2012).

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

This agreement supports the Closing the Gap targets through the establishment of 38 Children and Family Centres across Australia by June 2014. The centres will deliver integrated services, including early learning, child care and family support programs (Australian Government 2012).

Child and family safety

Establishment of a National Children’s Commissioner

In February 2013, the Australian Government announced the appointment of Australia’s first National Children’s Commissioner. The role of the Commissioner—which sits within the Australian Human Rights Commission—will complement those of existing commissioners and guardians at the state and territory level. The Commissioner will advocate rights of children and young people in national-level policies through: direct consultation with children and their representative organisations; promotion of public discussion and awareness; research and education programs; and examination of relevant Commonwealth legislation, policies and programs in a human rights context (FaHCSIA 2013b).

Royal Commission into Institutional Responses to Child Sexual Abuse

In January 2013, a six-member Royal Commission was appointed to investigate Institutional Responses to Child Sexual Abuse. The Royal Commission will prepare an interim report by 30 June 2014 (RCIIRCSA 2013).

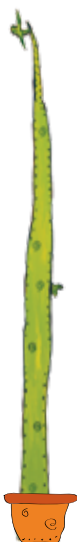
National Framework for Protecting Australia’s Children (2009–2020)

The second 3-year action plan under this long-term framework sets out a range of actions for completion between 2012 and 2015. The plan focuses on enhancing collaborations between the government, non-government sector and the community, thus reflecting the notion that ‘protecting Australia’s children is everyone’s responsibility’ (FaHCSIA 2012c).

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

The first 3-year implementation plan (2010–2013) of this COAG initiative emphasises ‘building a strong foundation’ in working towards a long-term goal of reducing the rates of violence against women and their children (FaHCSIA 2012b).

4



Education

Review of Funding for Schooling and Australian Government response

The 2011 Review of Funding for Schooling (the 'Gonski review') was carried out with the aim of achieving a 'fair, financially sustainable and effective' funding system for Australian schools, focused on achieving the best outcomes for all students.

In response to the review, the Australian Government introduced the Australian Education Bill 2012. This Bill proposes a National Plan for School Improvement and a shift towards needs-based funding for education. The aim of the plan is for Australia to be ranked, by 2025, as one of the top five highest performing countries based on the performance of Australia's school students in reading, science and mathematics, and on the quality and equity of Australia's education system (Australian Government 2013c; Gillard 2012; Gonski et al. 2011).

Australian Curriculum

The Shape of the Australian Curriculum version 4 was released in October 2012. This version built upon the first release in late 2010 which, for the first time, made available a set of curriculum materials for use in schools across Australia. The Australian Curriculum currently includes English, mathematics, science and history. Other subject areas are in development and will be progressively added (ACARA 2012c).

Young people

National Partnership Agreement on Youth Attainment and Transitions (2009–2013)

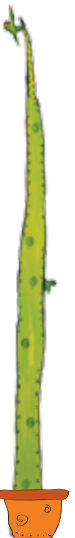
This COAG agreement aims to increase educational attainment and engagement of young people aged 15 to 24 at a national level. The first interim evaluation report recommended that priority be given to: enhancing the capacity of schools and training providers to engage young people returning to education or training, improving measures of performance, meeting resource demands for remote and disadvantaged locations, and undertaking greater knowledge-sharing of relevant initiatives and outcomes across states and territories (Dandolo Partners 2012).

4.3 Australian families

There were 5.7 million families in Australia according to the ABS 2011 Census (see Section 1.6). Almost half of these (45%) were couple families with children (including resident dependent and non-dependent children) and 16% were one-parent families. The remainder were either couple families without children (38%) or other family types, such as adult siblings living together (2%). The majority of this chapter focuses on the 60% of Australian families with children.

The composition of families has changed in recent decades. There has been a decrease in the proportion of couple families with dependent children and an increase in the proportion of one-parent families with dependent children. There has also been an increase in the proportion of couple families without children, including 'empty nesters' whose children have left home and younger couples choosing to delay having children or not to have children (Hayes et al. 2010; see Section 1.6). Fertility rates have remained below the replacement level of 2.1 births per woman since the late 1970s (1.9 births per woman in 2011) and women are having children later in life (ABS 2012a; see Section 1.4).

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Coinciding with these changes, adoptions in Australia have declined by 97% since the 1970s—from almost 9,800 in 1971–72 to 333 in 2011–12—the lowest number of annual adoptions on record. The decrease is mainly due to a fall in adoptions of children born in Australia—almost half (45%) of all adoptions in 2011–12 were intercountry adoptions, compared with only 10% in 1984–85—although in recent years the number of intercountry adoptions has also declined (AIHW 2011a, 2012a).

These changes in family structure, fertility rates and adoptions reflect broader societal changes in relation to marriage, divorce, contraception and the increasing social acceptance of raising children outside of registered marriage (ABS 2011b; Higgins 2010).

Family environment

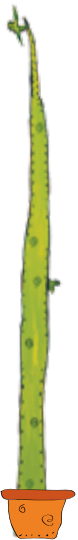
Families play a crucial role in the lives of children, providing the environment in which most children are cared for. Children raised in nurturing and stimulating family environments have better outcomes throughout life (McCain & Mustard 2002).

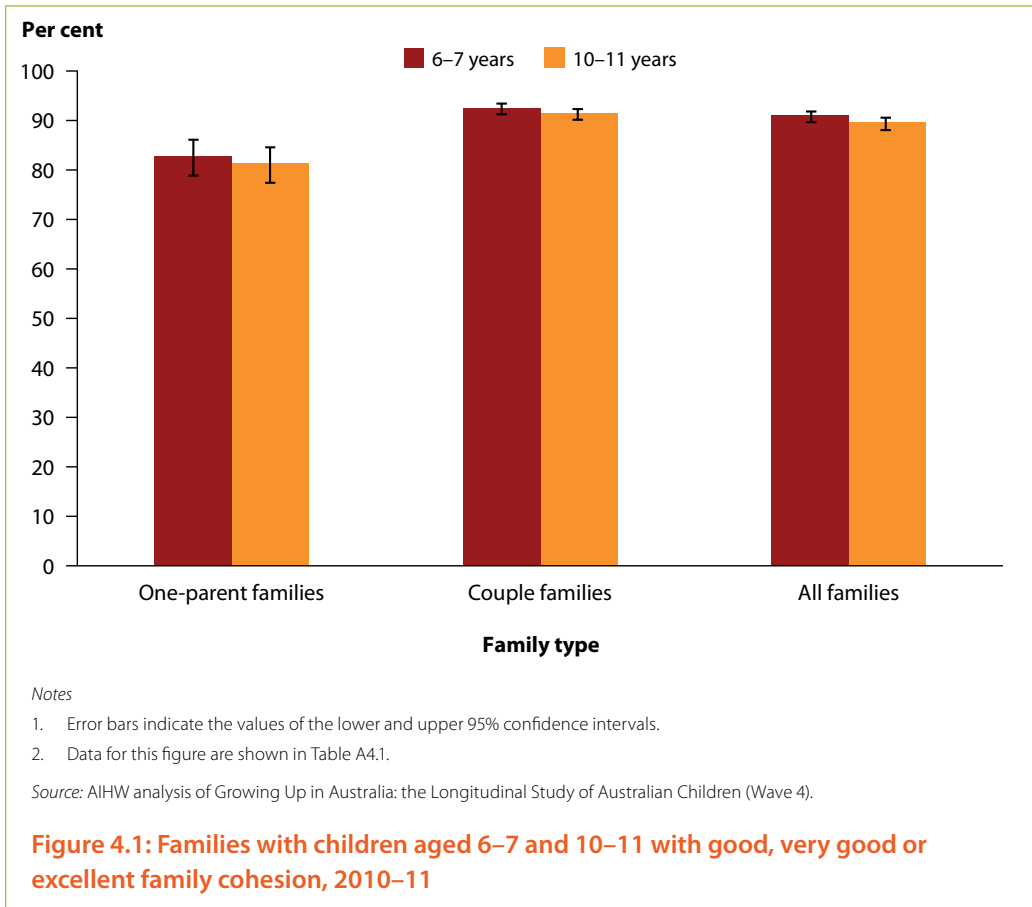
Family functioning

Family functioning relates to a family's ability to interact, communicate, make decisions, solve problems and maintain relationships with each other. There are currently no national data available on a single overarching measure of family functioning. However, national data are available on specific components of family functioning, such as family cohesion, which is the ability of the family to get along with one another. Growing Up in Australia: the Longitudinal Study of Australian Children (LSAC) measured family cohesion in families of two cohorts of children—one aged 6–7 (birth cohort) and the other aged 10–11 (kinder cohort)—in 2010–11 (Wave 4).

According to the LSAC, family cohesion was reported to be 'good', 'very good' or 'excellent' in the vast majority of families of both cohorts—91% for the birth cohort and 90% for the kinder cohort families (Figure 4.1). The remainder of families reported 'fair' or 'poor' family cohesion. A higher proportion of couple families than one-parent families reported high levels of family cohesion. Among couple families, 93% of the birth cohort and 91% of the kinder cohort families reported 'good' to 'excellent' family cohesion, compared with 83% and 81% of one-parent families respectively.

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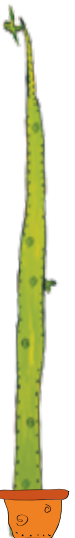




Parental involvement in early learning

High levels of parental involvement in early learning and development are associated with better outcomes for children, such as increased educational engagement and achievement (Reynolds & Shlafer 2010). In 2011, most (91%) children aged 0 to 2 were involved in an informal learning activity with their parent in the previous week (ABS 2012c). This was similar to 2008 (92%) (ABS 2009a).

The most common activity was being read to from a book or told a story (80%) and this occurred daily for more than half (57%) of children. Children in couple families were more likely to be read to or told a story daily (59%) than children in one-parent families (41%). For most children, mothers were the parent predominantly involved in informal learning (69%), although mothers and fathers shared this role equally for 15% of children.



Maternal workforce participation

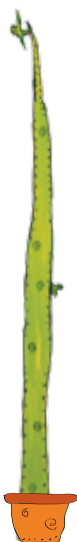
Participation in the labour force has increased over the last 50 years, particularly for females, with participation rates for females aged 15 and over increasing from 34% to 59% between 1961 and 2011, although this remains lower than for males (72% in 2011) (ABS 2011a). The rise in participation rates over time is largely due to the increased proportion of women returning to work after having children. In 1966, women's labour force participation dropped significantly during the prime child-raising years (20–34 year age group), with most women never returning to paid work. However, today many women take time away from employment after the birth of a child and often return to work part time while their children are young, rather than cease work (ABS 2011a). Women return to work for a variety of reasons, including financial (73%), for adult interaction/mental stimulation (54%) and to maintain one's career/skills (51%) (ABS 2012g).

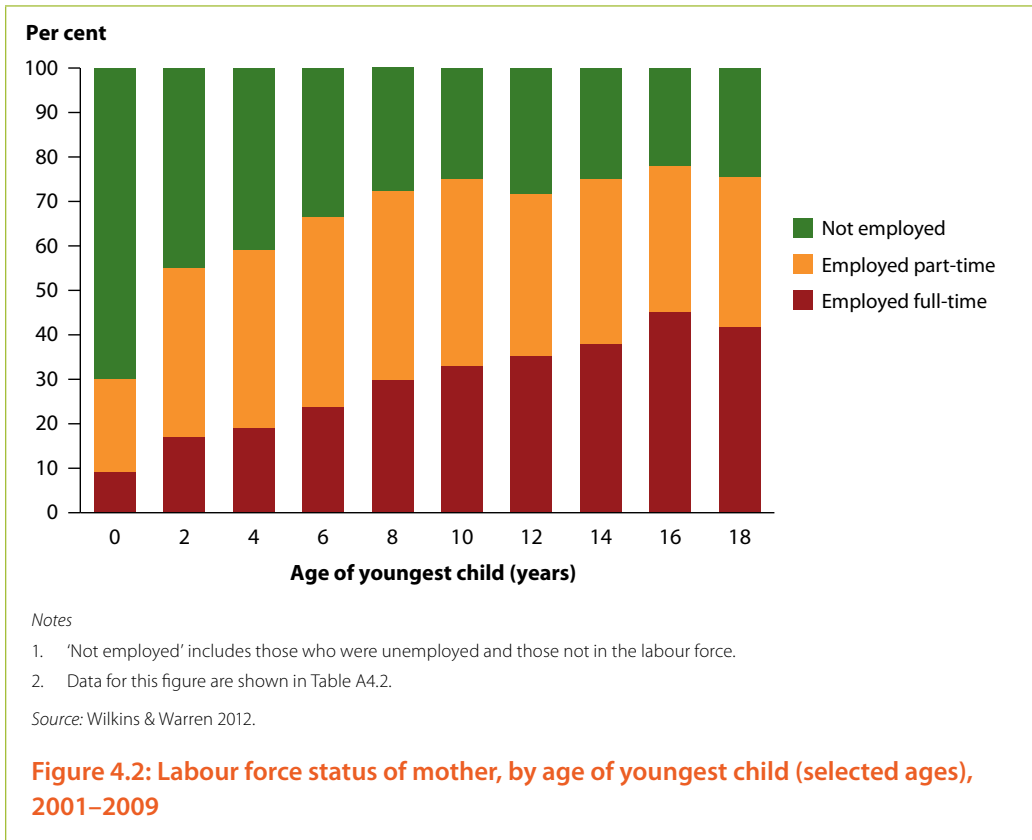
Based on data from the Household, Income and Labour Dynamics in Australia (HILDA) survey, between 2001 and 2009, the labour force participation rate of mothers with children under the age of 15 rose from 61% to 66%. The increase was greatest for lone mothers, where the proportion either employed or seeking employment rose from 51% to 64%. The proportion of partnered mothers in full-time employment remained relatively stable, rising from 22% to 26% between 2003 and 2008 before dropping to 24% in 2009. For lone mothers, full-time employment was steady at 20% between 2001 and 2005, rising to 23% in 2006 and 30% in 2008. This trend coincides with the introduction of the Child Care Rebate in 2004 and changes in eligibility for the Parenting Payment under the Welfare to Work reforms in 2006 (Wilkins & Warren 2012).

An important determinant of the labour force participation of mothers is the age of their youngest child (Wilkins & Warren 2012). As the age of the youngest child in the family increases, the labour force status of mothers tends to change, with more returning to the workforce and more working full time. While less than one-third of mothers (30%) whose youngest child was under the age of 1 had returned to full- or part-time employment over the 9-year period of 2001–2009, this increased to more than half (55%) by the time the youngest child was 2. By the time the youngest child was 8, almost three-quarters (73%) of mothers were working either full time or part time, with this proportion remaining relatively stable until the youngest child was 18 (76%) (Figure 4.2).

Mothers were more likely to work part time than full time during their youngest child's early years. Thirty-eight per cent of mothers worked part time when their youngest child was 2, while about half that proportion (17%) worked full time. However, the proportion of full-time working mothers rose steadily with the age of the youngest child, and overtook part-time working mothers when the youngest child was 13 (Table A4.2). It rose to 45% when the youngest child was 16 before dropping to 42% when the youngest child was 18. In contrast, the proportion of part-time working mothers fluctuated across the child-raising years. It rose from 21% when the youngest child was under the age of 1, increased to 44% when the youngest child was 7, and dropped to 31–34% when the youngest child was 16–18.

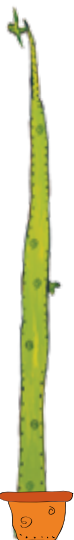
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Balancing work and family life can be a challenge for working parents, but access to a range of entitlements can help. The national Paid Parental Leave scheme introduced in January 2011 includes Parental Leave Pay (from January 2011) and Dad and Partner Pay (from January 2013), and other payments include the Child Care Rebate and Parenting Payment (see Appendix B for a description of these payments). Various types of paid leave are also available, including personal leave, carer's leave, parental leave and adoption leave. In addition, the *Fair Work Act 2009* has given parents and other people caring for young children the right to make formal requests for flexible work arrangements, such as part-time work. Most recently, the *Workplace Gender Equality Act 2012* and the establishment of the Workplace Gender Equality Agency aim to remove barriers to the full and equal participation of women in the workforce and to eliminate gender discrimination relating to family and caring responsibilities (FaHCSIA 2012d).

Mothers are more likely than fathers to work part time to accommodate caring for young children (Strazdins et al. 2012). According to the ABS 2011 Pregnancy and Employment Transitions Survey, of the 39% of mothers with a child under the age of 2 who had returned to work, the majority (86%) had some form of flexible work arrangement. The most common types of arrangements were part-time work (76%), flexible working hours (40%) and working from home (30%).



Just over one-quarter of all mothers with a child under the age of 2 (26%) had a partner who used some form of flexible work arrangements to assist with child care. The most common arrangements used were flexible working hours (61%) and working from home (32%), while 12% worked part time. Of the partners who did not use flexible working arrangements to assist with child care, almost one-third (30%) had such arrangements available to them while half (50%) did not, and availability was not known in 20% of cases.

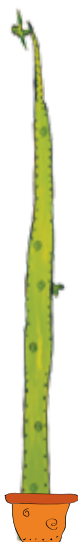
Child care

Child care is a means of supporting the labour force participation of parents as well as a key form of early learning and development for children (DEEWR 2010). High quality child care has the potential to benefit children's cognitive, socio-emotional and physical development (UNICEF 2010). Quality is affected by factors such as staff–child ratios, facilities and available resources, and carer qualifications. The Australian Government, with the states and territories, has developed the National Quality Framework for Early Childhood Education and Care, which includes standards to ensure the safety, health and wellbeing of children attending child care services (see Section 4.2).

As noted earlier, women's labour force participation has increased substantially over recent decades and, with the increase in the number of two-parent working households, the demand for non-parental child care has risen. Child care is available in various forms to cater for differing family needs. Such care may be formal—including long day care, family day care, occasional care and before- and after-school care—or informal, which is non-regulated and often includes care by relatives or friends.

The number of children aged 0 to 12 attending Australian Government approved child care services in a given quarter has increased in recent years from 760,825 (22% of all children) in 2008 to 969,800 (26%) in 2012 (SCRGSP 2013).

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According to the ABS 2011 Childhood Education and Care Survey, just over half (52%) of children aged 0 to 12 usually attended some type of child care, including care delivered in formal and informal settings (that is, not just Australian Government approved child care services). This is an increase from 43% of children in 2008, although changes to the ordering of survey questions between 2008 and 2012 may have affected the way parents reported their use of care (ABS 2009a, 2012c). Children in the 2–3 year age group were the most likely to attend child care in 2011 (72%) (Table A4.3). This may partly reflect the use of paid parental leave and unpaid parental leave arrangements provided for under the *Fair Work Act 2009* while children are aged 1 and under. School-aged children (aged 6 to 12) were less likely than younger children to attend child care, with half (50%) of those aged 6–8 and 43% of those aged 9–12 attending child care. Overall, children were more likely to attend informal care than formal care, except those aged 2–3.



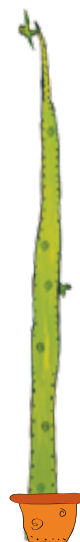
Certain groups of children are more likely to attend child care than others, which may reflect different child care needs for work-related or accessibility issues such as availability and affordability. In 2011, children in one-parent families were more likely to attend child care than those in couple families (65% compared with 49%). Children were also more likely to attend child care if English was the main language spoken at home (54%) compared with another language (35%). Children living in *Major cities* were slightly more likely to attend child care (54%) than children in *Inner regional areas* (49%) and *Outer regional, Remote and Very remote areas* combined (48%) (excluding Indigenous communities) (ABS 2012c).

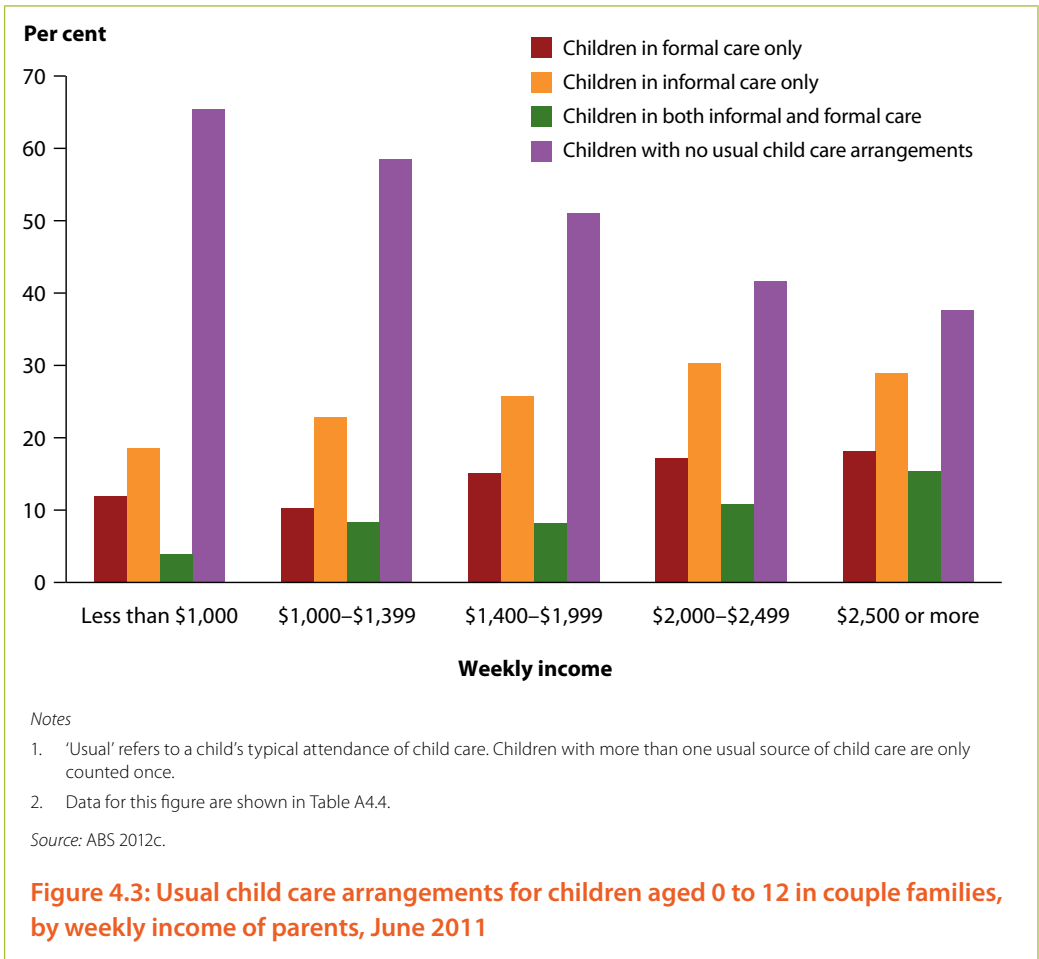
Data from the ABS 2008 National Aboriginal and Torres Strait Islander Social Survey indicate that 56% of Indigenous children aged 0 to 12 used child care compared with 43% of all Australian children (ABS 2011c). Indigenous children were more likely to use informal care (50%) and less likely to use formal care (14%) than all Australian children (29% and 22% respectively).

According to the ABS 2011 Childhood Education and Care Survey, work-related reasons were the most common main reason that children aged 0 to 12 attended child care—73% usually attended formal child care for this reason, as did 49% of those who usually attended informal care (ABS 2012c). This corresponds with the patterns of child care attendance by parents' employment status. The highest child care attendance rates were for children in one-parent families with an employed parent (82%) and in couple families with two employed parents (63%). Attendance rates were lower for children in couple and one-parent families in which no parent was employed (25% and 49% respectively) and in couple families with one employed parent (31%).

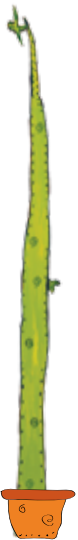
Income is related to parental employment and the need for child care. In couple families, the proportion of children aged 0 to 12 who usually attended child care increased with parental income in 2011, from 35% of children whose parents had a combined weekly income of less than \$1,000 to 62% of children whose parents' weekly income was \$2,500 or more (Figure 4.3). A high income may indicate that families are more easily able to afford child care and therefore choose to use it, or that there are two working parents within the family and therefore a greater need for child care. Children with parents who had a combined weekly income of \$2,500 or greater were more likely than those earning less than \$1,000 to use formal care (18% and 12% respectively) or informal care (29% and 19% respectively). The lower levels of child care use among families earning less than \$1,000 suggest that cost may be a barrier for low-income families, or that there is only one or no working parent in the household and less need for child care.

4





4



Government financial support

The Australian Government provides financial support (and other services) to families to assist with the costs of raising children, including specific payments to support participation in the workforce through child care subsidies. Payment rates and eligibility varies with the type of payment. Appendix B outlines payment types and eligibility for various types of financial support. For details on the number of recipients receiving selected family-related payments from 2006 to 2012, see Table A4.5.

The number of families receiving Family Tax Benefit Part A has fallen since 2009. In June 2012, more than 1.6 million families received this payment—around 60% of all Australian families with dependent children—compared with 1.8 million families in June 2009. The number of families receiving Family Tax Benefit Part B remained fairly steady between June 2006 and June 2012 (around 1.4 million families, or half of Australian families with dependent children), with a peak in 2010 (Table A4.5).



During 2011–12, 756,000 families received the Child Care Benefit (about 28% of all families with dependent children), and around 772,000 families received the Child Care Rebate (29% of all families with dependent children) (Table 2.9).

Since the inception of the Baby Bonus in 2004, the number of recipients of the payment peaked at 287,000 in 2006–07. Income eligibility was introduced in 2009 and there was a corresponding decrease in those receiving the Baby Bonus, to 219,000 families in 2010–11. In January 2011, the Paid Parental Leave scheme was introduced, allowing parents to choose between Parental Leave Pay and the Baby Bonus depending on family circumstances. Primary carers who meet eligibility requirements such as working at least 10 of the 13 months before the baby was born can receive Parental Leave Pay rather than the Baby Bonus. Subsequently, payments of the Baby Bonus decreased to 158,000 families in 2011–12 (DHS 2013b). The Australian Government announced in the 2013–14 Budget its intention that the Baby Bonus will be replaced from 1 March 2014 with a rate increase of Family Tax Benefit Part A (DHS 2013a).

There was a substantial increase in the number of recipients of the Maternity Immunisation Allowance between 2010–11 and 2011–12—from 267,000 to 470,000. This is likely due to the cessation of the allowance from 1 July 2012, and an increase in the number of claims prior to this. In June 2012, more than half (53%) of all single-parent families with dependent children received a parenting payment (about 320,000, a decline from 433,000 in 2005–06), as did 4% of couple families with dependent children (114,000, a decline from 160,000 in 2005–06).

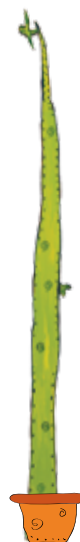
Some government financial assistance is also available to young people. Young people aged between 16 and 24 who are studying full time, undertaking a full-time apprenticeship, training, looking for work, or are sick may be eligible for Youth Allowance (DHS 2013d). Maximum fortnightly payments depend on individual circumstances such as age, partner status, income and whether the young person is living at or away from home. Parental income tests may also apply. Around 355,300 young people were receiving this payment in June 2012 (DHS 2013c).

4.4 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. There is a link between intergenerational poverty and educational attainment—low educational attainment is a common factor in Australia's most disadvantaged communities and may increase the risk of social exclusion (Vinson et al. 2007). Education is important in breaking this cycle: those with higher levels of education are more likely to be employed and to have higher incomes (Callander et al. 2012).

Compulsory schooling ensures that children and young people acquire the essential knowledge and skills to allow them to participate fully and productively in the community. Children in Australia are required to attend school from age 6 (except in Tasmania where they must attend from age 5) until they complete Year 10, and then participate in full-time education, training or employment until they turn 17 (ACARA 2012b). A description of the key stages of education in Australia is in Box 4.1.

4



Box 4.1: Education in Australia

Each state and territory has its own terminology and compulsory ages for schooling. Previously, each state and territory also had their own curriculum; however, the Australian Curriculum (see Section 4.2) is being progressively implemented from 2011.

Following is an overview of the key stages of education in Australia, although the details may vary somewhat between states and territories:

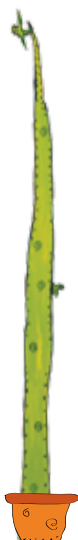
Preschool—a non-compulsory early childhood education and development program for children, before starting full-time schooling. Preschool is generally attended by 3 to 4 year olds part time, and is known as kindergarten in some states and territories. Preschool programs may be delivered in government- or private-funded stand-alone facilities, or within schools or long day 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 to 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 to 6 year olds. In most states and territories, it is compulsory for children to attend school from age 6 until they complete Year 10, although many students complete Year 12.

Further education—after secondary school, young people may start an apprenticeship (although some may start a school-based apprenticeship while still at secondary school) or a course of study at tertiary education institutions such as universities and technical and further education (TAFE) colleges.

4



Early childhood education

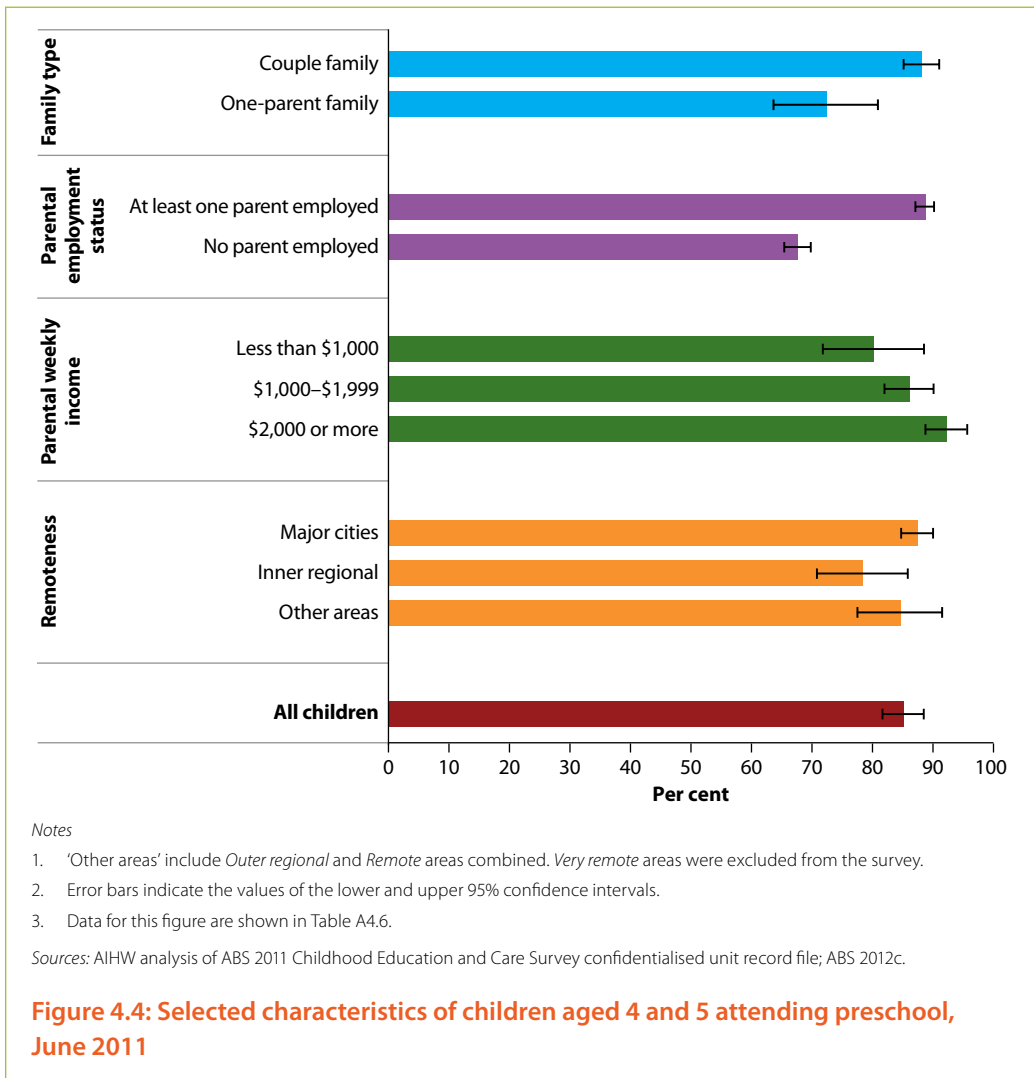
Participation in quality early childhood education has substantial positive effects on children's social and cognitive development and school readiness, especially for children from disadvantaged families (Burchinal et al. 2009; Elliott 2006). Participation in formal early childhood education programs usually occurs in the year or two before children start their first year of full-time schooling (see Box 4.1). It is the objective of the National Partnership Agreement on Early Childhood Education (NP ECE) that, by 2013, every child will have access to a quality early childhood education program delivered by a qualified early childhood teacher for 15 hours a week, 40 weeks a year, in the year before starting full-time schooling (COAG 2009a). A National Early Childhood Education and Care (ECEC) Collection has been developed to improve data to support the NP ECE (ABS 2013d, 2013e). Estimates from the ABS National ECEC Collection for 2012 indicate that 89% of children were enrolled in a preschool program in the year before full-time schooling and 86% of children were attending a preschool program for at least 1 hour in the reference week (data provided by DEEWR from the ABS 2012 National ECEC Collection).



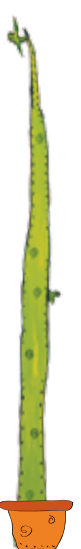
According to the ABS 2011 Childhood Education and Care Survey (CEaCS), most (85%) children aged 4 and 5 who were not yet in school attended preschool (including long day care preschool programs) (Figure 4.4). This was similar to the proportion in 2008 (86%). Preschool program attendance rates were higher among children:

- in couple families (88%) compared with one-parent families (73%)
- with at least one parent employed (89%) compared with those with no parent employed (68%)
- with higher parental income (92% among children whose parents earned \$2,000 or more per week) compared with those earning less than \$1,000 (80%).

Differences in preschool attendance by remoteness were not statistically significant (AIHW analysis of ABS 2008 and 2011 CEaCS data). See Box 4.2 for discussion of access to early childhood education for Indigenous children.



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In 2011, the average usual weekly cost of preschool for children aged 4 to 5 was \$48, after taking into account the Child Care Benefit and Child Care Rebate. The average weekly cost was higher for children attending non-government preschool programs (\$96) compared with government preschool programs (\$18). It was also higher for children attending preschool programs in *Major cities* (\$59) compared with *Inner regional* (\$28), *Outer regional* (\$21) and *Remote* (\$7) areas (*Very remote* areas were excluded from the survey) (ABS 2012c).

Box 4.2: Closing the Gap for Indigenous Australians—education

The Australian Government's Closing the Gap strategy aims to reduce Indigenous disadvantage in the areas of life expectancy, child mortality, access to early childhood education, educational achievement and employment outcomes. Progress against the education-related targets is outlined below. Information on the other targets is in the Prime Minister's report (Australian Government 2013a).

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

Data from the ABS National Early Childhood Education and Care Collection are available to report on progress towards this target for the first time for 2011. These data show that 91% of Indigenous children in remote communities were enrolled in a preschool program in the year before full-time schooling and, based on the latest available data, this target is expected to be met in 2013 (Australian Government 2013a). See the 'Early childhood education' discussion earlier in this section for further information on preschool attendance and Section 4.8 for additional information on the ECEC collection.

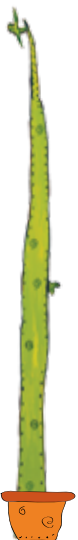
Halve the gap in reading, writing and numeracy achievement rates for Indigenous children by 2018

Indigenous students were less likely to have achieved at or above the minimum standards for Years 3, 5, 7 and 9 in 2012, with the proportion achieving at or above the minimum standards 18 to 35 percentage points lower than for non-Indigenous students (ACARA 2012a). Between 2008 and 2012, there was a reduction in the gap for reading in Years 3 and 7 (for which the gap closed by 5 and 4 percentage points respectively), and a small reduction for Year 5 numeracy (2 percentage points) (persuasive writing results are not comparable between 2011 and earlier years) (ACARA 2012a). See the discussion on 'Literacy and numeracy' in this section for further information on the national minimum standards.

Halve the gap in the attainment of Year 12 certificate or Certificate II (or above) for Indigenous young people by 2020

The Year 12 certificate or Certificate II or above attainment rate among Indigenous young people (aged 20 to 24) was 54% in 2011, an increase from 47% in 2006 (which is the baseline for this target), according to ABS Censuses. The rate for non-Indigenous young people increased slightly during this time (from 84% in 2006 to 86% in 2011) (Australian Government 2013a). See 'Completion of Year 12' later in this section for further information on attainment rates.

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Transition to primary school

Children entering school with basic skills for life and learning are more likely to experience a successful transition. The Australian Early Development Index (AEDI) provides a snapshot of children's development as they enter full-time schooling, and has been endorsed by COAG as a national progress measure of early childhood development in Australia. The AEDI is based on a teacher-completed checklist and collects information on five developmental domains: physical health and wellbeing, social competence, emotional maturity, language and cognitive skills, and communication skills and general knowledge. The AEDI was conducted across Australia for the first time in 2009 and was repeated in 2012.

According to the AEDI, in 2012 the majority of Australian children were doing well across all domains in their first year of formal full-time school (Australian Government 2013b). However, more than one-fifth (22%) of children were developmentally vulnerable on one or more domains, which suggests they may have difficulty in Year 1, although this is a statistically significant decrease from 24% in 2009. Around 1 in 9 children (11%) were vulnerable on two or more domains in 2012—these children are considered to be at high risk developmentally. A lower proportion of children were developmentally vulnerable on each domain in 2012 compared with 2009, with the exception of the physical health and wellbeing domain, which did not change.

The proportion of children developmentally vulnerable on one or more domains varied across population groups. In 2012, groups more likely to be developmentally vulnerable included boys (28%), children with a language background other than English (30%) and Indigenous children (43%). The proportion for Indigenous children has decreased from 47% in 2009.

There were some notable differences between groups on individual domains in 2012. Boys were around 3 times as likely as girls to be developmentally vulnerable on the emotional maturity domain and Indigenous children were almost 4 times as likely as non-Indigenous children to be developmentally vulnerable on the language and cognitive skills domain.

School attendance

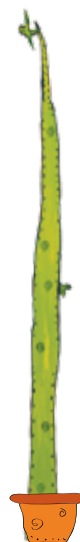
Regular school attendance is important for children to obtain the full benefits of schooling, such as the development of the building blocks for lifelong learning and educational attainment, social skills and healthy self-esteem. Conversely, absenteeism limits a child's opportunity to learn and can exacerbate self-esteem issues, social isolation and dissatisfaction (Bond 2004).

School attendance is reported here as children who are enrolled and actually attending school, rather than just enrolments. Data are not comparable across school sectors, states and territories; ranges have therefore been presented below as an overview (for further information, see ACARA 2012b).

Most children in Australia regularly attend school. In 2011, attendance rates across the six states and the Australian Capital Territory for all three school sectors (government, Catholic and independent) ranged from 92% to 95% for primary school students (Years 1 to 6) and from 85% to 95% for junior secondary school students (Years 7 to 10). Attendance rates in the Northern Territory were considerably lower (79% to 91% and 74% to 91% respectively) (SCRGSP 2012).

Attendance rates for all states and territories remained relatively stable between Years 1 to 6, but decreased between Years 7 to 10 in 2011.

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The lower end of the range in attendance rates for primary school students (excluding those in the Northern Territory) increased slightly from 89% in 2007 to 92% in 2011 (the upper end was 95% in both years), whereas the range for junior secondary students remained similar.

In 2011, across the school sectors, and states and territories, attendance rates for Indigenous primary students ranged from 65% to 99% compared with 90% to 95% for non-Indigenous students. The corresponding proportions for junior secondary students were 55% to 100% compared with 85% to 95% respectively (SCRGSP 2012).

Literacy and numeracy

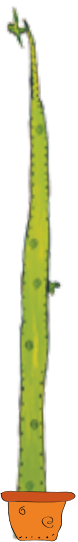
Literacy and numeracy skills are the foundation on which all further formal education is built. Research has shown that levels of literacy and numeracy are associated with school completion, employment, income and health outcomes (Masters 2011; Rothman & McMillan 2003).

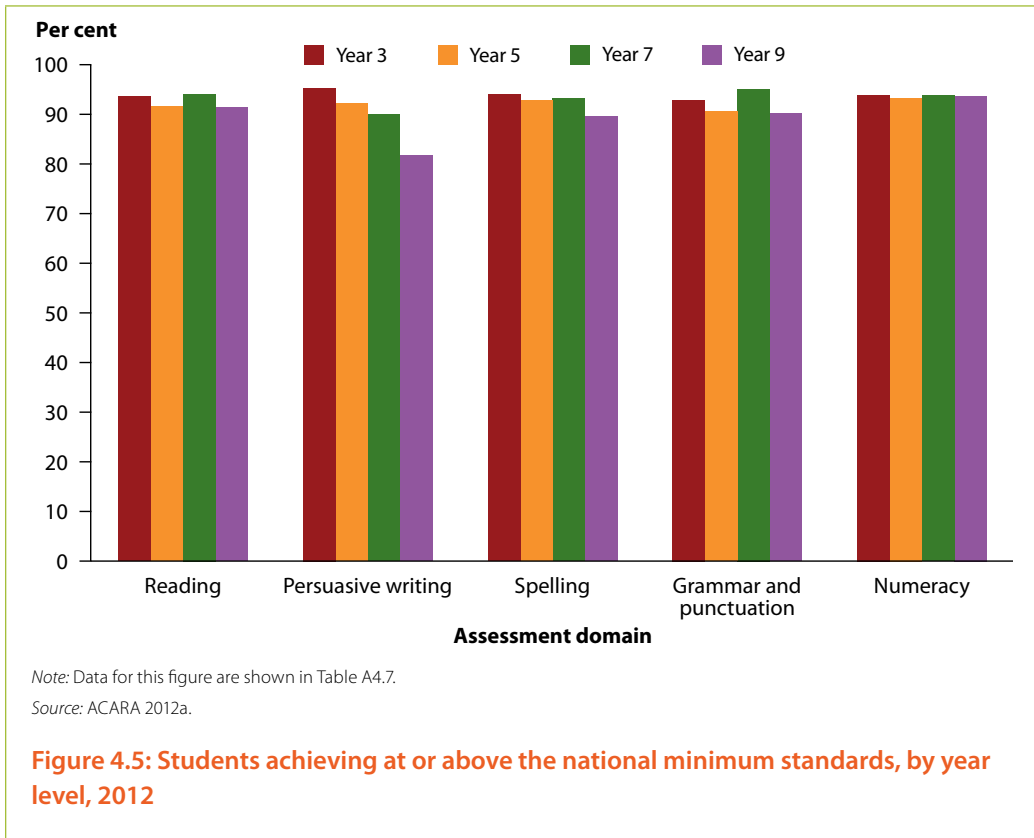
In Australia, national minimum standards (NMS) have been developed for reading, persuasive writing, language conventions (spelling, grammar and punctuation) and numeracy for students in Years 3, 5, 7 and 9. In 2012, most students in these years (82% to 95%) achieved at or above the NMS across the assessment domains (Figure 4.5) (ACARA 2012a). Results were largely similar to previous years, with the exception of an improvement in Year 7 grammar and punctuation (92% in 2008 to 95% in 2012) and a decline in Year 9 writing results (from 85% in 2011 to 82% in 2012; the writing task is not comparable between 2011 and earlier years) (ACARA 2008, 2011, 2012a).

Female students were more likely than male students to achieve at or above the NMS for reading and writing (3 to 14 percentage points higher across Years 3, 5, 7 and 9), but there was little difference in the proportion achieving minimum standards for numeracy.

Some groups of students do not perform as well as others in terms of achieving at or above the NMS. The Schools Geographic Location Classification System categorises schools into *Metropolitan*, *Provincial*, *Remote* and *Very Remote* areas (ACARA 2012a). Students in Years 3, 5, 7 and 9 attending schools in *Remote* and *Very remote* areas were less likely than those in *Metropolitan* areas to meet the NMS for reading, writing and numeracy in 2012. Compared with those attending schools in *Metropolitan* areas, the proportions of students achieving the NMS in *Remote* areas were 9 to 19 percentage points lower, and for those in *Very remote* areas, 34 to 51 percentage points lower. Results for students in *Provincial* areas were 2 to 8 percentage points lower than for those in *Metropolitan* areas (ACARA 2012a). Results for Indigenous students are discussed in Box 4.2.

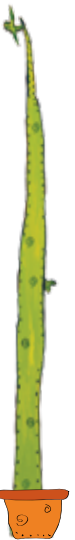
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Among students for whom parental education data were recorded, those whose parents had an educational attainment of Year 11 or below (or equivalent) were less likely to achieve the NMS for reading, writing and numeracy (67 to 89%) than those for whom at least one parent had a Bachelor degree or above (93 to 98%). Further, among students for whom data on parental occupation were available, those with parents in unskilled occupations (such as machine operators, hospitality staff, assistants and labourers) were less likely to achieve the NMS for reading, writing and numeracy (74% to 94%) than students with parents in senior management and qualified professions (93% to 98%) (ACARA 2012a).

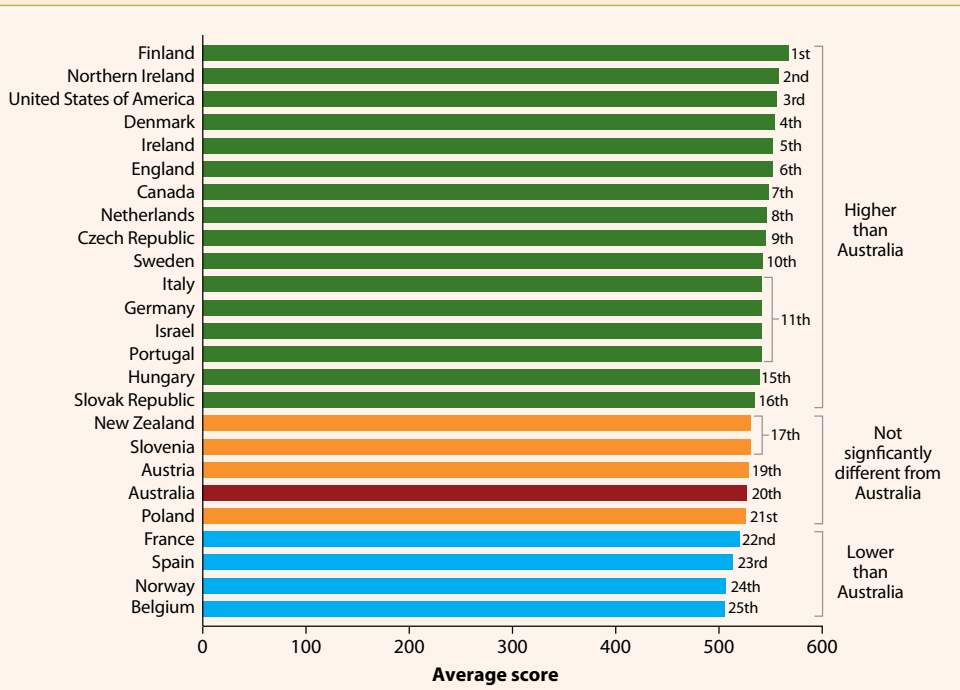
To see how Australia compares internationally, see Box 4.3.



Box 4.3: Australia's international performance in reading, mathematics and science



Australia participates in several internationally comparable studies that assess performance in the areas of reading, mathematics and science. One of these is the Progress in International Reading Literacy Study, which Australia participated in for the first time in 2011. The results placed Australian Year 4 students 20th out of the 25 participating OECD countries in reading. Australia's average score was significantly higher than 4 OECD countries and significantly lower than 16 (Figure 4.6) (Thomson et al. 2012b).



Notes

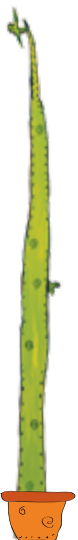
1. Based on data from 25 OECD countries. Data are not available for the United Kingdom; therefore, data for England and Northern Ireland are presented separately.
2. Data for this figure are shown in Table A4.8.

Source: Thomson et al. 2012b.

Figure 4.6: Reading achievement scores of Year 4 students, participating OECD countries, 2011

(continued)

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Box 4.3 (continued): Australia's international performance in reading, mathematics and science



Another internationally comparable study is the Trends in International Mathematics and Science Study. In 2011, Australian Year 4 students ranked 13th out of the 26 participating OECD countries for mathematics and 18th out of 26 for science (Thomson et al. 2012a; Thomson et al. 2012b). Australia's average scores for mathematics and science were significantly higher than 9 and 7 OECD countries respectively. Australian Year 8 students ranked eighth out of 15 participating OECD countries for mathematics and science, with Australian average scores for mathematics and science significantly higher than 5 and 4 OECD countries respectively. There has been no significant change in Australia's scores for Year 4 science or Year 8 mathematics or science between 1995 and 2011, but there was an improvement of more than 20 points for Year 4 mathematics (495 in 1995 to 516 in 2011).

A third study is the Programme for International Student Assessment (PISA), with the most recent data pertaining to 2009. According to the PISA, among students aged 15, Australia ranked sixth for reading literacy, ninth for mathematical literacy and seventh for science literacy out of 34 OECD countries in 2009 (OECD 2010). Australia's average score was significantly lower than 3 OECD countries for reading and scientific literacy and 6 OECD countries for mathematical literacy (Thomson et al. 2011). For more information on Australia's PISA results, refer to *Australia's welfare 2011* (AIHW 2011b).

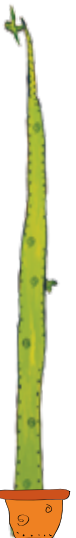
School retention

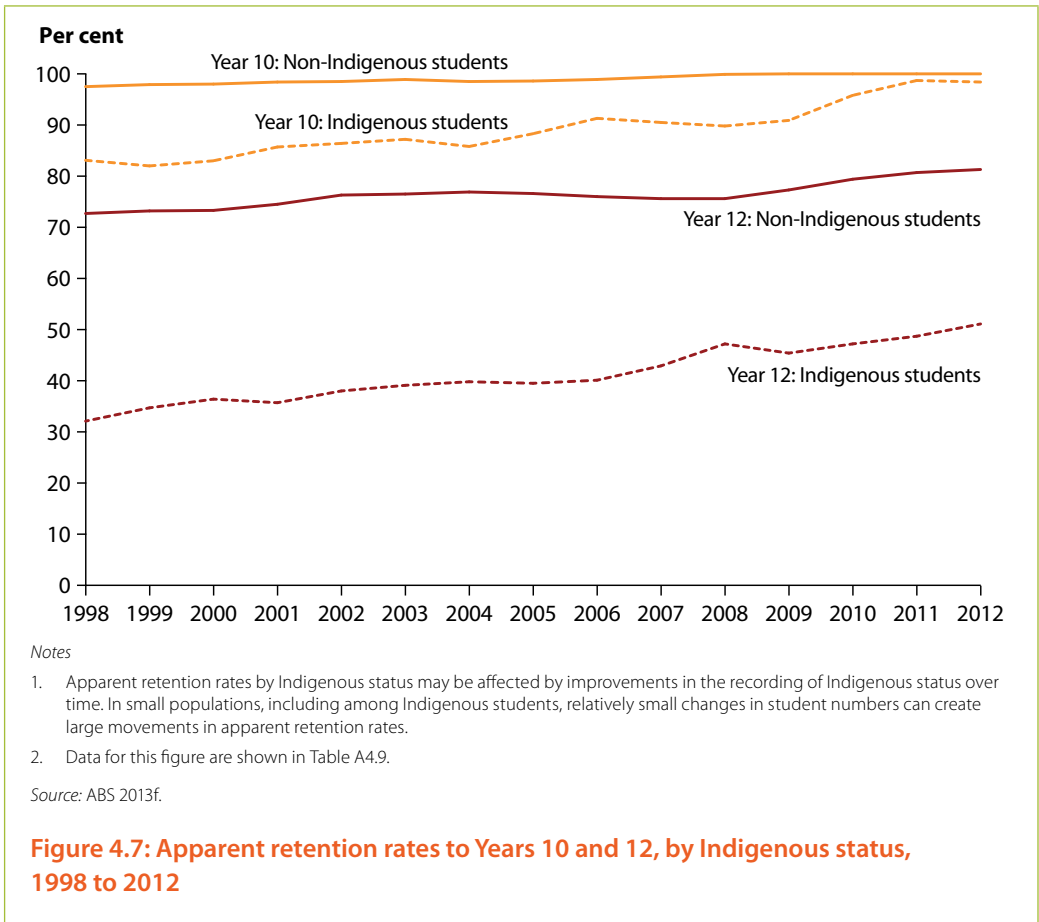
Remaining engaged in, and successfully completing, secondary school improves transitions into further study and employment, with the number of years of schooling a significant predictor of future earnings and employment (Lamb et al. 2004). The apparent retention rate to Year 12 is the most common measure of school participation. It estimates the percentage of students who remain enrolled full time in secondary education from the start of secondary school (Year 7 or 8 depending on the state or territory) to Year 12.

In 2012, the Year 12 apparent retention rate was 80%, having gradually increased from 72% in 1998 (ABS 2013f; Table A4.9). Females had a higher Year 12 apparent retention rate than males (84% compared with 76% in 2012). This is consistent with research showing that males are less likely to undertake Year 12 and more likely to leave school before Year 12 and undertake vocational programs (such as apprenticeships) or find employment (ABS 2013f; Curtis & McMillan 2008). See Indicator 14 in Chapter 11 for information on trends in Year 12 retention for males and females.

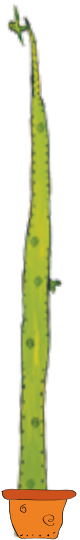
The Year 12 apparent retention rate for Indigenous students was 51% in 2012 and, although considerably lower than for non-Indigenous students (81%), has steadily increased from 32% in 1998 (Figure 4.7).

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The apparent retention rate to Year 10 has also increased for Indigenous students, from 83% in 1998 to 98% in 2012, reducing the gap between Indigenous and non-Indigenous students from 14 to 3 percentage points. The corresponding rate for non-Indigenous students increased from 98% to 101% over this time (the proportion exceeds 100% due to factors such as migration and inter-sector transfer).

Completion of Year 12 or equivalent

The apparent retention rate reflects enrolment in school, but it is not a measure of the successful completion of Year 12. Completing Year 12, or an equivalent vocational qualification, is a key factor in improving economic and social opportunities in life, encouraging lifelong learning and lifting national productivity (Dandolo Partners 2012; Gonski et al. 2011; OECD 2005). According to the OECD, these qualifications have increasingly become the norm in advanced economies (OECD 2012).

Among young people aged 15 to 24 who had left school in 2011, 74% had completed Year 12—an increase from 70% in 2002 (ABS 2003, 2012f).



In 2009, the Australian Government set a target for 90% of young people aged 20 to 24 to have attained Year 12 or a Certificate II or above by 2015, and Year 12 or a Certificate III or above by 2020. In 2012, 86% of 20 to 24 year olds had completed Year 12 or at least Certificate II and 85% had completed Year 12 or at least Certificate III, which is an increase from 80% and 78% in 2003 respectively (ABS 2012e) (see also Box 2.2). Year 12 or equivalent attainment of Indigenous young people is discussed in Box 4.2.

Young people who have spent time in out-of-home care (for example, foster care and residential care) were about half as likely to complete Year 12 as the general population in 2009 (35% and 74% respectively) (Testro 2010).

Post-school education

Post-school qualifications are an important predictor of an individual's ability to successfully compete in the labour market. The number of people with post-school qualifications in Australia has been steadily increasing over time, with the profile of the population shifting towards higher qualifications (Shah 2010).

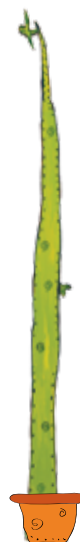
The education participation rate measures participation in school and post-school studies for young people aged 15 to 24, including full- and part-time studies at school, TAFE, colleges and tertiary institutions.

In 2012, the education participation rate was 80% for 15–19 year olds and 41% for 20–24 year olds, an increase from 2003 for both age groups (77% and 36% respectively) (ABS 2012f). The higher rate among those aged 15–19 reflects compulsory schooling requirements, and that teenagers are less likely to be in full-time employment than 20–24 year olds. Many young people combine employment and study—this is discussed in Section 4.6.

Of the 15–19 year olds enrolled in a course of study, most were studying for a Year 12 qualification or below (66%), a Bachelor degree (19%), or a Certificate III or IV (9%) (Table A4.10). Most 20–24 year olds were studying towards a Bachelor degree (62%), a Certificate III or IV (16%), or a Diploma or Advanced diploma (9%). In 2012, the most popular fields of study for non-school qualifications were management and commerce (21%), society and culture (16%) and engineering and related technologies (13%) (ABS 2012f).

Indigenous young people aged 15 to 24 were less likely to be studying for a qualification than non-Indigenous young people in 2011 (44% compared with 59%). These proportions are similar to those in 2006 (42% and 57% respectively) (AIHW analysis of ABS 2006 and 2011 Censuses).

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Completion of further education

In 2011, 41% of 20–24 year olds had attained a non-school qualification (that is, an educational attainment beyond secondary education), which is similar to 2006 (39%) (AIHW analysis of ABS 2006 and 2011 Censuses). Of those with a qualification, most had attained a Certificate III or IV (40%), a Bachelor degree (32%), or a Diploma or Advanced diploma (16%) as the highest level of attainment.

Indigenous young people aged 20–24 were less likely to have a non-school qualification than non-Indigenous young people in 2011 (25% and 43% respectively). However, the proportion of Indigenous young people attaining a non-school qualification has increased from 20% in 2006. Of those with a non-school qualification, the proportion of Indigenous young people with a Certificate (any level) as their highest qualification (84%) was greater than for non-Indigenous young people (48%); however, Indigenous young people were less likely to have a non-school qualification at any other level.

4.5 Community participation

Community participation includes activities such as being involved in clubs and community organisations, cultural activities and volunteering.

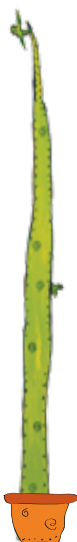
Children's participation in cultural and leisure activities

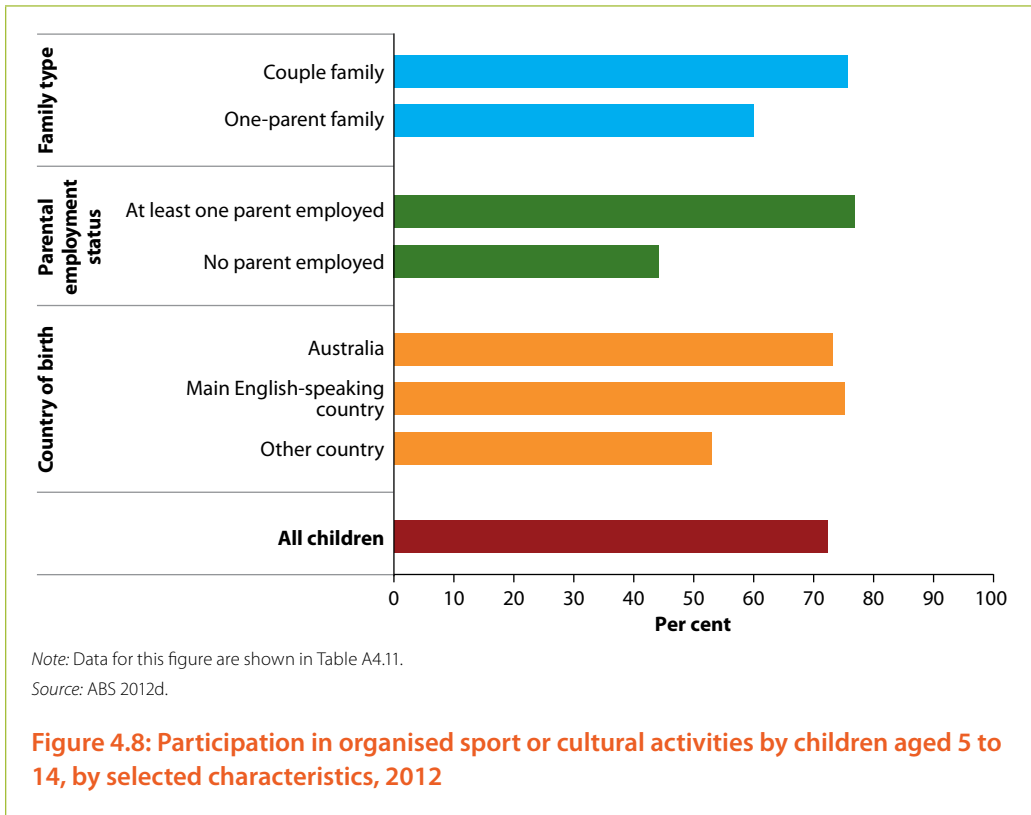
Many children participate in cultural, sporting and other leisure activities, with participation in these activities considered important for their emotional, physical, social and intellectual development. In 2012, nearly three-quarters (72%) of children aged 5 to 14 had participated in organised sport, and/or selected cultural activities outside school hours in the 12 months prior to being surveyed (ABS 2012d). Six in 10 children (60%) had played organised sport, most (71%) had attended a cultural venue or event such as a public library or performing arts event, and around one-third (35%) were involved in at least one cultural activity, such as playing a musical instrument, dancing, singing, drama, or art and craft. Participation rates for attendance at cultural venues or events were similar in 2006 (71%). Trend data are not presented for participation in organised sport and cultural activities because 2012 data are not comparable with earlier surveys.

Girls were more likely than boys to participate in both sport and cultural activities (28% compared with 18%). However, girls were less likely than boys to participate only in sport (25% and 48% respectively) and more likely to participate only in cultural activities (19% compared with 6% of boys).

Certain groups of children were more likely to participate in either sport or cultural activities, or both. Children born in Australia (73%) or other main English-speaking countries (75%) had higher participation rates than those born in other countries (53%). Children were also more likely to participate if they lived in couple families (76%) than in one-parent families (60%), and in families where at least one parent was employed (77%) than in those where no parent was employed (44%) (Figure 4.8). This indicates that cost and/or parental time, among other possible reasons, may be associated with children's participation in these activities.

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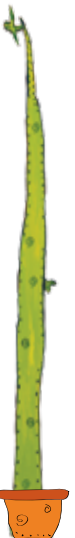


Youth participation in social and community groups

Social and community participation is an important aspect of life, and provides social and psychological benefits that are important for health and wellbeing. Social time with family and friends, involvement with sporting teams and community groups, and other leisure activities within the community are forms of participation.

In 2010, more than two-thirds (68%) of young people aged 18 to 24 were involved in one or more social or community groups in the 12 months prior to being surveyed, which was not significantly different to the proportion in 2006 (72%). The most common types of social groups that young people reported involvement in were sport or recreation (39%), religious or spiritual (17%), and social clubs with restaurants or bars (15%). In terms of community groups, the most common types that young people reported involvement in were education and training (18%), health promotion and support (8%), and parenting, children and youth (6%) (AIHW analysis of ABS 2006 and 2010 General Social Surveys).

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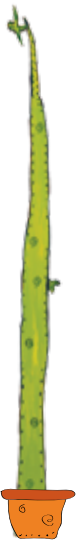
Participation of young people in social groups was higher than in community support groups (63% and 32% respectively), and females had a higher participation rate in at least one social or community group, although the difference was not statistically significant (73% and 64% respectively). Males and females had a similar rate of participation in social groups (62% and 64% respectively), but females were more likely to be involved in community groups than males (39% compared with 25%). Young people who were employed were more likely to participate in social or community groups (72%) than those who were unemployed (48%), and those born in a main English-speaking country (including Australia) (71%) were more likely to participate than those born in a non-main English speaking country (56%). There were no significant differences in participation by remoteness area or socioeconomic status (AIHW analysis of ABS 2010 General Social Survey).

Unpaid voluntary work

Volunteering is a form of community participation that provides young people with social contact and learning opportunities, as well as providing a valuable contribution to many community and welfare organisations.

According to the ABS 2010 General Social Survey, around 1 in 4 (27%) young people aged 18 to 24 were involved in unpaid voluntary work in the previous 12 months (ABS 2011d). Volunteering rates were higher among young females (33%) than young males (21%), and among young people who were employed either full or part time (59%) than those who were unemployed or not in the labour force (35%). Young people who spoke only English at home were more likely to volunteer (29%) than those who spoke a language other than English (18%). Volunteering rates were similar in *Major cities* (27%), *Inner regional areas* (27%) and *Outer regional and Remote areas combined* (31%) (*Very remote areas* were excluded from the survey).

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4.6 The transition to independence

Finishing school, undertaking further education, finding paid employment, moving out of the family home, forming relationships and starting a family are just some of the milestones that young people commonly experience as they transition to adulthood and independence (ABS 2009b). This transition may be affected by social, economic, environmental and technological changes that have occurred in recent decades. As a consequence, the pathways from education to work have become more varied and complex, and often extend over longer periods. Greater difficulty accessing secure employment and increased housing costs mean that young people often live in the parental home for longer. Socially, the current generation of young people has different ways of communicating than previous generations, having grown up with access to mobile phones, the Internet and email, and the emergence of social media (AIHW 2011c).



Living arrangements of young people

The transitions of young people, including completing study, starting paid employment and forming relationships, are reflected in their living arrangements. Young Australians are living at home longer than previous generations, and are delaying both entering the rental market and purchasing their own home (Hillman & Marks 2002; Marks 2007). The reasons for these trends are not clearly understood, although it appears to be related to increased financial dependency of young people on their parents, which may be related to increased participation in tertiary education attainment, as well as factors such as housing costs, the labour market and income-support systems (Cobb-Clark 2008).

Reflecting these trends, the proportion of young people aged 18 to 24 living with one or more parents increased from 50% in 1997 to 58% in 2009–10, while young people living in group households decreased from 19% in 1997 to 9% in 2009–10 (ABS 2004; AIHW analysis of ABS 2009–10 Family Characteristics Survey). Around 1 in 5 (21%) young people were living in a household as a parent and/or in a couple relationship and a small proportion (3%) lived alone in 2009–10. The remaining 8% of young people lived in family households, and were either unrelated to other members of the household or related in a way not already described.

Young parents

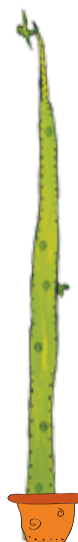
For some young people, part of the transition to independence includes having children. Parenthood in the teenage years, in particular, can result in interrupted (and lower rates of participation in) education, greater dependence on government assistance, increased problems entering the labour market and marital instability (Hoffman & Maynard 2008). However, the social and economic disadvantage that teenage parents and their babies experience may at least partly be a reflection of the circumstances before the pregnancy and birth (Paranjothy et al. 2009).

Although birth rates among young females have declined dramatically in recent years (see Section 1.4), parenthood before the age of 25 is not uncommon in Australia: almost 1 in 5 births (53,000 or 18% of births) were to mothers aged under 25 in 2011 (ABS 2012a). Of these babies, 11,300 (4% of all births) were born to teenage mothers (aged 19 and under), including 400 babies born to mothers aged 15 and under (0.1% of all births).

For each single year of age between 15 and 24, the overall fertility rate declined between 1991 and 2011. This was particularly apparent among 23 and 24 year olds, where the rate decreased from 89 to 58 births per 1,000 females and 102 to 67 births per 1,000 females respectively (Table A4.12).

The median age of mothers (30.6 years in 2011) is lower than for fathers (33.0), and the younger age of mothers is also evident among teenage parents—there were more than twice as many teenage mothers aged 15–19 as teenage fathers (ABS 2012a).

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In 2011, the teenage birth rate among Indigenous females was 5 times that for all teenage females—78 compared with 16 births per 1,000 females aged 15–19 (see Section 1.4 for further details on fertility rates of Indigenous females).

Teenage births are also relatively more common in regional and remote areas, which may in part reflect the higher proportion of the population in these areas who are Indigenous and the higher teenage birth rates among Indigenous females. Teenage females who lived in *Remote and very remote* areas were more than 5 times as likely to give birth as their peers in *Major cities* (62 births per 1,000 compared with 12 births per 1,000) (ABS 2012a).

Participation of young people in education and employment

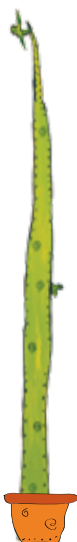
The Australian Government provides incentives for young people to be involved in work or education through the National Partnership Agreement on Youth Attainment and Transitions (see Section 4.2). This agreement contains five main elements, one of which is the Compact with Young Australians. The compact, commonly referred to as the Learn or Earn policy, introduced a mandatory requirement for all 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 reach the age of 17. Year 12 completion rates are discussed in Section 4.4.

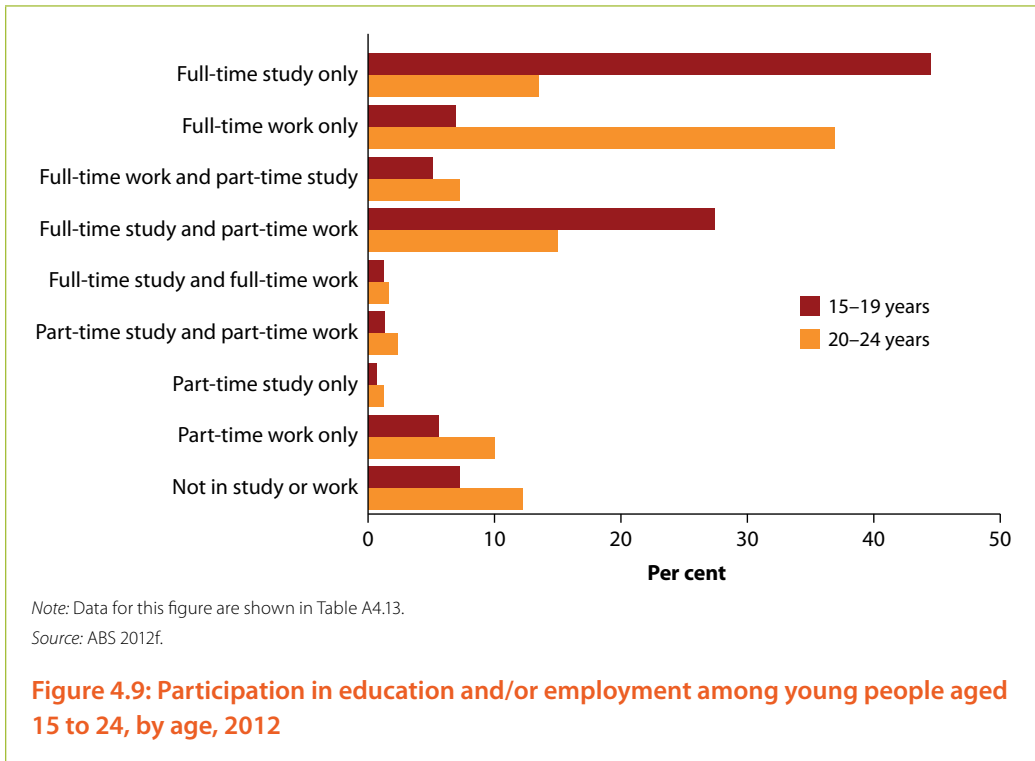
The Learn or Earn policy also introduced participation requirements for Youth Allowance (Section 4.3). To receive Youth Allowance, young people aged under 21 who have not finished Year 12 (or an equivalent Certificate II qualification) must be studying or training until they attain this qualification (DEEWR 2009).

Combining education and employment

Some young people combine paid employment with secondary or tertiary study to support themselves financially and to develop skills for long-term participation in the labour force. In 2012, 30% of young people aged 15 to 24 combined study and work, a similar proportion to 2003 (29%) (ABS 2003, 2012f). The proportion was higher for 15–19 year olds (35%) than for 20–24 year olds (26%), reflecting the high proportion of 15–19 year olds attending secondary school full time (Figure 4.9). The corresponding proportions in 2003 were 34% for 15–19 year olds and 24% for 20–24 year olds.

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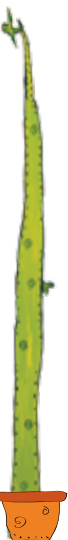
Not in employment, education or training

Non-participation in work or study among young people has been linked to future unemployment, lower incomes and employment insecurity (Pech et al. 2009), placing young people at risk of social and economic disadvantage, and social exclusion. In 2012, 7% of 15–19 year olds and 12% of 20–24 year olds were not in employment, education or training (NEET), which is similar to 2003 (7% and 14% respectively) (Figure 4.9) (ABS 2003, 2012f). To see how Australia compares internationally, see Box 4.4.

Data from the Longitudinal Surveys of Australian Youth indicate that, in 2010, some groups of 22 year olds were more likely than others to be NEET, including:

- those who were Indigenous (20%) compared with those who were non-Indigenous (8%)
- those with disability or a health condition (21%) compared with those without (7%) (Robinson & Lamb 2012).

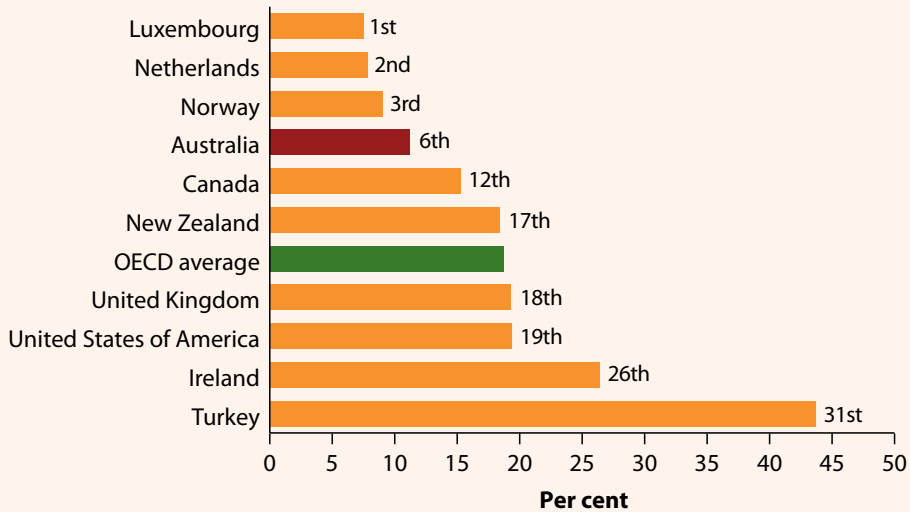
Educational attainment was also associated with NEET status—22 year olds who had not completed Year 12 or Certificate III were more likely to be not in employment, education or training (17%) than those who had (7%). Further, those whose highest year of school completed was Year 11 (11%), Year 10 (17%) or Year 9 or below (30%) were more likely to be NEET than those who had completed Year 12 (7%).



Box 4.4: International comparison of youth not in education or employment



Internationally, the proportion of Australian 15–19 year olds not in education or employment was similar to the OECD average in 2010 (8.1% compared with 8.3%), with Australia ranked 20th out of 31 OECD countries with available data. Slovenia (3.2%), Poland (3.6%) and Germany (3.7%) had the lowest non-participation rates for this age group. Among 20–24 year olds, the Australian non-participation rate in 2010 (11%) was better than the OECD average (19%), and ranked sixth out of 31 OECD countries with available data (Figure 4.10). The non-participation rate was lowest in Luxembourg (8%), the Netherlands (8%) and Norway (9%), and highest in Israel (37%) and Turkey (44%) (OECD 2012).



Notes

1. Based on 31 OECD countries with complete data.
2. Data for this figure are shown in Table A4.14.

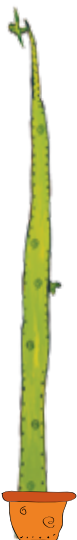
Source: OECD 2012.

Figure 4.10: Young people aged 20–24 not in education or employment, selected OECD countries, 2010

School leavers

Of the 342,000 young people aged 15 to 24 who left school in 2011, the majority (74%) had completed Year 12. For 1 in 7 (14%) school leavers, the highest attainment was Year 10, and smaller proportions attained Year 11 (10%) and Year 9 or below (2%). The proportion who had completed Year 12 in 2011 was slightly higher than among those who left school in 2002 (70%) (ABS 2003, 2012f).

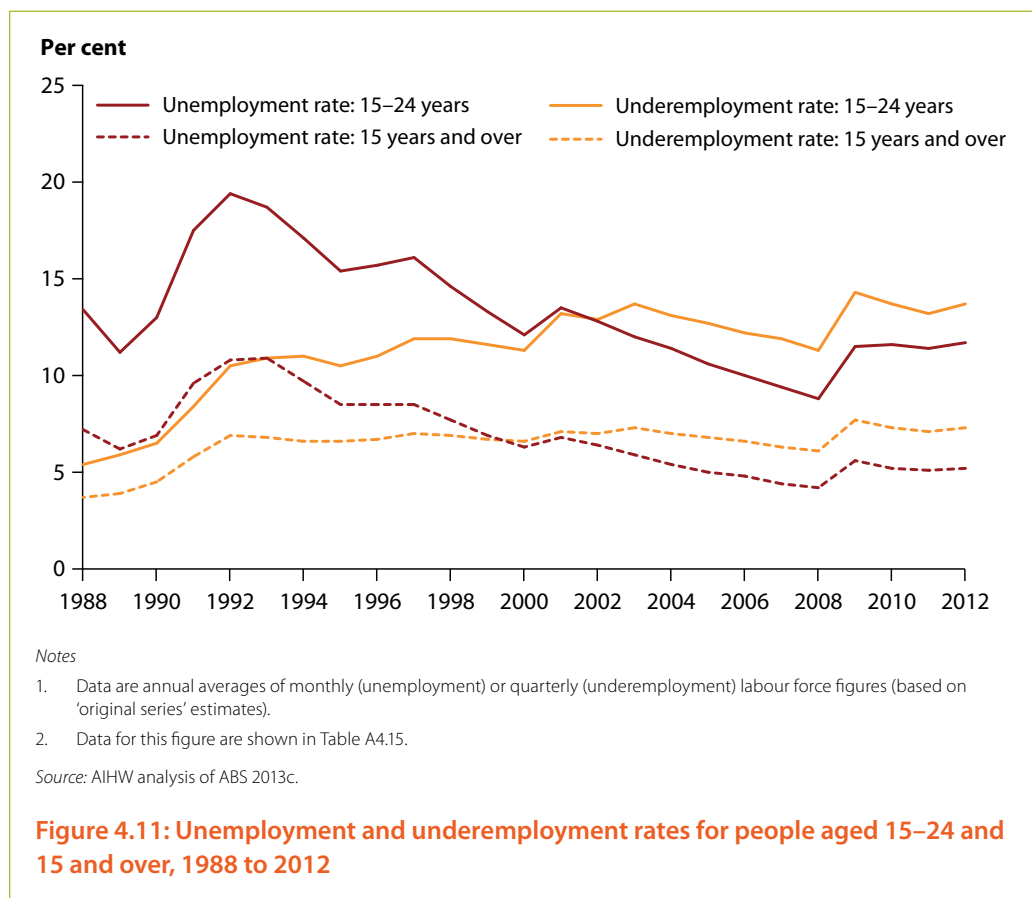
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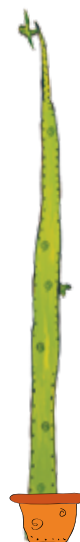
By May 2012, around one-third (34%) of young people who left school in 2011 were employed and enrolled in study, almost one-quarter (24%) were employed but not enrolled in study, just over one-quarter (27%) were enrolled in study and either unemployed or not in the labour force and the remaining 16% were not enrolled in study and were either unemployed or not in the labour force (ABS 2012f). There has been little change in these figures since 2003 (ABS 2003). School leavers aged 15 to 24 who did not finish Year 12 were more likely to be unemployed in 2012 than those who did (18% compared with 11%) (ABS 2012f).

Youth unemployment and underemployment

Young people experience unemployment at a higher rate than the overall population. In 2012, the youth unemployment rate (15–24 years) was more than twice the national rate (11.7% and 5.2% respectively), with 2 in 5 (39%) of the unemployed population aged 15–24 (AIHW analysis of ABS 2013c). Over time, trends in youth unemployment have been broadly consistent with the general population, although the rates have been higher (Figure 4.11). Youth unemployment reached a low of 8.8% in 2008 before increasing to 11.5% in 2009 during the global financial crisis. The rate has remained above 11% through to 2012 (AIHW analysis of ABS 2013c). See Chapter 2 for more information about unemployment.



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A large number of young people who are employed are considered to be ‘underemployed’—meaning that they would prefer, and are available for, more hours of work than they currently have (see Glossary). In 2012, the underemployment rate among 15–24 year olds was 13.7%, almost twice the rate for all ages (7.3%). Young people represented one-third (33%) of all underemployed workers in 2012, and this proportion has remained around 32% to 36% between 1988 and 2012. The youth underemployment rate increased from 11.3% to 14.3% between 2008 and 2009, coinciding with the global financial crisis, and has remained around this higher level to 2012 (Figure 4.11). A similar pattern was observed for all ages—the rate increased from 6.1% to 7.7% between 2008 and 2009, and remained at 7% through to 2012 (AIHW analysis of ABS 2013c).

Apprentices and trainees

Apprenticeships and traineeships are ways in which young people can acquire essential skills while participating in the labour force. ‘Insufficient work experience’ is the most commonly cited reason that young people aged 15 to 24 give for their unemployment (ABS 2013b), which makes the experience gained from apprenticeship and traineeships important.

Young people in particular often choose this combination of on-the-job training and employment, which generally lasts 3 to 4 years. Secondary students of working age may also choose to undertake a school-based apprenticeship, which allows them to gain a formal qualification (and earn a wage for their time in the workplace), while simultaneously completing their school studies.

In 2012, 5% of young people aged 15 to 24 were undertaking apprenticeships or traineeships (excluding school-based), of which 54% were aged 15–19 and 79% were male (data provided by the ABS from the 2012 Survey of Education and Work). Young people comprised three-quarters (76%) of all apprentices and trainees (ABS 2012f).

Fewer young people were undertaking apprenticeships or traineeships in 2012 (165,700 or 5%) compared with 2007 (195,300 or 7%). As with unemployment and underemployment, apprenticeships and traineeships are sensitive to economic downturn, as demonstrated by a statistically significant decrease in the proportion of young people undertaking apprenticeships and traineeships between 2008 and 2009 (Table 4.1).

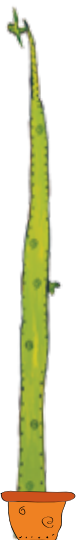
Table 4.1: Apprentices and trainees aged 15 to 24, 2007 to 2012

Age group (years)	2007		2008		2009		2010		2011		2012	
	No. ('000)	Per cent	No. ('000)	Per cent	No. ('000)	Per cent	No. ('000)	Per cent	No. ('000)	Per cent	No. ('000)	Per cent
15–19	105.6	7.6	112.7	8.0	91.9	6.4	88.8	6.0	85.6	5.8	89.4	6.1
20–24	89.7	6.2	78.0	5.3	67.4	4.5	74.5	4.6	80.7	4.9	76.3	4.7
15–24	195.3	6.9	190.7	6.6	159.3	5.4	163.4	5.3	166.3	5.3	165.7	5.4

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

Source: Data provided by the ABS from the Surveys of Education and Work.

4



According to data from the National Centre for Vocational Education Research (NCVER), of those who commenced apprenticeships in 2005, completion rates were 46% for trade and 52% for non-trade apprenticeships and traineeships. The non-completion of apprenticeships is a significant cost in terms of the resources used for on- and off-the-job training. Reasons often cited for non-completion include issues with the employer and workplace, lack of support, low wages and dislike for the work (Apprenticeships for the 21st Century Expert Panel 2011).

An analysis of ABS data by the NCVER showed that, during 2007–2009, the proportion of all apprenticeships and traineeships that were completed in *Inner regional* areas (25%) and *Outer regional, Remote and Very remote* areas combined (17%) was higher than their share of the population (20% and 12% respectively), highlighting the importance of such opportunities in non-metropolitan areas where there are fewer alternative work prospects (Apprenticeships for the 21st Century Expert Panel 2011). For further details on work and study opportunities in regional and remote areas, see *Australia's welfare 2011* (AIHW 2011b).

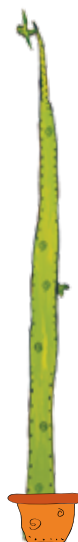
Income of young people

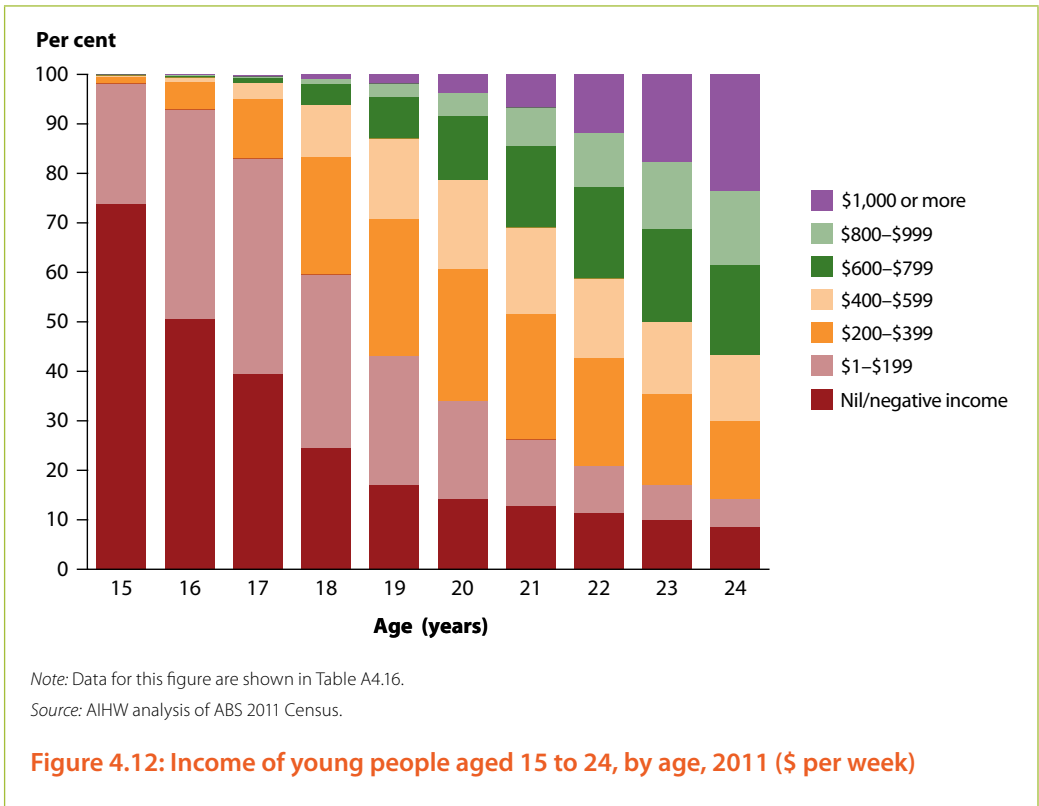
Given the high rates of unemployment and underemployment among young people, it is likely that a number of young people experience financial stress. In 2010, 12% of young people aged 15 to 25 had a household income that was less than half of the median income for all households (ACOSS 2012). This was similar to the 13% for the whole population.

An almost linear relationship exists between age and income between the ages of 15 and 24, reflecting the transition from education to employment (Figure 4.12). According to the 2011 Census, more than one-third (36%) of 15–19 year olds had a negative or nil weekly income and 31% had a weekly income of \$1 to \$199. This reflects the large proportion of this age group who are studying full time and living in the parental home and/or have part-time employment. For 20–24 year olds, income is more evenly distributed across the income groups and 30% had a weekly income between \$400 and \$799. The average weekly income of young people decreased in real terms for 15–19 year olds between 2006 and 2011 (from \$157 to \$146), but remained the same for 20–24 year olds (\$535 in 2006 and 2011) (data provided by the ABS from the 2006 and 2011 Censuses).

Certain groups of young people aged 15 to 24 had higher average weekly incomes than others, according to the 2011 Census. Based on average weekly income, young men earned almost 20% more than young women (\$375 compared with \$317), young people born in Australia or other main English-speaking countries earned around 40% more than young people born in other countries (\$361 compared with \$255), and non-Indigenous young people earned almost 20% more than Indigenous young people (\$349 compared with \$299) (data provided by the ABS from the 2011 Census).

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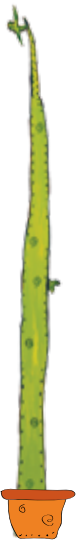




4.7 Vulnerable children and young people

Child abuse and neglect

Despite the ongoing child protection efforts of communities and authorities alike, some children still experience maltreatment, often with wide-ranging impacts. The adverse effects of abuse and neglect include: poor physical health; attachment problems; reduced social skills; learning and developmental problems; a higher likelihood of criminal offending; and mental health issues such as anxiety, depression, eating disorders and substance abuse (Gupta 2008; Lamont 2010b; Zolotor et al. 1999). These effects can sometimes last for an extended period of time, with poor health, welfare and social relationships often continuing into adulthood (Lamont 2010a; Price-Robertson 2012). 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 the most vulnerable children and families, in collaboration with the non-government sector, which delivers a broad range of services. 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 (for example, police or teachers), 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. Across Australia during 2011–12, there were 37,781 children aged 0 to 17 who were the subject of one or more substantiations of abuse or neglect, a rate of 7.4 per 1,000 children (see Box 4.5 for definitions). Between 2007–08 and 2011–12, the number of children with substantiations increased by 18% from 32,098; most of this increase occurred between 2010–11 and 2011–12, reversing a previous downward trend (AIHW 2013a). Note that trends in substantiations can be influenced by a range of factors, including legislative changes, enhanced public awareness, inquiries into child protection processes and real changes in abuse and neglect. Across all age groups, children aged under 12 months were most likely to be the subject of a substantiation in 2011–12 (13.2 per 1,000 children).

Box 4.5: Selected child protection definitions

A **substantiation** indicates that, following an investigation, there is sufficient reason to believe the child has been, is being, or is likely to be, abused, neglected or otherwise harmed. Substantiations may also include cases where there is no suitable caregiver.

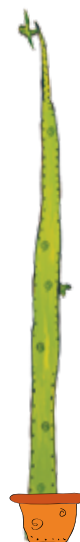
Out-of-home care provides alternative overnight accommodation for children and young people who are unable to live with their parents (including foster care and relative/kinship care).

The true prevalence of child abuse and neglect across Australia is unknown because national child protection data are based on reported cases.

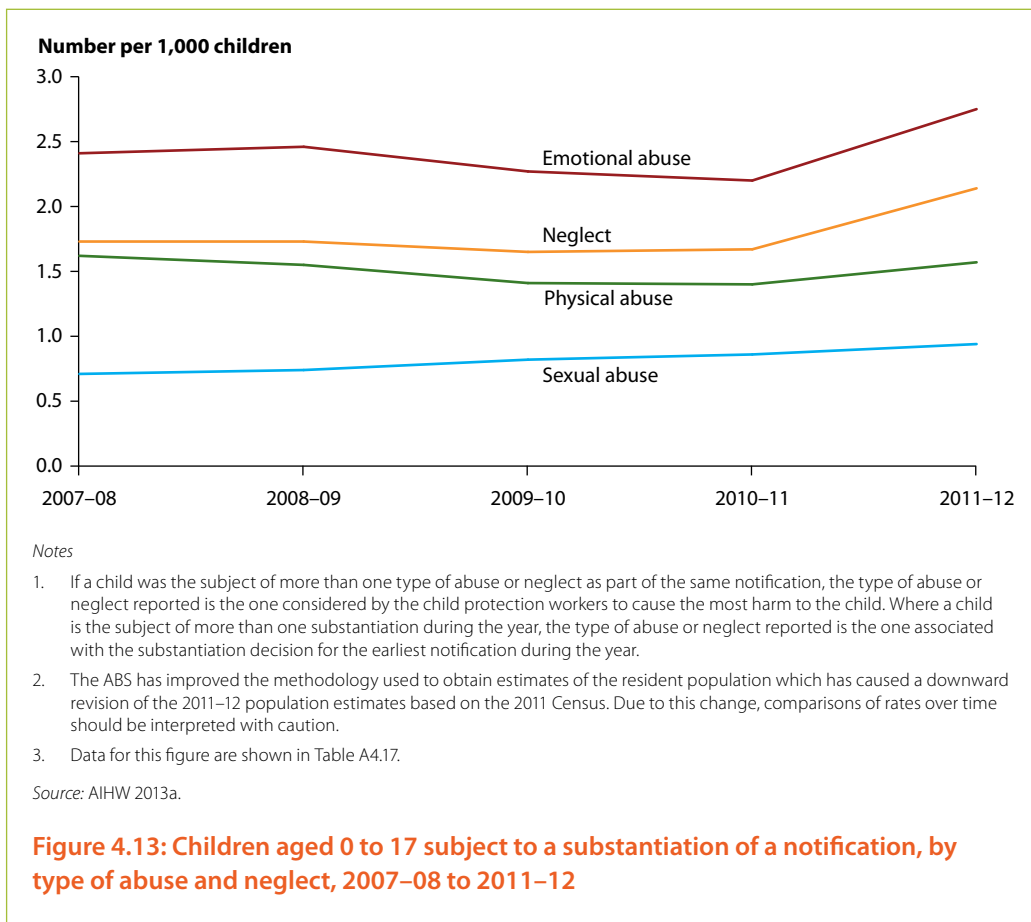
For more information on child protection processes and data, refer to the AIHW's annual *Child protection Australia* report (AIHW 2013a).

The most commonly reported abuse type in 2011–12 was emotional abuse, which increased from 2.2 to 2.8 per 1,000 children over the previous 12 months. Neglect was the next most common, reported at a rate of 2.1 in every 1,000 children in 2011–12 (Figure 4.13). Neglect was the most commonly reported abuse type among Indigenous children—representing 40% of all substantiations for Indigenous children, compared with 25% for non-Indigenous children (AIHW 2013a).

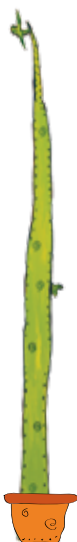
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Compared with 2007–08, the rates of children who were the subject of substantiations for sexual abuse, emotional abuse and neglect were all somewhat higher in 2011–12. In contrast, the rate of children subject to substantiations of physical abuse remained relatively stable between 2007–08 and 2011–12 (Figure 4.13).



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The number of children living in out-of-home care (see Box 4.5) increased by 27% between 30 June 2008 and 30 June 2012—from 31,166 to 39,621 (6.3 to 7.7 per 1,000 children) (AIHW 2013a). Some children are placed in out-of-home care because they were the subject of a child protection substantiation and require a more protective environment. Other situations in which a child may be placed in out-of-home care include those where parents are incapable of providing adequate care for the child, or where alternative accommodation is needed during times of family conflict. However, there are no national data available on the reasons children are placed in out-of-home care.



Indigenous children are consistently over-represented in the Australian child protection system. In 2011–12, the substantiation rate for Indigenous children (41.9 per 1,000) was almost 8 times the rate for non-Indigenous children (5.4 per 1,000 children) (Table 4.2). See Indicator 33 in Chapter 11 for trend information.

Indigenous children were also 10 times as likely to be in out-of-home care than non-Indigenous children (55.1 and 5.4 per 1,000 children, respectively) (Table 4.2).

Table 4.2: Children aged 0 to 17 subject to a substantiation of a notification and in out-of-home care, by Indigenous status, 2011–12^(a)

	Number		Number per 1,000 children		Indigenous to non-Indigenous rate ratio
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	
Subject to a substantiation	10,058	26,183	41.9	5.4	7.8
In out-of-home care	13,299	26,127	55.1	5.4	10.3

(a) The number of children subject to a substantiation are for the 2011–12 financial year, while the number of children in out-of-home care are at 30 June 2012.

