Australia's Welfare 1993
Services and Assistance

This report represents the first major attempt at drawing together national information and data in the fields of housing assistance, children's services, aged care services and disability services.

An historical overview of each area is provided, together with relevant population and service data. Current administrative, financial and other arrangements are outlined.

The current state and future development of national welfare services statistics are also discussed.

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A41434 Cat. No. 93 2520 0

Australia's Welfare 1993
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AUSTRALIAN INSTITUTE OF HEALTH & WELFARE

Australian Institute of Health and Welfare

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AUSTRALIA'S WELFARE 1993

Services and Assistance

Australian Government Publishing Service
Canberra

ISSN 1321–1445
ISBN 0 644 32832 0

A complete list of the Institute's publications is available from the Publications Unit, Australian Institute of Health and Welfare, GPO Box 570, Canberra ACT 2601.

Suggested citation

Australian Institute of Health and Welfare. *Australia's welfare 1993: services and assistance*. Canberra: AGPS, 1993.

Layout by Green Words, Canberra

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The Hon B.L. Howe MP
Minister for Housing, Local Government
and Community Services
Parliament House
CANBERRA ACT 2600

Dear Minister

As required under Subsection 31(1A) of the *Australian Institute of Health and Welfare Act 1987*, the Board of the Institute is pleased to present to you *Australia's welfare 1993: services and assistance*, a report covering those aspects of Australia's welfare services and assistance for which data are currently being collected either nationally or in some States and Territories.

This is the first biennial welfare report to be produced since amendments to the *Australian Institute of Health and Welfare Act 1987* in May 1992 expanded the Institute's role to include welfare. I commend the report to you as a milestone in the development of national statistics on welfare services.

Yours sincerely

Fiona J Stanley
Board Chair
29 November 1993

Australia's welfare 1993: services and assistance

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Preface

The Australian Institute of Health and Welfare (AIHW) is an independent statistics and research agency within the federal Health, Housing, Local Government and Community Services portfolio. The Institute was formerly the Australian Institute of Health; welfare services and housing assistance were added to its responsibilities by amendment to its legislation in May 1992.

The Institute has a national role, and provides research and statistical support to the Commonwealth, States and Territories, particularly under the auspices of the Standing Committee of Social Welfare Administrators, the Australian Health Ministers' Advisory Council, and State and Territory housing authorities. The Institute's mission is to inform community discussion and to support public policy-making on health and welfare issues by coordinating, developing, analysing and disseminating national statistics on the health of Australians and their health and welfare services, and by undertaking and supporting related research and analysis.

The legislative functions of the Institute are to:

- collect and produce welfare- and health-related information and statistics, possibly with the assistance of other bodies;
- coordinate or assist in the coordination of the collection and production of welfare- and health-related information and statistics;
- develop statistical standards relevant to health and to health and welfare services; and
- publish methodological and substantive reports on its work.

In summary, the Institute's responsibilities in relation to welfare are to gather, enhance and disseminate national data on welfare services. 'Welfare services', as specified in the legislation, include housing assistance, aged care services, child care services and child welfare services, services for people with disabilities and other community services.

Under its legislation the Institute is required to provide to the Minister, every two years, a report containing:

- statistics and related information concerning the provision of welfare services to the Australian people; and
- an outline of the development of welfare-related information and statistics by the Institute, whether by itself or in association with other persons or bodies.

This report is the first such biennial report.

Structure of the report

The Institute has commenced a work program directed at its responsibility for collecting, enhancing and disseminating national data on welfare services and assistance. This first biennial report sets out progress to date, and indicates future directions.

The first two chapters of the report are introductory, providing, respectively, a brief historical overview of welfare services in Australia, and developments in welfare services statistics.

Chapters 3 to 6 report on the work being undertaken in the four welfare services areas specified in the Institute's legislation: housing assistance, child care and child welfare, aged care, and disability services. These chapters have similar structures. Each contains a brief historical overview of the area, to provide a context for understanding current data and recent trends. Population data relevant to each field are included, in some cases with a discussion as to how far these data may be interpreted as indicators of need for services and assistance. Data currently available relating to services and service users are then presented. These data reflect the different natures of the four areas and the different stages of development of relevant data. Where possible, a comparison of use of and need for services is included. Each chapter concludes with a brief discussion of further work to be done in gathering and enhancing national data in the field.