Source: AIHW 2013a.

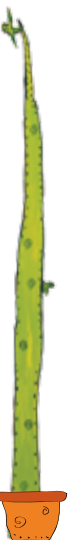
The reasons for the over-representation of Indigenous children in child protection services are complex. Research suggests that for Indigenous children some of the underlying causes include the intergenerational effects of separation from family and culture (a legacy of past policies), perceptions arising from cultural differences in child-rearing practices and the relative socioeconomic disadvantage of Indigenous Australians (HREOC 1997; Stanley et al. 2003).

Disability

People with disability have diverse physical, sensory, intellectual and psychiatric impairments that may restrict their full involvement in society. The disability spectrum is typically measured in terms of the level of difficulty that a person has in performing the core activities of daily living—namely, self-care, mobility and communication—as well as other activities. A person who sometimes or always needs help with one or more of the core activities is referred to as having ‘severe or profound core activity limitation’. Schooling and employment are vital aspects of life for children and young people; disability can also be described in terms of ‘schooling restriction’ and/or ‘employment restriction’ (see the Glossary for definitions of these terms).

Seven per cent (or 288,300) of children aged 0 to 14 had some form of disability in 2009, and 3.9% (or 163,600) had severe or profound core activity limitation (ABS 2010). The corresponding proportions for young people aged 15 to 24 were 6.6% (204,200) and 1.8% (56,200), respectively. Children and young people with disability aged under 25 accounted for 12% of all people with disability (Table A5.1).

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There were 185,200 children (6.8%) aged 5–14 who had a schooling restriction and 138,600 young people (4.5%) aged 15–24 who had a schooling or employment restriction (ABS 2010). Note that people may have both core activity limitation and a schooling or employment restriction. See Chapter 5 for a detailed discussion of people with disability.

Homelessness

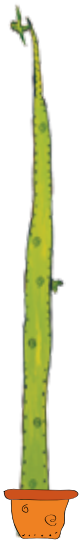
According to ABS estimates based on the 2011 Census, 44,100 children and young people aged 0 to 24 were considered homeless on Census night—42% of the total homeless population (Table A7.2). This included 17,800 children aged under 12 (or 54 per 10,000 children), 10,900 children aged 12–18 (56 per 10,000 children) and 15,300 young people aged 19–24 (88 per 10,000 children) (ABS 2012b). Children and young people who were homeless were most commonly living in severely crowded dwellings (54%); this is a higher proportion than for all homeless people (39%).

Specialist homelessness services deliver support to people who are homeless or at risk of homelessness. According to data from the AIHW's Specialist Homelessness Services Collection (SHSC), about 107,200 clients aged 0 to 24 were assisted by specialist homelessness agencies in 2011–12. This represented almost half (47%) of all clients, with 19% of all clients aged under 12, 13% aged 12–18 and 14% aged 19–24 (Table A7.9).

Among clients aged 15–24, around three-quarters (78%) presented alone to specialist homelessness agencies, with the remainder presenting as part of a group. For young people who presented alone, family problems were a common reason for seeking assistance, including domestic and family violence (15%) and relationship/family breakdown (14%) (AIHW 2012e).

Trend data are not presented here because the SHSC was implemented on 1 July 2011 and the previous collection gathered data about children and young people in a different way. See Chapter 7 for a detailed discussion of homelessness, including relevant definitions.

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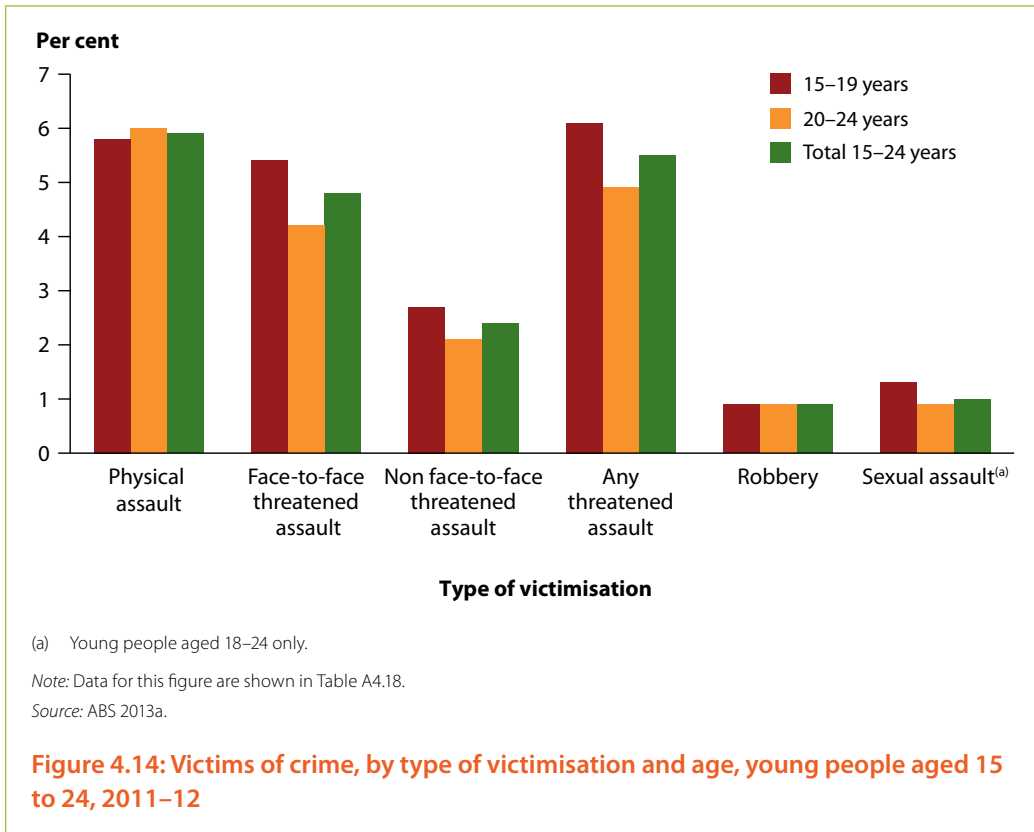


Victims of violence

Violence can have a range of short- and long-term negative effects on young people's physical and psychological health, and can also increase the risk of young people victimising others (AIHW 2011 c). Information about crime victimisation is captured in the ABS Crime Victimization Survey, which collects information about self-reported incidents occurring in the previous 12 months among people aged 15 and over (ABS 2013a). In 2011–12, among the 3.1 million young people aged 15 to 24 in Australia:

- 180,300 (5.9%) were victims of physical assault
- 166,900 (5.5%) were threatened with assault—146,500 (4.8%) were threatened face-to-face and 72,600 (2.4%) by other means (some received both types of threats)
- 27,700 (0.9%) were victims of robbery
- 21,000 (1.0%) were victims of sexual assault (age 18–24 only) (Figure 4.14).





Among young people aged 15 to 24, those in the younger age group (aged 15-19) had higher rates of victimisation for threatened assault, while those in the older age group (aged 20-24) had higher rates of victimisation for physical assault. Young people aged 18-19 were more likely than those aged 20-24 to be victims of sexual assault.

The relatively high assault rates among young people largely reflect the impact of drug- and alcohol-related violence in these age groups. More than half of young people aged 18 to 24 who were victims of physical assault and face-to-face threatened assault (62% and 60% respectively) believed that alcohol or other substances contributed to their most recent incident of assault. The proportion who indicated this was slightly higher among those aged 18-19, compared with those aged 20-24.

Some young people are victims of more serious crimes, including homicide. During 2008-09 and 2009-10, 22% (118 people) of all homicide victims (people killed unlawfully) were aged under 25, including 49 people who were aged under 18. Most (70%) homicide victims aged under 25 were male (Chan & Payne 2013).



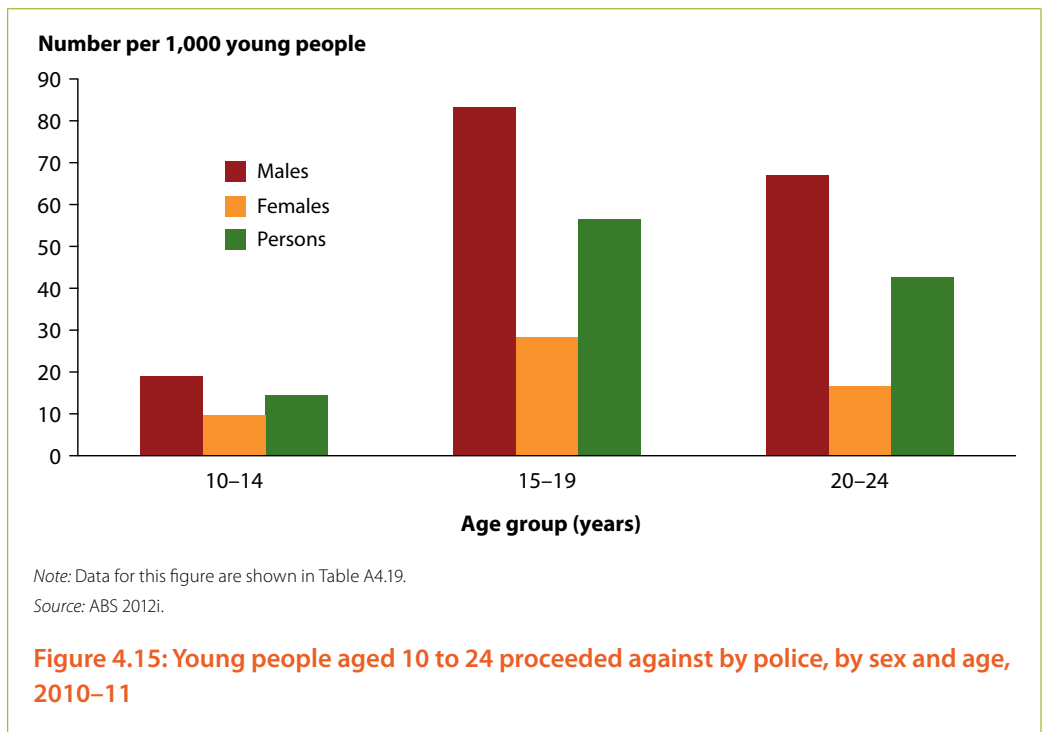
Young people and crime

Young people in the youth justice system (also known as the juvenile justice system) are a particularly vulnerable group, often coming from relatively disadvantaged backgrounds as well as being a group at risk of continued and more serious criminal behaviour later in life. Under legislation across all states and territories, children and young people are deemed to have criminal responsibility if they are aged 10 or older. Those involved (or allegedly involved) in crime are dealt with in either the youth justice system (under the age of 18) or the adult system (aged 18 and over), although this varies somewhat among the states and territories and on a case-by-case basis.

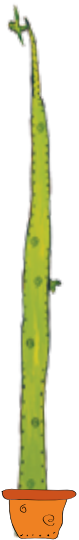
Young people proceeded against by police

Young people first enter the justice system when they are proceeded against by police—that is, when legal action is initiated for an offence. Police proceedings include both court actions (the laying of charges that must be answered in court) and non-court actions (such as cautions, conferencing, counselling or infringement notices).

Involvement in crime tends to be highest in adolescence and early adulthood. In 2010–11, police proceeded against 175,300 young people aged 10 to 24—almost half (47%) of all those proceeded against by police that year (ABS 2012i). Rates of offending were highest among young people aged 15–19 (57 per 1,000), followed by those aged 20–24 (43 per 1,000) (Figure 4.15), and decreased steadily with age. About three-quarters (77%) of young people aged 10 to 24 proceeded against were male.



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Rates of offending among young people in 2010–11 were similar to those in 2008–09 and 2009–10. Theft was the most common principal (or most serious) crime among young people aged 10–14 (36%) and 15–19 (25%) who were proceeded against by police in 2010–11. In contrast, the most common principal crimes among those aged 20–24 were public order offences (25%), followed by acts intended to cause injury (17%).

Some young people are involved in very serious offences, such as homicide. In 2008–09 and 2009–10, there were 180 homicide offenders (people charged with homicide offences) under the age of 25, 7 of whom were female (Chan & Payne 2013). Most of these young people were aged 18–24 (142 people, or 79%).

Youth justice

Youth justice is the responsibility of state and territory governments, and each has its own legislation, policies and practices. Across Australia, young people may be charged with a criminal offence if they are aged 10 or over. The upper age limit for treatment as a young person is 17 (at the time an offence was allegedly committed) in all states and territories except Queensland, where the age limit is 16. However, it is possible for young people aged 18 and over to be under youth justice supervision. Reasons for this include the offence being committed when the young person was aged under 18, the continuation of supervision once they turn 18, or their vulnerability or immaturity. In addition, in Victoria, some young people aged 18 to 20 may be sentenced to detention in a youth facility (known as the 'dual track' system).

On an average day in 2011–12, there were 6,940 young people under youth justice supervision, a rate of 26 per 10,000 population (AIHW 2013b). Note that Western Australia and the Northern Territory did not contribute to the 2011–12 Juvenile Justice National Minimum Data Set. Where possible, estimates for these jurisdictions are included in national totals.

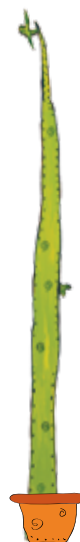
Among those under supervision on an average day:

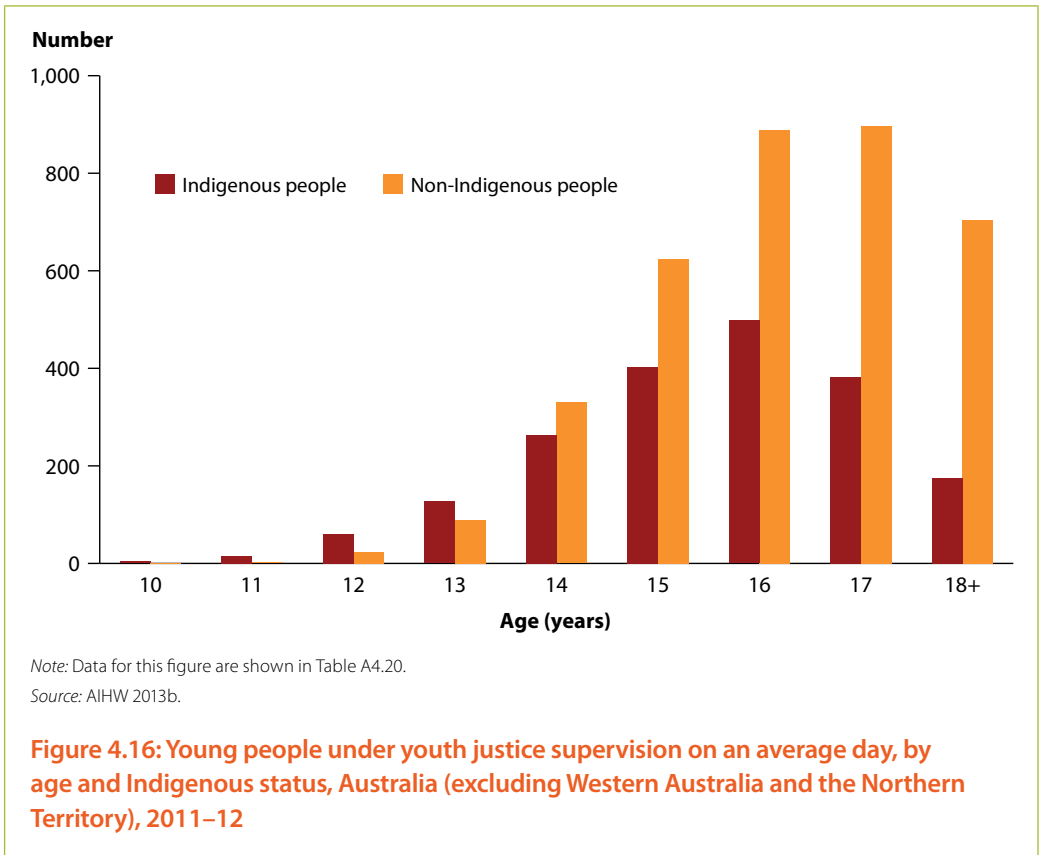
- most (83%) were male
- about 4 in 5 (79%) were aged 14–17
- about 2 in 5 (39%) were Indigenous.

On average, Indigenous young people under supervision were younger than non-Indigenous young people, with around a quarter (24%) of Indigenous young people under supervision aged 10–14, compared with 13% of non-Indigenous young people (Figure 4.16).

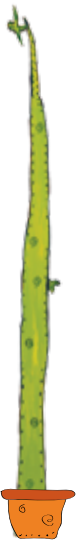
On an average day in 2011–12, most (86%) young people under youth justice supervision were supervised in the community, with the remainder in detention. There were 23 per 10,000 young people aged 10 to 17 under community-based supervision and 4 per 10,000 in detention.

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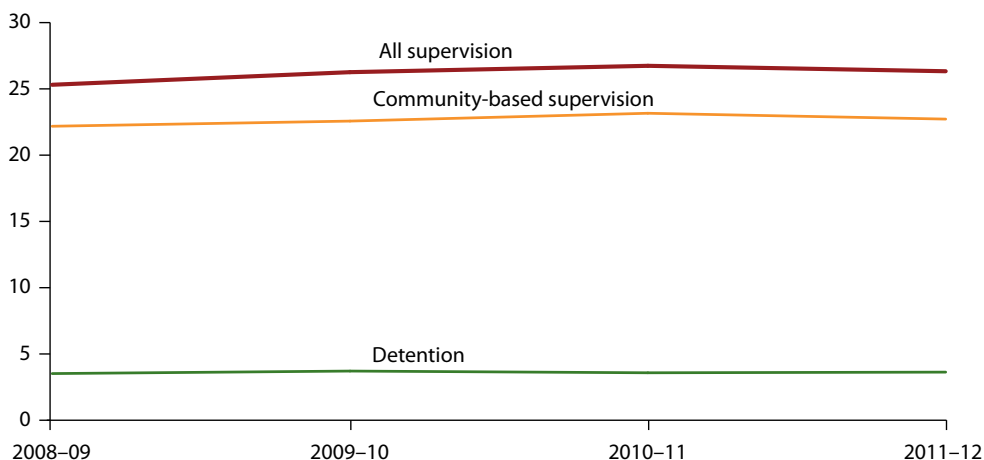


Over the 4 years to 2011–12, the rate of young people aged 10 to 17 under supervision on an average day remained relatively stable, at around 26–27 per 10,000 population each year (Figure 4.17).

Indigenous young people were 16 times as likely as non-Indigenous young people to be under supervision on an average day in 2011–12, up slightly from 15 times as likely in 2008–09. This was mainly due to an increase in the rate of Indigenous young people under supervision, with little change in the non-Indigenous rate.



Number per 10,000 young people



Note: Data for this figure are shown in Table A4.21.

Source: AIHW 2013b.

Figure 4.17: Young people aged 10 to 17 under youth justice supervision on an average day, by supervision type, Australia (including estimates for Western Australia and the Northern Territory), 2008-09 to 2011-12

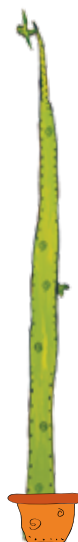
A recent study examined the complete youth justice supervision history of three cohorts of young people in Australia—those born in 1990-91, 1991-92 and 1992-93 (excluding some states and territories in some years; see AIHW 2012c). Across the cohorts, about 14% to 16% of Indigenous young people experienced supervision at some time when they were aged between 10 and 17, compared with 1% of non-Indigenous young people.

Indigenous young people who experienced supervision were more likely to have been in detention at some time. For example, among the 1992-93 cohort, 62% of Indigenous young people who experienced supervision had been in detention, compared with 50% of non-Indigenous young people. In addition, Indigenous young people spent longer in total under supervision when they were aged 10 to 17. About 2 in 5 (39%) Indigenous young people born in 1992-93 who experienced supervision spent a total of 18 months or longer under supervision, compared with 1 in 5 (20%) non-Indigenous young people.

Young people in prison

On 30 June 2012, there were around 5,400 young people aged under 25 in adult prison, most of whom (94%) were young men (ABS 2012h). Almost 2 in 5 (38%) young people in prison were Indigenous, which was higher than the proportion among the total prison population (27%). In addition, almost half (47%) of young women aged under 25 in prison were Indigenous, compared with 38% of young men.

4



Multiple disadvantage

Analysis undertaken by the Department of the Prime Minister and Cabinet's Social Inclusion Unit based on the ABS General Social Survey indicated that in 2010 around 5% of Australian adults (aged 18 to 64) experienced multiple disadvantage—defined as three or more types of six specified disadvantages in the areas of income, work, health, education, joblessness and support (Australian Social Inclusion Board 2012). Children in jobless families were more likely than other groups to experience multiple disadvantage—for example, children whose parents were not in paid work for a full 12 months were more likely to fall below national minimum educational standards than students whose parents had some form of employment. Among those who experienced multiple disadvantage, almost 3 in 10 had children living with them—17% were lone parents and 12% were couples with children.

Links between child protection, juvenile justice and homelessness

Research shows that there are relationships between homelessness, child abuse and neglect, and criminal activity among young people. For example, there is evidence that children who have been abused or neglected are more likely to be involved in crime, and more likely to experience homelessness, than those who have not (Dennison et al. 2006; National Youth Commission 2008; Prichard & Payne 2005; Stewart et al. 2005). However, information on the extent of multiple-sector involvement and the pathways of young people through these services is limited.

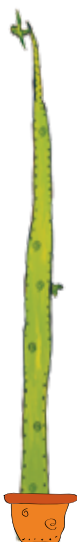
Recently, an AIHW linkage project examined multiple-sector involvement among young people in three community-sector data collections: the Supported Accommodation Assistance Program (SAAP) National Data Collection (superseded by the Specialist Homelessness Services Collection in 2011), the Juvenile Justice National Minimum Data Set (JJ NMDS), and child protection notifications and substantiations in Victoria and Tasmania (AIHW 2012b).

This research found that young people involved in one of the homelessness, juvenile justice and child protection service systems were more likely than those in the general population to experience multiple-sector involvement.

Around 1% to 2% of the general population receive homelessness services each year. However, almost 15% of those under juvenile justice supervision received homelessness services in the year before their most recent supervision, and 8% received services in the year after. Similarly, 6% of those with a substantiated child protection notification received homelessness services the year before their most recent substantiated notification, and 7% in the year after. Around 1% of Australians aged 16 or 17 are under juvenile justice supervision each year. However, more than 10% of those who received homelessness support as an adult had a history of supervision.

Although the findings should be interpreted with caution, since they are based on data for limited years, and the child protection data are for only two states, the results highlight the usefulness and possibilities for future data linkage work in these sectors.

4



4.8 Where to from here?

There are a range of significant data developments in progress in the children and young people sector. Several of these relate to the ongoing improvement of existing annual state/territory administrative data collections. Other projects reflect ongoing efforts to improve measurement in relation to long-term COAG National Partnership Agreements. In addition to these, a range of longitudinal surveys continue to build a comprehensive picture of how children, young people and families are faring over time, with survey content modified regularly to reflect current research priorities. Some of these major data developments, as well as data gaps, are outlined in this section.

Education

Early Childhood Education and Care National Minimum Data Set

The AIHW and ABS collaborated to develop agreed data standards through the Early Childhood Education and Care National Minimum Data Set (ECEC NMDS) to provide a nationally consistent approach to data collection (the ECEC Collection) and provision for performance reporting to support the COAG National Agreement on Early Childhood Education. The AIHW continues to develop and refine the ECEC NMDS in consultation with states and territories and the ABS. The data from the ECEC Collection have been most recently reported in *Preschool education, Australia 2012* (ABS 2013e).

National Early Childhood Development Researchable Data Set

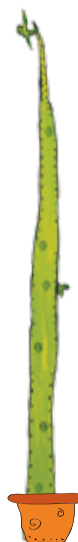
The AIHW is developing a national Early Childhood Development (ECD) Researchable Data Set, with this project funded by the Department of Education, Employment and Workplace Relations under the National Information Agreement on Early Childhood Education and Care. The aim of the project is to use a range of Australian Government and state/territory administrative data sets to create a linked national data set on children 'from birth to the early years of schooling'. Once available, it is expected that the data set will enable research in early childhood development across health, human services and early childhood education and care, focusing on the transition to early years of school education.

Child protection

New child protection national minimum data set

The development of a unit record (child-level) collection for child protection has been progressing over a number of years. This collection will greatly enhance the analytical power of data, including enabling accurate counts of children involved in child protection across the entire statutory system to be established. It is anticipated that the collection will be fully implemented in the second half of 2013.

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Development of an ongoing educational outcomes national data collection

Building on previous work, the AIHW consulted widely across the educational and child welfare sectors to produce a nationally agreed data collection methodology to investigate the educational outcomes of children in the child protection system.

The first phase of this project will include linkage between the child protection national minimum data set and the National Assessment Program—Literacy and Numeracy (NAPLAN) data sets so that numeracy and literacy scores of young people in the child protection system can be compared with those of their peers.

Youth justice

One of the key outcome measures for the youth justice system is reducing the levels of recidivism or reoffending. The AIHW is working with the Australasian Juvenile Justice Administrators to develop a data collection to measure juvenile recidivism. The first stage, carried out in 2012–13, involved testing and refining principles and data specifications for measuring recidivism and evaluating the usefulness of existing JJ NMDS data. Future stages will involve developing and piloting additional data items for more complete measures of recidivism.

Longitudinal surveys relating to children and young people

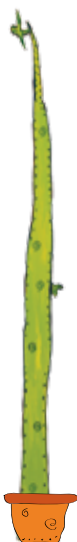
Household, Income and Labour Dynamics in Australia

The HILDA survey is a longitudinal household study that started in 2001. It covers a broad range of topics relating to wellbeing (both in economic and subjective terms), labour force participation of household members and family dynamics. Wave 1 consisted of around 7,700 households and 19,900 individuals. In Wave 11, the sample size was increased by more than 2,000 households and nearly 5,500 individuals. This expansion was designed to address coverage issues (targeting recent immigrants in particular) and is expected to enhance the analytical power of the data (Melbourne Institute of Applied Economic and Social Research 2012). Wave 12 data collection was completed in early 2013 and included new content on education, skills and abilities; data from this wave are expected to be available in late 2013.

Longitudinal Study of Australian Children

The LSAC started in 2004 with a sample of about 10,000 families. There are two cohorts of approximately equal numbers in the study—the B (infant) cohort aged 3 to 19 months at the start of the study, and the K (child) cohort who were aged 4 to 5 years. Wave 5 data collection was completed in early 2013 and data will be available in September 2013. Questions asked in each wave are modified to recognise the increasing age and maturity of each cohort. Wave 5 content areas for the K cohort (aged 12 to 13) reflected the increasing independence of this cohort and directed a greater proportion of the questions to children (as opposed to their parents). Wave 5 asked children new questions about peers, health and parental monitoring. Parents were asked new questions relating to health conditions, child employment and pocket money, and homelessness (FaHCSIA 2012a).

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Longitudinal Study of Indigenous Children

The Longitudinal Study of Indigenous Children, first conducted in 2008, initially involved around 1,700 interviews conducted with a parent or primary carer of an Indigenous child and a further 265 interviews with fathers or other significant carers. Wave 5 interviews were completed in 2012 and included new questions on life satisfaction, parenting efficacy and peer relationships (FaHCSIA 2013a).

Longitudinal Surveys of Australian Youth

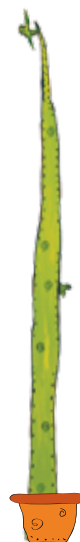
Since 1995, the Longitudinal Surveys of Australian Youth (LSAY) have collected a range of information relating to young people as they transition from school into further study and the workforce. LSAY data consist of large representative cohorts (more than 10,000 per cohort) and ask respondents aged 15 and over about achievement, aspirations, retention, social background, general wellbeing, attitudes to school and work experiences. Survey cohorts are contacted annually for up to 12 consecutive years. The fifth cohort (known as Y09) started in 2009, with the third wave conducted during 2011. LSAY research priority areas confirmed for 2011 to 2013 include: improving the education outcomes of young people; providing young people with the skills, qualifications and capabilities needed for the contemporary labour market; and supporting young people to lead full and meaningful lives (NCVER 2012).

Current data gaps

The challenges and complexities with a range of current data sources mean that much work remains to produce a comprehensive and coherent picture of children and young peoples' experiences. As noted above, work is progressing between the AIHW, ABS and other government departments to enable this to be addressed, with a strong current focus on educational data. Recent pilot studies have shown that the linkage of information can be a powerful analytical tool, capable of filling significant data gaps and providing information on pathways and outcomes within and across sectors.

A recent AIHW analysis of key national child and youth indicators revealed some significant data gaps due to a lack of available data sources in the areas of family functioning, school relationships and bullying, neonatal screening, social and emotional wellbeing, and quality of child care. In other cases, data sources are available but not in a comparable national form (for example, congenital anomalies information is limited to selected states/territories) or at regular intervals (for example, child and youth mental health diagnostic data were most recently collected in 1998). These gaps have been recognised, and various development activities are under way in most of these identified priority areas (AIHW 2012d).

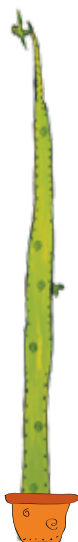
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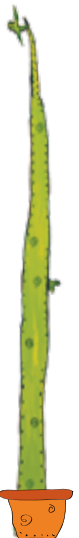
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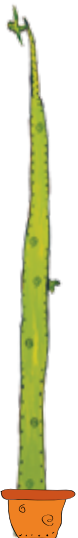


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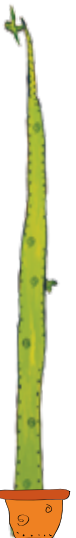


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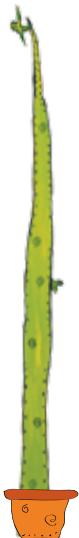


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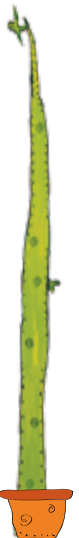


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Chapter 5

People with disability

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5 People with disability

At a glance

Profile of disability

- In 2009, 4 million Australians (18.5% of the population) had some form of disability. Of those, 1.3 million (5.8% of the population) needed help with core activities.
- The number of students with disability in higher education almost doubled between 2001 and 2011, from around 21,300 to 42,100.
- In 2009, people with disability aged 15 to 64 had a lower labour force participation rate (54%) than people without disability in that age range (83%).
- In 2011, Indigenous Australians aged under 65 were 2.4 times as likely to need help with core activities as non-Indigenous Australians in that age range.

Use of services

- The number of people aged under 50 in residential aged care has fallen, with 10% (21) fewer new permanent admissions and 31% (266) fewer permanent residents in 2012 than in 2008.
- The number of people using disability support services grew by 29% (to around 317,600 people) over the 5 years to 2011–12. However, since 2010–11, growth has slowed (1% between 2010–11 and 2011–12, compared with 7% between 2009–10 and 2010–11).
- Three-fifths (59%) of disability support service users were male. The most common primary or other significant disability of service users was intellectual (33%), followed by physical (32%) and psychiatric (28%) in 2011–12.
- Indigenous Australians comprised 6% of disability support service users in 2011–12. This aligns with the 6% of Indigenous Australians who reported that they needed help with core activities in 2011, but is higher than the estimated 3% of Indigenous people in the Australian population.
- The number of clients of Home and Community Care services aged under 65 grew by 34% over the 5 years to 2010–11 (to just under 213,000 people). The increase was greater for 50–64 year olds than those under 50, and was more pronounced among females.

5



5.1 Introduction

Around 1 in 5 Australians live with some form of disability (ABS 2010). 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 formal specialist disability services and support to study, work, interact with the community, or carry out everyday activities.

The Australian Government and state and territory governments have committed to working together to assist people with disability and their carers to have an enhanced quality of life and participate fully in the community.

Understanding the number and characteristics of people with disability, and the type and number of services or support they use, is essential as Australia's population continues to age. Further, it has assumed increasing importance with the introduction of DisabilityCare Australia, which was formerly known as the National Disability Insurance Scheme (NDIS).

5.2 Policy context

Disability-related policies focus on the funding and provision of organised services, as well as helping people with disability to have the opportunity to participate in the community, irrespective of whether they require specialised services.

Recent developments

Recent government initiatives are outlined below. In particular, DisabilityCare Australia is the most significant development in the Australian disability sector since both the *Disability Services Act 1986* and the first Commonwealth/State Disability Agreement in 1991. The Australian Government's broader health and aged care reform agenda also affects the disability sector.

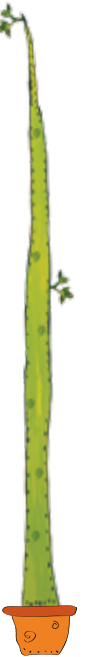
The National Disability Strategy (2010–2020)

The National Disability Strategy (NDS) 2010–2020 was endorsed by COAG on 13 February 2011 (COAG 2011). The NDS incorporates the principles of the United Nation's Convention on the Rights of Persons with Disabilities, ratified by the Australian Government in 2008. The NDS envisions the collaboration of all governments, business and the community in improving the lives of people with disability.

Together with the National Disability Agreement (NDA) (see below) and other Australian Government and state and territory government agreements, the NDS outlines a 10-year national policy framework that aims to ensure mainstream and specialist disability services, along with community care and support, are available for people with disability (AIHW 2011a).

Implementation of the NDS will be guided by three plans. The first, *Laying the Groundwork 2011–2014*, along with the evaluation framework for the life of the NDS were presented to COAG in January 2013 as part of the *National Disability Strategy 2010–2020 report to COAG 2012* (FaHCSIA 2012k).

5



DisabilityCare Australia

New approaches to providing long-term disability care and support were identified as a priority area for future action under the National Disability Strategy (Action 4.2). After the release of the Productivity Commission's final report on the inquiry into disability care and support, COAG agreed on the need for reform of disability services through an insurance-based scheme and developed principles to guide consideration of the commission's recommendations (COAG 2012a; Productivity Commission 2011). The principles focus on areas that include foundation reforms, resourcing and governance. Some of the foundation reforms are also key aspects of the National Disability Agreement, including nationally consistent assessment processes, service standards and a disability workforce strategy.

In response to the need for new approaches to disability care and support, the Australian Government announced the introduction of DisabilityCare Australia (the 'scheme'). Unlike the current system, which provides support based on the number of places in a limited number of programs, DisabilityCare Australia is intended to provide more choice and control, and deliver a life-long, individualised funding approach to support people with permanent and significant disability, their families and carers (see FaHCSIA 2012h, 2012i). Each individual seeking access to the scheme will be assessed on functional needs, according to a common set of criteria. Those who are eligible will receive an individualised package of funding to purchase services and support, as identified during the assessment and planning stages. Because of the fundamental change to service provision, DisabilityCare Australia is being rolled out in stages, starting from July 2013.

The *National Disability Insurance Scheme Act 2013* provides the legal framework for the establishment and operation of DisabilityCare Australia and its associated Launch Transition Agency. The agency manages the funding, planning, assessment and approval of the pool of individual packages offered under the scheme (COAG 2012a; Parliament of Australia 2012). The Act is accompanied by a set of rules which, when implemented, will provide a further level of detail on how the scheme will work, and how the Launch Transition Agency will determine what supports are reasonable to meet a person's needs.

The revised National Disability Agreement

Originally signed by Australian Government and state and territory governments in January 2009, and replacing the previous Commonwealth State/Territory Disability Agreement, the National Disability Agreement articulates the roles of the governments in delivering specialist disability services. The agreement's overarching objective is to provide more opportunities for people with disability and their carers to participate in economic and social life (COAG 2012b; for more information on the NDA, see AIHW 2011a).

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A revised NDA was endorsed by COAG members in 2012. In addition to changes that reflect the new policy directions for community care in the National Health Reform Agreement (see below), the revised NDA includes five new reform priorities. The priority areas for reform are aimed at: building the evidence base for disability policies and strategies; enhancing family and carer capacity; pursuing strategies for increasing choice, control and self-directed decision-making; maintaining innovative and flexible support models for people with high and complex needs; and developing employment opportunities for people with disability (COAG 2012b; FaHCSIA 2012j). Under the revised agreement, the Australian Government and states and territories also committed to work to establish improved performance benchmarks.

National Health Reform Agreement

The National Health Reform Agreement was signed on 2 August 2011. Under the reforms, the states and territories are responsible for delivering specialist disability services, regardless of a person's age, with the Australian Government to assume funding responsibility for specialist disability services for people aged 65 and over (aged 50 and over for Indigenous Australians). In addition, states and territories (excluding Victoria and Western Australia) assume funding and program responsibility for Basic Community Care Services provided to people with disability under the age of 65 (under 50 for Indigenous Australians) (COAG 2012d). These services were formerly provided under the Home and Community Care (HACC) program.

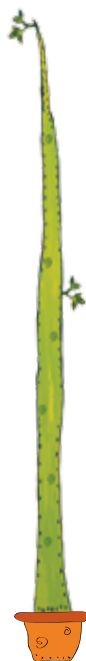
Transitioning arrangements under this agreement started on 1 July 2011, as detailed in the National Partnership Agreement on Transitioning Responsibilities for Aged Care and Disability Services (COAG 2012d).

Other initiatives

Other recent developments include:

- the vision for Inclusive employment 2012–22—in line with the disability policy reforms described above, the Australian Government has developed a vision for supported employment called Inclusive employment 2012–22 (FaHCSIA 2012g)
- the National Partnership Agreement for More Support for Students with Disabilities—in 2012, COAG approved this agreement with the aim of strengthening 'the capacity and expertise of Australian schools and teachers to provide additional support to students with disabilities, contributing to improvements in their learning experiences, educational outcomes and transitions to further education or work' (COAG 2012c)
- the National Quality Framework for Disability Services and the National Standards for Disability Services—the development of nationally consistent quality standards in the disability sector is also part of the COAG reform agenda. All disability services ministers have agreed to develop a National Quality Framework for Disability Services, with the aim of improving the quality of service and outcomes for people who use disability services. In line with this, the National Standards for Disability Services in Australia, introduced in 1993, have been revised (DHS Vic 2012)

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- the National Disability Research and Development Agenda—this was endorsed by disability services ministers in November 2011. It sets out the national priorities, focus and direction for disability-related research and aims to support the reform priorities of the NDA and NDS (DPRWG 2013)
- revised Disability Support Pension (DSP) impairment tables—as part of the 2009–10 Better and Fairer Assessments Budget measure, the Australian Government reviewed the Tables for the Assessment of Work-related Impairment for DSP. The revised tables have a greater focus on functional ability, emphasising what a person is able to do rather than what they cannot do, and are consistent with contemporary medical and rehabilitation practice. The revised tables apply to all new applicants for DSP and any existing DSP recipients selected for medical review from 1 January 2012 (FaHCSIA 2012m; see also Section 5.5).

5.3 Disability in the Australian population

The ABS Survey of Disability, Ageing and Carers (SDAC) is the best available data source for estimates of the prevalence and severity of disability and descriptive information about people with disability in the Australian population, including changes over time (Box 5.1). This chapter summarises key disability and prevalence statistics based on the analysis of the 2009 SDAC (see AIHW 2011a for further details). The most recent SDAC was conducted by the ABS in 2012, but the results are not due to be released until late 2013.

The ABS Census records information on people who need help with mobility, self-care or communication due to disability or long-term health conditions. These data are best used for analysis of small areas and small population groups, and analysis of population groups not covered by the SDAC (for example, people living in very remote areas). This chapter presents Census data for this type of analysis and also explores overall changes in the number of people who need help with core activities based on data from the 2006 and 2011 Censuses (see Box 5.1).

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Box 5.1: Measuring disability in the Australian population

Survey of Disability, Ageing and Carers

The SDAC is the best available Australian data source for estimating disability prevalence. More than 70,000 people were interviewed in the 2009 survey in all states and territories (except for people living in very remote areas).

In the 2009 SDAC, disability was defined as having at least one of a list of 17 impairments, limitations or restrictions that had lasted, or was likely to last, for at least 6 months, and that restricted everyday activities (ABS 2010). In this chapter, these are referred to as 'people with disability'.

The survey collected information about whether respondents needed help with various activities, had difficulty undertaking the activities, or used aids or equipment. Activities related to self-care, mobility and communication were referred to as 'core activities', and a person who sometimes or always needed help with one or more of these activities was referred to as having 'severe or profound core activity limitation'.

The Census of Population and Housing

The 2006 and 2011 Censuses also included questions about the need for help with mobility, self-care or communication due to disability or long-term health conditions (ABS 2012). The Census data item 'core activity need for assistance' is conceptually comparable with 'severe or profound core activity limitation' in the SDAC and covers the same domains of activities as the SDAC.

Estimates of the number of people who need help with core activities from the Census are lower than the estimates from the SDAC because of a higher rate of non-response to the relevant Census questions. The difference may also be due to different questions and collection methods:

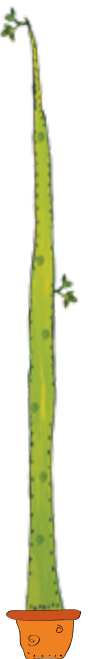
- the Census is based on a self-completion questionnaire, while the SDAC uses trained interviewers to collect responses to the questions
- the Census contains a smaller number of questions, while the SDAC uses a set of detailed questions.

For these reasons, Census data should not be used to update the prevalence of disability estimates for years which fall between SDACs.

However, as the Census completely counts (rather than takes a sample of) the whole Australian population, it can provide information about people who need help with core activities across small geographic areas and for small population groups, as well as about population groups not covered by the SDAC (for example, people living in very remote areas).

Census rates of need for help with core activities in this chapter are calculated by excluding people who did not respond to the related Census questions.

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SDAC estimates of prevalence and severity of disability

According to the 2009 SDAC, an estimated 4 million Australians (18.5% of the population) had some form of disability. Of these, the majority (2.5 million people, or 61%) were aged under 65 (13% of the Australian population aged under 65) (Table A5.1):

- 492,500 people with disability were aged under 25 (7% of the population aged under 25). Of these, 288,300 were aged 0–14 (7% of children aged 0–14), and 204,200 were aged 15–24 (7% of people in this age group). The disability rate was substantially higher for boys aged 0–14 (9%) than for girls (5%)
- almost 2 million adults with disability were aged 25 to 64 (17% of the population in this age group), with the disability rate slightly higher for women (1,019,400) than men (962,500) in this age group
- around 2.2 million (15%) people with disability were of traditional working age (15 to 64), with the number of females (1,117,800) slightly higher than the number of males (1,068,300).

Around 1.6 million Australians aged 65 and over had disability (54% of the 'older population') and this accounted for 39% of people with disability of all ages. Disability among older Australians is discussed in Section 6.4.

Among all people with disability, 1.3 million (5.8% of the Australian population, or 32% of people with disability) had severe or profound core activity limitation (see Box 5.1 for a definition). Of these, just under half (680,400) were aged under 65. The rate of severe or profound core activity limitation among people aged under 65 was around 4% for both males and females, compared with 20% for people aged 65 and over (17% of older men and 24% of older women). The rate among children aged 0–14 was 5% for boys, compared with 3% for girls. The rates among the traditional working-age population were 3% for males and 4% for females.

The age-standardised rate of disability for the Australian population declined by 2 percentage points between 2003 and 2009, and the rate of severe or profound core activity limitation dropped by less than 1 percentage point (ABS 2010). This was the first time a decline was reported in almost three decades. The results of the 2012 SDAC may help confirm if disability prevalence rates are on the decline.

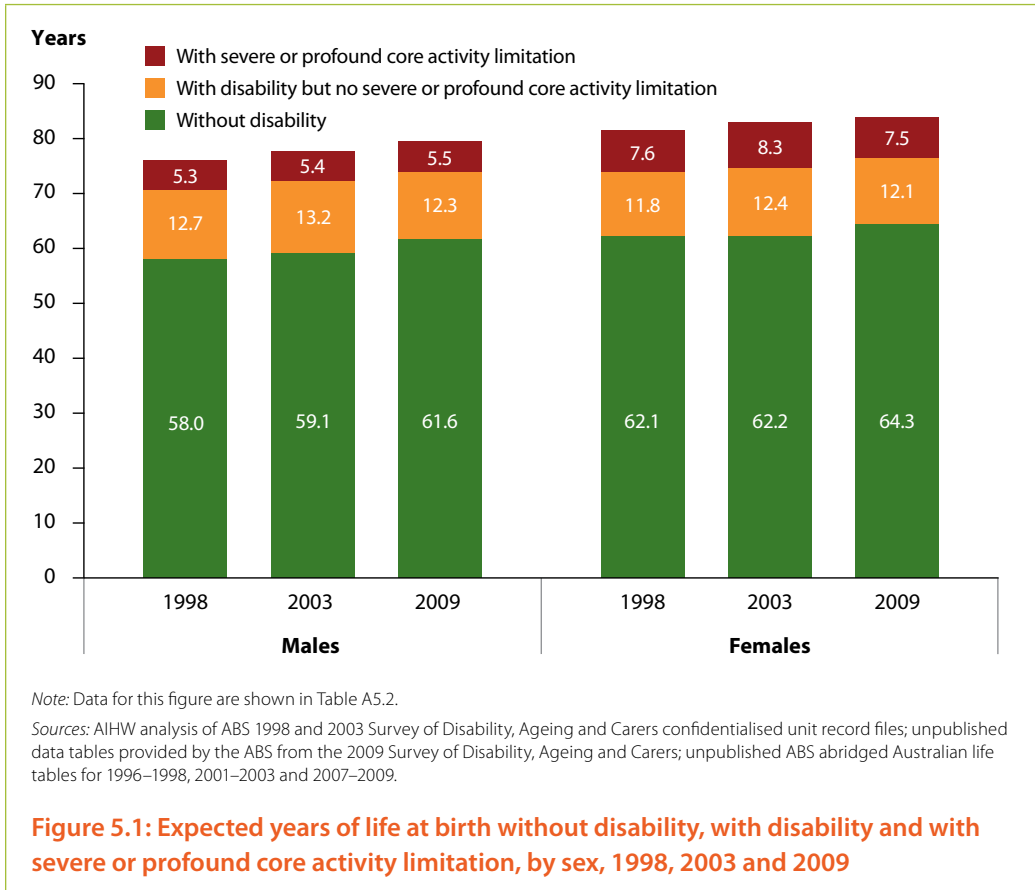
Expected years of life with and without disability

Life expectancy is an indication of how many years a person can expect to live, assuming age-specific death rates do not change. For policy development, service planning and population health and wellbeing, it is important to know whether the extra years in life expectancy at birth and at older ages are healthy ones or marked by increasing disability and dependence. This section uses data from the SDAC and ABS life tables to estimate change over time in the expected years of life with disability. As noted earlier, the most recent SDAC data available pertain to 2009; consequently the latest life expectancy estimates referred to in this section pertain to 2007–2009, rather than more recent years. (For more recent life expectancy estimates, see sections 6.4 and 11.1). The term 'expected years of life with disability' refers to, within a person's life expectancy, an estimate of the average number of years that a person can expect to live with disability.

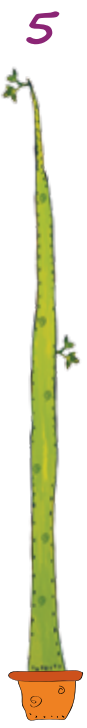
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Life expectancy in Australia has risen markedly since the beginning of the 20th century (ABS 2011c). Between 1996–1998 and 2007–2009, overall life expectancy at birth rose from 75.9 years to 79.3 years for males and from 81.5 years to 83.9 years for females. Almost all of the increase in life expectancy at birth, for both sexes, was disability-free years. The expected years of life with disability and severe or profound core activity limitation remained fairly stable for both sexes (Figure 5.1; AIHW 2012a).



Life and disability expectancies at age 65 are more useful for discussing issues relating to long-term care for the older population. Older Australians are living longer and, on average, with more years of life without severe or profound activity limitation. Between 1998 and 2009, around half of the gains in life expectancy for Australians at age 65 were disability-free years. Older Australians gained more years without severe or profound core activity limitation than with this limitation: 2.1 years versus 0.5 years for men, and 1.8 years versus 0.1 years for women. Between 1996–1998 and 2007–2009, overall life expectancy at age 65 rose from 16.1 years to 18.7 years for men and from 19.8 years to 21.8 years for women (AIHW 2012a).



On the other hand, the ageing of the Australian population and increasing longevity are leading to more older people with disability and severe or profound core activity limitation.

Women can expect to live longer and live more years both with and without disability than men. The greater number of expected years of life with severe or profound core activity limitation for older women than for men is related to the greater longevity and higher prevalence rates of severe or profound activity limitation for older women (AIHW 2012a).

Much of the recent increase in disability-free life expectancy occurred between 2003 and 2009, reflecting a decline in disability prevalence rates recorded in the 2009 SDAC (as noted earlier).

Census estimates of need for help with core activities

Data from the Census on 'core activity need for assistance' support analyses of the detailed distributions of disability population across small geographic areas and among small population groups such as Indigenous people and people born overseas (as described in Box 5.1).

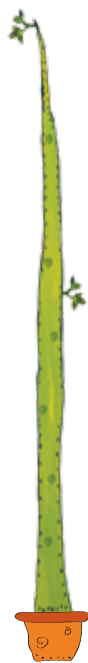
Estimates from the Census of the number of Australians needing help with core activities rose by 22% between 2006 and 2011, from 822,000 people to 999,000 people, while the total population grew by 8% (Table A5.3).

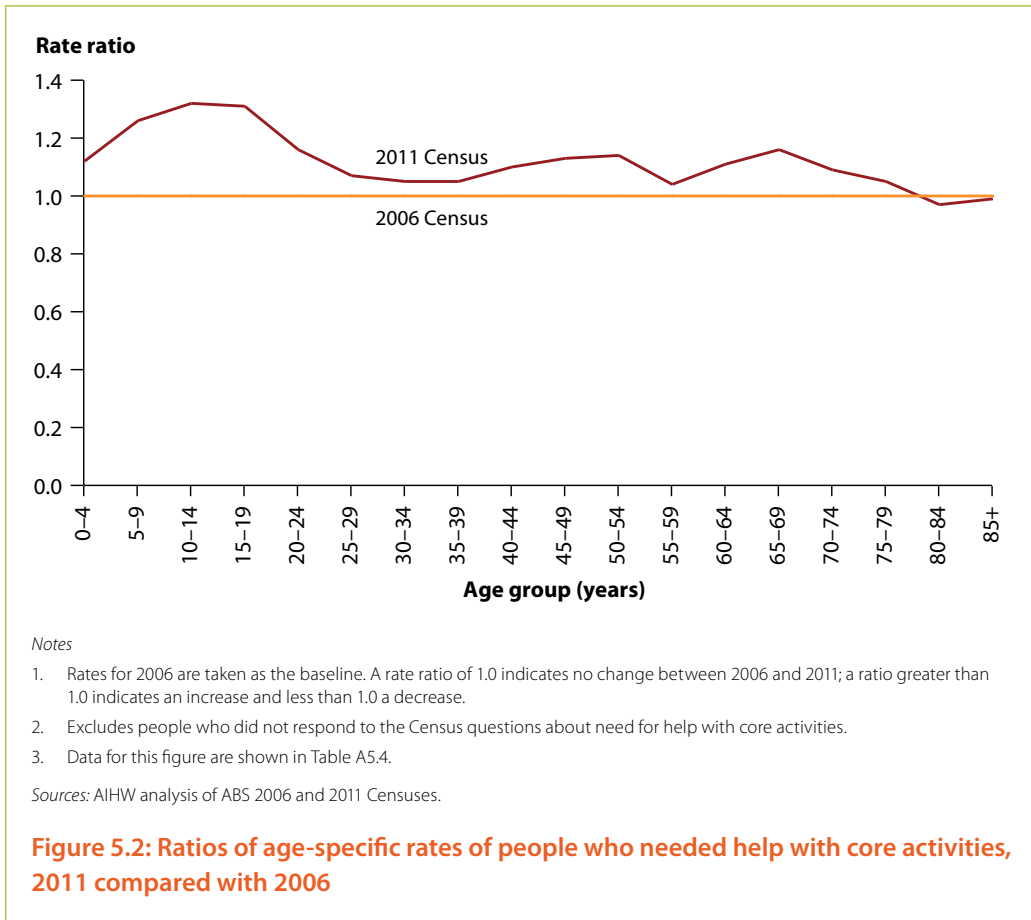
The number of people aged under 65 who needed help rose by 24% (89,000 people), compared with a growth rate of 8% in the population of that age. The growth rate for people needing help aged 65 and over was 20% (88,000 people), compared with 14% in the total older population. The highest growth rates of people needing help were among those aged 60–64 (40%) and 65–69 (42%). This pattern mainly reflects the passage of the post-World War II baby boomer generation into the older age groups. The increase in the rate of people needing help was also high among those aged 5 to 19, ranging from 32% to 37% (Table A5.3).

After accounting for differences in the age structures and response rates, the age-standardised rate of need for help with core activities among people of all ages rose from 4.2% to 4.5% between 2006 and 2011. The rate rose from 2.2% to 2.5% for people aged 0 to 64. However, no substantial difference was found in the overall age-standardised rate of people aged 65 and over (Table A5.4).

The increases in detailed age-specific rates were more evident in the age groups of people aged 5 to 24, 40 to 54 and 60 to 74. For example, the rate ratio indicates that people aged 65–69 in 2011 were 1.2 times as likely to need help with core activities as people of the same age range in 2006 (Figure 5.2).

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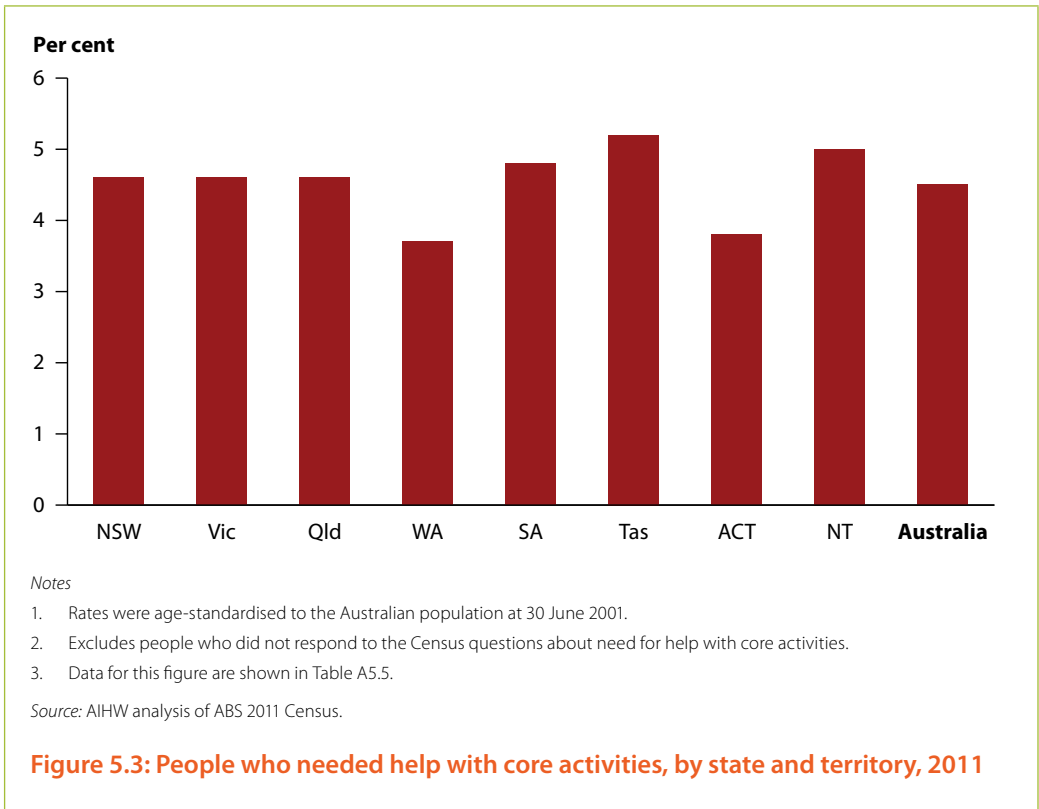




Variations in disability rates across jurisdictions and remoteness areas

Variations across jurisdictions in the estimated rates of people needing help with core activities are affected by differences in population age structures. After adjusting for such differences, all jurisdictions had age-standardised rates within 1 percentage point of the national average rate (4.5%) (Figure 5.3). The age-standardised rate for the Northern Territory was almost 2 percentage points higher than the crude rate (Table A5.5). This reflects the younger population age structure in the Northern Territory compared with other jurisdictions.





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Disability rates also varied between remoteness areas. According to the 2009 SDAC, for the population aged under 65, *Inner regional* areas had the highest age-standardised rates of disability and of severe or profound core activity limitation (see Box 1.3 for information about the classification of geographical areas). The age-standardised rate of disability in *Inner regional* (15%) and *Outer regional and remote* areas (14%) was higher than in *Major cities* (12%). The rate of severe or profound core activity limitation was higher in *Inner regional* areas (4.6%) than *Major cities* and *Outer regional and remote* areas (both 3.2%). Among people aged 65 and over, there were no significant differences by remoteness area in the disability rates, after taking into account population age structures (AIHW 2011a).

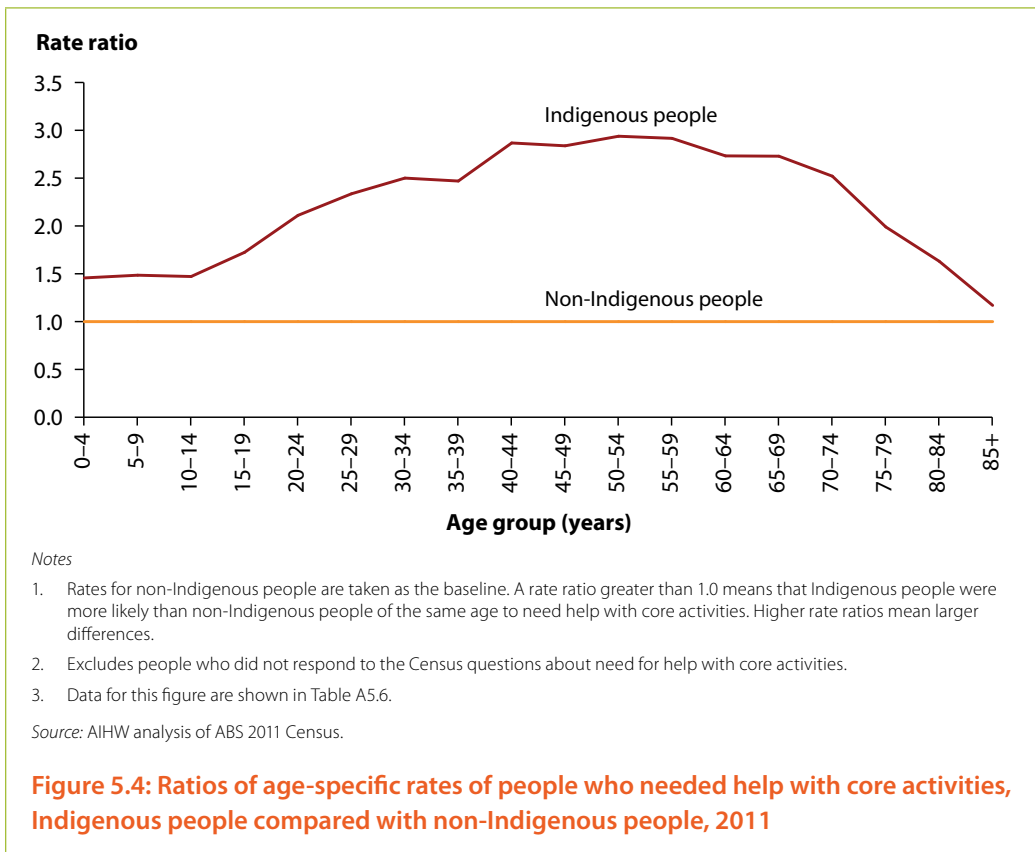
Indigenous Australians

In the 2011 Census, around 29,600 (5.7%) Aboriginal and Torres Strait Islander people reported needing help with core activities—15,300 males (6.1% of Indigenous males) and 14,200 females (5.4% of Indigenous females). The majority (81%) were aged under 65—23,900 people, or 5% of Indigenous people in this age group. Around 5,700 Indigenous people (29%) aged 65 and over needed help with core activities (Table A5.6).

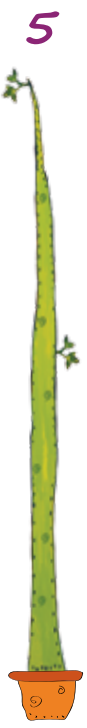


Taking into account differences in the age structures and response rates, rates of need for help by Indigenous and non-Indigenous Australians aged under 65 were 6% and 2% respectively (Table A5.6). The resulting rate ratio was 2.4, suggesting that Indigenous Australians aged under 65 were over twice as likely to need help with core activities as non-Indigenous Australians. Indigenous people aged 65 and over were 1.8 times as likely to need help as non-Indigenous people of that age. These results are consistent with the findings based on the 2006 Census (AIHW 2009), which suggest that the differences in need for help with core activities between Indigenous Australians and non-Indigenous Australians remain large.

The difference in the need for help between Indigenous and non-Indigenous Australians was most evident in the 40 to 59 age group, with Indigenous people almost 3 times as likely to need help with core activities as non-Indigenous people of that age (Figure 5.4).



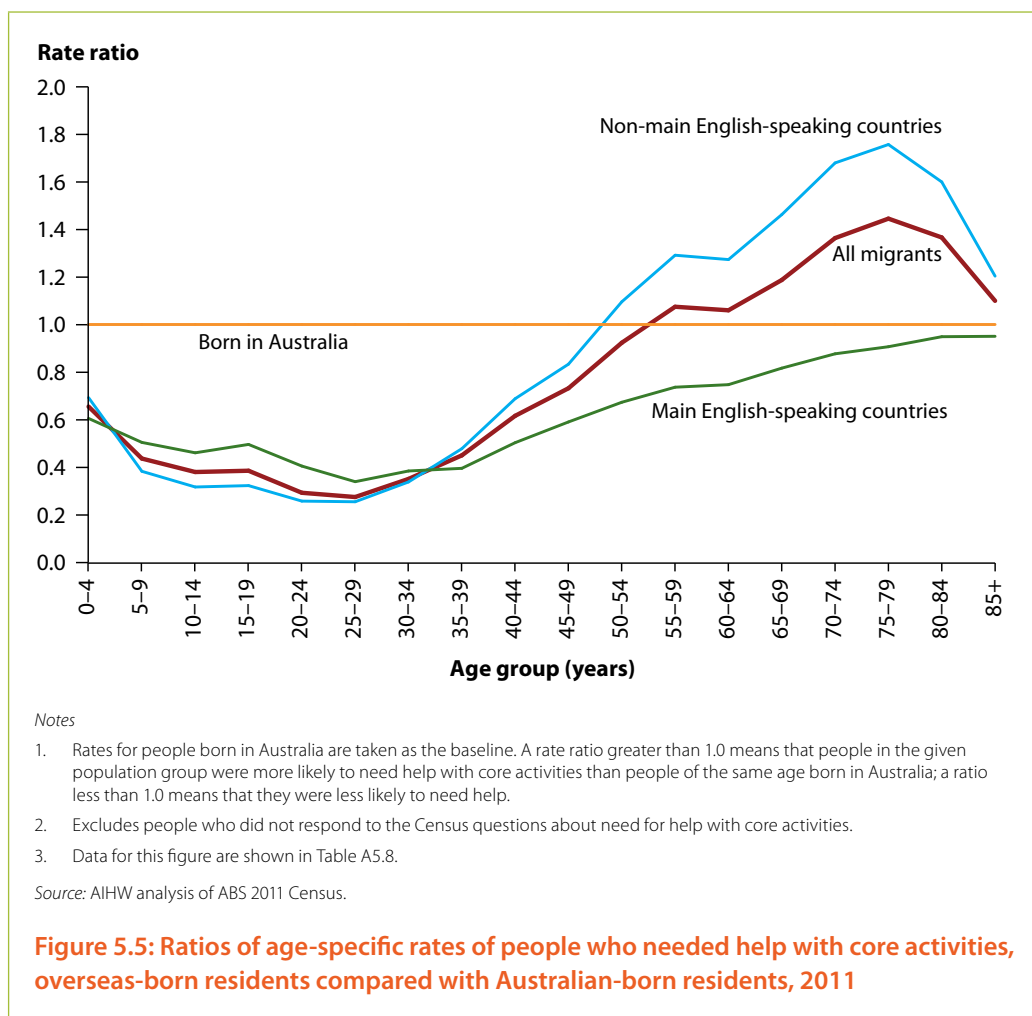
Analysis of the 2009 SDAC data show that, after taking into account differences in the age structure of the two population groups, Indigenous people were around twice as likely as non-Indigenous people to need help with core activities (males 1.7 times as likely and females 2.3 times as likely). Note that the 2009 SDAC excluded people living in very remote areas. This is likely to have a greater impact on the data for Indigenous people than for non-Indigenous people (ABS 2013) since remote areas of Australia are disproportionately populated by Indigenous people (see Section 1.5).



Overseas-born Australians

Taking into account differences in age structures and rates of response to the related Census questions, in 2011, the overall rate of need for help with core activities among overseas-born people in Australia (4.2%) was slightly lower than the rate for people born in Australia (4.5%). However, of those born overseas, the rate of need for help among people born in non-main English-speaking countries (4.8%) was higher than people born in main English-speaking countries (3.2%) (Table A5.7).

The rate of need for help with core activities also varied considerably according to country of birth across different age groups (Figure 5.5). Overall, overseas-born people aged under 55 were less likely to need help with core activities than people born in Australia, while for people aged 55 and over, those born in Australia were less likely to need help than those born overseas. People born in main English-speaking countries were consistently less likely to need help than people born in Australia across all age groups; however, the difference was very small among people aged 70 and over.



Overseas-born Australians aged 5 to 39 were less than half as likely to need help with core activities as people born in Australia of the same ages. This difference may be partly explained by the routine health screening of applicants for immigration to Australia, which may result in lower prevalence of disability among overseas-born Australians at younger ages (DIAC 2012). In addition, different cultural groups may have different attitudes towards, and perceptions of, disability and the need for assistance, which could influence levels of reporting of disability. The findings from the 2011 Census are consistent with the findings from the 2006 Census (AIHW 2009). Both Censuses indicate that the need for help with core activities was less common among overseas-born Australians aged under 55 than people born in Australia. For people aged 55 and over, people born in non-main English-speaking countries were more likely to need help than people born in Australia.

Assistance sought from formal services

In 2009, among people aged under 65 with severe or profound core activity limitation living in the community (in households), about 320,000 (49%) had contacted formal services for help with at least 1 of the 10 activities of daily living in the previous 12 months. People needing help with communication (65%) or cognitive and emotional tasks (such as decision-making and coping with feelings or emotions) (63%) were most likely to have contacted formal services. Around half of the people who needed help with other activities had approached formal service providers (Table 5.1).

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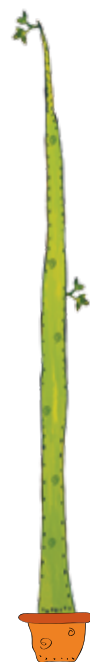


Table 5.1: People aged under 65 with severe or profound core activity limitation living in households, assistance sought from formal services, and type of assistance received^(a), 2009 (per cent of those needing assistance)

Activity	Contacted services ^(b)	Type of assistance received			Total number needing assistance ('000)
		Formal services only	Both formal services and informal assistance	Total received formal services ^(c)	
Self-care	51.0	3.9	5.3	9.3	333.4
Mobility	47.4	3.5	12.6	16.1	498.7
Communication	65.2	4.9	45.0	49.9	181.4
Cognitive or emotional	62.8	7.6	42.9	50.5	342.7
Health care	54.1	15.3	19.5	34.7	330.4
Household chores	47.0	5.2	9.3	14.6	270.6
Property maintenance	49.4	9.3	10.7	20.0	267.2
Reading or writing	52.4	4.1	3.5	7.6	129.4
Meal preparation	50.1	5.3	4.0	9.3	129.8
Private transport	45.9	5.4	7.1	12.4	272.3
Total needing assistance^(d)	48.6	3.7	49.4	53.1	657.4

(a) Excludes people who received 'informal assistance' only.

(b) Contacted any formal service for assistance in the previous 12 months.

(c) Received formal assistance only or a combination of formal and informal assistance.

(d) Includes people who needed help with at least one of the 10 activities and who may or may not have contacted formal services.

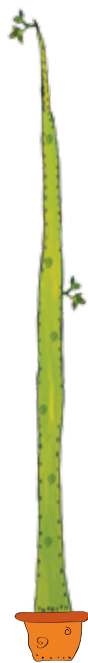
Note: See also Table A5.9.

Source: AIHW analysis of unpublished data provided by the ABS from the 2009 Survey of Disability, Ageing and Carers.

Overall, around half (53%) of people aged under 65 with severe or profound core activity limitation who needed assistance received formal services for at least 1 of the 10 activities. Note that these people may or may not have contacted formal services for assistance in the previous year. Half of the people receiving formal services relied on a combination of informal care and formal service assistance, and only 4% of them relied solely on formal services.

While half of the people who needed help with self-care, reading or writing, or meal preparation had contacted formal service providers, less than 10% received assistance (from formal services only or a combination of both formal and informal assistance).

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5.4 Specialist services

People with disability may receive support from specialist disability services provided by government and/or non-government sectors—see Box 5.2.

Box 5.2: Specialist services

Three forms of specialist disability services are:

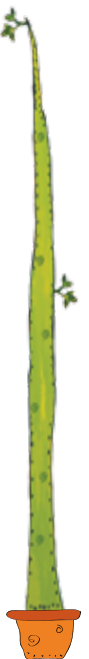
- Disability support services—services provided to people with disability under the NDA. There is no age limit on the provision of services under the NDA, but the majority of services users are aged under 65. Data on disability support services are collected annually in the Disability Services National Minimum Data Set (DS NMDS) (see AIHW 2013).
- HACC services—provided to frail aged people or younger people with disability, and their carers, to assist them to continue to live independently and prevent premature or inappropriate entry into long-term residential care. Data in this section relate primarily to HACC services for people aged under 65. Services for people aged over 65 are reported in Chapter 6. Note that HACC services are known as Basic Community Care Services from 1 July 2012 for people aged under 65 or aged under 50 for Indigenous people (COAG 2012d).

Data on HACC clients are collected annually in the HACC Minimum Data Set (MDS). HACC data presented in this chapter were derived from the HACC MDS National Data Repository for all jurisdictions except New South Wales. Data for that state were provided separately by the New South Wales State Data Repository. The AIHW collated those data with data for the other states. Consequently, HACC data published in this chapter may differ from those published in other reports.

- Services for younger people with disability in, or at risk of entering, residential aged care—provided to younger people with disability to assist them to remain independent in their current residential setting and to offer alternatives to those already living in such care, where appropriate and possible. While the initial priority of the initiative was to achieve its objectives in relation to people with disability aged under 50, where possible these objectives are extended to people with disability under the age of 65.

Data relating to the services provided were collected in the Younger People in Residential Aged Care (YPIRAC) MDS (see AIHW 2012b). Data relating to the number of permanent residents in, and admissions to, residential aged care are available from DoHA's Ageing and Aged Care data warehouse.

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Disability support services

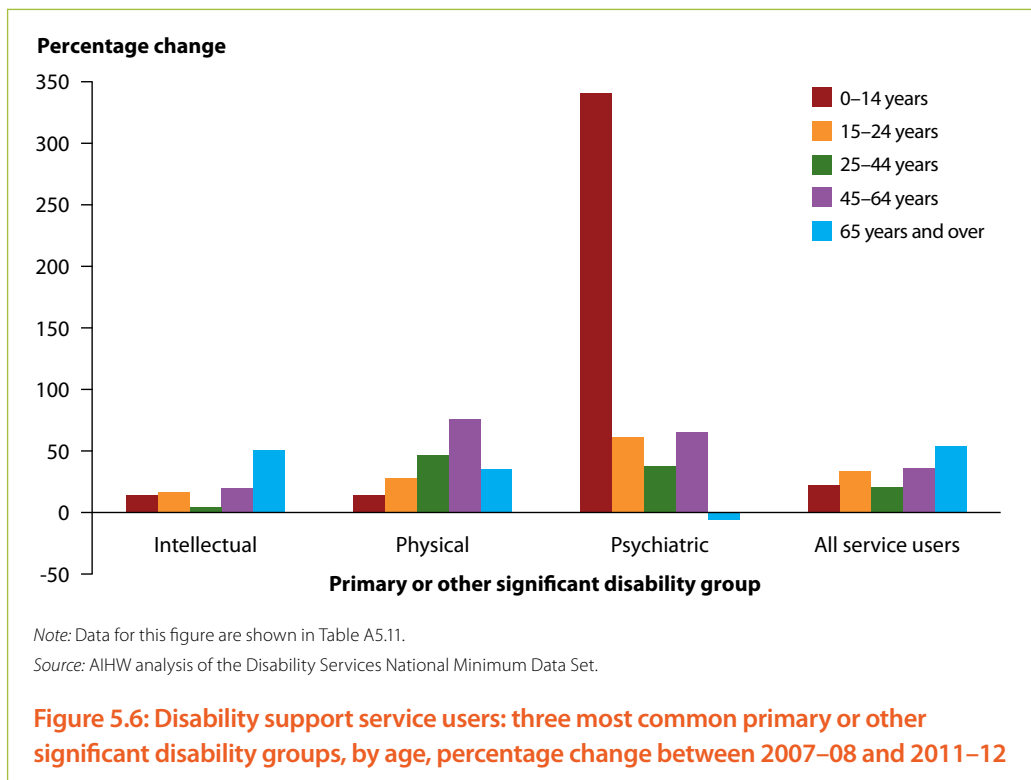
How many people?

The use of disability support services has increased over time, although the overall rate of growth slowed between 2010–11 and 2011–12. In 2011–12, there were around 317,600 service users, an increase of 29% from 2007–08 and of 1% from 2010–11. This compares with a growth of 7% between 2009–10 and 2010–11.

The growth was not evenly spread. For example, between 2007–08 and 2011–12, the number of service users aged 15–24 grew by 34%, those aged 45–64 by 36%, and those aged 65 and over by 54% (Table A5.10). Over the same period, and across disability groups, the proportion of service users with an intellectual disability generally decreased, and the proportion with a psychiatric or physical disability generally increased (AIHW 2013). Again, this was not evenly spread across age groups (Figure 5.6), with growth relatively high for those:

- aged 45–64 with a physical disability
- aged 45 and over with an intellectual disability
- aged under 25 with a psychiatric disability, particularly those aged 0–14 years.

Note that service users with a psychiatric disability aged under 25 are a relatively small group, around 4% of service users in 2011–12, and thus even a small change in numbers will have a large impact on percentage change.



Key characteristics

The proportion of service users who were male remained fairly stable over the 5 years to 2011–12 (around 59% across all years) (AIHW 2013). Male service users were generally younger, with a mean age of 32 compared with 37 for females in 2011–12.

In 2011–12, service users most commonly had an intellectual (33%), physical (32%) or psychiatric (28%) primary or other significant disability (Table A5.12).

Patterns of service use

Services delivered under the NDA are categorised into 5 broad groups: community support (received by 43% of disability support service users), employment services (42%), community access (20%), accommodation support (13%) and respite (12%) (AIHW 2013). Service users may receive services under more than one service type and group.

Between 2007–08 and 2011–12:

- community support consistently had the highest proportion of service users, followed by employment services
- accommodation support services accounted for the highest expenditure (44% to 47% across years)
- there were differences in services delivered under the accommodation support service group:
 - in-home accommodation support services (around 18,800 in 2011–12) had the largest number of service users in the accommodation service group and this has been the case over the 5-year period
 - a relatively small and decreasing number of service users were accommodated in institutional settings, while growing numbers received accommodation in group homes (Table A5.13 and AIHW 2013).

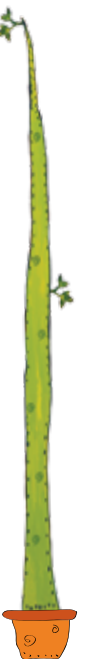
For more information on disability support service users, their characteristics and service use, see the annual *Disability support services* report (AIHW 2013) and related interactive data cubes available on the AIHW website <www.aihw.gov.au>.

Home and Community Care services

How many people?

The use of HACC services has increased over time, particularly by clients aged under 65. In 2010–11, around 934,600 people of all ages received HACC services, 14% more than in 2006–07 (Table A5.14). Of those, just under 213,000 (23%) were aged under 65, compared with 19% in 2006–07 (an increase of 34%).

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The increase in the number of clients aged under 65 was not evenly spread. For example:

- the number of clients aged 50–64 increased by 39% compared with 30% for clients aged under 50
- there was a 44% increase in the number of female clients aged 50–64 and a 31% increase of those aged under 50, compared with a 37% and 34% increase respectively for males.

Key characteristics

The majority of HACC clients are female. In 2010–11, among clients aged under 65, 56% of service users were female.

In 2010–11, among clients aged under 65, 43% of females and 52% of males receiving services were aged under 50.

Information on the disability types of clients is not collected in the HACC MDS.

Patterns of service use

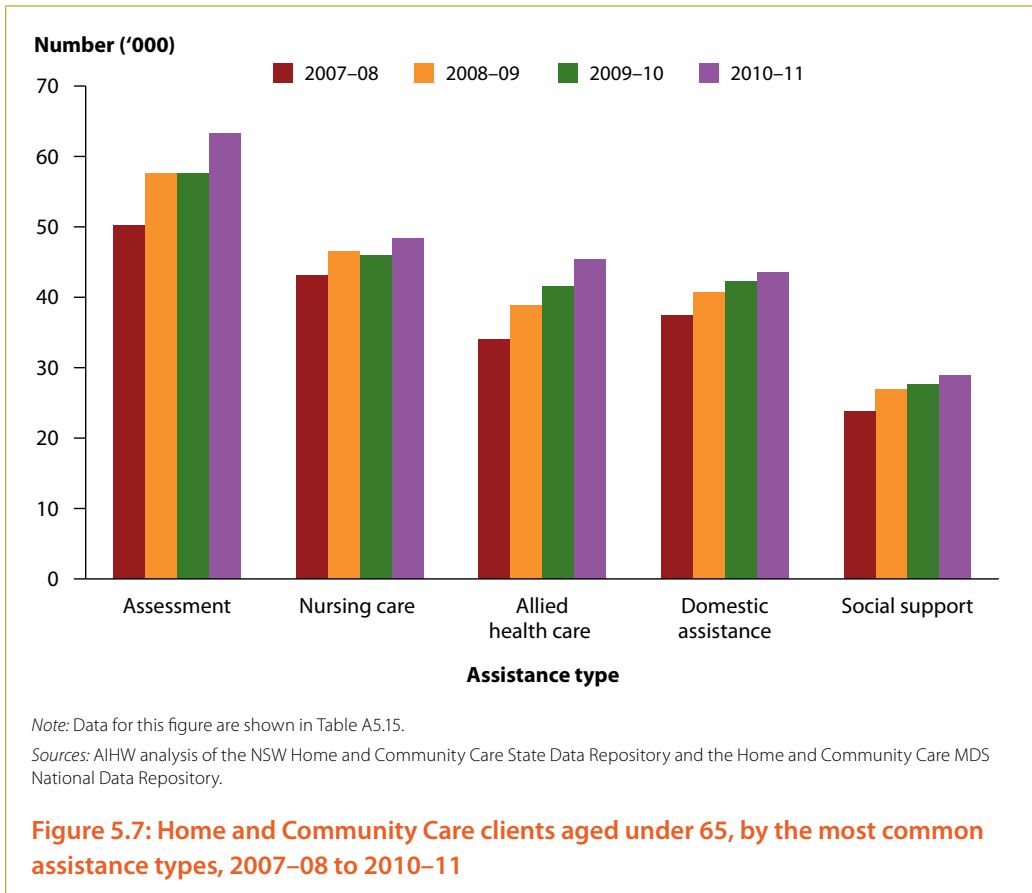
In 2010–11, the most prominent features of HACC delivery among clients aged under 65 were:

- 30% received assessment (63,200), 23% received nursing care (48,300), 21% received allied health care (45,400), 20% received domestic assistance (43,600) and 14% received social support (29,000) (Figure 5.7)
- service use patterns varied slightly according to age:
 - assessment was provided to 32% of clients aged 50–64 and 27% of clients aged under 50
 - domestic assistance was provided to 25% of clients aged 50–64 and 15% of clients aged under 50
 - home maintenance was provided to 13% of clients aged 50–64 and 6% of clients aged under 50
 - allied health care was provided to 24% of clients aged 50–64 and 18% of clients aged under 50.

Between 2007–08 and 2010–11, the highest growth in client numbers occurred in allied health care (33%), particularly for such services delivered at home (Figure 5.7).

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Younger people with disability in residential aged care

How many people?

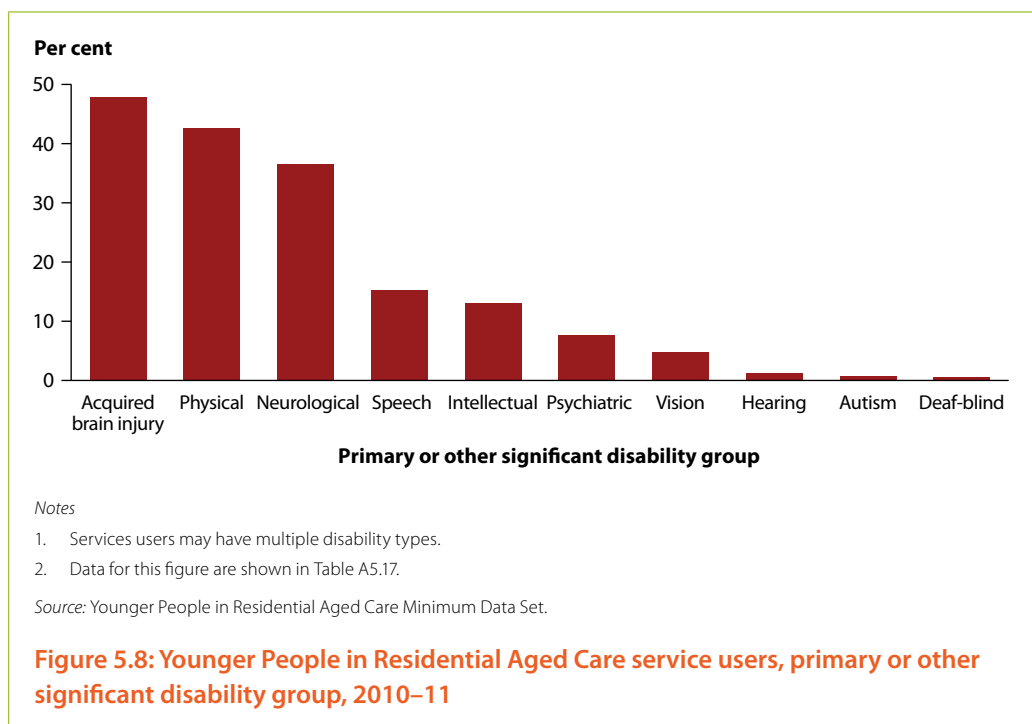
At 30 June 2012, there were 6,200 permanent residents of residential aged care facilities under the age of 65, of whom 10% were aged under 50. In the financial year to June 2012, there were 1,900 new permanent admissions of people aged under 65 to residential aged care (Table A5.16). In 2010-11, around 1,100 younger people (that is, under 65) with disability either living in, or at risk of moving into, residential aged care received YPIRAC services (Table A5.17; AIHW 2012b). Sixty-three per cent of service users were aged under 50, while 37% were aged 50-64 (Table A5.18).

Key characteristics

At 30 June 2012, there were 6% (428) fewer permanent residents aged under 65 in residential aged care facilities compared with 30 June 2008, with the decrease more pronounced among those aged under 50 (31%) (Table A5.16). Compared with 2008, in 2012 there were 10% (21) fewer new permanent admissions of people aged under 50.



In 2010–11, acquired brain injury was the most common primary or other disability group for YPIRAC service users (48%), followed by physical (43%) and neurological disability (37%) (Figure 5.8). Around 43% of all YPIRAC service users had two or more disabilities (AIHW 2012b).



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Patterns of service use

While the YPIRAC initiative had many service types in common with disability support services (compare tables A5.13 and A5.18), YPIRAC’s patterns of service use reflected its different aims (see Box 5.2).

In 2010–11, the most common types of services received by YPIRAC clients were client monitoring (81% of service users), assessment and/or planning services (55%), and ‘assistive products and technology’ (33%) (Table A5.18).

Indigenous service users

Disability support services

In 2011–12, Indigenous Australians comprised 6% of all disability support service users. This aligns with 6% of Indigenous Australians who reported they needed help with core activities in 2011 (see Section 5.3), but is higher than the estimated 3% of Indigenous people in the Australian population (see Chapter 1).



Most Indigenous service users lived in *Major cities* (38%) or *Inner regional* areas (27%) (AIHW 2013: Table B22). However, the proportion living in *Major Cities* was much lower than for non-Indigenous services users (67%). A higher proportion of Indigenous service users lived in *Outer regional, remote and very remote* areas (36%) than non-Indigenous service users (10%). These differences at least partly reflect the fact that Indigenous Australians are relatively less likely than other Australians to live in *Major cities* and more likely to live in more remote parts of Australia (see Section 1.5).

The proportion of male to female Indigenous service users is fairly similar to that of non-Indigenous service users. However, there is some difference in the age profile. In 2011–12, 84% of Indigenous disability support service users were aged under 50 compared with 75% of non-Indigenous service users. This at least partly reflects the relatively young age profile of Indigenous Australians, as well as their higher rates of disability at younger ages (see Section 1.2). Further, there were comparatively more Indigenous service users aged 0–24 (51%) than non-Indigenous service users (38%) (AIHW 2013: tables 3.3 and B22).

Home and Community Care services

From 2007–08 to 2010–11, Aboriginal and Torres Strait Islander people have comprised around 3% of all HACC clients, with those aged under 65 accounting for the majority of these clients (60% of Indigenous HACC clients in 2010–11 were aged under 65) (DoHA 2009a, 2009b, 2011; AIHW analysis of the NSW HACC State Data Repository and HACC MDS National Data Repository).

Younger people with disability in residential aged care

At 30 June 2011, 227 Indigenous Australians aged 50–64 were permanent residents in residential aged care, up from 193 at 30 June 2006 (AIHW 2012c).

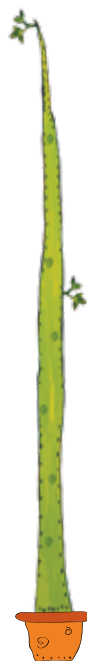
Under the YPIRAC initiative, 96 Indigenous people received services, which represented 9% of all YPIRAC service users in 2010–11 (AIHW 2012b). This is around 3 times the estimated proportion of Indigenous people in the Australian population aged under 65 (AIHW 2012b). Almost two-thirds of the Indigenous service users were aged under 50, a similar proportion to non-Indigenous service users (AIHW 2012c).

Indigenous YPIRAC service users were more likely than non-Indigenous service users to be male, have an acquired brain injury and live in *Outer regional, remote and very remote* areas (AIHW 2012b).

Overseas-born service users

Specialist disability services' data collections gather information on country of birth. Note that this information does not fully capture relevant information about cultural and linguistic diversity of clients, nor about language barriers, both of which can impact on service delivery.

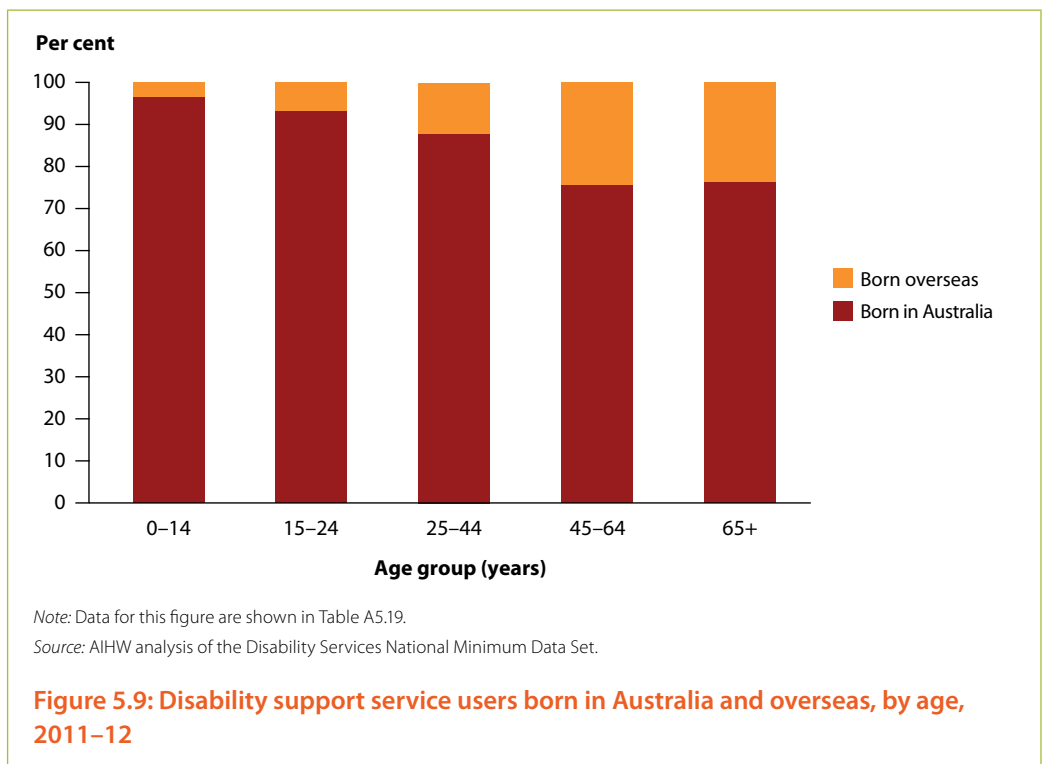
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Disability support services

In 2011–12, 13% of disability support service users were born outside Australia (Table A5.19), compared with 27% of the Australian population (see Section 1.4). The three most common countries of birth for disability support service users born outside Australia have remained consistent since 2007–08—England, New Zealand and Vietnam. The number of service users from China, Iraq, Lebanon and India has grown in the same period (AIHW 2013: Table B25).

The age profiles of Australian-born and overseas-born disability support service users are quite distinct (Figure 5.9). The proportion of service users born in Australia tends to taper downward as age increases, while the proportion of those born outside Australia tends to increase as age increases.



Home and Community Care services

From 2007–08 to 2009–10, almost 30% of all HACC clients were born outside of Australia, with European countries being the most prominent at around 20% of all service users (DoHA 2009a, 2009b, 2011).

Younger people with disability in residential aged care

In 2010–11, 10% of YPIRAC service users were born outside Australia, with most born in predominantly non-main English-speaking countries (AIHW 2012b).



5.5 Participation in major life areas

People with disability often confront a range of challenges that affect their ability to attain a similar quality of life as other Australians. Specialist disability services, such as accommodation support, community access and employment services, contribute directly and indirectly to quality of life and participation among people with disability. Mainstream services, such as income support, are also important in improving quality of life and participation, although identifying people with disability in administrative data collections for such services is not always possible.

Community participation

Using data from the 2009 SDAC, the AIHW has previously estimated that most people with disability aged under 65 (including those with severe or profound core activity limitations) were involved in social and community activities. Visits to or from family and friends were the most common activity. Visits to restaurants and clubs were also common, while volunteering, performing arts, craft and other activities were far less so (AIHW 2011a).

Specialist disability services support community participation through the provision of community access services. Community access services are designed to increase participation skills and independence, and provide opportunities to join in recreation and holiday activities. In 2011–12, 20% of disability support service users used community access services (Table A5.13). Use of these services was most common among those who also used accommodation support services, with 45% of service users who used accommodation support also using community access services (AIHW 2013: Table B67). However, there are no data available on the effectiveness of the services provided, in terms of outcomes for the individual.

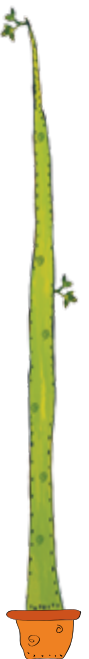
Education

Early childhood education and intervention

Enrolments of children with disability aged 3–5 in preschool services fell by 9% from 13,000 in 2009–10 to just under 12,000 in 2010–11. The fall was in conjunction with a decrease in the proportion of children of this age group with disability in the general community (DEEWR 2012a).

Early childhood intervention services operate for children with disability aged 0 to 6 in most regions of Australia, either as contracted non-government organisations or as part of the state or territory formal education or health system. Eligibility criteria and waiting lists vary according to the service and jurisdiction. Early intervention is a priority area under the NDA, and includes the full range of services that children receive to integrate them with peers at preschool and the wider community (AIHW 2013). The number of service users receiving NDA early childhood intervention services increased by 16% between 2007–08 and 2011–12 (from around 22,200 to 25,800; Table A5.13). Note that these data are sourced from those outlets providing services under the NDA; when an agency receives funding only from a state or territory department of education, for example, it would not be included.

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Delivery of disability services under the NDA continues to be the responsibility of state and territory governments. In addition to these services, the Australian Government funds the Better Start for Children and Helping Children with Autism packages, as a contribution to the overall cost of early intervention and other services.

School attendance and enrolment statistics

The 2009 SDAC estimated that 82% (292,600) of children and young people with disability aged 5 to 20 were attending school, with around 91% of these at mainstream schools (AIHW 2011a).

Data from administrative school enrolment collections indicate that there were 139,300 full-time equivalent (FTE) students with disability identified among FTE student enrolments across Australia in 2012. These students comprised 4% of the enrolled FTE student population (Table 5.2). This includes students in both mainstream and special schools, in government and non-government settings. The majority of identified FTE students attended mainstream government schools (54%). However, the proportion of these FTE students in mainstream settings, and as a percentage of all FTE student enrolments, varies across states and territories (Table 5.2). This is partly attributable to differing inclusion and counting rules.

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Table 5.2: Students with disability attending school, by type of school, government and non-government schools, 2012 (FTE)^(a)

	NSW ^(b)	Vic ^(c)	Qld	WA	SA ^(c)	Tas ^(c)	ACT ^(c)	NT	Australia
Government schools									
Mainstream schools (number)	20,700	11,875	21,182	5,598	14,091	665	1,523	954	75,064
Special schools (number)	4,216	9,721	3,586	2,289	949	206	325	290	21,257
<i>Total (number)</i>	<i>24,916</i>	<i>21,596</i>	<i>24,768</i>	<i>7,887</i>	<i>15,040</i>	<i>871</i>	<i>1,848</i>	<i>1,244</i>	<i>96,321</i>
Per cent attending mainstream schools	83.1	55.0	85.5	71.0	93.7	76.3	82.4	76.7	77.9
Per cent of all students	3.3	4.0	4.9	2.9	9.1	1.4	5.2	3.8	4.2
Non-government schools									
Mainstream schools (number)	14,609	11,071	6,704	3,199	3,263	697	602	455	40,600
Special schools ^(d,e) (number)	1,876	152	142	57	166	21	—	—	2,415
<i>Total (number)</i>	<i>16,486</i>	<i>11,223</i>	<i>6,846</i>	<i>3,256</i>	<i>3,429</i>	<i>718</i>	<i>602</i>	<i>455</i>	<i>43,015</i>
Per cent attending mainstream schools	88.6	98.6	97.9	98.2	95.2	97.0	100.0	100.0	94.4
Per cent of all students	4.2	3.5	2.7	2.5	3.6	3.0	2.3	4.3	3.5
Total									
Students with disability (number)	41,402	32,819	31,614	11,143	18,469	1,589	2,450	1,699	139,336
All students (number)	1,136,291	868,417	750,446	397,602	258,965	84,358	62,154	43,556	3,601,789
Per cent with disability	3.6	3.8	4.2	2.8	7.1	1.9	3.9	3.9	3.9

(a) FTE (full-time equivalent) students are not the actual number attending. For example, a student attending for half the usual school hours will be half an FTE student. The number of enrolled students will normally be greater than the number of FTE students.

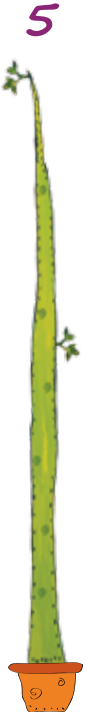
(b) All New South Wales student data are from 2011, while students with disability data are from 2012 and do not include identification of all students with autism and mental health disorder as students with disability.

(c) Australian Capital Territory, Tasmania, Victoria and South Australia data exclude children attending preschool.

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

(e) DEEWR data are provisional 2012 data. Special schools include regular schools receiving special assistance funding from DEEWR.

Sources: Unpublished data provided by the Department of Education, Employment and Workplace Relations; data provided by state and territory education authorities.



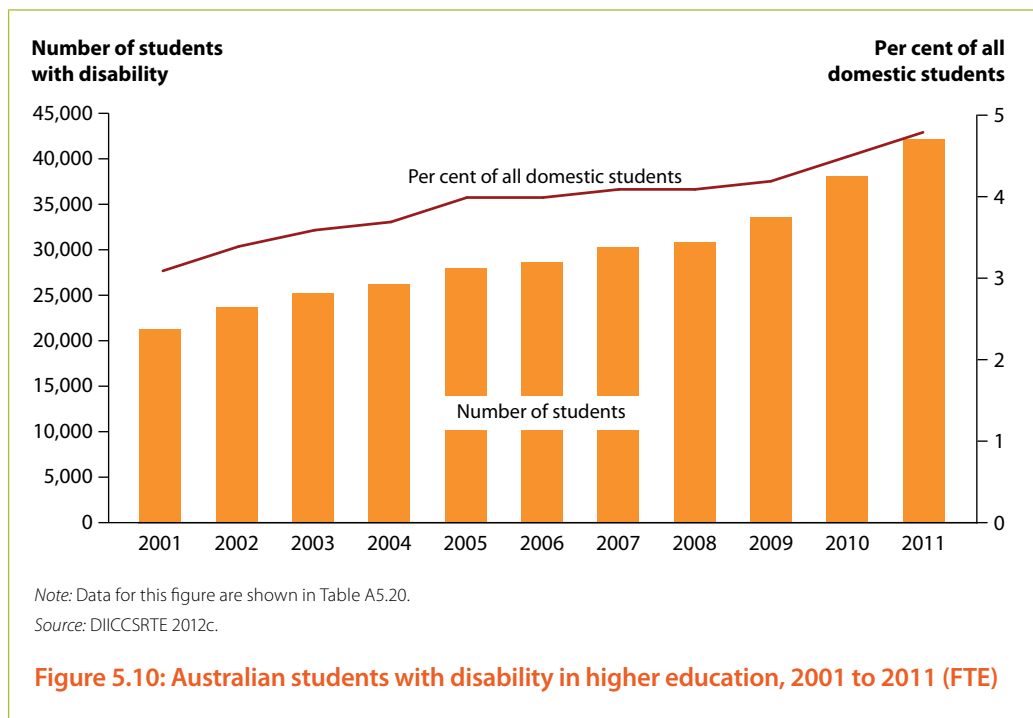
There were around 96,300 FTE students identified with disability in government schools and around 43,000 in non-government schools. The apparent decrease in enrolments within government schools, from around 116,800 FTE students in 2010, is likely to have resulted, at least in part, from changes to reporting in New South Wales, where some students with autism and mental health disorder are no longer required to be identified as a student with disability to receive support.

FTE students with disability attending non-government schools increased from around 37,200 in 2010 to 43,000 in 2012 (Table 5.2; AIHW 2011a).

Post-school education

In 2011, around 42,100 Australian FTE students with disability were enrolled in higher education. The number has been increasing each year, and has virtually doubled since 2001, from around 21,300 (Figure 5.10). The proportion of FTE students with disability in higher education has also increased each year, from 3% of all domestic students in 2001 to 5% in 2011.

In 2010, more than \$6.2 million was made available to higher education providers to support access to, and participation in, higher education by people with disability under the Higher Education Disability Support Program (DEEWR 2010; see also Box 5.3). Around \$5.2 million of this was provided under the Additional Support for Students with Disabilities component of the program, and \$1 million was provided under the Performance-based Disability Support Funding component.



Box 5.3: Supporting students with disability in post-school education

The National Disability Coordination Officer program targets barriers that people with disability face in gaining entry to, and completing, higher education, vocational education, training and employment. It provides support and tailored case management, information, coordination and referral services for people with disability who are interested in, or enrolled in, post-school education and training in 31 regions across Australia, through specified universities, technical and further education, and specialist disability service providers (DEEWR 2010; DIICCSRTE 2012b).

The Higher Education Disability Support Program provides funding to eligible higher education providers to undertake activities that assist in removing barriers to access for students with disability. It has three components:

- Additional Support for Students with Disabilities—to provide funding to eligible higher education providers to assist with the cost of providing educational support services and equipment to students with disability
- Performance-based Disability Support Funding—to encourage higher education providers to implement strategies to attract and support students with disability
- Australian Disability Clearinghouse on Education and Training—a website providing information and other resources designed to promote inclusive teaching and learning practices for people with disability (DIICCSRTE 2012a).

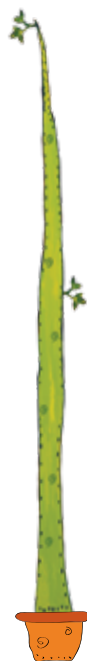
Housing

People with disability may live in dwellings that are owner-occupied, in the private rental market, in social housing, in cared accommodation (such as residential aged care facilities), or in accommodation services provided under the NDA.

According to the 2009 SDAC, 98% of people with severe or profound core activity limitation aged under 60 (567,500) lived in the community in private dwellings and 13% of people aged 15 to 59 with severe or profound core activity limitation were living alone in private dwellings (52,400 people) (ABS 2011b). Note that in the SDAC, 'private dwellings' include 'smaller disability homes' with fewer than six people (ABS 2011b). These are group homes that primarily comprise non-related service users who are living in a home without choice of co-residents.

Some of the people with disability living in private dwellings would have received in-home accommodation support to enable them to remain independent in their own home; 18,800 disability support service users of all ages received this type of support under the NDA in 2011–12 (Table A5.13).

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In addition to in-home accommodation support, accommodation services under the NDA include large and small residential facilities or institutions, hostels, and group homes. In 2011–12, around 2,500 disability support service users lived in large residential facilities or institutions, nearly 800 lived in small residential facilities or institutions, and around 16,200 lived in group homes (Table A5.13).

Accommodation services provided under the NDA are not the only housing assistance option for people with disability; they are also a target group for other government housing assistance programs that are provided to Australians who find it difficult to secure and retain appropriate private housing. The 2006 Census showed that 10% of people needing assistance with core activities were living in social housing, compared with almost 4% of the general population. As at 30 June 2012, around one in five people (22%) in public rental housing had disability (AIHW analysis of National Housing Assistance Data Repository).

Commonwealth Rent Assistance (CRA) is another form of housing assistance available to people with disability. It was estimated that roughly one-fifth (21%) of all DSP recipients as at week ending 1 June 2012 were also receiving CRA (AIHW analysis of Australian Government Housing Dataset). (See Chapter 3 for additional information about social housing and CRA use).

Health

Health and wellbeing are important preconditions to quality of life and participation. However, even though there has been an overall improvement in population health, the gap between Australians with and without disability remains large (AIHW 2010b). People with disability are more likely than others to have poor physical and mental health, and higher rates of health risk factors, such as smoking and being overweight. The more severe a person's core activity limitations or restrictions, the poorer their health (AIHW 2010a).

Labour force participation

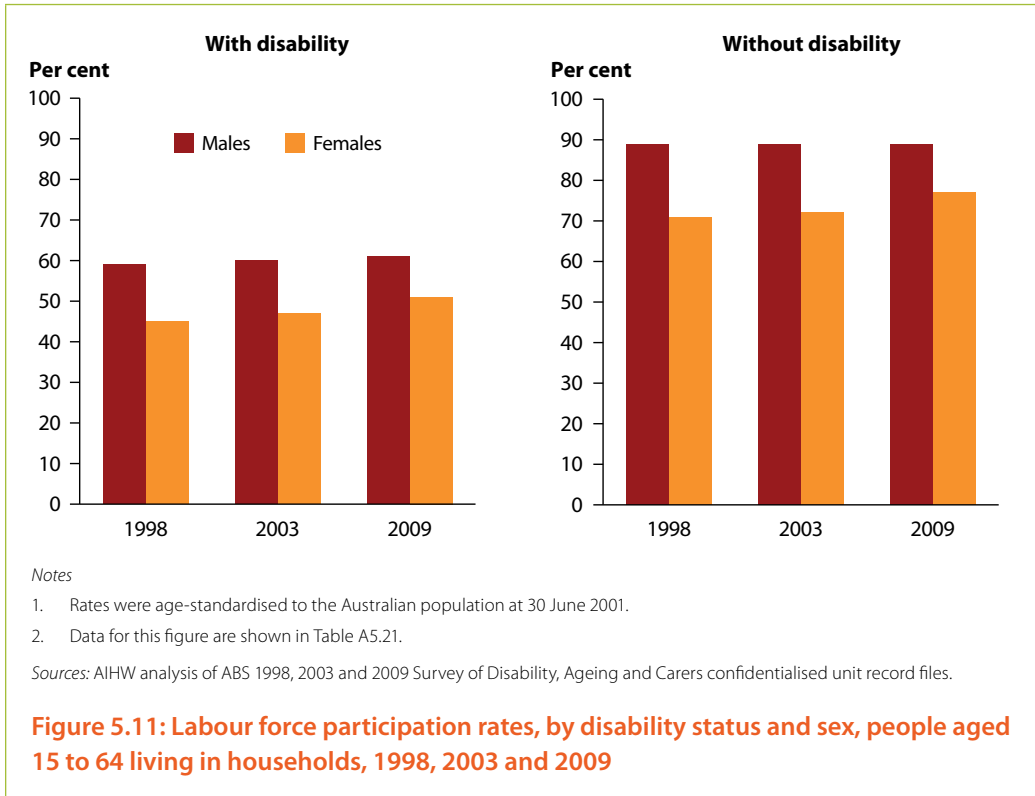
People with disability are much less likely to participate in the labour force (that is, be employed or unemployed) than people without disability, and when in the labour force are more likely to be unemployed. According to the latest available SDAC, in 2009, 54% of people aged 15 to 64 with disability were in the labour force, compared with 83% of people without disability. The labour participation rate for males with disability (60%) was higher than for females (49%). Around 1 in 3 (31%) people with severe or profound core activity limitation were in the labour force (AIHW analysis of ABS 2009 SDAC data).

People with disability who were in the labour force also experienced a higher rate of unemployment (8%) than people without disability (5%). The unemployment rate for people with severe or profound core activity limitation (11%) was just over twice that of those without disability (5%) (AIHW analysis of ABS 2009 SDAC).

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In order to take into account differences in the age structures between those with and without disability, as well as within these two groups over time, the labour force participation rates and unemployment rates were age-standardised. Between 1998 and 2009 the age-standardised labour force participation rate for people with disability aged 15 to 64 increased from 52% to 56% (Table A5.21). Nonetheless, throughout this period, participation rates of people with disability remained about 28 to 30 percentage points lower for males and 25 to 27 points lower for females, compared with people without disability (Figure 5.11).

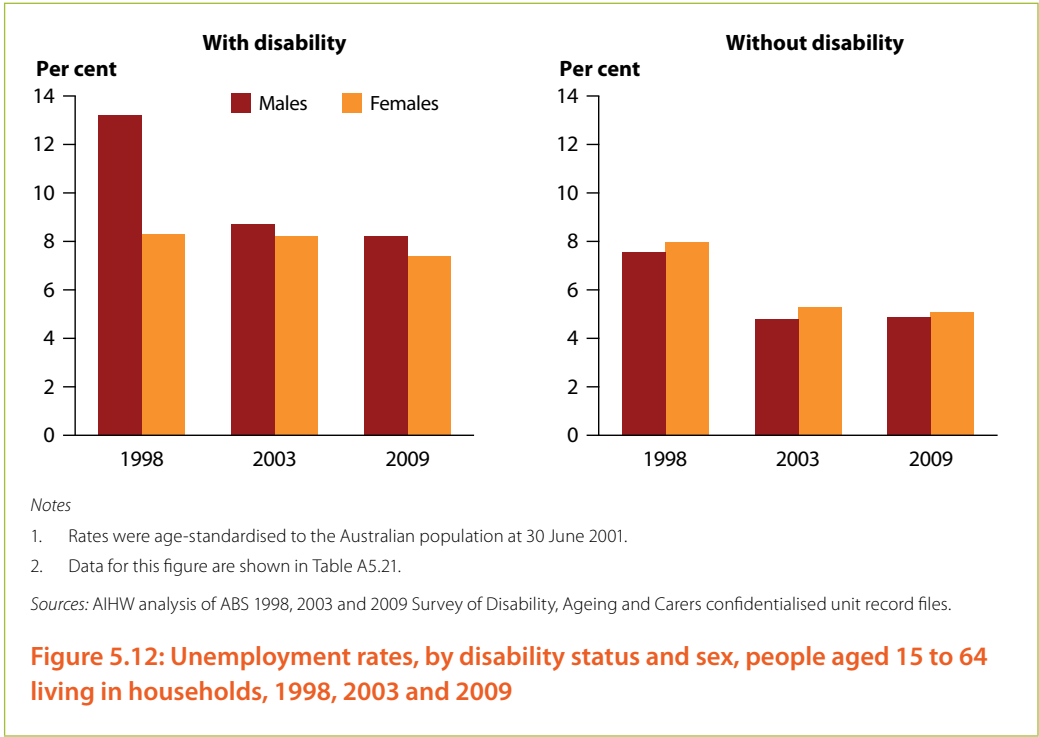


The age-standardised labour force participation rate for males with disability was the same in 1998 and 2003 but rose between 2003 and 2009, while the rate for females with disability increased between 1998 and 2009. The participation rates for males and females with disability were converging over time but at a slower rate than for males and females without disability. As Figure 5.11 shows, between 1998 and 2009, the gap in the participation rates between males and females with disability reduced by 4 percentage points, compared with a reduction of 6 percentage points for people without disability.

The age-standardised unemployment rate of people with disability aged 15 to 64 dropped from 11% in 1998 to 8% in 2009, and was largely attributable to the decline in the rate for males between 1998 and 2003. The unemployment rate of people with disability was consistently about 3 percentage points higher than people without disability (Figure 5.12).

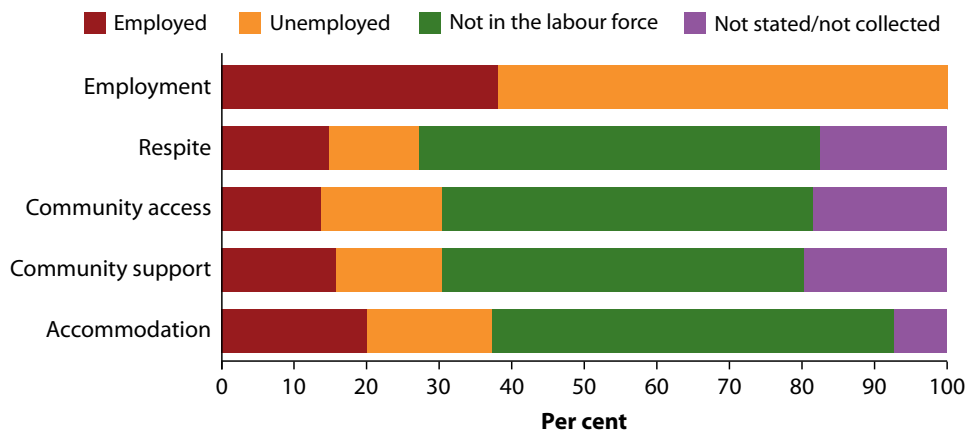


Note that the 2011 Census does not provide adequate information to assess whether labour force participation and unemployment rates have improved over recent years for all people with disability, since the Census only collects information about those who need help with core activities—a large proportion of whom are permanently unable to work.



In 2011–12, around one-quarter of disability support service users aged 15 to 64 were employed. As shown in Figure 5.13, the proportion of those employed is lower than the proportion not in the labour force in all service group categories with the exception of those using employment services. Between 14% and 20% of those using accommodation, community support, community access or respite services were employed, compared with 38% of those receiving employment services.





Note: Data for this figure are shown in Table A5.22.

Source: AIHW analysis of the Disability Services National Minimum Data Set.

Figure 5.13: Labour force status of disability support service users aged 15 to 64, by service group, 2011–12

Employment assistance

Employment assistance is provided for people with disability through both open and supported employment programs, as part of labour market assistance (Box 5.4).

Box 5.4: Employment assistance to people with disability

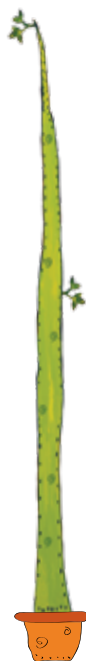
Open employment support, specifically for people with disability, is provided by Disability Employment Services (DES). These services help people find and maintain employment in the open labour market (DEEWR 2012b, 2012c). The program replaced the former Disability Employment Network and Vocational Rehabilitation Services, and:

- removed the cap on the numbers of people with disability who could use the services
- separated programs based on the level of assistance required as follows:
 - assistance to obtain employment—Disability Management Service (DMS)
 - ongoing assistance to obtain and maintain employment—Employment Support Service (ESS).

In 2012, around 20,000 people with higher support needs were receiving supported employment services through 325 Australian Disability Enterprises outlets across Australia. The Department of Families, Housing, Community Services and Indigenous Affairs provides funding for the enterprises, which are commercial in nature, undertaking activities including packaging, assembly, horticultural, cleaning, laundry and food services (FaHCSIA 2012a).

People with disability can also access mainstream labour market assistance through Job Services Australia (JSA) and the Indigenous Employment Program.

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There has been continuing strong growth in the use of services under the NDA that provide employment assistance to people with disability in obtaining and/or retaining paid employment in the open labour market ('open employment services'), equating to a 63% increase over the 5 years to 2011–12 (Table A5.13). An interim evaluation report on the accessibility and effectiveness of Disability Employment Services in its first year of operation found around 8,000 new participants started with DES providers each month, compared with an average 7,000 under the Disability Employment Network/Vocational Rehabilitation Services in 2009 (DEEWR 2012b).

Outcomes of participation in labour market assistance programs for people with disability vary considerably by both the labour market assistance program and whether or not the individual faces multiple barriers to employment, such as being both a sole parent and requiring ongoing workplace assistance.

The proportion of people with disability employed post-assistance was generally lower than that reported for all job seekers (Table 5.3). In particular, 36% of people with disability who used JSA streams 1–4 were employed post-assistance, compared with 49% of all job seekers who used the program.

The JSA Work for the Dole program reported the lowest proportion of people with disability employed post-assistance (20%) (Table 5.3). In contrast, 66% of Indigenous job seekers with disability who accessed the Indigenous Employment Program and 65% of people with disability who used JSA Job Placements were employed post-assistance.

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Table 5.3: Proportion of job seekers in employment after exiting labour market assistance programs, by equity group, December 2011 (per cent)

Labour market assistance program	Equity groups ^(a)				
	Disability	Indigenous	CALD ^(b)	Sole parents	All jobseekers
DES—Disability Management Service ^(c)	40.1	32.8	31.6	40.1	40.1
DES—Employment Support Service ^(c)	34.4	29.5	24.5	27.4	34.4
Indigenous Employment Program ^(d)	66.4	73.5	—	79.1	73.5
JSA streams 1–4	36.1	32.8	42.9	52.8	48.8
JSA Job Placements	64.6	58.1	73.7	80.0	69.5
JSA Work for the Dole	20.2	n.p.	21.3	26.2	25.0
JSA Training in Job Search Techniques	32.6	22.7	35.9	36.5	40.0

(a) Equity groups are not mutually exclusive.

(b) People from culturally and linguistically diverse (CALD) backgrounds born overseas in other than main English-speaking countries.

(c) 'All job seekers' in DES–DMS and DES–ESS programs are people with disability.

(d) 'All job seekers' in Indigenous Employment Programs are Indigenous.

Notes

1. Outcomes data refer to job seekers who participated in the program in the 12 months to September 2011, with outcomes measured around 3 months later.
2. Employment includes both part-time and full-time employment.

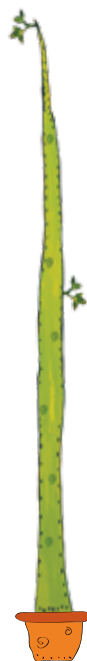
Source: DEEWR 2011.

Income support

Disability Support Pension

The DSP is the major income support payment for people with disability (see DHS 2013a). Changes to the pension in recent years include the introduction of new assessment procedures in September 2011 and revised Impairment Tables from 1 January 2012 (see Box 5.5).

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Box 5.5: Recent changes to the Disability Support Pension

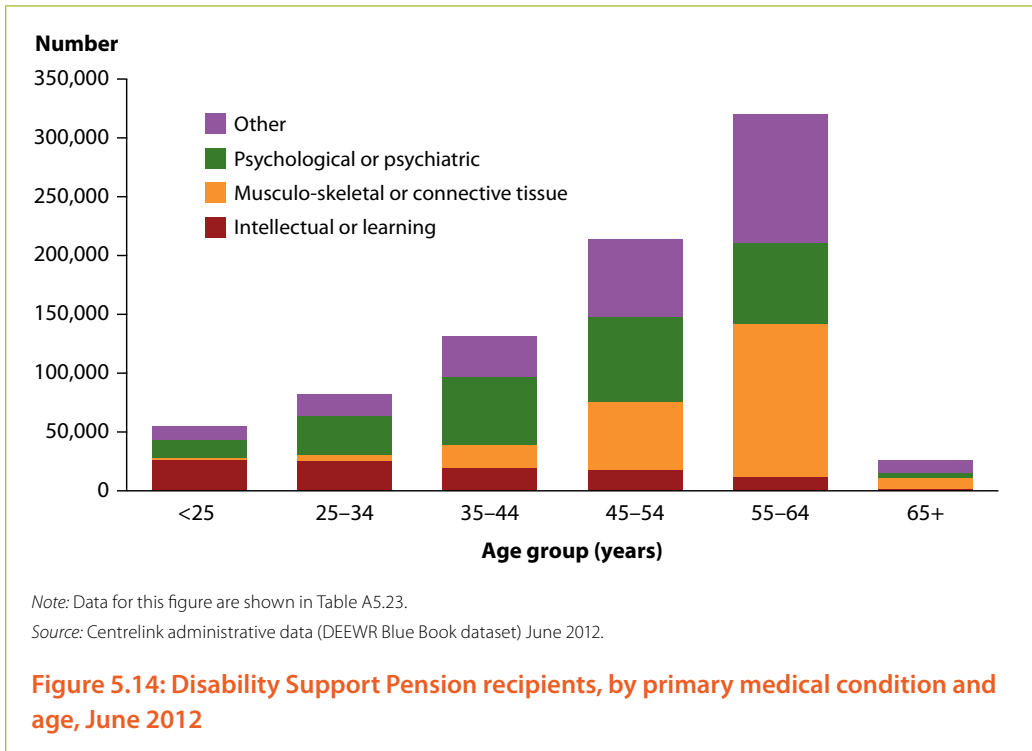
Starting on 1 July 2010, the Australian Government has implemented a number of changes to the DSP. These include:

- more thorough assessments of claims by Senior Job Capacity Assessors using updated guidelines (1 July 2010)
- establishing the Health Professional Advisory Unit within DHS to provide DSP assessors with independent advice on medical issues in DSP assessments (1 July 2010)
- requiring all DSP assessments to be conducted by medical, health and allied health professionals employed by DHS to provide greater consistency (previously around 50% of DSP assessments were undertaken by private providers) (1 July 2011)
- streamlining assessment processes by introducing faster and simpler assessments for employment service referrals and retaining more thorough assessments for DSP (1 July 2011)
- requiring DSP claimants who do not have a severe impairment to demonstrate they are unable to work independently, even with employment assistance and support (3 September 2011)
- introducing revised Impairment Tables that have a greater focus on a person's abilities, rather than what they cannot do (1 January 2012)
- changes to work rules where recipients continue to receive DSP if they obtain paid work of less than 30 hours a week, notwithstanding that to qualify for DSP they must be assessed as having a work capacity of less than 15 hours a week (1 July 2012).

Sources: DHS 2013a; FaHCSIA 2012b, 2012c, 2012d, 2012e, 2012f, 2012l, 2012m.

In June 2012, just under 827,500 people received the DSP. Around 68% of all recipients were aged 45 and over. Only 7% were aged under 25 (Figure 5.14). The most commonly reported primary medical conditions among DSP recipients are strongly associated with age. Those aged under 25 were most likely to have intellectual or learning disability. People aged 25 to 54 were most likely to have psychological or psychiatric disability, while musculoskeletal and connective tissue conditions were the most common for those aged 55 and over.





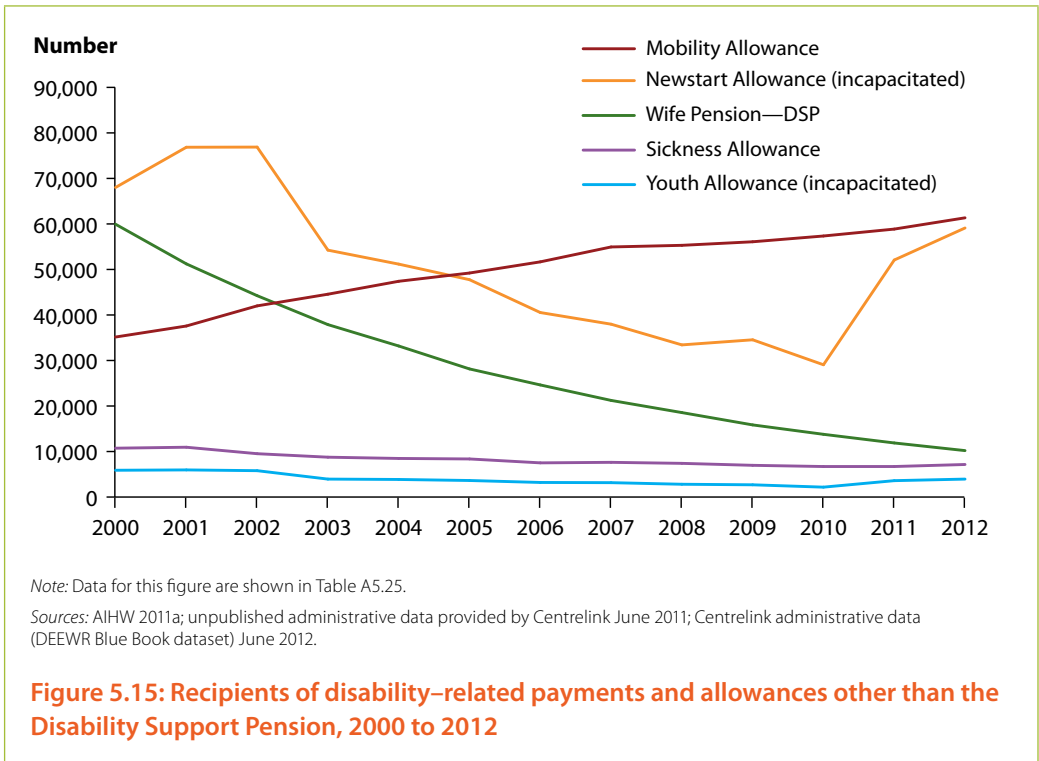
The number of people receiving the DSP increased over the years to 2012 (Table A5.24). Between 2006 and 2007, there was a relatively small increase in the number of people receiving the DSP and a slight decline in the corresponding age-standardised rates. This was due to new eligibility rules introduced in 2006—from July 2006, the DSP was no longer available to applicants who were assessed as being able to work for 15 hours or more a week at award wages or above (see also FaHCSIA 2012e). When taking into account differences in population size and age structures, the rate of DSP recipients in 2012 remained the same as in 2011, at 4.4% of the population aged 16 and over, but was considerably higher than the rate of 2.4% in 1990.

Other income support payments

A number of other disability-related payments and allowances are made by the Australian Government, although these are much smaller programs than the Disability Support Pension in terms of overall expenditure. They include Newstart Allowance (incapacitated), Youth Allowance (incapacitated), Mobility Allowance, Sickness Allowance and Wife Pension—DSP (see Appendix B, as well as DHS 2012, 2013a, 2013b, 2013c, 2013d for descriptions of these payments).

The number of recipients of most of these other payment types has decreased between 2000 and 2012 (Figure 5.15). The exceptions were Newstart Allowance (incapacitated) and Mobility Allowance. Recent changes to the DSP (see Box 5.5) have likely contributed to the sharp increase in Newstart Allowance (incapacitated) between 2010 and 2012.





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5.6 Where to from here?

The policy environment for providing support to people with disability has changed significantly over the past 2 years. Major changes include the launch of DisabilityCare Australia, and new arrangements for HACC services for people with disability aged under 65 (or under 50 for Indigenous people), some of whom may not be eligible to receive services under DisabilityCare Australia (see Section 5.2). In such an environment, there is a need to ensure the ability to provide a complete and consistent national picture of services for all people with disability, irrespective of the funding source and service delivery setting.

The introduction of DisabilityCare Australia, in particular, requires new data systems to support assessment, planning and referral, management of individual support plans and associated budgets, and transaction-based payments to service providers. However, until the full scheme is implemented, the vast majority of clients of specialist disability services will not be scheme participants and data on service provision will still be required. It will be important that data collection activities and systems across all services are broadly aligned and use consistent definitions so that comprehensive analysis of data about people with disability and the services they receive can continue.



Disability Services National Minimum Data Set redevelopment

The AIHW is in discussions with the Disability Policy and Research Working Group (a national advisory group on disability) about redeveloping the DS NMDS, to provide a better evidence base for the administration, planning and management of specialist services for people with disability and their carers. In 2012, the AIHW produced a revised disability data dictionary that includes most of the items in the current DS NMDS, and proposes new items to enable collection of:

- more sociodemographic information on clients and carers, including changing geography items from the Australian Standard Geographical Classification to the new Australian Statistical Geography Standard (see Box 1.3)
- more information on the capacity of informal carers, and the nature of supports they provide
- more detailed information on the supports received from specialist disability service providers
- information on support planning and achievement of support goals
- information on quality assurance processes used by service providers.

Standardised disability flag

The National Community Services Information Strategic Plan 2005–2009, endorsed by the Community and Disability Services Ministers' Advisory Council, identified the need for cross-sectoral data that crossed program boundaries and recognised a growing need for person-centred rather than program-centred information (AIHW 2005). To help address this need, disability services ministers commissioned the AIHW to develop a standardised disability flag.

The purpose of the standardised disability flag is to enable nationally consistent collection of information about disability status by mainstream service providers. The flag derives from a set of questions (a standardised module) that assesses a person's level of functioning and need for support in everyday activities. The module is based on the International Classification of Functioning, Disability and Health, and is broadly consistent with the questions in, and output from, the short disability module that the ABS uses in a number of its social surveys—see, for example, the ABS report *Aspects of disability and health in Australia, 2007–2008* (ABS 2011a).

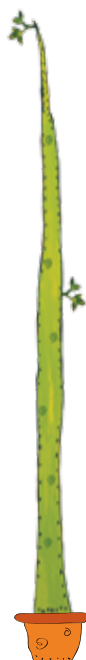
Over 2012–13, the AIHW developed and tested the disability flag module and prepared an implementation guide to support widespread use across community services. In response to a request from housing ministers, the mandatory component of the module (relating to the core activities of self-care, mobility and communication) is being implemented in the specialist homelessness services collection from July 2013.

ABS population survey and Census data developments

The ABS is conducting a review of the SDAC survey content for the 2015 collection, covering the survey operational definition of disability, measures of disability severity, and domains of activity of daily living. The review aims are to ensure international comparability, relevance and appropriateness of data to be collected.

In preparation for the 2016 Census, the ABS is reviewing the questions on disability and unpaid assistance provided to a person with disability. The review will look at 'core activity need for assistance' and related topics on unpaid work, including unpaid care of others due to disability, illness or old age.

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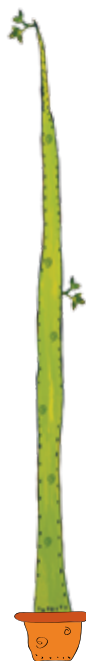
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Chapter

6

Older people

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6 Older people

At a glance

Who are our older Australians?

- At 30 June 2012, 3.2 million Australians were aged 65 and over (constituting 14% of the population) and 423,700 people were aged 85 and over (1.9% of the population). Women accounted for 54% of people aged 65 and over and 65% of people aged 85 and over.
- In 2012, 12% of people aged 65 and over were in the labour force—an increase from 6% in 2002. In 2012, just over half of employed older people were working part time.
- In 2009, 520,500 older people (20% of those aged 65 and over) were informal carers—195,900 of whom were primary carers. In 2011, grandparents provided care on a regular basis for more than 930,000 children aged 12 and under (26% of children of this age).
- At 30 June 2012, 76% of people aged 65 and over received an Age Pension through Centrelink or a similar payment from the Department of Veterans' Affairs. More than half (59%) of those receiving a Centrelink Age Pension received a full-rate pension.

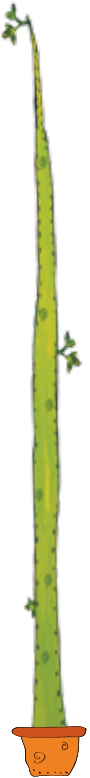
How healthy are they?

- In 2011–12, three-quarters (76%) of people aged 65–74 and two-thirds (67%) of those aged 75 and over living in households rated their health as good, very good, or excellent.
- In 2009, 54% of all older people had some form of disability and 20% needed help with core activities.
- Older Australians can expect to live longer than ever before and are, on average, enjoying more years of life without disability. Men aged 65 in 2009–2011 could expect to live another 19.1 years compared with another 12.2 years in 1965–1967. For women, life expectancy at age 65 was 22.0 years in 2009–2011 compared with 15.7 years in 1965–1967.
- Between 1998 and 2009, around half of the gains in life expectancy for older Australians at age 65 were years free of disability.

What services support them?

- A range of government-funded programs assist older people living in the community—in terms of client numbers, the largest is Home and Community Care (with 719,300 clients aged 65 and over in 2010–11).
- At 30 June 2011, there were 158,700 permanent residents aged 65 and over in Australian Government-subsidised aged care facilities.

6



6.1 Introduction

As with the broader population, older people come from many cultural, social and economic backgrounds and live in a variety of communities. Each person has different circumstances, abilities and resources, as well as their own needs and experiences of ageing.

Demographic and social trends are changing the circumstances of the older population (see Box 6.1 for a definition of 'older people'). Many older Australians are active in the community, providing informal care and volunteering, and are increasingly likely to remain in paid work past ages traditionally associated with retirement. Overall, while there is a large and growing group of older people who are generally well, living independently and actively participating in society, the number of older Australians who are unable to care for themselves at home, or who require support to do so, is also growing.

Box 6.1: Age ranges used in this chapter

This chapter focuses mostly on people aged 65 and over, a conventional definition of 'older people' based on the original qualifying age for the Age Pension (for males). Information in this chapter may relate to age groupings other than 65 and over, depending on the particular service or data source; when this is the case, the relevant ages are indicated.

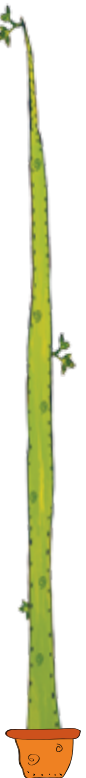
Where possible, data pertaining to the 65 and over age group are split into subcategories (for example, 65–74, 75–84 and 85+) since the need for, and use of, services often varies with age.

A notable exception to the '65 and over' focus is information about older Aboriginal and Torres Strait Islander Australians. Due to their generally lower life expectancy and poorer health status (see AIHW 2012b), Indigenous Australians may require aged care services at a younger age than other Australians. For this reason, the population of Indigenous Australians aged 50 and over is considered in aged care planning and this broader age range is also used in this chapter.

6.2 The policy context

As discussed in Chapter 1 and detailed further in Section 6.3, the Australian population is ageing, and this is expected to accelerate in the coming decade as the 'baby boomers' (generally defined as people born between 1946 and 1965) enter old age—the first of this cohort turned 65 in 2011. The ageing of the population presents a number of challenges for governments and the community, but also presents great opportunity.

6



Challenges of supporting an ageing population

Population ageing has social and economic consequences that affect the demand for services, the ability of governments to provide the same level and types of services as in the past, and the broader economy. As illustrated by projected increases in 'old-age dependency ratios' (see Section 1.3), the pool of workers available to provide services and support for older people—directly and through taxation—is expected to fall as a proportion of the population. Associated challenges include the increased demand for health and welfare services, the geographic distribution of the older population, and the additional resources—in money, infrastructure and personnel—that will be needed to support older Australians in the future.

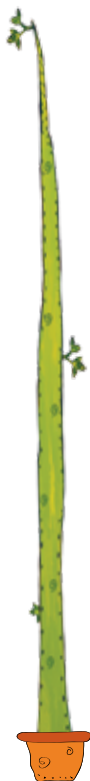
In the 2010 Intergenerational Report, the Australian Government projected that, by 2049–50, its total spending could account for 27.1% of Australia's GDP—around 4.75 percentage points higher than the lowest point projected for 2015–16 (Treasury 2010). The majority (two-thirds) of the projected increase in spending is expected to be on health, where costs are driven by non-demographic factors (such as new technologies, pharmaceuticals and increasing demand for health services). While the interaction between demographic and non-demographic factors is not modelled in the report, it is noted that the greater use of the health system by older people will be a factor in rising costs. Between 2009–10 and 2049–50, health spending is projected to increase sevenfold on those 65 and over and twelvefold on those 85 and over (Treasury 2010).

In terms of costs directly associated with ageing, the Intergenerational Report projects that spending on aged care will increase from 0.8% of GDP in 2010 to 1.8% by 2050, with population ageing accounting for two-thirds of this increase (Treasury 2010). Spending on age-related pensions is projected to rise from 2.7% to 3.9% of GDP over the same period.

Requirements regarding transport, housing, and social and community facilities will also be affected by an ageing population. For example, with increasing age, and the associated increasing prevalence of disability (see Section 6.4), older people are more likely to need housing with accessibility features. As well, population ageing is expected to result in a higher proportion of small households, placing substantial demand on the housing sector (AIHW 2013b).

The uneven distribution of potential need across Australia has implications for planning and delivery of welfare and health services. As shown in Chapter 1, age profiles vary between regions of Australia, with people aged 60 and over making up 18% of the population living in *Greater capital cities*, compared with 23% of those living outside these regions (see Table 1.3). Need for assistance among older people is also unevenly distributed; for example, older Indigenous people are more likely to need assistance with core activities than older non-Indigenous people (see Section 6.4 and Chapter 5). The differing financial resources and wealth of older people also present a challenge for service delivery. Generally speaking, the next generation of older people—the baby boomer cohort—has, on average, higher levels of income and wealth than previous generations but, as with the current cohort of older people, this is not evenly distributed (Productivity Commission 2011). For example, the wealthiest quarter of the baby boomer cohort has 60% of the group's total net worth, while the poorest quarter has 4% of the group's total net worth (AMP & NATSEM 2007).

6



Opportunities presented by an ageing population

Older people contribute to society in various ways, including as workers, carers and volunteers (see Section 6.5). Older people can expect to live longer than ever before and are, on average, enjoying more years of life without disability (see Section 6.4).

Capitalising on the diverse skills and experience of the older population, and further enabling older people to live more active lives, has many potential benefits for the community, including (but not limited to) offsetting some of the challenges discussed earlier.

In 2011, the Australian Government established the Advisory Panel on the Economic Potential of Senior Australians, which aimed to investigate how Australia could harness the intellectual capital and life experience of older residents. The panel found that there was a lack of opportunity for older people to remain engaged with the community (EPSA 2011). In response to this and other findings, the Australian Government established an Advisory Panel on Positive Ageing (DoHA 2012b). This panel is investigating ways to provide older people with better opportunities to make a positive contribution to the economic and social life of Australia. The panel is looking at a range of topics, including housing, lifelong learning, mature age employment, volunteering, philanthropy and participation in the digital revolution.

Recent policy changes

Living Longer. Living Better

In August 2011, the Australian Government released the findings of a Productivity Commission inquiry into aged care in a report called *Caring for older Australians* (Productivity Commission 2011). The inquiry was given the task of developing detailed options for redesigning Australia's aged care system to ensure that it can meet the emerging challenges of supporting older Australians. The report found that, while the aged care system had improved over the past decade, it suffered from key weaknesses, including difficulties encountered by clients in navigating the range of services available, limited consumer choice, variable quality, gaps in coverage, inconsistent pricing and workforce shortages.

The *Living Longer. Living Better* aged care reform package, announced by the Australian Government on 20 April 2012, aims to build a more nationally consistent and sustainable system (see Box 6.2) and was largely informed by the Productivity Commission's report. The package gives priority to providing more support and care in the home, improving access to residential care, giving greater support to people with dementia, and strengthening the aged care workforce (DoHA 2012d). Some of the changes within the package require legislative amendments. Amendments to the *Aged Care Act 1997* were passed by both houses of the Parliament of Australia in June 2013, and included changes related to residential care and home care, and to governance and administration, such as the establishment of the new Aged Care Pricing Commissioner and the new Australian Aged Care Quality Agency (DoHA 2013b).

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Box 6.2: A new direction in aged care

The *Living Longer. Living Better* aged care reform package, is intended to ‘...build a responsive, integrated, consumer-centred and sustainable aged care system, designed to meet the challenges of population ageing and ensure ongoing innovation and improvement’ (DoHA 2012f). It provides \$3.7 billion over 5 years and involves a 10-year plan to reshape the aged care system to provide older Australians with more choice, greater control and easier access to a full range of services. As well as significantly expanding services, there will also be changes to the way aged care is financed.

Changes in relation to community care include:

- The Home Care Packages Program will replace the existing Community Aged Care Packages (CACPs), Extended Aged Care at Home (EACH) and Extended Aged Care at Home Dementia (EACHD) packages. There will be four levels of Home Care Packages, including two new levels of support. Level 1 packages will provide support to people with basic care needs, level 2 packages will provide low-level care equivalent to the existing CACP, level 3 packages will provide support to people with intermediate care needs, and level 4 packages will provide high-level care equivalent to the existing EACH package.
- EACHD packages (which currently provide high-level community care to people with dementia) will be discontinued and replaced with a Dementia Supplement, which will be payable within all Home Care Packages and in residential care, when relevant.
- All new Home Care Packages will be offered to consumers on a Consumer Directed Care (CDC) basis—CDC provides care recipients and their carers with greater control over the types of care they access and the delivery of those services.

Changes relating to residential care will include removing the distinction between high- and low-level care.

The aged care reform package also aims to increase the availability, accessibility and coordination of aged care data for the community by establishing a National Aged Care Data Clearinghouse at the AIHW. The Data Clearinghouse, which was launched on 1 July 2013, will provide an independent central point for access to data and information, and will drive quality improvements in national aged care data repositories (see Section 6.8).

Further information about the aged care reform package is available on the *Living Longer. Living Better* website: <www.livinglongerlivingbetter.gov.au>.

Sources: DoHA 2012c, 2012d, 2012f.

6



Other changes

Two COAG initiatives of particular relevance to aged care are the National Health Reform Agreement and the National Disability Strategy.

The National Health Reform Agreement, endorsed by COAG in 2011, aims to develop a nationally consistent and better integrated aged care system (COAG 2011b). Under the agreement, the Australian Government assumed responsibility for funding basic community care in most states and territories for people aged 65 and over (50 and over for Indigenous people) on 1 July 2011, and assumed operational responsibility for these services on 1 July 2012 (SCRGSP 2013). The agreement represents a significant shift in funding arrangements and has the potential to have a marked effect on service delivery.

The 2010–2020 National Disability Strategy was released by COAG in 2011 (COAG 2011a). This is the first time that all state and territory governments and the Australian Government have committed to a unified, national approach to improving the lives of people with disability, their families and carers, and to providing leadership for a community-wide shift in attitudes. As part of the strategy, ‘people with disability’ includes people with an impairment acquired through the ageing process.

6.3 Who are Australia’s older people?

At 30 June 2012, 3.2 million Australians (14% of the population) were aged 65 and over (ABS 2012a). This included 423,700 people aged 85 and over (1.9% of the population) and 3,500 people aged 100 and over.

In 2012, women accounted for 54% of those aged 65 and over, 65% of those aged 85 and over and 81% of centenarians. This higher proportion of women at older ages has implications for social and health policy. Women’s greater life expectancy, together with lifetime differences in earnings and workforce participation, puts older women at a greater risk than older men of multiple disadvantage, such as having lower incomes and higher rates of severe disability. Although there are more women than men in the older age ranges, the gap between the number of older women and men is gradually narrowing. For example, among those aged 85 and over, there were 2.4 females for every male in 1992, compared with 1.8 females for every male in 2012 (AIHW analysis of ABS 2012a).

The older Australian population is growing—both in absolute terms and as a proportion of the total population (see Chapter 1). Between June 2002 and June 2012, the number of people aged 65 and over increased by 29% (or about 727,000 people), and from 12.6% to 14.2% of the total population. The population aged 85 and over, while still constituting a small proportion of the total, has grown rapidly. The number of people aged 85 and over increased by 54% between 2002 and 2012 (from 274,700 to 423,700 people). ABS population projections suggest that, based on medium-level growth assumptions, the number of people aged 85 and over will reach nearly 1.3 million by 2042, accounting for 4.0% of Australia’s total population (ABS 2008b). The growth of this group will have a particularly large impact on the demand for, and expenditure on, aged care services in the future.

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Older Aboriginal and Torres Strait Islander Australians

The Indigenous population has a younger age structure than the general population (see Section 1.2). Preliminary estimates produced by the ABS suggest there were around 22,600 Indigenous Australians aged 65 and over (constituting 3% of the Indigenous population), and 88,300 aged 50 and over (13%) at 30 June 2011 (ABS 2012a).

The geographic distribution of older Indigenous people differs considerably from that of their non-Indigenous counterparts. While data for 2011 were not yet available at the time of writing, data for 2006 show that just under one-third (30%) of Indigenous Australians aged 50 and over lived in *Major cities*, with a fairly even distribution of the remaining population across *Regional* (21%), *Outer regional* (23%) and *Remote and very remote* (26%) areas (Table A6.1; ABS 2008a). In comparison, two-thirds (66%) of non-Indigenous people aged 50 and over lived in *Major cities*, with fewer than 2% living in *Remote and very remote* areas. The geographic distribution of the older Indigenous population reflects the distribution of the general Indigenous population (see Section 1.5).

Older overseas-born Australians

Australia is one of the most culturally diverse countries in the world. At 30 June 2011, more than one-third (36%) of Australians aged 65 and over were born overseas—14% in main English-speaking countries (see Glossary) and 22% in other countries (AIHW analysis of ABS 2012f).

The overseas-born population has an older age structure than the Australian-born population; at 30 June 2011, 18% of people born overseas were aged 65 and over, compared with 12% of people born in Australia.

Overseas-born older Australians are likely to be from European countries, having migrated after World War II. In 2011, 73% of older overseas-born people were born in Europe (AIHW analysis of ABS 2012f).

Since the 1970s, migrants (of all ages) have increasingly come from non-European countries, particularly Asian countries (ABS 2012g). For example, in 2011, a higher proportion of overseas-born Australians aged 55–64 were born in Asia (22%) than overseas-born Australians aged 65 and over (13%), while a smaller proportion were born in Europe (55% compared with 73%) (AIHW analysis of ABS 2012 f).

At 30 June 2011, the most common countries of origin for migrants aged 65 and over were the United Kingdom (the birthplace of 11% of older Australians), Italy (4%) and Greece (2%).

Marital status

Information from the 2011 Census shows clear differences in marital status by sex and age (Table A6.2). In 2011, 71% of older men were married (not including de facto marriages) and 11% were widowed. In comparison, 46% of older women were married and 36% were widowed. Among those aged 85 and over, 77% of women were widowed, compared with 34% of men.

The proportion of people aged 65 and over who were married remained relatively stable between 2001 (56%) and 2011 (57%) (Table A6.2). The proportion of older Australians who were widowed decreased (from 31% in 2001 to 26% in 2011), while the proportion who were divorced increased (6% and 10% respectively).

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In 2011, 13% of those aged 65–74 were divorced, compared with 7% of those aged 75–84, and 4% of those aged 85 and over. Research by Gray et al. (2010) suggests that for both older men and women (aged 55–74), having experienced divorce at some point in their lives may have negative effects on satisfaction with life and perceived social support. Older women who had experienced divorce were also reported to have lower levels of general health, vitality and mental health than women who were married and had never divorced. The effects were found to be larger for those who remained single after divorce. Note that it is difficult to identify with confidence any causal impact of divorce on wellbeing.

Housing

Older people are more likely than younger people to own their own home. In 2011, 71% of households with a reference person (see Glossary) aged 65 or over owned their own home outright (AIHW analysis of ABS 2011 Census). Another 7% had a mortgage and 15% were renting (including 5% renting from a state or territory housing authority). In comparison, among all households, 32% owned their home outright, 35% had a mortgage and 30% rented (including 4% from a state or territory housing authority) (Table A6.3).

The proportion of older people who own their own home outright is expected to decline in the future (AIHW 2013b). Data from the Household, Income and Labour Dynamics in Australia survey show that the proportion of older households (defined as those in which the oldest member was aged 65 or over) who owned their homes outright gradually declined between 2002 and 2009 (from 78% to 74%) (AIHW 2013b). There were corresponding increases in the other major tenure types, including owners with a mortgage (from 5% in 2002 to 7% in 2009) and those renting privately (5% to 7%).

Further information about the housing circumstances of Australians is in Chapter 3.

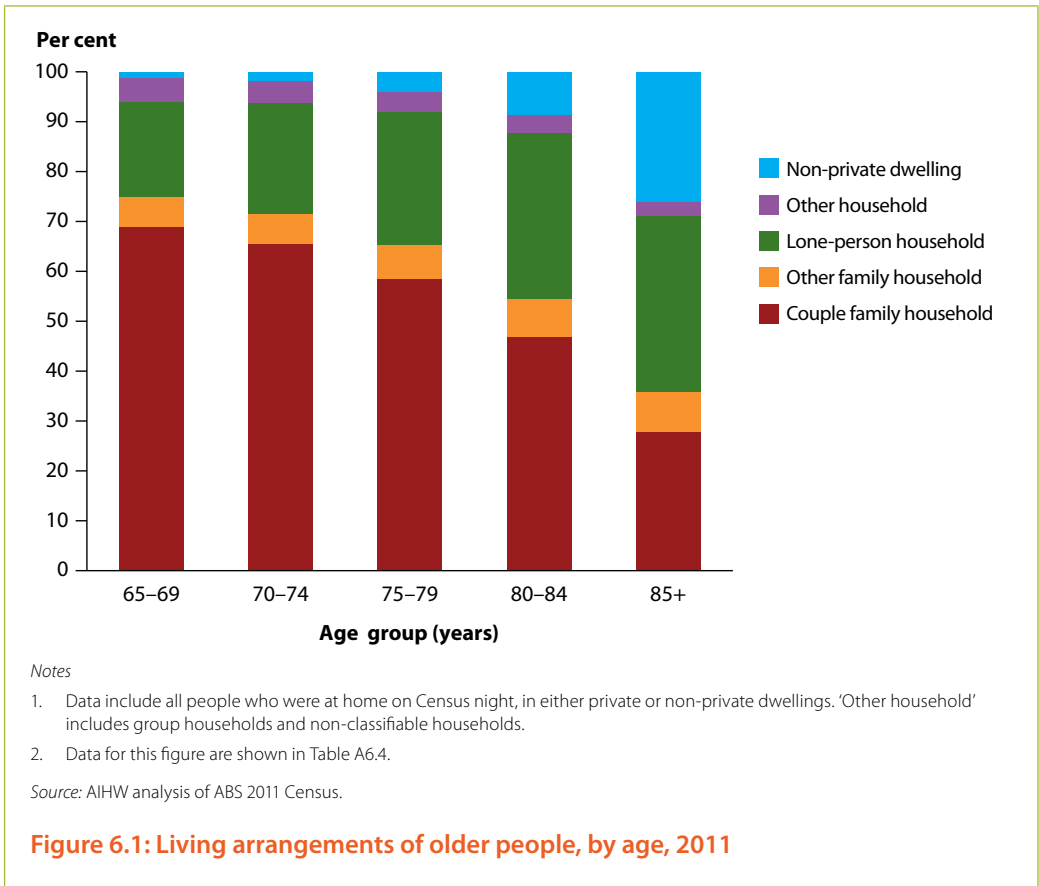
Living arrangements

Even at the oldest ages, people aged 65 and over predominantly live in private dwellings (for example, houses, flats and caravans; see Glossary). On Census night 2011, 94% of older people were living in private dwellings. Over half (57%) were members of couple family households, and one-quarter (25%) lived alone (Table A6.4). Less than 1 in 10 (6%) people aged 65 and over were living in non-private dwellings (such as aged care facilities; see Glossary).

The living arrangements of older Australians differ according to age, with the proportion living in couple families decreasing with age, and the proportion living alone increasing (Figure 6.1). About 69% of people aged 65–69 lived in couple family households, compared with 28% of people aged 85 and over. The proportion living alone increased from 19% among people aged 65–59 to 35% of people aged 85 and over. Women accounted for most of those living alone (Table A6.4). The proportion of older people living in non-private dwellings also increased with age, from 1% of those aged 65–69 to 26% of those aged 85 and over.

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Homelessness

Homeless older people may have greater difficulty than other older people accessing aged care services, and are recognised by the Australian Government as a special needs group. The Assistance with Care and Housing for the Aged program targets older people who are at risk of being homeless or are homeless (DoHA 2012a).

Data from the 2011 Census indicate that there were about 6,200 homeless people aged 65 and over on Census night, the majority of whom (64%) were men (AIHW analysis of ABS 2012c) (see Chapter 7 for details on how homelessness is defined in the Census). Older people accounted for 6% of the total homeless population. Homeless people aged 65 and over were most commonly staying in boarding houses (32%) or staying temporarily with other households (25%). In contrast, homeless people aged under 65 were most commonly living in severely crowded dwellings (41%) or in supported accommodation for the homeless (21%), with a relatively smaller proportion staying in boarding houses or staying temporarily with other households (both 16%). Nearly 1 in 10 homeless people aged 65 and over (9%) were staying in improvised dwellings, tents or sleeping out, compared with 6% of younger homeless people.



Considered as a population rate, an estimated 26 in every 10,000 Australians aged 65–74 (4,200 people) and 15 in every 10,000 Australians aged 75 and over (2,000 people) were homeless on Census night (ABS 2012c). In comparison, among those of all ages, about 49 in every 10,000 Australians (105,200 people) were homeless. The rate of homelessness among older people remained relatively consistent between the 2006 and 2011 Censuses.

In 2011–12, specialist homelessness agencies provided services to about 4,600 people aged 65 and over—constituting 2% of all clients (AIHW 2012h). These agencies provide services to people who are experiencing homelessness or are at risk of becoming homeless. About 29% of older clients were assessed as being homeless when they first received support in the reporting period (with 71% at risk of homelessness), and were less likely to be homeless at the beginning of the support period than the total client population (44% assessed as homeless). Older men were more likely than older women to be homeless at the beginning of their first support period (42% compared with 17%).

More information about Australia's homeless population is in Chapter 7.

6.4 The health of older Australians

Today's older Australians are living longer than ever before and are generally healthier than previous generations (AIHW 2012b). However, activity limitations and various long-term health conditions tend to become more common with age, and a substantial proportion of older Australians have conditions that increase and complicate their care needs and affect their quality of life. The health of older Australians has been described in detail elsewhere (for example, see AIHW 2007, 2010, 2012b). A brief overview is provided below.

Life expectancy

Life expectancy has increased by more than 30 years since the late 1800s, and Australians enjoy one of the highest life expectancies in the world (ABS 2011a). For a child born in 2009–2011, life expectancy at birth was 79.7 years for males and 84.2 years for females (ABS 2012e; see Indicator 1 in Chapter 11). There have also been substantial gains for older Australians, particularly since the 1970s. For example, a man aged 65 in 1965–1967 could expect to live for an additional 12.2 years. In contrast, a man aged 65 in 2009–2011 could expect to live for an additional 19.1 years (that is, to 84.1) (ABS 2011a, 2012e). For women, those aged 65 in 1965–1967 could expect to live an additional 15.7 years, and those aged 65 in 2009–2011 could expect to live an additional 22.0 years (that is, to 87.0).

Older Australians are not only living longer, but also getting more years of life without disability and without severe or profound core activity limitation (see Glossary). Between 1998 and 2009, around half of the gains in life expectancy for older Australians at age 65 were years free of disability, and between 80% (males) and 95% (females) of the gains were years without severe or profound core activity limitation (AIHW 2012c; see also Section 5.3). However, due to increased longevity and the ageing of the population, the number of older Australians with disability has increased over time.

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Self-assessed health

The ABS 2011–12 Australian Health Survey (AHS) shows that, although older people were more likely to report having poor health than younger people, most considered themselves to be in good health. Of older people living in households, three-quarters (76%) of those aged 65–74 and two-thirds (67%) of those aged 75 and over rated their health as good, very good, or excellent (ABS 2013a). In comparison, in the 2004–05 National Health Survey, 69% of people aged 65–74, and 65% of those aged 75 and over rated their health as good, very good, or excellent (ABS 2006). Note that the AHS does not include people living in non-private dwellings, such as those in residential aged care facilities, and so excludes a substantial number of people likely to be in poor health.

Long-term conditions

Long-term health conditions are common among older people, and many have more than one. In 2009, about half (49%) of people aged 65–74 living in households had five or more long-term conditions; this rate increased with age to 70% of those aged 85 and over (AIHW analysis of ABS 2009 SDAC).

The prevalence of various types of health conditions including arthritis, osteoporosis, cancer, heart stroke and vascular disease increases with age (ABS 2012b). The AHS indicates that among older Australians living in households in 2011–12, the most common long-term health conditions were short- and long-sightedness (affecting 35% and 61% of those aged 65 and over, respectively), arthritis (49%), hypertensive disease (38%) and deafness (35%) (AIHW analysis of ABS 2012b).

Dementia is a significant health problem among older Australians and was made a National Health Priority Area in August 2012 (DoHA 2013a). While dementia is not a natural part of ageing, the great majority of people with dementia are older. An estimated 298,000 Australians had dementia in 2011, of whom 92% were aged 65 and over, 70% lived in the community and 62% were women (AIHW 2012d). Nearly 1 in 10 (9%) Australians aged 65 and over, and 3 in 10 Australians aged 85 and over, had dementia in 2011. Dementia can be highly disabling, and for people aged 65 and over was the leading cause of disability burden in Australia in 2011. Although most people with dementia live in the community, about half (52% at 30 June 2011) of all permanent residents in Australian Government-subsidised residential aged care facilities have the condition (AIHW 2012g) (see Section 6.7 for more detail about people in residential care).

Assuming there is no change in the underlying rates of dementia, the AIHW projects that the number of Australians with dementia will reach 322,000 by 2013, almost 400,000 by 2020 and around 900,000 by 2050, potentially posing substantial challenges to the delivery of health, aged care and social services (AIHW 2012d). Older people are projected to account for an increasing share of Australians with dementia; for example, in 2050, 44% of people with dementia are projected to be aged 85–94, compared with 36% in 2011, while the proportion with dementia aged 95 and over is projected to increase from 5% in 2011 to 11% in 2050. In contrast, people under 65 are expected to account for a smaller share of those with dementia over time (from 8% in 2011 to 4% in 2050). Detailed information about Australians with dementia and their carers is in *Dementia in Australia* (AIHW 2012d).

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Mental health

According to the 2011–12 AHS, respondents aged 65 and over were more likely than younger respondents to have low levels of psychological distress (as measured by the Kessler Psychological Distress Scale—10 items (K10)). In 2011–12, three-quarters (75%) of older people living in households experienced a low level of psychological distress, compared with 69% of those aged 18 to 64 (AIHW analysis of ABS 2012b). The proportion of older Australians reporting the lowest level of psychological distress has increased since 2004–05, when it was 69% (AIHW analysis of ABS 2006).

However, as noted earlier, the AHS does not include people living in non-private dwellings. According to administrative data, at 30 June 2011, 26% of permanent residents in Australian Government-subsidised aged care facilities had a diagnosis of mental illness (excluding dementia) (AIHW 2012g).

Although older Australians tend to experience lower levels of psychological distress than their younger counterparts, there is evidence of a decline in mental health in later life. In the 2011–12 AHS, people aged 75 and over were less likely to have the lowest level of psychological distress than those aged 65–74 (72% compared with 77% respectively) (ABS 2012b). More detailed analyses of data from almost 237,000 people in the New South Wales 45 and Up Study suggested there was a gradual increase in the proportions of older people with high or very high psychological distress after age 80 and that this was particularly associated with the presence of physical disabilities (Byles et al. 2012).

In addition, suicide rates are relatively high among some groups of the older population. In 2011, the highest age-specific suicide rate for both men and women was for people aged 85 and over, and was particularly high for men (ABS 2013b). Among men aged 85 and over, there were 32 deaths due to suicide per 100,000 population in 2011; this was about 4 times the rate for women aged 85 and over (8 deaths per 100,000), and twice that for men of all ages (15 per 100,000) (ABS 2013b). Note, however, that although the age-specific rates were relatively high, suicide accounted for only a small proportion (0.1%) of deaths of people aged 85 and over.

Disability

The prevalence of disability increases with age, as does the proportion of the population with severe or profound disability. Data from the ABS 2009 Survey of Disability, Ageing and Carers (SDAC) indicate that just over half (54%, or 1.6 million people) of Australians aged 65 and over had disability; this compares with 17% of those aged 25 to 64 and 7% of those aged under 25. In 2009, 1 in 5 older Australians (20%, or 590,200 people) had severe or profound core activity limitation, meaning that they sometimes or always needed assistance with at least one core activity task (self-care, mobility or communication). In comparison, 3.6% of those aged under 65 had this level of disability. The rate of severe or profound core activity limitation was higher among older women than older men (24% and 17% of those aged 65 and over, respectively) and increased with age (Figure 6.2).

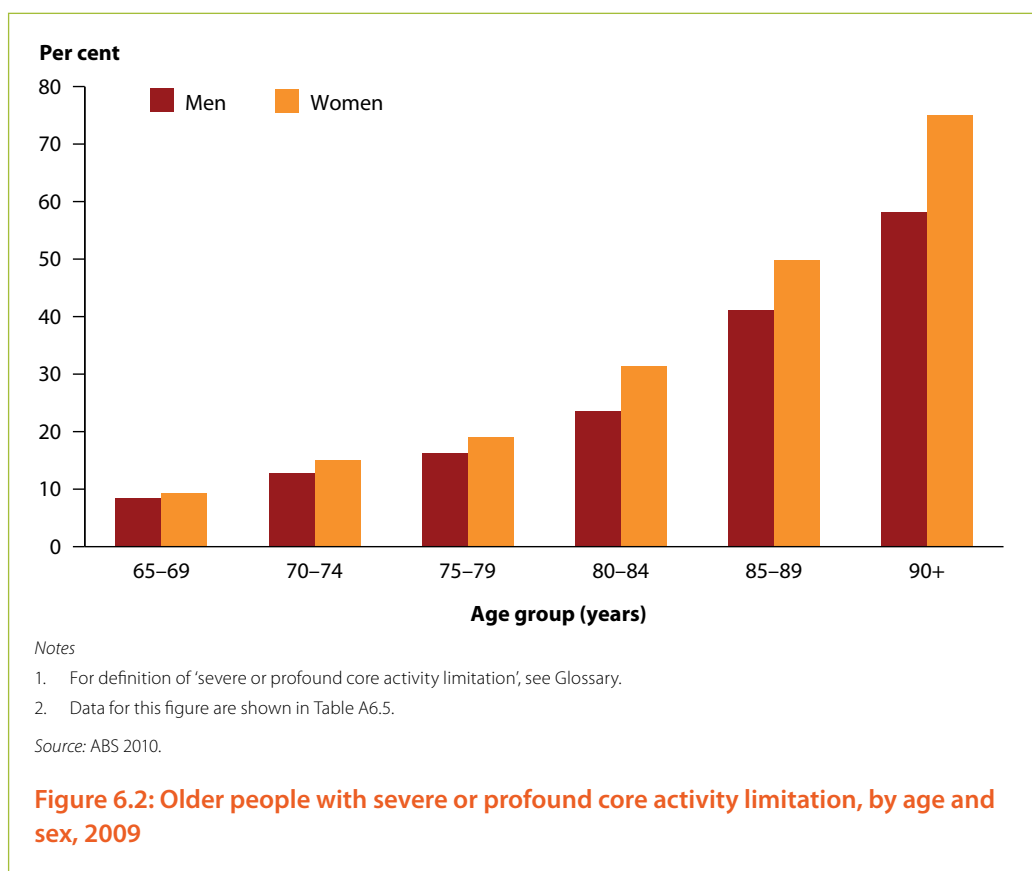
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Information on differences in need for assistance with core activities across small population groups can be derived from Census data (see Box 5.1). This indicates that, after taking into account differences in age structures and response rates of the population groups, older people born overseas in non-main English-speaking countries were somewhat more likely to report needing help with core activities (25% of those aged 65 and over) than those born in Australia (17%) and those born in main-English speaking countries (15%) (see Table A5.7).

The 2011 Census also shows substantially higher rates of need for assistance among older Indigenous Australians than older non-Indigenous Australians. Indigenous Australians aged 65 and over were 1.8 times as likely to need help with core activities as non-Indigenous Australians of the same age (age-standardised rates of 33% and 18% respectively) (Table A5.6).

More detailed information about people with disability is in Chapter 5.



6.5 Older Australians and participation

Participation in social and other community activities has many benefits that promote individual and community wellbeing, and may reduce a person's dependency on the welfare system. Examples of benefits include the building of social networks that provide formal and informal support for members of the community, as well as economic benefits from participation in paid employment.

Lifelong learning

Relatively few older people participate in mainstream formal education. In 2011, around 7,150 Australians aged 60 and over were enrolled in a higher education course (0.2% of people in this age group) (DIISRTE 2012). Participation in vocational education was more common, with around 25,200 people aged 65 and over (0.8%) enrolled in such courses in 2011 (NCVER 2012).

Informal avenues of learning, such as courses through the University of the Third Age (U3A), remain popular among older Australians. U3A is an international movement that encourages retired people to take part in lifelong learning activities for pleasure. By 2011, there were 240 U3A groups in Australia, with more than 69,000 members (Boulton-Lewis & Tam 2011). Courses are also provided online, which means older people who would otherwise be unable to take part in face-to-face learning (for reasons such as geographical isolation or physical limitations) can become involved.

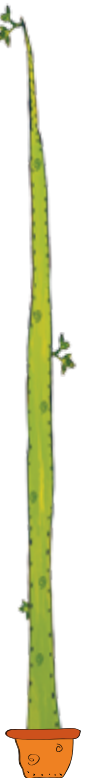
Staying at work

In 2012, 12% of people aged 65 and over were in the labour force (that is, employed or unemployed) (AIHW analysis of ABS 2013c). Among people aged 65–69, 1 in 3 men (34%) and 1 in 5 women (20%) were in the labour force (Table A2.14). Just over half (53%) of people aged 65 and over who were employed worked part time, with women more likely to do so than men (69% compared with 45%) (Table A2.15).

There has been a substantial increase in the labour force participation rate of older people over recent years. Between 2002 and 2012, the rate for women aged 65 and over increased from 3.4% to 7.8%, while that for men increased from 10.3% to 16.9% (Table A2.14). Overall, labour force participation among older people increased by 6 percentage points from 6.4% to 12.0% between 2002 and 2012.

In 2012, the unemployment rate among older Australians was lower than for younger people—1.6% among people aged 65 and over compared with 5.4% of people aged 15 to 64 (AIHW analysis of ABS 2013c). However, this may be partly because older people who wish to be employed but have difficulty finding employment may choose to exit, rather than remain in, the labour force.

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Data collected by the ABS show that, in September 2012, there were about 64,300 discouraged job seekers aged 55 and over, constituting about 60% of all discouraged job seekers (ABS 2013d). Discouraged job seekers are people who wanted to work and were available to start within the next 4 weeks if offered a job, but were not actively looking for a job because they believed they would not find one (ABS 2013d). Of discouraged job seekers aged 55 and over, the most commonly reported main reason for not actively looking for work was that they believed they were considered too old by employers (59%).

A 2011–12 national survey of 45 to 74 year olds found that barriers to labour force participation faced by mature age workers included: discrimination on the basis of age; physical illness, injury and disability; care-giving responsibilities; retraining and up-skilling barriers; flexibility (or lack thereof) of employment arrangements; superannuation issues; and issues regarding re-entry for those who had been out of the workforce for long periods of time (National Seniors Productive Ageing Centre 2012). For example, 1 in 5 said that illness, injury and disability had prevented them from working or looking for work in the 5 years before the survey, and 5 in 6 job seekers reported that age discrimination was an issue when looking for a job.

For more information on the labour force patterns of older Australians, see Chapter 2.

Helping out

According to the ABS 2010 General Social Survey (GSS), 31% of people aged 65 and over had participated in voluntary work in the previous 12 months, with similar volunteering rates for older men (32%) and women (31%) (AIHW analysis of ABS 2011i). These older people volunteered more frequently than younger volunteers, with 55% of those aged 65 and over doing so at least fortnightly, compared with 45% of those aged 18 to 64. Older volunteers were most likely to volunteer for community or welfare organisations (37% of volunteers aged 65 and over) and religious organisations (27%). In contrast, for volunteers aged 18 to 64, sport and recreational organisations were the most common choice (40%), followed by religious organisations (21%).

People aged 65 and over also provide assistance as carers. In 2009, an estimated 520,500 older Australians (20%) were informal carers, providing unpaid support and assistance to relatives and friends who were aged, ill or living with disability (ABS 2010). Around 195,900 of these carers were primary carers (see Glossary). Chapter 8 provides detailed information about informal carers.

Older people continue to be one of several sources of child care for Australian families. In 2011, grandparents provided care on a regular basis for 26% of children (or 937,000 children) aged 12 or under (AIHW analysis of ABS 2012d). A higher proportion of children now receive regular care from their grandparents than in 2008 (19%) (ABS 2009a). Further information about child care is in Chapter 4.

6



Staying in touch

Social connections are an important source of support for older Australians. Seeking help from family and friends during a crisis can reduce an older person's dependency on formal services, improve quality of life and reduce mental distress. As people age, changes in their circumstances—such as retirement, reduced mobility, illness, widowhood, moving home or taking on informal caring responsibilities—can increase the risk of social isolation. Maintaining connections with family and friends is important and can be achieved through face-to-face contact or a variety of communication technologies.

According to the 2010 GSS, just over three-quarters (77%) of older people had face-to-face contact with family or friends living outside their household in the week before the survey, while most (89%) had at least weekly contact by other methods with people outside their household (AIHW analysis of ABS 2011b). The GSS also indicated that most older people (90%) felt they had at least one family member outside their household in whom they could confide.

Sixty per cent of people aged 65 and over had actively participated in social groups in the 12 months before the survey, although this decreased with age, from 64% of those aged 65–74 to 47% of those aged 85 and over (ABS 2011b). In addition, 30% of older people had actively participated in community support groups, and 16% in civic and political groups.

Older people increasingly use computers and the Internet. In 2010–11, 57% of those aged 65 and over had used a computer at home in the previous 12 months (ABS 2011e). More than 1 in 3 (37%) had accessed the Internet in the previous 12 months, mostly at home. In comparison, 6 years earlier (in 2004–05), 20% of older people had used a computer in the previous 12 months and 15% had accessed the Internet at home (ABS 2005). In 2010–11, older people who used the Internet at home most commonly used it for emailing (91%) and for research, news and general browsing (81%).

Cultural and language barriers can make it difficult for some overseas-born Australians to participate actively in the community. Proficiency in spoken English is an important factor in the social wellbeing of culturally and linguistically diverse older people. Data from the 2010 GSS indicate that overseas-born Australians (of all ages) with low English proficiency tended to have lower levels of labour force participation, poorer self-assessed health, lower overall life satisfaction and lower levels of participation in some community and social activities than those with high English proficiency (Australian Social Inclusion Board 2012).

According to the 2011 Census, among Australians aged 65 and over who were born overseas, 46% spoke a language other than English at home, including 17% who reported speaking English 'not well' or 'not at all' (Table 6.1). English proficiency among those born overseas was poorer among those aged 65 and over than among their younger counterparts: fewer than 1 in 10 (8%) people aged under 65 reported speaking English 'not well' or 'not at all', increasing to 1 in 5 (21%) of those aged 75 and over.

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Table 6.1: Overseas-born Australians^(a), self-assessed proficiency in spoken English, by age, 2011 (per cent)

	<65	65–74	75–84	85+	Total 65+
Speaks only English at home	45.4	55.8	48.5	52.3	53.0
Speaks other language at home and speaks English:					
Very well or Well	45.8	29.8	28.8	24.0	28.8
Not well or Not at all	8.0	13.7	21.4	21.3	17.1
<i>Total^(b)</i>	<i>54.2</i>	<i>43.8</i>	<i>50.8</i>	<i>46.2</i>	<i>46.4</i>
Total^(c)	100.0	100.0	100.0	100.0	100.0

(a) Excludes people whose country of birth was 'not stated', 'inadequately described' or 'at sea'.

(b) Includes people for whom proficiency in spoken English was 'not stated'.

(c) Includes people for whom language spoken at home and proficiency in spoken English was 'not stated'.

Source: AIHW analysis of ABS 2011 Census.

6.6 Financial resources of older Australians

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When people retire, the source of their financial resources generally shifts from employment or business income to superannuation, savings, investment income and government pensions. This shift can affect a person's living arrangements, how they participate in the community, and their ability to maintain their chosen lifestyle.

According to the ABS 2009–10 Survey of Income and Housing, households where the reference person was aged 65 or over had the lowest mean equivalised disposable incomes (ABS 2011d; see Glossary). Although households with an older reference person tended to have lower average incomes than other households, they were more likely to have greater wealth. As noted in Section 2.4, both income and wealth should be considered together when assessing the relative access of different population groups to economic resources. A household's wealth, or net worth, is the value of its assets minus the value of its liabilities. In 2009–10, households with a reference person aged 55–64 had the highest mean net worth (\$1,051,600), followed by households with a reference person aged 65–74 (\$959,500) (ABS 2011f). For households with a reference person aged 75 years or over, the mean net worth was \$769,000. The mean net worth for all households was \$719,600. See Chapter 2 for further information about household economic resources and components of household wealth.

Home ownership contributes a large part of the wealth of many households. In 2011, 71% of households with an older reference person (aged 65 and over) owned their own home outright (see Section 6.3). However, as older people tend to have lower incomes, housing affordability can be a significant concern for those who do not own their own home and face higher housing costs, such as private renters (see Box 3.5).



Lower income households are classified as experiencing housing stress if they spend 30% or more of their gross income on housing costs (see Glossary). In 2009–10, 5% of lower income couple-only households with an older reference person were renting privately; these households spent 34% of their gross income on housing (ABS 2011g). Of lower income households with a lone-person aged 65 and over, 12% were renting privately; these households spent 39% of their gross income on housing. In comparison, among all lower income households renting privately, an average of 29% of their gross income was spent on housing. A growing number of older people renting privately (see Section 6.3) may lead to a higher proportion of older people with limited disposable income, as private renters generally have relatively high housing costs (AIHW 2013b). See Chapter 3 for more information about housing tenure and Indicator 9 in Chapter 11 for information on change over time in housing stress levels.

According to indicators used in the ABS 2010 GSS, older people were less likely to be living in households experiencing financial stress than younger people. For example, 4% of people aged 65 and over reported that their household had a cash flow problem in the previous 12 months, compared with 25% and 17% of people aged 18–44 and 45–64, respectively (AIHW analysis of ABS 2011b). Older people were also less likely to report that their household had taken actions that reduced assets in the previous 12 months, and more likely to report that their household could raise \$2,000 within a week for something important.

Main sources of income

As detailed later in this section, 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, proportion of older Australians, 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 and various superannuation tax offsets. Concessions and discounts for older people are often also available in the private sector.

Employment income

A relatively small proportion of older Australians receive the majority of their income from employment. According to the ABS 2009–10 Survey of Income and Housing, wages and salaries were the main source of income for 12% of households where the reference person was aged 65 or over (ABS 2011d).

At 30 June 2012, 3.9% of people receiving an Age Pension from Centrelink had employment income; this was an increase from 3.5% at 30 June 2011 (AIHW analysis of unpublished Centrelink administrative data).

The Pension Bonus Scheme is intended to encourage older Australians to continue in paid work beyond the qualifying age and to delay their claim to the pension (DHS 2013). It provides a one-off tax-free lump sum when those eligible later claim and receive the Age Pension. To be eligible for this scheme, a person must have qualified for the Age Pension before 20 September 2009.

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A new measure, the Work Bonus, was introduced in September 2009 as part of the Australian Government's Secure and Sustainable Pension Reform package (FaHCSIA 2012b). The Work Bonus offers a financial incentive for Age Pension recipients to remain in the workforce. A new Work Bonus was introduced on 1 July 2011 to allow Age Pension recipients to keep more of their pension when they receive employment income (FaHCSIA 2012a). In the 12 months after the introduction of the Work Bonus, about 135,000 Age Pension recipients were able to work while having less income counted under the pension income test (FaHCSIA 2012a).

Australian Government pensions

At 30 June 2012, around 76% of the Australian population aged 65 and over received the Age Pension through Centrelink (70%), or a similar means-tested income support payment from the Department of Veterans' Affairs (DVA) (6%) (Table 6.2).

Table 6.2: Age Pension and Department of Veterans' Affairs income support recipients, by sex and age, 30 June 2012 (per cent of recipients)

	Age group (years)						Total
	60–64 ^(a)	65–69	70–74	75–79	80–84	85+	
Centrelink Age Pension recipients^(a,b)							
Men	..	12.1	12.0	9.5	7.0	3.7	44.3
Women	1.2	14.6	13.3	10.9	8.2	7.4	55.7
Persons	1.2	26.7	25.3	20.5	15.2	11.1	100.0
<i>Persons (number)</i>	27,626	607,793	576,275	466,179	346,738	253,604	2,278,215
<i>Per cent of age group population</i>	2.2	59.3	77.1	81.8	78.0	59.8	70.1 ^(d)
DVA income support recipients^(c)							
Men	5.4	7.4	3.0	2.4	2.4	16.7	37.2
Women	5.6	4.8	4.0	5.5	13.5	29.3	62.8
Persons	11.1	12.3	7.0	7.9	15.9	45.9	100.0
<i>Persons (number)</i>	24,643	27,329	15,521	17,541	35,488	102,344	222,866
<i>Per cent of age group population</i>	2.0	2.7	2.1	3.1	8.0	24.2	6.2 ^(d)
Centrelink Age Pension and DVA income support recipients							
Total as per cent of age group population	4.2	61.9	79.1	84.9	86.0	84.0	76.3^(d)

(a) Eligibility for the Age Pension at June 2012 was 64.5 years for women and 65 years for men.

(b) Age Pensions administered by the DVA are included in the 'DVA income support' figures.

(c) Includes people receiving a DVA Service Pension, DVA Income Support Supplement, or Age Pension administered by DVA who are aged 60 and over. The small number of people under 60 receiving one of these payments are not included in this table.

(d) Number of recipients aged 65 and over as a proportion of the population in this age group. Consequently, people aged 60–64 years are excluded from these calculations.

Note: Table includes full and part-rate Age Pension recipients (see Table A6.6 for a breakdown of full and part-rate Centrelink Age Pension recipients).

Sources: Centrelink administrative data; unpublished data from the DVA.

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At 30 June 2012, 2.3 million Australians received a full or part-rate Age Pension through Centrelink, with three-fifths (59%) of these receiving a full-rate pension (Table A6.6). Around 56% of Centrelink Age Pension recipients were women. A slightly higher proportion of women (61%) than men (57%) received a full-rate pension.

At 30 June 2012, more than 222,000 people aged 60 and over received means-tested income support from the Department of Veterans' Affairs (that is, Age Pension, Service Pension or Income Support Supplement for war widows/widowers) (Table 6.2). The total number of recipients aged 60 and over at 30 June 2012 was 6% lower than at 30 June 2011.

Among DVA income support recipients aged 60 and over, at 30 June 2012, about 63% were women, half of whom (50%) were receiving an Income Support Supplement (unpublished DVA data). In contrast, most male recipients aged 60 and over (97%) were receiving a Service Pension. About 102,300 DVA income support recipients were aged 85 and over.

According to the 2009–10 Survey of Income and Housing, government pensions and allowances were the main source of income for 66% of households with a reference person aged 65 or over (ABS 2011d). Households in which people aged 65 and over were living alone were more likely than couple-only households where the reference person was aged 65 or over to have government pensions and allowances as their main source of income (76% compared with 65%). Data from the ABS 2009–10 Household Expenditure survey show that 74% of people whose main source of household income was government pensions and allowances, and who were receiving an Age Pension or DVA Service Pension, owned their own home outright (ABS 2011c). Reflecting this greater wealth, they also had higher levels of net worth than recipients of other government pensions and allowances.

Superannuation

Reforms to superannuation in the 1980s, and particularly the introduction of compulsory superannuation in 1992 requiring employers to pay a proportion of the employee's salary into a superannuation fund, mean that most paid workers now have superannuation coverage (Borowski & Olsberg 2007).

However, because of historically lower levels of female labour force participation, combined with lower rates of superannuation coverage before the 1980s, many older people have never contributed to a superannuation scheme or have done so for a relatively short time. In 2007, 71% of Australians aged 15 and over had superannuation coverage, and the proportion of people with coverage was higher than the proportion without in all groups except those aged 65 and over (ABS 2009b). Among those aged 65–69, 64% of women and 43% of men had no coverage. Among those aged 70 and over, 87% of women and 69% of men had no coverage.

As younger generations who have compulsory superannuation get older, the likelihood of older Australians having contributed to a superannuation scheme increases. According to ABS survey data, in 2010–11, around 64% of people aged 45 and over who were retired from the labour force had made contributions to a superannuation scheme, compared with 56% in 2008–09



(ABS 2009c, 2011h). Among those aged 45 and over, retired men were more likely to have made contributions than women—75% compared with 54% in 2010–11. Furthermore, of those who had contributed, men were more likely to have done so for longer, with 53% having contributed for 20 years or more compared with 28% of women. Reflecting these differences, men (27%) were more likely than women (13%) to report ‘superannuation, annuity, and/or allocated pension’ as the main source of personal income at retirement (ABS 2011h).

In 2010–11, superannuation funds across Australia paid out nearly \$64 billion in benefits, which was divided roughly evenly between lump sum and pension payments (APRA 2012b). The total value of superannuation assets and the average benefit have been increasing over time. However, the average payout at retirement remains modest and, consequently, many older people rely on the Age Pension, particularly women. In the year to 30 June 2011, superannuation contributions increased by 4.8% (to \$104.8 billion), total superannuation assets increased by 11.5% (to \$1.34 trillion) and total benefits payments increased by 9.1% (to \$63.7 billion) (APRA 2012a). Data from the ABS Survey of Income and Housing indicate that, in 2009–10, the average superannuation balance for people aged 60 to 64 was \$198,000 for men and \$112,600 for women, compared with \$136,000 and \$63,000 respectively in 2005–06 (ASFA 2011).

The Australian Government provides various tax concessions for superannuation—see Chapter 10.

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6.7 Services that support older Australians

Although many older Australians are able to live independently, some require assistance. The largest source of assistance for older people with long-term health conditions and disability is informal care provided by relatives and friends. These ‘informal carers’ may provide help with a range of daily living activities, 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 detail in Chapter 8.

This section focuses on formal aged care services that are funded by the Australian Government, or jointly with state and territory governments. The Australian Government recognises that many older Australians prefer to live independently at home for as long as possible. At the same time, it aims to ensure that frail older people have ‘high quality, accessible and affordable care through a safe and secure aged care system’ (DoHA 2012a:vi). The Government supports ‘ageing in place’, that is, providing sufficient assistance to enable older people to remain in their current setting (such as their own homes) for as long as possible as their care needs increase. The need for such assistance generally increases with age. Government-subsidised aged care services are provided on the basis of the functional disability or frailty of recipients, rather than on specific age criteria. However, people aged 70 and over, or 50 and over if the person is Indigenous, are those most likely to make use of aged care services and are therefore used as the ‘planning population’ to allocate aged care places (SCRGSP 2012).



Although not discussed in detail in this chapter, older Australians are also, of course, users of other government services apart from aged care, and the interaction between the health system and the aged care system is of particular importance (SCRGSP 2012). In 2011–12, people aged 65 and over accounted for 39% of hospitalisations and nearly half (48%) of patient days in public hospitals (see AIHW 2013a). Older people are also high users of palliative care services (see AIHW 2012f). For example, in 2010–11, more than two-thirds (68%) of patients receiving palliative medicine specialist services subsidised through the Medicare Benefits Schedule were aged 65 and over, and older people accounted for nearly three-quarters (74%) of general practice palliative care-related encounters (AIHW 2012f).

Australia's aged care system

The Australian Government is primarily responsible for the funding and regulation of formal aged care services, although all three levels of government are involved (SCRGSP 2013). Aged care services include residential aged care, which provides care and support for older people whose care needs cannot be met at home, as well as services aimed at supporting older people within the community. Community care services include Home and Community Care (HACC), Community Aged Care Packages (CACP), Extended Aged Care at Home (EACH), EACH Dementia (EACHD), and the Department of Veterans' Affairs (DVA) Community Nursing and Veterans' Home Care (VHC) programs. In addition, there are services that cross both the residential and community settings and are delivered in a more flexible way to meet the diverse needs of older Australians, for example, the Transition Care Program (TCP). These programs are described in more detail later in this section.

The majority of Australian Government-subsidised aged care services in Australia operate within the legislative framework provided by the *Aged Care Act 1997* and the associated Aged Care Principles (see DoHA 2012a). 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. Major components of the system operating outside the Act include the HACC program and the National Respite for Carers Program (NRCP).

Note that progressive implementation of the *Living Longer. Living Better* aged care reforms—which began on 1 July 2012—will result in substantial changes to the aged care system (see Box 6.2 and DoHA 2012e, 2012f).

Demand for aged care services

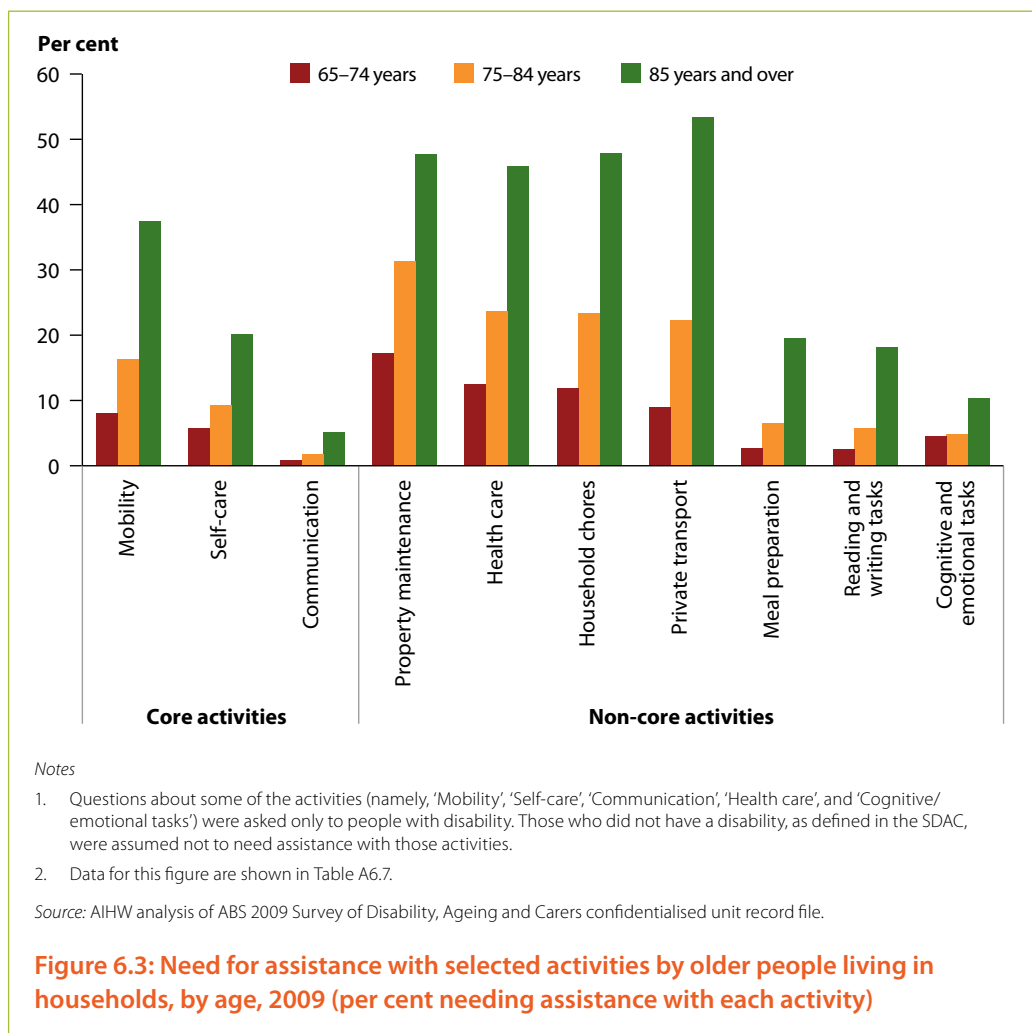
There is currently no direct way to measure demand for formal aged care services. However, information from the ABS 2009 SDAC can be used to give a general indication of potential need for such services.

The 2009 SDAC collected data about the needs for assistance with a range of daily activities of people living in households. In 2009, 40% of older people living in households needed assistance with at least one activity, and this proportion increased with age: about 28% of those aged 65–74 required assistance with at least one activity, increasing to 77% of those aged 85 and over (Table A6.7).

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Of the three core activities of daily living (self-care, mobility and communication), mobility was the activity with which older people most commonly required assistance (14% of those aged 65 and over). Considering non-core activities, property maintenance was the area in which assistance was most commonly required, with 1 in 4 (25%) people aged 65 and over, and nearly 1 in 2 (48%) of those aged 85 and over, needing help in this area. Other non-core activities in which older people commonly needed help were health care (20% of people aged 65 and over), household chores (20%) and private transport (18%), with need for assistance in these areas particularly high among those aged 85 and over (Figure 6.3).



There is currently no nationally agreed measure for monitoring how aged care services are meeting client needs. As a proxy measure, the Australian Government uses data from the SDAC on unmet need—that is, the extent to which demand for services to support older people requiring assistance with daily activities is not met (SCRGSP 2013). In 2009, of people aged 65 and over living in households who reported a need for assistance with at least one daily activity, 30% reported that their need was not fully met (SCRGSP 2013). Note, however, that direct inferences from these data relating to the demand for services should be made with care for a number of reasons, including that these data do not indicate the intensity of care required or the degree of unmet demand for a specific type of service (SCRGSP 2013: Box 13.12).

Accessing aged care services

Assessment of care needs is an important step in accessing Australian Government-subsidised aged care services. Assessments are conducted by an Aged Care Assessment Team (ACAT)—or by an Aged Care Assessment Service (ACAS) in Victoria—which operate under the Aged Care Assessment Program (ACAP). An ACAT assessment is used to determine eligibility for admission to government-subsidised residential aged care and residential respite care, as well as for various community and flexible aged care services (such as CACP, EACH and EACHD). ACAT assessments are not required for HACC, NRPC, VHC or DVA Community Nursing; however, ACATs can refer clients to these programs when they are more appropriate for meeting individual needs.

After a detailed assessment that considers physical, psychological, medical, cultural and social needs, ACATs make recommendations for long-term care and support (including an appropriate setting), and an ACAT delegate can give approval for services where it is required. Clients can be reassessed if their care needs change to the extent that a different level or type of care is required.

ACAT recommendations do not always match approvals given by the ACAT delegate. As well, once a type of care is approved, the client's receipt of services is subject to a number of factors, including whether they subsequently apply for the service and the availability of places. The Pathways in Aged Care (PIAC) project (a cohort study carried out by the AIHW and researchers from three universities), which linked 2003–04 ACAP data to data sets showing the use of five main aged care programs, has shown that clients do not always follow the recommendations made by ACATs (AIHW 2011b). For example, in the 6 months after an ACAT assessment, fewer than half (42%) of people who had received a recommendation to live in low-level residential aged care made this transition (AIHW 2011b). However, many of these people accessed other services, with 31% accessing at least one community care program during this time.

In 2010–11, ACATs completed about 172,400 assessments for 153,084 clients aged 65 and over (or 50 and over for Indigenous clients)—62% of whom were women (AIHW analysis of unpublished ACAP data from DoHA). At the time of assessment, most of these older ACAP clients (95%) usually lived in the community.

The number of completed ACAT assessments in 2010–11 was about 23,400 fewer than in 2008–09 (DoHA 2012a). This reduction is likely to be partly due to amendments made to the *Aged Care Act 1997* that came into effect from 1 July 2009. Before this, approvals for some types of subsidised care automatically lapsed after 12 months. The changes have meant that approvals for residential respite care, high-level residential care and some types of community care (such as EACH and EACHD) no longer lapse, resulting in fewer reassessments (DoHA 2012a).