Chapter 7 presents key data from the preceding four chapters, and draws some conclusions regarding national welfare services statistics and their development.

Acknowledgements

The contribution of Institute staff from outside the Institute's Welfare Division is gratefully acknowledged: in particular, Tim Skinner, Acting Director from February to September 1993; Nigel Harding, Publications Manager; and Alison Kennedy, Assistant Librarian. Staff who provided helpful comments on draft material included John Donovan, John Goss, Roy Harvey, Rosemary Karmel, Joanne Maples, Colin Mathers, Debra Rickwood, and Sidney Sax.

Valuable comments were also provided by staff of the Australian Bureau of Statistics, the Department of Health, Housing, Local Government and Community Services, the Department of Social Security, the Aboriginal and Torres Strait Islander Commission and State and Territory departments of community services.

Other commentators whose views on draft material were greatly appreciated were: John Barber, Mike Berry, Andrew Burbidge, Hal Bisset, Bettina Cass, Chris Chamberlain, David Filby, Michael Fine, Sara Graham, Anna Howe, Brian Kennedy, Anthony King, Mary Lamm, Mark Lyons, Peter McDonald, David MacKenzie, Chris Maher, Sean McNelis, Vivienne Milligan, Don Rowland, Sheila Shaver, and Judith Yates.

Commonly used abbreviations

ABS	Australian Bureau of Statistics
ACAT	Aged Care Assessment Team
ACOSS	Australian Council of Social Service
ACROD	Formerly Australian Council for the Rehabilitation of the Disabled
ACSPRI	Australian Consortium for Social and Political Research Incorporated
ACT	Australian Capital Territory
ACTU	Australian Council of Trade Unions
AGPS	Australian Government Publishing Service
AHRC	Australian Housing Research Council
AHS	Australian Hearing Service
AHURI	Australian Housing and Urban Research Institute
AIC	Australian Institute of Criminology
AIFS	Australian Institute of Family Studies
AIHW	Australian Institute of Health and Welfare
ALGA	Australian Local Government Association
ALP	Australian Labor Party
ARHP	Aboriginal Rental Housing Program
ASWAC	Australian Standard Welfare Activities Classification
ATC	Activity Therapy Centre
ATSIC	Aboriginal and Torres Strait Islander Commission
CAAS	Continence Aids Assistance Scheme
CAM	Care Aggregated Module
CAP	Crisis Accommodation Program
CARR	Children at Risk Register, Victoria
CES	Commonwealth Employment Service
CETP	Competitive Employment Training and Placement Service
CHC	Commonwealth Housing Commission
CPD	Commonwealth Parliamentary Debates
CRS	Commonwealth Rehabilitation Service
CSHA	Commonwealth State Housing Agreement
CSP	Children's Services Program
CSV	Community Services Victoria

DACA	Disability Advisory Council of Australia
DCS	(Commonwealth) Department of Community Services (later absorbed into DCSH)
DCSH	(Commonwealth) Department of Community Services and Health (from 1991, absorbed into HHCS)
DHHCS	See HHCS
DEET	(Commonwealth) Department of Employment, Education and Training
DNCB	Domiciliary Nursing Care Benefit
DPI	Disabled Persons International
DRP	Disability Reform Package
DSA	Disability Services Act
DSP	Disability Support Pension
DSS	(Commonwealth) Department of Social Security
DVA	Department of Veterans' Affairs
EPAC	Economic Planning Advisory Council
HACC	Home and Community Care Program
HALC	Housing and Location Choice
HHCS	(Commonwealth) Department of Health, Housing and Community Services (from 1993, absorbed into HHLGCS)
HHLGCS	(Commonwealth) Department of Health, Housing, Local Government and Community Services
HOLS	Home Opportunity Loans Scheme
HREOC	Human Rights and Equal Opportunity Commission
HRSCE	House of Representatives Standing Committee on Expenditure
ICIDH	International Classification of Impairments, Disabilities and Handicaps
IHCA	Income, Housing Costs and Amenities
ILO	International Labour Organisation
INAC	Interim National Accreditation Council
IP	Invalid Pension
IYDP	International Year of Disabled Persons
JET	Jobs, Education and Training Program
LGCHP	Local Government and Community Housing Program
LIS	Luxembourg Income Study
MDS	Minimum Data Sets
MRAP	Mortgage and Rent Assistance Program

NCID	National Council on Intellectual Disability
NCOSS	New South Wales Council of Social Service
NEIS	New Enterprise Incentive Scheme
NESB	Non-English-Speaking Background
NGOs	Non-Government Organisations
NHS	National Housing Strategy
NSW	New South Wales
NT	Northern Territory
NTAU	National Technical Assistance Unit
OECD	Organisation for Economic Cooperation and Development
OLMA	Office of Labour Market Adjustment
OPCC	Office of Preschool and Child Care, Victoria
PADP	Program of Aids for Disabled People
PFP	Private for-Profit
PNFP	Private Not-for-Profit
Qld	Queensland
RCI	Resident Classification Index
SA	South Australia
SAAP	Supported Accommodation Assistance Program
SAM	Standard Aggregated Module
SHA	State Housing Authority
SPRC	Social Policy Research Centre
SSS	Special Supplementary Survey, ABS
SWPS	Social Welfare Policy Secretariat
TAFE	Technical and Further Education
TARCRAC	Training and Resource Centre for Residential Aged Care
Tas	Tasmania
TIA	Taxation Institute of Australia
UN	United Nations
Vic	Victoria
WA	Western Australia
WELSTAT	Standardisation of Social Welfare Statistics Project established by the Standing Committee of Social Welfare Administrators
WHO	World Health Organization
YSJS	Youth Social Justice Strategy

1 Introduction

This first biennial report on Australia's welfare begins with an historical overview of Australia's welfare system to provide a context for understanding current data and recent trends. This will serve as a basis for later discussion of the availability and value of data relating to welfare services and assistance. An outline of the current administrative structure of the welfare service system follows the historical overview. The chapter concludes with a statement on the scope of the report.

1.1 Historical overview

In the years following British colonisation of Australia in 1788, 'welfare services' were provided by government authorities with the needs of the military and convict colony in mind. These services were institutional: hospitals for soldiers and convicts; asylums for the 'mentally ill'; orphanages for abandoned, destitute or orphaned children.

By 1820 the Benevolent Society of New South Wales had begun to provide non-institutional or 'outdoor' relief, largely in the form of food and goods which might promote self-reliance. The Society's aim was to

> relieve the poor, the distressed, the aged, and the infirm, and thereby to discountenance, as much as possible, mendacity and vagrancy, and to encourage industrious habits among the indigent poor as well as to afford them religious instruction and consolation in their distresses (Dickey 1987:14).

From its early days, the Society received financial support from the colonial government, which sought to avoid greater expense for itself and to encourage public voluntary action among the emerging middle class. There was a desire in the colony not to replicate the stigmatising model of the English Poor Law which placed responsibility on the state to support 'the destitute' directly.

For much of the rest of the nineteenth century there was a continuation and growth of this model: government institutions for specific categories of people alongside charities and societies providing relief for the 'deserving poor' with significant government support. This dispensation of 'charitable relief' by government and non-government agencies in partnership occurred in most of the Australian settlements, although the smaller ones (such as South Australia) initially relied more heavily on direct government provision. Overall, the categories of people assisted changed little: 'the sick poor, the aged poor, destitute women and children and lastly lunatics. The able-bodied, whether women or men, must fend for themselves in the labour market' (Dickey 1987: 24).

The new nation and notions of universal rights

By the late nineteenth century the Australian population had grown in size, complexity and economic prosperity. This prosperity depended on controlling, farming and mining increasing amounts of land commonly perceived to belong to nobody, despite its occupation for thousands of years by Aboriginal people.[1] The beneficiaries of this

1. In this report the term 'Aboriginal' generally includes all indigenous Australians.

prosperity were the growing middle class who ensured that, by 1890, the colonies had achieved a measure of independent self-government from Britain.