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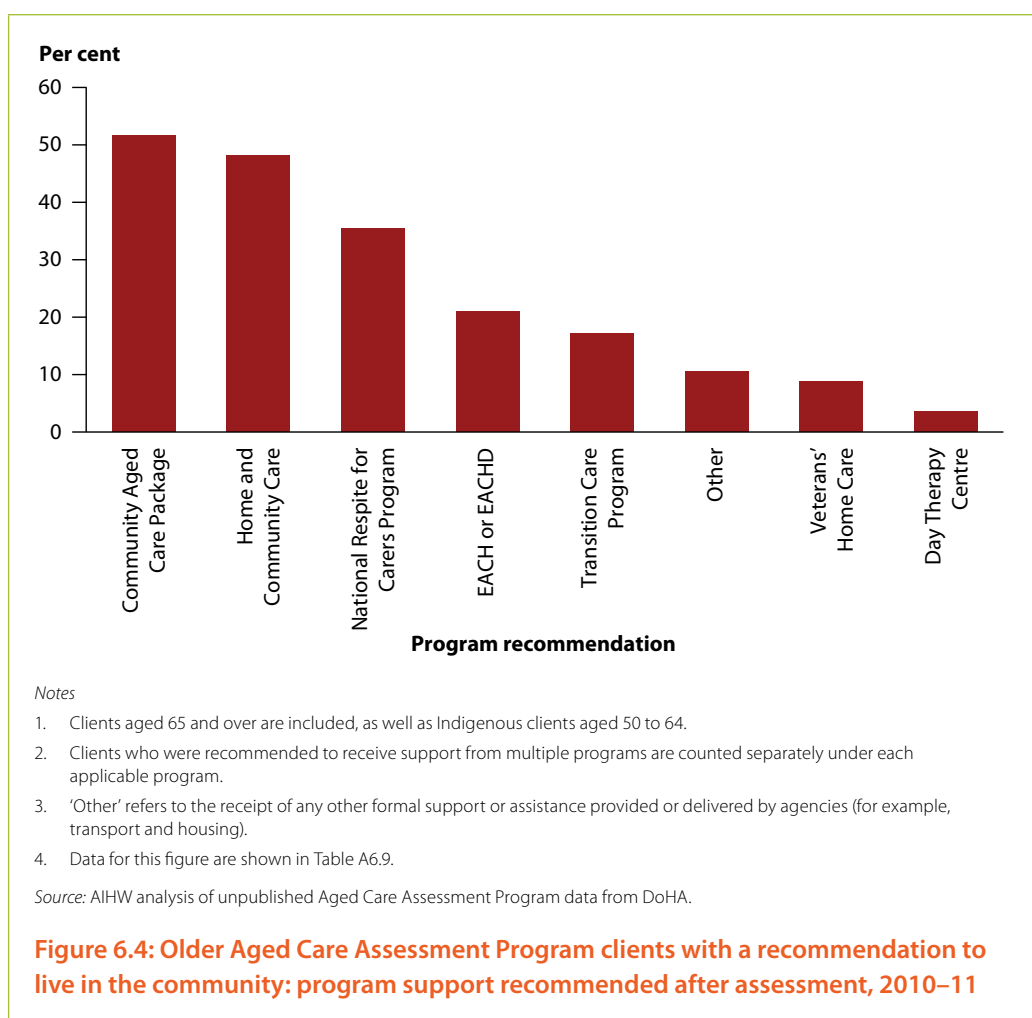


More than half (58%) of ACAT assessments in 2010–11 were performed in a community setting, while 22% were performed in an acute care hospital setting, 14% in other inpatient settings (such as admitted patients in rehabilitation facilities and non-acute hospital wards) and 5% in a residential setting (unpublished ACAP data from DoHA).

Care recommendations

In 2010–11, 56% of older ACAP clients (including Indigenous clients aged 50 and over) received recommendations for long-term care in the community. High-level residential care was recommended for 27% of older clients, and low-level care for 17% (Table A6.8).

Figure 6.4 shows ACAT recommendations for program support among older ACAP clients with a recommendation to live in the community. After assessment, ACATs recommended a CACP for 52% of these clients, HACC for 48% and EACH or EACHD for 21%. More than one-third of clients (36%) were recommended to access the NRCP, and the TCP was recommended for 17% of clients.



Timing to approval and service access

A number of steps are involved in accessing care services, including assessment, finding suitable care providers and making arrangements to receive care. Between 2008–09 and 2010–11, the average elapsed time from referral to first contact of a clinical nature (that is, a non-administrative contact) by an ACAT decreased from 19.7 to 13.4 days (DoHA 2012a). The average elapsed time between referral and approval of an assessment decreased from 29.4 to 21.0 days over this period.

Many factors may affect the elapsed time between the ACAT approval and use of services, including availability, perceptions and concerns about quality of care that influence client choice of preferred service, and willingness to accept placement offers (SCRGSP 2012: Box 13.12). In 2010–11, 23% of people entering high-level residential care did so within 7 days of their ACAT approval, 51% within 1 month and 74% within 3 months (SCRGSP 2012: Table 13A.67). The comparable figures for starting a CACP were 38% within 1 month and 68% within 3 months.

Number of places available

An operational place (or package) is one which is either occupied or available for the provision of aged care to an approved care recipient. At 30 June 2011, 247,379 operational aged care places and packages were available nationwide (Table A6.10). This does not include services provided by HACC, VHC or DVA community nursing, as discrete packages and places for individuals do not exist for these services. Residential care places accounted for three-quarters of operational aged care places at 30 June 2011.

One measure of the supply of aged care places is the number of available aged care places relative to the size of the population most likely to require these services. At 30 June 2011, there were 112.8 aged care places per 1,000 people aged 70 and over (excluding TCP places) (Table A6.11), close to the national target of 113 places (SCRGSP 2013).

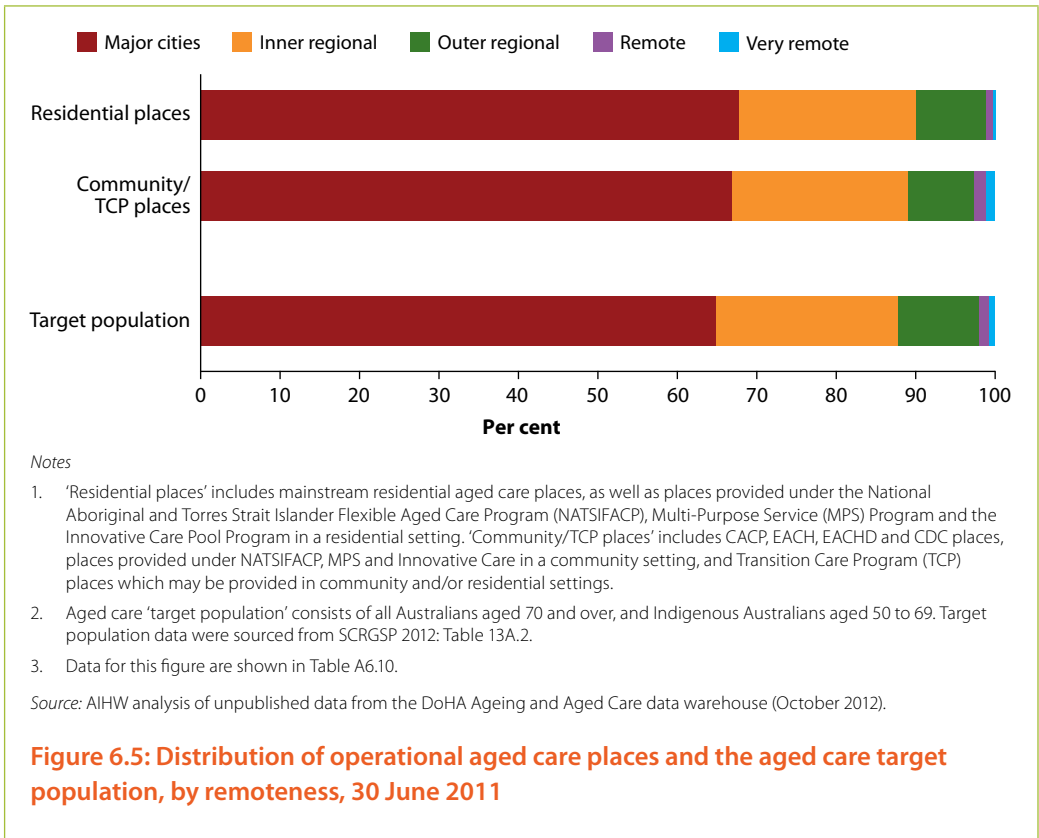
Both the number of operational places and the rate of places per 1,000 people aged 70 and over have been increasing over time (Table A6.11). For example, between 2006 and 2011, the number of operational places increased by about 20% (or nearly 42,000 places). The rate of places per 1,000 people aged 70 and over (excluding TCP places) increased from 107.2 to 112.8 over this period.

Location of places

At 30 June 2011, 67% of all operational aged care places were in *Major cities*, 22% were in *Inner regional areas*, 9% were in *Outer regional areas*, and the remaining places were in *Remote and Very Remote areas* (2%). The distribution of places across remoteness areas is broadly consistent with the aged care target population (all Australians aged 70 and over, as well as Indigenous Australians aged 50 to 69) (Figure 6.5).

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Community aged care

There is a strong continuing emphasis in Australia on community-based care to help people remain independent and living in the community for as long as possible. There are a number of community aged care programs, each providing different types and levels of assistance. See Table 6.3 for an overview of the main programs. Information on the use of these programs and characteristics of their clients is presented in this section.



Table 6.3: Overview of main national community aged care programs^(a)

Program	Care level	Brief description
Home and Community Care (HACC)	Low-intensity therapy and support	The HACC program provides basic maintenance, support and care services to people in the community whose independence is at risk. Services include counselling, information and advocacy, domestic assistance, personal care, transport, home maintenance, nursing and allied health care. The target population includes frail older people and their carers, as well as younger people with a disability. For more information, see SCRGSP 2012; Australian Government 2012.
Veterans' Home Care (VHC)	Low-intensity therapy and support	VHC delivers in-home support services to eligible veterans, and war widows and widowers. It provides low-level care services, such as domestic assistance, personal care, respite care, and safety-related home and garden maintenance. For more information, see DVA 2012b.
DVA Community Nursing	Low-intensity therapy and support	The Department of Veterans' Affairs (DVA) Community Nursing program provides services to eligible veterans and war widow/widowers requiring more than 1.5 hours per week of personal care or nursing. For more information, see DVA 2012a.
Community Aged Care Package (CACP)	Low-level packaged care	Packages of low-level care tailored to client needs. Broadly speaking, a CACP is equivalent to low-level care in a residential aged care facility. Services may include domestic assistance, food services, transport services, social support, home and garden maintenance, personal care, counselling, respite care, home modifications, counselling and linen services. For more information, see DoHA 2011b.
Extended Aged Care at Home (EACH) ^(b)	High-level packaged care	Packages of high-level care tailored to client needs. Care provided is similar to that for a CACP but to a higher degree. In addition, nursing, allied health/therapy and aids and equipment may also be provided. For more information, see DoHA 2011b.
Extended Aged Care at Home Dementia (EACHD) ^(b)	High-level packaged care	Similar to EACH packages, but specific to the needs of people with dementia. For more information, see DoHA 2011b.

(a) As a result of the implementation of the *Living Longer. Living Better* reforms, there will be a number of changes to community aged care (see Box 6.2 and DoHA 2012e).

(b) EACH and EACHD are provided under the flexible care arrangements of the *Aged Care Act 1997*, but as both are delivered in the community they are described in this section.



HACC

In terms of client numbers, HACC is the largest source of formal support for older people living in the community. In 2010–11, there were over 719,300 HACC clients aged 65 and over, constituting 77% of the total HACC client population in that year (note that the HACC data reported here may differ from those published elsewhere—see Table A6.12). Two-thirds of older HACC clients were women, and nearly one-third (30%) were aged 85 and over. Domestic assistance was the most common service provided to HACC clients (33%), followed by nursing (21%) and allied health/therapy (20%) (Table A6.13). Home and garden maintenance (18%), transport, (17%) and meals (16%) services were also commonly provided.

Programs administered by the Department of Veterans' Affairs

Eligible veterans, and war widows and widowers can receive assistance from a number of DVA-funded care programs, including the VHC and DVA Community Nursing programs.

VHC is the second-largest program providing community aged care services, offering care to 69,000 clients aged 65 and over in 2011–12 (Table A6.12), just over two-thirds (69%) of whom were aged 85 and over.

The Community Nursing program assisted 31,800 clients aged 65 and over in 2011–12, with about three-quarters of these (77%) aged 85 and over. In 2011–12, 39% of Community Nursing clients aged 65 and over were living alone (unpublished DVA data).

CACP, EACH and EACHD

At 30 June 2011, there were 57,241 mainstream operational aged care packages, the majority (79%) of which were CACP packages (Table A6.10). There were 48,781 clients aged 65 and over receiving aged care packages (96% of all clients), more than two-thirds of whom (70%) were women (Table A6.12).

In response to growing demand for community-based aged care, the number of packages provided by all of the programs has increased substantially (AIHW 2012a). In the year to 30 June 2011 alone, the total number of packages increased by 13%, with particularly large growth in the number of EACH and EACHD packages (46% and 55% respectively), which provide high-level care, compared with 6% for CACP, which provides low-level care.

The AIHW publishes detailed information annually about the use of the CACP, EACH and EACHD programs (see, for example, AIHW 2012a).

Ensuring quality community care

New Community Care Common Standards, developed jointly by the Australian Government and state and territory governments, came into effect on 1 March 2011. The standards apply to HACC, CACP, EACH, EACHD and the NRCP. Around 80% of organisations providing CACP, EACH, EACHD and NRCP services that were reviewed in 2010–11 received an Outcome 1 rating, indicating that they had effective process and systems in place (SCRGSP 2012). A further 13% of services were given an Outcome 2 rating, indicating there were some concerns about the effectiveness of process and systems in place, while there were significant concerns for 7% of services (an Outcome 3 rating).

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Flexible aged care

Flexible aged care can be provided in either a residential or community care setting—in ways other than those available through mainstream residential and community care—to meet the needs of recipients. As detailed below, three such programs are the Transition Care Program, Multi-Purpose Service Program and the National Aboriginal and Torres Strait Islander Flexible Aged Care Program. Note that EACH and EACHD packages are provided under the flexible care arrangements of the *Aged Care Act 1997* but, as these are both delivered in the community, they are described together with CACPs in the 'Community aged care' section of this chapter.

Services for people leaving hospital

The Transition Care Program offers short-term care to older people leaving hospital who are assessed as otherwise being eligible for at least low-level residential aged care (AIHW 2012e). It aims to improve recipients' independence and functioning and delay entry into residential aged care. In the six years to 30 June 2011, TCP assisted nearly 52,000 people. More than 60% of recipients left the program with an improved level of functioning, and 54% finally returned to the community. In 2010–11, TCP assisted 18,084 people, an increase from 15,018 in the previous financial year (see AIHW 2012e for more detailed information about TCP).

Services for people in rural and remote areas

The Multi-Purpose Service (MPS) Program delivers a mix of aged care, health and community services in rural and remote communities where separate services would not otherwise be viable (DoHA 2012a). At 30 June 2012, there were 3,337 MPS places provided by 137 service outlets; this was an increase of 3.8% from June 2011. Just over half of these (56%, or 1,872 places) were for high-level residential care, and about one-third (31%) for low-level residential care.

Services for Indigenous Australians

The National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP) provides flexible, culturally appropriate aged care to older Indigenous people close to home and community. At 30 June 2012, 29 services were funded to provide 675 NATSIFACP aged care places, located in mainly rural and remote areas (DoHA 2012a).

Services funded under the program are assessed against a set of culturally appropriate standards that were finalised in July 2011. The first assessments against the framework were completed in 2011–12 and, at 30 June 2012, 26 of the 29 services had been assessed (DoHA 2012a).

Residential aged care

Residential aged care facilities are funded by the Australian Government to provide aged care to older Australians whose care needs are such that they can no longer remain living in the community. These facilities offer 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 available to residents requiring such assistance. Residential aged care is available on a permanent or respite basis.

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Service use and resident characteristics

At 30 June 2011, there were 2,760 facilities providing 182,302 Australian Government-subsidised residential aged care places (excluding MPS and NATSIFACP places), representing an increase of 2,632 places (1.4%) over the previous year (AIHW 2012g). Not-for-profit organisations provided 60% of residential aged care services nationally, 30% of providers were private for-profit organisations, and the remaining 10% were government facilities (both local and state).

Nearly all (98%) of those living in residential aged care at 30 June 2011 did so permanently.

Information about respite residents is provided later in this chapter. There were 165,032 permanent aged care residents at 30 June 2011, with 96% (158,661 people) aged 65 and over (Table A6.12). Women accounted for 71% of these older residents.

Female residents of all ages were more likely than their male counterparts to be widowed (64% compared with 26%) and they had an older age profile (AIHW 2012g). About 2 in 3 (63%) female residents were aged 85 and over, compared with 43% of male residents.

Nationally, more than one-third (40%) of permanent residents at 30 June 2011 received financial help through subsidised care costs (AIHW 2012g). Financial help became more likely with increasing remoteness; nearly 69% of permanent residents in *Very remote* areas received help, compared with 39% of those in *Major Cities* (see AIHW 2012g).

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The average length of stay for permanent residents who left residential care during 2010–11 was 145.7 weeks (AIHW 2012g). Average length of stay has been increasing, and was 11% higher in 2010–11 than in 1988–99 (when it was 131.3 weeks) (AIHW 2012g).

The AIHW publishes detailed information annually about residential aged care services and clients (see, for example, AIHW 2012g).

Use of available places

There has been a substantial increase in the number of residents in Australian Government-subsidised residential aged care over time, with the number of permanent residents increasing by nearly one-quarter (23%, or 31,028 residents) between 2001 and 2011 (Table 6.4). Growth in the number of permanent residents aged 85 and over has been particularly large, increasing by 39% over this period, and residents aged 85 and over account for a larger proportion of all residents (57% at 30 June 2011 compared with 50% at 30 June 2001). The higher number of residents is due to the growth and ageing of the population and corresponding increase in the number of residential places that have been made available.

Although the number of residents has increased, the usage rate (that is, the number of people using residential aged care per 1,000 people in the relevant age group) among older Australians has declined in most age groups from 2001 to 2011 (Table 6.4). This may be at least partly due to greater provision of community aged care places over this period, which has enabled a greater number of older people to continue living in the community.



Table 6.4: Permanent resident numbers and age-specific usage rates, 2001 to 2011^(a) (selected years)

	2001	2003	2005	2007	2009	2011
Number of permanent residents	134,004	140,297	149,091	153,426	158,885	165,032
Number of permanent residents aged 85+	67,402	71,397	77,285	82,871	88,030	93,841
Permanent residents aged 85+ (per cent)	50.3	50.9	51.8	54.0	55.4	56.9
Usage rate (per 1,000 population) by age group (years)						
<65	0.4	0.4	0.4	0.4	0.3	0.3
65–69	6.2	6.1	6.0	5.9	6.0	5.8
70–74	14.7	13.9	13.6	13.2	12.8	12.8
75–79	35.5	34.2	33.7	33.3	31.5	30.2
80–84	86.7	85.0	83.7	81.2	76.8	74.4
85+	254.1	249.2	245.3	237.0	229.6	225.9

(a) Data are at 30 June of each year.

Source: AIHW 2012g; Tables 6.5 and 6.6.

Care needs of clients in residential care

Information about the care needs of permanent residents in subsidised residential aged care places is available through the Aged Care Funding Instrument (ACFI) (see Box 6.3).

At 30 June 2011, there were 157,777 permanent residents aged 65 and over with an ACFI appraisal. Of these, 40% were classified as requiring high care in the Activities of daily living domain, 48% in the Behaviour characteristics domain, and 23% in the Complex health care domain (Figure 6.6). Around 76% of permanent residents were classified as requiring an overall high level of care.

Box 6.3: Measuring care needs of permanent residents in aged care facilities

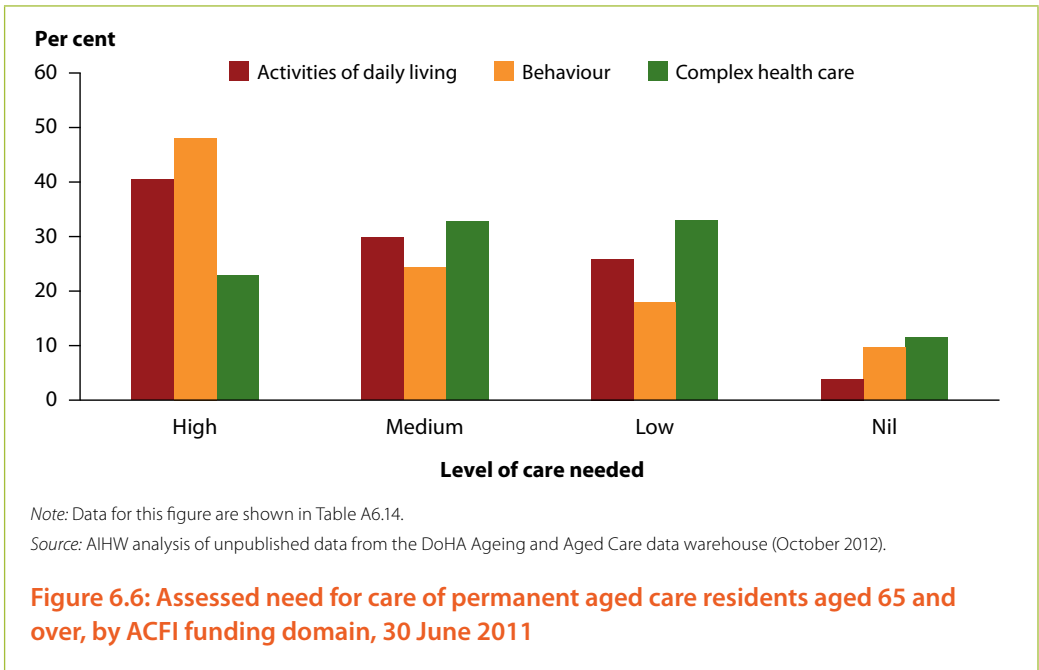
Since March 2008, all permanent residents in Australian Government-subsidised aged care facilities have been assessed using the ACFI. The ACFI is a funding tool and therefore attempts to capture information about the care needs that contribute most to the cost of individual care. It includes 12 questions about care needs that fall across three funding domains: Activities of daily living, Behaviour characteristics, and Complex health care needs.

Funding is provided for each domain based on whether the needs of the person were assessed as 'nil', 'low', 'medium' or 'high'. The overall combination of scores is used to classify a resident as 'low care' or 'high care' (see DoHA 2009 for rules used to define low and high care).

For more detailed information, see AIHW 2012g and AIHW 2011a.

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At 30 June 2011, just over half (52%) of all permanent residents with an ACFI appraisal had dementia (AIHW 2012g). Detailed information about the characteristics and care needs of residents with dementia has been published in other AIHW reports (see AIHW 2012d, 2011a). AIHW's *Dementia in Australia* report (2012d) showed that residents with dementia had higher needs in relation to Behaviour characteristics and Activities of daily living, and were more likely than those without dementia to be classified as needing a high level of care overall (87% versus 63% respectively in 2009–10).

Ensuring quality residential aged care

Accreditation of services

The *Aged Care Act 1997* sets out accreditation processes for residential aged care facilities. Accreditation is a requirement for Australian Government funding and is assessed by an independent authority, the Aged Care Standards and Accreditation Agency. The agency assesses aged care facilities against standards in four areas: management systems, staffing and organisational development; health and personal care; resident lifestyle; and physical environment and safe systems.

During 2010–11, 264 facilities were identified as not having met one or more of the 44 Accreditation Standards Outcomes (DoHA 2011a). At 30 June 2011, 94% of accredited facilities (2,592 of 2,768 facilities) were accredited for 3 years.

The agency also undertakes a program of unannounced visits to ensure proper care of residents. During 2010–11, it conducted 5,666 visits, with each facility receiving at least one unannounced visit (DoHA 2011a).



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. Respite can occur in a variety of settings, including homes, centres, residential aged care services and other locations, with care provided by volunteers and/or paid respite workers.

The National Respite for Carers Program provides direct respite care and other forms of support for carers. Direct respite care is provided in a number of settings, including day respite in community settings, in the home and in respite cottages. Indirect respite care, such as domestic assistance, social support and personal care for the care recipient, is also provided. In 2011–12, the NRCP provided 30,900 carers with respite services and delivered more than 5 million hours of respite care (DoHA 2012a). People with dementia are one of the target groups for NRCP services and, in 2011–12, there were around 13,400 care recipients with dementia—92% of these recipients were aged 65 and over (Table A8.25). See Chapter 8 for more information on the NRCP.

Residential respite care provides emergency or planned care in a residential aged care home on a short-term basis. The number of people using residential respite care is relatively small at any one time—about 4,000 people, or 2% of aged care residents, at 30 June 2011 (AIHW 2012g). The number of people receiving residential respite care has increased substantially in recent years, rising by 52% (or 1,365 people) between 30 June 2001 and 30 June 2011. The proportion of these recipients who were aged 85 and over increased from 39% to 50% over the same period (AIHW 2012g).

Residential respite recipients have a relatively short length of stay (3.5 weeks on average in 2010–11). In 2010–11, there were 59,300 admissions to respite care, accounting for about half of all admissions that year, and nearly 41,900 individual recipients (AIHW 2012g). About three-quarters of people admitted to residential respite care were aged 80 and over, and half were subsequently admitted to permanent residential care within the year. The proportion transitioning to permanent care within the year grew quite steadily over the decade to 2010–11, increasing from 42% in 2001–02.

Supporting a diverse older population

The Australian Government's aged care reforms and initiatives aim to meet the needs of a diverse older population, and reflect growing acknowledgment that some populations are at risk of marginalisation and are likely to require additional support within the aged care system to ensure equitable access and care.

Older Indigenous Australians

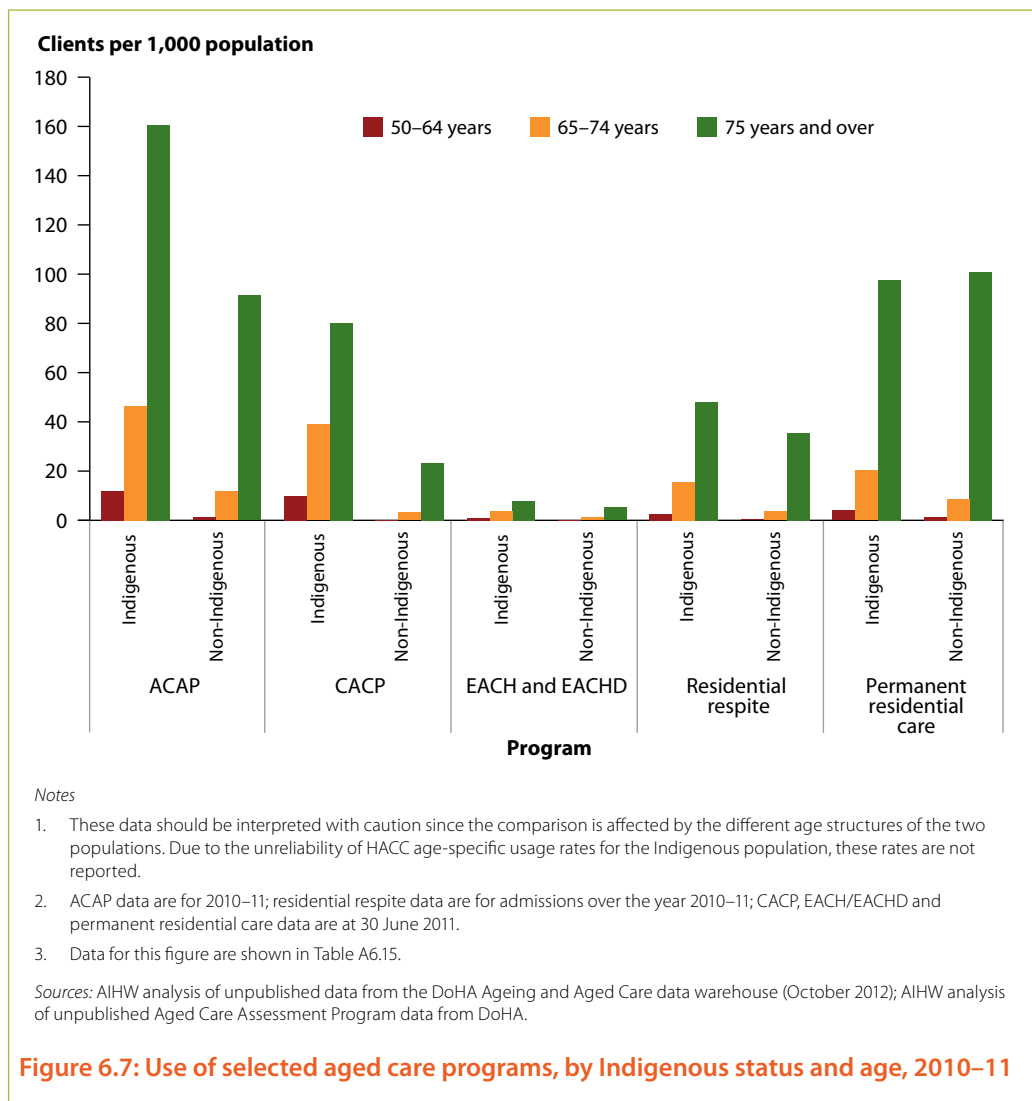
The usage rates of aged care services tend to increase with age for both Indigenous and non-Indigenous Australians (Figure 6.7). However, for most services, Indigenous Australians have relatively high usage rates and this is particularly true in the younger age ranges. For example, at 30 June 2011, Indigenous clients aged 65–74 used CACPs at a rate of almost 39 packages per 1,000 population, compared with 3.2 packages per 1,000 population for non-Indigenous clients at the same ages. Among those aged 50–64, the usage rates were 9.8 and 0.2 per 1,000 for Indigenous and non-Indigenous Australians respectively.

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Use of the ACAP was notably high in absolute and relative terms among Indigenous Australians. For example, in 2010–11, those aged 65–74 used the program at a rate of 46 per 1,000 population—almost 4 times that of non-Indigenous Australians (12 per 1,000 population).

Note that these data should be interpreted with caution, as the comparison is affected by the different age structures of the two populations and in particular the relatively low proportion of Indigenous people aged 75 and over (see Chapter 1).



Older overseas-born Australians

Of ACAP clients in 2010–11, 32% were born overseas, including 18% in non-main English-speaking countries. At 30 June 2011, about 4 in 10 EACHD (44%) and EACH (37%) clients and 3 in 10 CACP (34%) clients were born overseas. Of the three programs, EACHD also had the greatest proportion of clients born in non-main English-speaking countries (19%), followed by EACH (15%) and CACP (15%) (AIHW 2012a).

More than one-quarter (29%) of permanent residents and one-third (32%) of respite residents in Australian Government-subsidised residential aged care facilities were born overseas. The most common overseas country of birth was the United Kingdom or Ireland, reported by 10% of residents (both permanent and respite) (AIHW 2012a).

People born in non-main English-speaking countries had somewhat higher usage rates of HACC and community aged care packaged programs (CACP, EACH and EACHD) than those born in Australia or main English-speaking overseas countries (Table 6.5). For example, in the 85 and over age group for EACH and EACHD combined, people born in non-main English-speaking countries had a usage rate of 12.7 per 1,000, compared with 10.3 per 1,000 for people born overseas in main English-speaking countries, and 7.4 per 1,000 for Australian-born clients. In contrast, usage rates for the Aged Care Assessment Program and residential aged care were lower among people born in non-main English-speaking countries than for either those born in Australia or in main English-speaking countries.

Table 6.5: Use of selected aged care programs, by country of birth^(a) and age 2010–11 (clients per 1,000 population)

Program	Overseas-born								
	Main English-speaking countries ^(b)			Non-main English-speaking countries			Australian-born		
	65–74	75–84	85+	65–74	75–84	85+	65–74	75–84	85+
HACC	73.5	266.9	469.7	101.5	296.2	511.1	111.8	322.9	482.5
ACAP	9.7	59.1	168.3	10.7	56.6	147.0	3.1	65.4	164.6
CACP ^(c)	2.3	13.8	43.6	3.3	18.0	49.9	3.9	15.7	39.6
EACH & EACHD ^(c)	1.1	3.6	10.3	1.1	4.6	12.7	1.1	3.5	7.4
Permanent residential care ^(c)	6.3	44.8	232.9	6.6	41.2	191.8	10.2	53.8	233.5

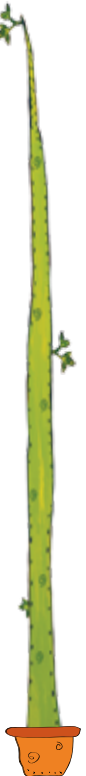
(a) Country of birth population data used for the calculation of rates are based on data provided by the ABS for the year 2010, as data for 2011 were not available at the time of analysis. The data were pro-rated from 2010 by 5-year age groups using 2011 total estimated resident population data.

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

(c) Data for CACP, EACH & EACHD, and permanent residential aged care are at 30 June 2011.

Sources: AIHW analysis of unpublished data from the DoHA Ageing and Aged Care data warehouse (October 2012); AIHW analysis of unpublished Aged Care Assessment Program data from DoHA; AIHW analysis of the NSW Home and Community Care State Data Repository and the Home and Community Care MDS National Data Repository.

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6.8 Where to from here?

While key data gaps and limitations still remain, substantial progress has been made in the collection and reporting of data about older Australians.

Increased sample sizes of older Australians in some ABS population surveys (for example, in the 2009 SDAC) has provided more options to disaggregate data by smaller age groups to at least 85 and over, thus allowing improved reporting about the diversity of needs and circumstances among older people. Data relating to aged care provision and use have also improved considerably. For example, the transition from the Resident Classification Scale to the ACFI in March 2008 has allowed more detailed analyses of client needs in Australian Government-subsidised residential aged care facilities. In addition, linked aged care program data from the PIAC project have provided information, for the first time, about the journeys of people through community, respite and permanent residential care (rather than just their use of individual programs) (see AIHW 2011c). The Department of Health and Ageing (DoHA) has provided funding to extend this project.

Other useful sources of information about older Australians and the ageing process include longitudinal studies such as the Australian Longitudinal Study of Ageing, the Melbourne Longitudinal Studies on Healthy Ageing Program, The Australian Longitudinal Study on Women's Health, and the 45 and Up Study. The 45 and Up Study, which started in 2006, is collecting data from about 270,000 men and women aged 45 and over across New South Wales (about 10% of this age group) over time. This is the largest ageing study undertaken in the southern hemisphere (Sax Institute 2013).

Some other recent data development projects and existing data gaps are described here.

National Aged Care Data Clearinghouse

As part of efforts to improve the availability of quality aged care information and statistics, the AIHW has been funded by DoHA to establish an independent and centralised National Aged Care Data Clearinghouse in 2013. The Data Clearinghouse is a component of the Australian Government's *Living Longer. Living Better* aged care reforms.

The objective of the Data Clearinghouse is to increase the availability, accessibility and coordination of aged care data for the community. It aims to encourage transparency and independence in aged care policy research and evaluation by providing data and information in a timely manner for research, evaluation and analysis, subject to data release protocols.

Through the Data Clearinghouse, aged care data will be provided to a range of stakeholders, including policy makers, researchers and the public.

Client outcomes data

Although considerable effort is being devoted to appraising the quality of care provided to aged care clients in the community and residential care sector, limited data are available for reporting on outcomes for older clients. However, there have been improvements in client outcome data relating to some programs, for example, the TCP (see AIHW 2012e).

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Dementia as a National Health Priority

In August 2012, dementia was made the ninth National Health Priority Area (DoHA 2013a). There are significant gaps and limitations in current Australian dementia data, especially for national reporting purposes. The AIHW is working with DoHA to develop recommendations for improving dementia data in Australia.

Socially disadvantaged Australians

There are a number of older Australians who experience access difficulties or even exclusion from services because of a range of factors, including homelessness, incarceration, disability, alcohol and/or drug dependencies, and/or long-term illness. Australians experiencing social disadvantage can require aged care services at an earlier age than the general population, are less likely to have support networks or an informal carer, and may present challenges for service providers (Productivity Commission 2011). There is a substantial data gap relating to identifying socially disadvantaged older Australians and the reason for that disadvantage. Expanding data collection in this area is an important aspect of improving equitable access and care for all older Australians.

Lesbian, gay, bisexual, transgender and intersex older Australians

The ageing experience and use of aged care services by lesbian, gay, bisexual, transgender and intersex (LGBTI) older Australians is another data gap, as existing data collections do not typically include information on gender (rather than sex) or sexual orientation. In December 2012, the Australian Government launched the LGBTI Ageing and Aged Care Strategy as part of the *Living Longer. Living Better* reforms (see DoHA 2012g). Under this strategy, LGBTI people, their families and carers will be a priority for ageing and aged care research. DoHA has committed to improving the data available about this group through a range of measures, including engaging with the AIHW to consider ways to develop more data related to older LGBTI people. Understanding the experiences of LGBTI older Australians within the aged care sector assists in informing policies that ensure that all older Australians, regardless of gender identity or sexual preference, are supported in the coming decades.

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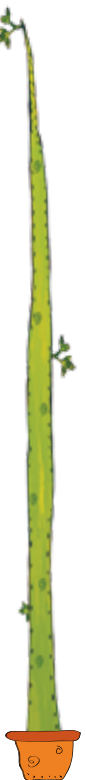
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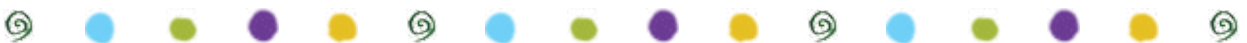


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Chapter

7



Homelessness

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7 Homelessness

At a glance

Who is homeless?

- People who are homeless may: have no shelter; or be living in a dwelling that is inadequate, has no tenure or only short tenure, or does not allow them to have space for social relations. This includes people living in severely crowded conditions.
- The ABS 2011 Census identified an estimated 105,200 people (1 in 204 Australians) who were homeless on Census night, 56% of whom were male. Seventeen per cent were aged under 12 and one-quarter (26%) were aged 45 and over.
- Of those identified as homeless on Census night, 39% were living in severely crowded conditions, 20% were in supported accommodation for the homeless, 6% were staying in improvised dwellings, tents or sleeping out, and the remainder were staying in boarding houses, staying temporarily with other households, or in other temporary lodgings.
- One in 20 Indigenous Australians were considered homeless, with three-quarters (75%) of these living in severely crowded dwellings.

Getting assistance

- Specialist homelessness services helped an estimated 229,200 people who were homeless or at risk of homelessness in 2011–12. Most clients (56%) were considered at risk of homelessness when they first received support in that year, while the rest were already homeless.
- In contrast to the homeless population identified through the Census, the majority (59%) of people supported by specialist homelessness agencies were female. Nearly one-fifth (19%) of all clients were aged under 12, and a further 13% were aged 12–18. More than one-fifth (22%) of clients were Indigenous.
- The reasons most commonly given by clients for seeking assistance related to interpersonal relationships (reported by 51% of clients in 2011–12), particularly 'domestic and family violence'.
- Clients may need a number of different types of services. Most (92%) needed some kind of general assistance and support, 60% needed accommodation assistance, 28% needed assistance to sustain a tenancy or prevent tenancy failure or eviction, and 34% needed some kind of specialised service (such as health or medical services, or specialist counselling).
- In 2011–12, an estimated 374 requests per day for assistance from specialist homelessness agencies were not met.

7



7.1 Introduction

Homelessness can result from a number of causes—violence or conflict in the home, substance use or mental health problems, job loss or long-term unemployment, housing crises arising from limited availability of affordable housing, or from a combination of issues. For some people, homelessness is a one-off occurrence; for others, it is a prolonged experience that may be interspersed with periods of being housed. The experience of homelessness can also vary—from sleeping on the streets (with no shelter) or moving regularly between temporary situations (such as staying with friends or in supported accommodation), to living in other situations that are inadequate to support a person’s full participation in family and community life.

The effects of homelessness

Homelessness can have profound effects on people: on their mental and physical health, on schooling and employment experiences, and more broadly on their inclusion in social and civic opportunities.

Homelessness, particularly long-term or recurring homelessness, is often associated with a range of other negative personal and social outcomes. The Journeys Home study—a longitudinal study of factors affecting housing stability—found that Department of Human Services (DHS) clients who received income support payments and who were identified as homeless or at high risk of homelessness often cycled in and out of homelessness. They were also more likely than the general population to have:

- experienced trauma (and particularly sexual assault) in adulthood or as a child
- a diagnosed mental health or physical illness
- experience of substance use, incarceration and unemployment
- lower levels of education (Chigavazira et al. 2013; Scutella 2012).

Further, AIHW research has shown that young people who come through care and protection and juvenile justice systems are at much greater risk of homelessness (AIHW 2012a).

In relation to children’s experiences of homelessness, research has identified detrimental consequences of homelessness on aspects of children’s development, including physical and emotional health and education, as well as social and community connectedness (Keys 2009; Kirkman et al. 2010; Rafferty & Shinn 1991). Further, children who experience homelessness are more likely to become homeless adults, indicating the intergenerational impact of homelessness (Chamberlain & MacKenzie 2008; d’Addio 2007; MacKenzie & Chamberlain 2003).

Homelessness can result in ongoing negative health effects for the person and the longer people are homeless, the more their physical and psychological health is damaged (Johnson et al. 2008; van Doorn 2005). For example, when compared with the general Australian population, homeless Australians are more likely to report respiratory conditions, gastrointestinal complaints, mental illness and poorer oral health (Kermode et al. 1998; Parker et al. 2011).

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In addition to the long-term personal and social costs of homelessness for individuals, there is a cost to society. A number of recent Australian studies have highlighted that homeless people have frequent and costly interactions with emergency health services and the criminal justice system compared with the general population. Joffe et al. (2012) investigated the economic costs of homelessness by measuring the government and non-government service use of 35 rough sleepers in Sydney. The average annual cost per person was found to be about \$28,700. This included the cost of health services, justice services, accommodation and/or housing, and support from non-government organisations. A further case study of 11 people in New South Wales who had extensive contact with community service and criminal justice agencies estimated that the accrued costs to government agencies per person over their life to date ranged between \$960,000 and \$5.5 million (Baldry et al. 2012).

7.2 Policy response to homelessness

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In 2008, the Australian Government committed to making the prevention of homelessness a public priority. It released a Green Paper, *Which way home? A new approach to homelessness* (Australian Government 2008b), followed by the White Paper on homelessness, *The road home: a national approach to reducing homelessness* (Australian Government 2008a).

The White Paper outlined a vision for reducing homelessness in Australia and a strategic agenda for reorienting services towards prevention, alongside an increased supply of affordable and supported housing for those who might otherwise be homeless. It also outlined the long-term goals of the Australian Government and state and territory governments to halve homelessness overall and to offer supported accommodation by 2020 to all rough sleepers who needed it. It outlined three broad strategies to achieve this:

- 'turning off the tap'—prevention and early intervention to stop people from becoming homeless and to lessen the impact of homelessness
- 'improving and expanding services'—enhancing the service response to homelessness to achieve sustainable housing, improving economic and social participation, and ending homelessness
- 'breaking the cycle'—moving people through the crisis system to stable housing and, where possible, employment, with the support they need so that homelessness does not recur.

The response to the White Paper is administered under the National Affordable Housing Agreement (NAHA) (COAG 2012). This agreement between the Australian Government and state and territory governments provides the framework for all parties to work together to reduce homelessness and improve housing affordability (further information on the NAHA is in Chapter 3). Funding provided under the NAHA started on 1 January 2009.



The NAHA is supported by a number of partnership agreements, including the National Partnership Agreement on Homelessness (NPAH) (COAG 2009). The NPAH contributes to the NAHA outcome that ‘people who are homeless or at risk of homelessness achieve sustainable housing and social inclusion’ and outlines the roles and responsibilities of the Australian Government and state and territory governments in reducing and preventing homelessness. The NPAH includes performance indicators and outcome measures to assess progress towards targets agreed by COAG in the NAHA and set out in the White Paper. Funding associated with the NPAH began on 1 July 2009 and was to expire on 30 June 2013 but has been extended to 30 June 2014 while a longer term agreement is negotiated between governments.

7.3 Improved data about homelessness

As a result of the data requirements from these intergovernmental agreements, as well as a renewed focus on developing and resourcing the evidence base around homelessness (as promoted by the White Paper), there have been some significant improvements in the availability of data relevant to homelessness, including:

- The ABS has developed a new statistical definition of homelessness and a new method of estimating the homeless population (based on this definition) from the 2011 Census. The ABS has also included questions about previous experiences of homelessness in a number of surveys, such as the General Social Survey (GSS). These questions provide further contextual information about people who have been homeless in the past.
- Reporting requirements for specialist homelessness services have been revised—agencies now provide data to the Specialist Homelessness Services Collection (SHSC). The new collection, which is managed by the AIHW, has a broader scope, changed collection methods, revised and new data items, and allows for more timely reporting of data compared with the previous collection of such information.
- Homelessness indicators have been included in the DHS’s administrative systems to identify clients receiving income support payments who may be homeless or at risk of homelessness. While these indicators were developed to ensure that clients who needed additional support were identified and the support provided to them was reviewed regularly, data about these clients contribute to our knowledge about people who are homeless or vulnerable to homelessness.

This chapter uses these data sources to provide information on the prevalence of homelessness in Australia, to describe those who are homeless, and to provide information about the support that is provided to those who are homeless or at risk of homelessness. These data collections differ in terms of their primary purpose, scope, coverage, collection method and reference period but, together with research findings from other data sources, they help to build a picture of homelessness in Australia.

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For example, the ABS Census, which is conducted every 5 years, can be used to estimate, using indirect methods, the prevalence of homelessness and of people in selected marginal housing circumstances on Census night. Census data are also useful for providing descriptive information about people who are homeless at a point in time, but they do not provide contextual information about an individual's experiences over time (such as previous experiences of homelessness, their circumstances before becoming homeless or their circumstances throughout the episode of homelessness).

The SHSC, by contrast, is an ongoing collection that gathers information about those who are helped by specialist homelessness agencies across Australia (including those at risk of homelessness), and includes information collected throughout the period of support provided by the agency. This collection, by definition, does not include information on those who do not seek help from these services and thus does not include data about all those who are homeless or at risk of homelessness.

Since the data obtained through the SHSC not only reflect the demand for assistance, but also the availability of services, the numbers of people who are identified as being homeless or at risk of homelessness by the SHSC cannot be compared with the corresponding numbers from the Census. However, the two data collections do overlap in one area as both collect information about the number of people who were in supported accommodation for the homeless on Census night—about 21,000 people in 2011 (ABS 2012b). Information about the number of people staying in such accommodation on Census night as obtained through the SHSC are provided to the ABS to inform its estimates, although some degree of difference between the two data sets in their estimates of the number of people in such accommodation remains.

7.4 How is homelessness defined?

Homelessness can mean different things to different people. Indeed, many people who may be viewed as homeless using statistical or research definitions may not consider themselves homeless. In popular conceptions, homelessness is usually equated with having no shelter or sleeping rough, but in the homelessness research and policy context, broader definitions are usually adopted. These definitions recognise the effects on individuals who do not have a 'home'—which is understood to provide security, privacy and stability (among other things), and not merely a roof over their head. Thus, people living temporarily with other households, in supported accommodation provided by a specialist homelessness agency, or in other temporary arrangements are, in many cases, considered homeless.

In 2012, the ABS released a new definition of homelessness for use in its statistical collections. Under that definition, a person is considered homeless if they do not have suitable accommodation alternatives and their current living arrangement:

- is in a dwelling that is inadequate (is unfit for human habitation or lacks basic facilities such as kitchen and bathroom facilities), or

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- has no tenure, or if their initial tenure is short and not extendable, or
- does not allow them to have control of, and access to, space for social relations (including personal—or household—living space, ability to maintain privacy and exclusive access to kitchen and bathroom facilities) (ABS 2012c).

The ABS definition specifically excludes some groups of people as not being homeless: those in prisons or other institutions; students living in halls of residence; and members of religious orders living in seminaries, nunneries or similar institutions. It also excludes people who may be staying in circumstances that share some of the characteristics of homelessness, but where the person is assumed to be able to access alternative housing if needed. This includes travellers staying with other households, owner-builders living in basic accommodation while they build a permanent dwelling, or workers living in accommodation that lacks personal space (ABS 2012c).

Information about how homeless people are identified by the ABS from Census data is in Box 7.1. The ABS's method results in the estimation of the number of homeless people in six operational groups, with these groups representing varying degrees of 'severity' of homelessness from people who are in improvised dwellings, tents or sleeping out, to people living in severely crowded dwellings. A severely crowded dwelling is defined as one that needs four or more extra bedrooms to accommodate the people who usually live there, according to the Canadian National Occupancy Standard (CNOS)—see Box 3.2 for more information about CNOS.

Previously, the most widely accepted definition of homelessness was the 'cultural definition' which is based on the degree to which people's housing needs were met within conventional expectations or community standards (Chamberlain and Mackenzie 2008). In the Australian context, this was described as having at least one room to sleep in and one to live in, one's own kitchen and bathroom, and security of tenure. Three levels of homelessness were recognised according to the degree to which these housing needs were unmet:

- 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.

Applying this definition to Census data, Chamberlain and MacKenzie produced estimates of the number of homeless people in Australia using data from the 1996, 2001 and 2006 Censuses (Chamberlain & MacKenzie 1999, 2003, 2008).

While there is general agreement about many of the elements that are included in statistical definitions of homelessness (although there can be debate about how broadly to apply them), in some data collections it is not always possible to identify homelessness in a way that strictly conforms to these definitions. Box 7.2 outlines how homelessness is identified in other data collections referred to in this chapter.



Box 7.1: Identifying homeless people in the ABS Census

People who are experiencing homelessness are identified indirectly from Census data. In general, people counted in the Census who reported having no usual address and certain other housing characteristics (for example, staying in supported accommodation for the homeless) are identified, and then a range of other information is examined to assess whether the person, on balance, is likely to be homeless. This other information includes income and employment status, rent and mortgage repayments, whether the person has recently arrived in, or returned to, Australia, accommodation and tenure type, and student status.

Where possible, the methodology used by the ABS to estimate homelessness from Census data conforms to its new definition of homelessness. However, as full data on living and/or accommodation circumstances are not available from the Census, the ABS had to make some assumptions about people in certain circumstances. For example, all residents of boarding houses were included in homelessness estimates since the ABS could not assess which residents of boarding houses had security of tenure and control of, and access to, personal space and which did not.

The ABS attempts to collect data from all people in Australia on Census night, and it develops strategies to seek out people who are sleeping rough (that is, sleeping on the street, in a park or motor vehicle, or in the open) or living in improvised dwellings and other forms of non-private dwellings. While the ABS is able to impute data for some groups, there are a number of groups where undercounting is likely to occur as a result of anomalies in the way in which 'usual address' is recorded. These include:

- young people who are 'couch surfing' (see Glossary) and who are difficult to distinguish from other young people who are visiting another household on Census night
- people who have left their usual residence due to domestic and family violence and are staying with others on Census night who may be undistinguishable from other visitors or may not be disclosed on Census forms due to concerns about their safety
- Aboriginal and Torres Strait Islander people who may have an understanding of 'usual residence' that leads to reporting in a way that does not indicate homelessness.

Source: ABS 2012d.

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Box 7.2: Identifying homeless people in selected data collections

People who are homeless are identified in different ways in the data collections referred to in this chapter.

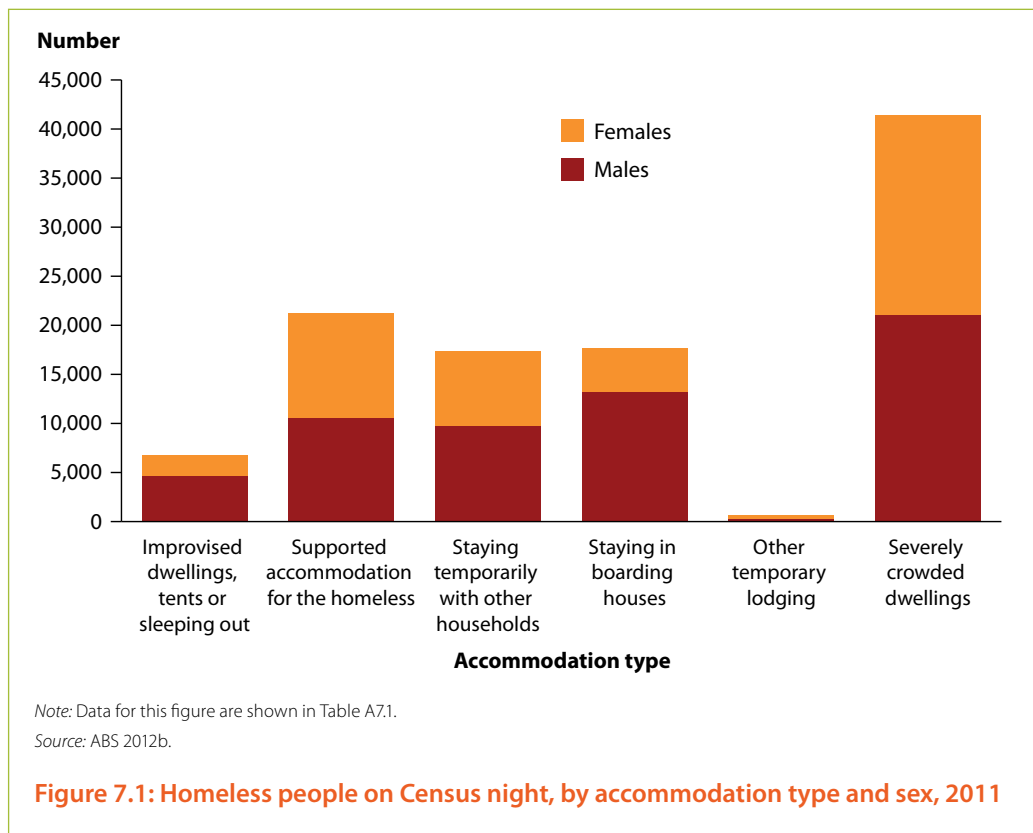
- The ABS General Social Survey surveyed adults who were usual residents of private dwellings in most areas of Australia (with the exception of very remote areas). The survey asked if there were times in the past when the respondent had no permanent place to live and, if so, the reasons for this. People were assumed to be homeless if they did not have a permanent place to live because of: violence, abuse or neglect; tight housing market or rental market; family, friend or relationship problems; financial problems; alcohol or drug use; mental illness; gambling; job loss; eviction; and natural disasters (ABS 2012a).
- In the SHSC, all clients are assumed to be either homeless or at risk of homelessness, and clients' homelessness status can be assessed at different points in time based on information about their housing situation. Clients are assumed to be homeless if they are living without shelter, in improvised or inadequate accommodation, staying in short-term temporary accommodation, living in a house, townhouse or flat with relatives for free or couch surfing, or they have no tenure. All other clients are assumed to be at risk of homelessness (AIHW 2012b).
- DHS clients are identified as being homeless if they are living without conventional accommodation (including sleeping rough), or if they are considered to live in, or move frequently between, temporary accommodation arrangements. Clients who are at risk of homelessness are those who:
 - live medium to long term in a boarding house, caravan park or hotel where the accommodation is not covered by a lease
 - live in accommodation that falls below general community standards to support health and wellbeing
 - are facing eviction
 - live in substandard accommodation that may damage physical and mental wellbeing and/or where they have no sense of connection or belonging (DHS, personal communication).

The extent to which the groups of homeless people identified in these three collections align with other definitions, such as that used by the ABS for Census data, varies. For example, in these three collections, it is not possible to identify people who may be living in severely crowded dwellings (or otherwise do not have access to and control of space for social relations). These people may not be identified as homeless unless they also report other characteristics that identify them as such.



7.5 How many people are homeless and who are they?

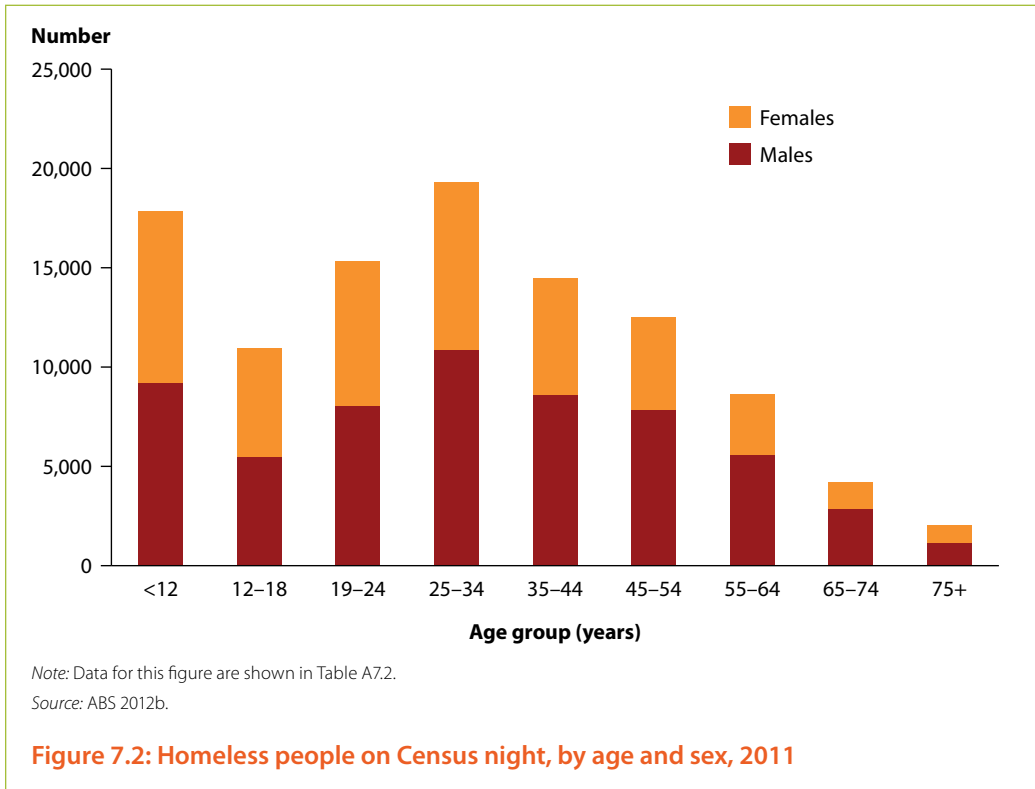
According to the 2011 Census, an estimated 105,200 people—1 in 204 Australians—were experiencing homelessness on Census night (9 August) (ABS 2012b). Those who were homeless were most commonly living in severely crowded dwellings (41,400 people, or 39% of the homeless) (Figure 7.1). A further 20% were staying in supported accommodation for the homeless, 17% were living in boarding houses and another 17% were staying temporarily with other households. Six per cent of all homeless people were staying in improvised dwellings, tents or sleeping out (Table A7.1).



More than half of all homeless people were male (56%). When considered as a population rate, homelessness is more common among males than females—on Census night, 1 in 179 males were considered to be homeless, compared with 1 in 238 females (AIHW analysis of ABS 2012b). Among those who were homeless, males were more likely than females to be staying in a boarding house (22% and 10% respectively) or living in an improvised dwelling, tent or sleeping out (8% and 5%). Females were more likely to be staying in supported accommodation (23% compared with 18% for males), or in a severely crowded dwelling (44% and 35%) (ABS 2012b).



Seventeen per cent of all homeless people were aged under 12, a further 25% were aged 12 to 24, 32% were aged 25 to 44, and the remaining 26% were aged 45 and over. Generally, there were more homeless males than females across all age groups, although there were similar numbers of homeless males and females in age groups under 19. The difference was largest among those in the 35–44 to 65–74 age groups (Figure 7.2).



People aged between 35 and 64 were more likely than others to be living in improvised dwellings, tents or sleeping out, and those aged between 45 and 64 were more likely to be staying in boarding houses. Young people aged under 19 were more likely than people in other age groups to be living in supported accommodation for the homeless, and those aged under 25 were more likely than people in other age groups to be living in severely crowded dwellings (ABS 2012b).

Indigenous people were overrepresented in the homeless population; more than one-quarter (28%) of all homeless people who provided information on their Indigenous status were of Aboriginal or Torres Strait Islander origin, representing 1 in 20 Indigenous people. The homelessness rate for non-Indigenous people was 1 in 284 people (AIHW analysis of ABS 2012b).

Three-quarters (75%) of Indigenous homeless people were living in severely crowded dwellings, compared with 30% of non-Indigenous homeless people. Indigenous homeless people, however, were less likely than their non-Indigenous counterparts to be staying in boarding houses, staying temporarily with other households or in supported accommodation.



Nearly two-thirds (64%) of people who were homeless on Census night were born in Australia. By comparison, in 2011, 73% of the general population were born in Australia (see Chapter 1).

More than half of all people experiencing homelessness who reported information on their English language skills indicated that they spoke only English at home (57%), while 32% spoke another language at home but spoke English 'very well' or 'well', and 10% spoke English 'not well' or 'not at all'. People who were homeless and who spoke only English at home were more likely to be staying temporarily with other households (28% of those who spoke only English at home, compared with 6% of those who spoke a language other than English at home), or staying in supported accommodation for the homeless (26% compared with 10%). However, they were less likely to be living in severely crowded dwellings (22% compared with 73% of those who spoke a language other than English at home) (ABS 2012b).

Six per cent of people who were homeless on Census night and who reported on their disability status had a severe or profound core disability (for the Census this was defined as needing help or assistance in one or more of the areas of self-care, mobility or communication because of a disability, long-term health condition or old age).

Most homeless people aged 15 and over who provided information on their labour force status reported that they were not in the labour force (55%). Of the 45% who were in the labour force, 37% were employed full time, 29% were employed part time, 27% were unemployed, and the remainder (8%) were employed but away from work at the time of the Census (ABS 2012b).

Where are the homeless?

According to Census estimates, the highest numbers of people experiencing homelessness were in the more populous states—New South Wales (27%), Victoria (22%) and Queensland (19%). These proportions were generally in line with the proportion of the general population living in those jurisdictions (see Section 1.5), with the exception of the Northern Territory. The highest rates of homelessness were in the Northern Territory (731 per 10,000 population) and the Australian Capital Territory (50 per 10,000) (Table 7.1). The lowest homelessness rate was in Tasmania (32 per 10,000).

Table 7.1: Homeless people on Census night, by state and territory, 2011

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Number	28,190	22,789	19,838	9,592	5,985	1,579	1,785	15,479	105,237
Per cent	26.8	21.7	18.9	9.1	5.7	1.5	1.7	14.7	100.0
Rate (per 10,000 population)	40.8	42.6	45.8	42.8	37.5	31.9	50.0	730.7	48.9

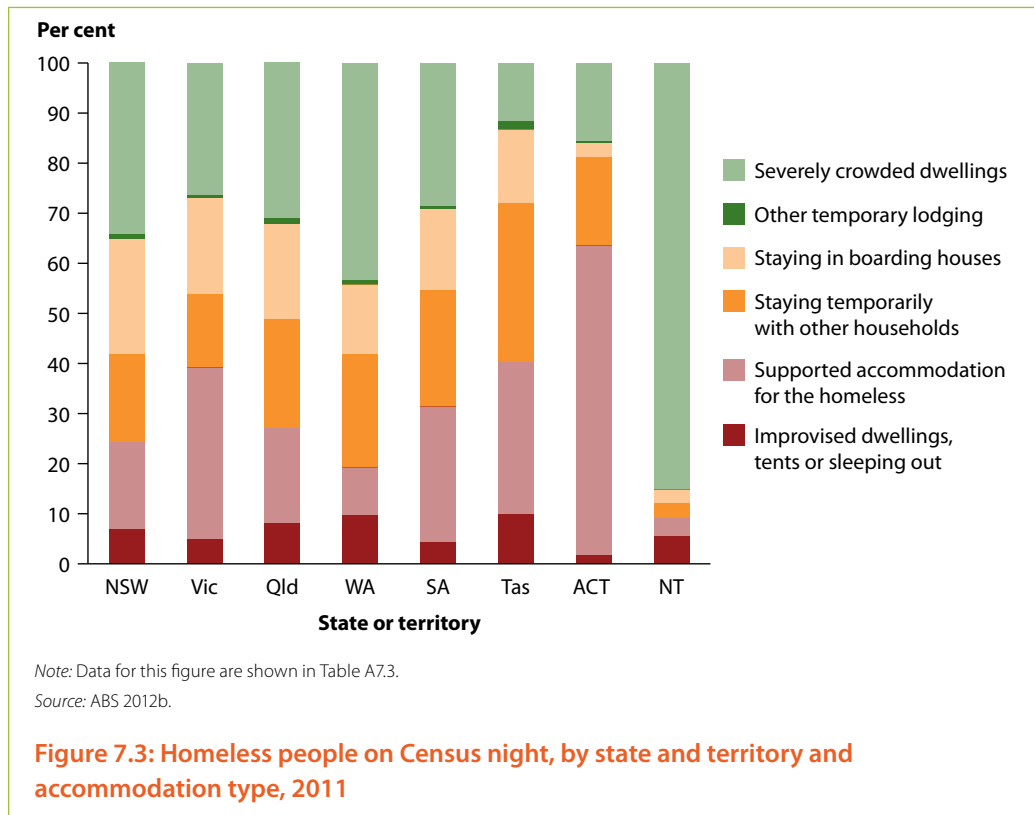
Source: ABS 2012b.

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There was considerable variation in the living circumstances experienced by homeless people across all states and territories (Figure 7.3). In the Northern Territory, for example, 85% of people considered to be homeless were classified as such because they were living in severely crowded dwellings, while relatively low proportions were staying in boarding houses or in other temporary accommodation. In the Australian Capital Territory, a relatively high proportion of homeless people (62%) were staying in supported accommodation for the homeless.

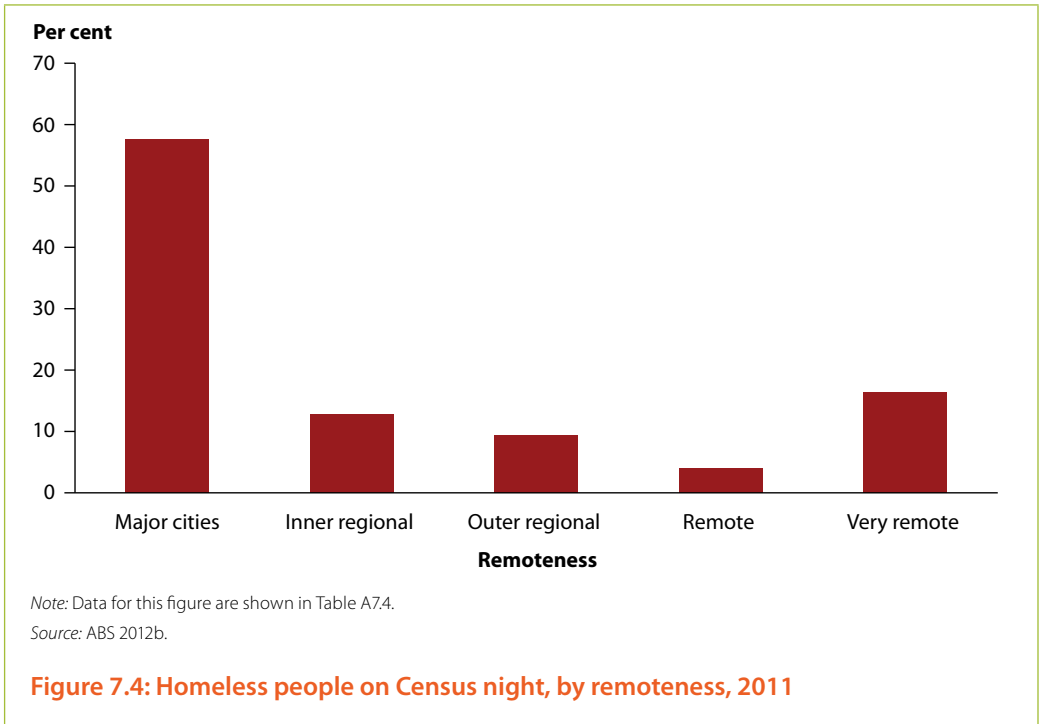
The jurisdictions with the highest proportions of homeless people who were staying in improvised dwellings, tents or sleeping out were Tasmania and Western Australia (10% of homeless people were living in such circumstances in both states).



When considered by geographical distribution, 58% of all homeless people were in *Major cities*, 22% were in regional areas (*Inner regional* and *Outer regional*), 4% were in *Remote* areas and 16% were in *Very remote* areas of Australia on Census night (Figure 7.4).

There was wide variation in the housing circumstances across remoteness areas: 93% of all homeless people in *Very remote* areas were living in severely crowded dwellings (compared, for example, with 14% of homeless people in *Inner regional* areas). Homeless people in *Inner regional* areas were most likely to be living in supported accommodation (31%, compared with 1% of homeless people in *Very remote* areas). Homeless people in *Remote* areas were the most likely to be staying in an improvised dwelling, tent or sleeping out (16% compared with 3% in *Very remote* areas and 4% in *Major cities*) (ABS 2012b).





How has the number of homeless changed over time?

In order to allow a comparison of homelessness prevalence in 2011 with earlier data, the ABS retrospectively applied their new definition and estimation methodology to 2001 and 2006 Census data. These data indicate that the number of people experiencing homelessness declined between 2001 and 2006 (from 95,300 to 89,700), but increased between 2006 and 2011 (to 105,237) (ABS 2012b).

When population size is taken into account, Census data indicate that the rate of homelessness was highest in 2001 (51 homeless people per 10,000 population), and lowest in 2006 (45 per 10,000 population) (Table 7.2). Although the number of homeless people was highest in 2011, the homeless rate in that year (49 people per 10,000 population) was between the 2001 and 2006 rates.

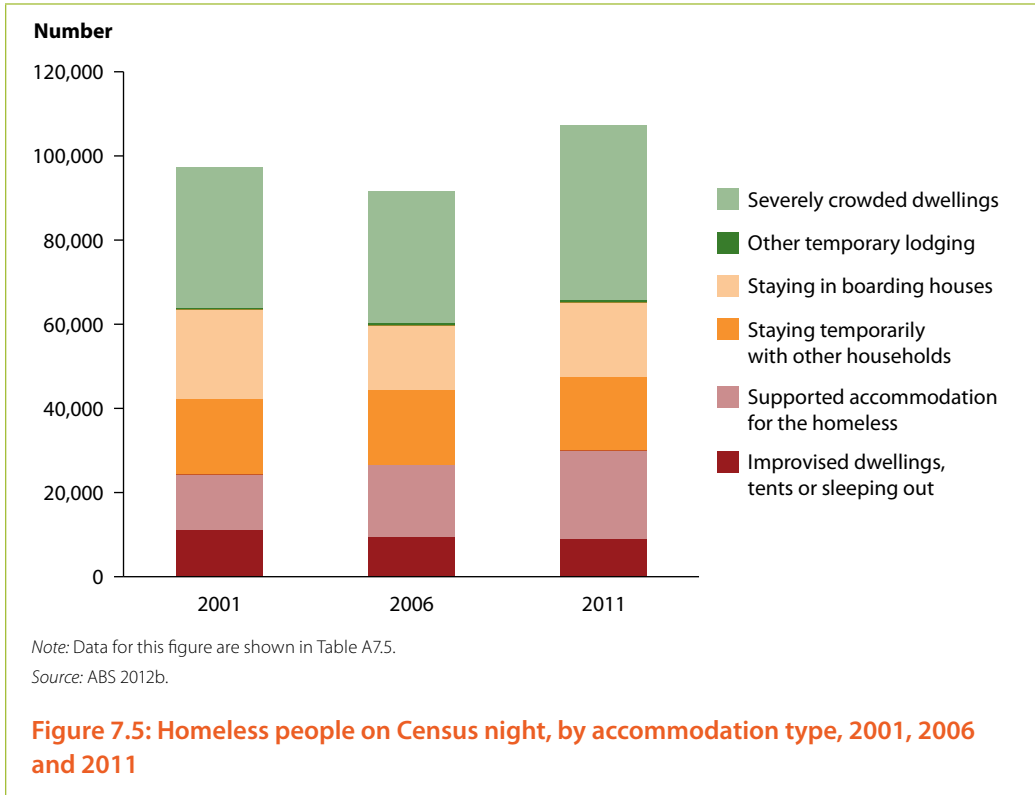
Table 7.2: Homeless people on Census night, by sex, 2001, 2006 and 2011 (number per 10,000 population)

Sex	2001	2006	2011
Males	n.a.	52.2	55.9
Females	n.a.	38.4	42.1
All homeless people	50.8	45.2	48.9

Source: ABS 2012b.



The proportion of homeless people in the various accommodation types differed over time, with the proportion staying in supported accommodation for the homeless increasing (from 14% in 2001 to 20% in 2011), as did the proportion living in severely crowded dwellings (35% to 39% respectively) (Figure 7.5). In contrast, the proportion staying in boarding houses decreased (from 22% in 2001 to 17% in 2011), as did the proportion in improvised dwellings, tents or sleeping out (9% and 6% respectively).



Previous experiences of homelessness

While the Census does not collect information about previous experiences of homelessness, the ABS 2010 General Social Survey did. It collected information from adults who were the usual residents of private dwellings (that is, people who were not homeless at the time of the survey) on self-reported experiences of being without a permanent place to live, including being homeless. See Box 7.2 for more information on the way in which people who had experienced homelessness were identified in the GSS.



In 2010, an estimated 2.1 million adults in Australia had experienced homelessness at some time in their lives, 1.1 million adults had experienced homelessness at some time in the previous 10 years, and 251,200 adults had experienced homelessness in the 12 months prior to the survey (ABS 2011). For more than two-thirds (69%) of those who had been homeless in the 10 years before the survey, the most recent episode of homelessness lasted 1 month or more and, for 22%, the episode had lasted 6 months or more.

People in marginal housing

In addition to identifying those who are homeless, the ABS also estimates the number of people in selected (but not all) marginal housing circumstances on Census night. These are people who can be identified based on characteristics reported in the Census, are living in conditions that are very similar to those of homeless people, and are therefore likely to be 'at risk' of homelessness (ABS 2012d).

Across Australia, 78,300 people were estimated to be marginally housed on Census night in 2011. Most (78%) were living in 'other crowded dwellings' (that is, where the dwelling needed three extra bedrooms to accommodate the usual residents adequately as defined by the CNOS. A further 17% were living in caravan parks and 6% in other improvised dwellings (ABS 2012b). Note that only those people living in caravan parks who do not appear to have suitable accommodation alternatives (based on their employment status and level of household income) are considered to be marginally housed.

According to Census data, there was a decline in the number of marginally housed people between 2001 and 2006 (from 68,100 to 63,300), but an increase between 2006 and 2011 (to 78,300 (ABS 2012b). While this indicates an overall increase in the number of marginally housed people over the 10 years, the rate was the same in 2001 and 2011 (36 per 10,000 population), despite a lower rate in 2006 (32 per 10,000 population) (Table A7.6).

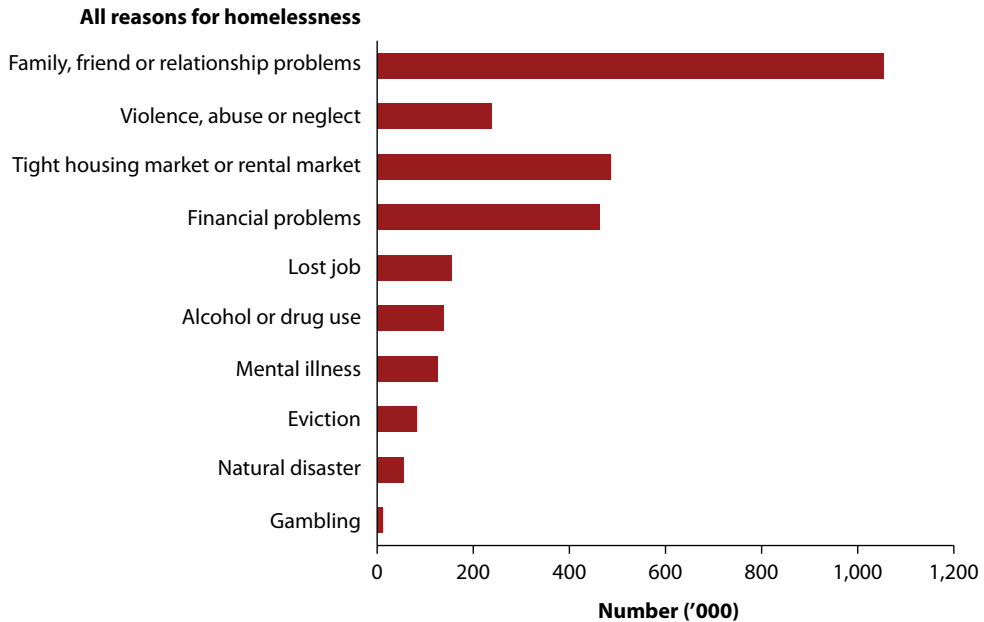
7.6 Why do people become homeless?

In the GSS, adults who had experienced homelessness in the past were asked about the reasons for their homelessness (ABS 2011). Of the 2.1 million adults who had ever experienced homelessness, the most commonly reported reason was 'family, friend or relationship problems', followed by 'tight housing market or rental market' and 'financial problems' (Figure 7.6).

The fact that many people reported more than one reason highlights that there is often more than one factor that leads to homelessness. Because of the complexities in understanding causes of homelessness, the research literature can offer insight into factors that precede homelessness. In particular, research into homelessness 'pathways' offers a valuable overview of the social dimensions of homelessness, and highlights some of the key similarities and differences in the experiences of people who are homeless.

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Notes

1. People could report more than one reason for homelessness; thus the categories do not sum to the total number who ever experienced homelessness.
2. Data for this figure are shown in Table A7.7.

Source: ABS 2011: Data cube Table 39.1.

Figure 7.6: Adults who had ever experienced homelessness, by all reasons for homelessness, 2010

While each person's homelessness journey is different, researchers use models of 'ideal type' pathways to reflect some of the main entry points into homelessness for analytical purposes (Johnson et al. 2008:14). In Australia, Chamberlain and Johnson's (2013) model of homelessness pathways incorporates five typical pathways into adult homelessness—youth-to-adult, family breakdown, housing crisis, substance abuse and mental health. Of these 5 pathways, Chamberlain and Johnson found that the most common entry into homelessness was the youth-to-adult pathway. People in this group were aged under 19 when they first became homeless and many had experienced family conflict, violence or abuse; 42% had been in state/territory care and protection systems.

The family breakdown pathway normally occurs due to domestic violence or relationship failures without domestic violence. Financial crisis (for example, job loss) was the trigger for people entering homelessness on the housing crisis pathway. People experiencing a housing crisis resulting in homelessness are typically families and in poor financial positions or from low-income households (Chamberlain & Johnson 2013; Johnson et al. 2008).



Chamberlain and Johnson (2013) suggest that substance abuse precipitates homelessness through associated difficulties such as using rent money to finance addictions and trouble sustaining employment. People experiencing mental illness can become homeless when vital support from family is unavailable.

Although these five pathways are likely to represent the majority of homeless people, there are other less common routes to homelessness. These include difficulties arising from problem gambling (Holdsworth et al. 2012), and difficulties experienced by people who are exiting from institutional settings such as correctional facilities (Baldry et al. 2006).

Different pathway characteristics suggest that different groups have specific needs, requiring targeted prevention and early intervention support services. Homeless people on a youth or substance abuse pathway are most likely to engage with the homelessness subculture and their homelessness is typically more long term. On the other hand, people whose homelessness has arisen from family breakdown, domestic violence or a housing crisis tend not to identify with the homelessness subculture and usually have shorter durations of homelessness (Chamberlain & Johnson 2013; Johnson et al. 2008). Johnson et al. (2008) found that those on youth, substance use and mental health pathways were more likely to be high users of homelessness and other government services, while people on domestic violence and housing crisis pathways tended to have relatively low service use.

Johnson et al. (2008) propose that the main factor linking all homelessness pathways is limited housing options due to low income, which is connected to the ability of people to access and maintain employment. Homeless youth, substance users and people with mental health issues are particularly vulnerable in this area as they are often alienated from the labour market due to poor employment histories. Johnson et al. (2008:194) stated that even when some people were housed, 'their long-term exclusion from the labour market continued and this meant that without sufficient income, people remained acutely vulnerable to any financial setback'. They highlight that critical factors that facilitate an exit from homelessness are re-engagement with mainstream society (such as participation in the workforce) and access to affordable quality housing in a suitable location.

7.7 What assistance do the homeless receive?

There are a range of support services for people who are homeless or at risk of homelessness. The 2010 GSS asked adults who had been homeless in the previous 10 years about any support services they had used. Among those who had accessed services, most (56%) used housing service providers, 24% used counselling services, 22% used support from a church or community organisation, 20% used a mental health service and 33% used supported accommodation services for the homeless (ABS 2011).

Assistance is provided by both mainstream and specialist support services. Mainstream services are those that are available to the wider community, and include hospital and other health services (including mental health, and alcohol and other drug treatment services), aged care services, disability support services, other family and community support services, and income support services. Specialist homelessness services are those that are specifically directed at the homeless or those at imminent risk of homelessness.

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Specialist homelessness services

Specialist homelessness services can operate within different service delivery frameworks and provide various types of support to clients. Agencies often specialise in providing assistance to specific population groups—for example, young people, people escaping domestic violence, or the chronically homeless—although not all do. While specialist homelessness services obtain government funding, they are mostly delivered by non-government organisations.

The data in this section were obtained from the new AIHW Specialist Homelessness Services Collection (see Box 7.3 for more information), and relate to all clients assisted by specialist homelessness services in 2011–12.

Box 7.3: The Specialist Homelessness Services Collection

The SHSC began on 1 July 2011. Specialist homelessness agencies that are funded under the NAHA and the NPAH are in scope for the collection. Those agencies that are expected to participate in the SHSC are identified by state and territory departments responsible for the delivery of services. Approximately 1,500 specialist homelessness agencies across Australia participate in the SHSC.

All SHSC agencies report a standard set of data about the clients they support each month to the AIHW. Data are collected about the characteristics and circumstances of a client when they first present at an agency, and additional data—on the assistance the client receives and their circumstances at the end of the month—are collected at the end of every month in which the client receives services, as well as at the end of the support period. These data contribute to building a picture of clients, including what specialist homelessness services were received and the outcomes achieved.

The data collected are based on support periods, or episodes of assistance provided to individual clients. Agencies also collect some information about unassisted requests for services—such a request occurs when a person seeks services from a specialist homelessness agency but does not receive them (see Section 7.8 for further information).

Data for clients who had multiple support periods, either with the same agency or with different agencies, are linked using certain information (that is, selected letters of their name, date of birth and sex) about clients and people who were not assisted. Because not all agencies submit client data for all months in the reporting period, and because the data needed for linkage are not available for all clients and people who were not assisted, an imputation strategy is used to adjust the data to account for this non-response.

The SHSC replaced the Supported Accommodation Assistance Program (SAAP) National Data Collection (NDC), which was the basis for reporting from 1996 to 2011. Further information about the SHSC and the differences between the SHSC and the SAAP NDC is in the AIHW report *Specialist homelessness services 2011–12* (AIHW 2012b).

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Who receives assistance and what services do they receive?

In 2011–12, specialist homelessness agencies provided assistance to an estimated 229,200 clients. Just over half of the clients (56%) were not homeless at the beginning of their first period of support in 2011–12, but were assessed as being at risk of homelessness. Forty-four per cent of all clients were already homeless—11% were sleeping rough or in improvised or inadequate accommodation, 19% were staying in short-term temporary accommodation of some kind, and 15% were staying in a house, townhouse or flat but with no tenure.

In addition to the 44% of clients who were experiencing homelessness when they first received support in 2011–12, some clients were not homeless initially but went on to experience homelessness while they were being supported (including those who received supported accommodation). In total, 52% of clients experienced homelessness at some stage during their period of support.

Of those clients who provided information about their history of homelessness before presenting for their first service episode in 2011–12, 30% had been homeless in the previous 12 months.

Males were more likely to have been homeless previously (36% had an episode of homelessness in the previous 12 months, compared with 26% of females).

There was considerable variation in the length of time that clients were supported. Nearly one-third (32%) were supported for less than a week in total in 2011–12, 18% for 7 to 27 days, 23% for 28–89 days, 13% for 90–179 days and 15% for 180 days or more (Table A7.8).

In 2011–12, the majority of people who received specialist homelessness support were female (59%). Females outnumbered males in all age groups with two exceptions: those aged under 12 and those aged 65–74 (Figure 7.7). The difference in the proportion of females to males was particularly large among all age groups between 12 and 44.

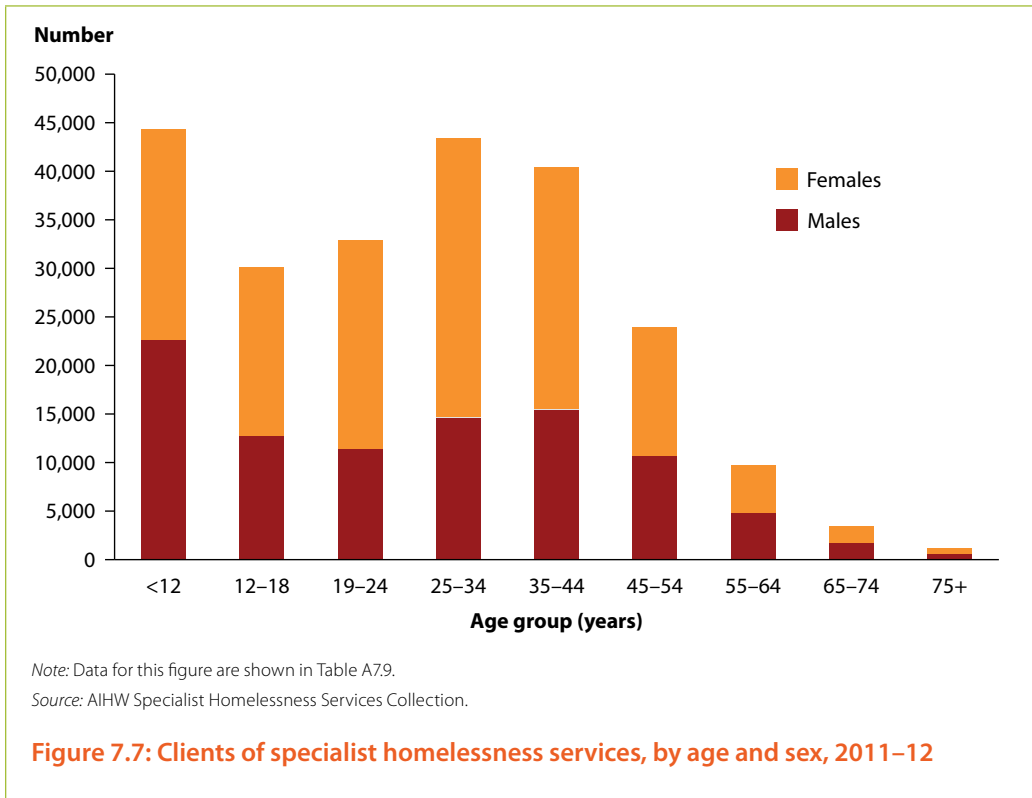
Nearly one-fifth (19%) of all clients assisted by specialist homelessness agencies were aged under 12, and a further 13% were aged 12–18. More than one-third (37%) were aged between 25 and 44 (Table A7.9).

Around one-fifth (22%) of clients were of Aboriginal or Torres Strait Islander origin. Most clients (86%) were born in Australia (AIHW 2012b).

In 2011–12, almost two-thirds of clients (67%) presented alone to specialist homelessness agencies, 32% presented as a member of a family seeking assistance and 1% presented as part of another group (AIHW 2012b).

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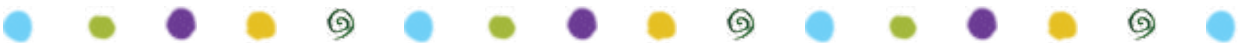


Reasons for seeking assistance

When all reported reasons for seeking assistance are taken into account, the most commonly reported reasons related to interpersonal relationships (reported by 51% of all clients). Within this category, ‘domestic and family violence’ and ‘relationship or family breakdown’ were the most commonly reported (by 32% and 24% of all clients, respectively, noting that clients could report multiple specific reasons).

While the proportion of males and females reporting ‘relationship or family breakdown’ as one reason for seeking assistance was similar (22% and 25% respectively), females (43%) were substantially more likely than males (16%) to report ‘domestic and family violence’ as a reason for seeking assistance.

Reasons related to financial difficulty (including housing affordability) were also reported by a high proportion of clients (46%), as were housing-related reasons (also 46%) such as ‘housing crisis’ and ‘inadequate or inappropriate dwelling conditions’. More than one-fifth of clients (22%) reported reasons related to their health, mental health or problematic use of drugs or alcohol.



When data on reasons for seeking assistance are combined with other information about the client (such as types of assistance needed, sources of referral and information on other services received in the previous 12 months), in 2011–12:

- 34% of clients were escaping domestic or family violence (18% of male clients and 44% of female clients); 28% of clients who were escaping domestic or family violence were children aged under 15
- 19% of clients who received assistance in 2011–12 were young people aged 15–24 who presented to a specialist homelessness agency alone
- 19% of clients were identified as having a current mental health issue (not including alcohol or other drug use), with similar rates for male and female clients (21% and 19% respectively)
- 2% of clients had recently left (or were about to leave) a care setting such as a hospital or residential care facility
- 2% of clients had recently left (or were about to leave) a custodial setting such as a correctional facility of detention centre (AIHW 2012b).

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What support do clients receive?

The support that specialist homelessness agencies provide varies but there are four main types of services: general assistance and support, accommodation, assistance to maintain a tenancy or prevent mortgage foreclosure, and specialised services. Where service providers cannot deliver a service directly, they play an important role in referring clients to other service providers (for example, for specialist counselling, dental or health services). This section outlines the extent to which clients need, and are provided with (or referred to), these major types of services.

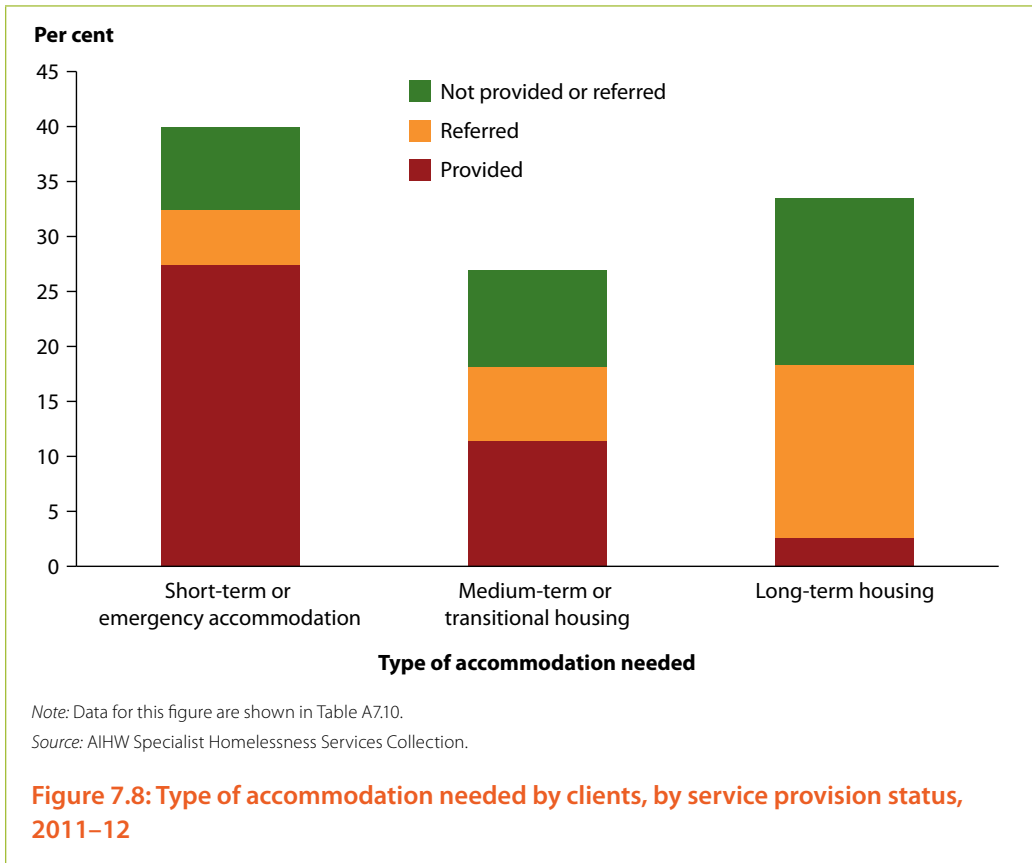
General assistance and support services

General assistance and support services include the provision of advice, information, advocacy, material aid, transport, meals, financial information and other such services. Such services are generally needed by a high proportion of clients—in 2011–12, 92% of clients were assessed as needing some kind of general support. Agencies, on the whole, are well positioned to directly provide most clients with these services (AIHW 2012b).

Accommodation services

The provision of accommodation is an important service which is most often provided alongside other support services to help the client resolve the issues that are preventing them from accessing long-term secure housing. Overall, 60% of clients of specialist homelessness agencies in 2011–12 needed accommodation services—40% of these needed short-term or emergency accommodation, 27% needed medium-term or transitional housing and 34% needed assistance to obtain long-term housing (Figure 7.8).





Short-term or emergency accommodation was provided to most clients who needed it (69%). By contrast, few clients who needed long-term housing received such housing directly from the agency (8%). While some specialist homelessness agencies provide accommodation for long periods, they are generally considered to be providers of short-term or emergency accommodation or medium-term accommodation only, with long-term housing normally provided through social housing programs or private arrangements. Consistent with this, a relatively high proportion of clients who needed long-term accommodation were referred to other service providers for this assistance (47%), though a similar proportion (45%) were neither provided this service nor referred to another service. For some of these clients this may be because it was still too early within their support period for this to have occurred, especially if the service provider was working with the client to resolve other issues to improve their situation.

Assistance to maintain a tenancy or prevent mortgage foreclosure

About half (52%) of the clients who received assistance from specialist homelessness agencies were housed when they first began receiving support (that is, living in a house, townhouse, or flat, and were not couch surfing or staying temporarily with other households). This includes people who were living in public or community housing, as well as those in private rental arrangements and those buying their own home.



Overall, 28% of clients needed assistance to sustain their tenancy or prevent tenancy failure or eviction. Agencies were able to assist a high proportion of these clients directly (84% of clients who needed this type of help), while 6% were referred to other organisations and 10% had not been provided this assistance or referred to another agency for this kind of help by the end of their period of support in 2011–12.

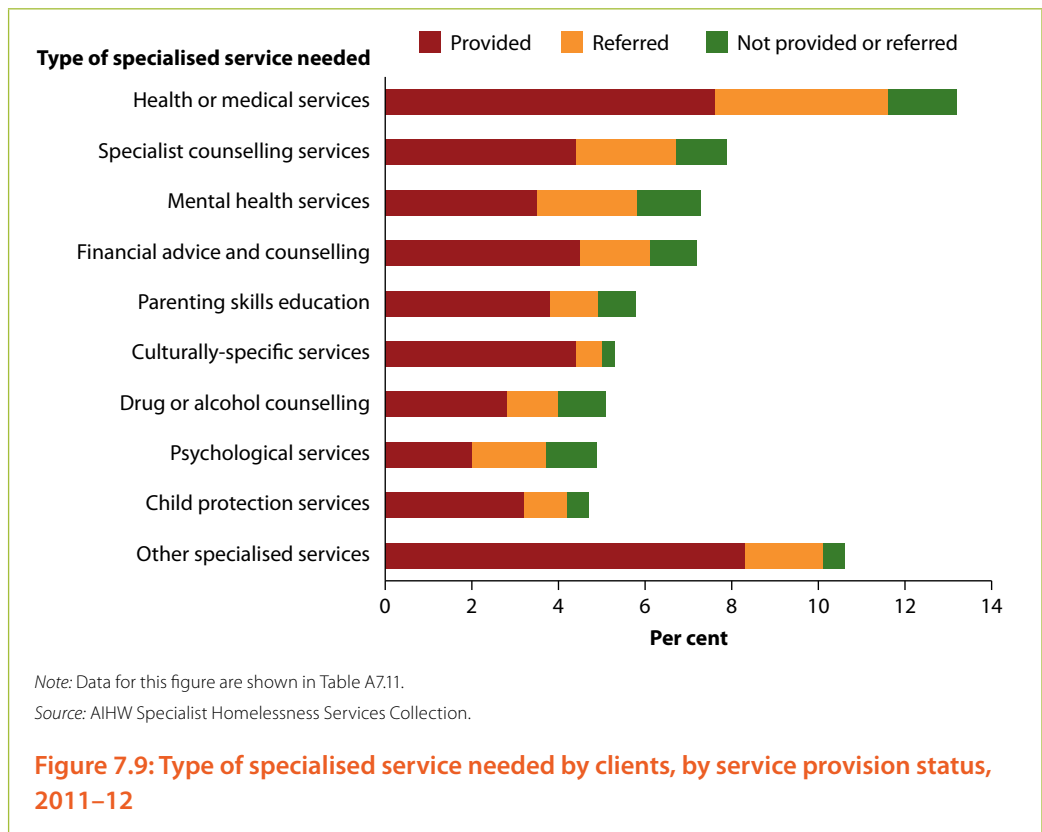
A further 1% of clients needed assistance to prevent a foreclosure or to manage mortgage arrears.

Specialised services

Specialist homelessness agencies also assess clients' needs for specialised services, including health, dental and counselling services, and parenting skills education. Many of these types of assistance require staff with specific professional skills which cannot be provided by all agencies.

Compared with the other types of assistance that specialist homelessness agencies provide, fewer clients (34%) generally required specialised services. The most common specialised service needed was 'health and medical services' (needed by 13% of clients at some stage in their period of support), followed by 'other specialised services' (11% of clients) and 'specialist counselling services' (8%) (Figure 7.9).

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The extent to which clients received these services directly from agencies varied across each type of specialised service. While agencies were able to directly provide 'culturally-specific services' to 82% of those clients who needed this type of assistance, they could only help 41% of clients who needed psychological services (35% of these clients were referred to other organisations for this type of assistance).

What outcomes were achieved for clients?

When looking just at those clients who had a closed support period in 2011–12 (that is, they had an episode of support that had ended, although some clients went on to have a subsequent open period of support), and comparing clients' first reported and last reported situations, some modest improvements were evident for clients in terms of their housing (where housing data was recorded). The proportion of clients who were sleeping rough or in an improvised dwelling declined from 12% to 7%, and the proportion renting in social housing increased from 14% to 17% (Table A7.12).

Interestingly, the proportion of clients staying in short-term temporary accommodation increased (from 18% to 22%), and the proportion in private housing as a renter or owner decreased (from 31% to 28%). These data may represent situations where clients left housing situations due to family violence or relationship breakdown. It is also possible that, although these clients had closed support periods, they were receiving further support from another specialist homelessness agency that could more appropriately meet their support needs.

Considering all clients assisted in 2011–12, 90% of those who were at risk of homelessness when they first presented in this period (and where housing information was available) were not homeless based on their last reported housing situation. Among those who were homeless when they first presented in this period, 24% appeared to achieve sustainable housing outcomes.

There were also some improvements among clients aged 15 and over who were assessed as needing employment assistance and who had a closed support period in 2011–12. Among this group, the proportion not in the labour force reduced from 34% to 31% between their first and last reported status, and the proportion unemployed reduced from 54% to 48%. The proportion employed full time increased from 3% to 7% (Table A7.13).

Where are clients located?

Across Australia in 2011–12, the highest proportion of people accessing specialist homelessness services was in Victoria (34%), followed by New South Wales (23%) and Queensland (19%). However, as was the case for the rates of homelessness across Australia (see Section 7.3), the highest rates of access to specialist homelessness services occurred in the Northern Territory (299 clients per 10,000 population) and in the Australian Capital Territory (170 per 10,000 population) (Table 7.3).

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Table 7.3: Clients of specialist homelessness services, by state and territory, 2011–12

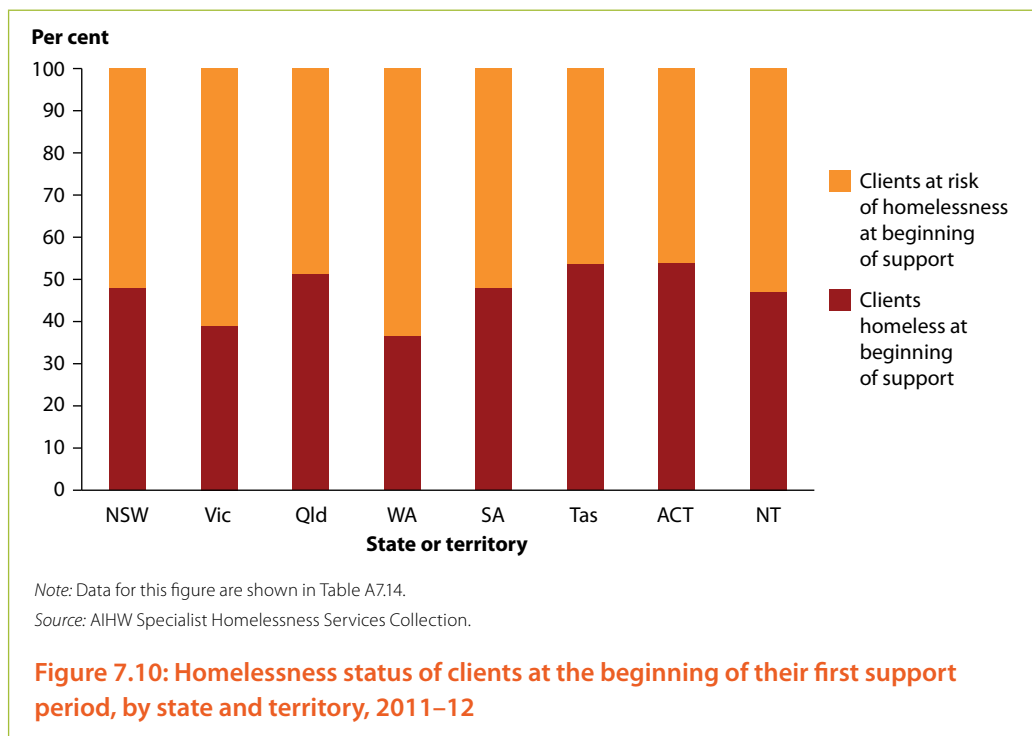
	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust ^(a)
Number	53,532	76,950	42,930	21,359	18,368	6,175	6,318	6,953	229,247
Per cent	23.4	33.6	18.7	9.3	8.0	2.7	2.8	3.0	100.0
Rate (per 10,000 population)	73.9	138.0	95.1	89.5	111.7	120.7	170.4	299.2	102.0

(a) In 2011–12, some clients received support from more than one agency in more than one state/territory. These clients are counted in each state/territory in which they were supported, but only counted once in the total. Thus the total number of clients for Australia is less than the sum of clients for each state and territory. Clients who were supported by more than one agency within a state/territory are only counted once within that jurisdiction.

Note: Data were adjusted for non-response.

Source: AIHW 2012b.

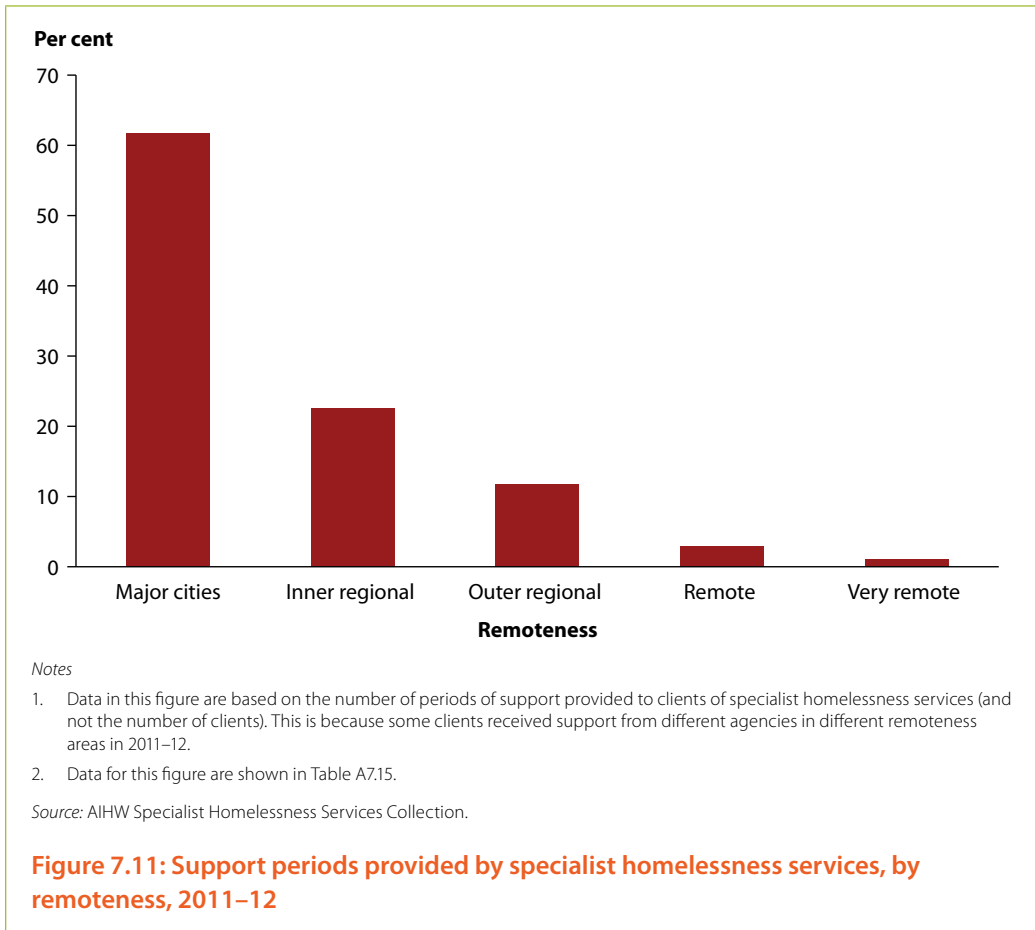
There was some variation across states and territories in the proportions of clients who were homeless (or at risk) at the beginning of their first support period in 2011–12. Clients in the Australian Capital Territory and Tasmania were most likely to be already homeless at the beginning of their first support period (54% of clients in the Australian Capital Territory and 53% in Tasmania) (Figure 7.10), including those who were already in supported accommodation at that time. Clients in Western Australia were least likely to already be homeless at the beginning of their first support period (36%), followed by Victoria (39%).



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Most periods of support provided to clients of specialist homelessness agencies were provided by agencies located in *Major cities* (62%), with a further 23% provided by agencies in *Inner regional* areas and 4% by agencies in *Remote* or *Very remote* areas (Figure 7.11).



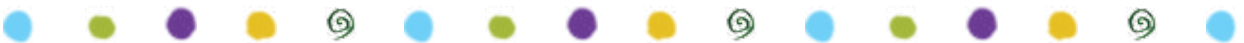
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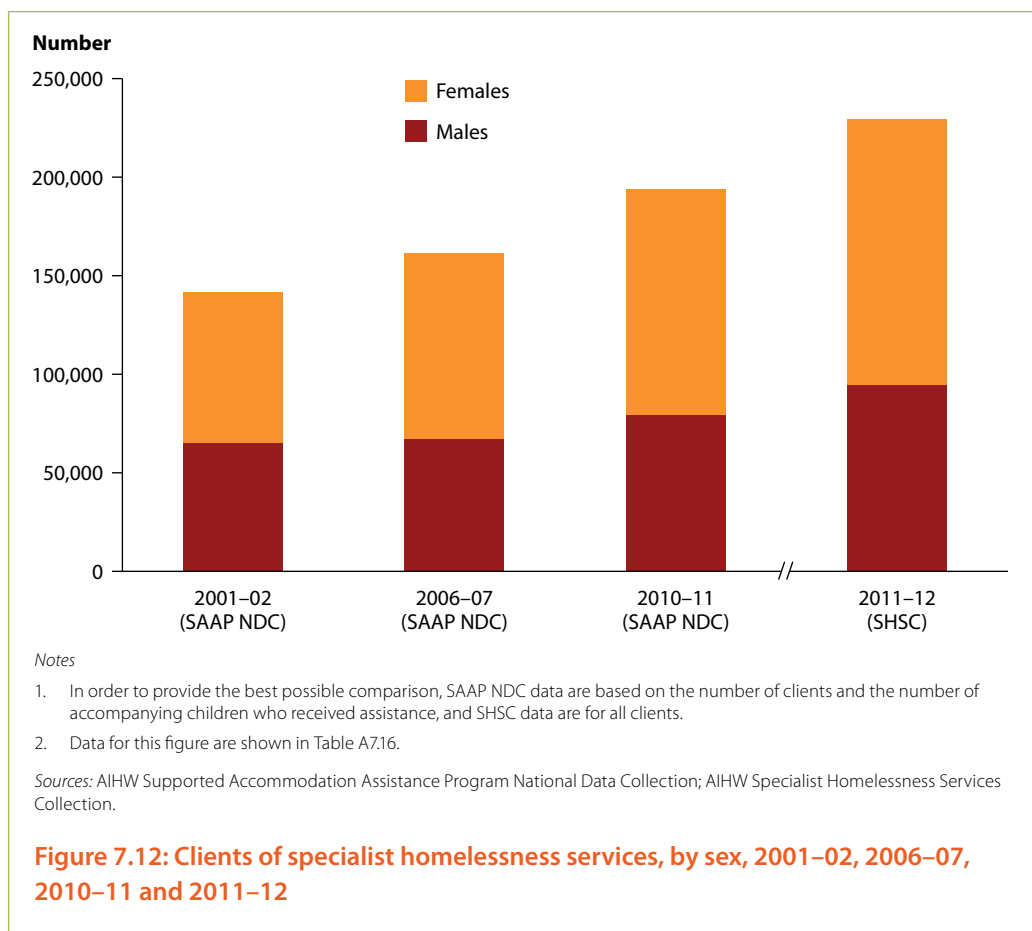
How have clients and services provided changed over time?

Before the introduction of the SHSC on 1 July 2011, data on specialist homelessness services and the clients of these services were reported to the SAAP NDC. Although there are some significant changes between the two data sets in terms of scope, content and the inclusion of children in reporting requirements, some comparison of data from the collections can be made (see AIHW 2012b for a full description of the differences between these data collections).

In this section, some key SAAP NDC data for the years 2001–02, 2006–07 and 2010–11 are compared with SHSC data for 2011–12. These years have been selected to align with Census years. Note that for some analyses, data were restricted to selected client groups to improve comparability between the collections.



As shown in Figure 7.12, there has been an increase in the number of clients who received specialist homelessness services from 2001–02 to 2011–12.

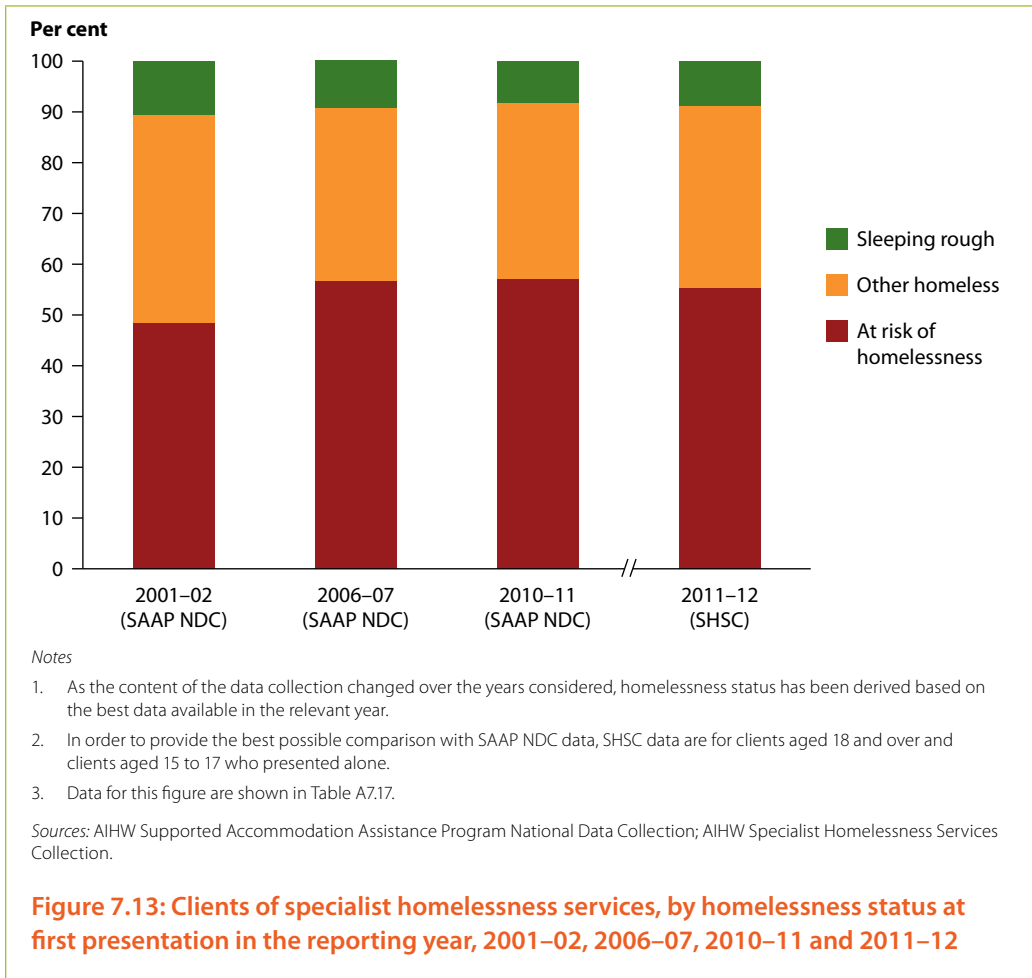


Where this could be assessed, there appears to have been a slight increase over time in the proportion of clients who were at risk of homelessness when they first presented: 49% in 2001–02, compared with 55% in 2011–12 (Figure 7.13). The proportion of clients who were sleeping rough or in an improvised dwelling when they began receiving specialist homelessness support has remained reasonably constant over the years considered (between 8% and 10%).

Mainstream support services

While research indicates that people who are homeless are high users of mainstream services, the full extent to which they access these services cannot be assessed since agencies that deliver the services generally do not systematically identify people who are homeless or at risk of homelessness. However, data are available for clients of the Department of Human Services who receive income support payments.





Clients receiving income support payments

In January 2010, DHS introduced homelessness and risk indicators into their information systems to improve the delivery of services to clients who receive income support payments. These indicators allow DHS staff to identify clients: who are experiencing homelessness on an ongoing basis (that is, if the episode of homelessness has lasted, or is expected to last, 6 months or more), or a temporary basis (for episodes of homelessness expected to last less than 6 months); or who are considered to be at imminent risk of homelessness. Information about how people experiencing homelessness are defined for DHS clients is in Box 7.2.

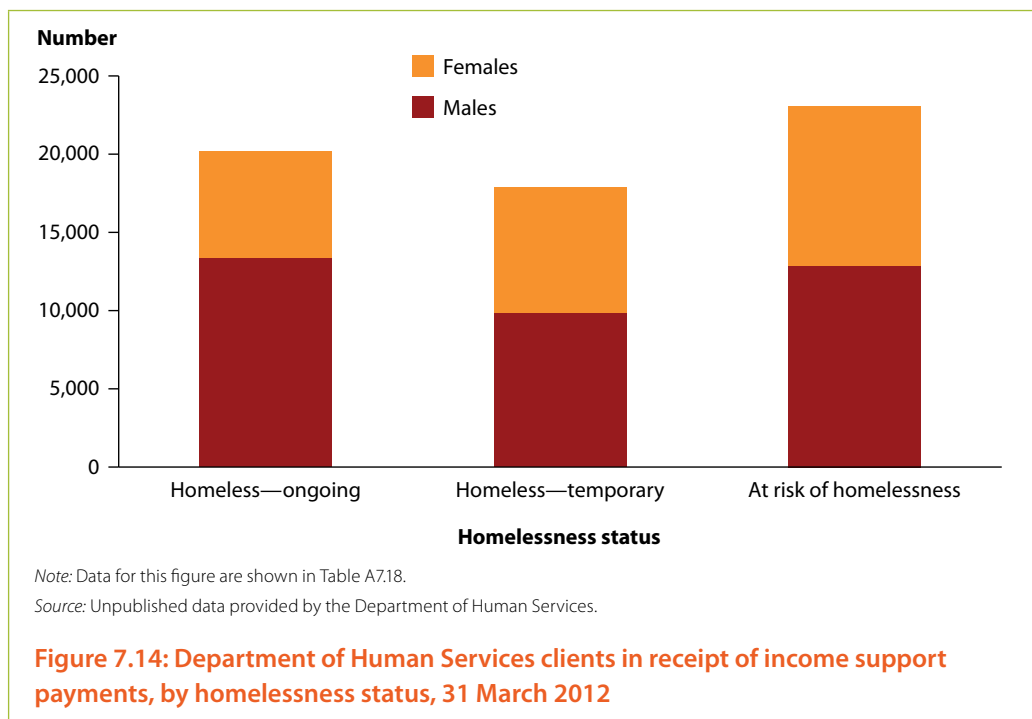
These indicators were introduced to ensure that vulnerable clients are offered relevant services and are able to access more intensive and/or more flexible services to help them (for example, Crisis Payments, or the assistance of DHS Community Engagement Officers or social workers). Since March 2011, clients who have been flagged as homeless or at risk continuously for 12 months or more are also offered a wellbeing assessment.



While the identification of people who are receiving income support payments and who are homeless or at risk is not necessary to the delivery of services and does not affect payment amount or eligibility, DHS staff have been trained in the use of these indicators to support this initiative. Nevertheless, identification of homeless or at-risk clients largely depends on client self-identification to DHS staff; clients also need to self-identify when their circumstances have changed, or this may occur as part of the wellbeing assessment. The indicators, therefore, do not provide a precise measure of clients' homelessness or risk status at a specific point in time.

As a result, the usefulness of these data for statistical purposes (in terms of the extent of the identification of clients and the maintenance of an accurate record reflecting current housing circumstances) is limited but provides some indication of the characteristics of this group within the income support population. For example, among those clients who participated in the longitudinal Journeys Home study (which is primarily comprised of income support recipients who have been flagged as homeless or at risk) and who were recorded as 'homeless', 48% were considered to be in stable housing at the time of participation in the study, 23% were thought to be marginally housed and 28% were homeless. However, 51% of all participants had experienced homelessness in the previous 6 months (Scutella et al. 2012).

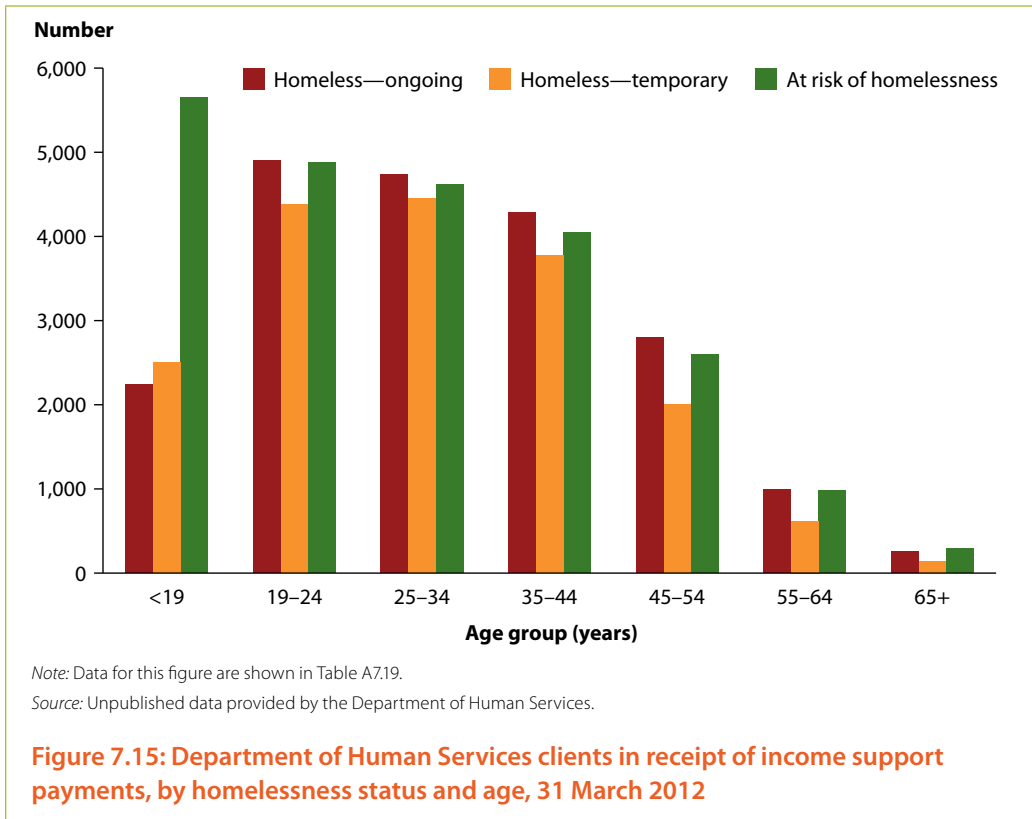
On 31 March 2012, 61,300 DHS clients in receipt of income support payments were identified with a homelessness or risk indicator: 62% were homeless (33% ongoing and 29% temporary), and 38% were at risk (Figure 7.14). Clients with a homelessness or risk indicator were more likely to be male (59%). The difference between males and females was most pronounced for those who had been, or were expected to be, homeless for 6 months or more (ongoing homeless)—66% of these clients were male.



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Forty per cent of DHS clients with a homelessness or risk indicator were aged under 25, and a similar proportion (42%) were aged between 25 and 44. In general, the age distribution of clients was similar across the three homelessness categories, apart from those aged under 19. In this age group, a much higher proportion of clients were thought to be at risk of homelessness (54%) compared with other age groups where 33% to 41% of clients were identified as being at risk (Figure 7.15).



Across all three homeless categories, 22% of clients were identified as being Indigenous (where this information was available). The proportion of clients who were Indigenous was highest among those who were homeless on an ongoing basis (25%) compared with 20% of both those who were homeless on a temporary basis or who were at risk.

Eight per cent of clients with a homelessness indicator were born overseas in a non-main English-speaking country.

On 31 March 2012, most DHS clients with a homelessness or risk indicator did not have a partner (92%, including people who were separated, divorced or widowed), while the remaining 8% were married or in de facto relationships. This proportion was similar across all homelessness categories.



Overall, 29% of clients had a homelessness or risk indicator on their record for less than 6 months, 35% for 6–12 months and 36% for more than 12 months. Clients with an ongoing homelessness indicator were most likely to have had the indicator on their record for more than 12 months (43% of ongoing homeless, compared with 31% of those with a temporary homeless indicator and 33% of those with an at-risk indicator).

The primary purpose of the homelessness or risk indicator is to ensure that staff, when dealing with vulnerable clients, assess whether the person needs further support or other assistance in their income and welfare support arrangements. On 31 March 2012, 82% of DHS clients with an indicator were receiving, or had received, additional services of some kind, while the remaining 18% had declined referral to another service.

Of those who had received an additional service, 21% were referred for further services at the time their homelessness status was identified, 46% were already receiving additional services and 15% had received and had completed that support. In 2011–12, 27% of all referrals made were to a social worker, 12% were to a state or territory department of housing, 24% were to another accommodation service and 16% were to another community organisation.

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7.8 Who does not receive assistance?

Who does not seek assistance?

Not all people who are homeless receive support. Furthermore, not all support agencies can necessarily deliver all the support that an individual might need to resolve their homelessness.

The ABS 2010 GSS found that 60% of those adults who had been homeless at some time in the previous 10 years did not seek formal assistance during their most recent experience of homelessness. While 81% of those who did not seek services stated that they did not need assistance, 11% did not know of any services or could not find one, and 3% sought assistance but the service was not able to provide assistance. Others reported that they had had a bad experience with service providers in the past, did not trust them, or gave another reason (ABS 2011).

To some extent, the groups who do and do not use specialist homelessness services can be identified by comparing the profile of people who were identified as homeless within the Census with the profile of those who access specialist homelessness services. While these data sets are collected on different bases and cover different populations (as outlined in Section 7.3), the profiles of people covered by these collections can be compared.

Based on such a comparison, the data indicate differences in the proportion of males versus females who use specialist homelessness services and those who don't. Specifically, the Census found that while over half (56%) of the people experiencing homeless were male, those accessing specialist homelessness services were more likely to be female (59%). This suggests that while males are more likely to experience homelessness, females are more likely to seek and receive assistance when homeless or at risk of homelessness.



The distribution of people by age tended to be relatively similar between both the Census data and SHSC clients, although the Census data identified relatively more older homeless people: according to the Census, 14% of homeless people were aged 55 and over, compared with 6% of clients accessing specialist homelessness services.

There was a difference in the proportion of people who were Indigenous between the two data sources (28% of homeless people identified in the Census—many of whom were in severely crowded dwellings as outlined in Section 7.5—and 22% of all SHSC clients). There were even larger differences in relation to country of birth. In the Census, 36% of all people experiencing homelessness were born overseas, compared with 14% of SHSC clients.

Who misses out on assistance?

Agencies that participate in the SHSC also record data on all clients who approach their service for assistance but who they are unable to help. See Box 7.4 for further information on the way in which data about unassisted requests for help are recorded and reported in the SHSC.

Box 7.4: Recording and reporting of unassisted requests for assistance in the SHSC

Agencies participating in the SHSC report some basic data about all people who approach their agency and are unassisted. An unassisted request for service occurs when a person is unable to be provided with any assistance by a specialist homelessness agency at the time of the request. There may be a number of reasons why an agency cannot meet a particular request; for example, a person may need a service that is not offered by the agency, or a person may seek a specialised service that requires trained staff who are not available, or the agency may be operating at capacity.

Unassisted requests for services provide a measure of the *number of instances* where a request for services resulted in a person receiving no immediate assistance from a specialist homelessness agency. It is not a measure of the *number of people* who did not receive any services from an agency. Numbers exclude multiple requests from the same person (at any agency) on the same day, but may include requests from the same person (at any agency) on different days.

While information about clients is requested that enables linkage of data about people who make multiple unmet requests for assistance, this information was not fully available for most (53%) of the unmet requests for service. Without this information, it is not possible to identify when a person requested the same service more than once from the same agency or from different agencies on different days, or when a person was initially unassisted but later became a client of a specialist homelessness agency. Because of this limitation, some data are presented as a daily average of requests for services.

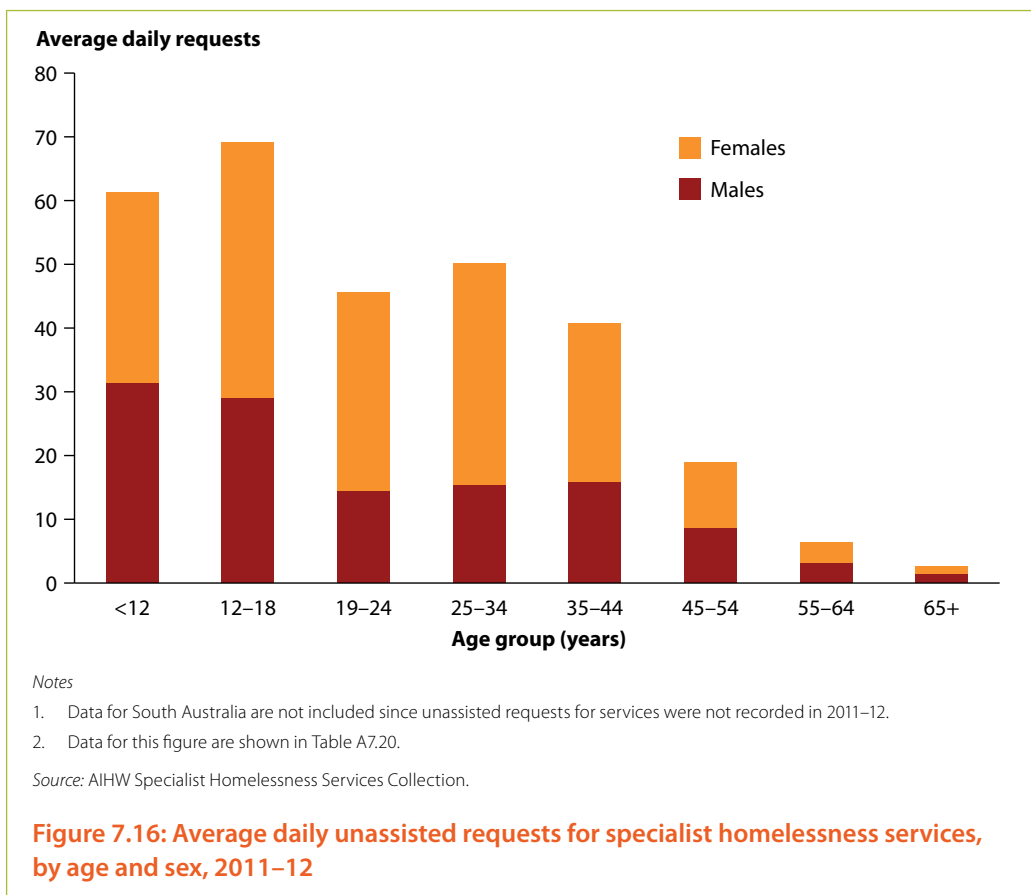
Data on unassisted requests for service may also be influenced by particular service models that may exist in some areas. For example, areas that have established 'central intake' service models (that provide a single entry-point into the service system for clients) will have fewer requests for assistance being directed to individual support agencies.

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In 2011–12, there were an estimated 136,800 requests for service which were not able to be met at the time by agencies; this equates to an average of 374 requests for services per day that were unmet. On average, 233 daily unmet requests (or 62% of all requests) were made by females and 142 (38%) by males. Note that data for South Australia are not included in these estimates since information on unassisted requests for services were not recorded in that state in 2011–12.

Children aged under 12 accounted for 21% of average daily unassisted requests, and people aged 12–18 accounted for 23%. While similar numbers of boys and girls aged under 12 were unassisted, in all other age groups there were greater numbers of females who were unassisted (Figure 7.16).



On the whole, the age and sex profile of those who were unassisted (see Figure 7.16) is similar to the age and sex profile of SHSC clients (see Figure 7.7), although differences are evident for the 12–18 age group. This age group comprised 13% of all SHSC clients but 23% of average daily requests that were not met.



The likelihood of receiving assistance may also be influenced by whether the client presented alone or as part of a family or other group. In particular, unmet requests for services from people in family groups represented 41% of all unmet requests for assistance, although people in family groups (mostly sole parents and their children) represented 33% of the overall SHSC client population (AIHW 2012b).

Two-thirds (67%) of all unmet requests (where the types of assistance wanted were recorded) included a request for short-term or emergency accommodation. Twenty-three per cent sought other housing assistance and 18% general assistance and support (Table A7.21).

Among those unmet requests for services that included a request for short-term or emergency accommodation, 73% wanted assistance within 24 hours and 10% in 24 to 48 hours. In most cases where a person was seeking assistance that included short-term or emergency accommodation, the assistance was not provided because the agency had no accommodation available (62%). In 10% of cases, assistance was not provided because the client was from the wrong target group, and in 8% of cases the person did not accept the service.

7.9 Where to from here?

While there has been a considerable investment in developing and refining data sources related to homelessness in recent years, there are a number of further data developments that will help to inform the picture of homelessness in the future.

The ABS has an ongoing program to improve the quality and availability of information relating to people who experience homelessness. Key priorities include:

- conducting a consultative research project to explore perspectives on homelessness within the Aboriginal and Torres Strait Islander population
- considering priority improvements to collection and estimation processes for the 2016 Census and beyond
- continuing to refine a short question module for use in household surveys to collect information regarding previous experiences of homelessness
- developing methods for improved estimation of youth homelessness
- investigating options for providing point-in-time estimates of homelessness between Censuses.

In the SHSC, a series of questions that identify clients with a disability was introduced for collection from 1 July 2013. These questions, which are based on a standardised disability flag developed by the AIHW for use across a range of health and community services data collections, are broadly consistent with the short disability module used by the ABS (see Section 5.6 for more information).



As SHSC data continue to be collected over coming years, opportunities to explore individual clients' experiences over time will increase. This, along with opportunities to link client information with other service sectors, is likely to provide greater insights into the pathways into and out of homelessness, and the service responses that are likely to achieve the best outcomes for people experiencing homelessness.

Ongoing funding is also being provided for a number of research programs, including the longitudinal Journeys Home study of DHS clients receiving income support who have experienced (or are vulnerable) to homelessness. This study, which is being undertaken by the Melbourne Institute of Applied Economic Research on behalf of FaHCSIA, will continue to improve our understanding of the dynamics of homelessness, and the factors associated with exiting out of homelessness.

Additionally, Connecting the Dots—a collaborative study between FaHCSIA, DHS, the AIHW, and the Department of Education, Employment and Workplace Relations—is investigating the use of a range of government services by clients of specialist homelessness services. This study (expected to release its first findings in late 2013) will improve our understanding of how services that provide employment and income support can better work together for people who are experiencing homelessness or who are at risk of homelessness.

7

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Section 3

Chapters 8-10

Resourcing welfare services





Chapter 8

Informal carers

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8 Informal carers

At a glance

Who provides care?

- In 2009, 2.6 million Australians (12% of the population) were informal carers. Of these, 771,400 were primary carers (that is, provided the most informal care).
- In 2011, Indigenous Australians were 1.3 times as likely as non-Indigenous Australians to be providing informal care.
- Overseas-born Australians were less likely to be providing informal care than Australian-born residents. In 2011, the carer rate was 11% for people born in non-main English-speaking countries and 9% for those born in main English-speaking countries, compared with 12% for Australian-born residents.
- The majority of informal carers are female (between 55% and 61% depending on the data source), and they are usually the mothers, spouses or daughters of the care recipients.

Carers and care recipients

- In 2009, the labour force participation rate of primary carers aged 15 to 64 (54%) was lower than for other carers (71%) and the general population (79%).
- Primary carers were more likely than non-carers to live in low-income households—in 2009, 26% of primary carers were in households with the lowest equivalised incomes, compared with 15% of non-carers.
- In 2009, around 303,000 primary carers had disability themselves, including 68,200 who needed help with core activities.
- Around 44% of disability support service users in 2011–12 had an informal carer, as did 29% of Home and Community Care clients in 2010–11.

Impact of caring

- In 2009, around one-third (32%) of primary carers reported feeling weary or lacking energy due to their caring role and a similar proportion (30%) reported frequently feeling worried or depressed. Carers who spent an average of 40 hours or more per week providing care were more likely to report these adverse effects than those who spent less than 20 hours per week.
- In 2009, 22% of primary carers reported feeling satisfied due to their caring role.
- In 2011–12, more than 5.1 million hours of respite were delivered under the National Respite for Carers Program.



8.1 Introduction

Informal carers, such as family members and friends, play a vital role in the lives of people who sometimes or always need help or supervision to do tasks because of disability, long-term health conditions or frailty due to ageing. They often help with personal care, transport, housework and other activities. Access to such unpaid informal assistance can improve the care recipient's quality of life, reduce the amount of formal services they require and may also help them delay or avoid entry into residential care.

Reflecting international, national and community values around the inclusion and participation of all members of society, from the 1980s, the focus in Australia shifted from systematic, institutional provision of care for people with disability to community-based care. Greater emphasis has also been placed on 'ageing in place', with home-based care of increasing importance in health care generally, and in palliative care in particular.

8.2 Policy context

The value and importance of informal carers to care recipients, the community and the nation is widely recognised and there is a growing body of evidence on the substantial and increasing economic contribution that they make. The National Health and Hospitals Reform Commission (2009:61) has described 'unpaid primary carers' as the 'invisible' health workforce, in the context of health workforce shortages. The Productivity Commission (2011b) has observed that the economic contribution of informal carers is so great that no insurance scheme would be likely to fully fund its replacement.

The diversity of informal carers and the people they care for, and the growing understanding of the significance of informal carers, is recognised across a range of policy contexts.

Carer-specific policy arrangements

The National Carer Recognition Framework was developed by the Australian Government to improve support for carers and to recognise the vital social and economic contribution that they make to society. This framework has two elements: the Carer Recognition Act (legislated in 2010) and the National Carer Strategy (released in 2011).

The Carer Recognition Act 2010

The *Carer Recognition Act 2010* aims to increase recognition and awareness of the role that carers play in providing daily care and support to people with disability, medical condition or mental illness, or those who are frail aged (Australian Government 2010a; AIHW 2011).

The Act formally recognises the contribution made by unpaid carers, and that carers should have the same rights, choices and opportunities as all Australians. It includes 10 principles that Australian Government agencies and funded organisations need to adopt in developing policies and delivering services for carers or the person for whom they care (Australian Government 2010a).



The National Carer Strategy

The National Carer Strategy recognises that informal carers come from many different walks of life and provide support to a range of care recipients under diverse personal circumstances. The strategy is part of the Australian Government's broader social inclusion agenda and seeks to harmonise approaches to carers and carer support across policy contexts. It has six priority areas for action: recognition and respect, information and access, economic security, services for carers, education and training, and health and wellbeing (Australian Government 2011).

The National Carer Strategy Implementation Plan outlines how the priorities will be implemented. It is based on 3-year action plans, which outline the actions, responsibilities and timelines against each of the priority areas.

Informal carers in different policy sectors

Sectors as diverse as employment, education, community care, health, disability and aged care are playing a part in whole-of-government reforms that will influence the health and wellbeing of informal carers.

Significant reforms and policy that refer to carers include:

- the *Fair Work Act 2009* and the National Employment Standards (Australian Government 2013)
- Community Care Common Standards, 2010 (see Chapter 6)
- the National Strategy for Young Australians, 2010 (Australian Government 2010b)
- National Health Reforms, 2011 onwards (see Chapter 5)
- National Mental Health Reforms, 2011–12 onwards (COAG 2012)
- DisabilityCare Australia (formerly known as the National Disability Insurance Scheme), 2012 (see Chapter 5)
- the revised National Disability Agreement, 2012 (see Chapter 5)
- the draft National Standards for Disability Services, 2012 (see Chapter 5)
- aged care reform package *Living Longer. Living Better*, 2012 (see Chapter 6)
- the forthcoming second National Framework for Action on Dementia.

Factors influencing supply of, and demand for, carers

The AIHW (2009, 2012a) has reported previously on the sustainability of the community care model in the face of demographic and social changes that may affect the demand for, and supply of, carers. These include:

- an ageing population and increasing longevity (as discussed in Chapter 1), which means that in coming years there will be more people with long-term health conditions and disability requiring both formal services and informal care (AIHW 2009, 2012a; see also Chapter 5)

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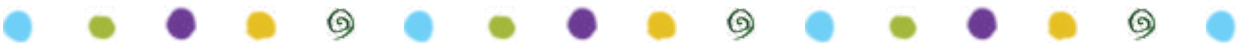
- a reduction in taxation revenue as a smaller proportion of the population is employed (due to the ageing population) and governments may therefore increasingly rely on informal care sources to support ageing Australians and people with disability (AIHW 2009)
- those who traditionally provided informal care, typically middle and older middle-aged women, are more likely to re-enter or have remained in the workforce after child-bearing (AIHW 2012a; OECD 2011)
- pressure on carers to remain in the workforce (for example, through increasing retirement age) which may compromise their ability to provide informal care (AIHW 2009)
- stagnating population growth, coupled with more complex family structures, increasing mobility within families, and looser ties within communities, which means fewer people are able and willing to provide informal care (Hill et al. 2011; Productivity Commission 2011a).

The Productivity Commission (2011b:105) suggested that one of the objectives of a disability insurance scheme would be a 'shift away from an excessive and unfair reliance on the unpaid work of informal carers', which could be measured by, among other things, greater economic and social participation among carers. It recommended finding a sustainable balance between the provision of formal services and informal care that would stabilise the withdrawal of informal care (Productivity Commission 2011b).

8.3 Number of informal carers

The ABS Survey of Disability, Ageing and Carers (SDAC) is the best available data source for estimates of carer numbers and descriptive information about primary carers in the Australian population, including change over time. As explained in more detail in Box 8.1, carers are defined in the SDAC as those who provide informal assistance that is ongoing, or likely to be ongoing, for at least 6 months to people with disability or long-term conditions or people who are aged 60 and over. This chapter summarises key statistics about carers based on analyses of the 2009 SDAC as reported in *Australia's welfare 2011* (see AIHW 2011 for further details). As well, additional information about the physical and emotional wellbeing, and the financial situation of primary carers using 2009 SDAC data, is presented. The most recent SDAC was conducted in 2012, with results due to be released in late 2013.

The ABS 2011 Census collected information about people who, in the 2 weeks before Census night, spent time providing unpaid care, help or assistance to family members or others because of disability, long-term illness or problems related to old age. The Census data are best used for describing informal carer data for small areas and small population groups, as well as for population groups not covered by the SDAC (for example, people living in very remote areas). This chapter presents this type of information and also explores overall changes in the number of informal carers using data from the 2006 and 2011 Censuses. Note that informal carers identified by the Census may not necessarily refer to the same population of informal carers identified by the SDAC.



Box 8.1: Measuring informal carers in the Australian population

Survey of Disability, Ageing and Carers

The SDAC is the best available data source for estimating carer prevalence and analysis of primary carers in the Australian population. More than 70,000 people were surveyed in the ABS 2009 SDAC in all states and territories (except for people living in very remote areas).

The 2009 SDAC defines a carer as a person of any age who provides any informal assistance, in terms of help or supervision, to people with disability or long-term conditions or people who are aged 60 and over. This assistance has to be ongoing, or likely to be ongoing, for at least 6 months (ABS 2010:25). In this chapter, these carers are referred to as 'informal carers'.

A person is a 'primary carer' if they are aged 15 and over and 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 of self-care, mobility and communication (ABS 2010).

The Census of Population and Housing

The ABS 2006 and 2011 Censuses collected data about informal carers aged 15 and over using questions about the provision of unpaid assistance in the previous 2 weeks to a person because of disability, long-term condition or problems related to age. The parts of the definition about the reason for providing assistance are consistent with the SDAC, but reference periods for the two collections are different, and the Census does not refer to ongoing assistance. In this chapter, people who are identified as providing unpaid assistance in the Census are also referred to as 'informal carers', but this group may not necessarily refer to the same population of informal carers identified by the SDAC.

Estimates of the numbers of carers from the Census are lower than the estimates from the SDAC because of a higher non-response rate to the relevant Census questions (ABS 2008). The difference may also be due to different questions and collection methods:

- the Census is based on a self-completion questionnaire, while the SDAC uses trained interviewers to collect responses to the questions
- the Census contains a single question about informal care, while the SDAC uses a set of detailed questions.

For these reasons, Census data should not be used to update the prevalence of carers estimates for the years between the SDAC collections.

Nonetheless, since the Census completely counts (rather than takes a sample of) the whole Australian population, it can provide information about informal carers across small geographic areas and for small population groups, as well as about population groups not covered by the SDAC (for example, people living in very remote areas). Data from the 2006 and 2011 Censuses can also be used to describe change over time in the labour force participation of informal carers, pending the release of the 2012 SDAC data.

Carer rates based on Census data in this chapter are calculated by excluding people who did not respond to the related Census questions.

Note that how informal carers are defined in various administrative data collections is discussed in Section 8.5.

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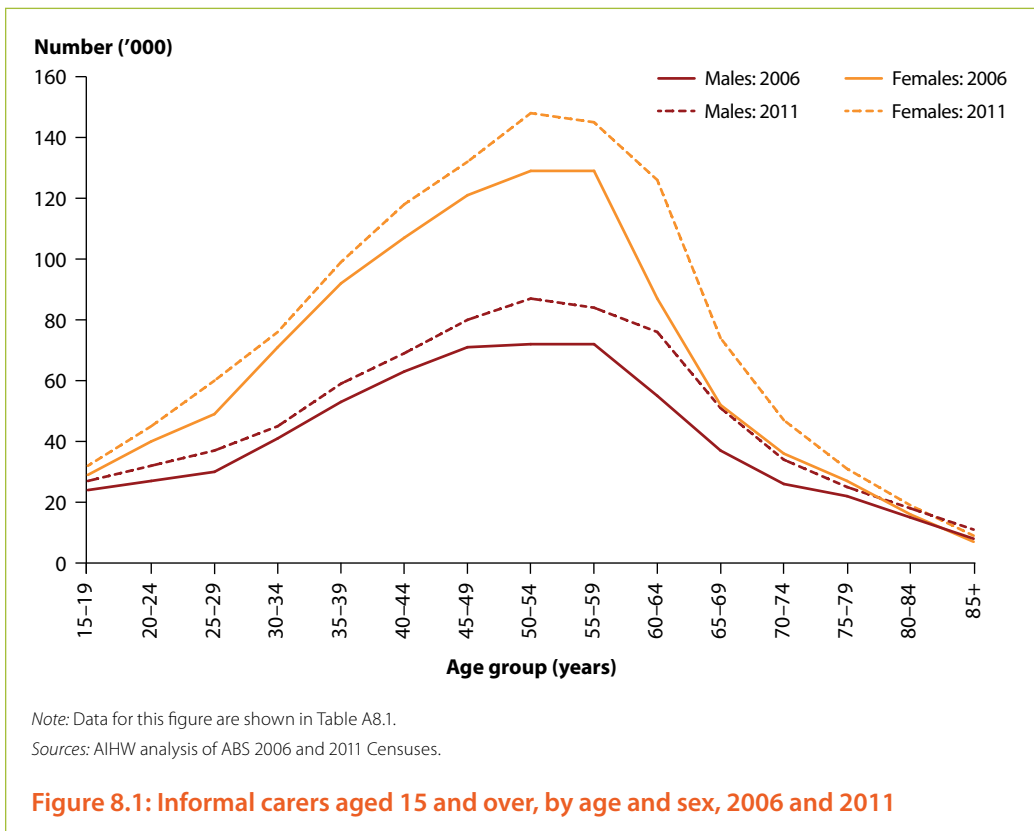


According to the 2009 SDAC, 2.6 million Australians (12% of the population) were informal carers (ABS 2012; AIHW 2011: Table A7.1).

In Australia, informal carers provided the majority of assistance to people with severe or profound core activity limitation living in the community. Based on the 2009 SDAC, 92% of people with severe or profound core activity limitation (see Glossary) received informal help with various activities—38% from informal assistance only and 54% from a combination of informal help and formal services (AIHW 2011).

Based on the Census, the number of informal carers aged 15 and over grew by 18% (290,800 people) between 2006 and 2011, from 1.6 million to 1.9 million (Table A8.1). However, during the same period, the Census estimate of all Australians needing help with core activities rose by 22% (177,000 people) (see Chapter 5).

While the majority of informal carers identified by the Census were female (61%), the number of male carers increased more than the number of female carers between 2006 and 2011 (20% compared with 17%). This trend was observed for all of the age groups, with the exceptions of the 40–44 and 60–69 age groups (Figure 8.1).



The increase in the number of carers between 2006 and 2011 was relatively high among people aged 60 to 69—39% for males and between 41% and 44% for females. High growth rates were also reported among carers aged 85 or over—50% for males and 36% for females.

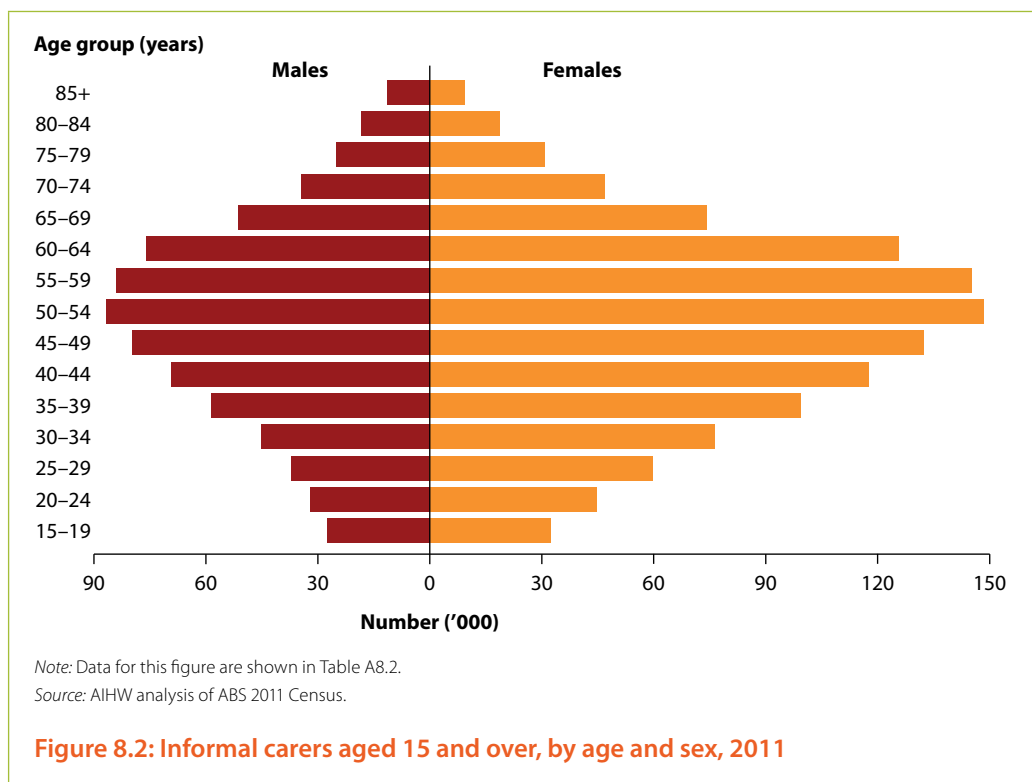


8.4 Who provides informal care?

Age and sex

According to the 2009 SDAC, there were more female (55%) than male carers (45%) (AIHW 2011: Table A7.1). A high proportion (42%) of carers were aged 45 to 64.

Similarly, the 2011 Census indicates that the majority of informal carers were female (61%) and that a high proportion (46%) were aged 45 to 64. Females were more likely to be in a caring role at an earlier age than males and there were more female carers than males across all age groups up to age 79. The sex difference was particularly large among carers aged 30 to 64, where there were 1.7 times as many female carers as male carers (Figure 8.2).



Data from the 2011 Census suggest that there were similar numbers of male and female carers aged 80–84, but slightly more male than female carers among those aged 85 and over (Figure 8.2). The higher number of older male carers may be because life expectancy is shorter for men and because men are often older than their wives. Hence, older men who survive into older ages are likely to be living with a spouse, and have an opportunity to assist them, while many older women have outlived their spouse (ABS 2008).

Primary carers

According to the 2009 SDAC, 771,400 informal carers were primary carers (4% of the Australian population aged 15 and over and 29% of informal carers). Primary carers had a similar age structure to all carers and two-thirds (68%) were female. There were more female primary carers than males across all age groups up to 74, after which there were more male primary carers. Under the age of 45, there were 3.5 times as many female primary carers as male primary carers (AIHW 2011).

Variations across jurisdictions and remoteness areas

Census data support analysis of informal carers across small geographic areas. The likelihood of a person's need for help with basic daily activities, both for services and assistance, increases with age. States and territories with a relatively high proportion of people aged 65 and over tended to have higher-than-average carer rates than those jurisdictions with a relatively low proportion of older people. After taking into account differences by age structure across jurisdictions, most jurisdictions had an age-standardised rate within 1 percentage point of the national average (12%), except Western Australia and the Northern Territory (Table 8.1). In addition to population age structures, other social and economic factors may also affect the availability of informal carers (AIHW 2009).

Table 8.1: Informal carers aged 15 and over, by state and territory, 2011

Age group (years)	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust ^(a)
Age-standardised rate^(b) (per cent)									
15–64	12.1	11.9	10.7	9.9	12.3	11.9	11.0	10.4	11.5
65+	12.5	12.7	11.9	11.3	12.4	12.0	13.9	10.6	12.3
Total 15+	12.2	12.0	10.9	10.1	12.3	11.9	11.4	10.4	11.6
Proportion of population aged 65+									
Per cent	14.7	14.2	13.1	12.3	16.1	16.3	10.7	5.7	14.0

(a) Includes 'other territories' not included in the state and territory totals.

(b) Rates were age-standardised to the Australian population at 30 June 2001. Table A8.3 presents crude rates.

Note: Excludes people who did not respond to the related Census question.

Source: AIHW analysis of ABS 2011 Census.



According to the 2011 Census, the age-standardised carer rate was highest in *Inner regional* areas for both males (10%) and females (15%) and lowest in *Remote* areas (8% and 12% for males and females respectively) (Table 8.2; see Box 1.3 for information about the classification of geographical areas).

Table 8.2: Informal carers aged 15 and over^(a), by remoteness and sex, 2011

	Major cities	Inner regional	Outer regional	Remote	Very remote	Total ^(a)
Number						
Males	505,370	146,751	67,946	8,351	6,341	736,337
Females	797,873	236,401	104,480	12,090	8,004	1,160,628
Persons	1,303,243	383,152	172,426	20,441	14,345	1,896,965
Age-standardised rate^(b) (per cent)						
Males	9.3	9.8	9.2	7.6	9.3	9.3
Females	13.7	14.9	14.0	11.9	14.0	13.9
Persons	11.5	12.4	11.6	9.6	11.4	11.6

(a) Includes persons with no usual address.

(b) Rates were age-standardised to the Australian population at 30 June 2001.

Note: Excludes people who did not respond to the related Census question.

Source: AIHW analysis of ABS 2011 Census.

In *Major cities*, *Inner regional*, *Outer regional* and *Remote* areas, the carer rate was highest in the 55–59 age group for both males and females. In *Very remote* areas, the carer rate was highest for females aged 40–49 and for males aged 35–44 (AIHW analysis of ABS 2011 Census). The peak in these earlier ages was partly related to the younger age structure of Indigenous people who comprise almost half of the population in *Very remote* areas (ABS 2008; see also Chapter 1).

Selected informal carer groups

Many informal carers have particular support needs associated with their own life situations and personal characteristics. Summary data for selected groups of these carers—such as young carers, ageing carers, Indigenous carers and carers of people with disability—are in Table 8.3.

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Table 8.3: Selected characteristics of informal carers, 2009 SDAC and 2011 Census^(a)

Selected characteristic	Number	Per cent
2009 SDAC data		
Age group (years)		
Under 25	304,800	11.6
25–64	1,806,800	68.6
65+	520,500	19.8
Total	2,632,100	100.0
Age group of primary carers (years)		
15–24	22,900	3.0
25–64	552,700	71.6
65+	195,900	25.4
Total	771,400	100.0
Carers with disability		
Primary carers with severe or profound core activity limitation	68,200	8.8
Primary carers with disability	303,300	39.3
2011 Census data^(b)		
Age group (years)		
15–24	136,415	7.2
25–64	1,440,399	75.9
65+	320,141	16.9
Total	1,896,955	100.0
Need help with core activities	88,333	4.7
Aboriginal and Torres Strait Islander carers	45,328	2.4
Overseas-born carers	512,264	27.0

(a) See Box 8.1 for information on the differences in the data collection methods used for the Census and the SDAC.

(b) Excludes people who did not respond to the related Census questions.

Sources: AIHW analysis of ABS 2010: Data cube Table 31; AIHW analysis of ABS 2012: Data cube Table 2; AIHW analysis of ABS 2011 Census.

Young carers

Depending on the data source, between 7% (2011 Census) and 12% (2009 SDAC) of all informal carers were aged under 25 (Table 8.3). Most of these young carers were female.

According to the 2009 SDAC, 3% of primary carers were aged 15–24 (22,900) (Table 8.3), and the majority (61%) were the son or daughter of the person for whom they were providing care (see AIHW 2011 for further details).



The estimate of the number of young carers is likely to be an undercount largely because young people may not self-identify as carers or are reluctant to disclose their caring role to others (AIHW 2011). Care recipients could also be reluctant to disclose that they are receiving care from a young person.

An intensive caring role may have a particular impact on younger carers, in terms of education, employment and career development. According to 2003 SDAC data, carers aged 19–24 were less likely to have completed Year 12 or equivalent (66%) than non-carers of the same age (73%) (ABS 2008).

In 2009, a higher proportion of primary carers aged 15–24 were not in the labour force (38%) compared with non-carers of the same age (29%). Less than half (47%) of primary carers aged 15–24 were employed, compared with 64% of non-carers (AIHW analysis of ABS 2009 SDAC).

8

Older carers

Depending on the data source, between 17% (2011 Census) and 20% (2009 SDAC) of informal carers were aged 65 and over (Table 8.3), and most of these older carers were female (Table A8.2; AIHW analysis of ABS 2009 SDAC).

According to SDAC data, the proportion of primary carers who were aged 65 and over increased from 21% to 25% between 1998 and 2009. This change partly reflects the large baby boomer generation cohort moving into older age groups.

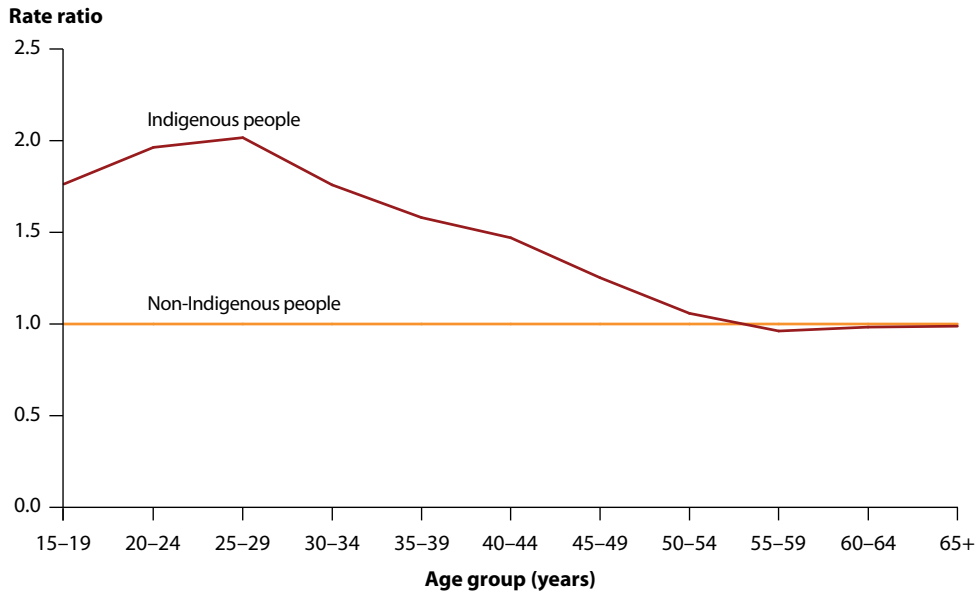
A care recipient's need for help with basic daily activities generally increases with age. Much of the informal care provided to older people living in the community is provided by spouses, who are often older themselves. According to the 2009 SDAC, 77% of primary carers aged 65 and over were caring for their spouse or partner, while 9% were caring for their child and another 9% were caring for their own parent (AIHW 2011).

Indigenous carers

According to the 2011 Census, 15% (around 45,300) of Indigenous Australians aged 15 and over were informal carers (Table 8.3), and the majority of these (63%) were female (AIHW analysis of ABS 2011 Census).

Taking into account differences in age structures across the populations and non-response rates to Census questions, Indigenous Australians were on average 1.3 times as likely as non-Indigenous Australians to be providing informal care. The differences between the two population groups were most evident in younger ages. Indigenous people aged 15 to 34 were around 1.8 to 2 times as likely to be carers as non-Indigenous people in the same age group (Figure 8.3). This may partly reflect the earlier onset of disability-related long-term health conditions and higher birth rates at younger ages (younger parenting) in the Indigenous population (ABS & AIHW 2008; see also chapters 1 and 5). A similar proportion of Indigenous and non-Indigenous Australians aged 65 and over were carers (about 12%).





Notes

1. Rates for non-Indigenous people are taken as the baseline. A rate ratio greater than 1.0 means that Indigenous people were more likely than non-Indigenous people of the same age to be providing informal care. Higher rate ratios mean larger differences.
2. Data for this figure are shown in Table A8.4.

Source: AIHW analysis of ABS 2011 Census.

Figure 8.3: Ratios of age-specific rates of informal carers aged 15 and over, Indigenous people compared with non-Indigenous people, 2011

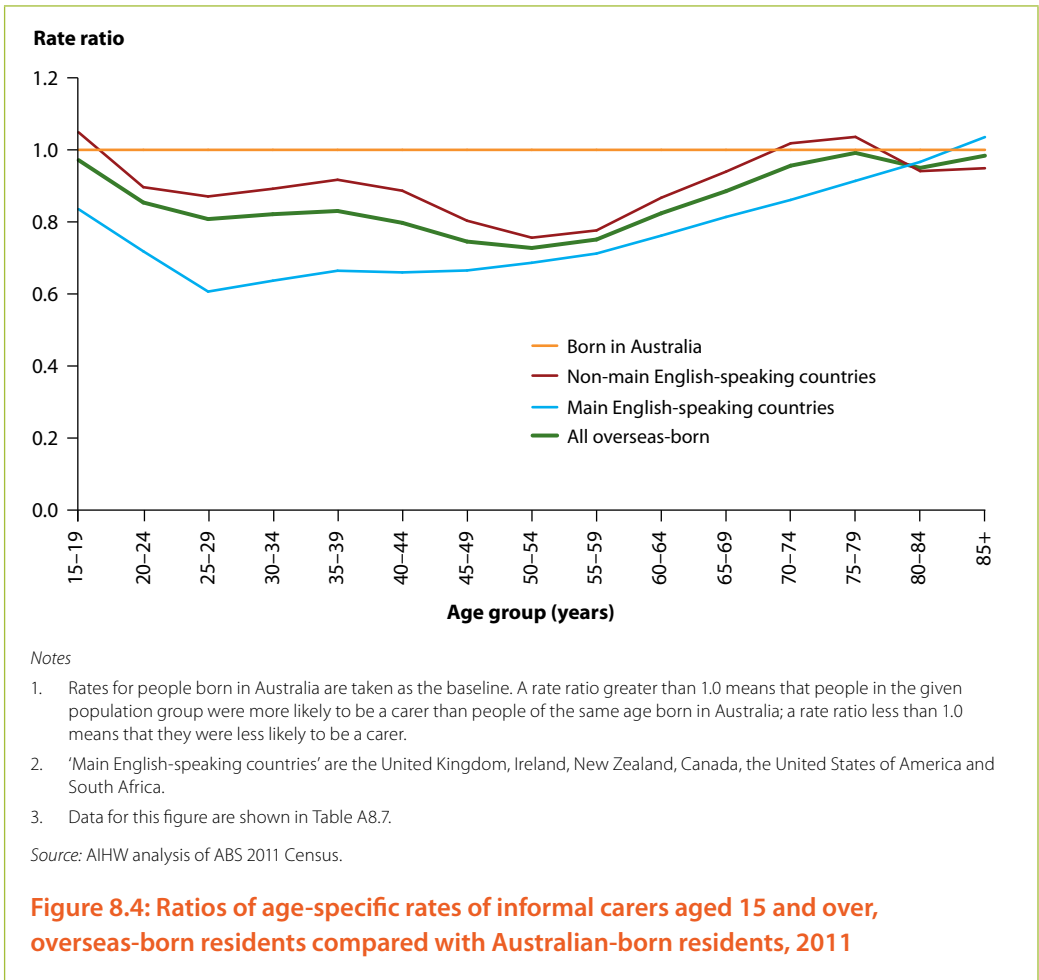
Overseas-born carers

According to the 2011 Census, 27% of all informal carers (512,300) were born overseas (Table A8.5), and the majority of these (66%) were born in non-main English-speaking countries.

Overseas-born Australians were less likely to be providing informal care than Australia-born people. Taking into account differences in age structures and non-response to Census questions, the overall carer rate for Australia-born residents was 12%, compared with 11% for those born in non-main English-speaking countries and 9% for those born in main English-speaking countries (Table A8.6).

The overall carer rate for all overseas-born Australians was lower than Australian-born residents among people aged under 70, except for those aged 15–19. The carer rate for Australians born in main English-speaking countries was lower than both Australia-born residents and people born in non-main English-speaking countries across all ages, except for those aged 80 and over (Figure 8.4).





Carers with disability

Carers often have disability themselves. According to the 2009 SDAC, 33% of carers (867,300 carers) had disability (AIHW analysis of ABS 2012). More than one-third (39%) of primary carers aged 15 and over (303,300) had disability, including 9% with severe or profound core activity limitation (Table 8.3).

Data from the 2011 Census indicate that 5% of informal carers aged 15 and over needed help with core activities themselves. The rate of need for such help increased with the age of carers, from 2% for carers aged 15 to 44 to 12% for older carers aged 65 and over (Table 8.4).

Depending on age, Indigenous carers were between 1.5 and 3 times as likely as non-Indigenous carers to need help with core activities in 2006 (ABS & AIHW 2008).



Table 8.4: Informal carers aged 15 and over who needed help with core activities, by age and sex, 2011

Age group (years)	Males	Females	Persons	Males	Females	Persons
	Per cent ^(a)			Number		
15–44	2.6	2.3	2.4	7,046	9,837	16,883
45–64	4.2	3.6	3.8	13,438	19,778	33,216
65+	12.1	12.2	12.2	16,713	21,521	38,234
Total 15–64	3.5	3.1	3.2	20,484	29,615	50,099
Total 15+	5.1	4.5	4.7	37,197	51,136	88,333

(a) Per cent of carers of that age group and sex.

Note: Excludes people who did not respond to the related Census questions.

Source: AIHW analysis of ABS 2011 Census.

Physical and emotional wellbeing

Providing informal care may have beneficial and adverse effects on a carer's physical and emotional wellbeing. In 2009, 22% of primary carers reported feeling satisfied due to their caring role. About one-third (32%) reported that their 'overall physical and emotional wellbeing' had changed due to their caring role.

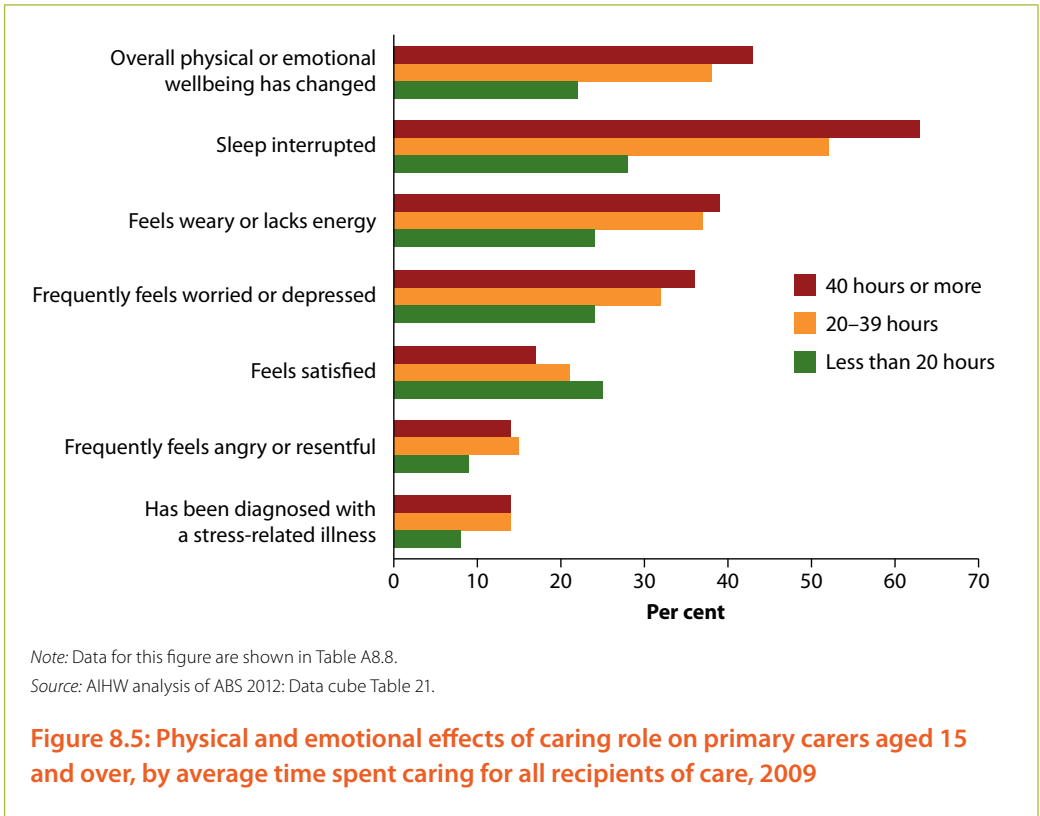
Some specific adverse effects of caring on primary carers include (Table A8.8):

- feeling weary or lacking in energy (32% of primary carers)
- frequently feeling worried or depressed (30%)
- being diagnosed with a stress-related disorder (11%)
- sleep interruption (45%).

Primary carers who spent an average of 40 hours or more a week providing care were more likely than those providing care for less than 20 hours a week to report, as a result of their caring role (Figure 8.5):

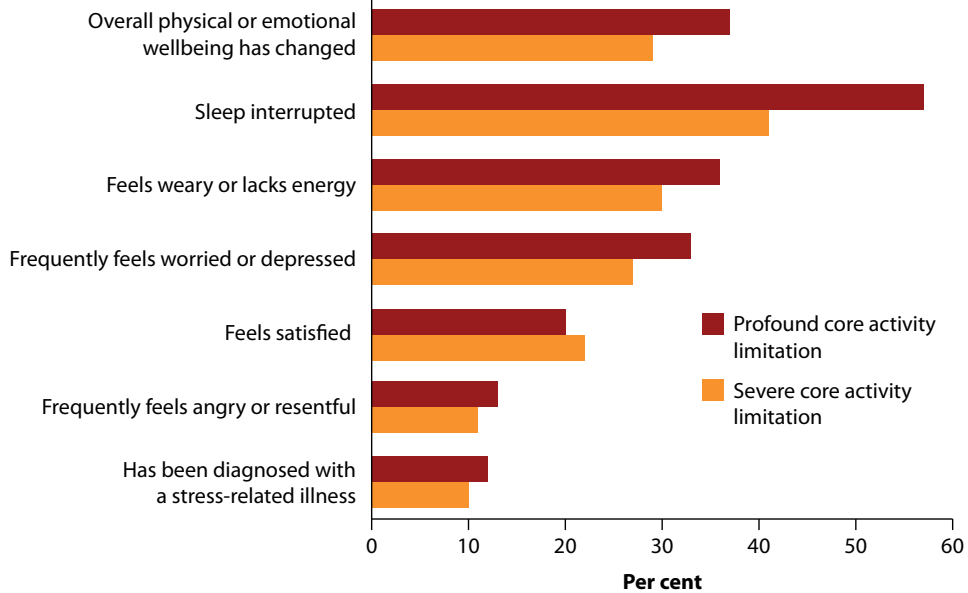
- a changed overall state of wellbeing (43% versus 22%)
- feeling weary or lacking in energy (39% versus 24%)
- frequently feeling worried or depressed (36% versus 24%)
- being diagnosed with a stress-related disorder (14% versus 8%)
- sleep interruption (63% versus 28%).





Caring for a person with severe or profound disability may be an intensely demanding experience. In the 2009 SDAC, information on the disability status of the main recipient of care is only collected for co-resident main recipients of care. Co-resident primary carers of people with profound core activity limitation (that is, a person who *always* needs help or supervision with one or more core activities) were more likely to report a change in their overall state of wellbeing (37%) due to their caring role than those caring for a person with severe core activity limitation (that is, a person who *sometimes* needs help or supervision with one or more core activities) (29%) (Figure 8.6). There were some other differences in the adverse effects of caring between the two groups of co-resident carers. For example, 57% of those caring for a person with profound core activity limitation reported interruptions to their sleep, compared with 41% of those caring for a person with severe core activity limitation.





Notes

1. Disability status of main recipient of care is only collected for co-resident main recipients of care.
2. Data for this figure are shown in Table A8.9.

Source: AIHW analysis of ABS 2012: Data cube Table 23.

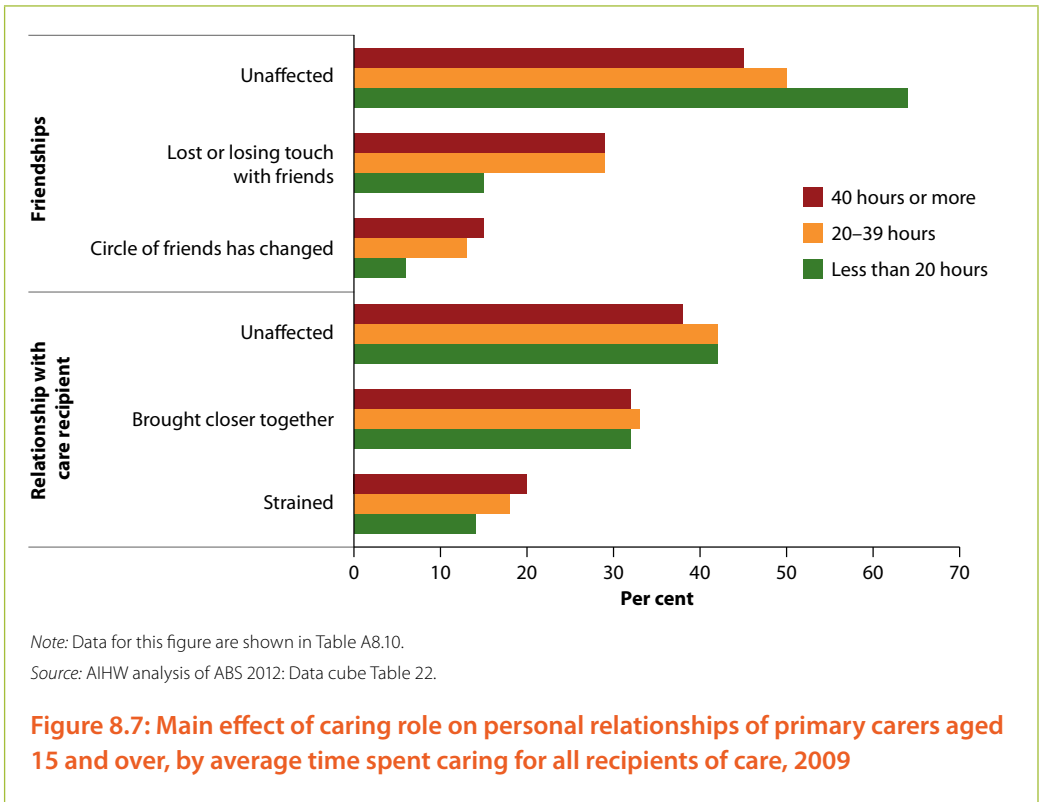
Figure 8.6: Physical and emotional effects of caring role on co-resident primary carers aged 15 and over, by disability status of main recipient of care, 2009

Providing informal care may also affect carers' personal relationships with their care recipients, family and friends. While about one-third (32%) of primary carers felt that caring had strengthened their relationship with the main recipient of care, 17% said that their relationship was strained (Table A8.10). More than half (55%) of primary carers experienced no change in relationships with their friends, while 22% were losing or had lost touch with friends and 11% had changed their circle of friends. Around 17% of primary carers reported that their relationship with their spouse or partner was unaffected and 15% felt that they had been brought closer together, while 7% stated that their relationship was strained.

Primary carers who spent 40 hours a week providing care were more likely than those who provided care for less than 20 hours a week to report that due to the caring role (Figure 8.7):

- the relationship with the main recipient of care was strained (20% versus 14%)
- their circle of friends had changed (15% versus 6%)
- they had lost or were losing touch with existing friends (29% versus 15%).





Labour force participation

Providing informal care may affect the capacity of carers to be involved in paid employment. The 2009 SDAC shows that primary carers aged 15 to 64 had a lower labour force participation rate (54%) than non-primary carers (71%) and the general population (79%). The participation rate of female primary carers (51%) was lower than male primary carers (61%) (AIHW 2011).

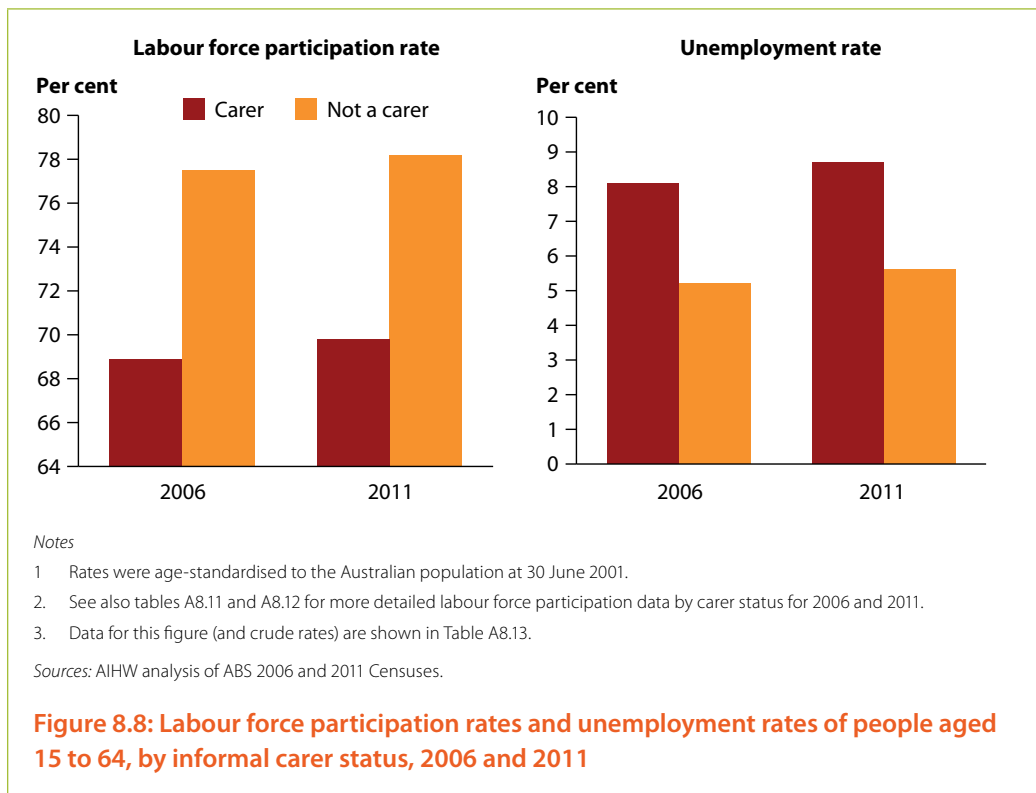
Around 155,000 (20%) primary carers aged 15 and over who were not in the labour force had been in paid employment just before the start of their caring role. Around 21% (95,000) of primary carers who were not in the labour force indicated that they would like to participate in paid work (AIHW analysis of ABS 2012: Data cube Table 15).

Data from the 2006 and 2011 Censuses are used to identify recent changes in overall employment and unemployment levels among informal carers, pending the release of the 2012 SDAC data. In the comparisons of informal carers and non-carers, the labour force participation rates and unemployment rates shown are age-standardised rates; these rates take into account differences in the age structures between the two population groups and within the two groups over time. These age-standardised rates should only be compared with other age-standardised rates, not with any crude rates.



Between 2006 and 2011, the age-standardised labour force participation rate for those aged 15 to 64 increased for carers (by 0.9 percentage points from 68.9% to 69.8%) as well as for non-carers (by 0.7 percentage points from 77.5% to 78.2%) (Figure 8.8). The gap between the rate for carers and non-carers was the same in 2006 and 2011—around 8 percentage points lower for carers in both years. In both years, the difference in the participation rate between carers and non-carers was larger for females than males—in 2011, the difference was 8.2 percentage points for females and 4.9 percentage points for males.

During the same period, the age-standardised unemployment rate for people aged 15 to 64 increased for carers (by 0.6 percentage points from 8.1% to 8.7%) and non-carers (by 0.4 percentage points from 5.2% to 5.6%) (Figure 8.8). The gap between the unemployment rate of carers and non-carers remained almost the same between 2006 and 2011, and was around 3 percentage points higher for carers in both years. The difference in unemployment rate between carers and non-carers was larger for males (3.4 percentage points in 2011) than for females (2.9 percentage points in 2011).

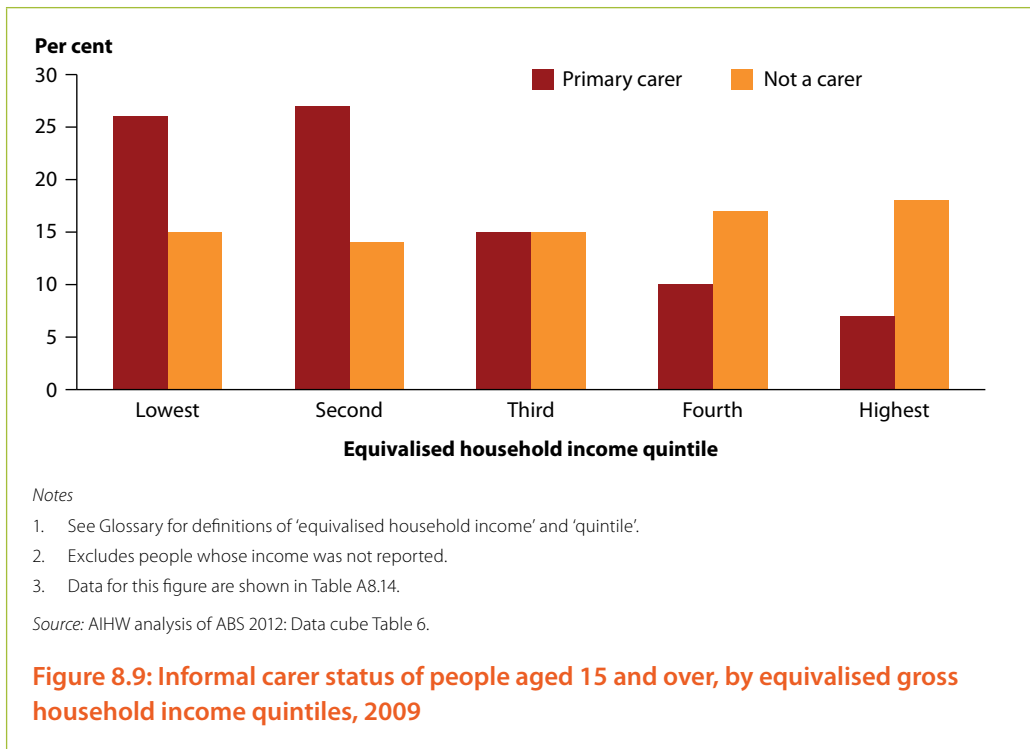


Carers' financial circumstances

The capacity of informal carers to earn income and accumulate wealth may be affected by their caring role. According to the 2009 SDAC, 45% of primary carers reported that their caring role had either reduced their income (21%) or created extra expenses (24%). Around 45% of primary carers aged 15 to 64 and 78% of primary carers aged 65 and over relied on a government pension or allowance as their main source of personal cash income (AIHW 2011).



The 2009 SDAC shows that primary carers were more likely than non-carers to live in low-income households. Among people aged 15 and over, 26% of primary carers were in the lowest equivalised gross household income quintile, compared with 15% of non-carers (see Glossary for definition of equivalised household income). Those not in the caring role were 2.5 times as likely to be in the highest income quintile as primary carers (18% versus 7%) (Figure 8.9).



8.5 Services and payments for informal carers

There are a number of government-funded services available to assist informal carers and their care recipients—see Box 8.2.

Data about informal carers are collected in a number of administrative data sets, as described in Box 8.3. Unlike the SDAC and Census data, the administrative data pertain to various subgroups of the informal carer population—that is, those who are clients of specific programs (or the carers of those clients). Thus these data are not generalisable to the overall population of informal carers. Due to data quality issues, data about carers in the Disability Services National Minimum Data Set (DS NMDS) and the Home and Community Care Minimum Data Set (HACC MDS) should be used with some caution. In particular, data on the age, sex and co-residency of carers was missing in many cases in both collections. As well, data about whether the client had a carer was missing in 7% of cases in the HACC MDS in 2010–11 and in 5% of cases in the DS NMDS in 2011–12. Cases with missing data on the relevant questions were excluded from the analyses shown in this section.



Box 8.2: Services that support informal carers

Services which are funded by the Australian Government and/or state and territory governments that provide information and support for informal carers include:

- Home and Community Care (HACC) services for carers—carer counselling, respite, personal care and domestic assistance for older people, younger people with disability and their carers (note that HACC services are known as Basic Community Care Services from 1 July 2012 for people aged under 65 or, for Indigenous people, aged under 50)
- Aged Care Assessment Program (ACAP)—assessment services (see Section 6.7 for further information)
- Community Aged Care Packages (CACP), Extended Aged Care at Home (EACH) and Extended Aged Care at Home Dementia (EACHD)—‘packaged care’ through which respite can be received (note that EACHD packages will be discontinued under proposed aged care reforms—see Section 6.7)
- Disability support services provided under the National Disability Agreement (NDA)—personal care and respite for people with disability
- Veterans’ Home Care—low-level care services, including respite services, to eligible veterans, and war widows and widowers
- Commonwealth Respite and Carelink Centres—advice and coordination around respite services for relatives and friends caring for someone at home
- National Respite for Carers Program (NRCP)—respite services, information and counselling
- National Carer Counselling Program—short-term counselling and emotional and psychological support services for carers
- Young Carers Respite and Information Services Program—respite and information services to assist young carers who need support to complete their secondary education or vocational equivalent due to the demands of their caring role
- Respite Support for Carers of Young People with Severe or Profound Disability Program—immediate and short-term respite as well as information on respite services
- MyTime Peer Support Groups for Parents of Young Children with Disability—assists parents and carers of children up to the age of 16 with disability or a chronic medical condition
- Mental Health Respite: Carer Support—a range of flexible respite and family support options for carers of people with severe mental illness/psychiatric disability and carers of people with an intellectual disability
- Dementia Education and Training for Carers (DETC)—dementia education
- Dementia Behaviour Management Advisory Service (DBMAS)—dementia behaviour management clinical intervention and training.

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Box 8.3: Data about informal carers in selected administrative data sets

Disability Services National Minimum Data Set

Data on disability support services provided under the NDA are collected annually in the Disability Services National Minimum Data Set. The DS NMDS defines an informal 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'. Under the DS NMDS, informal carers do not include paid or volunteer carers that are organised by formal services. While it is recognised that two or more people may equally share the caring role, for the purposes of this collection, characteristics are only requested for one carer. In the DS NMDS, a 'primary carer' is 'the person who provides the most significant care and assistance related to the service user's capacity to remain living in their current environment' (AIHW 2012b).

HACC Minimum Data Set

Data on HACC clients are collected annually in the HACC Minimum Data Set. In that MDS, an informal carer is defined as 'a person such as a family member, friend or neighbour, who provides regular and sustained care and assistance to another person without payment other than a pension or benefit. The definition excludes formal care services such as care or assistance provided by paid workers or volunteers arranged by formal services'. Sometimes a care recipient may have more than one person who could be described as their carer. In these cases, information on the carer who provides the most significant care and assistance is recorded, that is, the primary carer (DoHA 2006).

HACC data presented in this chapter were derived from the HACC MDS National Data Repository for all jurisdictions except New South Wales. Data for that state were provided separately by the New South Wales State Data Repository. The AIHW collated those data with data for the other states. Consequently, HACC data published in this chapter may differ from those published in other reports.

Aged Care Assessment Program

Data on Aged Care Assessment Program clients are collected through the ACAP MDS. In that collection, a carer is defined as someone, such as a family member, friend or neighbour, (excluding paid or volunteer carers organised by formal services) who has been identified by the individual, carer or significant other as providing regular and sustained care and assistance to the person without payment other than a pension or benefit (DoHA 2011a). The carer may or may not live with the person for whom they care. Information is only collected about one carer in this collection, who is referred to as the main carer. The main carer is the person who is identified by the client and/or a carer as providing the most significant amount and type of care and assistance related to the client's capacity to remain living at home.

8



How many service users had a carer?

According to data from the DS NMDS, around 133,800 (44%) disability support service users had an informal carer in 2011–12 (an increase of 24% from 108,100 in 2007–08). The proportion of all service users with a carer has remained relatively steady since 2008–09 (at 43% to 44%) (Table A8.15; AIHW 2013).

Data from the HACC MDS indicate that both the number and proportion of HACC clients who had an informal carer have decreased in recent years—250,400 (29%) had an informal carer in 2010–11, compared with 272,200 (39%) in 2006–07, a decrease of 8% (Table A8.16).

Data from the ACAP MDS suggest that the proportion of ACAP clients with an informal carer has increased from 119,200 (81%) in 2006–07 to 125,200 (85%) in 2010–11 (Table A8.17).

Characteristics of carers

Age and sex

Women provide the majority of informal care to recipients of disability support, HACC and ACAP services, often as the mother of young care recipients, or the child or spouse of older care recipients (tables A8.18 to A8.21). However, there are some differences between programs—the proportion of male carers of recipients of HACC (around 32% in 2010–11) and ACAP services (33% in 2010–11) was higher than that for disability support service users (around 14% in 2011–12) (tables A8.17, A8.18 and A8.19).

Age patterns and care relationships among carers vary between programs. For example, in 2011–12, the majority of disability support service users' carers were aged under 65. Of these, most were women aged 25–44, and many were caring for their child (Table A8.19). In contrast, within the HACC program in 2010–11, carers tended to be older, with most aged 45 and over, and they were often caring for either a spouse or a son or daughter (tables A8.18 and A8.20).

Co-residency status

The majority of informal carers of disability support service users (83% in 2011–12) and HACC clients (77% in 2010–11) were co-resident carers (that is, living in the same household as the care recipient) (tables A8.15 and A8.20). However, the co-residency pattern is different for ACAP, with clients only slightly more likely to have a co-resident carer (53%) than a non-resident carer (47% in 2010–11). This balance has shifted from 2006–07, when it was 58% co-resident and 42% non-resident carer (Table A8.17).

Services for informal carers

Home and Community Care program

The HACC program provides two types of services directly to informal carers: counselling and respite care. In 2010–11, around 47,600 (19%) HACC clients with an informal carer received counselling (22,600) and/or respite services (28,100), an increase of 3% from around 46,300 in 2009–10 (Table A8.22; AIHW 2011).



National Disability Agreement

The NDA provides respite services to service users, which is also of direct benefit to informal carers. In 2011–12, around 37,000 people with disability who were receiving services under the NDA used respite services—an increase of 17% since 2007–08 (AIHW 2013: Table 5.2). Most respite services were provided as ‘flexible respite’ (22,200), which may include any combination of ‘own home and host family/peer support respite’ (Table A5.13).

National Respite for Carers Program

The NRCP provides respite, information and counselling to primary carers of people who are unable to care for themselves. NRCP services are targeted to assist carers of:

- frail aged Australians (aged 65 and over, or aged 50 and over for Indigenous people)
- people with dementia
- people with dementia and challenging behaviours
- younger people with disability (people under the age of 65, or under the age of 50 for Indigenous people)
- people with a terminal illness requiring palliative care
- people with high-care needs
- employed carers (DoHA 2012e).

In 2011–12, the NRCP provided assistance to 109,200 primary carers. Services were delivered through:

- 54 Commonwealth Respite and Carelink Centres, which provided information and access to emergency respite—accessed by 73,200 carers
- 650 respite services, which provided planned respite in a variety of settings, including in the person’s home, by host families, at day centres, and at community overnight respite cottages—accessed by 30,900 carers
- the National Carer Counselling program (through Carers Australia), which provided short-term emotional and psychological support services to carers—accessed by around 5,100 carers
- the Carer Information Support Service (through Carers Australia) (DoHA 2011b, 2012a, 2012d, 2012e).

As noted above, the NRCP provided 30,900 primary carers with respite services in 2011–12 (Table 8.5). Although this was less than in the previous 2 years, the number of actual hours of respite delivered remained at more than 5.1 million (Table A8.23; DoHA 2010, 2012a). The most common form of respite was ‘day care centre-based’, which had both the greatest number of care recipients and the greatest number of respite hours (Figure 8.10).