Support was developing for federation into one nation. The views of the emerging nation about the role of government in promoting equality and in regulating industry and employment were influenced by a convergence of views among the major activists for social change at the time. The work of religious humanitarians and the strengthening labour movement was leading to the emergence of notions of universal rights to services and support, based on need.

Reformist ideas circulating in the late nineteenth century in Britain and Australia had called into question the desirability of large, regimented and often unsanitary institutions for children, and advocated the 'boarding out' or fostering of children to families. Similar arguments ultimately led to the expansion of 'outdoor relief' in the form of support payments to keep families together and pensions to the aged poor to avoid their institutionalisation. Middle class women and men, as well as religious organisations, took a prominent role in this debate on welfare reform.

The 1890s depression and the widespread hardship of the time also had an effect on the future shape of the welfare system in Australia. The rights of people to receive assistance in times of hardship without having their individual worth placed under scrutiny came under discussion. Collective responsibility for the good of the many became the goal of the emerging labour movement.

Significant improvements in hospital care, resulting in reduced mortality rates, led to pressure to determine access based on medical need rather than on charity. This was further evidence of the shift from a charitable model of welfare towards a more universalist approach.

With the rise of reformist ideas on welfare service provision and universal rights, the colonial governments began to be more directly involved in the provision of welfare assistance, while continuing to subsidise the activities of non-government organisations (NGOs) providing charitable relief. Some previously subsidised institutions for older people and for children were taken over by governments (Lyons 1990), and pensions for the aged and chronically ill were introduced to enable people to remain outside these institutions (Kewley 1973). The greater involvement of governments in child welfare also led to a bureaucratisation of the moral and selective judgements involved, via the establishment of children's courts. These courts removed children from the adult criminal jurisdiction, but brought non-criminal individual and family behaviour into the sphere of the courts. The supporting and supervisory administrations were staffed by men working on a paid basis rather than by women on a voluntary basis (Dickey 1987).

Although ideas on universal entitlement to some basic income support, de-institutionalisation and the importance of maintaining family units emerged during this time, the system still retained many of the features of morality, selectivity and charity present in the previous period.

This still value-laden approach to welfare took a particularly ethnocentric form in policies relating to the Aboriginal population. Following British colonisation, the Aboriginal population had declined through fighting, massacre and disease. Estimates of the pre-1788 Aboriginal population vary from 300,000 to over one million; by 1861

the Aboriginal population was below 200,000 and reached its lowest point around 1920, when it was estimated at under 100,000 (ABS 1991a). The policy towards indigenous Australians in the latter half of the nineteenth century is generally described as 'protection', but was accompanied by restriction and failure to recognise Aboriginal law, with a resulting undermining of their social authority system and other social structures (Rowley 1972).

Governments became increasingly involved in interventions in Aboriginal families which had previously been carried out by 'enthusiastic amateurs', chiefly missionaries (Edwards & Read 1989). Aboriginal protection boards were established, the first in New South Wales in 1883, with the apparent aim of 'resocialising' the children into white society. The methods were extensions of those used by the missionaries, chiefly institutionalisation of the children, although at this stage usually close to the parents and with contact maintained. Subsequent legislation gave these boards the power to remove children from their families against their wishes, if the board considered that to be in the interests of the child's moral or physical welfare (Kendall, Edwards & Williams 1992; Van Krieken 1991).[2]

The nation of Australia was formally established in 1901 with the federation of the existing governments which then assumed the status of States within the Commonwealth. From the time of the first Commonwealth electoral legislation in 1902, there was universal suffrage. Aboriginal people, however, were not granted full citizenship or voting rights until 1962.

The national Constitution gave specified powers to the new Commonwealth Government, including the powers to provide invalid and age pensions and to act in industrial disputes extending beyond one State. The States retained those responsibilities not assigned to the Commonwealth by the Constitution.

Means-tested age pensions had been introduced in New South Wales in 1900, and were now introduced nationally by the new Commonwealth Government in 1908 together with invalid pensions. The Maternity Allowance was added in 1912 as a universal payment on the birth of a baby, financed by the tax system and with no means test. The Opposition at the time argued the need for a larger scale social insurance system of benefits (Kewley 1973).

A major achievement of the time was the attainment of near-universal literacy with the establishment of compulsory primary education and the beginning of State secondary and technical education (Mendelsohn 1979).

In the area of labour policy, the federal and State conciliation and arbitration systems were founded and the concept of a basic wage was established. The Harvester judgement of 1907, made in the new Commonwealth Arbitration Court, is seen as a watershed in Australian policy making. The judgement established the notion of a living wage for employed men; this protection of workers' living standards was put forward as a component of the New Protectionism of the time, which also provided

2. This short overview necessarily deals very briefly with sometimes complex material. It is particularly difficult to incorporate historical material relating to the welfare of Australia's Aboriginal and Torres Strait Islander peoples. Some authors decline to do so on the grounds that definitive source material remains to be written (e.g. Dickey 1987). Nevertheless, there is an attempt to include an indication of some features of this important story.

economic protection to Australian industries (Macintyre 1985). A corollary of the Harvester judgement was the locking in of the presumption that men were family breadwinners—minimum wages for women were subsequently set at little more than half those of men, and women's financial security in the labour market was adversely affected for years to come.

Between the wars

The period between the two world wars is generally seen as a time of further debate and some consolidation, but not of significant further development of the welfare system. Nevertheless, during this period New South Wales pioneered child endowment and widows pensions. The introduction of child endowment in 1927 followed years of debate: the labour movement saw the payment as a supplement to the 'living wage'; employers saw its introduction as an opportunity to advocate wage restraint; some feminists had argued that the payment recognised the value of women's unpaid work, and the rights of children, independent of their fathers' rights to a living wage (Cass 1988a).

The high unemployment of the 1930s depression was met with a mix of ad hoc relief measures rather than with all-encompassing humanitarian measures. State governments gave financial assistance to charitable organisations providing 'sustenance relief'. Some of these organisations continued to scrutinise the merits or faults of recipients, whereas others gave practical aid without undue intrusion (Mendelsohn 1979). The States devised 'relief works' for unemployed people, imposing personal income taxes to finance them (Cass 1988b). The depression not only overburdened the voluntary societies, but also revealed the inability and inappropriateness of the charitable model to cope with widespread suffering caused by social forces beyond the control of individuals.

At the national level, the Bruce–Page Government developed detailed proposals to establish a national insurance scheme to insure workers against unemployment, sickness or injury. The proposed financing arrangement would have excluded the families of the self-employed from the scheme. The plans were never implemented, and during this period the Australian Labor Party consolidated its opposition to such a scheme if it were to be financed by flat-rate contributions from workers (Sax 1984).

During this period, the growing understanding and appreciation of Aboriginal culture and perceived potential, flowing at least in part from the works of scholars such as Elkin in the early twentieth century, led to a re-evaluation of national policies regarding Australia's indigenous population. It was also recognised that the Aboriginal people were not dying out, as had formerly been assumed. A new policy of 'assimilation' was set out in 1939 to '[raise] their status so as to entitle them by right and by qualification to the ordinary rights of citizenship, and to enable them and help them to share with us the opportunities that are available in their native land' (McEwen, quoted in Rowley 1972:328). However, this policy was based on a continuing belief in the superiority of European society and, as Rowley expresses it, the intention to teach Aboriginal people 'gradually and kindly, to live like other Australians'.

Post-war reconstruction and an era of growth

The world wars led to the establishment and growth of the repatriation system to supply a range of financial, medical and other benefits to returned service personnel and their relatives. World War II also led to a resurgence in the desire to provide, on a more universal basis, for people disadvantaged by a wider range of circumstances. The Commonwealth Government set out to create post-war social and economic conditions that would preclude a recurrence of the boom and slump which had followed World War I (Waters 1976).