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Table 8.5: Respite services provided by the National Respite for Carers Program to primary carers, by selected characteristics, 2008–09 to 2011–12

Selected characteristic ^(a)	2008–09	2009–10	2010–11	2011–12
New carers receiving support	12,453	12,811	12,267	11,656
Carers from an Aboriginal or Torres Strait Islander background	1,435	1,583	1,577	1,567
Carers from a culturally and linguistically diverse background ^(b)	5,733	6,415	6,229	6,227
Carers from rural areas	7,471	7,890	7,566	7,489
Carers from remote areas	2,216	2,053	2,632	2,328
Employed carers	8,698	10,304	10,116	10,364
Carers with financial or social disadvantage	9,499	10,371	10,502	10,692
Carers receiving emergency respite	3,397	3,429	3,026	3,030
Primary carers supported in a 12-month period	29,992	37,220	31,862	30,906

(a) Primary carers may have more than one of the characteristics listed so the columns do not sum to the total number of primary carers supported.

(b) For the purposes of the NRCP, carers are defined as from a 'culturally and linguistically diverse background' when they have particular cultural or linguistic affiliations due to their: place of birth or ethnic origin, main language other than English spoken at home, and/or proficiency in spoken English.

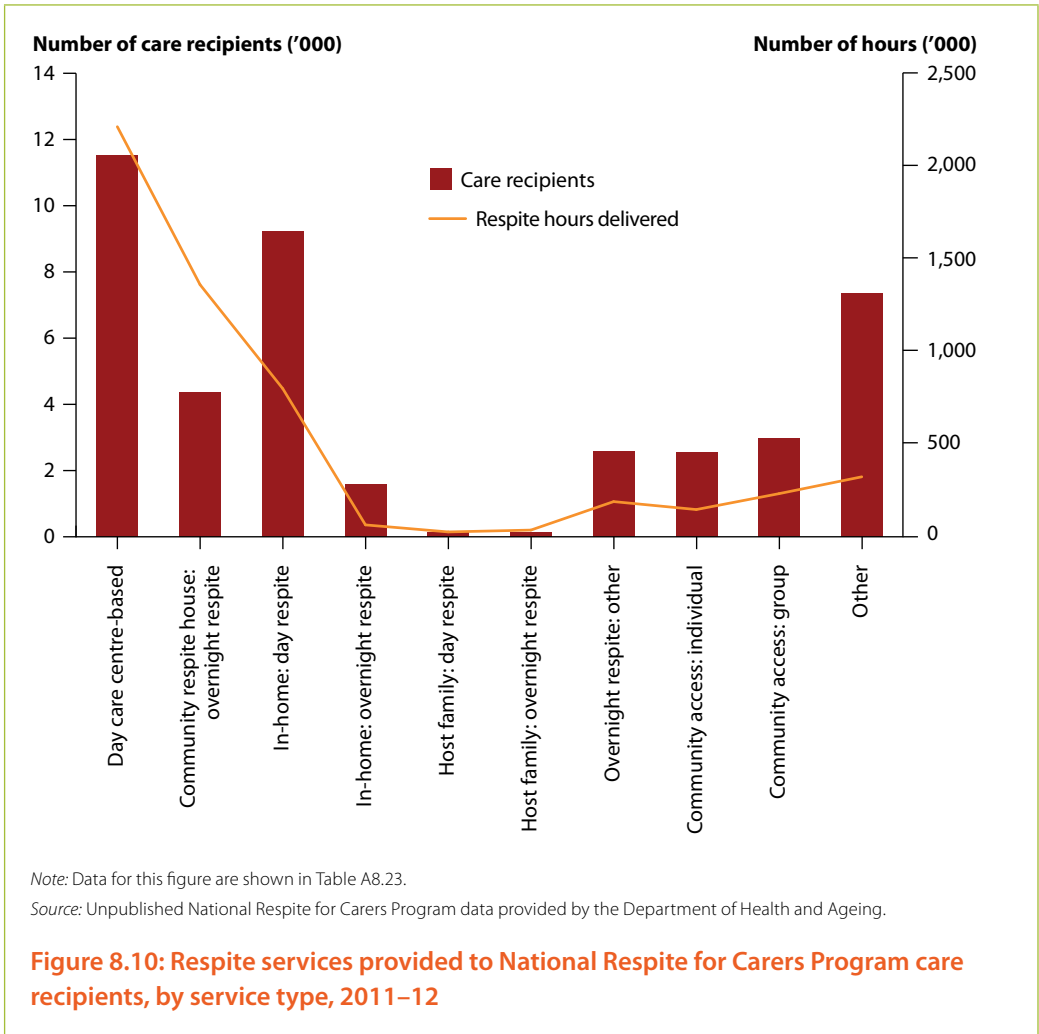
Source: Unpublished National Respite for Carers Program data provided by the Department of Health and Ageing.

In 2011–12, carers from an Indigenous background comprised 5% of primary carers receiving NRCP respite services, while those from culturally and linguistically diverse backgrounds comprised 20% (Table 8.5).

In 2011–12, people with dementia comprised the largest group of NRCP care recipients, at 13,400—92% of whom were aged 65 and over (Table A8.24). Around 6,000 recipients were identified as having dementia and challenging behaviour, of whom 89% were aged 65 and over. People with disability were the next largest group of respite care recipients, at just under 7,900—59% of whom were aged 65 and over.

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The Dementia Education and Training for Carers program is administered through Commonwealth Respite and Carelink Centres. This program aims to increase the competence and confidence of carers of people with dementia by providing skill-enhancement activities such as driving lessons, education about dealing with challenging behaviours, and personal care skills (DoHA 2012b). The program assisted 3,700 family carers in 2011–12 (DoHA 2012c).

Under the National Health Reforms, and in particular the proposed aged care reforms, the NRCP will be rolled into a Commonwealth Home Support Program from 1 July 2015, along with the HACC program for older people, the Day Therapy Centres program and the Assistance with Care and Housing for the Aged program (DoHA 2012a).



Dementia Behaviour Management Advisory Service

The DBMAS provides clinical interventions to help aged care staff and family carers improve the care of people with dementia where the person's behaviour affects their care. The DBMAS provides education and tailored information workshops, assessment and short-term case management, clinical supervision, and mentoring and modelling of behaviour management techniques (DoHA 2012c).

Multi-disciplinary DBMAS teams may include registered nurses, occupational or diversional therapists, social workers and other health or aged care professionals. In 2011–12, DBMAS teams received around 1,100 referrals for assistance from informal carers and provided 1,536 in-home clinical interventions. Around 1,200 family carers also received training and/or education (DoHA 2012c).

Payments

Selected payments made to eligible informal carers by the Australian Government are listed in Box 8.4 and include: Carer Payment (caring for a child or an adult), Carer Allowance (caring for a child or an adult), Child Disability Assistance Payment and Carer Supplement.

Box 8.4: Financial assistance for informal carers

Australian Government-funded payments for informal carers include:

- Carer Payment—a means-tested income support payment made to informal carers who are unable to maintain substantial paid employment due to caring responsibilities for a person with severe disability or medical condition, or who is frail aged.
- Carer Allowance—a supplementary payment made to informal carers of people with disability or a severe medical condition. It is not subject to an income or assets test, nor is it included as income for social security or family assistance purposes. Those receiving Carer Payment for a child generally automatically receive Carer Allowance.
- Child Disability Assistance Payment—a single, annual payment of \$1,000 to recipients of Carer Allowance (caring for a child under the age of 16), to assist with the purchase of therapy, aids and equipment, among other things.
- Carer Supplement—a single, annual payment of \$600 paid to recipients of Carer Allowance for each person they care for. An additional \$600 Carer Supplement is paid to recipients of one of the following income support payments: Carer Payment, Department of Veterans' Affairs (DVA) Carer Service Pension and those recipients of Wife Pension and DVA Partner Service Pension who also receive Carer Allowance.

Sources: DHS 2012a, 2012b; FaHCSIA 2012.



In 2011–12, Australian Government expenditure on these payments comprised:

- \$3.18 billion on Carer Payment. At June 2012, around 205,600 people received this payment (AIHW 2011; FaHCSIA 2012; Table 8.6).
- \$1.75 billion on Carer Allowance, including both Carer Allowance (adult) and (child). At June 2012, 549,600 people received this allowance (AIHW 2011; FaHCSIA 2012; Table 8.6).
- \$164 million on the Child Disability Assistance Payment. At June 2012, 148,900 carers received this payment (AIHW 2011; FaHCSIA 2012).
- \$480 million on the Carer Supplement. At June 2012, 557,200 people received this supplement (FaHCSIA 2012).

Carer Payment and Carer Allowance

The majority of recipients of Carer Payment and Carer Allowance were female: 69% and 74% respectively in June 2012 (Table 8.6).

Table 8.6: Recipients of the Carer Payment and/or Carer Allowance, by sex, June 2012

Sex	Carer Payment		Carer Allowance ^(a)	
	Number	Per cent	Number	Per cent
Males	63,641	31.0	143,639	26.1
Females	141,924	69.0	405,999	73.9
Persons	205,565	100.0	549,638	100.0

(a) Excludes those who received a Health Care Card only.

Source: Unpublished data provided by the Department of Human Services.

At June 2012, most people who received Carer Payment and/or Carer Allowance were caring for an adult (defined as a person aged 16 or over) rather than a child (aged under 16) (Table 8.7). The most common care relationship for people caring for an adult was 'partner' (around half of these recipients). Other common relationships were caring for their adult child and caring for their parent. Not surprisingly, the most common care relationship for carers caring for a child is parental.



Table 8.7: Relationship of Carer Payment recipients and Carer Allowance recipients to their care receivers^(a), June 2012

	Carer caring for adult		Carer caring for child	
	Number	Per cent	Number	Per cent
Carer Payment				
Child	43,707	23.5	<20	n.a.
Parent	21,867	11.8	19,694	94.0
Step parent	<20	n.p.	n.p.	n.p.
Partner	90,427	48.6	<20	n.a.
Other relation	17,556	9.4	444	2.1
Unrelated	11,496	6.2	308	1.5
Not specified	n.p.	n.p.	487	2.3
Total	186,084	100.0	20,964	100.0
Carer Allowance				
Child	85,876	19.7	n.p.	n.p.
Parent	63,893	14.6	154,469	97.4
Step parent	<20	n.p.	—	—
Partner	228,469	52.4	n.p.	n.p.
Other relation	34,514	7.9	2,281	1.4
Unrelated	23,418	5.4	1,813	1.1
Not specified	<20	n.p.	<20	n.p.
Total	436,184	100.0	158,564	100.0

(a) Data are based on the number of care receivers, not the number of carers.

Source: Unpublished data provided by the Department of Human Services.

8



8.6 Where to from here?

Data issues

There are several sources of national data about carers in Australia, including the Survey of Disability, Ageing and Carers, the Census and various administrative databases. Data limitations include:

- no consistent definition of an 'informal carer' and a 'care recipient' across various data collections
- the methods of identifying carers vary in different data collections and often change over time within a collection
- administrative data collections are, by definition, restricted to the scope of service program clients, and cannot be used to estimate the total number of carers
- although the SDAC distinguishes between 'carers' and 'primary carers', detailed data are collected only about primary carers
- the SDAC definition of 'informal carers' excludes intermittent or short-term carers
- data collections based on self-reported responses may have a high non-response rate for some data items, resulting in the number of carers being underestimated.

Disability Services National Minimum Data Set redevelopment

The AIHW is in discussions with the Disability Policy and Research Working Group (a national advisory group on disability) about redeveloping the DS NMDS to provide a better evidence base for the administration, planning and management of specialist services for people with disability and their carers. In 2012, the AIHW produced a revised disability data dictionary that includes most of the items in the current DS NMDS, and proposes new items to enable collection of:

- more sociodemographic information about carers
- more information on the capacity of carers, and the nature of supports they provide
- information on carers' involvement in the planning, delivery and assessment of support services.

ABS population survey and Census data developments

Results from the 2012 SDAC are due to be released in late 2013. The ABS is reviewing the SDAC survey content for the 2015 collection, including information about informal carers.

In preparation for the 2016 Census, the ABS is reviewing the questions on disability and unpaid assistance provided to a person with disability. The review will look at the topic of 'core activity need for assistance' and related topics on unpaid work, including unpaid care of others due to disability, illness or old age.



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8



Chapter 9



Community services workforce

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9 Community services workforce

At a glance

The workforce

- There were 755,400 paid workers in community services occupations in Australia in 2011—an increase of 24% from 2006.
- Aged and disabled care workers was the largest occupational group in community services industries in 2011 (86,300), followed by child care workers (80,600).
- The Department of Education, Employment and Workplace Relations has projected that community services industries will grow by 6% to 33% (depending on the specific industry) between 2012 and 2017, compared with 7% growth for all industries.

The workers

- In 2011, more than 4 in 5 (87%) workers in community services occupations were women; just over half (57%) worked part time and less than 1 in 20 (3%) identified as being from an Indigenous background.
- In 2011, 20% of the community services workforce was aged 55 and over compared with 16% in 2006, while 29% were aged under 35 in both 2006 and 2011. The average age of the workforce increased from 42 to 43 years over that period.

Potential entrants to the paid workforce

- Between 2007 and 2011, the number of students in the higher education sector completing courses relating to community services occupations increased by 15% from 5,900 to 6,800.
- In 2011, there were 204,600 enrolments in community services occupation-related vocational education and training courses.

The volunteers

- In 2010, 6.1 million adults had participated in voluntary work—22% of whom assisted in welfare and community organisations.
- Women were more likely than men to volunteer in welfare and community organisations (10% and 6% of adults, respectively).

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9.1 Introduction

The community services workforce comprises people in paid employment who provide community services such as personal and social support, child care, and corrective services. Family members and other informal carers complement the assistance provided by this workforce (see Chapter 8), as do volunteers.

The provision of community services depends on the existence of an adequate, accessible and sufficiently skilled workforce. Changes in the size, distribution and capability of this workforce can affect outcomes for clients and the ability of service providers to meet the demand for their services. Detailed information on the size and characteristics of the community services workforce is therefore of interest to service providers, their clients, as well as other stakeholders, including policymakers and planners, and industry associations.

This chapter presents information on the paid community services workforce (Section 9.3), as well as on volunteers (Section 9.4).

9.2 Key policies and initiatives

This section outlines key decisions, policies and initiatives likely to affect the community services workforce in coming years. Note that their impact is not usually quantifiable immediately, or in the short term, due to the time lag from when the policies and initiatives are implemented to when they can be evaluated.

Annual wage review

In 2011, Fair Work Australia heard an equal remuneration case to consider the wage rate for community services workers in relation to those of the general labour market and in regard to issues of gender equity (FWA 2012a). As a result, an equal remuneration order was handed down on 22 June 2012 which set new minimum wages from 1 December 2012 for some workers covered by the *Social, Community, Home Care and Disability Services Industry Award 2010* (FWA 2012b, 2012c). The order sets out how significant pay increases will be phased in over 8 years from December 2012 (FWA 2012d).

In November 2012, the Australian Government set aside \$2.8 billion in the legislated Social and Community Services Pay Equity Special Account to supplement eligible organisations that deliver Australian Government programs, and to meet its share of funding increases to organisations that deliver programs through Australian Government and state and territory government agreements (FaHCSIA 2012).

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Early childhood education and care

The National Quality Framework for Early Education and Care that took effect from 1 January 2012 aims to raise the standard of child care through various initiatives, including by introducing new requirements for carer-to-child ratios (Table 9.1). In addition, by 1 January 2014, new qualification requirements for child care workers and early childhood educators will apply in most states and territories (ACECQA 2012b). The remaining jurisdictions have transitional arrangements in place to meet the qualification requirements.

Other initiatives likely to affect the employment of workers in the early childhood sector include the National Early Years Workforce Strategy 2012–2016 and the National Framework for Protecting Australia's Children 2009–2020. For more information on these and other initiatives pertaining to children's services, see Section 4.2.

Table 9.1: Early childhood carer-to-child ratios as required under the National Quality Framework for Early Education and Care

Care type	Age group	Carer-to-child ratio	Timeframe for compliance
Centre-based services	Birth to 24 months	1 to 4	1 January 2012—in all states and territories except WA 1 August 2012—in WA
	Over 24 months and less than 36 months	1 to 5	1 January 2012—in Tas, ACT and NT 1 August 2012—in WA 1 January 2016—in NSW, Qld and SA Saving provision ^(a) applies in Vic
	36 months up to and including preschool age	1 to 11	1 January 2012—in NT 1 January 2016—in Vic, Qld and ACT Saving provision ^(a) applies in NSW, WA, SA and Tas
	Over preschool age	No national ratio has been set (state and territory ratios may apply)	
Family day care	Birth to 13 years	1 to 7 with no more than 4 children who are preschool age or under	1 January 2012—in Vic, Qld, SA and ACT 1 January 2014—in NSW, WA, Tas and WA

(a) Some states have made provisions that affect requirements to services.

Source: ACECQA 2012a.

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Aged care workforce reform

The *Living Longer. Living Better* aged care reform package (DoHA 2012b), announced by the Australian Government on 20 April 2012, included funding of up to \$1.2 billion over 4 years from July 2013 for the Addressing Workforce Pressures Initiative (DoHA 2013b). The initiative aims 'to address the attraction, retention, remuneration, education, training and career development of aged care workers' (DoHA 2013a).

In addition, in September 2012, the Australian Government announced funding of \$10.2 million for projects to better prepare the aged care workforce to care for older Australians and tackle workforce shortages. The funding was provided under the Aged Care Workforce Reform initiative of Health Workforce Australia, which began in July 2012 and runs until January 2014 (HWA 2013). More information about older Australians and aged care services is in Chapter 6.

Disability services

Major reform of the disability services sector is occurring through the introduction of a disability insurance scheme known as DisabilityCare Australia (FaHCSIA 2013). This may have an effect on the workers in the sector and, more broadly, the community services workforce. The National Health Reform Agreement (NHRA) 2011, as well as revisions to the National Disability Agreement, may also affect workers in the disability sector. The NHRA sets out changes in Australian Government and state and territory government responsibilities for the delivery of programs for people with disabilities and older Australians. For more information about these agreements, DisabilityCare Australia and services for people with disability, see Section 5.2.

Mental health reform

In 2012, the Council of Australian Governments endorsed the Roadmap for National Mental Health Reform 2012–2022 initiative (COAG 2012). Strategies that may affect the community services workforce include finalising a National Mental Health Service Planning Framework, and the expansion and better distribution of the mental health workforce.

9.3 Paid workforce

ABS data are used to describe the overall community services workforce in this chapter. These data include information on the industry in which people work and their occupation. Industries are defined according to the services they provide, while occupations are defined by the activities of the workers. Information on the ABS categories of 'community services industries' and 'community services occupations' as defined for the purposes of this chapter is in boxes 9.1 and 9.2. Data from a range of other data sets, including the ABS Community Services Survey, were presented in *Australia's Welfare 2011* (AIHW 2011); since new data are not available from these collections, they are not included here.



Community services industries comprise organisations, agencies and individuals that are mainly engaged in providing various types of care and welfare services. As defined by the Australian and New Zealand Standard Industrial Classification (ANZSIC) (ABS 2006b), these range from accommodation for the aged, assistance for people with disability, and residential and non-residential services for people experiencing housing difficulties, to marriage counselling and child care services. Community services industries, as defined in this chapter (Box 9.1), may not align completely with 'welfare services' categories described elsewhere.

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Box 9.1: Community services industries

For the purposes of this chapter, community services industries are defined as comprising four groups from the ANZSIC: 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, aged care hostel operation, nursing home operation and 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 and 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) and family day care service.


Other social assistance services: organisations mainly engaged in providing a 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. Examples of primary activities include adoption service, adult day care centre, disabilities assistance service, welfare counselling service and youth welfare service.

Source: ABS 2006b:349–350.

In 2011, there were 446,500 people employed in community services industries in Australia, representing 4.4% of workers across all industries. Of all those working in community services industries, 7 in 10 (70%) were working in community services occupations (Figure 9.1).



	Community services industries	Other industries	Total
Community services occupations	310,568 people employed in community services occupations in community services industries (e.g. child care workers in the child care services industry)	438,021 people employed in community services occupations in other industries (e.g. counsellors in education industry)	755,371
Other occupations	131,691 people employed in other occupations in community services industries (e.g. administrators and accountants in the aged care residential services industry)		
Total	446,539		

 Community services workforce

Notes

- Totals include those for whom occupation or industry was inadequately described or not stated.
- Data for this figure are shown in Table 9.2.

Source: Unpublished data provided by the ABS from the 2011 Census.

Figure 9.1: People employed in community services occupations and community services industries, 2011

Community services occupations, as specified in the Australian and New Zealand Standard Classification of Occupations (ANZSCO) (ABS 2006a), include those that provide care (for children, the aged and people with special needs) and counselling (including social workers)—that is, those who are employed in the actual delivery of welfare services. Workers employed in these occupations make up the community services workforce.

There is no agreed definition of which occupations comprise the community services workforce and, as such, definitions are often inconsistent between data collections and reports. The occupations considered to be community services occupations in this chapter have been agreed to in consultation with the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) and the Department of Health and Ageing (DoHA). The selected occupations are listed in Box 9.2, with descriptions available from the ANZSCO (ABS 2006a). Workers in these occupations may be employed in community services industries (Box 9.1) or in other industries (Figure 9.1).



Box 9.2: Community services occupations

Thirteen occupations are considered to be community services occupations, based on the ANZSCO (ABS 2006a), in this chapter:

- child care centre managers
- registered nurses
- psychologists
- welfare, recreation and community arts workers
- welfare support workers
- aged and disabled care workers
- special care workers.
- early childhood (pre-primary school) teachers
- counsellors
- social workers
- enrolled and mothercraft nurses
- child care workers
- nursing support and personal care workers

In addition, four other occupations are included: diversional therapists, education aides, special education teachers and Indigenous health workers. The number of workers in these occupations within community services industries is small, and thus generally not reported separately within this chapter.

Some relevant occupations have not been included due to the absence of relevant categories in the ANZSCO (for example, people working for community housing and for disability employment placement services).

Community services occupations

This section on community services occupations includes people who were employed in either community services industries or in other industries.

Based on data from the ABS 2011 Census, 755,400 workers were in community services occupations, representing 8% of all workers in Australia (Figure 9.1). About 2 in 5 (41%) of those in community services occupations worked in community services industries, with the other 3 in 5 (58%) spread across various industries, in particular health, education, government administration and defence.

Characteristics of community services workers

In 2011, 7 in 10 (70%) workers in the community services industries were in community services occupations, whereas 1 in 20 (5%) in the non-community services industries worked in community services occupations (Table 9.2). Within community services industries, the largest occupational group was aged and disabled care workers (86,300), followed by child care workers (80,600), nursing support and personal care workers (43,000) and registered nurses (31,600) (Table 9.2).



Table 9.2: People employed in community services occupations, by industry, 2011

Occupation	Community services industries							Total: all industries ^(c)
	Aged care residential services	Other residential care services ^(a)	Child care services	Other social assistance services ^(b)	Total	Other industries		
Child care centre managers	29	18	6,890	280	7,217	2,281	9,545	
Early childhood (pre-primary school) teachers	21	3	4,330	118	4,472	13,800	18,334	
Registered nurses	27,274	744	58	3,564	31,640	174,158	206,915	
Counsellors	265	174	7	5,251	5,697	10,498	16,352	
Psychologists	91	161	13	1,259	1,524	16,970	18,602	
Social workers	672	644	69	5,197	6,582	10,200	16,917	
Welfare, recreation and community arts workers	689	1,164	123	5,704	7,680	11,800	19,634	
Enrolled and mothercraft nurses	4,019	98	30	304	4,451	13,376	17,892	
Welfare support workers	2,895	3,591	856	18,413	25,755	23,947	50,207	
Child care workers	156	223	77,690	2,506	80,575	25,207	107,927	
Aged and disabled care workers	35,105	5,086	264	45,823	86,278	20,637	108,215	
Nursing support and personal care workers	37,930	750	26	4,274	42,980	26,957	70,503	
Special care workers	36	466	109	421	1,032	1,719	2,795	
Community services occupations^(d)	112,246	13,211	90,815	94,296	310,568	438,021	755,371	
Other occupations	52,449	5,899	8,022	65,321	131,691	8,823,780	9,113,939	
Total: all occupations^(e)	165,482	19,286	99,030	162,741	446,539	9,377,904	10,058,325	

(a) Includes 'residential care services not further defined'.

(b) Includes 'social assistance services not further defined'.

(c) Totals include those for whom occupation or industry was inadequately described or not stated.

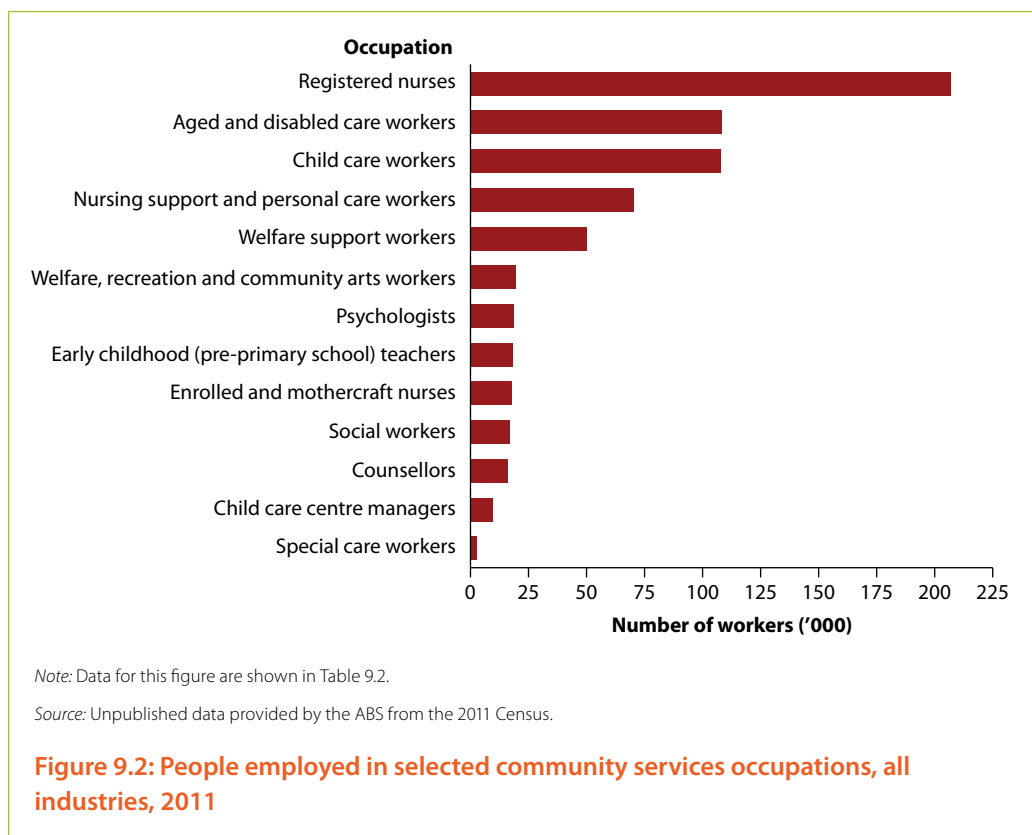
(d) Includes diversional therapists, education aides, special education teachers and Indigenous health workers.

Note: Data have been randomly adjusted by the ABS to avoid the release of confidential information; as a result, data in this table may vary slightly from corresponding data presented elsewhere.

Source: Unpublished data provided by the ABS from the 2011 Census.



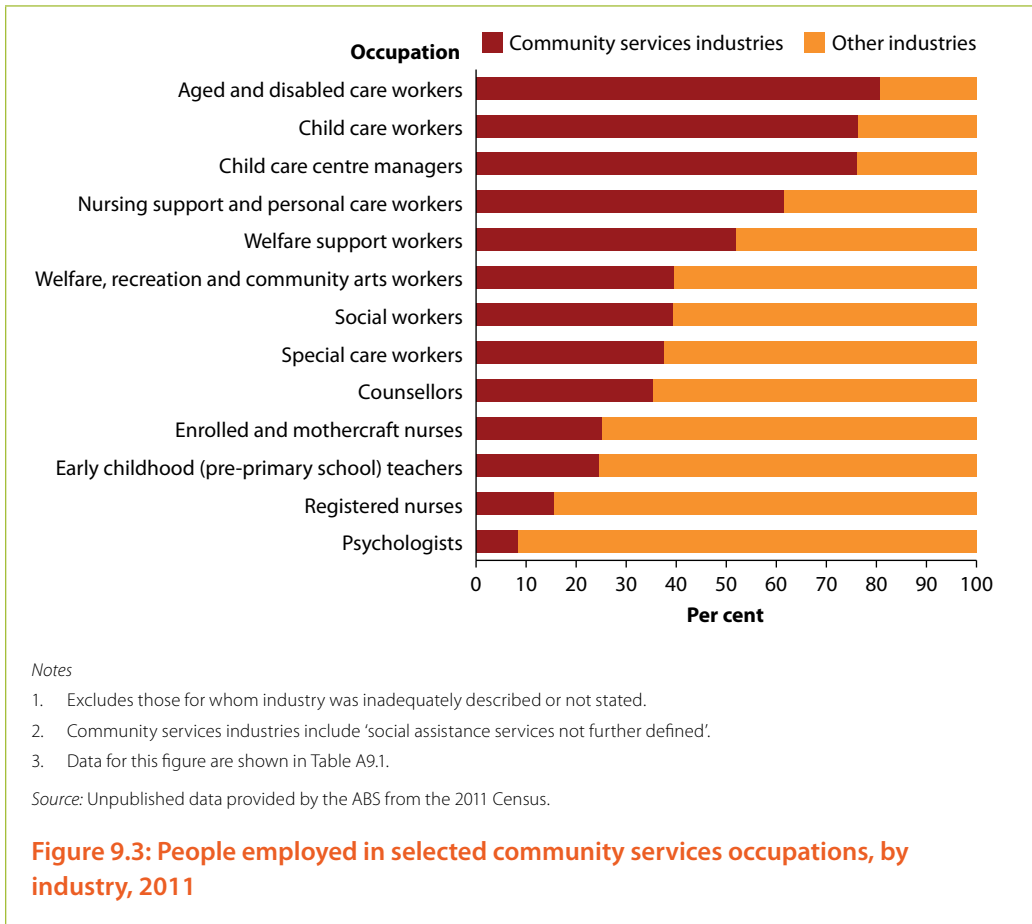
Across all industries, the largest community services occupational group was registered nurses, with 206,900 workers (Figure 9.2). However, fewer than 1 in 6 (15%) registered nurses were employed in community services industries (Figure 9.3).



The largest occupational groups with a majority of their workers employed in community services industries were aged and disabled care workers (108,200, with 81% working in community services industries) and child care workers (108,000, with 76% in community services industries) (Figure 9.3; Table 9.2).

In contrast, psychologists were the most likely community services occupation to be working outside community services industries. In 2011, 92% of the 18,600 employed psychologists worked outside the industry (Figure 9.3; Table 9.2).





In 2011, more than 4 in 5 (87%) workers in community services occupations were women, a similar proportion as in 2006 (87%), but higher than the proportion of women in other occupations (44%). The proportion of female workers in community services occupations was highest among early childhood (pre-primary school) teachers (98%), child care workers (96%) and child care centre managers (92%) (Table 9.3).

The proportion of community services workers in the older age groups has increased over time, with 20% of the workforce aged 55 and over in 2011, up from 16% in 2006. More than one-quarter of counsellors (27%) and aged and disabled care workers (27%) were aged 55 and over in 2011. A relatively small proportion (10%) of child care workers were aged 55 and over (Table 9.3).

More than half (57%) of all community services staff worked part-time hours in 2011, a higher proportion than other occupations (34%). The highest proportion of part-time workers in community services occupations were in aged and disabled care (68%), followed by nursing support and personal care (63%) and enrolled and mothercraft nursing (58%). Child care centre managers were the least likely to work part time (33%) (Table 9.3).



Table 9.3: People employed in community services occupations: selected characteristics, 2006 and 2011

Occupation	Aged under 35 (%)	Aged 55 and over (%)	Average age (years)	Work part time (%)	Women (%)	Indigenous (%)	Number
2011							
Child care centre managers	36.7	12.3	40.0	33.0	92.4	1.8	9,545
Early childhood (pre-primary school) teachers	35.0	13.1	40.4	47.8	98.1	1.3	18,334
Registered nurses	25.8	21.1	43.7	53.1	90.1	0.8	206,918
Counsellors	23.5	27.2	45.4	47.1	76.5	3.3	16,349
Psychologists	28.2	24.3	44.0	47.6	77.9	0.4	18,603
Social workers	31.9	19.7	42.4	38.7	83.2	2.7	16,915
Welfare, recreation and community arts workers	31.7	18.6	42.1	37.7	76.9	6.7	19,634
Enrolled and mothercraft nurses	24.5	21.3	44.0	58.3	89.6	1.6	17,893
Welfare support workers	29.9	18.5	42.4	38.3	73.7	7.2	50,206
Child care workers	52.9	10.1	35.2	56.0	95.9	2.4	107,925
Aged and disabled care workers	22.1	26.7	45.4	68.2	82.3	2.5	108,216
Nursing support and personal care workers	29.2	22.1	43.0	62.6	79.5	2.1	70,504
Special care workers	38.5	22.4	41.0	46.8	73.8	8.8	2,794
Community services occupations^(a)	29.2	20.0	42.6	56.7	86.8	2.8	755,371
Other occupations	37.7	17.3	40.1	33.5	43.5	1.3	9,113,939
Total: all occupations^(b)	37.1	17.6	40.3	35.3	46.6	1.5	10,058,325
2006							
Community services occupations ^(a)	28.6	16.1	42.0	56.6	87.3	2.5	608,912

(a) Includes diversional therapists, education aides, special education teachers and Indigenous health workers.

(b) Total includes those for whom occupation was inadequately described or not stated.

Note: Data have been randomly adjusted by the ABS to avoid the release of confidential information; as a result, data in this table may vary slightly from corresponding data presented elsewhere.

Sources: Unpublished data provided by the ABS from the 2006 and 2011 Censuses.

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Of all community services workers, 3% identified as being from an Aboriginal or Torres Strait Islander background in 2011, compared with 1% for other occupations. The community services occupations with the highest proportion of Indigenous workers were special care workers (9%) and welfare support workers (7%). Less than 1% of registered nurses and psychologists identified as being Indigenous (Table 9.3).

Trends in community services occupations

The number of workers in community services occupations increased by 24% between 2006 (608,900) and 2011 (755,400). This rate of growth is substantially higher than for other occupations over the same period (9%) (Table 9.4).

Table 9.4: People employed in community services occupations, 2006 and 2011

Occupation	Number		Change between 2006 and 2011 (%)
	2006	2011	
Child care centre managers	8,126	9,545	17.5
Early childhood (pre-primary school) teachers	15,277	18,334	20.0
Registered nurses	172,566	206,918	19.9
Counsellors	14,651	16,349	11.6
Psychologists	13,440	18,603	38.4
Social workers	12,441	16,915	36.0
Welfare, recreation and community arts workers	13,929	19,634	41.0
Enrolled and mothercraft nurses	19,394	17,893	-7.7
Welfare support workers	40,296	50,206	24.6
Child care workers	85,258	107,925	26.6
Aged and disabled care workers	77,414	108,216	39.8
Nursing support and personal care workers	58,172	70,504	21.2
Special care workers	2,357	2,794	18.5
Community services occupations^(a)	608,912	755,371	24.1
Other occupations	8,329,685	9,113,939	9.4
Total: all occupations^(b)	9,104,187	10,058,325	10.5

(a) Includes diversional therapists, education aides, special education teachers and Indigenous health workers.

(b) Total includes those for whom occupation was inadequately described or not stated.

Note: Data have been randomly adjusted by the ABS to avoid the release of confidential information; as a result, data in this table may vary slightly from corresponding data presented elsewhere.

Sources: Unpublished data provided by the ABS from the 2006 and 2011 Censuses.



There was considerable variation between 2006 and 2011 in the amount of growth in the number of workers among the community services occupations, with the largest increases among welfare, recreation and community arts workers (41%), aged and disabled care workers (40%), and psychologists (38%). While the size of most community services occupations increased, the one which did not was enrolled and mothercraft nurses, with a decrease of 8% between 2006 and 2011 (Table 9.4).

Supply of community services workers

As noted earlier, part-time work is substantially more common among workers in community services occupations than in other occupations. To gain an understanding of the overall supply of workers in the community services workforce on a basis that is comparable with other areas of the workforce, information on the number of full-time equivalent (FTE) workers is commonly used. Estimates of FTE workers are derived by adjusting the number of workers by average hours worked. For the purposes of this chapter, 35 hours is assumed to be the standard full-time working week.

Information from ABS Labour Force Surveys (LFS) is used to describe the supply of community services workers in Australia and average weekly hours worked (with annual averages shown in this section). Data pertaining to 2012 are the most recent available at the detailed occupation level, and are thus presented in preference to data from the ABS 2011 Census.

In 2012, the average time worked per week in community services occupations was 28 hours, and the supply was 3,061 FTE community services workers per 100,000 population. The average hours worked decreased between 2008 and 2012 for all community services occupations, with the exception of special care workers (28% increase) and aged and disabled care workers (3% increase) (Table 9.5).

Early childhood (pre-primary school) teachers and aged and disabled care workers had the largest increase in the number of FTE workers between 2008 and 2012 (43% and 32% respectively). In contrast, the supply of FTE enrolled and mothercraft nurses decreased by 21% (Table 9.5).

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Table 9.5: People employed in community services occupations in all industries: average weekly hours and full-time equivalent (FTE) rate, 2008 and 2012

Occupation	2008		2012		Change between 2008 and 2012 (%)	
	Average weekly hours	FTE rate ^(a)	Average weekly hours	FTE rate ^(a)	Average weekly hours	FTE rate ^(a)
Child care centre managers	39.1	45.4	37.0	47.8	-5.4	5.2
Early childhood (pre-primary school) teachers	31.0	68.8	29.2	98.3	-5.8	43.0
Registered nurses	29.1	704.1	28.9	850.0	-0.7	20.7
Counsellors	28.1	60.8	27.7	61.7	-1.4	1.4
Psychologists	31.4	91.9	30.8	86.3	-1.9	-6.0
Social workers	31.3	71.9	29.5	89.1	-5.8	23.9
Welfare, recreation and community arts workers	32.5	84.7	30.8	97.4	-5.2	15.0
Enrolled and mothercraft nurses	28.5	113.5	26.7	90.2	-6.3	-20.5
Welfare support workers	31.8	207.3	30.5	204.9	-4.1	-1.2
Child care workers	28.2	383.6	27.2	388.5	-3.5	1.3
Aged and disabled care workers	25.6	300.0	26.3	395.2	2.7	31.7
Nursing support and personal care workers	28.1	279.3	26.7	300.0	-5.0	7.4
Special care workers	28.0	*12.7	35.9	*9.6	28.2	-24.1
Community services occupations^(b)	28.4	2,690.3	27.8	3,060.9	-2.1	13.8
Other occupations	34.9	47,240.2	34.5	46,846.7	-1.1	-0.8
Total: all occupations^(c)	34.5	49,966.9	34.0	49,911.4	-1.4	-0.1

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

(a) Number of FTE workers per 100,000 population, based on 35 hours per week as the standard for 'full time'.

(b) Includes diversional therapists, education aides, special education teachers and Indigenous health workers.

(c) Total includes those for whom occupation or industry was inadequately described or not stated.

Note: Data shown are annual averages of quarterly figures.

Sources: AIHW analyses of the ABS 2008 and 2012 Labour Force Surveys.

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Geographic profile of community services workers

According to ABS 2011 Census data, the lowest ratio of people employed in community services occupations to population was in *Major cities* (3,298 per 100,000 population) and the highest was in *Inner regional* areas (3,598 per 100,000) (Table 9.6). However, the ratios vary greatly for different occupations. Among the largest occupations, the relative number of registered nurses increased from 926 per 100,000 population in *Major cities* to 978 in *Inner regional* areas, then decreased with greater remoteness. The relative number of child care workers decreased with greater remoteness, from 504 per 100,000 population in *Major cities* to 388 in *Remote and very remote* areas. The number of aged and disabled care workers per 100,000 population was highest in *Inner regional* and *Outer regional* areas (611 and 557 respectively), but the number in *Remote and very remote* areas was about half (326 per 100,000 or 53%) that for *Inner regional* areas of Australia.

The number per 100,000 population of child care centre managers, early childhood (pre-primary school) teachers and counsellors were relatively evenly distributed across remoteness areas. In contrast, the relative number of psychologists and social workers decreased with increasing remoteness, while the number of welfare support workers, special care workers and welfare, recreation and community arts workers increased with greater remoteness (Table 9.6).

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Table 9.6: People employed in community services occupations, by remoteness^(a), 2011 (workers per 100,00 population)

Occupation	Major cities	Inner regional	Outer regional	Remote and very remote ^(b)	Australia
Child care centre managers	45.2	35.6	39.1	42.4	42.8
Early childhood (pre-primary school) teachers	85.2	78.7	68.0	73.8	82.1
Registered nurses	925.9	978.0	876.1	676.2	926.9
Counsellors	75.2	68.5	68.9	68.4	73.2
Psychologists	96.2	61.5	46.2	25.8	83.3
Social workers	80.6	67.7	62.5	49.0	75.8
Welfare, recreation and community arts workers	78.0	107.4	109.5	132.8	88.0
Enrolled and mothercraft nurses	69.1	103.0	114.2	80.9	80.2
Welfare support workers	208.1	242.0	257.4	447.1	224.9
Child care workers	503.8	436.4	448.6	387.7	483.5
Aged and disabled care workers	444.8	610.5	556.7	326.1	484.7
Nursing support and personal care workers	315.6	325.6	321.8	204.3	315.8
Special care workers	10.0	13.8	20.9	43.8	12.5
Community services occupations^(c)	3,297.9	3,598.2	3,551.4	3,356.3	3,383.7
Other occupations	42,316.7	36,234.8	39,052.8	39,347.9	40,825.9
Total: all occupations^(d)	46,507.7	40,525.5	43,368.2	43,705.7	45,056.2

(a) Remoteness areas are as defined by the Australian Standard Geographical Classification and are based on place of usual residence (see Box 1.3 for information about the classification of geographical areas).

(b) Includes *Migratory* areas.

(c) Includes diversional therapists, education aides, special education teachers and Indigenous health workers.

(d) Total includes those for whom occupation was inadequately described or not stated.

Source: AIHW analyses of the ABS 2011 Census.

There is also considerable variation in community services occupation rates across the states and territories. For example, there are more psychologists per 100,000 population in the Australian Capital Territory than in the other jurisdictions, and more than twice as many as in the Northern Territory. In contrast, the Northern Territory had more than triple the rate of special care workers of other states and territories (Table 9.7).





Table 9.7: People employed in community services occupations, by state and territory^(a), 2011 (workers per 100,000 population)

Occupation	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia ^(b)
Child care centre managers	39.6	37.1	58.8	33.2	43.2	36.4	57.1	51.9	42.8
Early childhood (pre-primary school) teachers	105.7	75.9	50.2	83.8	78.4	103.5	94.1	57.5	82.1
Registered nurses	885.0	988.4	930.2	809.4	1,077.6	1,022.3	759.2	885.7	926.9
Counsellors	69.4	72.1	74.7	62.7	89.7	85.5	105.5	106.3	73.2
Psychologists	89.5	90.8	69.5	88.9	61.0	68.7	120.2	55.8	83.3
Social workers	60.1	94.8	61.8	66.2	123.0	92.3	80.2	101.6	75.8
Welfare, recreation and community arts workers	89.9	90.1	78.5	88.8	80.7	103.3	84.3	169.9	88.0
Enrolled and mothercraft nurses	64.5	79.4	68.4	76.6	193.1	93.1	50.3	68.3	80.2
Welfare support workers	205.9	207.2	213.0	257.5	298.6	254.9	215.4	567.6	224.9
Child care workers	486.0	485.3	543.6	337.1	469.0	431.0	703.7	554.6	483.5
Aged and disabled care workers	393.7	561.6	443.6	441.4	731.2	837.1	397.3	342.8	484.7
Nursing support and personal care workers	336.1	255.5	342.3	346.9	352.3	328.1	187.9	217.9	315.8
Special care workers	8.9	10.1	13.1	22.9	11.2	13.3	14.7	69.6	12.5
Community services occupations^(c)	3,155.2	3,413.7	3,471.9	3,273.3	3,971.2	4,013.3	3,234.5	3,897.9	3,383.7
Other occupations	39,560.3	41,294.9	41,280.1	42,712.8	40,418.1	37,855.0	48,992.3	37,646.9	40,825.9
Total: all occupations^(d)	43,518.6	45,724.5	45,579.6	46,674.3	45,131.6	42,507.8	53,266.9	42,570.6	45,056.2

(a) Based on place of usual residence.

(b) Includes external territories which are not included in the state and territory totals.

(c) Includes diversional therapists, education aides, special education teachers and Indigenous health workers.

(d) Total includes those for whom occupation was inadequately described or not stated.

Source: AIHW analyses of the ABS 2011 Census.

Earnings

The ABS Survey of Employee Earnings and Hours (SEEH) collects earnings and hours paid data for various categories of employees by occupation and industry. For this analysis, hours paid for is used as a proxy measure of hours worked. The 2012 survey results show that community services workers have relatively low earnings compared with other workers (ABS 2013). The average total weekly earnings of full-time non-managerial adult employees working in community services occupations were generally lower than the average for such employees across all occupations (\$1,374) (Table 9.8; see Glossary for definition of non-managerial employees). The exceptions were registered nurses (\$1,626), psychologists (\$1,510) and welfare, recreation and community arts workers (\$1,454). As noted earlier, the majority of workers in these three occupations were employed outside community services industries (Figure 9.3; Table 9.2).

Child care workers and nursing support and personal care workers who were full-time non-managerial adult employees had, on average, the lowest weekly earnings (\$818 and \$1,017 respectively). This translates to hourly earnings, on average, of \$22 for child care workers and \$27 for nursing support and personal care workers (Table 9.8).

Full-time non-managerial adults working in community services occupations worked fewer hours, on average, than that worked by all such workers in all occupations (40 hours). Full-time enrolled and mothercraft nurses worked, on average, the most weekly hours (38) but earned \$219 per week less than the average for all occupations (\$1,156 compared with \$1,374). Special care workers worked the least weekly hours (35) of all community services occupations and earned \$354 less than full-time workers in all occupations.

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Table 9.8: Average hours paid for and average weekly and hourly earnings of full-time^(a) non-managerial adult employees in community services occupations, May 2012

Occupation	Average weekly hours paid for ^(b)	Average weekly earnings ^(c) (\$)	Average hourly earnings ^(d) (\$)
Community services occupations			
Child care centre managers ^(e)
Early childhood (pre-primary school) teachers	37.1	1,189.6	32.0
Registered nurses	37.9	1,625.8	42.9
Counsellors	36.8	1,311.6	35.7
Psychologists	37.6	1,510.1	40.1
Social workers	37.6	1,197.8	31.8
Welfare, recreation and community arts workers	36.6	1,454.4	39.7
Enrolled and mothercraft nurses	38.2	1,155.6	30.3
Welfare support workers	37.9	1,120.6	29.6
Child care workers	37.5	817.6	21.8
Aged and disabled care workers	37.9	1,060.1	27.9
Nursing support and personal care workers	37.7	1,016.8	26.9
Special care workers	34.6	1,020.0	29.5
All occupations			
Total	39.6	1,374.4	34.7

(a) 'Full-time employees' refer to those who normally work the agreed or award hours for a full-time employee in their occupation. If agreed or award hours do not apply, employees are regarded as full-time if they usually work 35 hours or more per week. For some occupations, the agreed or award hours for a full-time employee may be less than 35 hours a week.

(b) Includes ordinary time hours paid for and overtime hours paid for. See ABS 2013 for definitions of these and related terms.

(c) 'Weekly total cash earnings' comprises regular wages and salaries in cash earned a week, including ordinary time cash earnings, overtime earnings, amounts salary sacrificed, allowances, penalty payments and regular bonuses and commissions.

(d) Based on total hours paid for (that is, both ordinary time hours paid for and overtime hours paid for).

(e) Information on hours paid for are not collected in the SEEH for employees with managerial status. Therefore average hourly earnings cannot be derived for such employees.

Source: ABS 2013.



Up until 2010, data on the earnings of community services workers were collected in the SEEH for individual occupations by community services and other industries. Such data are not available from the 2012 survey. Results of the occupational analysis by industry based on the 2010 survey are reported in *Australia's welfare 2011* (AIHW 2011).

Workforce shortages

The Department of Education, Employment and Workplace Relations (DEEWR) conducts research to identify occupations where skill shortages are evident or emerging, but does not quantify the shortages (DEEWR 2012c). The 2012 results are summarised in Table 9.9.

Table 9.9: Shortages in staffing for community services occupations, by states and territories, 2012

Occupation	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Aged and disabled care workers ^(a)	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	N
Child care centre managers	D	M-D	S	N	N	D	N	S	N
Child care workers	S	R-D	S	S	N	S	S	S	S
Psychologists ^(a)	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	N
Early childhood (pre-primary school) teachers	S	S	S	N	N	N	S	D	S
Enrolled nurses	S	S	R	N	N	R-D	N	S	S
Nursing support and personal care workers ^(a)	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	N
Registered nurses	S	N	S	N	N	D	D	S	D
Social workers ^(a)	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	N
Special needs teachers	D	D	N	N	N	D	n.a.	D	N
Welfare workers ^(a)	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	N

S = state- or territory-wide shortage

R = shortage in regional areas

D = recruitment difficulty

M-D = recruitment difficulty in metropolitan areas

R-D = recruitment difficulty in regional areas

M = shortage in metropolitan areas

N = no shortage

n.a. = not available

(a) Research for this occupation was undertaken on a national basis only and ratings are not available for individual states and territories.

Source: DEEWR 2012c.



DEEWR's research showed the labour market for child care centre managers eased in 2012, and significant national shortages were not evident for the first time since 1995. However, although shortages were not widespread, some employers had difficulty recruiting managers for out-of-school hours care (DEEWR 2012b).

Shortages of child care workers have been evident each year for the 5 years to 2012, and employers continued to have difficulty recruiting child care workers with appropriate qualifications and experience in 2012. Although the number of people undertaking training in this area is rising, DEEWR has suggested that shortages are likely to continue for child care workers over the next few years due to strong employment growth and high levels of replacement demand. The research also indicates shortages for early childhood (pre-primary school) teachers working in long day care (although positions in schools are generally readily filled) (DEEWR 2012b).

DEEWR's research also indicated that the labour market for nurses eased considerably over the 2 years to 2012. After a decade of persistent shortages of registered nurses, shortages were not widespread nationally in 2012 (although they were evident in New South Wales, Queensland and the Northern Territory), and entry level positions were generally filled without difficulty. Although there was a significant easing in the labour market for enrolled nurses, national shortages persisted (DEEWR 2012c).

DEEWR noted that in 2012, employers filled vacancies relatively easily for aged and disabled care workers, and for nursing support and personal care workers, but many considered staff retention to be difficult, particularly for staff providing in-home care. This was attributed to strong recruitment activity associated with robust employment growth.

Potential entrants to the paid workforce

Potential entrants to the paid community services workforce come largely from the education system, migrants, former workers re-entering the workforce and those changing jobs or industries.

Students

For those who have completed secondary education, undertaking further study can provide opportunities to enter higher paying community services occupations. The education system also provides skills development for community services workers and workers in other industries who are interested in higher skilled community services occupations.

Higher education sector

Between 2007 and 2011, the number of students completing courses related to community services occupations increased by 15% from 5,900 to 6,800 (Table 9.10). In 2011, 61% of completed courses were undergraduate degrees, a decrease from 66% in 2007.

Similar to those employed in community services occupations, students completing community services courses were predominantly women (89% in both 2007 and 2011).

Of the selected courses considered, early childhood teacher education and social work were the two most frequently completed in both 2007 and 2011. Early childhood teacher education course completions increased by 15% between 2007 and 2011, and social work completions increased by 24% over the same period (Table 9.10). Course completions in the field of care for the disabled decreased by 39% between 2007 and 2011, while completions in human welfare studies and services increased by 62%.

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Table 9.10: Completion of selected community services higher education courses^(a), by sex and level of course, 2007 and 2011

Field of education	2007			2011			Change in number between 2007 and 2011 (%)
	No.	Women (%)	Under-graduate (%)	No.	Women (%)	Under-graduate (%)	
Teacher education: early childhood	1,858	30.6	27.8	2,143	31.1	25.2	15.3
Teacher education: special education	717	10.7	2.6	537	7.0	0.9	-25.1
Human welfare studies and services	320	4.6	3.8	519	6.7	5.3	62.2
Social work	1,412	20.6	20.8	1,750	22.2	19.0	23.9
Children's services	38	n.p.	0.2	28	n.p.	0.4	-26.3
Youth work	79	1.1	1.3	82	0.9	1.2	3.8
Care for the aged	24	n.p.	n.p.	21	n.p.	n.p.	-12.5
Care for the disabled	52	0.8	0.8	32	n.p.	0.4	-38.5
Counselling	1,045	14.3	4.0	1,248	15.4	4.6	19.4
Welfare studies	173	2.7	2.4	155	1.9	2.0	-10.4
Human welfare studies and services not elsewhere classified	178	2.2	2.3	398	4.6	3.4	123.6
Total	5,890	88.5	66.1	6,778	89.0	60.5	15.1

(a) Includes Australian citizens and permanent residents only.

Source: Unpublished data provided by the Department of Industry, Innovation, Climate Change, Science, Research and Tertiary Education from the Higher Education Statistics Collection.

Vocational education and training sector

In 2010, 63,000 community services vocational education and training (VET) courses were completed, and 204,600 students were enrolled in 2011. Of these students, 86% were women. The highest proportion of women undertaking VET courses was in the field of child care centre manager (98%), and the lowest in special care worker (43%) (Table 9.11).

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Table 9.11: Student completions and enrolments in selected community services vocational education and training courses, by field of study^(a)

Field of study	Completions		Enrolments in 2011		
	2007	2010	Number	Women (%)	Rural and remote areas ^(b) (%)
Child care centre manager	2,714	4,976	27,199	97.6	15.1
Early childhood (pre-primary school) teacher	—	—	250	96.4	0.4
Special education teacher	—	46	1	100.0	—
Registered nurse	1,337	3	220	89.1	5.9
Counsellor	303	183	1,261	68.4	25.3
Psychologist	—	—	28	85.7	—
Social worker	—	1	169	63.9	17.8
Welfare, recreation and community arts worker	149	184	499	73.7	4.2
Diversional therapist	—	—	—	—	—
Enrolled and mothercraft nurse	3,150	4,323	21,188	85.6	15.9
Indigenous health worker	204	334	1,591	65.9	72.0
Welfare support worker	8,372	15,984	53,794	77.8	19.5
Child care worker	7,453	13,227	40,547	95.8	18.7
Education aide	2,781	3,306	12,048	93.2	27.9
Aged and disabled care worker	10,730	13,178	29,545	81.5	23.1
Nursing support and personal care worker	3,842	7,145	16,231	79.3	24.6
Special care worker	295	151	7	42.9	28.6
Total	41,330	63,041	204,578	86.2	20.2

(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 Australian Standard Geographical Classification Remoteness Area Structure categories: *Outer regional*, *Remote* and *Very remote* (see Box 1.3 for information about the classification of geographical areas).

Note: Substantial changes over time may be due, at least partly, to a training package qualification being superseded by another training package qualification.

Source: NCVET 2012.

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Immigration

In 2010, the Australian Government requested Skills Australia—now the Australian Workforce and Productivity Agency—to develop a new Skilled Occupation List (SOL), identifying occupations that would help meet the medium- and long-term skills needs of the Australian economy. The SOL is used by the Department of Immigration and Citizenship (DIAC) to prioritise applications for migration to Australia, and is updated annually.

Six of the 192 occupations in the 2012 SOL are community services occupations: child care centre manager, early childhood (pre-primary school) teacher, special education teacher, registered nurse, psychologist and social worker (AWPA 2012).

Future workforce size

The strong growth in the size of the community services workforce between 1996 and 2011 (AIHW 2009; Table 9.4) is expected to continue. Each year, DEEWR produces employment projections by industry, occupation and region for the following 5 years (DEEWR 2012a). While projections are not available for the community services workforce, as defined in this chapter, projections are available for the health care and social assistance sector. According to DEEWR's projections, the health care and social assistance sector is expected to be the largest contributor to employment growth of all industrial sectors, with more than 1 in 5 new jobs between 2012 and 2017 (13% growth in the sector over the same period, equating to 177,800 jobs) (DEEWR 2012a). This sector has consistently been the primary provider of new jobs over the short, medium and long term, driven by Australia's ageing population and the associated demands on health care services and facilities. The employment increase has also been underpinned by strong population growth.

Community services industries within the health care and social assistance sector for which DEEWR projections are available are: residential care services and social assistance services, with the latter comprising child care services and other social assistance services. The projected 5-year employment growth to 2017 across these industries varies, with the highest growth expected in child care services at 33% and the lowest in residential care services at 6% (Table 9.12).

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Table 9.12: Projected employment growth in community services industries, 2012 to 2017

Industry	Employment at November 2012 ('000) ^(b)	2017 employment projections ^(a)		
		Employment growth: November 2012 to November 2017 ('000)	Employment growth: November 2012 to November 2017 (%)	Employment at November 2017 ('000)
Community services industries				
Residential care services	205.6	12.0	5.9	217.6
Social assistance services ^(c)	338.4	71.6	21.2	410.0
Child care services	116.9	38.2	32.7	155.1
Other social assistance services	194.5	22.9	11.8	217.3
All industries				
Total	11,535.2	820.1	7.1	12,355.3

(a) Projections are based on November 2012 employment levels.

(b) Employment data were sourced by the DEEWR from the ABS Labour Force Survey.

(c) Social assistance services include 'social assistance services not further defined'.

Source: DEEWR 2012a (Industry projections to 2017).

Projected employment growth in the individual community services occupations from 2012 to 2017 varies (Table 9.13). Across the 5 years to 2017, projected growth ranges ranged from a negative 1% for enrolled and mothercraft nurses to 30% for special care workers; this compares with 7% for all occupations.

The number of aged and disabled care workers is projected to record the second highest growth between 2012 and 2017 (28%), followed by counsellors, Indigenous health workers, psychologists and social workers (all 20%).

The numbers of child care workers and early childhood (pre-primary school) teachers are expected to grow over the 5 years to 2017 by 13% and 12%, respectively. Child care centre managers are also projected to grow 13% over the same period.

Registered nurses are projected to increase by 4% between 2012 and 2017, in contrast to the expected decrease in enrolled and mothercraft nurses (Table 9.13).



Table 9.13: Projected employment growth in community services occupations, 2012 to 2017

Occupation	Employment at November 2012 ('000) ^(b)	2017 employment projections ^(a)		
		Employment growth: November 2012 to November 2017 ('000)	Employment growth: November 2012 to November 2017 (%)	Employment at November 2017 ('000)
Community services occupations				
Child care centre managers	11.6	1.6	13.3	13.2
Early childhood (pre-primary school) teachers	23.7	2.8	11.7	26.5
Special education teachers	17.3	1.1	6.6	18.4
Registered nurses	241.3	10.2	4.2	251.5
Counsellors	17.1	3.4	20.0	20.5
Psychologists	20.0	4.0	20.0	23.9
Social workers	25.8	5.2	20.0	31.0
Welfare, recreation and community arts workers	21.9	2.9	13.1	24.8
Diversional therapists	5.3	0.2	3.1	5.4
Enrolled and mothercraft nurses	28.0	-0.2	-0.6	27.8
Indigenous health workers	1.2	0.2	19.6	1.4
Welfare support workers	48.9	5.8	11.9	54.8
Child care workers	119.5	15.5	13.0	135.0
Education aides	85.5	1.1	1.3	86.6
Aged and disabled care workers	113.0	31.3	27.7	144.3
Nursing support and personal care workers	78.2	3.2	4.1	81.4
Special care workers	2.0	0.6	29.5	2.6
All occupations				
Total	11,535.2	820.1	7.1	12,355.3

(a) Projections are based on November 2012 employment levels.

(b) Employment data were sourced by the DEEWR from the ABS Labour Force Survey.

Source: DEEWR 2012a (Occupation projections to 2017).

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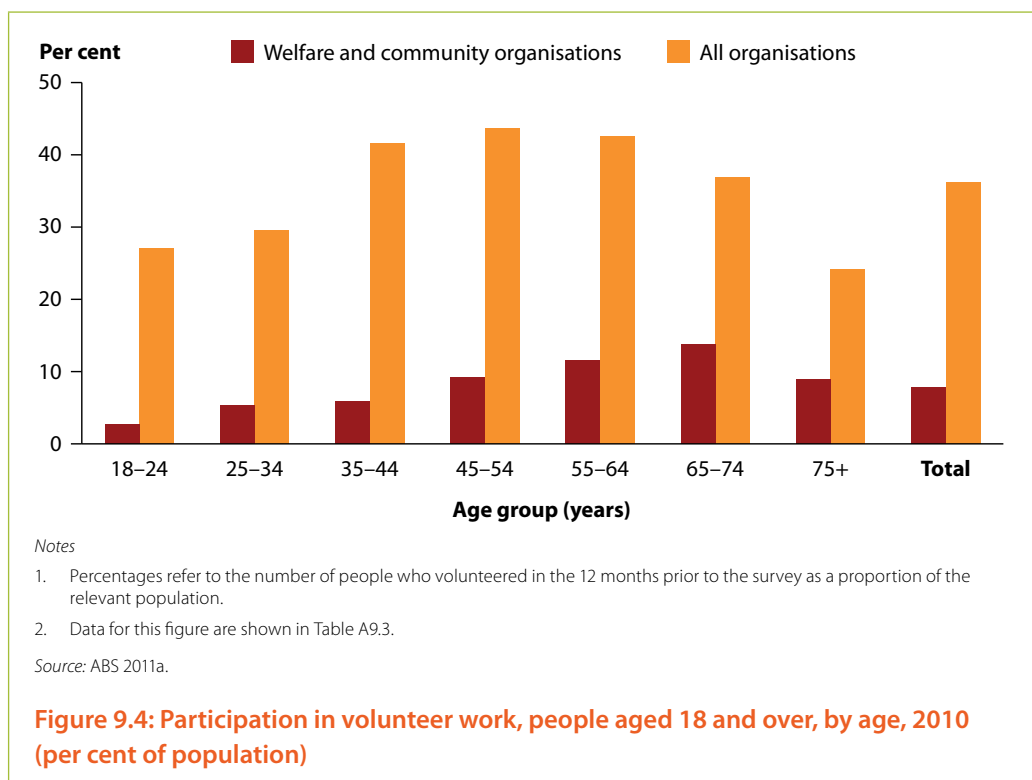
9.4 Volunteers

The work undertaken by the community services workforce is complemented by the assistance provided by volunteers, with many organisations that provide welfare or community services depending heavily on volunteers. Information about volunteers in general, as well as about those in welfare and community organisations, is available from the ABS General Social Survey (GSS), conducted every 4 years—most recently in 2010. The ABS 2011 Census also collected information about voluntary work; these data, however, do not allow one to identify the type of organisation for which people did volunteer work and are thus not referred to in this report.

Voluntary work

According to the 2010 GSS, 6.1 million adults (36% of Australian adults) had volunteered some of their time, skills or services to a sporting, school, community, welfare or other organisation during the 12 months prior to the survey (ABS 2011b). This proportion is up from 34% in 2006 (ABS 2007). Note that these data exclude those who undertook unpaid work that was not strictly voluntary (for example, because of employment or study commitments), and those who undertook voluntary work overseas.

The rate of voluntary work differed by age, with people in the age groups from 35–44 to 65–74 more likely to volunteer than those in other age groups (Figure 9.4; see also Indicator 38 in Chapter 11). The 2010 GSS also found women were more likely than men to undertake voluntary work—38% compared with 34% respectively (Table A9.2).



Who volunteers for welfare and community organisations?

In 2010, 1.3 million adults volunteered for welfare and community organisations, which represent 8% of all adults or 22% of those who volunteered in any organisation (Table A9.2). The rate of voluntary work in such organisations ranged from 3% among those aged 18–24 to 14% among those aged 65–74 (Figure 9.4). Volunteers in welfare or community organisations tended to be older than those who volunteered in other organisations, with a median age of 54 compared with 46 for all volunteers (Table A9.2).

In general, women were more likely than men to volunteer for welfare and community organisations (10% of women and 6% of men). This applied to all of the age groups, with the exception of those aged 35–44, where women were somewhat less likely than men to have volunteered (5% and 7% respectively) (Table 9.14).

Table 9.14: Volunteer rate^(a) in welfare and community organisations, people aged 18 and over, by age and sex, 2010 (per cent of population)

Sex	Age group (years)							Total
	18–24	25–34	35–44	45–54	55–64	65–74	75+	
Men	*0.6	*4.5	6.8	5.1	9.4	13.2	*4.3	6.0
Women	**4.9	*6.1	5.2	13.2	13.8	14.4	12.5	9.5

* 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) Volunteer rate refers to the number of people who volunteered for a welfare or community organisation in the 12 months prior to the survey as a proportion of the relevant population.

Source: Unpublished data provided by the ABS from the 2010 General Social Survey.

Nearly one-half (49%) of volunteers working for welfare and community organisations volunteered at least once a week or at least once a fortnight in 2010, about one-fifth (18%) did so at least once a month, 19% several times a year and 14% less regularly (Table A9.4).

Rates of volunteering in any organisation were associated with labour force status—they were highest for employed people (40%) and lowest for the unemployed (20%). For those who volunteered in welfare or community organisations in 2010, the rates were higher for those not in the labour force (9%) than for those in employment (7%) and those who were unemployed (5%) (Table 9.15).

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Table 9.15: Participation in volunteer work, people aged 18 and over, by labour force status, 2010 (per cent)

Volunteer status	Employed	Unemployed	Not in the labour force	Total
Volunteered in any organisation	39.8	19.6	30.6	36.2
Volunteered in a welfare and community organisation	7.4	*5.3	8.8	7.8
Did not volunteer	60.2	80.4	69.4	63.8
Total	100.0	100.0	100.0	100.0

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

Source: Unpublished data provided by the ABS from the 2010 General Social Survey.

Trends in volunteering

Data from the 2006 and 2010 GSSs on volunteering in welfare and community organisations are presented in this section. Note that while data on the overall rate of volunteering are comparable between the 2006 and 2010 surveys, the ABS notes that data on the number of volunteers in welfare and community organisations may not be strictly comparable due to changes in survey collection methodology (ABS 2011b).

Both the number and the proportion of the adult population who undertook voluntary work for welfare and community organisations increased between the two surveys—from 1.1 million people (7% of the population) in 2006 to 1.3 million people (8%) in 2010. Growth in the number of male volunteers was greater than that for female volunteers, at 18% and 15% respectively (Table A9.2).

9.5 Where to from here?

Over time, there has been a concerted effort nationally to identify and reduce the gaps in information available on the community services workforce (for example, AIHW: Vaughan 2006; Martin & Moskos 2006). In turn, there have been some new national data released in recent years, as described in this chapter, that are detailed enough to allow one to quantify and describe the community services workforce. However, as detailed further below, for a number of data collections, the published occupation categories are not at a sufficiently detailed level to identify specific community services occupations, or the information collected are not collected for all jurisdictions to enable the reporting of national data.

The reporting of the community services workforce as a whole is often not consistent across data collections, so it is often not possible to make valid comparisons between data collections.

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Occupation-based data

The 5-yearly ABS Census, the biennial ABS Survey of Employee Earnings and Hours, and the ABS Labour Force Survey are three data sources that provide national information about the full range of community services occupations and industries. While the Census is the primary source of detailed level occupation data, it is not designed to monitor short-term changes.

Most occupation data collections, including all ABS collections, use the ANZSCO to classify occupations. This classification scheme is limited by the lack of some separately identifiable community services occupation categories, such as community housing workers and disability employment placement services workers.

As noted earlier, information about earnings and hours paid for community services workers at the detailed occupation level by industry is not available from the 2012 SEEH, while it was available in the past. The ABS attempted to mitigate the impact by making available detailed tables at the occupation level only which have been presented in this chapter. Ideally, such occupation-by-industry level earnings data will be available in the future.

From 2005, data on the occupation of migrants arriving in Australia from overseas by category of traveller (for example, long-term resident) and reason for travel (for example, employment) were no longer available. DIAC has indicated that since the occupation information is self-reported by the traveller, it may not include sufficient information to allow accurate coding to an ANZSCO category.

The introduction of the National Registration and Accreditation Scheme (DoHA 2012a) for health professionals in 2010 may present opportunities in the future to obtain more detailed data on professionals working in community services industries. The scheme currently includes some community services occupations, such as nurses and psychologists, and may expand to include more community services occupations in the future.

Industry-based data

Many data collections gather data based on the industry classification of the employing organisation or employed person, using the ANZSIC. However, it is often the case that industry data are only reported at a broad level, meaning that data on key industries of interest are not readily available. This is the case for the ABS Census, the ABS LFS and the ABS Community Services Survey. One of the reasons for this is that the sample sizes are not sufficient to allow for reliable data to be provided at these more detailed levels. The most detailed level of information available is for aged care residential services, other residential care services, child care services and other social assistance services industries. Ideally, more information would be available on industries within some of these categories, in particular, the 'other social assistance services' and 'other residential care services' industries.

For this reason, workforce-specific surveys are sometimes undertaken to fill this data gap. Examples include the National Early Childhood Education and Care Workforce Census (DEEWR 2011) conducted by the DEEWR, the National Statutory Child Protection Workforce Survey conducted by the Institute of Child Protection Studies (ICPS 2012), and the National Aged Care Workforce Census (King et al. 2013) conducted by the National Institute of Labour Studies.

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The 2012 National Statutory Child Protection Workforce Survey (ICPS 2012) provides the most recent information about the statutory child protection workforce. However, the survey was not administered in South Australia, Tasmania and the Northern Territory and thus national data are not available.

National administrative data sets such as the Disability Services National Minimum Data Set and the Australian Government Census of Child Care Services conducted by DEEWR also provide some limited workforce data for these industries. Both data sets focus on service delivery and use, rather than on the workforce.

9

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Chapter 10

Welfare expenditure

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10 Welfare expenditure

10



At a glance

How much is spent?

- In 2010–11, Australian Government and state and territory government welfare spending was estimated at \$119.4 billion—\$90.0 billion (75%) was in cash payments (including unemployment benefits) and \$29.4 billion (25%) was for welfare services.
- Between 2001–02 and 2010–11, government welfare spending increased on average by 3.1% per annum after adjusting for inflation.
- Over the decade to 2010–11, the percentage of gross domestic product spent annually on welfare ranged from 8.4% to 9.6%. The exception was the 10.4% recorded in 2008–09, which coincided with the Australian Government's Economic Security Strategy in response to the global financial crisis.
- Non-government community service organisations play an important part in the delivery of welfare services. However, non-government expenditure is not included in the estimates presented in this chapter, primarily due to the difficulties in obtaining comprehensive data. Government funding to non-government organisations is included.
- The Australian Government Treasury estimates that \$36.6 billion in revenue was forgone through welfare tax deductions and concessions in 2010–11. This amount is not included in the estimates of total welfare expenditure. The majority of the foregone revenue (\$28.2 billion, or 77%) was for superannuation concessions.

Where does it go?

- Of the \$90.0 billion in cash payments, \$36.3 billion was for older people and \$25.5 billion was for families and children.
- The average amount spent by governments on welfare services per Australian resident in 2010–11 was \$1,308.

How does Australia compare?

- Australia's per person welfare expenditure (including both government and non-government expenditure) in 2009 was higher than the OECD average in the areas of 'families' and 'incapacity', and below the OECD average for 'survivors', 'old age' and 'unemployment'.



10.1 Introduction

This chapter examines what governments spend on welfare (including both cash payments and welfare services), how this spending has changed over the 10 years from 2001–02 to 2010–11, what the main areas of spending are and how this spending fits into the wider picture of expenditure in the economy.

10.2 What is welfare expenditure?

Australia's welfare services, programs and payments aim 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 2011) and 'increasing national prosperity through improvements to productivity, participation and social inclusion' (DEEWR 2011).

Welfare expenditure broadly comprises spending on cash payments (that is, social security) and welfare services. Welfare-related objectives are also achieved by forgoing revenue, such as tax concessions and deductions.

The Australian Government is responsible for payments such as pensions, benefits and allowances. It is also responsible for financial assistance for recovery from disasters, and various payments to the states and territories, such as the National Disability Specific Purpose payment and National Partnership payments for pensioner concessions.

State and territory governments fund a range of welfare services, including:

- child protection
- child care
- disability support
- services and concessions for older people.

Where possible in this chapter, expenditure on both cash payments and welfare services has been reported by the groups the payments or services are targeting. The target groups are those in the ABS Government Purpose Classification (GPC) for financial transactions for welfare services (ABS 2005):

- Family and child welfare services
- Welfare services for the aged
- Welfare services for people with a disability
- Welfare services not elsewhere classified.

These categories specifically exclude employment services, which are in 'Other labour and employment affairs', except for those that support specific welfare groups such as people with disability. Support and services provided to people who are homeless are included in welfare services, such as those aimed at youth homelessness and supported accommodation (see Chapter 7). The Commonwealth Rent Assistance income supplement (see Chapter 3) is included in estimates of cash payments.



Although many services and payments related to housing can be considered to have a welfare focus, these are generally classified in separate categories and are not included in the ABS GPC welfare categories or in these estimates. One example is social and public housing, which provides housing for low- to moderate-income families and individuals, particularly those who have difficulty accessing accommodation in the private market. The National Partnership Agreement on Nation Building and Jobs Plan provided \$6 billion for the construction of new social housing from 2008–09 to 2011–12 and \$400 million for the refurbishment of public housing to 2008–09 (Treasury 2011a). The National Partnership Agreement on Social Housing provided \$400 million for the construction of new social housing from 2008–09 to 2009–10 (Treasury 2011b). See Chapter 3 for more information on these agreements and housing programs in general.

Estimates of expenditure on unemployment payments to individuals are included in AIHW's welfare expenditures series for the first time. There is some debate about whether payments to support people who are unemployed have a principal purpose of providing labour market support or income support. As this is the first time unemployment benefits are included, they are identified separately in some tables and graphs so the effect of their inclusion on the total estimates can be seen.

Only spending by the Australian Government and state and territory governments is included in this chapter. This includes funding provided to non-government service organisations that deliver a range of welfare services.

See Appendix C for the data sources used to compile the AIHW welfare expenditure database, from which the information shown in this chapter were drawn, as well as technical notes that describe the methods used.

10.3 How much is spent on welfare?

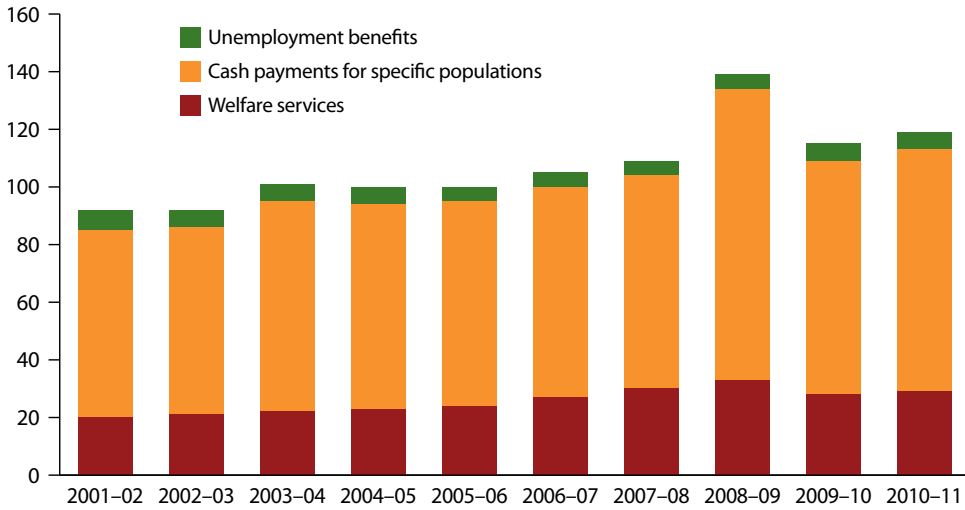
In 2010–11, government welfare expenditure was estimated at \$119.4 billion (Table A10.1). This was nearly 30% more than the \$90.1 billion that was spent by governments on health in the same year. Total health spending, including non-government expenditure, was estimated to be \$130.3 billion in 2010–11 (AIHW 2012). For international comparisons of welfare spending see Section 10.7.

Between 2001–02 and 2010–11, government welfare spending increased on average by 3.1% per annum (Table A10.1) after adjusting for inflation (Box 10.1). Government welfare spending was unusually high in 2008–09 (Figure 10.1), in large part due to the Australian Government's Economic Security Strategy in response to the global financial crisis, and payments to assist in disaster recovery due to, for example, bushfires in Victoria, and storms and floods in Queensland. Of the estimated \$119.4 billion welfare spending in 2010–11, \$90.0 billion was provided as cash payments (including unemployment benefits) and \$29.4 billion was spent on welfare services (Table A10.1).





\$ billion



Notes

1. Estimates for New South Wales, Queensland, South Australia and the Australian Capital Territory have been modelled for 2009–10 as these jurisdictions did not provide data (see Appendix C).
2. ‘Cash payments for specific populations’ includes Commonwealth Rent Assistance, as well as one-off payments made as part of the Economic Security Strategy in 2008–09.
3. Only expenditure on Newstart allowance is included in ‘Unemployment benefits’.
4. Constant price estimates are expressed in terms of 2010–11 prices (see Box 10.1).
5. Data for this figure are shown in Table A10.1.

Source: AIHW welfare expenditure database.

Figure 10.1: Government welfare expenditure, by type of expenditure, constant prices, 2001–02 to 2010–11

Box 10.1: Current and constant prices

‘Current price’ refers to expenditure reported for a particular year, unadjusted for inflation.

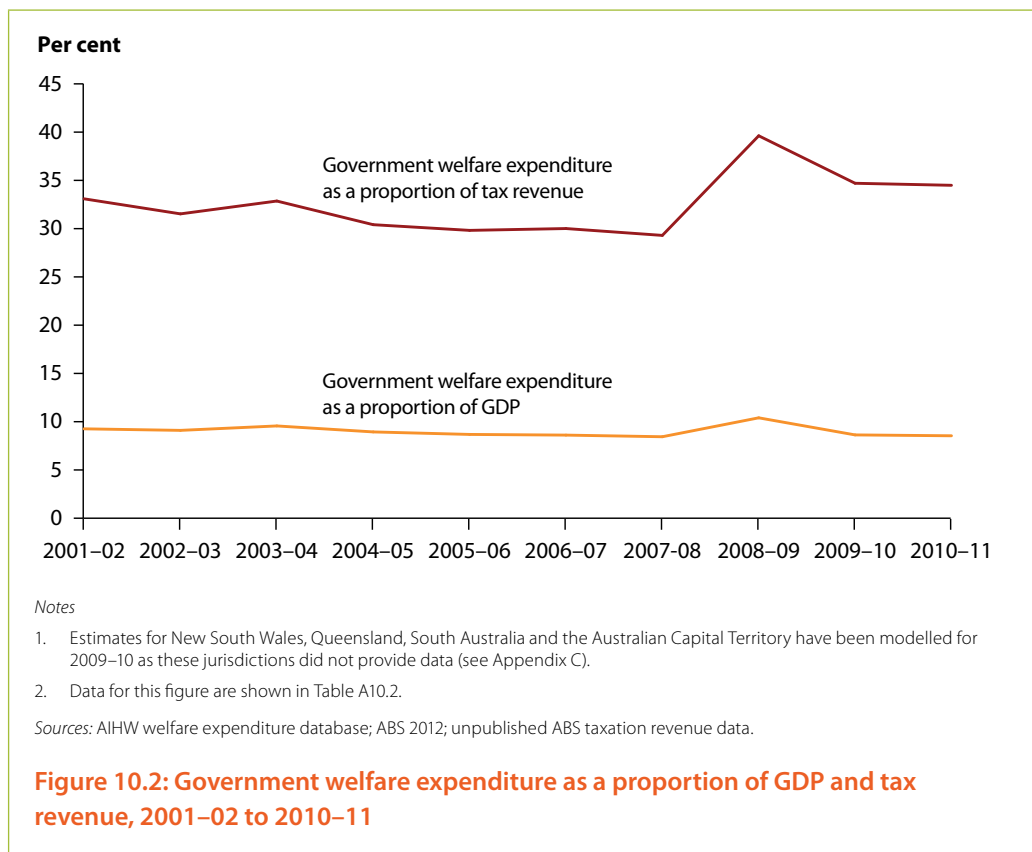
‘Constant price’ estimates in this chapter indicate what the equivalent expenditure would have been had 2010–11 prices applied in all years; that is, it removes the inflation effect. Constant price estimates for expenditure have been derived using deflators produced by the ABS. The consumer price index was used as the deflator for cash payments and the government final consumption expenditure implicit price deflator was used for welfare services.

How does welfare expenditure compare with GDP and tax revenue?

In 2010–11, 8.5% of GDP was spent on welfare by governments. Over the decade, the percentage of GDP spent on welfare, with the exception of 2008–09, ranged within a relatively narrow band of a low of 8.4% (in 2007–08) to a high of 9.6% (in 2003–04) (Figure 10.2).



Tax revenues more directly represent the income available for governments to draw on to fund welfare expenditure. Over the decade, with the exception of 2008–09, the percentage of tax revenue spent on welfare ranged from 29.3% in 2007–08 to 34.5% in 2010–11 (Figure 10.2). The higher percentages of welfare spending against both GDP and tax revenue in 2008–09 (10.4% and 39.6% respectively) coincided with the Economic Security Strategy provided in response to the global financial crisis.



10.4 Cash payments

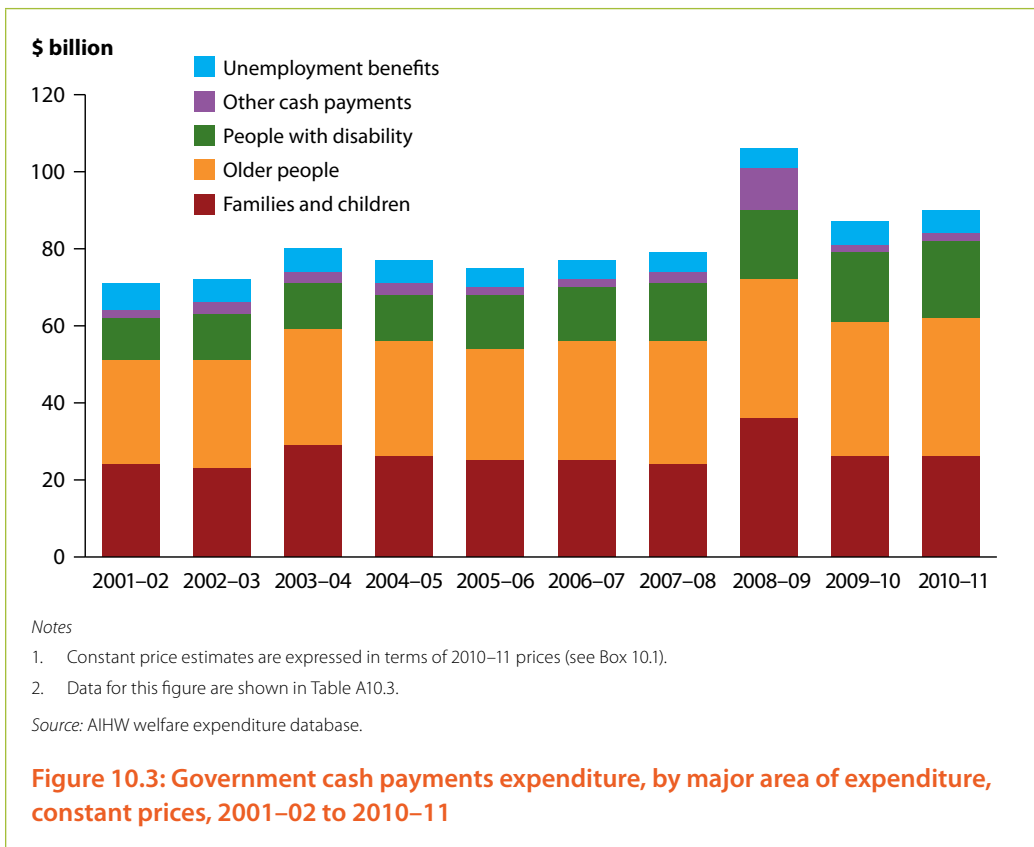
Cash payments include pensions, carer allowances and parenting payments that provide income support for single parents, older people, people with disability, people who provide care for others, families with children, war veterans and their families, and people who are unemployed. See Table 2.9 for information on the number of recipients of major income support and other Australian Government payments. All the payments listed in Table 2.9 are included in these estimates of cash payments with the exceptions of Youth Allowance, Austudy and ABSTUDY (see Box 10.2). The estimates also include other supplements, one-off payments and bonuses

(for example, Seniors Supplement and the Child Disability Assistance Payment). To maintain comparability over time, the Child Care Benefit and Child Care Rebate are included in the estimates of welfare services (rather than cash payments) since historically these payments were paid to the service providers rather than directly to households.

Cash payments for specific populations

In 2010–11, the total amount spent by governments on cash payments, excluding unemployment benefits, was estimated at \$83.9 billion, up from \$81.3 billion in the previous year (Table A10.1). In both these years, spending on these cash payments represented 70% of total government welfare spending, similar to the average proportion over the decade of 71%. Of the estimated \$83.9 billion, the greatest amount was for older people (\$36.3 billion), followed by spending on families and children (\$25.5 billion). People with disability received \$20.1 billion and \$2.0 billion was provided for ‘other’ cash payments (Figure 10.3).

Over the decade to 2010–11, payments for people with disability had the highest average annual growth of 6.6%. Payments for older people grew by 3.3% and those for families and children by 0.7%, while average annual expenditure for recipients of ‘other’ cash payments fell by 2.3% (Table A10.3).



Unemployment benefits

Only expenditure on Newstart allowance is included in the estimates of unemployment benefits, while expenditure on Youth allowance, Austudy and ABSTUDY are not included (see Box 10.2).

In 2010–11, the total amount spent on unemployment benefits was estimated at \$6.1 billion, a decline from \$6.4 billion the previous year. This represented 5% of total welfare expenditure in 2010–11, as well as in 2009–10 (Table A10.1).

Expenditure on unemployment benefits increased by 15% between 2007–08 and 2008–09 and by 22% between 2008–09 and 2009–10, coinciding with the global financial crisis. Over the decade to 2010–11, spending on unemployment benefits declined by an average of 0.7% per year (Table A10.3). Over that time, the unemployment rate also declined from 6.4% in 2002 to 5.1% in 2011 (Table A2.10). See Section 2.3 for more information about unemployment and labour force participation.

Box 10.2 Youth allowance, Austudy and ABSTUDY

Youth allowance (student) is available to eligible young people aged 16 to 24. It provides assistance for students to participate in full-time education, training or apprenticeships. In 2010–11, \$2.6 billion was spent on Youth allowance for students.

Youth allowance (other) is available to eligible young people aged 16 to 20 who are seeking or preparing for paid employment or are undertaking study or training. In 2010–11, \$0.7 billion was spent on Youth allowance (other).

Austudy provides support to people aged 25 and over who are full-time students (\$0.4 billion in 2010–11) and ABSTUDY provides support to Aboriginal and Torres Strait Islander Australians who are studying or undertaking an apprenticeship (\$0.2 billion in 2010–11).

Estimates of these allowances are not included in the estimates in this chapter. For information on the number of recipients of these allowances, see Table 2.9.

Source: DEEWR 2011.

10.5 Welfare services

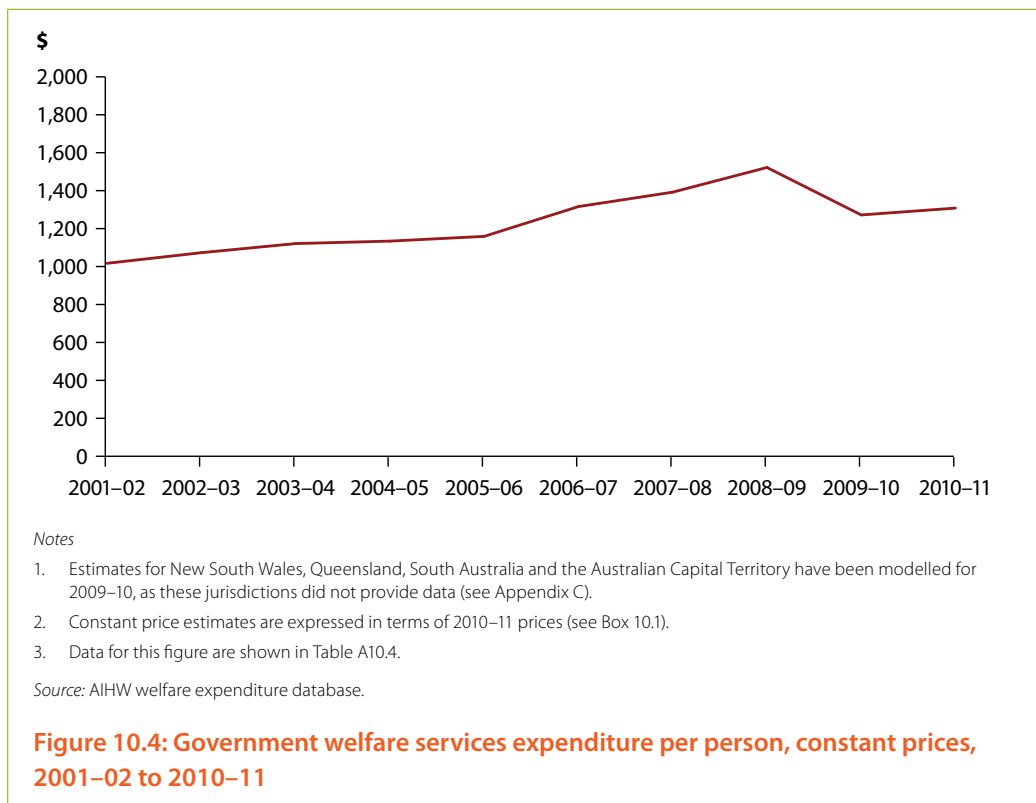
Welfare services encompass a range of services and programs to support and assist people and the community. These include supported accommodation, family support, early intervention programs, outreach services, counselling, youth programs, child care services, home and community care services for older people and specialist services for people with disability. In many instances, clients contribute to the costs of services by paying fees. Consistent with the ABS GPC categories, child care is included in these estimates. However, in some reports, such as the *Report on Government Services* (SCRGSP 2013), child care services are included in early childhood education services.



As noted earlier, this chapter estimates government welfare expenditure only. See Box 10.3 for more information about non-government expenditure, including that by households. Total spending — including government and non-government spending—on welfare services includes employee expenses, program costs, concessions and fees that clients paid. Welfare spending defined according to the four GPC welfare services categories (see Section 10.2) does not include all government spending on welfare services programs. For example, some programs relevant to people with disability are in the GPC categories of education, health or housing.

In 2010–11, the total amount spent by governments on welfare services was estimated at \$29.4 billion, up from \$28.2 billion in 2009–10 (Table A10.1). Most spending on welfare services is recurrent, and comprises payments for wages, salaries, operating expenses and running costs. The remainder is capital expenditure. Over the decade to 2008–09, government capital expenditure was less than 2% of total welfare services expenditure (AIHW 2011). An estimate of capital expenditure for later years is not available.

The average amount spent by governments on welfare services per Australian resident in 2010–11 was \$1,308, up from \$1,272 in 2009–10 and down from the peak of \$1,522 in 2008–09 (Figure 10.4). The cost per person represents overall costs for the provision of welfare services and is not meant to be indicative of spending for each eligible person.





Box 10.3 Non-government expenditure

Non-government community service organisations

Non-government community service organisations (NGCSOs) play an important part in delivering welfare services. In 2008–09 (the latest year for which information are available), it was estimated that 59% (\$24.8 billion) of total expenditure on welfare services was administered through NGCSOs. In that year, 59% (\$14.5 billion) of NGCSO funding came from governments, 14% (\$3.6 billion) from the NGCSOs themselves and 27% (\$6.7 billion) from fees charged to service users (that is, clients) (AIHW 2011).

As noted, governments fund a large part of the services delivered by NGCSOs. This expenditure is included in the estimates in this report. NGCSO expenditure that comes through fees paid by clients or NGCSOs' own sources, such as fund-raising, is not included. As data were not obtained on this, NGCSO expenditure is not reported separately.

Clients

In addition to paying fees charged by NGCSOs, clients pay fees for services that governments provide directly. They also pay fees to people who provide services privately.

Estimates for 2008–09 suggest that client fees for welfare services were \$350 per person annually (AIHW 2011). Estimates of this expenditure for later years were not derived for this report.

Comprehensive information on NGCSOs' own source funding and client expenditure is not readily available in a way that is consistent and comparable with other information in this chapter.

Examples of funding sources for NGCSOs

Anglicare and The Smith Family are examples of large NGCSOs that provide a range of welfare services. In 2010–11, Anglicare's expenditure was around \$95 million, of which 26% was funded by clients, donations and legacies, and their shops (Anglicare 2011). In the same year, The Smith Family spent around \$69 million, of which fund-raising and bequests provided around 62% (The Smith Family 2011). Volunteers also contribute significantly to the delivery of services by these and other NGCSOs.

See Section 10.8 for further discussion about non-government expenditure estimates.

10.6 Tax concessions

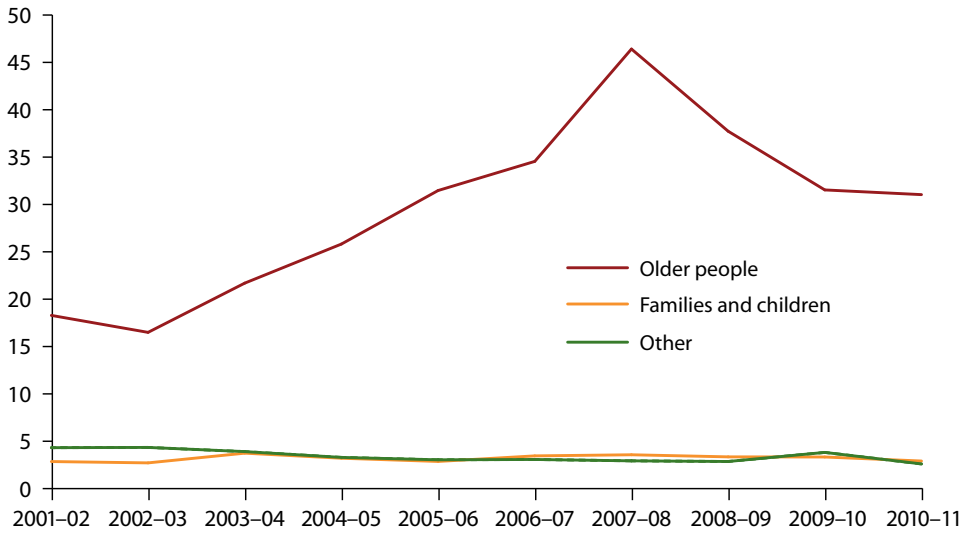
Various tax exemptions, deductions, offsets, concessional rates and deferral of tax liabilities are provided for welfare purposes. The Australian Government Treasury estimated that tax expenditure or concessions for welfare amounted to \$36.6 billion in 2010–11. This amount is not included in the estimates of total welfare spending. The majority (\$28.2 billion, or 77%) was for concessions for superannuation, which aims to assist people in their retirement, while \$2.9 billion (8.0%) was for families and children (Table A10.5).