Uniform taxation legislation was introduced in 1942 by the Commonwealth Labor Government to finance wartime expenditure. The legislation removed from the States the power to tax incomes in return for a grant from the Commonwealth. Total tax revenue was increased by extending the obligation to pay tax into lower income brackets than previously used by the States (Watts 1982; Macintyre 1985). The legislation withstood peacetime challenges to its constitutionality and gave the Commonwealth lasting financial dominance within the Australian federal system (Kewley 1973). This financial dominance and the responsibility for post-war rehabilitation and reconstruction rapidly enhanced the Commonwealth's capacity to act as a driving force in national social and economic policy.

The Commonwealth took the lead in income security, visualising the program primarily as a 'safety net' for a family whose (male) head of household would generally be in wage-earning employment. Sickness and unemployment benefits were added to the social security system in 1945. Child endowment, payable to the mother, had been introduced nationally in 1941 and widows pensions in 1942.

Because of ongoing doubts about the Commonwealth's powers in these areas, the Constitution Alteration (Social Services) Bill 1946 was passed by the Commonwealth Parliament and was approved by referendum in the same year. These amendments gave the Commonwealth powers to make laws with respect to 'the provision of maternity allowances, widows pensions, child endowment, unemployment, pharmaceutical, sickness and hospital benefits, medical and dental services...benefits to students and family allowances'.

The income security system was thus 'integrated into the fiscal machinery of the state' via its reliance on tax contributions rather than social insurance (Shaver 1989). The system had emerged as a dual structure, 'with one group of benefits for income maintenance and another for family income supplementation' (Shaver 1988). Built on the policy of full (male) employment, the system 'redistributed income from taxpayers defined as individuals to recipients treated as members of family units'.

Further reflecting its Keynesian economic theory base, the Commonwealth also became involved in national development projects and in areas where it shared powers with the States, such as higher education and housing. Public investment in physical infrastructure was seen as a key economic and employment strategy for growth. The first Commonwealth–State housing agreement, signed in 1945, set out the financial and administrative arrangements to enable the construction of rental dwellings to ease the post-war accommodation shortage (see Chapter 3).

In 1948 legislation was passed to establish what was to become the Commonwealth Rehabilitation Service, to provide vocational rehabilitation for people with an acquired

disability. This initiative consolidated previous schemes providing vocational training for invalid pensioners, and post-war rehabilitation of returned service men and women not eligible for repatriation benefits (Tipping 1992). The community sector gathered impetus through the formation of many new community-based organisations providing care for children with particular types of disabilities. These organisations were largely established by the families of these children (see Chapter 6).

The growing emphasis on national programs and on income security in particular was leading to a 'cleavage in Australian social administration', according to Lawrence (1965, quoted in Roe 1983):

> On the one hand, there was an approach through broad legislative measures, sponsored by political parties and administered by government, largely male, officials; on the other was an approach through numerous small voluntary organisations, catering for individual needs, sponsored by a wide variety of citizen groups or churches, with detailed work largely in the hands of unpaid women in the higher income groups.

This 'cleavage' became less marked in later years, as governments took more interest in the statutory provision of services, as funding for non-government organisations grew, and as women exerted more influence, some as professionals, in policy development and administration.

In this post-war period, medical advances, which were transforming hospitals into centres for acute care, meant that more appropriate alternatives were being sought for people with a chronic illness or disability. By the 1950s the Commonwealth was increasing its role in funding the non-government sector to build accommodation for the aged (see Chapter 5). Because of the growing requirement for potential residents to contribute a 'donation' to the non-government organisations concerned, the Commonwealth laid itself open to the claim that it was providing middle class welfare, while leaving the States to provide services for those less well off (Dickey 1987). By the 1960s, home nursing services and 'meals on wheels' services, which had emerged in the 1940s and 1950s, were receiving Commonwealth funding.

At State level, welfare administrations retained their focus on 'child welfare'. Officials and children's courts administered interventions designed to control 'uncontrollable' children and to protect 'neglected' children, frequently involving ongoing supervision of families or the removal of children from their families for varying periods.

By this time the national policy of assimilation was leading to even more extreme interventions in the lives of part-Aboriginal children, many of whom were completely separated from their families and spent their childhood in institutions. This practice ceased only during the 1960s and the effects of it are only gradually being recognised (Edwards & Read 1989).