Australian Government tax concessions for welfare peaked in 2007–08 (Figure 10.5). The declines in 2008–09 and 2009–10 are mainly a result of the global financial crisis, in particular because of the slower growth in superannuation returns (Treasury 2012).





\$ billion



Notes

1. 'Other' refers to welfare-related concessions expenditure not specifically targeted to families and children, or older people.
2. Constant price estimates are expressed in terms of 2010-11 prices (see Box 10.1).
3. Data for this figure are shown in Table A10.6.

Sources: Treasury 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010 2011c and 2012.

Figure 10.5: Tax concessions by the Australian Government for welfare, by type of concession, constant prices, 2001-02 to 2010-11

10.7 International comparisons

Australia's total welfare expenditure (government and non-government) as a proportion of GDP was estimated at 13.3% in 2009 which is lower than the OECD average of 16.3%. Australia's per person expenditure was higher than the OECD average in two areas (namely, families and incapacity), and below the OECD average in four areas (old age, survivors, unemployment and 'other'). See Box 10.4 for details.





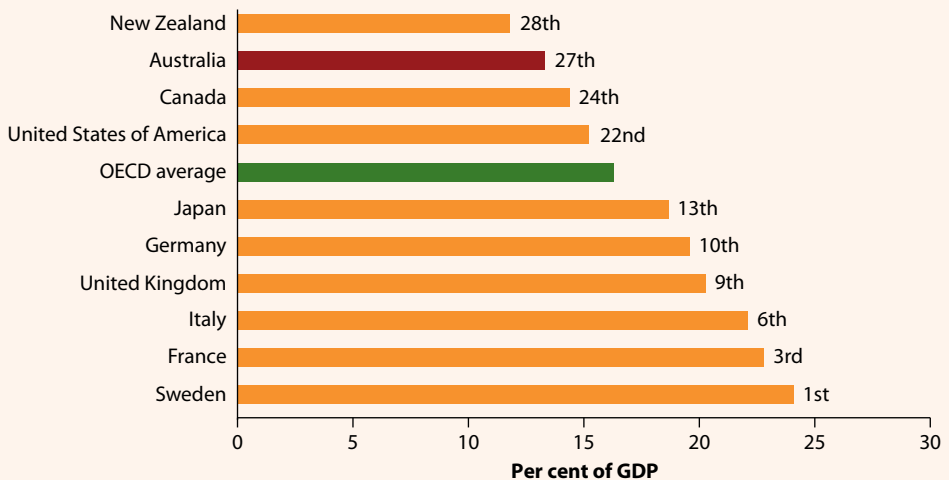
Box 10.4: International comparison of welfare expenditure



Australia's welfare expenditure can be compared internationally by using OECD data that are grouped according to the OECD Social Expenditure Classification (OECD 2013). That classification includes nine social or welfare expenditure categories, six of which correspond to Australia's welfare expenditure data: old age, survivors (spouse or dependent of a deceased person), incapacity-related, family, unemployment and 'other'. Other categories are not included (see Appendix C).

Note that the estimates used for international comparisons of Australia's welfare expenditure include non-government expenditure and thus are not directly comparable with estimates presented elsewhere in the chapter. The latest year for which internationally comparable data are available is 2009.

Australia's total welfare expenditure (government and non-government) as a proportion of GDP using the six OECD categories was estimated at 13.3% in 2009 (Figure 10.6). This is lower than the OECD average of 16.3%, with Australia ranking 27th out of 33 countries. Australia's per person expenditure was higher than the OECD average in the areas of families and incapacity, and below the OECD average for old age, survivors, unemployment and 'other' (Table A10.7).



Notes

1. Welfare expenditure estimates in this table are based on the OECD Social Expenditure Classification to enable international comparisons to be made. Therefore, these estimates are not directly comparable with expenditure estimates elsewhere in this chapter.
2. Includes public, mandatory private and voluntary private social expenditure.
3. Excludes health, active labour market programs, and housing expenditure. Includes superannuation payments (both lump sum and pension).
4. Based on 33 OECD countries with complete data.
5. Data for this figure are shown in Table A10.7.

Source: OECD 2012.

Figure 10.6: Welfare expenditure as a proportion of GDP, selected OECD countries, 2009

(continued)



Box 10.4 (continued): International comparison of welfare expenditure



Thirteen of the 15 countries with the highest welfare expenditure as a proportion of GDP are members of the European Union. This includes the three countries that ranked the highest—Sweden, France and Italy. In 2009, the welfare expenditure of these three countries as a proportion of GDP was estimated at 22% or higher (Table A10.7).

When considering the data for Australia with that of other countries, caution should be applied since Australia's social security system differs significantly from those of many other OECD countries. In Australia, social security is largely financed through progressive taxation, with low-income earners paying relatively little tax compared with other OECD countries, and social security payments tend to be means-tested. As such, the Australian system tends to be more targeted and redistributes a greater proportion of the benefits to the poorer groups than in other OECD countries (Whiteford 2010).

10

10.8 Where to from here?

There is currently no dedicated routine monitoring of total welfare expenditure, comprising government and non-government spending, in Australia.

Previously, the AIHW published national welfare expenditure data from 1995 to 2007, covering data from 1987–88 to 2005–06, in the *Welfare expenditure Australia* series of reports (for example, AIHW 2007). The series included both government and non-government welfare expenditure and some analysis of expenditure on particular target groups.

While some of these data have been updated with estimates of government expenditure for the purposes of this chapter, estimates of non-government expenditure sourced through fees or fund-raising remain an important gap. Most recently, estimates of non-government expenditure were calculated using proportions from the ABS 2008–09 Community Services Survey (ABS 2010) and before 2005–06, from a combination of sources, including information from the annual reports of non-government service organisations and surveys by the Australian Council of Social Services. Since the 2008–09 Community Services Survey is the latest available in the series, it was not possible for the AIHW to collate updated data and develop new estimates of NGCSO expenditure that comes through fees or fund-raising. Data available from the new Australian Charities and Not-for-profits Commission may be a source of useful information in the future (ACNC 2012).

The *2012 Indigenous expenditure report* includes estimates of government welfare expenditure for Indigenous and non-Indigenous Australians (IERSC 2012). Those estimates differ slightly to the estimates presented in this chapter due to different data collection methodologies (see Appendix C). The *2012 Indigenous expenditure report* is much broader in scope than welfare expenditure, as it includes health and other types of expenditure. It does not include non-government expenditure.

In addition, the Australian National Audit Office report, *Australian Government coordination arrangements for Indigenous programs* (ANAO 2012), identified monitoring of expenditure on Indigenous programs, including welfare programs, as an ongoing gap.



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Section 4

Chapter 11

Indicators
of Australia's
Welfare





Chapter

11

Indicators of Australia's welfare

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11 Indicators of Australia's welfare

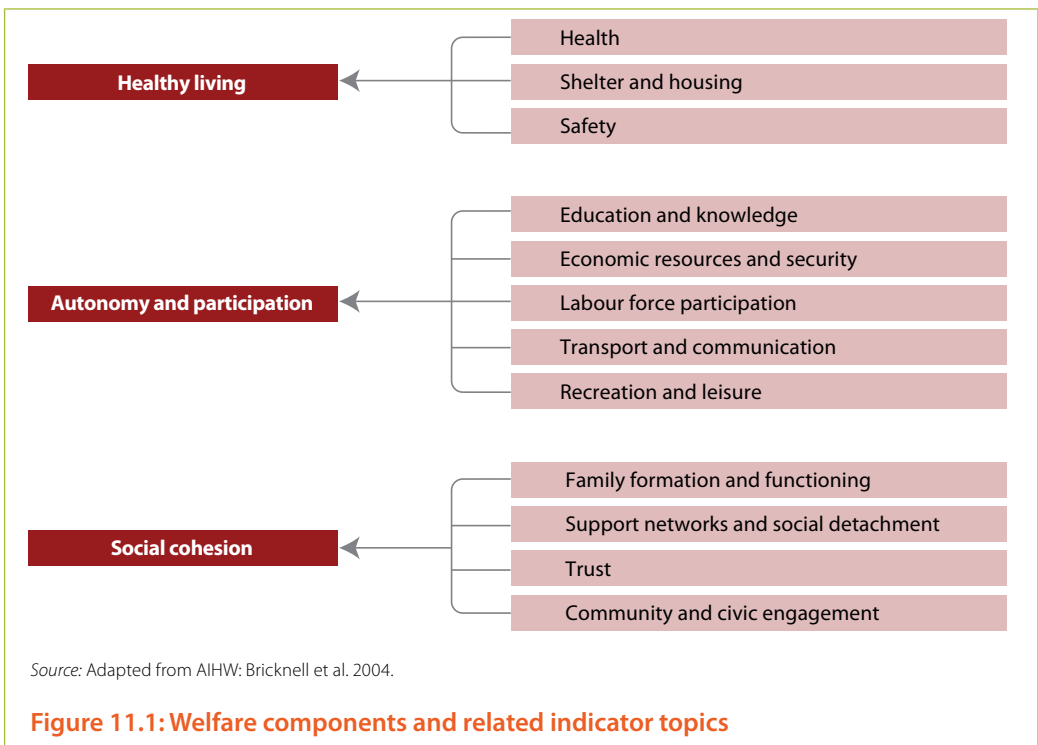
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11.1 Introduction

Welfare is difficult to define in specific and universally agreed terms. Nonetheless, some tangible and measurable aspects can be described and, in earlier volumes of *Australia's welfare*, a conceptual framework was developed that specified three domains (AIHW 2007):

- Healthy living, which embodies the most basic human needs—good health, shelter and freedom from harm
- Autonomy and participation, which is a concept that reflects the value people place on the opportunity to realise their potential, be self-sufficient and participate in their community
- Social cohesion, which indicates the importance to individuals of relationships, both at the personal and societal level.

Figure 11.1 illustrates the framework and specifies the 12 indicator topics that relate to these domains.



This chapter presents data for each of the 12 indicator topics, using the same indicators as presented in *Australia's welfare 2011* (AIHW 2011c). Note that the indicators shown are not exhaustive and do not exist in isolation. In addition, other frameworks take into account a

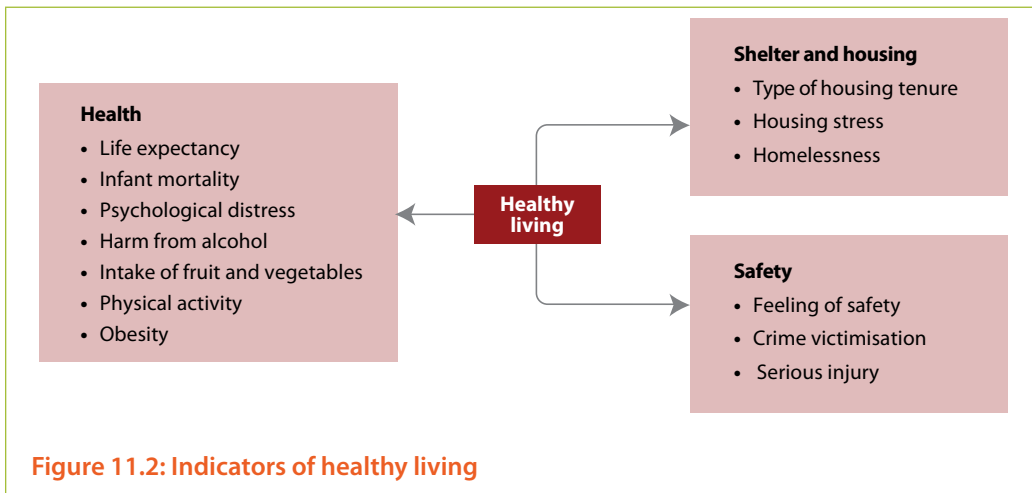


different mix of indicators when looking at related topics—see, for example, *Measures of Australia's progress* (ABS 2012h), *Social inclusion in Australia* (Australian Social Inclusion Board 2012), and *Measuring wellbeing in theory and practice* (Gorecki et al. 2011). The AIHW plans to review its indicator set and the underlying framework for future reports.



11.2 Healthy living

Healthy living embodies the most basic needs of human beings—good health, shelter and freedom from harm—and these components are included in the conceptual framework (Figure 11.2). These factors play an important role in the promotion and maintenance of physical, mental and social wellbeing.



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 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 health 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; it reflects the effect of economic and social conditions on the health of mothers and newborns, as well as the effectiveness of health systems (OECD 2009)
- Proportion of adults with very high levels of psychological distress: reported psychological distress may be associated with a mental disorder, in particular anxiety and affective disorders (Andrews & Slade 2011)
- Proportion of adults 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 (NHMRC 2009)





- Proportion of adults who usually consume the recommended daily intake of fruit and vegetables: eating sufficient fruit and vegetables plays an important role in maintaining good health, and contributes to the prevention of many chronic diseases and being overweight (WHO 2003)
- Proportion of people aged 15 and over who have 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 2006)
- 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, 2008).

A more thorough investigation of similar indicators and other determinants of health is provided in *Australia's health 2012* (AIHW 2012).

Access to adequate shelter and housing is recognised as a basic human need. Housing provides protection from environmental elements, and access to facilities such as sanitation. It also gives people a place to form and maintain relationships with family and friends. Having a home may influence both physical and mental health.

Three indicators of shelter and housing are presented:

- Proportion of households with selected tenure types (for example, owners with a mortgage and owners without a mortgage): home ownership brings autonomy and an opportunity to build wealth; it is a goal to which Australians have traditionally aspired (Section 3.4 provides additional information about housing tenure)
- 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 (Chapter 7 provides detailed information about homeless people).

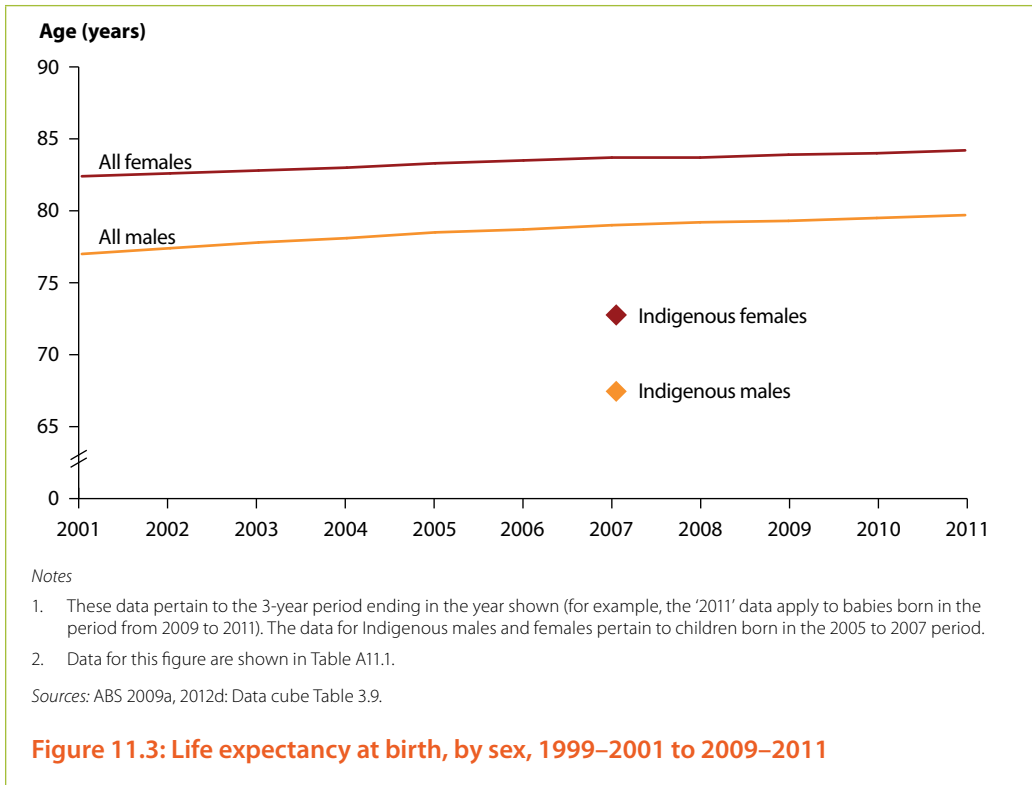
Safety is an important indicator for both physical and mental wellbeing. Issues surrounding safety not only reflect protection from actual harm but also from perceived harm. Fear, crime and injury can have serious detrimental effects, both for those directly affected and for those involved through family, friendship or community ties.

Three indicators of safety are presented:

- Proportion of adults who feel safe in various situations: feeling unsafe may have an impact on people's ability to engage with their communities, as well as have a negative effect on their mental wellbeing
- Victimization rate of selected crimes: experiences of crime are not only traumatic for victims, they may also have a negative effect on feelings of safety for the victims and 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.



1. 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.

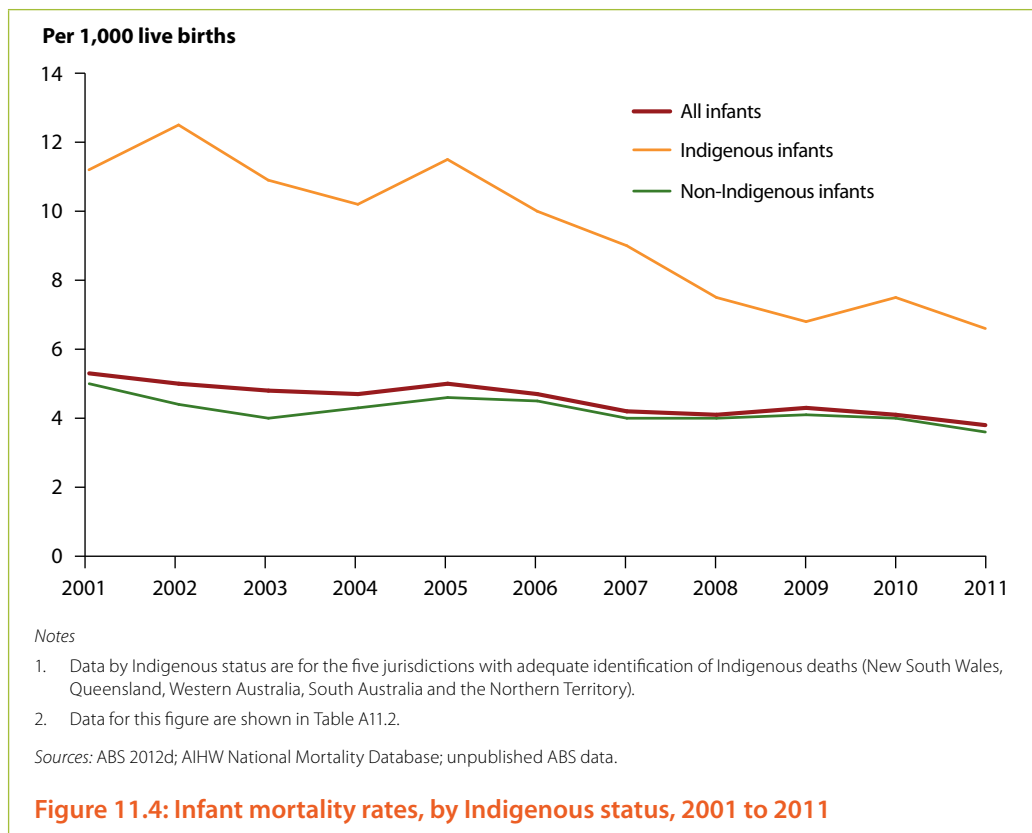


- Life expectancy for a boy born in Australia between 2009 and 2011 was 79.7 years and for a girl, 84.2 years (ABS 2012d)—among the highest in the world for both sexes (OECD 2012).
- Over the last century, the overall life expectancy at birth has increased dramatically (ABS 2008b, 2012d). This has continued in recent years, with life expectancy increasing by 2.7 years for males and 1.8 years for females in the decade to 2011.
- Life expectancy of Indigenous boys born between 2005 and 2007 was estimated to be 11.5 years lower than that of non-Indigenous boys (67.2 years compared with 78.7), and for Indigenous girls, 9.7 years lower than non-Indigenous girls (72.9 years compared with 82.6). These were the latest life expectancy data available for Indigenous people at the time of writing.



2. Infant mortality rate. The number of deaths among infants aged less than 1 year per 1,000 live births.

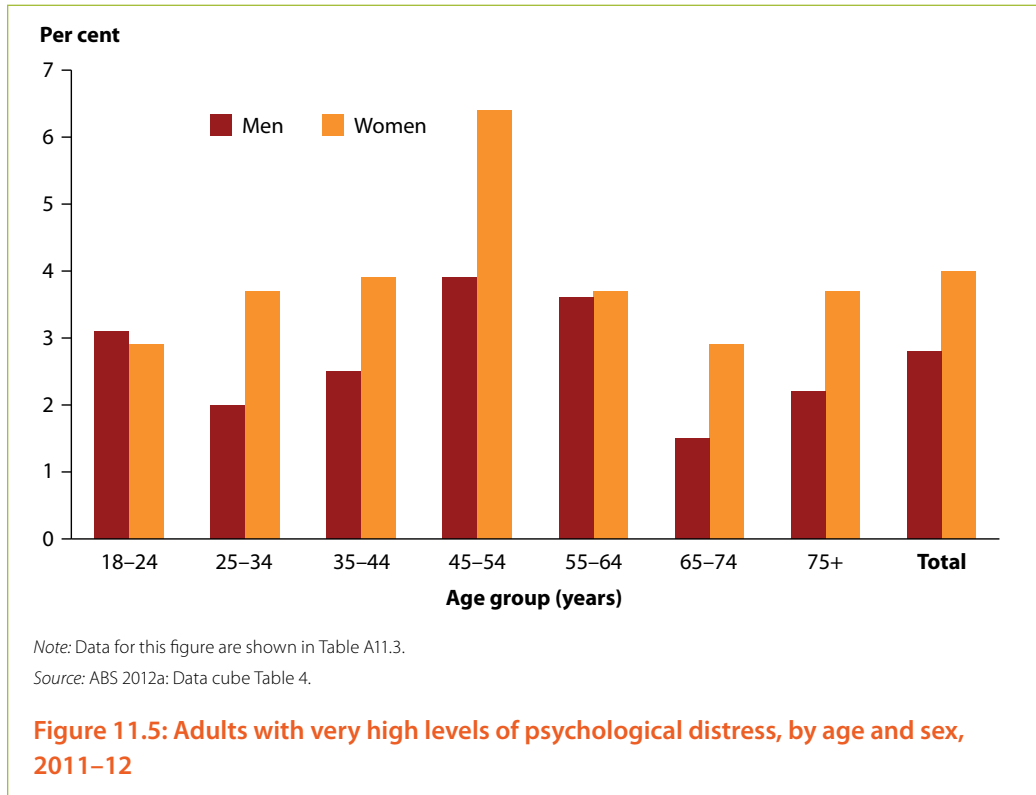
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- In 2011, there were 3.8 infant deaths per 1,000 live births in Australia.
- The infant mortality rate was 5.3 in 2001, indicating a fall of 28% between 2001 and 2011.
- In 2011, mortality was almost twice as high for Indigenous infants (6.6 per 1,000 live births) as non-Indigenous infants (3.6 per live 1,000 births) in the five jurisdictions with adequate identification of Indigenous deaths.
- Among Indigenous people, infant mortality declined from 11.2 to 6.6 per 1,000 live births between 2001 and 2011. By comparison, non-Indigenous infant mortality fell from 5.0 to 3.6 per 1,000 live births over the same period. See Section 1.4 for a discussion about the 'closing of the gap' in infant mortality rates.



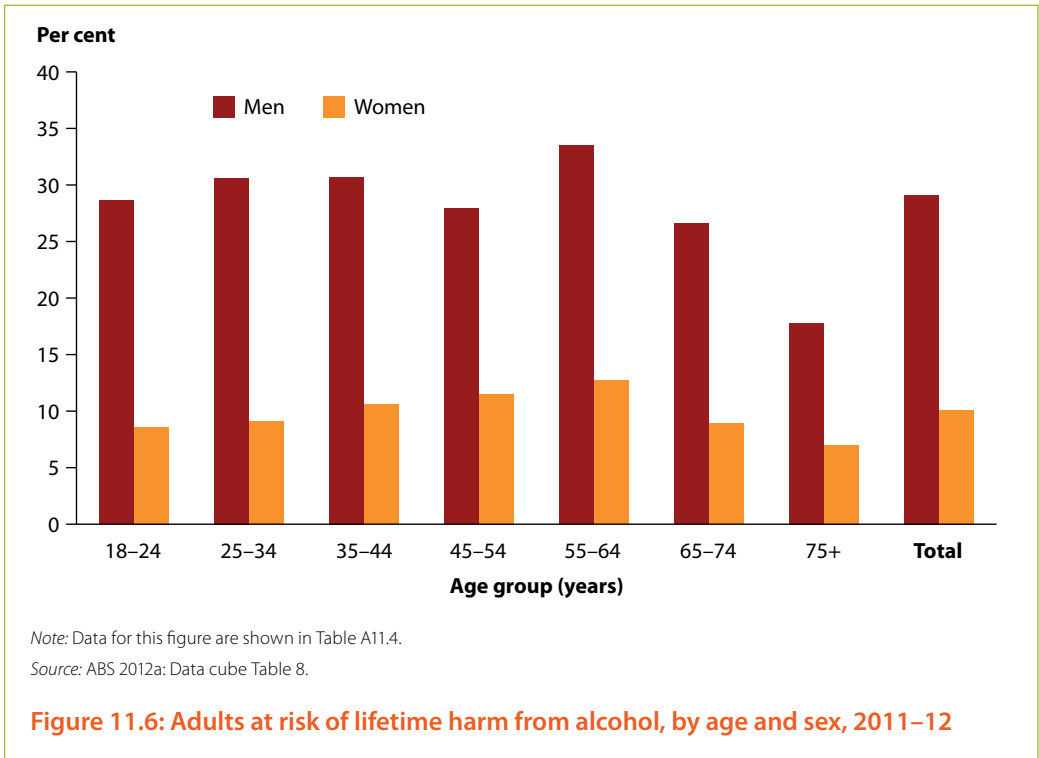
3. Adults with very high levels of psychological distress. The proportion of adults with very high levels of psychological distress as measured using the Kessler Psychological Distress Scale—10 items (K10). (The K10 is a scale of non-specific psychological distress based on 10 questions about negative emotional states in the 4 weeks prior to being interviewed.)



- In 2011-12, 3.4% of adults had very high levels of psychological distress.
- Women (4.0%) were more likely than men (2.8%) to have very high levels of distress.
- Women aged 45-54 had the highest rate of psychological distress (6.4%).
- Rates were similar in 2007-08, with 4.1% of women and 2.8% of men having very high levels of psychological distress (ABS 2010b).



4. Adults at risk of lifetime harm from alcohol. The proportion of adults who 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 2009 guidelines (NHMRC 2009).



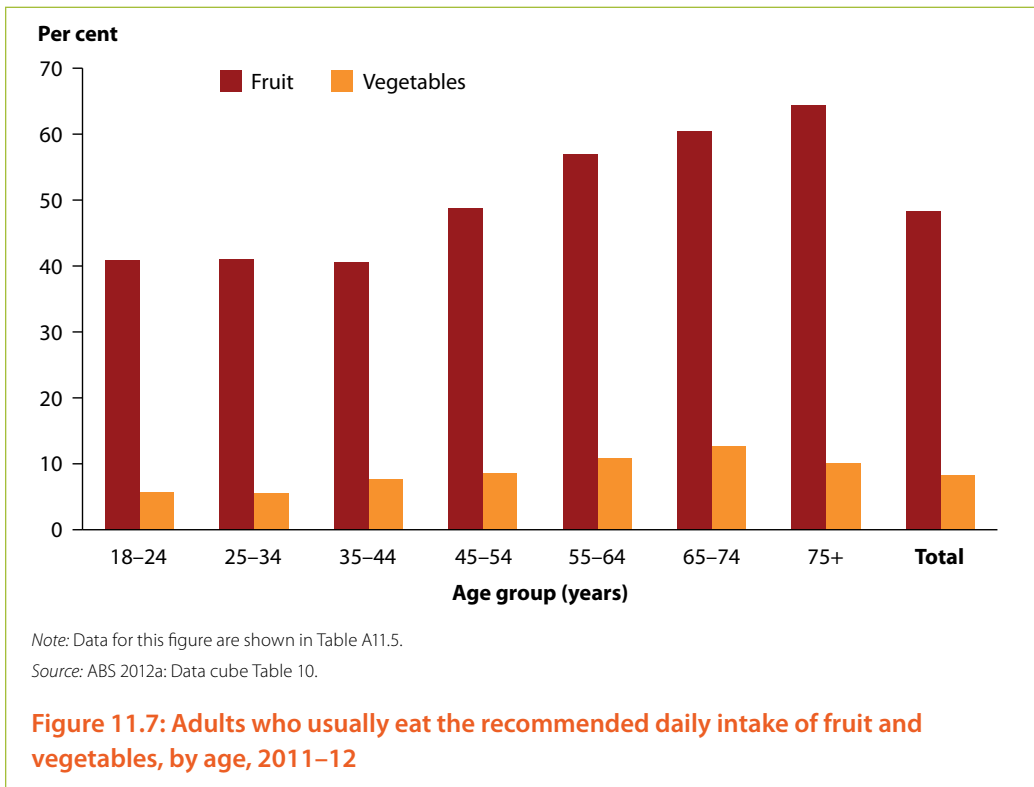
- In 2011-12, 1 in 5 adults (20%) consumed alcohol in amounts that put them at risk of lifetime harm from alcohol-related disease or injury. This is similar to the 21% in 2007-08 (ABS 2012a).
- In 2011-12, women (10%) were less likely than men (29%) to be at risk.
- Drinking at levels that posed a risk of lifetime harm was most common among people aged 55-64 (23%).
- In contrast, drinking at levels that posed single occasion risk (more than four standard drinks on at least one occasion in the last 12 months) was most common among those aged 18-24 (ABS 2012a).



5. Adults who usually consume the recommended daily intake of fruit and vegetables.

The proportion of adults who usually consumed the quantities recommended by the NHMRC (2005). For those aged 19 and over, the recommended amounts are 2 serves of fruit and 5 serves of vegetables per day. (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.) Note that new Australian dietary guidelines were released in early 2013 (NHMRC 2013); national data based on these new guidelines were not available at the time of writing.

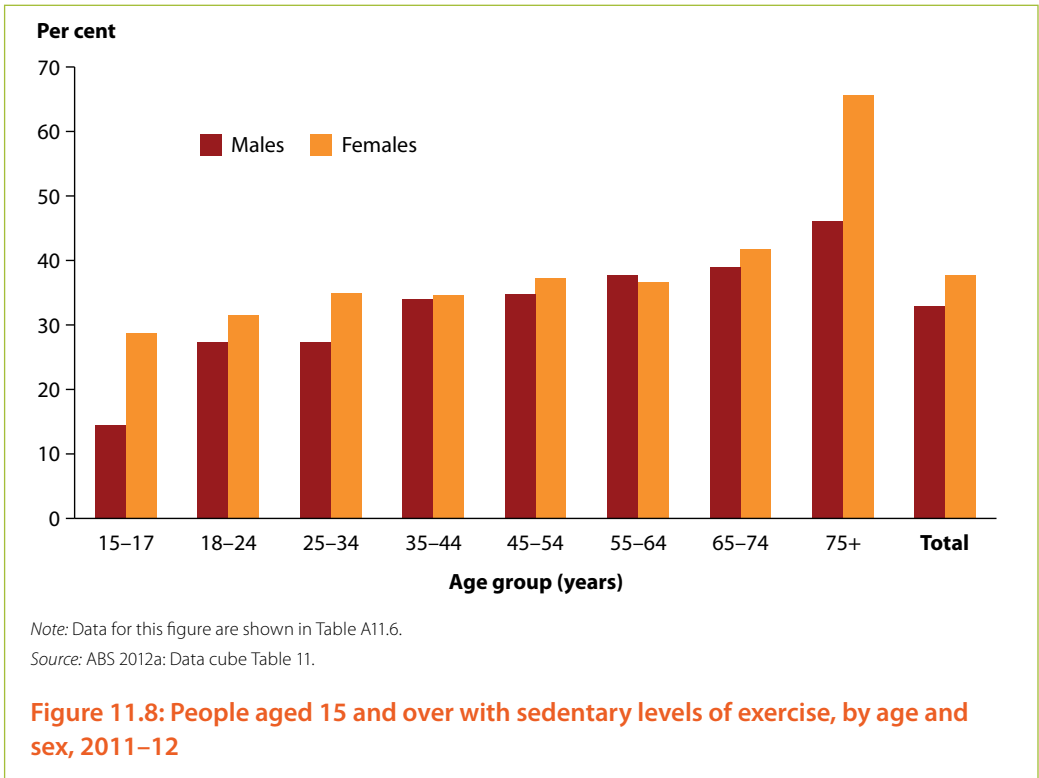
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- In 2011-12, 48% of adults usually ate 2 or more serves of fruit and 8% ate 5 or more serves of vegetables.
- This is lower than in the past. In 2007-08, 51% of adults ate the recommended amount of fruit and 9% ate the recommended amount of vegetables (ABS 2010b). The corresponding proportions for 2004-05 are 54% and 14% (ABS 2006c).
- Women were more likely than men to consume recommended amounts—in 2011-12, 53% of women and 44% of men met the guidelines for fruit consumption, while 10% and 7%, respectively, ate enough vegetables.
- Sufficient consumption of fruit and vegetables was highest for people aged 55 and over although, even among people in these older age groups, a low proportion ate the recommended amount of vegetables.



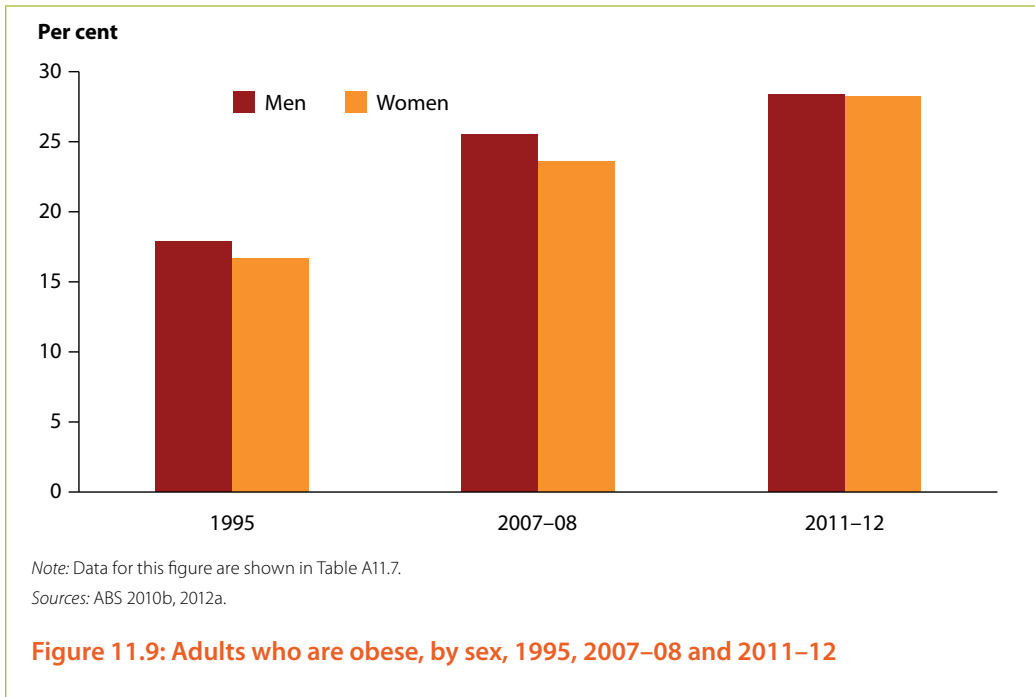
6. People aged 15 and over who have sedentary levels of exercise. The proportion of people aged 15 and over who were considered to have done no or very little exercise, based on the frequency, duration and intensity of exercise undertaken for fitness, recreation or sport during the week before the survey.



- In 2011-12, 35% of people aged 15 and over were sedentary—that is, they did no or very little exercise.
- The proportion who were sedentary increased with age—from 21% of those aged 15-17 to 57% of those aged 75 and over.
- Females (38%) were more likely than males (33%) to be sedentary, especially among the youngest and oldest age groups.



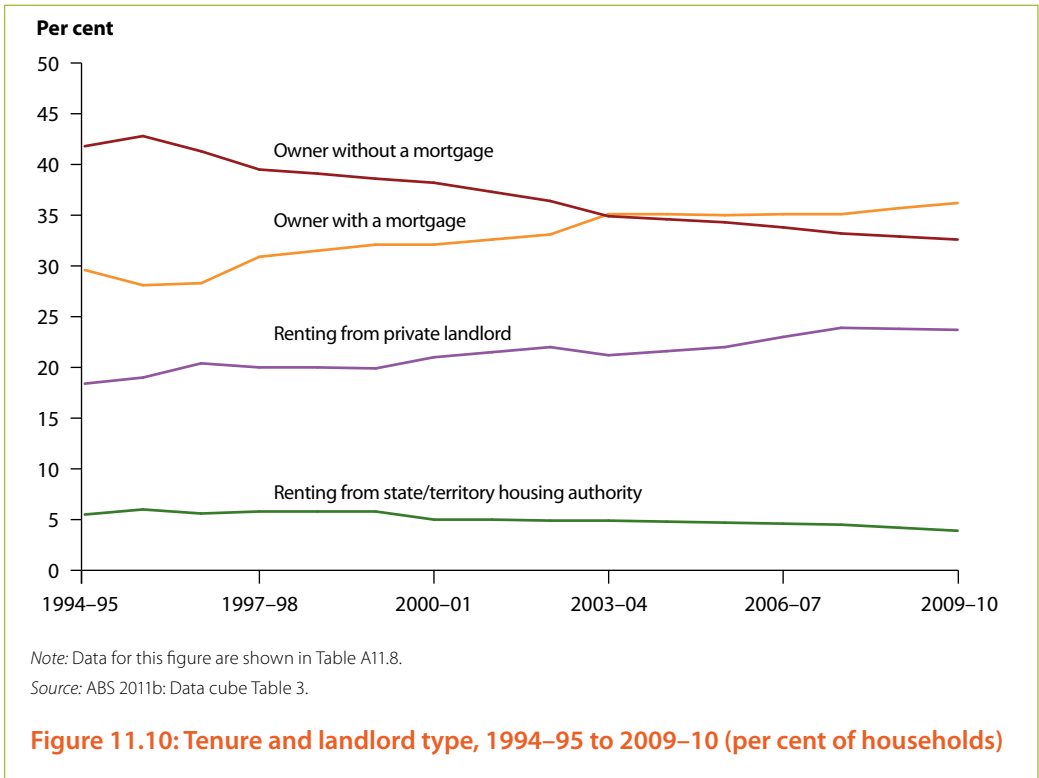
7. Adults who are obese. The proportion of adults who, based on measured height and weight, were considered obese by the World Health Organization definition—that is, a body mass index (BMI) of 30 or more (WHO 2013).



- In 2011-12, 28% of adults were obese, with no difference in this proportion by sex.
- The prevalence of obesity has increased over time, from 19% in 1995 and 25% in 2007-08 to 28% in 2011-12 (ABS 2010b).
- Those aged 18-24 were least likely to be obese (17%), while those aged 55 to 74 were most likely (36%) to be obese (ABS 2012a).



8. Household tenure types. The proportion of households that were: owners with a mortgage, owners without a mortgage, renting from a state or territory housing authority or renting from a private landlord. Note that two other tenure types are possible—'renting from other landlord type' (1%–2% of households) and 'other tenure type' (2%–3% of households).

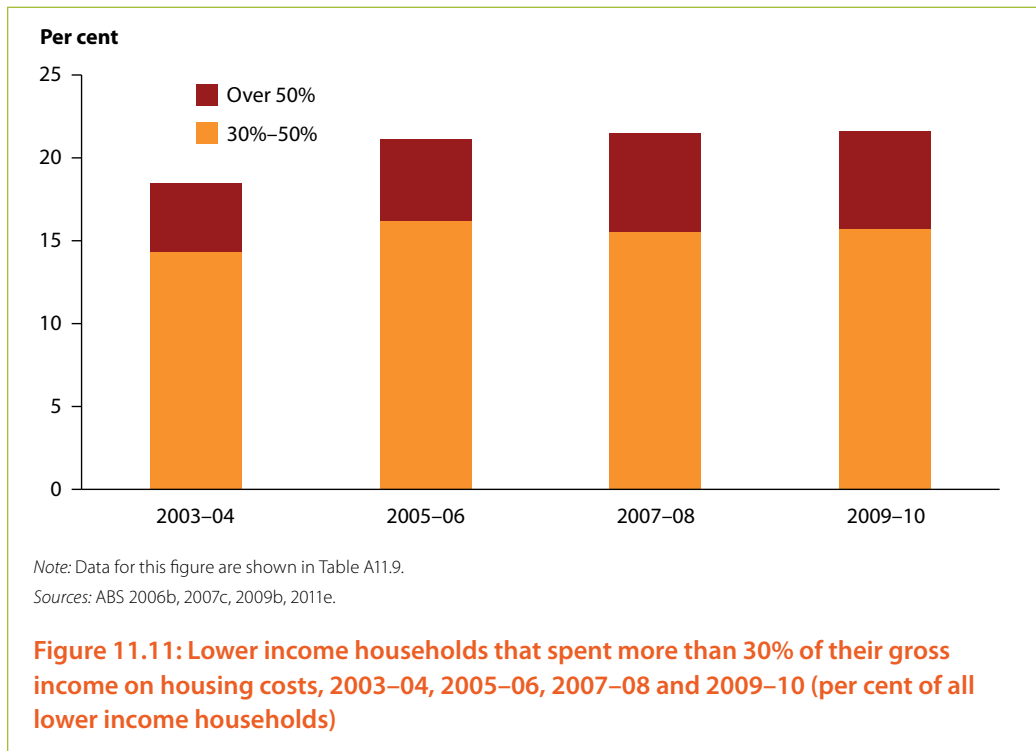


- According to data from the 2009-10 Survey of Income and Housing (SIH), 69% of households were owner-occupiers (36% with a mortgage, 33% without), 4% were renting from a state or territory housing authority, and 24% were renting from a private landlord. These proportions are similar to those recorded in the 2011 Census (see Section 3.4).
- Between 1994-95 and 2009-10, the proportion of households that were owner-occupiers has remained fairly steady (between 68% and 71%). However, patterns of home ownership changed over time—from 2003-04 onwards, there were more owner-occupiers with a mortgage than without.
- The proportion of households that was renting from a private landlord increased from 18% in 1994-95 to 24% in 2009-10. The proportion that was renting from a state or territory housing authority fell from 6% to 4% respectively.
- Census data indicate that home ownership has risen from 32% of Indigenous households in 1996 to 36% in 2011 (AIHW 2011a; AIHW analysis of 2011 Census).



9. Lower income households that spent more than 30% of their gross income on housing costs.

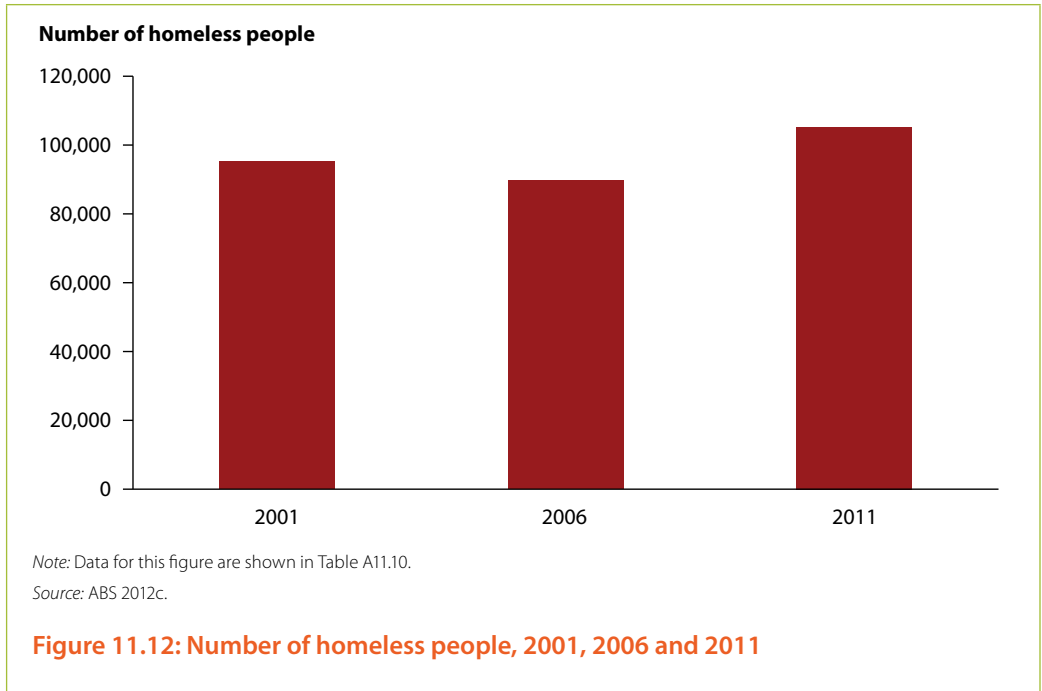
The proportion of lower income households that spent more than 30% of their gross income on housing costs (that is, rent payments, rates payments, and mortgage or unsecured loan repayments if the initial purpose was primarily to buy, add to or alter the dwelling). For this indicator, lower income households are defined as those whose equivalised disposable income is ranked between the bottom 10% and bottom 40% of the income distribution (see Glossary).



- In 2009-10, 22% of lower income households spent more than 30% of their gross income on housing costs, including 6% that spent more than 50% of gross income.
- The proportion of lower income households spending more than 30% was lower (19%) in 2003-04 but remained fairly steady between 2005-06 and 2009-10.
- In 2009-10, almost half (49%) of lower income private renters spent more than 30% of their income on housing costs, as did 37% of those with a mortgage and 8% of those renting from a state or territory housing authority (ABS 2011e).



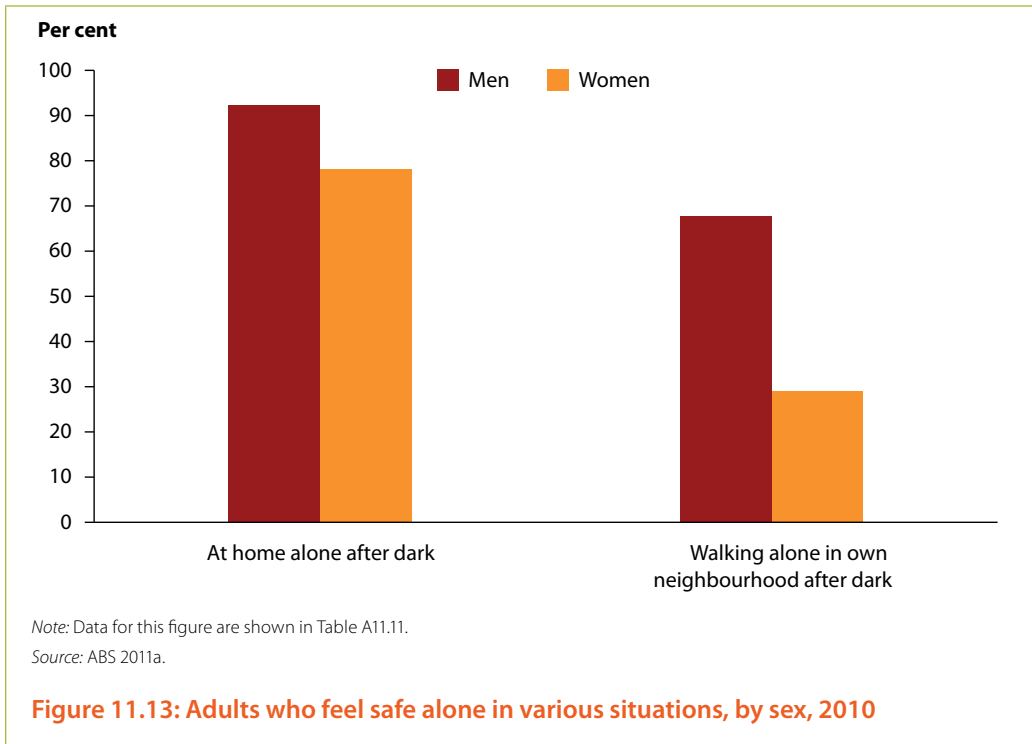
10. Number of homeless people. The number of homeless people estimated from the ABS Census. People are considered homeless if their current living arrangement: is in a dwelling that is inadequate; has no tenure or if their initial tenure is short and not extendable; or does not allow them to have control of, and access to, space for social relations (ABS 2012f; see Section 7.4 for further information).



- In 2011, an estimated 105,200 people were considered to be homeless (see Section 7.5). Those who were homeless were most commonly living in severely crowded dwellings (39% of the homeless).
- Just over half (56%) of homeless people were male.
- The rate of homelessness for Indigenous Australians was 14 times as high as the rate for non-Indigenous Australians, with 1 in 20 Indigenous people considered homeless. Three-quarters (75%) of Indigenous homeless people were living in severely crowded dwellings (ABS 2012c).
- The estimated number of homeless people in 2011 was higher than the estimated number for the two previous Censuses.
- In 2011, the homeless rate was 49 homeless people per 10,000 population, up from a rate of 45 per 10,000 in 2006 but down from a rate of 51 per 10,000 in 2001 (ABS 2012c).



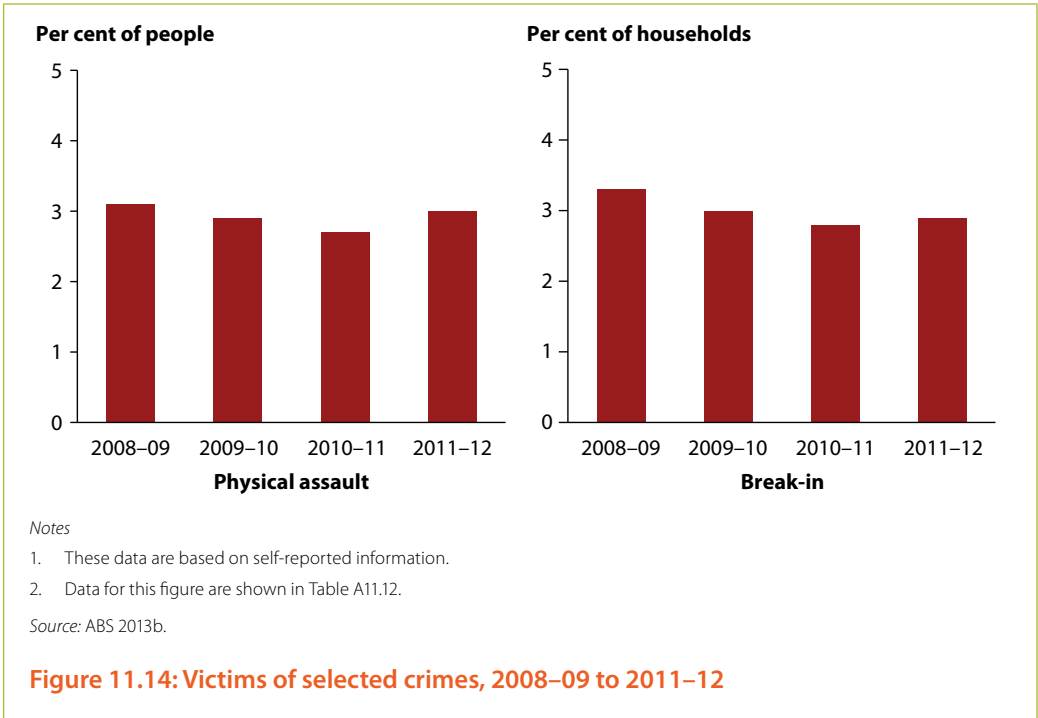
11. Adults who feel safe in various situations. The proportion of adults who felt 'safe' or 'very safe' when alone at home after dark and when walking alone in their neighbourhood after dark.



- In 2010, 85% of adults felt safe (including those who felt very safe) at home alone after dark and 48% felt safe (or very safe) walking alone in their neighbourhood after dark.
- The proportions in 2006 were virtually the same: 86% felt safe at home alone after dark and 48% when alone in their neighbourhood after dark (ABS 2007b).
- In 2010, men were substantially more likely than women to feel safe, particularly when walking alone in their neighbourhood (68% compared with 29%).



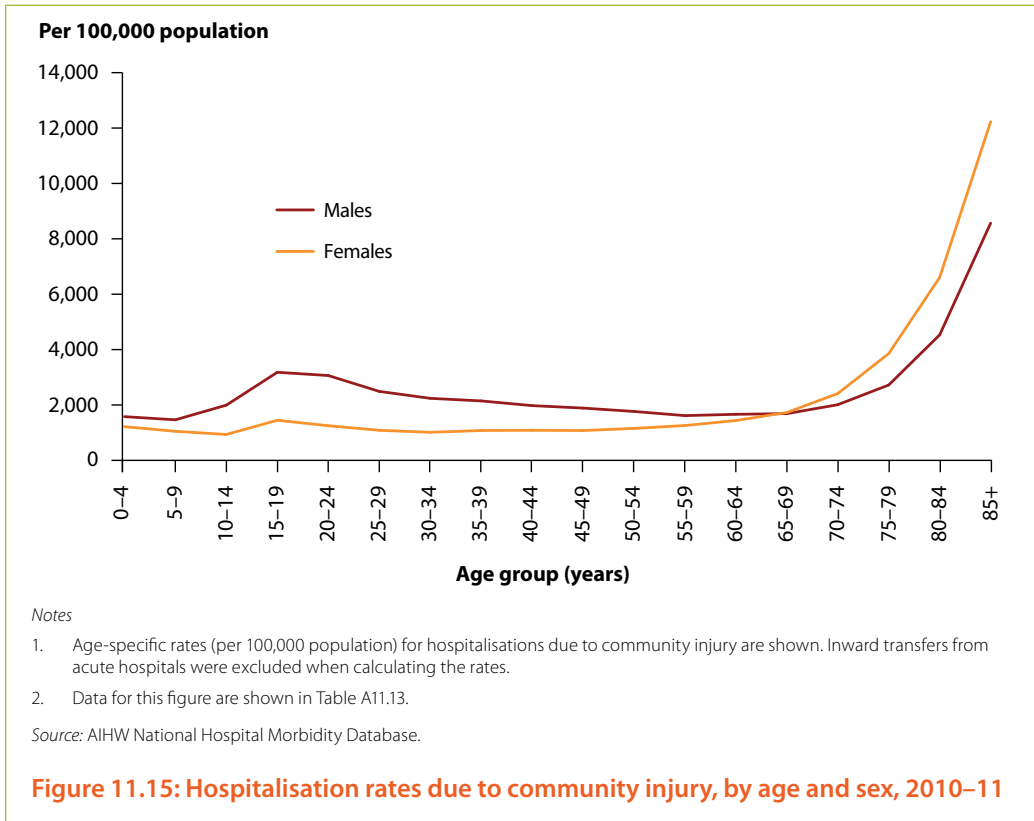
12. Victimisation rate for selected crimes. The proportion of people aged 15 and over who were a victim of a physical assault and the proportion of households that were a victim of a break-in. Incidents not reported to police are included.



- In 2011-12, 3.0% of people aged 15 and over were a victim of a physical assault, and 2.9% of households were a victim of at least one break-in to their home, garage or shed.
- Between 2008-09 and 2011-12, the victimisation rates for physical assault have fluctuated slightly (between 3.1% and 2.7%), as have the rates for break-ins (between 2.8% and 3.3%).
- Males (3.5%) were more likely to be assault victims than females (2.5%) (ABS 2013b).
- People aged 20-24 were most likely to be assault victims (6.0%), with the proportion decreasing with age thereafter (ABS 2013b).



13. Hospitalisation due to injury. The number of hospitalisations due to community injury per 100,000 population (expressed as an age-standardised rate). Community injury refers to injuries typically sustained in places such as the home, workplace or street rather than in the context of surgical and medical care.



- In 2010–11, the age-standardised rate of hospitalisations due to injury was 1,897 hospitalisations (per 100,000 population).
- The rate of such hospitalisations was higher for older people (due mainly to falls) and also disproportionately high for males aged 15 to 24 (due to a higher rate of transportation-related accidents and assaults).
- The age-standardised injury rate of hospitalisation for Indigenous Australians was about twice that for other Australians in 2010–11 (3,879 compared with 1,865 per 100,000) based on data for six jurisdictions with reliable data (New South Wales, Victoria, Queensland, Western Australia, South Australia and private hospitals in the Northern Territory) (AIHW analysis of AIHW National Hospital Morbidity Database).
- Between 2000–01 and 2010–11, the age-standardised rate of hospitalisation due to injury increased by 9% (from 1,733 per 100,000 population). This rate increased more sharply for females (13%) than males (8%) (AIHW analysis of AIHW National Hospital Morbidity Database).

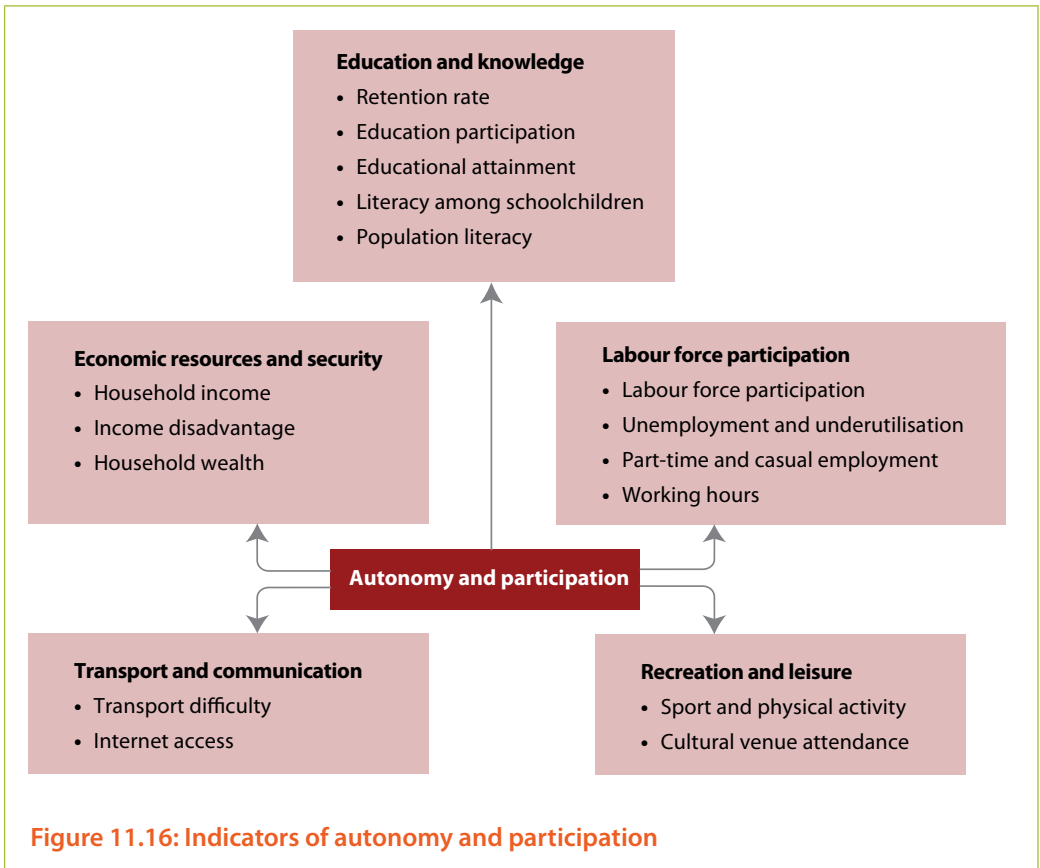


11.3 Autonomy and participation

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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 vital for wellbeing since they generally reflect the value people place on the opportunity to be self-sufficient, realise their potential and participate in their community.

The conceptual framework defines five components of autonomy and participation: education and knowledge, economic resources and security, labour force participation, transport and communication, and recreation and leisure (Figure 11.16).



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 to 64 studying for a qualification
- Proportion of people aged 15 to 64 with a non-school qualification
- Proportion of Year 5 schoolchildren not meeting national minimum standards for literacy and numeracy
- Proportion of people aged 15 to 74 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 most effectively 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 2008a).

For further information about education, see 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:

- Average equivalised disposable household income: 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. Hence, household (rather than individual) income is considered. Equivalence scales are applied to account for different income levels required by households of different size to achieve a similar standard of living (see Box 2.8 for further information)
- Proportion of households with low income
- Average household wealth: wealth is a source of economic security since accumulated assets can buffer material living standards during periods of low income.



Labour force participation provides avenues for income and, as such, is a major factor influencing material wellbeing. In addition, participation in the workforce 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. Describing labour force participation, however, is not simply a matter of counting the number of employed and unemployed people—the basis and conditions under which people are employed also have an impact on Australians' sense of autonomy and participation.

Four indicators of labour force participation are presented:

- The labour force participation rate
- Unemployment and underutilisation rates
- Proportion of employment that is part-time and the proportion that is casual (that is, without paid leave entitlements)
- Average hours worked by full-time workers.

More detailed statistics about employment are in Chapter 2.

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.

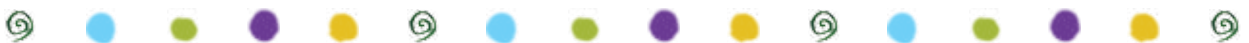
Two indicators of transport and communication are presented:

- Proportion of adults who had difficulty with transport
- Proportion of households with access to the Internet at home.

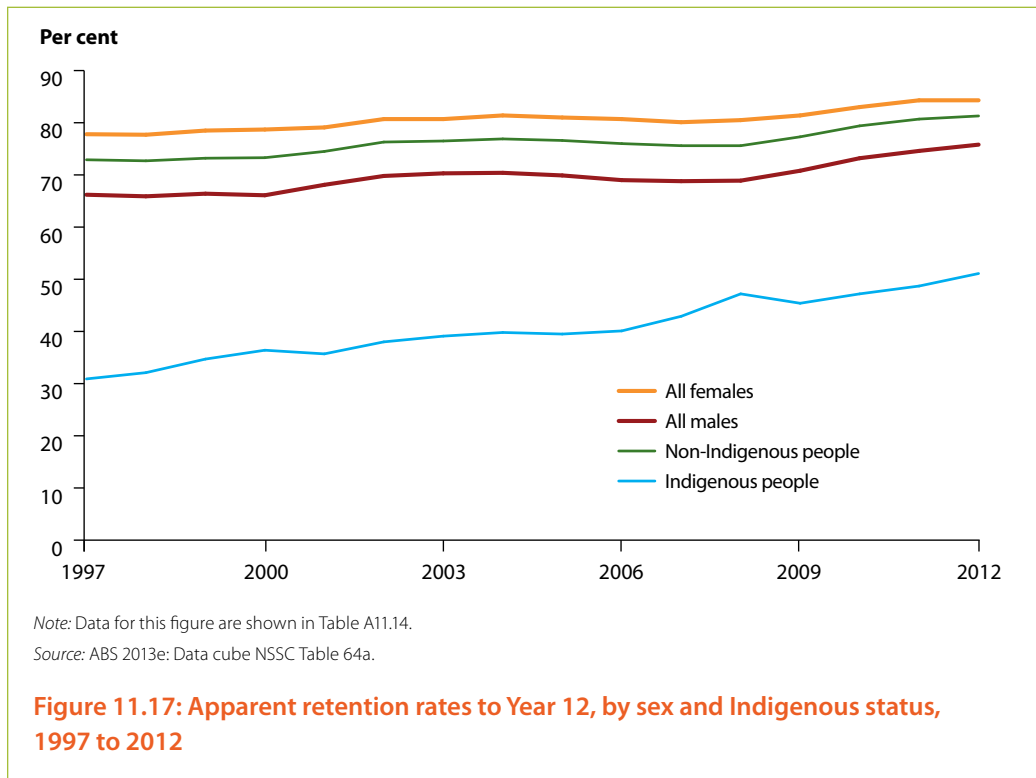
Participation in recreational and leisure activities contributes to overall wellbeing through benefits to physical and mental health, and by providing opportunities for social interaction and community engagement.

Two indicators of recreation and leisure are presented:

- Proportion of people aged 15 and over who participated in sport and physical activities
- Proportion of people aged 15 and over who attended selected cultural venues.



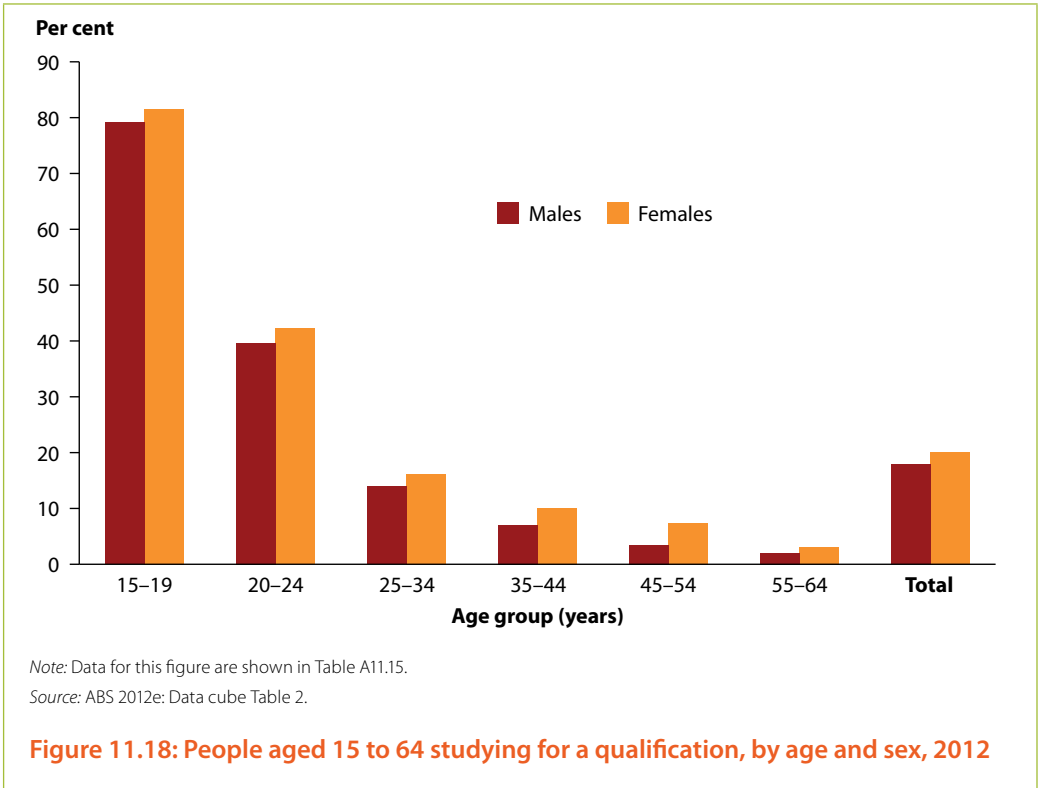
14. Apparent retention rate to Year 12. The proportion of full-time students who remained in secondary education from the start of secondary school to Year 12. (To calculate the apparent retention rate for any year, the total number of full-time students enrolled in Year 12 in that year is divided by the number of full-time students who were in the base year—namely, Year 7 in New South Wales, Victoria, Tasmania and the Australian Capital Territory in 2006, and Year 8 in Queensland, South Australia, Western Australia and the Northern Territory in 2007.) For further information about apparent retention rates, see Chapter 4.



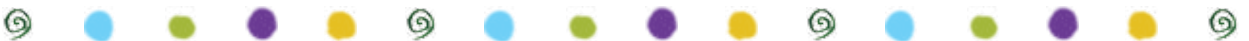
- The apparent retention rate to Year 12 for full-time students in 2012 was 80%. It was higher for females (84%) than males (76%).
- These rates have gradually increased over time for both males and females.
- Retention to Year 12 was substantially lower for Indigenous students (51%) than non-Indigenous students (81%) in 2012.
- Between 1997 and 2012, the apparent retention rate increased by 20 percentage points for Indigenous students (from 31%) and 8 percentage points for non-Indigenous students (from 73%).



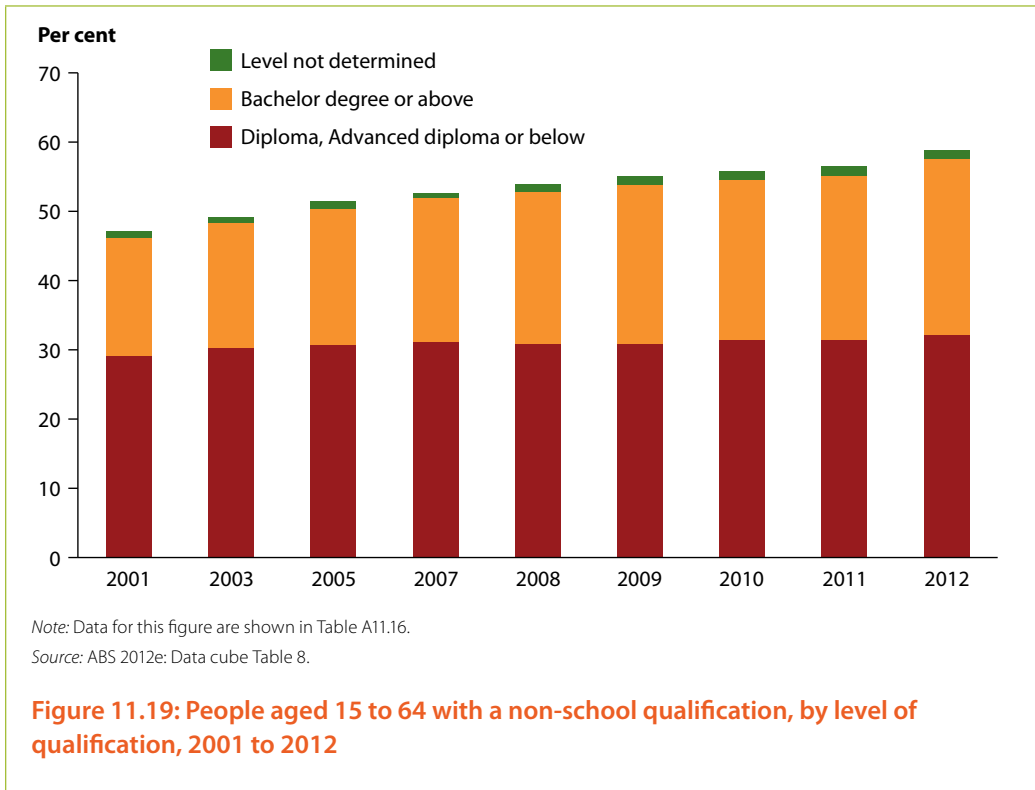
15. People aged 15 to 64 studying for a qualification. The proportion of people aged 15 to 64 who were enrolled in formal learning (that is, study that is likely to lead to a recognised qualification).



- In 2012, 19% of people aged 15 to 64 were studying for a qualification.
- Participation declined with age, and was more common for females than males in each age group.
- Of those studying for a qualification, 31% were enrolled in a Bachelor degree, another 28% in Year 12 or below, and 20% in a Certificate-level qualification (ABS 2012e).
- Participation increased from 17% in 2001 (ABS 2012e).



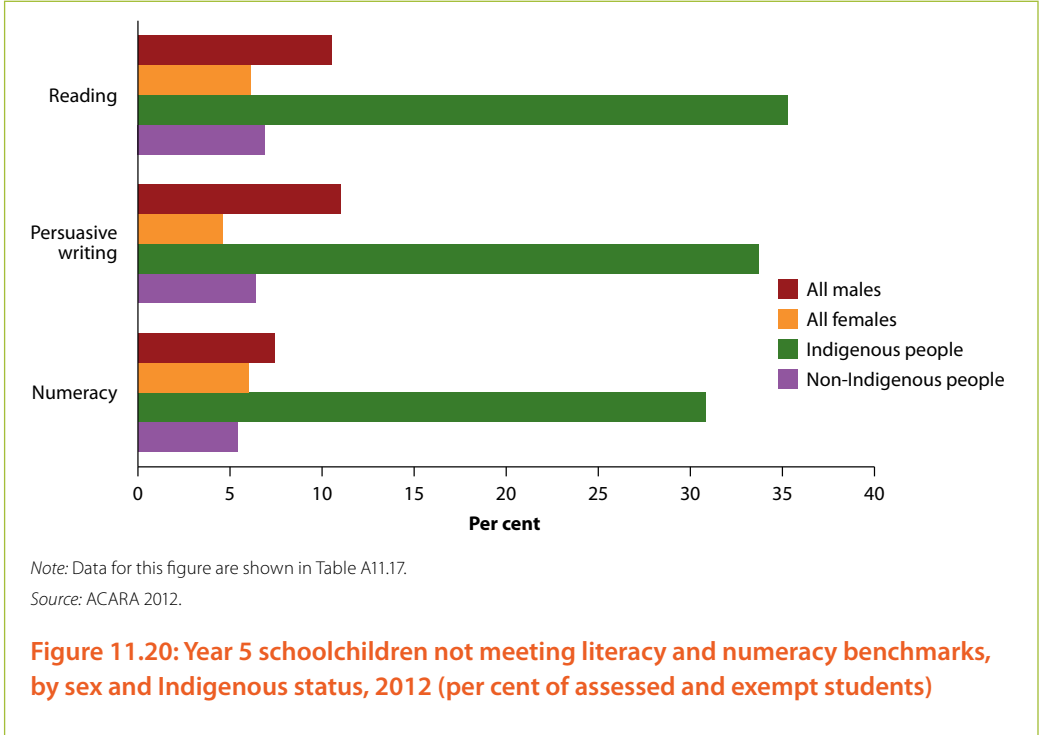
16. People aged 15 to 64 with a non-school qualification. The proportion of people aged 15 to 64 who had a non-school qualification (that is, a qualification which is awarded for an educational attainment other than that of pre-primary, primary or secondary education).



- In 2012, 59% of people aged 15 to 64 had a non-school qualification, with 25% having a Bachelor degree or above as their highest qualification, and 32% having a Diploma, Advanced diploma or below as their highest qualification.
- Attainment of non-school qualifications increased from 47% in 2001, with attainment of a Bachelor degree or above rising from 17%.
- In 2012, people aged 25–34 and 35–44 were the most likely to have a non-school qualification (72% and 70% respectively) (ABS 2012e).
- In 2008, 40% of Indigenous people aged 25 to 64 had a non-school qualification compared with 61% of non-Indigenous people in the same age range (AIHW 2011a).



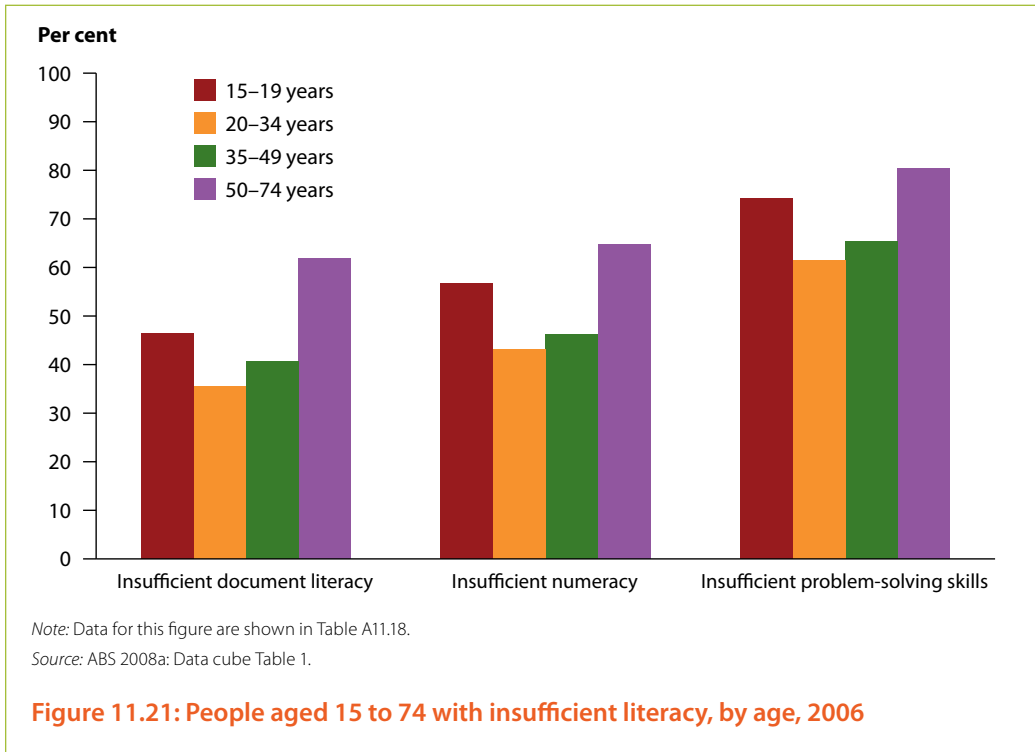
17. Year 5 schoolchildren not meeting national minimum standards for literacy and numeracy. The proportion of Year 5 students who did not meet the national minimum standard in the National Assessment Program—Literacy and Numeracy (NAPLAN) reading, persuasive writing and numeracy tests.



- In 2012, 8.4% of Year 5 students had skills below the national minimum standard for reading, 7.9% for persuasive writing and 6.7% for numeracy.
- Boys were less likely than girls to meet minimum standards, and Indigenous students were much less likely than non-Indigenous students to meet minimum standards across all three domains.
- The proportion not meeting minimum standards in reading was fairly stable since 2008 while, for numeracy, the proportion fell to 6.7% in 2012 from 7.3% in 2008 (ACARA 2012).



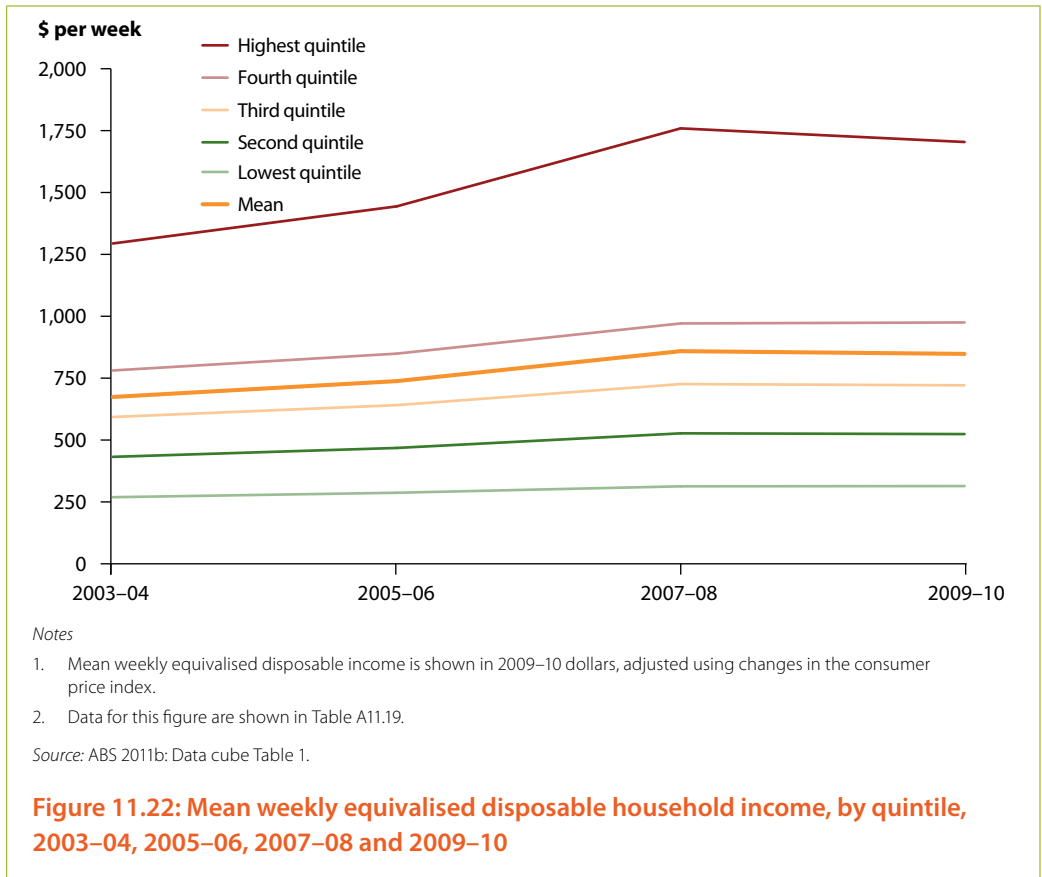
18. People aged 15 to 74 with insufficient levels of literacy. The proportion of people aged 15 to 74 whose measured document literacy, numeracy and problem-solving skills were deemed to be below the minimum required 'for coping with the increasing demands of the emerging knowledge society and information economy' (OECD & Statistics Canada 2005).



- In 2006, 47% of people aged 15 to 74 had insufficient levels of document literacy, 53% had insufficient levels of numeracy and 70% had insufficient problem-solving skills.
- People aged 50–74 were most likely to have insufficient levels of literacy across all three domains.
- In 1996, the proportion with insufficient levels of document literacy was about the same (48%) (ABS 2008a).



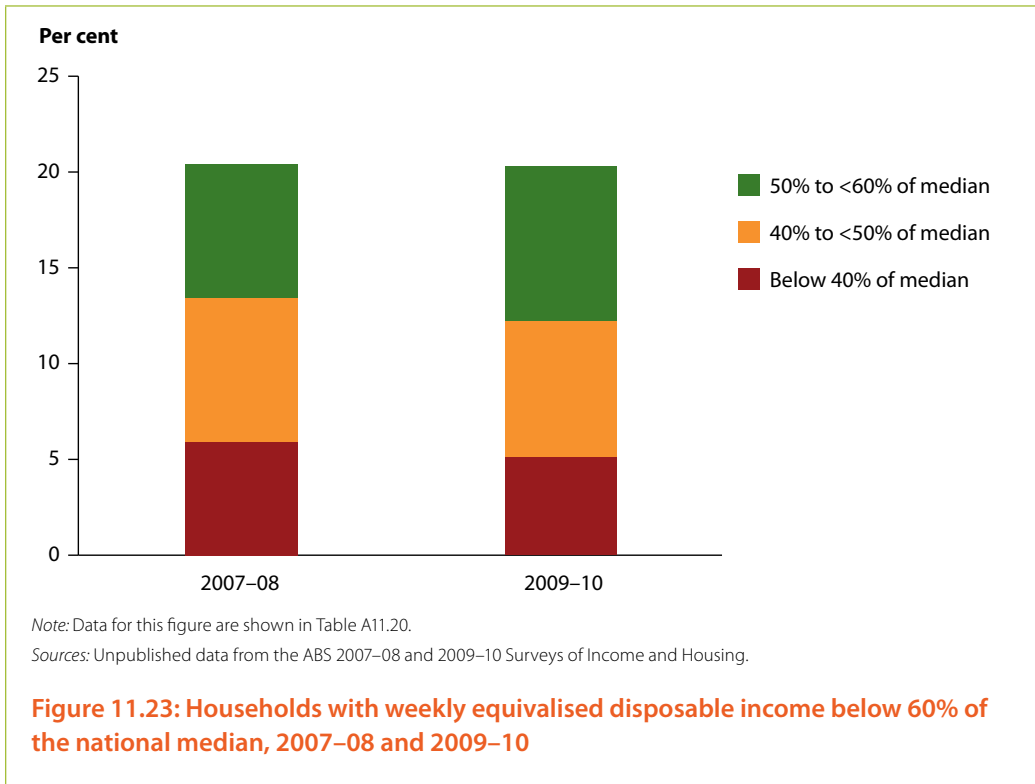
19. Average equivalised disposable household income. The mean weekly equivalised disposable income of households (see Section 2.4 for more information about household economic resources and the Glossary for definitions of key terms).



- In 2009-10, the average (mean) equivalised disposable household income was \$848 per week.
- There was no significant difference between 2007-08 and 2009-10 in the average equivalised disposable household income.
- In 2009-10, the average income of the lowest-income households was \$314 per week, compared with \$1,704 for the highest-income households.
- People living in households where the reference person was aged 65 and over had the lowest average equivalised disposable household incomes per week (\$598), while the highest such incomes were observed for people in households where the reference person was aged 45-54 (\$943) (ABS 2011b).



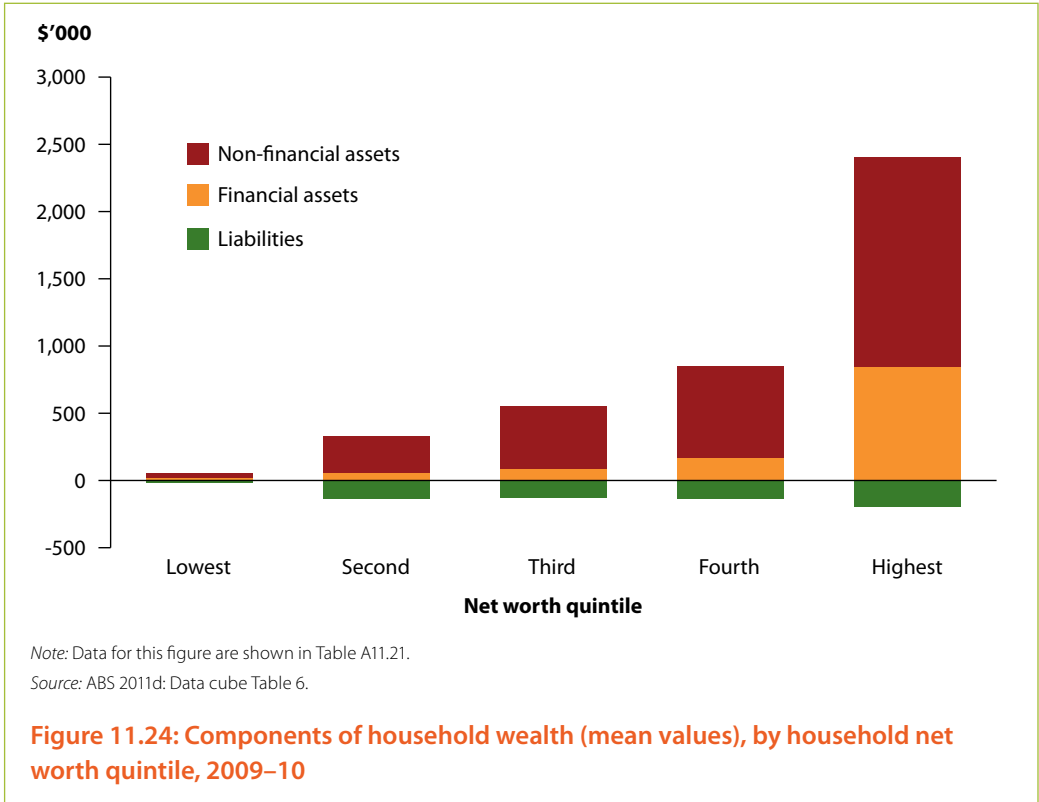
20. Lower income households. Lower income households are defined, for the purposes of this indicator, as those households whose equivalised disposable household income is below 40%, 50% and 60% of median equivalised disposable household income.



- In 2009-10, 12% of households had an equivalised disposable income less than 50% of the national median (\$715, ABS 2011b). This includes 5% whose income was less than 40% of the median.
- One in 5 households had an equivalised disposable income less than 60% of the median.
- In 2007-08, 13% of households had an equivalised disposable income less than 50% of the national median (\$726, ABS 2011b), including 6% whose income was less than 40% of the median.



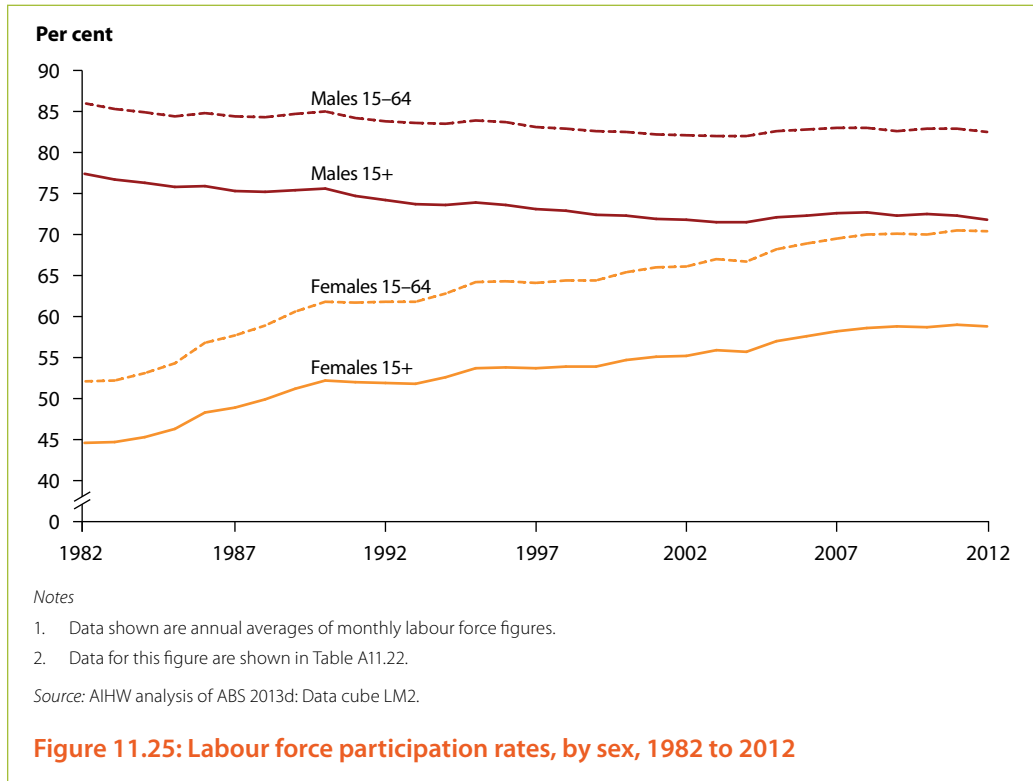
21. Average net household wealth. The net wealth of a household is the value of its assets less the value of its liabilities. Assets include property, owned businesses, shares and superannuation. Liabilities are primarily the value of loans outstanding. (See Section 2.4 for more information about household wealth).



- 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) (ABS 2011d).
- The average net worth of the wealthiest 20% of households (\$2.2 million) was 3 times the average of all households.



22. Labour force participation rate. The proportion of the civilian population aged 15 and over in the labour force, that is, employed and unemployed. (See the Glossary for definitions of key terms and see Section 2.3 for detailed information about labour force participation, including information about participation among selected population groups.)



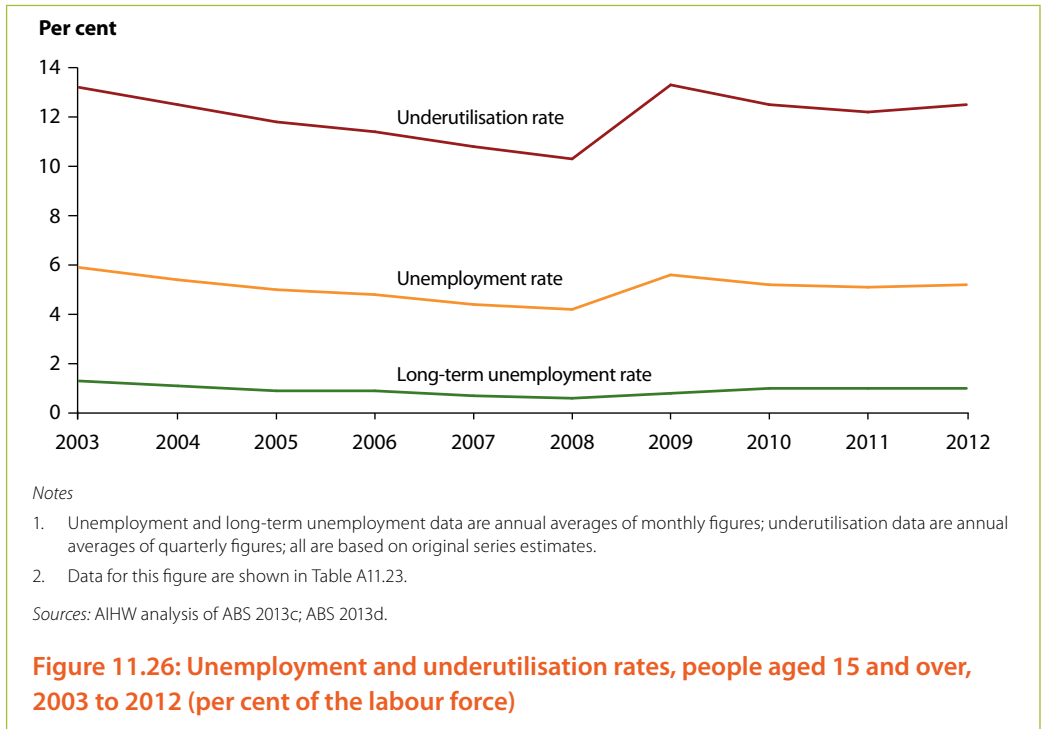
- In 2012, the participation rate of people aged 15 and over was 72% for males and 59% for females. Excluding people aged 65 and over, participation among people of 'traditional working age' was 83% for males and 70% for females.
- Participation among females of 'traditional working age' continued to increase in the decade to 2012, albeit at a slower pace than in the 1980s. In contrast, male participation stabilised, after falling in the 1980s and 1990s.
- The most recent and reliable data available on the labour force status of Indigenous Australians pertain to 2008. In 2008, participation among Indigenous Australians aged 15 to 64 (65%) was lower than non-Indigenous Australians (79%). Over time, labour force participation rates of Indigenous Australians have increased—from 52% in 2001 among those aged 15 to 64 (AHMAC 2012).



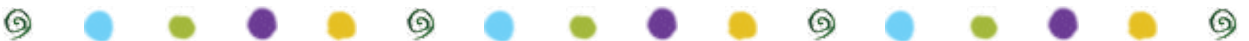
23. Unemployment and underutilisation. The unemployment rate is the number of unemployed people (that is, those not employed, but actively looking for work and available for work, or waiting to start a new job and able to start) as a proportion of the labour force.

The long-term unemployment rate is the number of people unemployed for 12 months or more as a proportion of the labour force.

The labour force underutilisation rate is the sum of the numbers of unemployed people and underemployed people as a proportion of the labour force. Underemployed people are those who want and are available for more hours of work than they currently have, including part-time and full-time workers who worked part-time hours for reasons including insufficient work being available (ABS 2013c).

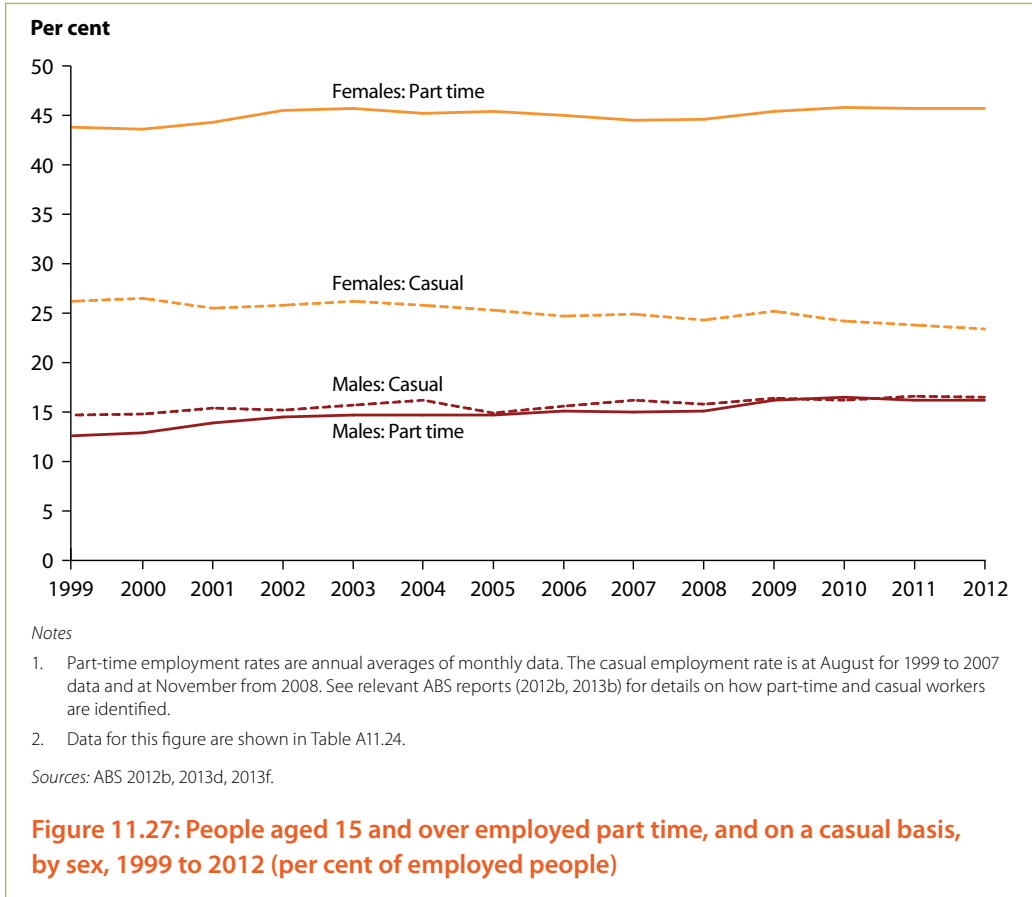


- In 2012, the average annual unemployment rate was 5.2%, up from 5.1% in 2011, but down from 5.6% in 2009. For both males and females, unemployment rates were highest among young people and lowest among older people. See Section 2.3 for more information.
- The proportion of the labour force who were long-term unemployed remained at 1.0% between 2010 and 2012.
- The rate of labour force underutilisation was 12.5% in 2012, the same as 2010, having dropped to 12.2% in 2011. These rates are lower than that in 2009 (13.3%), which was associated with the global financial crisis.
- In 2008, the unemployment rate of Indigenous Australians aged 15 to 64 was 17% which is more than four times the rate for non-Indigenous Australians (4%) (AHMAC 2012).



24. Part-time and casual employment. This indicator measures:

- the proportion of employed people working fewer than 35 hours a week
- the proportion of employed people who are casual employees (that is, without paid leave entitlements).

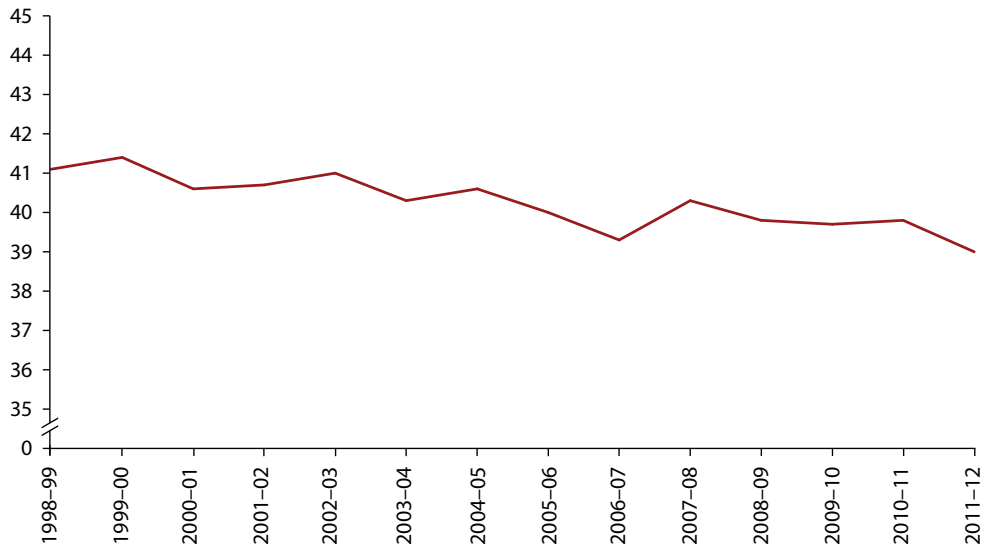


- In 2012, 30% of employed people worked part time: 16% of male workers and 46% of female workers.
- In 2012, casual workers, whether on full-time or part-time hours, comprised 20% of employed people: 17% of employed males and 23% of employed females.
- Since 1999, the proportion in part-time work increased for both males and females, while the proportion of casual workers rose among males but fell for females.



25. Average hours worked by full-time workers. Average actual hours worked per week by people employed full time (35 or more hours) during the year ending 30 June.

Hours per week



Notes

1. Average (mean) hours worked takes into account overtime, but hours paid for but not worked (such as paid annual leave, public holidays or paid sick leave) are not included.
2. Data for this figure are shown in Table A11.25.

Source: ABS 2013a: Data cube Work Table 1.

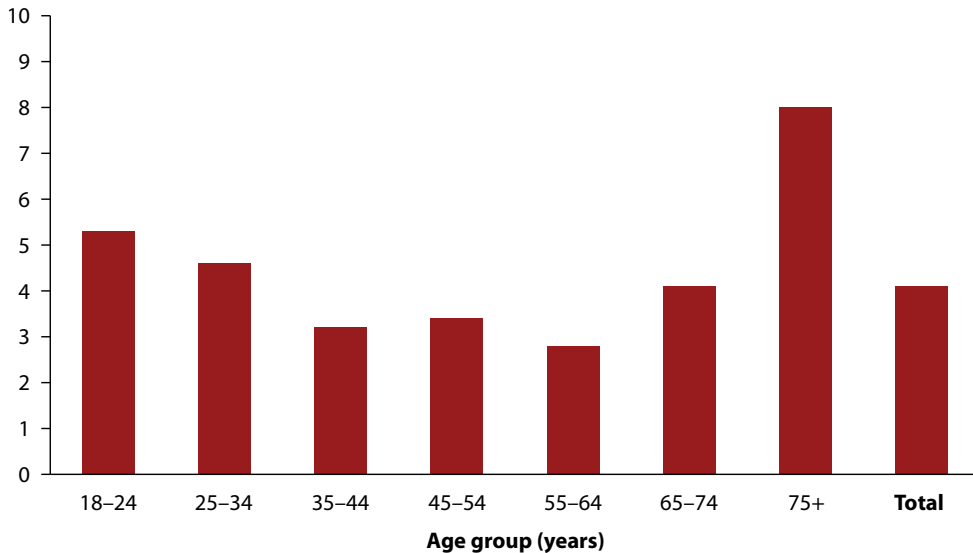
Figure 11.28: Hours worked by people employed full-time, 1998-99 to 2011-12

- In 2011-12, full-time workers worked an average of 39.0 hours a week.
- Average full-time working hours have tended to fall somewhat over time; in 1998-99, the average was 41.1.
- About 1 in 5 (21%) full-time workers worked 50 or more hours a week in 2011-12; this is down from 26% in 1999-2000 (Table A11.25).



26. Adults who had difficulty with transport. The proportion of adults who indicated they 'often have difficulty' or 'can't get to the places needed' when asked how difficult it was for them to travel to places they may need to go to in normal circumstances. Difficulties which may have been taken into account were traffic problems, parking and distances, as well as those difficulties not directly related to transport, such as poor health or lack of finances. People who reported that they never went out or were housebound were not included.

Per cent



Note: Data for this figure are shown in Table A11.26.

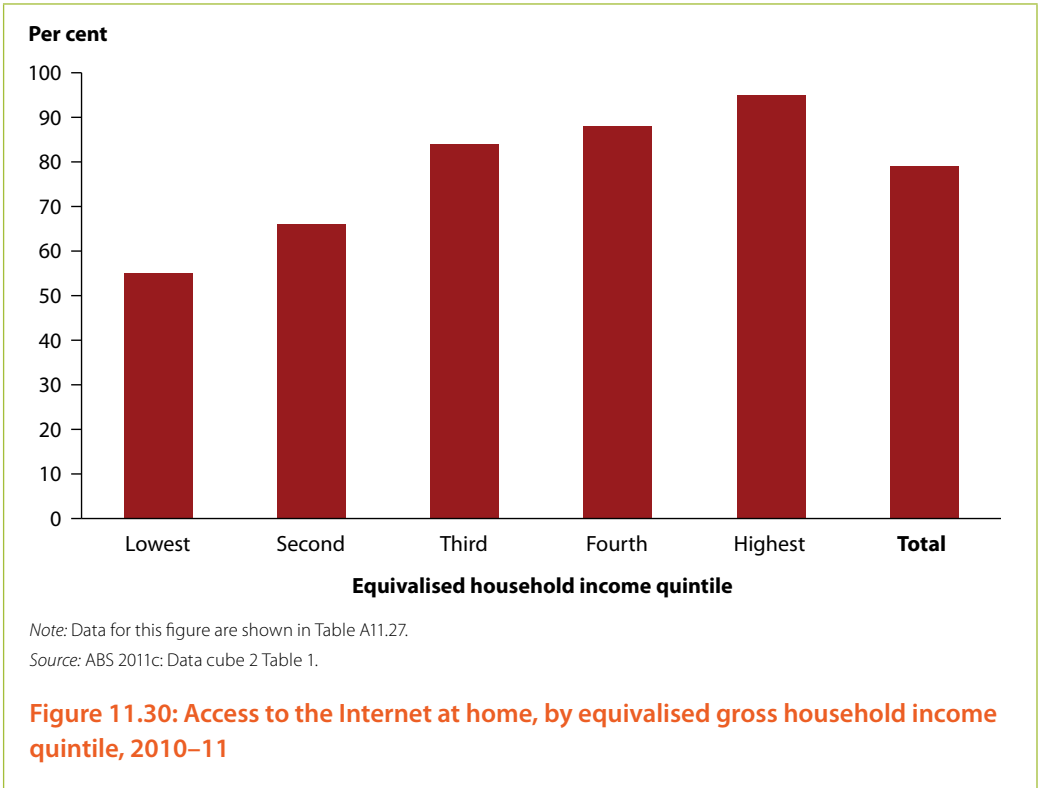
Source: ABS 2011a: Data cube Summary tables Table 2.1.

Figure 11.29: Adults who reported difficulty with transport, by age, 2010

- In 2010, 4.1% of adults reported that they could not, or often have difficulty, getting to places needed. This proportion was similar to that reported in 2002 (3.7%) and 2006 (4.3%) (ABS 2011a).
- Those most likely to indicate difficulty with transport were aged 75 and over (8.0%). This compared with 11.3% in 2006 (ABS 2007b).
- In 2008, 11% of Indigenous adults reported that they could not get to, or often have difficulty getting to, the places they needed to, compared with 4% of non-Indigenous adults (AIHW 2011a).



27. Households with access to the Internet at home. The proportion of households with Internet access at home, including the availability of lines, points, ports and modems for subscribers to access the Internet (ABS 2011c).

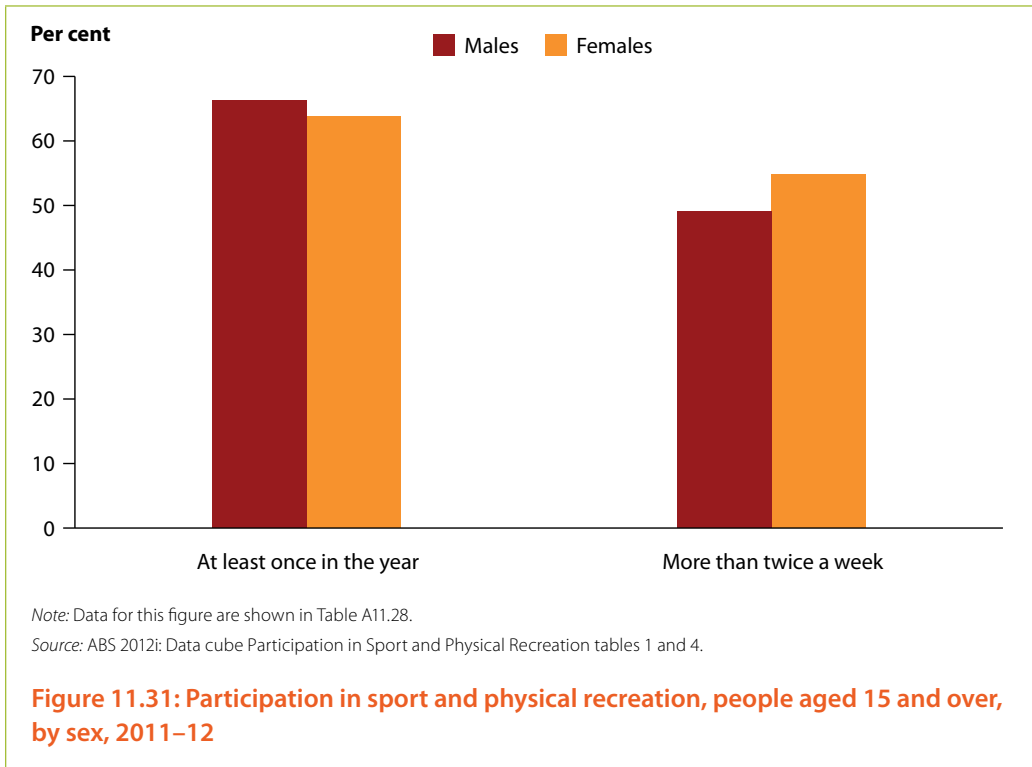


- In 2010–11, 79% of households had access to the Internet at home. This was up from 60% in 2005–06 (ABS 2011c).
- Just over half (56%) of households in the lowest quintile of equivalised gross household income had Internet access in 2010–11, compared with 95% of those in the highest quintile. This compares with 47% and 95% respectively in 2005–06 (ABS 2006a).
- Households with children under 15 were more likely to have home Internet access than households without children under 15 (93% and 74% respectively in 2010–11) (ABS 2011c).
- Access to the Internet varied by remoteness area, with households in *Major cities* most likely to have access (81%). This compares with 74% in *Inner regional areas*, 71% in *Outer regional areas* and 70% in *Remote areas* (ABS 2011c).



28. People aged 15 and over who participated in sport and physical recreation. The proportion of people aged 15 and over who participated, at least once in the year, in sport and physical recreation.

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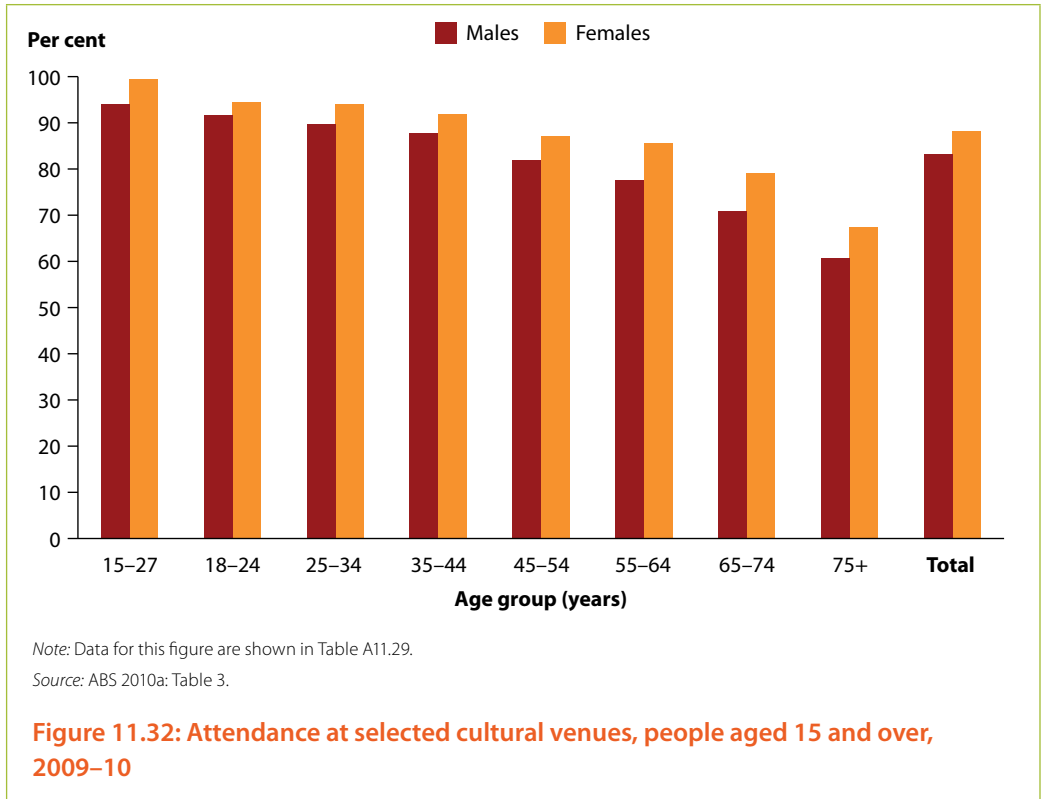


- In 2011–12, 65% of people aged 15 and over participated in sport and physical recreation at least once in the year, while 52% participated more than twice a week on average.
- These proportions were similar to 2009–10 (64% and 51% respectively) (ABS 2010c).
- Males (66%) were marginally more likely to have participated at least once a year than females (64%), while females were more likely to participate more than twice a week than males (55% and 49% respectively).
- Participation decreased with age, with 78% of people aged 15–17 participating at least once in 2011–12, compared with 50% of people aged 65 and over.





29. People aged 15 and over who attended selected cultural venues. The proportion of people aged 15 and over who attended, 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.



- In 2009-10, 86% of people aged 15 and over attended a selected cultural venue at least once. This is similar to the proportion of 85% in 2005-06 (ABS 2007a).
- Attendance was higher for females than males at all ages and declined with age.
- The most common venues attended were cinemas (67%), zoos and aquariums (37%), and botanic gardens (35%) (ABS 2010a).

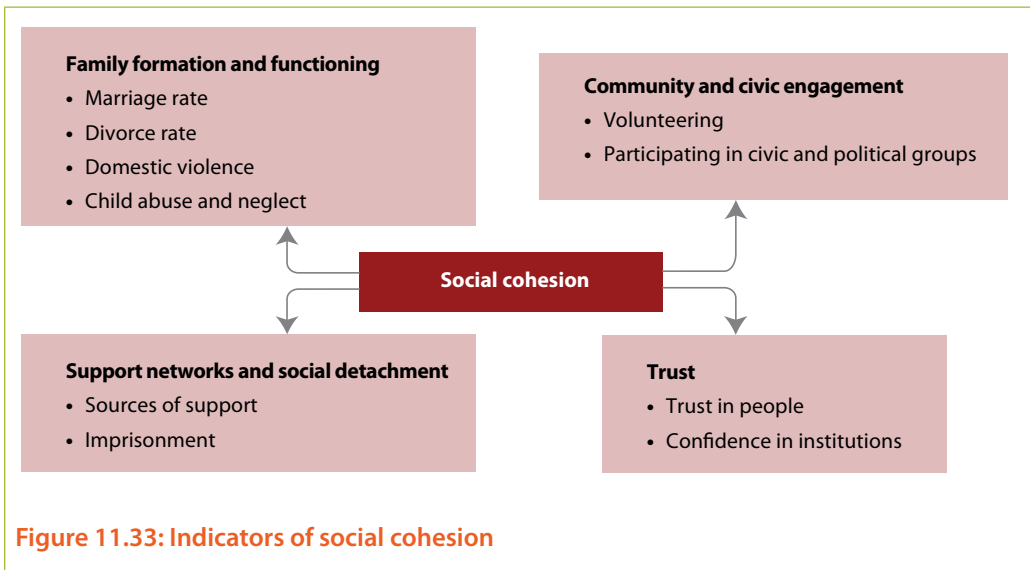


11.4 Social cohesion

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 11.33).

Families are the core unit of society in which people are supported and cared for, and where social values are developed. The structure of Australian families has undergone considerable transformation over time, 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 any 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 1 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—or ‘socially detached’—can have significant negative effects.

Two indicators of support networks and social detachment are presented:

- 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 rejoining 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 earlier in this chapter, are also indicators of social detachment.

Trust is an important factor for 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.

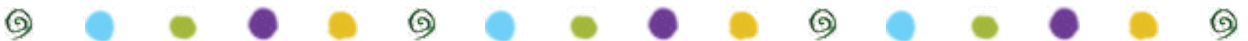
Two indicators of trust are presented, with the first being a measure of social trust and the second, of civic trust:

- Proportion of adults who agree that most people can be trusted: social trust is perceived as a more sensitive measure of acceptance than interpersonal trust (Cox & Caldwell 2000)
- Proportion of adults who have confidence in selected institutions (for example, Australia’s social welfare system and the police): civic trust promotes better access to resources and socially useful links (Anheier & Kendall 2000; Black & Hughes 2001).

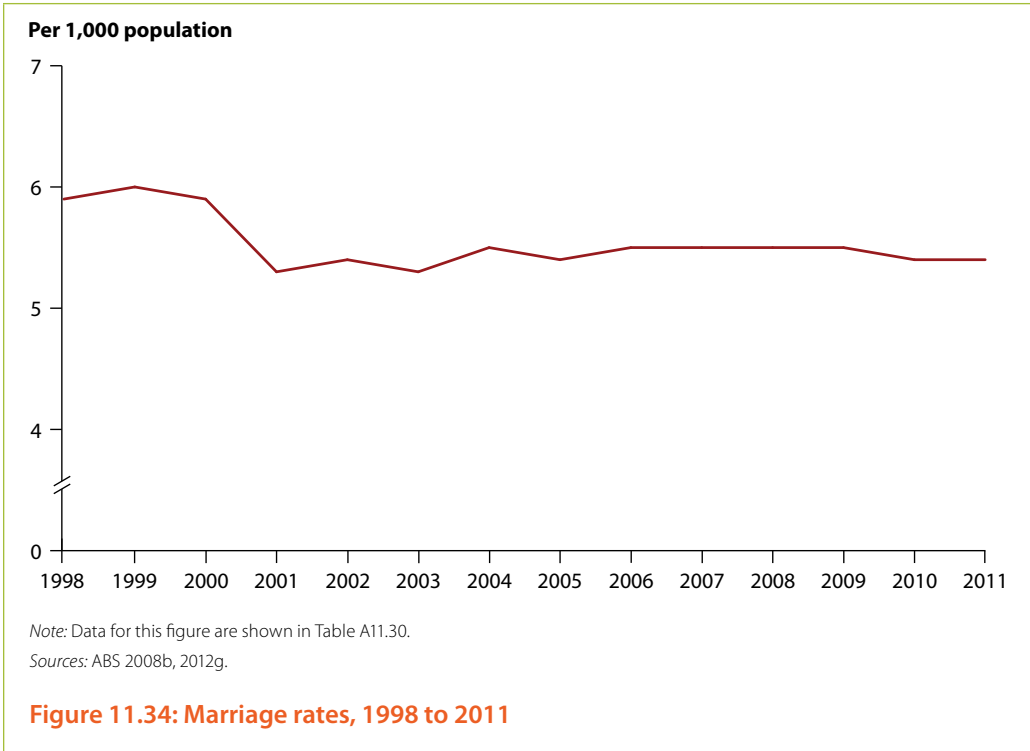
Community and civic engagement creates cohesive networks of people from various backgrounds, as well as allowing individuals to have a say in the future direction of their communities. Community and civic engagement can be expressed in various ways, such as being involved in the community or political life, or simply through volunteering.

Two indicators of community and civic engagement are presented:

- Proportion of adults who volunteer
- Proportion of adults who participate in civic and political groups.



30. Crude marriage rate. The number of marriages granted during the calendar year per 1,000 population at 30 June.



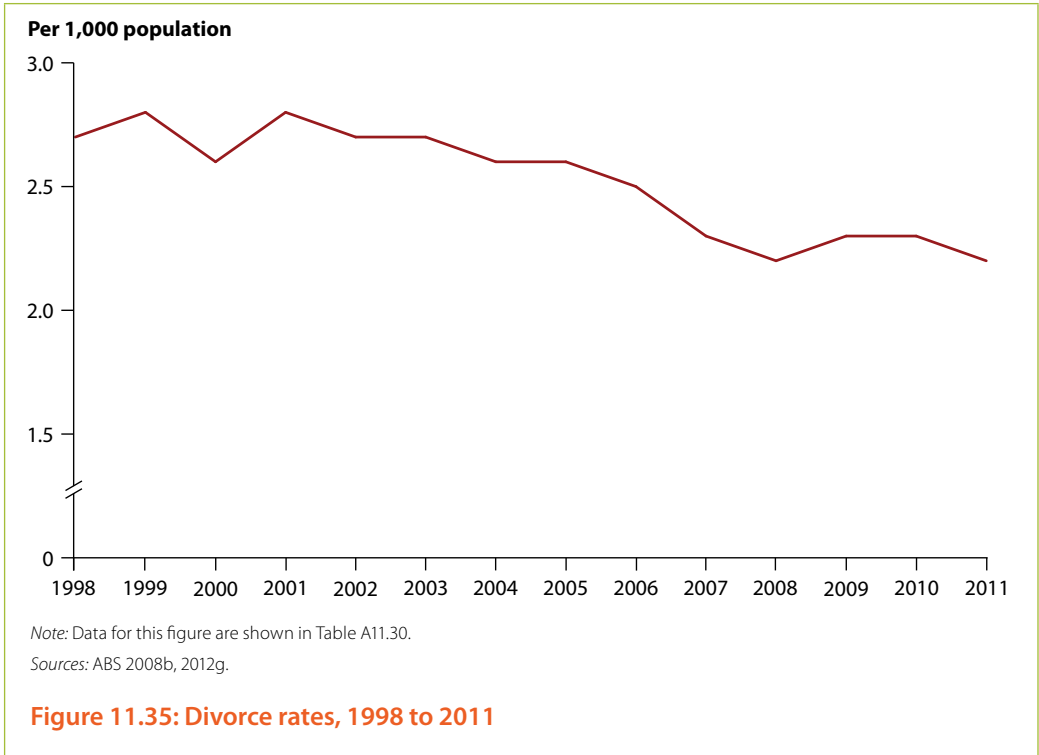
- In 2011, the crude marriage rate was 5.4 marriages per 1,000 population—a rate that has remained fairly steady since 2001 (see Section 1.6 for additional information).
- The median age at marriage was 31.4 for males and 29.3 for females, with 71% of marriages being the first marriage for both partners (ABS 2012g).
- The marriage celebrant was a minister of religion for 30% of marriages, which is substantially lower than 20 years previously (62% in 1991) (ABS 2012g).

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31. Crude divorce rate. The number of divorces granted during the calendar year per 1,000 population at 30 June.

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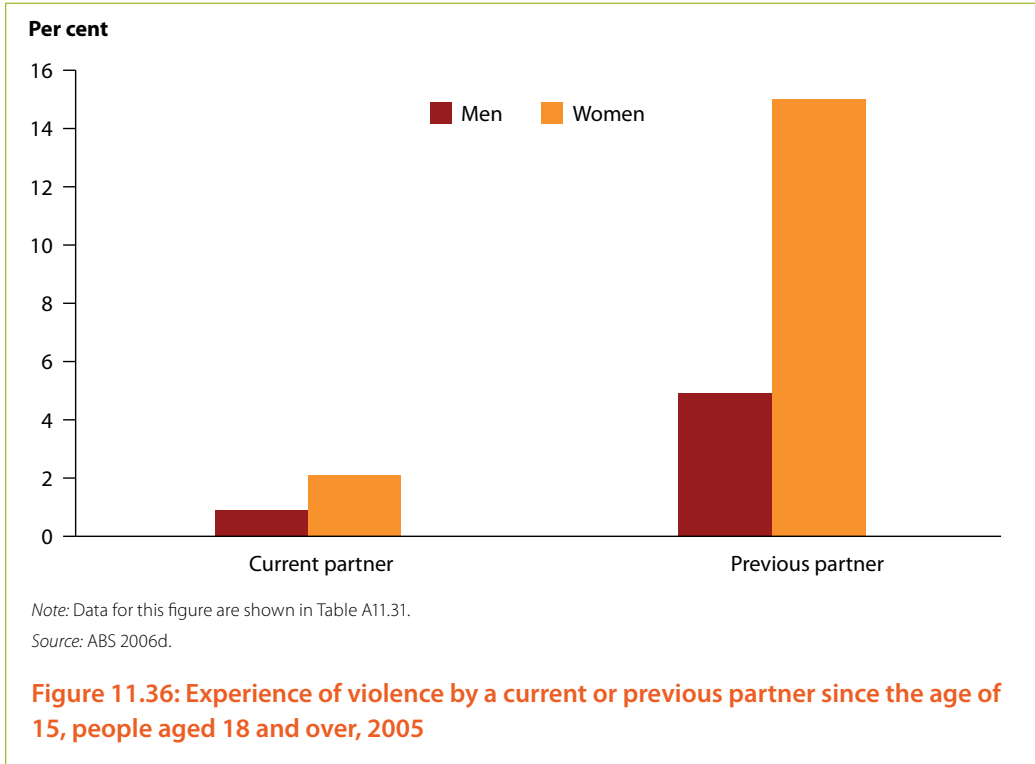
- In 2011, the crude divorce rate was 2.2 divorces per 1,000 population, down from 2.8 per 1,000 population in 2001 (see Section 1.6 for additional information).
- Almost half (48%) of divorces in 2011 occurred between couples with children aged under 18, a decrease from 54% in 1991 (ABS 2012g).
- The median length of marriage to separation was 8.7 years, and from marriage to divorce, 12.2 years (ABS 2012g).
- The median age at divorce was 44.5 for males and 41.7 for females (ABS 2012g).



32. Adults who experienced partner violence at some time since the age of 15.

The proportion of adults who experienced violence by a current or previous partner at some time since the age of 15. Violence is any incident of sexual assault, threatened sexual assault, physical assault or threatened or attempted physical assault.

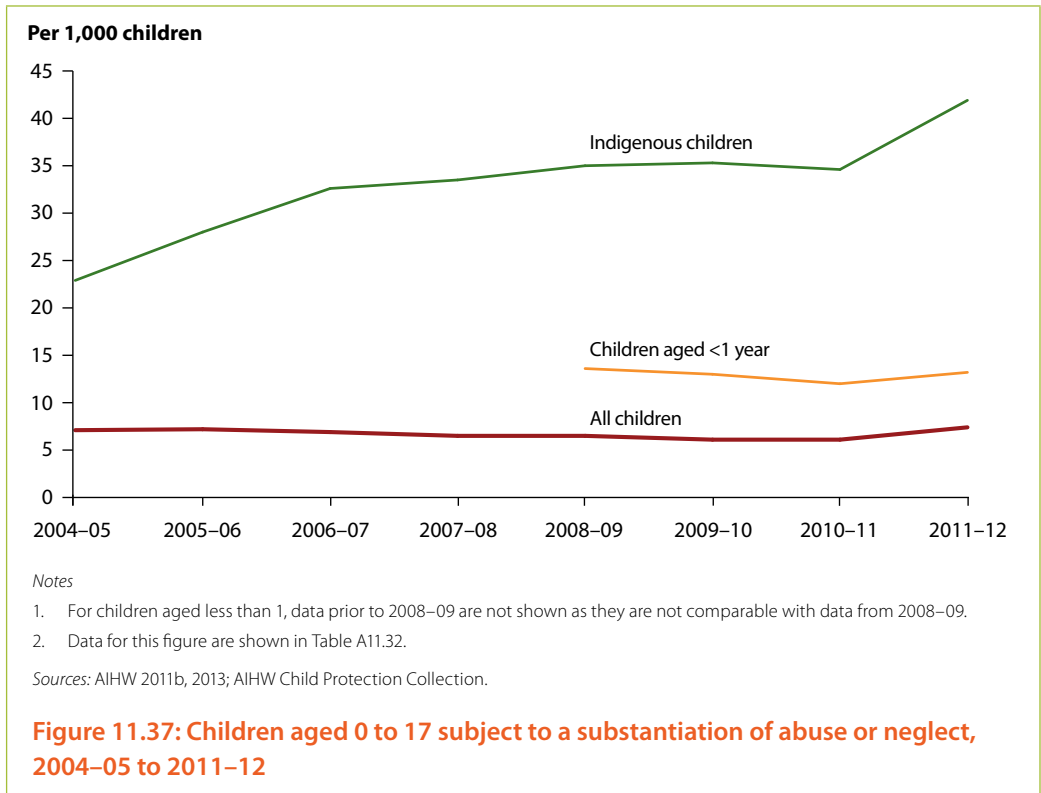
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- In 2005, 0.9% of men and 2.1% of women had experienced violence (threats and/or assaults) by their current partner, while 4.9% of men and 15.0% of women had experienced violence by a previous partner.
- Almost half (49%) of people who experienced violence by their current partner and 61% by a previous partner had children in their care at some time during the relationship (ABS 2006d).



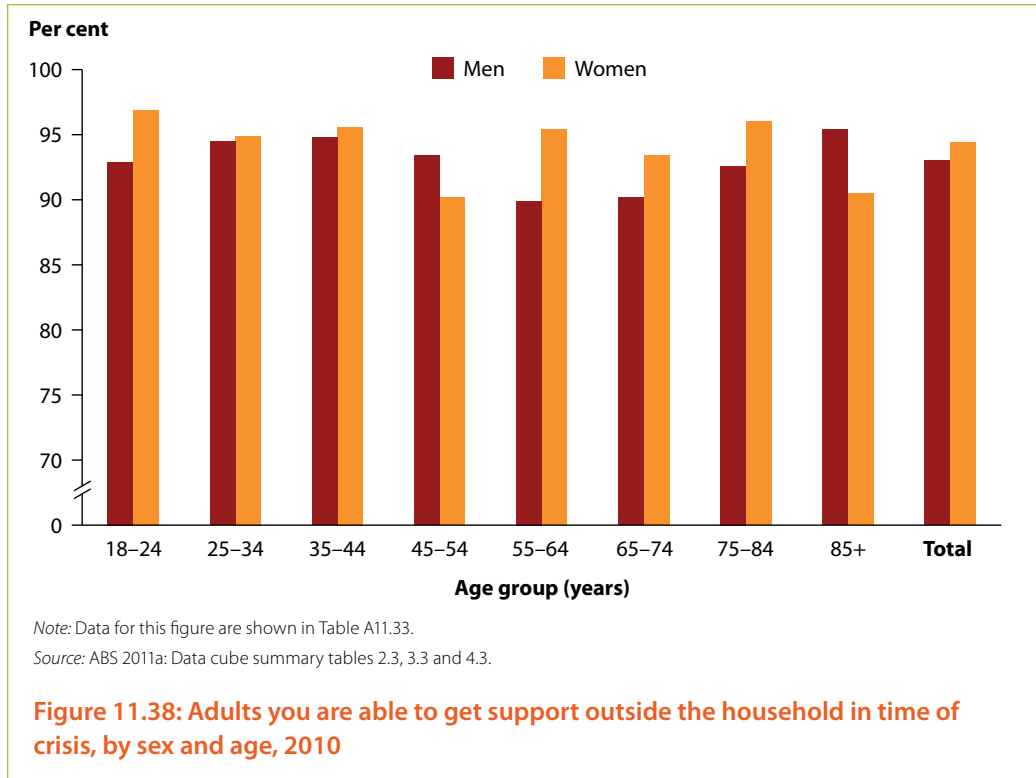
33. Children who were the subject of a child protection substantiation. The number of children under the age of 18 who were the subject of substantiation of a child protection notification received during the relevant year, per 1,000 children. A substantiation occurs when an investigation into a child 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. See Section 4.7 for additional information about child protection substantiations.



- In 2011-12, 7.4 per 1,000 children aged 0 to 17 were the subject of a child protection substantiation.
- Across all age groups, children aged under 12 months were most likely to be the subject of a substantiation (13.2 per 1,000 children in 2011-12) (AIHW 2013).
- Indigenous children were almost 8 times as likely as non-Indigenous children to be the subject of a substantiation (AIHW 2013).
- Rates have fluctuated in the 8 years to 2011-12, with the lowest rate of 6.1 per 1,000 children recorded in 2009-10 and 2010-11. Changes in substantiation rates over time can be influenced by a range of factors—including legislative changes, enhanced public awareness and inquiries into child protection processes, along with real changes in abuse and neglect rates.



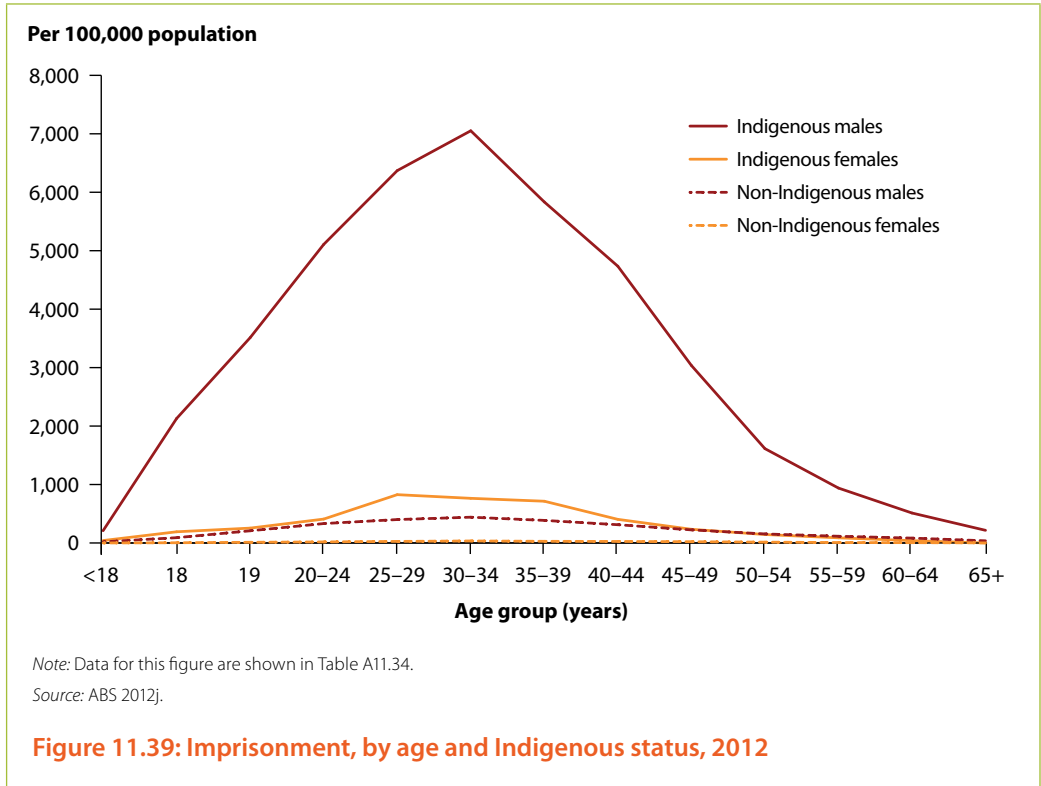
34. Adults who feel able to access support outside the household. The proportion of adults who were able to get support in a time of crisis from people living outside the household. Support could be in the form of emotional, physical or financial help. Potential sources of support could be family members, friends, neighbours, work colleagues and various community, government and professional organisations.



- In 2010, 94% of adults reported being able to access support in times of crisis from people living outside their household.
- Overall, the proportion of men and women who could access support was similar (93% and 94% respectively), although differences by sex are evident for some age groups.
- The proportion of adults who reported being able to access support outside the household did not change substantially over time (94% in 2002 and 93% in 2006) (ABS 2011a).



35. Imprisonment rate. The number of people in adult prisons on the night of 30 June, per 100,000 population. Unsented prisoners are included; people held in juvenile institutions, psychiatric custody and police custody are excluded.

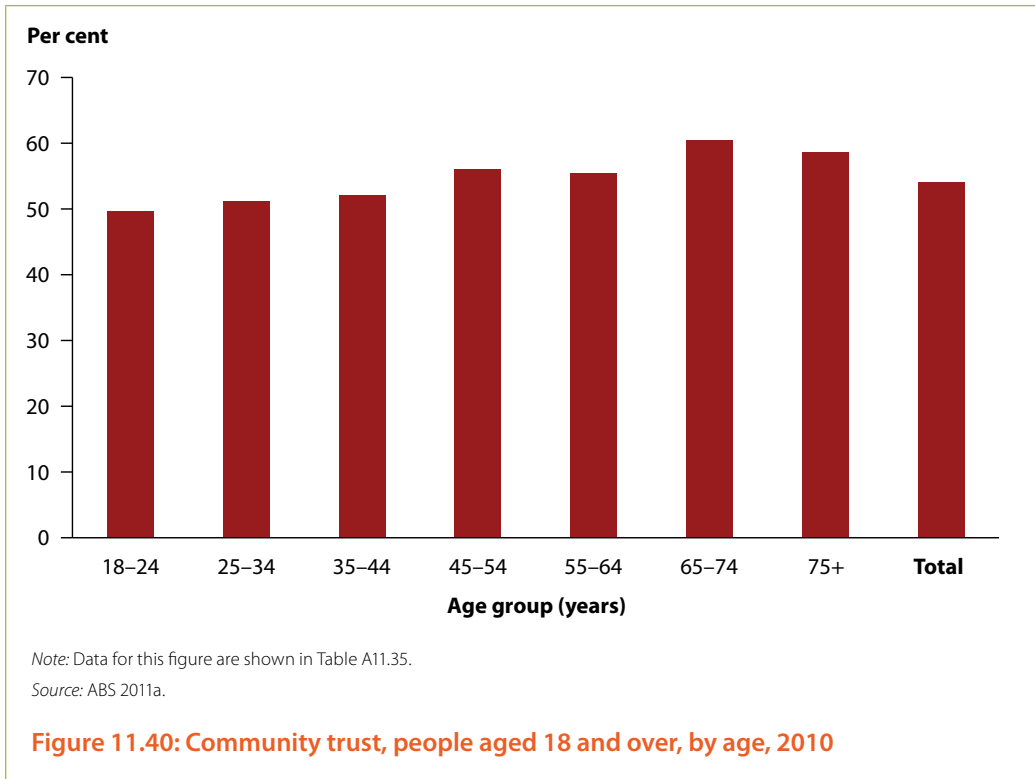


- In 2012, the imprisonment rate in adult prisons was 168 per 100,000 population; 7% of prisoners were females (ABS 2012j).
- Men aged 30–34 were the most likely to be in prison (599 per 100,000).
- The age-standardised imprisonment rate was 15 times as high for Indigenous people (1,914 per 100,000) as non-Indigenous people (129 per 100,000) (ABS 2012j).



36. Adults who agree that most people can be trusted. The proportion of adults who agreed or strongly agreed that most people could be trusted.

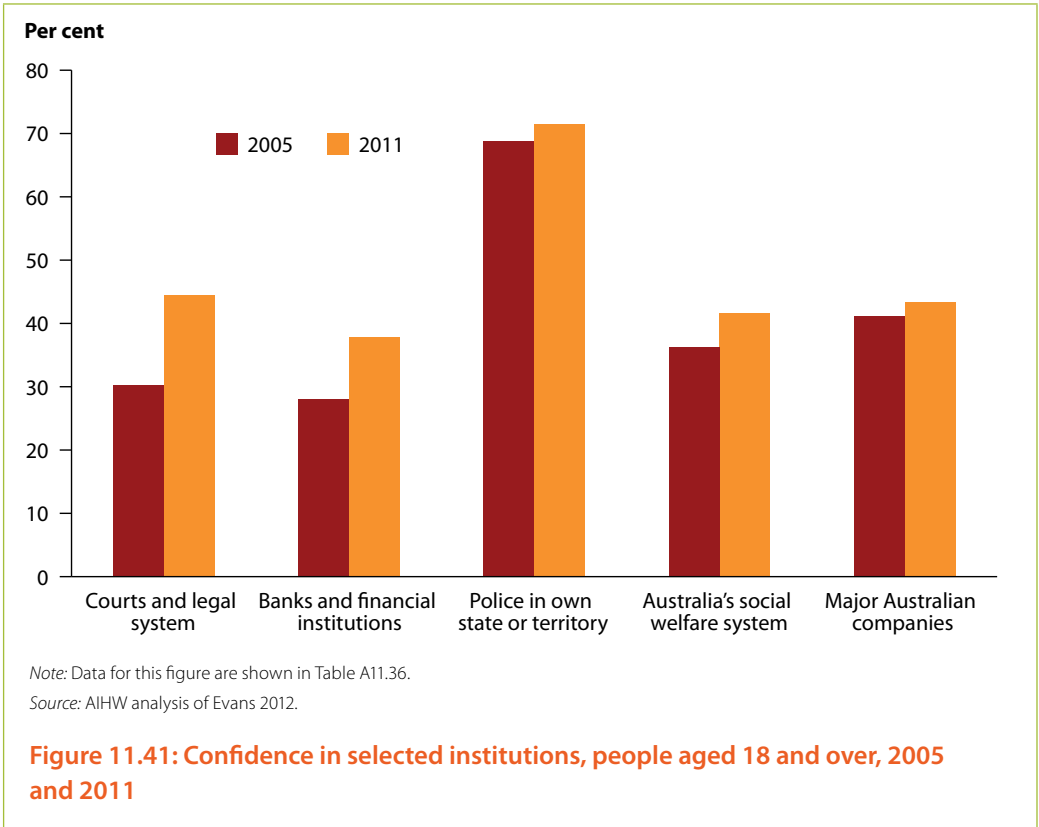
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- In 2010, 54% of adults agreed or strongly agreed that most people could be trusted.
- The proportion of those agreeing that most people could be trusted tended to increase with age, with those aged 65–74 most likely to agree (60%).
- Men and women were just as likely to agree that most people could be trusted (54%) (ABS 2011a).



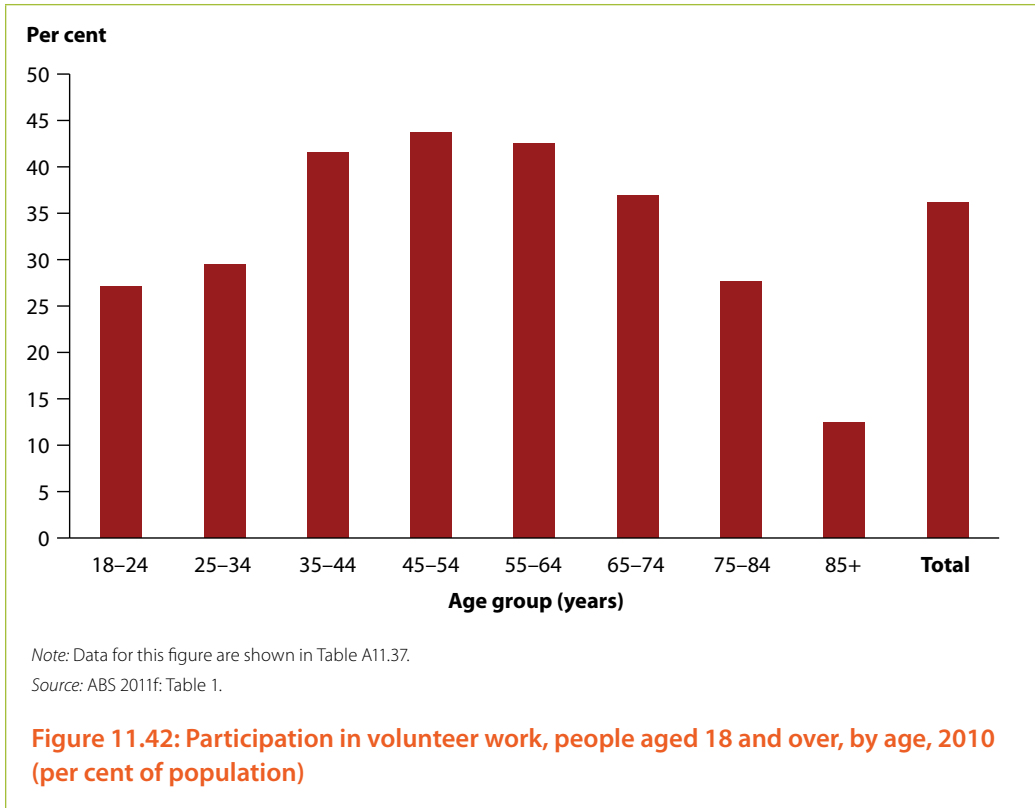
37. Adults who have confidence in selected institutions. The proportion of adults who expressed 'a great deal of confidence' or 'quite a lot of confidence' when asked about their confidence in a number of selected institutions.



- In 2011, 72% of adults expressed a great deal or quite a lot of confidence in the police in their own state or territory, 44% in the courts and the legal system, 43% in major Australian companies, 42% in Australia's social welfare system, and 38% in banks and financial institutions.
- In 2005, confidence in the courts and legal system (30%) and the banks and financial institutions (28%) was considerably lower than in 2011.
- Men were more likely than women to have confidence in major Australian companies (48% compared with 39%), while women were more likely than men to have confidence in the police (74% compared with 68%) (Table A11.36). For the other selected institutions, levels of confidence were fairly similar between men and women.
- Confidence in Australia's social welfare system increased with age (from 29% of those aged 18–34 to 59% of those aged 65 and over) (AIHW analysis of Evans 2012).



38. Adults who volunteer. The proportion of adults who performed voluntary work at least once in the year. Voluntary work is unpaid help, willingly provided to an organisation or group. It excludes voluntary work done overseas, and unpaid community work that was not strictly voluntary or would not normally be seen as voluntary work (for example, work experience and the Work for the Dole Program).

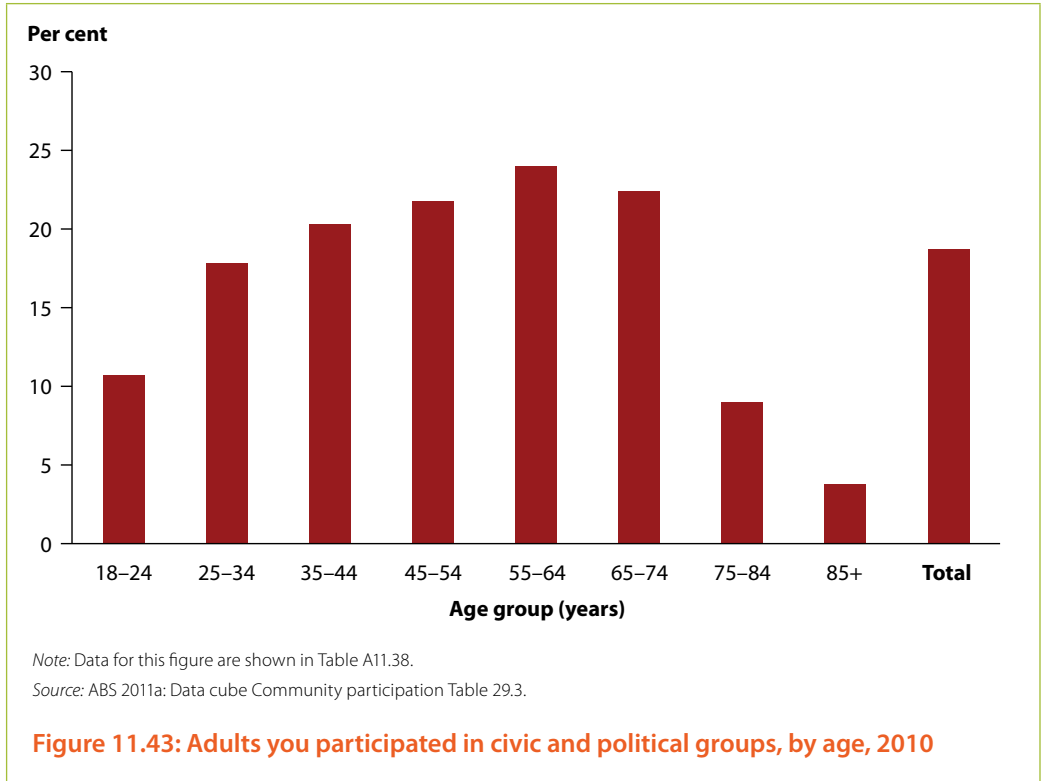


- In 2010, 36% of adults volunteered in the 12 months prior to being interviewed. This compares with 34% in 2006 (ABS 2011f).
- Overall, women (38%) were more likely than men (34%) to volunteer (ABS 2011f).
- People aged 45–54 had the highest rate of volunteering (44%), followed by those aged 55–64 (43%) and 35–44 (42%).





39. Adults participating in civic and political groups. The proportion of adults who actively participated in civic and political groups at least once in the year.



- In 2010, 19% of adults actively participated in civic and political groups in the 12 months prior to being interviewed—the same proportion as in 2006 (ABS 2007b).
- Participation was highest among people aged 55–64 (24%).



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11





● Appendixes

● Abbreviations

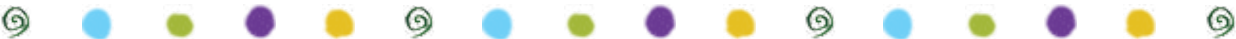
● Glossary

● Index



Appendix A: Tables

Tables for this appendix are available online at <www.aihw.gov.au>.



Appendix B: Major income support and other Australian Government payments

B.1 Introduction

This appendix provides details of the major income support and other Australian Government payments listed in Table 2.9. 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. Note that eligibility rules and payment rates are subject to change; up-to-date information is on the Department of Human Services website: <www.humanservices.gov.au/>.

Statistics about many of these Australian Government payments and allowances are provided as follows:

- statistics about payments to families to assist with the costs of raising children, including payments to support participation in the workforce through child care subsidies, are in Section 4.3
- statistics about disability-related payments are in Section 5.5
- statistics about the Age Pension are in Section 6.6
- statistics about payments and allowances for carers are in Section 8.5
- statistics about government expenditure on unemployment benefits are in Section 10.4.

B.2 Payments related to ageing, illness, disability and caring

Age Pension: A means-tested pension that provides income support and access to a range of concessions to eligible older Australians. The qualifying age at 30 June 2012 was 64.5 for women and 65 for men.

Carer Allowance: A supplementary payment made to informal carers of a person who has a disability, medical condition or is frail aged. It is not subject to an income or assets test, nor is it included as income for social security or family assistance purposes. Those receiving Carer Payment for a child generally automatically receive Carer Allowance. The care recipient may be an adult or a child.

Carer Payment: A means-tested income support payment made to informal carers who are unable to maintain substantial paid employment due to caring responsibilities for a person with severe disability or a medical condition, or is frail aged.



Carer Supplement: A single, annual payment of \$600 paid to recipients of Carer Allowance for each person they care for. An additional \$600 Carer Supplement is paid to recipients of one of the following income support payments: Carer Payment, Department of Veterans' Affairs (DVA) Carer Service Pension, and those recipients of Wife Pension and DVA Partner Service Pension who also receive Carer Allowance.

Child Disability Assistance Payment: A single, annual payment of \$1,000 to recipients of Carer Allowance (caring for a child under the age of 16), to assist with the purchase of therapy, aids and equipment, among other things.

Disability Support Pension: A means-tested pension that provides support to people with a disability who are aged 16 and over but below Age Pension age. To be eligible to receive the DSP, a person must be permanently blind, or be assessed as having a physical, intellectual or psychiatric impairment. The person must also either be participating in the Supported Wage system, or be unable to work (or be retrained to work) 15 hours or more per week at or above the relevant minimum wage within the next 2 years because of the impairment and have been assessed as having a severe impairment or as having actively participated in a program of support.

Mobility allowance: A non-means-tested payment that contributes to covering the transport costs for people who have a disability, illness or injury who cannot use public transport without substantial assistance (either permanently or for an extended period). It is paid to people aged 16 and over who need to travel to and from their home to undertake an approved activity (looking for work, doing paid or voluntary work, or participating in study and training).

Partner Allowance: A means-tested payment to people who have limited work experience and are finding it hard to gain employment, and have a partner who is receiving an income support payment. Partner Allowance was closed to new claimants on 20 September 2003, but continues to be paid to existing recipients who remain eligible.

Sickness allowance: A means-tested pension that provides support to employed people or students who are temporarily unable to work or study because of an illness or injury. It is paid to people who are aged 22 and over (but under pension age), who have a job or are receiving ABSTUDY as a full-time student, as well as to people who are aged 25 and over (but under pension age) and receiving Austudy as a full-time student.

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 social security pension or benefit. The payment is only available under certain circumstances.

Widow Allowance: A means-tested payment to women born on or before 1 July 1955, who have no recent workforce experience and became widowed, divorced or separated after the age of 40. Note, this payment differs from the Widow B Pension which has been closed to new entrants from 20 March 1997 but continues to be paid to existing recipients who remain eligible.

Wife Pension: A means-tested pension paid to the wife of an age pensioner or disability support pensioner 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 before this date can continue to receive the payment as long as they remain eligible.



B.3 Payments related to studying or looking for work

ABSTUDY: A means-tested payment to Aboriginal and Torres Strait Islander Australians who are studying an approved course in an approved educational institution, or are undertaking an Australian apprenticeship.

Austudy: A means-tested payment that provides support to people aged 25 and over who are full-time students undertaking an approved course at an approved educational institution, or are full-time apprentices aged 25 and over.

Newstart Allowance: A means-tested payment to people aged between 22 and the Age Pension qualifying age who are looking for paid work, meet an activity test (that is, participating in activities that increase the chances of finding work, such as applying for jobs, training or studying) and meet an income and assets test.

Youth Allowance: A payment to help young people who are studying full time, undertaking a full-time Australian Apprenticeship, training, looking for work, or are sick. It is subject to independence and means tests. Payments are made to people:

- aged 16 to 21 who are looking for full-time work or undertaking an approved activity
- aged 18 to 24 who are studying an approved course full time
- aged 16 to 24 who are undertaking a full-time Australian Apprenticeship.

People who are aged 15 and over, or are older than the school leaving age for their state or territory, may also be eligible for Youth Allowance, if they are considered independent.

B.4 Payments related to assisting families with children

Baby Bonus: The Baby Bonus is paid to help with the costs of a newborn baby (including a stillborn child) or adopted child aged under 16. The payment is made in 13 fortnightly instalments, and a family income test determines eligibility. If the family does not qualify for the Baby Bonus, they may be eligible for Parental Leave Pay. Parental Leave Pay and Baby Bonus cannot be paid for the same child—if eligible for both, parents can choose which they would like to receive. In its 2013–14 Budget, the Australian Government announced its intention that the Baby Bonus be replaced from 1 March 2014 with a rate increase of Family Tax Benefit Part A.

Child Care Rebate (CCR) and Child Care Benefit (CCB): These payments assist families with the cost of child care and support parental participation in the workforce. To be eligible for CCB, a parent must use approved or registered child care, be responsible for paying the child care fees of their child, ensure their child meets immunisation requirements, and meet the residency requirements.

The CCR covers 50% of out-of-pocket child-care expenses, up to a maximum \$7,500 per child per year, in addition to the Child Care Benefit. To be eligible for CCR, the parent(s) must be eligible for CCB (even if assessed at a zero rate), be using a Child Care Benefit-approved child-care service, and meet work, training or study requirements.



Family Tax Benefit Parts A and B: These payments help with the cost of raising children. Family Tax Benefit Part A is income-tested, with the level of benefit depending on the age and number of children. It is paid for children aged under 16, young people aged 16–19 who are in full-time secondary study until the end of the calendar year in which they turn 19, and young people aged 16–17 who have completed a Year 12 or equivalent qualification.

Family Tax Benefit Part B provides additional help to single parents and families with one main income. The payment is income-tested and usually depends on the age of the youngest child. It is available to people with a dependent child aged under 16, or a dependent full-time secondary student up until the end of the calendar year in which they turn 18, and have care of the child at least 35% of the time.

Maternity Immunisation Allowance: A non-income tested payment to encourage all parents to immunise their children. This allowance ceased on 1 July 2012.

Parental Leave Pay: Available under the Paid Parental Leave Scheme, Parental Leave Pay provides financial support for eligible working parents of children born or adopted from 1 January 2011. Eligible parents can receive up to 18 weeks of Parental Leave Pay at the rate of the National Minimum Wage. From 1 January 2013, the Paid Parental Leave scheme includes a new 2-week payment for working dads or partners (**Dad and Partner Pay**).

Parenting Payment: Helps parents or guardians with 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. For single parents, the payment rate is higher, and the youngest child must be aged under 8.



Appendix C: Technical notes on welfare expenditure

C.1 Introduction

Data on welfare expenditure as reported in Chapter 10 present information on spending on welfare services and cash payments (or social security) by the Australian Government and state and territory governments. Where possible, this information is reported for:

- families and children
- older people
- people with disability
- others.

These four groupings are based on the following categories of the ABS Government Purpose Classification (GPC):

- Family and child welfare services (GPC 0621)
- Welfare services for the aged (GPC 0622)
- Welfare services for people with a disability (GPC 0623)
- Welfare services not elsewhere classified (GPC 0629).

For details of what is included in each of these categories, see Section C.7 in this Appendix.

For 2009–10 and 2010–11, data were collected directly from service delivery agencies and jurisdictions, rather than through mainly published material as for previous welfare expenditure estimates.

Estimates of expenditure on unemployment benefits are included as welfare expenditure for the first time in AIHW's welfare expenditure series.

Data for previous years were aligned with data collected for 2009–10 and 2010–11 to ensure a consistent time series.



C.2 Australian Government

Total welfare expenditure by the Australian Government was estimated using the following data sources:

- Australian Government Treasury
- Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA)
- Department of Health and Aging (DoHA)
- Department of Veterans' Affairs (DVA)
- Department of Education, Employment and Workplace Relations (DEEWR)
- Australian Institute of Family Studies (AIFS)
- Australian Institute of Health and Welfare (AIHW).

Data provided by agencies are considered to be accurate. However, it is possible that not all welfare-related expenditure has been captured. Consequently, these estimates may be underestimated.

The AIHW considers the estimates of welfare expenditure by the Australian Government from 2001–02 to 2010–11 to be comparable.

FaHCSIA

For 2009–10 and 2010–11, FaHCSIA provided data to which they had assigned a welfare category based on the program's target group and classified the expenditure as either a welfare service or a cash payment. Capital and recurrent expenditure was also identified. Data before 2009–10 were obtained from FaHCSIA annual reports.

DoHA

The welfare expenditure items from DoHA were provided by the department. The AIHW identified welfare items as either capital or recurrent expenditure and assigned the target group.

DVA

Unpublished data provided by the department were used to estimate DVA's welfare services expenditure.

DEEWR

For 2009–10 and 2010–11, DEEWR provided data classified as either a welfare service or a cash payment and assigned a welfare category based on the program's target group. Capital and recurrent expenditure was also identified.

For the years before 2009–10, 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.



AIFS

Expenditure by the AIFS is included due to its role in supporting welfare provision. Welfare expenditure was estimated using income statements from AIFS annual reports. All AIFS expenditure was allocated to the welfare services category. Funding from the Australian Government was subtracted to ensure expenditure was not double counted.

AIHW

Expenditure by the AIHW is included due to its role in supporting welfare provision. Welfare expenditure was estimated using income statements from AIHW annual reports. Half of AIHW expenditure was allocated to welfare services while the remainder was assumed to be health expenditure and thus not included. Funding from the Australian Government was subtracted to ensure expenditure was not double counted.

C.3 State and territory governments

Data for 2010–11 is from the *2012 Indigenous expenditure report* (IERSC 2012) for non-Indigenous and Indigenous Australians. For 2009–10, data were provided by Victoria, Western Australia, Tasmania, the Australian Capital Territory and the Northern Territory. Data for New South Wales, Queensland and South Australia for 2009–10 have been modelled using 2008–09 and 2010–11 data, as well as data published in annual reports.

For years up to and including 2005–06, ABS Government Finance Statistics data at the 4-digit level were used to estimate state and territory government expenditure. Data for 2008–09 were estimated using a combination of Government Finance Statistics data (at the 3-digit level) and data from the *2012 Indigenous expenditure report*. Data on cash payments (or social security) were not included as historically these have been made only by the Australian Government. However, state and territory governments are increasingly becoming involved in these activities, most notably through payments to people to assist in disaster recovery. While it has not been possible to use the same methodology for the whole period, the estimates are considered to be reasonably comparable.

C.4 Tax concessions

All tax concession data are from the Australian Government Treasury tax expenditures statements and comprise 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 by the Australian Government Treasury.

The AIHW considers tax expenditure data to be accurate and directly comparable from 2001–02 to 2010–10.



C.5 International comparisons

All international comparisons data for 2009 were sourced from the OECD Social Expenditure Database (SOCX) (OECD 2012). Total welfare expenditure was calculated by summing voluntary private social expenditure, mandatory private social expenditure and public social expenditure for six categories: old age, survivors, incapacity-related, families, unemployment and other. Table C.1 shows how SOCX categories correspond to GPC categories. Note that the categories of health, active labour market programs and housing were excluded.

Table C.1: OECD SOCX categories and their treatment in respect of the scope of welfare expenditure

SOCX category	Corresponding Government Purpose Classification category (and code)	Treatment
1. Old age	Social security (benefits to ex-service personnel and their dependants—part only) (GPC 0610)	Included
	Social security (old age benefits) (GPC 0610)	Included
	Welfare services for the aged (GPC 0622)	Included
2. Survivor	Social security (widows, deserted wives, divorcees and orphans benefits) (GPC 0610)	Included
	Welfare services n.e.c. (part only, e.g. funeral expenses) (GPC 0629)	Included
3. Incapacity-related benefits	Social security (sickness benefits) (GPC 0610)	Included
	Social security (benefits to ex-service personnel and their dependants—part only) (GPC 0610)	Included
	Social security (permanent disability benefits) (GPC 0610)	Included
	Welfare services for people with a disability (GPC 0623)	Included
4. Health	Health (GPC 05xx)	Excluded
5. Family	Social security (family and child benefits) (GPC 0610)	Included
	Family and child welfare services (GPC 0621)	Included
6. Active labour market programs	Labour and Employment Affairs (GPC 133x)	Excluded
7. Unemployment	Social security (unemployment benefits) (GPC 0610)	Included
8. Housing	Housing and community amenities (GPC 07xx)	Excluded
	Family and child welfare services (Supported Accommodation Assistance Program or SAAP—part) (GPC 0621)	Included
	Welfare services n.e.c. (SAAP—part) (GPC 0629)	Included
9. Other social policy areas	Social security and welfare n.e.c. (GPC 0690)	Excluded
	Welfare services n.e.c. (part) (GPC 0629)	Included



Welfare expenditure data for 2009 were available for 33 OECD countries. For each of these countries, the following information was obtained from the OECD SOCX database: purchasing power parities (PPP) for GDP in the national currency per United States of America (US) dollar, population data, and gross domestic product (GDP) data in the national currency unit.

Total welfare expenditure was calculated for each of the six categories and converted to Australian dollars by dividing the total welfare 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 welfare expenditure 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 welfare expenditure (in national currency units) divided by its 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 were weighted by the population of each country, and the OECD average total expenditure as a proportion of GDP was weighted by each country's GDP.

C.6 Deflators

Most data in Chapter 10 were converted to constant prices to remove the effect of inflation. The consumer price index was used as the deflator for cash payments and the government final consumption expenditure implicit price deflator was used for welfare services.

The GDP constant price data were from *Australian national accounts: national income, expenditure and product, March 2012* (ABS 2012).

C.7 Government finance statistics

Government finance statistics measure the financial activities of governments and reflect the impact they have on other sectors of the economy.

The ABS Government Purpose Classification was used to classify expense transactions according to their purpose (ABS 2005). The relevant codes and descriptions from this classification are shown in Table C.2.



Table C.2: Welfare-related expenditure categories in the ABS Government Purpose Classification

GPC category (code)	Description
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)	<p>Child care services and services for children which are developmental in nature.</p> <p>This classification includes outlays on:</p> <ul style="list-style-type: none"> • 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. <p>It also includes outlays on:</p> <ul style="list-style-type: none"> • substitute care (short term and permanent) • information, advice and referral, particularly in adoption • development and monitoring of family/household management skills • Supported Accommodation Assistance Program (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)	<p>Welfare services for the aged are programs providing services primarily intended for persons aged 65 and over.</p> <p>This classification includes outlays on:</p> <ul style="list-style-type: none"> • 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. <p>It excludes outlays on nursing homes for the aged which are classified to GPC 0530.</p>

(continued)



Table C.2 (continued): Welfare-related expenditure categories in the ABS Government Purpose Classification

GPC category (code)	Description
Welfare services for people with a disability (GPC 0623)	<p>This classification includes outlays on:</p> <ul style="list-style-type: none"> • 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)	<p>This classification includes outlays on:</p> <ul style="list-style-type: none"> • 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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Abbreviations

ABS	Australian Bureau of Statistics
ACAP	Aged Care Assessment Program
ACAS	Aged Care Assessment Service
ACAT	Aged Care Assessment Team
ACFI	Aged Care Funding Instrument
ACT	Australian Capital Territory
AEDI	Australian Early Development Index
AHS	Australian Health Survey
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
ASGC	Australian Standard Geographical Classification
ASGS	Australian Statistical Geography Standard
Aust	Australia
BMI	body mass index
CACP	Community Aged Care Package
CALD	culturally and linguistically diverse
CCB	Child Care Benefit
CCR	Child Care Rebate
CDC	Consumer Directed Care
CDEP	Community Development Employment Projects
CEaCS	Childhood Education and Care Survey
CH	community housing
CNOS	Canadian National Occupancy Standard
COAG	Council of Australian Governments
CRA	Commonwealth Rent Assistance
DBMAS	Dementia Behaviour Management Advisory Service
DEEWR	Australian Government Department of Education, Employment and Workplace Relations



DES	Disability Employment Services
DETC	Dementia Education and Training for Carers
DHS	Australian Government Department of Human Services
DIAC	Australian Government Department of Immigration and Citizenship
DMS	Disability Management Service
DoHA	Australian Government Department of Health and Ageing
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
ECD	Early Childhood Development
ECEC	Early Childhood Education and Care
ECEC NMDS	Early Childhood Education and Care National Minimum Data Set
ESS	Employment Support Service
FaHCSIA	Australian Government Department of Families, Housing, Community Services and Indigenous Affairs
FHOG	First Home Owners Grant
FTE	full-time equivalent
GCCSA	Greater Capital City Statistical Area
GDP	gross domestic product
GFC	global financial crisis
GPC	Government Purpose Classification
GSS	General Social Survey
HACC	Home and Community Care
HACC MDS	Home and Community Care Minimum Data Set
HILDA	Household, Income and Labour Dynamics in Australia
HPA	Home Purchase Assistance
ICD-10-AM	International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification
ICF	International Classification of Functioning, Disability and Health
ICH	Indigenous Community Housing
ICPS	Institute of Child Protection Studies
JJ NMDS	Juvenile Justice National Minimum Data Set



JSA	Job Services Australia
K10	Kessler Psychological Distress Scale—10 items
LFS	Labour Force Survey
LGBTI	lesbian, gay, bisexual, transgender and intersex
LSAC	Growing Up in Australia: the Longitudinal Study of Australian Children
LSAY	Longitudinal Surveys of Australian Youth
MDS	minimum data set
MPS	Multi-Purpose Service
NAHA	National Affordable Housing Agreement
NAPLAN	National Assessment Program—Literacy and Numeracy
NATSIFACP	National Aboriginal and Torres Strait Islander Flexible Aged Care Program
NATSISS	National Aboriginal and Torres Strait Islander Social Survey
NCVER	National Centre for Vocational Education Research
NDA	National Disability Agreement
NDC	National Data Collection
NDIS	National Disability Insurance Scheme (now 'DisabilityCare Australia')
NDS	National Disability Strategy
NEET	not in employment, education or training
NGCSOs	non-government community service organisations
NHRA	National Health Reform Agreement
NHSC	National Housing Supply Council
NMDS	national minimum data set
NMS	national minimum standards
NOM	net overseas migration
NP ECE	National Partnership Agreement on Early Childhood Education
NPAH	National Partnership Agreement on Homelessness
NRAS	National Rental Affordability Scheme
NRCP	National Respite for Carers Program
NSHS	National Social Housing Survey
NSW	New South Wales
NT	Northern Territory
OECD	Organisation for Economic Co-operation and Development
PH	public rental housing
PIAC	Pathways in Aged Care



PISA	Programme for International Student Assessment
PPP	purchasing power parities
PRA	Private Rent Assistance
Qld	Queensland
SA	South Australia
SAAP	Supported Accommodation Assistance Program
SDAC	Survey of Disability, Ageing and Carers
SEEH	Survey of Employee Earnings and Hours
SHI	Social Housing Initiative
SHSC	Specialist Homelessness Services Collection
SIH	Survey of Income and Housing
SOCX	Social Expenditure Database
SOL	skilled occupation list
SOMIH	state owned and managed Indigenous housing
TAFE	technical and further education
Tas	Tasmania
TCP	Transition Care Program
U3A	University of the Third Age
US	United States of America
USA	United States of America
VET	vocational education and training
VHC	Veterans' Home Care
Vic	Victoria
WA	Western Australia
WHO	World Health Organization
YPIRAC	Younger People in Residential Aged Care



Glossary

Note that terms in bold type in the definitions are themselves glossary items.

Aboriginal or Torres Strait Islander: A person of Aboriginal and/or Torres Strait Islander descent who identifies as an Aboriginal and/or Torres Strait Islander. See also **Indigenous**.

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 facility: Australian Government-accredited facilities that provide supported aged care accommodation. See also **residential aged care—permanent** and **residential aged care—respite**.

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, and then the rates that would have occurred with that structure are calculated and compared. In this report, the standard population is the Australian population 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 or 8 depending on the state or territory) to a specified year (usually Year 10 or 12).

apprentice: A person aged 15 to 64 who has entered into a legal contract (training agreement or contract of training) with an employer to serve a period of training to attain tradesperson status in a recognised trade.

Bachelor degree or higher: Attainment of an undergraduate or postgraduate qualification at a university.

blended family: A **couple family** with two or more children, of whom at least one child is the natural or adopted child of both members of the couple, and at least one is the step child of either partner in the couple. Blended families may also include other children who are not the natural children of either parent. Compare with **intact family** and **step family**.

Canadian National Occupancy Standard: A standard used to assess overcrowding in households, based on the number, sex, age, and relationships of **household** members (see Box 3.2).

capital expenditure: Expenditure incurred for goods and services with a life equal to or longer than a year. Compare with **recurrent expenditure**.



care and protection orders: Legal orders or arrangements that 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: Hospitals, **aged care facilities** (for example, nursing homes and aged-care hostels), cared components of retirement villages, and other 'homes' such as children's homes if the person has been, or was expected to be, a usual resident of that (or another facility) for 3 months or more. Note, this definition applies to the ABS Survey of Disability, Ageing and Carers and may differ somewhat from other collections' definitions.

casual workers: Employed people who are not entitled to paid leave.

civilian population: All usual residents of Australia aged 15 and over, except members of the permanent defence forces, certain diplomatic personnel of overseas governments customarily excluded from census and estimated population counts, overseas residents in Australia, and members of non-Australian defence forces (and their dependants) stationed in Australia.

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 after the finalisation of a court case. It 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 dwellings**, for example, retirement village accommodation.

constant prices: Estimates that indicate what expenditure would have been if prices for a given year had applied in all years (that is, removing the inflation effect). Changes in expenditure in constant prices reflect changes in volume only. An alternative term is 'real expenditure'. Compare with **current prices**.

core activities: activities of self-care, mobility and communication—activities that most people undertake at least daily. See also **disability, core activity limitation** and **severe or profound core activity limitation**.

core activity limitation: Needing assistance, having difficulties or using aids or equipment to help with the **core activities** of self-care, mobility and/or communication. See also **disability** and **severe or profound core activity limitation**.

couch surfer: A person who is homeless and who typically moves from household to household intermittently, who is not regarded as being part of those households, and who does not have any form of leased tenure over any accommodation.



couple family: A **family** that includes two people who are in a registered or de facto marriage and who usually live in the same **household**. A couple family may be with or without children, and may or may not include other related individuals. Compare with **one-parent family**.

current prices: Expenditures reported for a particular year, unadjusted for inflation. Changes in current price expenditures reflect changes in both price and volume. Compare with **constant prices**.

dependency ratio: The number of people who are likely to be 'dependent' on others due to not being in the **labour force**, compared with the number in the labour force and therefore potentially able to provide support.

dependent child: A person who is either a child under 15 or a **dependent student**. To be regarded as a child, the person can have no identified partner or child of his/her own usually living in the **household**. Note, this definition applies to the ABS Census and may differ somewhat from other collections' definitions. See also **non-dependent child**.

dependent student: A natural, adopted, step or foster child who is aged 15 to 24 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 living in the same **household**. Note, this definition applies to the ABS Census and may differ somewhat from other collections' definitions. See also **dependent child** and **non-dependent child**.

detention-based supervision: Supervision of a young person in a remand or detention centre by a juvenile justice agency while he/she is: awaiting an initial court appearance for an alleged offence, waiting for a court hearing or outcome, or completing an order after the finalisation of a court case. It includes remand and sentenced detention.

Diploma/certificate or equivalent: Attainment of a document certifying completion of an accredited course of post-secondary education.

disability: An umbrella term for: an impairment of body structure or function, a limitation in activities, and/or a restriction in participation. Disability is a multidimensional concept, and is considered as an interaction between health conditions and the environment. See also **core activity limitation** and **severe or profound core activity limitation**.

disposable income: Equal to gross (total) income minus income tax, the Medicare levy and the Medicare levy surcharge. Disposable income is sometimes referred to as net income. See also **equivalised household income**.

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 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: In the childhood development sector, these are programs used to improve health and developmental outcomes among children aged 0 to 6 who have been identified with, or at risk of, developmental delay or disability. Early intervention may include physiotherapy, speech therapy, occupational therapy and special education. It is sometimes termed early childhood intervention to distinguish it from other forms of early intervention.

employed: People aged 15 and over who, during the reference week of the survey, worked for 1 hour or more for pay, profit, commission or payment in kind in a job or business, or on a farm, or worked for 1 hour or more without pay in a family business or on a farm (that is, contributing family workers). This includes employees who had a job but were not at work and were away from work for less than 4 weeks up to the end of the reference week, or away from work for more than 4 weeks up to the end of the reference week and received pay for some or all of those 4 weeks. It also includes 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. Note, this definition applies to the ABS Labour Force Survey and may differ somewhat from other collections' definitions. Compare with **unemployed**. See also **labour force**.

employment restriction: People aged 15 to 64 with **disability** are considered to have an employment restriction if, because of their disability, they: are permanently unable to work; are restricted in the type of work they can or could do; need or would need at least 1 day a week off work on average; are restricted in the number of hours they can or could work; require or would require an employer to provide special equipment, modify the work environment or make special arrangements; require assistance from a disability job placement program or agency; need or would need to be given ongoing assistance or supervision; or would find it difficult to change jobs or get a better job. Note, this definition applies to the ABS Survey of Disability, Ageing and Carers and may differ somewhat from other collections' definitions. See also **schooling restriction**.

enrolled: People registered for a course of study at an educational institution.

equivalised disposable household income: See **equivalised household income**.

equivalised household income: An indicator of the economic resources available to a 'standardised household' that takes into account variations in **household** size and composition by the application of an equivalence scale. For a lone-person household, it is equal to income received. For a household comprising more than one person, it is an indicator of the household income that a lone-person household would require to enjoy the same level of economic wellbeing. This indicator can be calculated based on **disposable income** or gross (total) income.

family: Two or more people, one of whom is at least 15 years old, who are related by blood, marriage (registered or de facto), adoption, step or fostering, and who usually live 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. See also **couple family** and **one-parent family**.



family day care: Comprises services provided in the carer's home. The care is largely aimed at 0 to 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.

fertility rate: See **total fertility rate**.

formal aged care: Regulated care delivered in either residential or community settings, including the person's own home. Such care can be funded through government programs or 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 (FTE): 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 full-time 35 hours a week and two working half time, that is the same as three working full time—an FTE of three. This concept can also be applied to student numbers; for example, a student attending for half the usual school hours will be half an FTE student.

full-time workers: Employed people 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 survey. Note, this definition applies to the ABS Labour Force Survey and may differ somewhat from other collections' definitions. Compare with **part-time workers**.

greater capital cities: Represent a socioeconomic definition of each state and territory capital city. The boundaries include people who regularly socialise, shop or work within the city but live in areas surrounding the city. They do not define the built-up edge of the city.

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.

homeless people: As defined by the ABS, a person is considered homeless if they do not have suitable accommodation alternatives and their current living arrangement:

- is in a **dwelling** that is inadequate (is unfit for human habitation or lacks basic facilities such as kitchen and bathroom facilities), or
- has no tenure, or if their initial tenure is short and not extendable, or
- does not allow them to have control of, and access to space for social relations (including personal—or household—living space, ability to maintain privacy and exclusive access to kitchen and bathroom facilities).

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 lone 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 composition: The grouping of people living in a dwelling. Household composition is based on couple and parent–child relationships. A **household** is considered a single family if it contains only a main tenant, and if that main tenant resides with a partner and/or the main tenant’s children. Group households consist of two or more tenants aged 16 and over who are not in a couple or parent–child relationship. Mixed households refer to households not described by the other two types, for example, multiple single-family households. See also **family**.

housing affordability: Refers to the cost of housing compared with the financial situation of households. This term is generally used to refer to housing across major cities, states or nationally, as opposed to individual households. Housing affordability is often measured using the proportion of households in a given area in **housing stress**.

housing stress: A measure of **housing affordability** where the proportion of household income spent on basic housing costs (that is, rent or mortgage) is calculated. **Lower income households** spending 30% or more of their gross income on housing are considered to be in housing stress. Households spending 50% or more are said to be in extreme housing stress.

improvised dwelling: A **dwelling** that was not designed for human habitation or is considered unfit for human habitation. This may include shacks, sheds, cabins, boats or tents.

incidence: The number of new cases of an event occurring during a given period. Compare with **prevalence**.

income unit: One person or a group of related people 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.

Indigenous: A person of Aboriginal and/or Torres Strait Islander descent who identifies as an Aboriginal and/or Torres Strait Islander. See also **Aboriginal or Torres Strait Islander**.

Indigenous household: One which contains one or more **Indigenous people**. See also **household**.

Indigenous status: Whether a person identifies as being of **Aboriginal or Torres Strait Islander** origin.

individualised funding: A funding arrangement where 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.

infant mortality rate: The number of deaths among children aged under 12 months in a given period per 1,000 live births in the same period. See also **mortality rate**.

informal carer: A person, such as a family member, friend or neighbour, who provides regular and sustained care and assistance to an older person or to a person with **disability** or long-term health condition, without receiving payment for the care given. See also **primary carer**.



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; grandparents; other relatives (including a parent living elsewhere); and other (unrelated) people, such as friends, neighbours, nannies or babysitters. In the context of the ABS Childhood Education and Care Survey, this care may be paid or unpaid.

intact family: A **couple family** containing at least one child who is the natural or adopted child of both partners in the couple, and no child who is the step child of either partner in the couple. Intact families may also include other children who are not the natural children of either partner in the couple. Compare with **blended family** and **step family**.

International Classification of Functioning, Disability and Health: The World Health Organization's internationally accepted classification of functioning, disability and health. The classification was endorsed by the World Health Organization in May 2001.

labour force: People who were **employed** or **unemployed** (not employed but actively looking for work) during the reference week of the survey. Note, this definition applies to the ABS Labour Force Survey and may differ somewhat from other collections' definitions. See also **not in the labour force**.

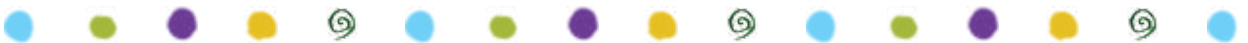
labour force participation rate: The size of the **labour force** as a percentage of the **civilian population**.

life expectancy: An indication of how long a person can expect to live, depending on the age they have already reached. Technically it is the average number of years of life remaining to a person at a particular age if age-specific death rates do not change. The most commonly used measure is life expectancy at birth.

long day care: Comprises services aimed primarily at children aged 0 to 5, 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.

lower income (or low-income) households: The definition of this term varies across collections and publications. In the *ABS Housing occupancy and costs, 2009–10* report (ABS cat. no. 4130.0), lower income households are defined as those containing the 30% of people with equivalised disposable household income between the 10th and 40th percentiles. For AIHW housing data collections, low-income households are those whose equivalised gross household income is in the bottom 40% of the income distribution. Note that throughout this report, the relevant definition is indicated when describing data about lower income households.

main English-speaking countries: In the context of people born outside Australia, it includes 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. Compare with **non-main English-speaking countries**.



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 subpopulations in areas including housing, welfare, health, education and employment.

managerial employees: employees who have strategic responsibilities in the conduct or operations of the organisation and/or are in charge of a significant number of employees. These employees usually do not have an entitlement to paid overtime. Owner managers of incorporated enterprises are regarded as managerial employees. Note, this definition applies to the ABS Survey of Employee Earnings and Hours and may differ somewhat from other collections' definitions. Compare with **non-managerial employees**.

median: The midpoint of a list of observations that have been ranked from smallest to largest.

median age: For a given measure, the age at which half the population is older and half is younger.

mortality rate: The number of deaths in a given period, adjusted to take account of population age structure, and usually expressed per 1,000 population. See also **infant mortality rate**.

net overseas migration: The number of incoming international travellers minus the number of outgoing international travellers, where the movement to or from Australia is for 12 months or more.

net wealth: See **net worth**.

net worth: The value of a household's assets minus the value of its liabilities. Net worth may be negative when household liabilities exceed household assets.

non-dependent child: A natural, adopted, step or foster child of a couple or lone parent usually living in the household, who is aged 15 or over and is not a full-time student aged 15 to 24, and who has no identified partner or child of his/her own usually resident in the **household**. Note, this definition applies to the ABS Census and may differ somewhat from other collections' definitions. See also **dependent child**.

non-Indigenous: People who have indicated that they are not of **Aboriginal or Torres Strait Islander** descent.

non-main English-speaking countries: In the context of people born outside Australia, it includes all countries except 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. Compare with **main English-speaking countries**.

non-managerial employees: Employees who are not **managerial employees**, including non-managerial professionals and some employees with supervisory responsibilities.

non-private dwellings: Establishments that provide a communal type of accommodation, including hotels, motels, boarding houses, private hotels, public hospitals (not psychiatric), and child care institutions. Accommodation for the retired or aged (not self-contained) where meals are provided is also included (but self-contained units in retirement villages are classified as **private dwellings**). Note, this definition applies to the ABS Census and may differ somewhat from other collections' definitions.



non-school qualification: Educational attainments other than those of pre-primary, primary and secondary education. They include qualifications at the following levels: postgraduate degree, Master degree, graduate diploma and graduate certificate, Bachelor degree, Advanced diploma and Diploma, and Certificates I, II, III and IV. Non-school qualifications may be attained concurrently with school qualifications.

not in the labour force: People who are not **employed** and not **unemployed** (that is, people who are unemployed are considered to be in the **labour force**).

occasional care: A type of formal care (see **formal child 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. Compare with **outside school hours care**.

older person: For the purposes of this report (unless noted otherwise), a person aged 65 or over.

one-parent family: A **family** consisting of a lone parent with at least one child (regardless of age) who usually lives in the **household** and who has no identified partner or child of his/her own. Examples of one-parent families include a parent aged 25 with dependent children, and a parent aged 80 living with a child aged 50. Compare with **couple family**.

out-of-home care: Alternative overnight accommodation for children and young people aged under 18 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 (that is, aged 5 to 12) outside school hours during term and vacations. Care may be provided on student-free days and when school finishes early. Compare with **occasional care**.

overcrowding: Where a dwelling requires one or more additional bedrooms to adequately house its inhabitants, according to the **Canadian National Occupancy Standard**. Compare with **underutilisation (housing)**.

participation: The **International Classification of Functioning, Disability and Health** 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.

participation rate: See **labour force participation rate**.

part-time workers: **Employed** people who usually worked less than 35 hours a week (in all jobs) and either did so during the reference week of the survey, or were not at work in the reference week. Note, this definition applies to the ABS Labour Force Survey and may differ somewhat from other collections' definitions. Compare with **full-time workers**.

prevalence: The number or proportion (of cases, events and so forth) in a population at a given time. Compare with **incidence**.



primary carer: A person who provides the most informal assistance, in terms of help or supervision, to a person with **disability** or aged 60 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** (self-care, mobility and communication). Note, this definition applies to the ABS Survey of Disability, Ageing and Carers and may differ somewhat from other collections' definitions. See also **informal carer**.

private dwelling: 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. Compare with **non-private dwellings**.

projection: Is not a forecast but instead 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.

rate ratio: Shows the relative difference between two rates across time (for example, the rate for 2011 divided by the rate for 2006) or population groups (such as for males and females). A rate ratio of 1.0 indicates no difference between the two rates, a ratio greater than 1.0 indicates an increase, and a ratio under 1.0 indicates a decrease.

recurrent expenditure: Expenditure incurred for goods and services with a life of less than a year. Compare with **capital expenditure**.

reference person: The reference person for each **household** is chosen by applying, to all household members aged 15 and over, the selection criteria below, in the order listed, until a single appropriate reference person is identified:

- the person with the highest tenure when ranked as follows: owner without a mortgage, owner with a mortgage, renter, other tenure
- 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.

This definition applies to the ABS Survey of Income and Housing and may differ somewhat from other collections' definitions including the ABS Census. For the definition of 'reference person' in the Census, see the ABS 2011 *Census dictionary* (ABS cat. no. 2901.0).

replacement fertility: Replacement level fertility is the number of babies a woman would need to have over her reproductive life span to replace herself and her partner. Replacement fertility is estimated at around 2.1 babies per woman. Compare with **total fertility rate**.



Residential aged care—permanent: Care in an **aged care facility** that is offered to people who can no longer be supported while living in the community. Depending on a person's assessed needs, permanent care is currently offered at two levels: low and high care. Permanent residents receiving low care require accommodation and personal care, and residents receiving high care require 24-hour nursing care in addition to their low care needs. See also **cared accommodation**.

Residential aged care—respite: Short-term care in an **aged care facility** that is available on a planned or emergency basis to older people who intend returning to their home, yet need residential aged care on a temporary basis. Like permanent residential aged care, residential respite care can be provided at two levels: low and high care. See also **respite services**.

residential care (aged care and younger people with disability): See **residential aged care—permanent**.

residential care (children and young people in out-of-home care): See **out-of-home care**.

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; it 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.

schooling restriction: People aged 5 to 20 who have **disability** are considered to have a schooling restriction if, because of their disability, they: are unable to attend school, a special school or special classes at an ordinary school; need at least 1 day a week off school on average; or have difficulty at school. Note, this definition applies to the ABS Survey of Disability, Ageing and Carers and may differ somewhat from other collections' definitions. See also **employment restriction**.

severe or profound core activity limitation: A person who needs help or supervision sometimes (severe) or always (profound) to perform activities that most people undertake at least daily—that is, the **core activities** of self-care, mobility and/or communication. See also **core activity limitation** and **disability**.

severely crowded dwelling: A dwelling that requires four or more extra bedrooms to accommodate the usual residents of that dwelling, according to the **Canadian National Occupancy Standard** (see Box 3.2 for further information). Note, this definition applies to the ABS Census and may differ somewhat from other collections' definitions.

sleeping rough: The state of sleeping with no shelter on the street, in a park or in the open, or in a motor vehicle. See also **homeless people**.

social exclusion: The opposite of **social inclusion**.

social housing: Rental housing that is: funded or partly funded by government, owned or managed by the government or a community organisation, and let to eligible people. The four main social housing programs are public rental housing, state owned and managed Indigenous housing, **mainstream** community housing and Indigenous community housing.



social inclusion: According to the Australian Government's Social Inclusion Board, an inclusive society is one in which all members have the resources, opportunities and capability to learn, work, engage with and have a voice in the community.

specialist homelessness service: Assistance provided specifically to people who are experiencing homelessness or are at risk of homelessness.

step family: A **couple family** containing one or more children, none of whom is the natural or adopted child of both members of the couple, and at least one of whom is the step child of one of the partners in the couple. A step family may also include other children who are neither the natural child nor the step child of either partner in the couple. Compare with **blended family** and **intact family**.

superannuation: Superannuation is money set aside over a person's lifetime to provide for their retirement. It can be accessed when a person reaches eligible age (between 55 and 60, depending on year of birth) and retires, or when they turn 65. Access can be through pension payments or a lump sum.

supported accommodation for the homeless: The provision of accommodation, along with other assistance, to a client to resolve barriers to obtaining stable accommodation. Examples of support include assistance to re-establish family links, access to specialist domestic violence support, debt counselling and living skills training. See also **specialist homelessness service**.

tenancy (rental) unit: The unit of accommodation (**dwelling** or part of a dwelling) to which a rental agreement can be made.

tenure type: The nature of a household's or person's legal right to occupy the dwelling in which they usually reside. Tenure is determined according to whether the unit owns the dwelling outright, owns the dwelling but has a mortgage or loan secured against it, is paying rent to live in the dwelling or has some other arrangement to occupy the dwelling. Note, this definition applies to the ABS Survey of Income and Housing and may differ somewhat from other collections' definitions.

total fertility rate: The average number of babies that would be born over a lifetime to a hypothetical group of women if they experienced the age-specific birth rates applying in a given year. See also **replacement fertility**.

traditional working age: As used in this report, refers to the ages of 15 to 64, inclusive.

underemployed: Employed people aged 15 and over who want, and are available for, more hours of work than they currently have. They comprise: people employed **part time** who want to work more hours and are available to start work with more hours, either in the reference week or in the 4 weeks subsequent to the survey; and people employed **full time** who worked part-time hours in the reference week for economic reasons (such as being stood down or insufficient work being available). Note, this definition applies to the ABS Labour Force Survey and may differ somewhat from other collections' definitions. Compare with **unemployed**. See also **underutilisation rate**.



underutilisation (pertaining to housing): Occurs where a dwelling contains one or more bedrooms in surplus to the needs of the household occupying it, according to the **Canadian National Occupancy Standard**. Compare with **overcrowding**.

underutilisation rate (pertaining to employment): The sum of people **unemployed** and **underemployed**, expressed as a percentage of the **labour force**.

unemployed: People aged 15 and over who were not employed during the reference week of the survey, and had actively looked for full- or part-time work at any time in the previous 4 weeks, or were waiting to start a new job within 4 weeks of the end of the reference period. Note, this definition applies to the ABS Labour Force Survey and may differ somewhat from other collections' definitions. Compare with **employed**. See also **labour force**.

unemployment rate: The number of **unemployed** people, expressed as a percentage of the **labour force**.

volunteer: Someone who willingly gives unpaid help, in the form of time, service or skills, to or through an organisation or group. For the purposes of the ABS General Social Survey, it excluded voluntary work done overseas, and unpaid community work that was not strictly voluntary or would not normally be seen as voluntary work: the Work for the Dole Program, Community Work under Mutual Obligation, work experience, part of an unpaid work trial, work under a Community Service Order, a student placement, or emergency work during an industrial dispute.



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Australia's welfare 2013 is the 11th biennial welfare report of the Australian Institute of Health and Welfare. This comprehensive and authoritative report provides an overview of the wellbeing of Australians, and topics include children and young people, people with disability, older people, homelessness, housing assistance and the community services workforce. It also includes information on:

- population factors underpinning the demand for welfare services
- particular needs and assistance provided to key groups
- the resourcing of welfare services in Australia.

The report is accompanied by a companion mini publication, *Australia's welfare 2013—in brief*.



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