During this period many non-government agencies, usually operating with some subsidy from the States, continued to provide residual services, offering food, shelter and advice to those whose needs were otherwise not met. Many of these agencies grew in size and sophistication, in terms of their fundraising capabilities and the professionalism of their workers, and in terms of the research they conducted into the needs of their clients and others like them. The work of the Melbourne-based Brotherhood of St Laurence was among key sources which led to the 'rediscovery of poverty' in Australia in the late 1960s. State and Territory Councils of Social Service formed to coordinate the activities of non-government welfare agencies, and in 1956

their national 'peak' organisation, the (now) Australian Council of Social Service (ACOSS), was formed (Mendelsohn 1979).

Following World War II there were nearly 25 years of economic and population growth in Australia. This period also saw the origins of present-day multicultural Australia through the strong post-war immigration program. Initially, this migration was chiefly from Europe, with a subsequent eastward shift in countries of origin, to countries in the Middle East, and more recently towards a high proportion of immigration from Asian countries (Bureau of Immigration Research 1990, 1991). The volume and pattern of Australia's immigration program has had an enormous effect on Australian demography and society: 25 per cent of residents were born overseas and a further 19 per cent have parents who were born overseas (ABS 1991b). An awareness of the culture and needs of immigrants grew during the post-war decades.

Recognition also grew of the extent of the catastrophe which white occupation of Australia represented for Aboriginal society and of the national responsibility to provide assistance to overcome the resulting disadvantage. In 1967 a national referendum voted overwhelmingly in favour of giving the Commonwealth powers to make special laws for Aboriginal people, signalling the start of Commonwealth expenditure on national programs to improve housing, health and education.

The 1970s: a time of change

In the 1960s and early 1970s, in a still expansionary economy, there was an equally expansionary view of the role of government and of government-subsidised interventions. Redistribution of wealth and opportunity was seen by many as the best way to prevent social problems. Community expression grew in favour of Aboriginal self-determination and of policies to redress inequalities. The Commonwealth began to fund Aboriginal medical and legal services, and announced its intention of introducing Aboriginal land rights legislation. The racial basis of Australia's immigration policy was eliminated. Supporting parents benefits were introduced. Equality for men and women in minimum wage determination was achieved. Amid controversy a national health insurance scheme began. There was a renewed national interest in urban and regional development and a commitment to regionally based social services.

Community-managed organisations were seen to be a cost-effective and appropriate way of delivering locally sensitive services and they grew in numbers, supported by State and Commonwealth government subsidies. Side by side with their growth, articulate groups of consumers of health and welfare services emerged (Lyons 1990). These parallel growths in government subsidy and in consumer activism led in the 1980s to new standards of accountability for non-government organisations, both to governments and to consumers.

The report in 1975 of the first national inquiry into poverty in Australia was a sober reminder of the realities of life for people most in need of assistance (Commission of Inquiry into Poverty 1975). Over 10 per cent of income units[3] were found to be below what the Commission described as an austere poverty line. In making recommendations covering income security, housing, employment, welfare services and more, the Commission spelled out three principles:

3. For a definition of 'income units' see Box 3.2 on p. 59.

- that every person has a right to a basic level of security and well-being;
- that every person should have equal opportunity for personal development and participation in the community; and
- that need should be the primary test by which help is determined.

The sweeping recommendations of the report were almost immediately overtaken by the changing political and economic climate, and other broad proposals on universal age pensions and injury compensation were abandoned.

The economic downturn of the mid-1970s brought with it more negative attitudes to taxation, the role of government, and universal and redistributive programs. The scale of government activity and intergovernmental relations were firmly on the agenda in the late 1970s.

The two Commonwealth governments of the 1970s—the Labor Government from 1972 to 1975 and the Liberal Government from 1975 to 1983—reflected and implemented in turn the national views of their times. At the national level, Australia experienced first a period of catalytic change and an expansion of social programs, the role of the Commonwealth Government and universalist notions of welfare. This period was followed by economic downturn and an attempt to reduce Commonwealth spending and to pass responsibility for some programs to the States or private providers.

Whereas the debate at the start of the decade focused on the respective merits of universalism and selectivity in the provision of services, by the end of the decade there were other dichotomies characterising the discussion of welfare, particularly the respective roles of State and Commonwealth governments and of the government and non-government sectors (e.g. Dickey 1987).

The 1980s and the pursuit of social justice

During the 1980s the Commonwealth Labor Government embarked on what could be described as a deliberate blending of the contrasting policies of its two predecessors, aiming to deliver a program of social justice in a climate of fiscal restraint.

Through a succession of social justice strategy statements during the 1980s, the government set out its goals as:

- equity in the distribution of economic resources;
- equality of civil, legal and industrial rights;
- fair and equal access to essential services such as housing, health and education; and
- the opportunity for participation by all in personal development, community life and decision making (see, e.g. Commonwealth of Australia 1988).

Initiatives introduced under the social justice banner included: the introduction of Medicare as a universal health insurance scheme financed in part from income-related tax contributions; the establishment of a National Child Care Strategy; the introduction of the Child Support Scheme to formalise the responsibilities of non-custodial parents to provide financial support for their children; reform of the aged care system; financial assistance to students to increase school retention rates; labour market programs to assist those who have most difficulty in finding employment, including sole parents, people with English language difficulties, Aboriginal people, the long-term unemployed and people with a disability; a re-examination of housing policies through the preparation of a National Housing Strategy; the enhancement of Aboriginal

education and employment programs and the establishment of the Aboriginal and Torres Strait Islander Commission; the introduction of the Sex Discrimination Act in 1984 and the Disability Discrimination Act in 1992; and the introduction of a Multicultural Access and Equity policy to promote equal access to government services by all Australians.

A major review of the social security system was carried out in the mid-1980s, resulting in significant changes to income support for families with children, unemployed people, and people with a disability (e.g. Cass 1988b; Cass, Gibson & Tito 1988). The need to review support for families with children had arisen from social and demographic changes during the late 1970s and early 1980s, which had greatly increased the number of children living in families below the poverty line to the point where children constituted over 40 per cent of people living in poverty in Australia in 1985–86 and numbered an estimated 685,000 (Saunders & Whiteford 1987). These changes included increases in the number of sole parent families, increases in the rate and duration of unemployment among workers with family responsibilities, decreases in real benefit levels, and increases in housing costs (Cass & Whiteford 1989). In late 1987 the previously universal family allowance payments were made subject to a test on joint parental income, and a Family Allowance Supplement was introduced to provide increased assistance to low-income working families and social security recipients, together with a commitment to regular increases in these payments.

Debates about universalism versus selectivity waned as the goals of redistribution were addressed on a broader front, with a strong argument being made that:

- access to and adequacy of services, and the methods of funding and charging for services, were at least as important as the universality of the services;
- there was a need for policies which linked welfare to other programs such as employment and taxation; and
- equity in allocation and adequacy of basic income should remain guiding principles for the social security system.

Within the framework of a series of Accords with the trade union movement, the Government 'established a reasonably integrated combination of wages policy, tax and social security arrangements, composed of market wage restraint accompanied by 'social wage' measures' (Cass & Freeland 1993). The 1980s thus saw a more explicit recognition of the importance of a range of social programs—employment and labour market programs, taxation policies, income security programs, health and welfare services and assistance—in governments' contributions to well-being.

The effectiveness of the social wage overall was in part gauged in an Economic Planning and Advisory Council (EPAC) report (1987). The social wage was defined to include education, health, social security and welfare, housing and community amenities; most tax expenditures, including the large and regressive expenditures on superannuation, were excluded from the study. Overall the social wage as defined was found to be a generally progressive means of redistribution to households with lower incomes, or those at stages of their life cycle where their needs were greater (in particular during child rearing and at older ages). Social security and housing assistance programs distributed income and assistance to lower income families, and health expenditures equalised access to health services among income groups.

Education expenditures appeared somewhat regressive in effect, although some of the observed effect, of expenditures going to higher income families, was attributed to the fact that the middle years of high-income earning often coincide with child rearing. The EPAC study was one of a number during the 1980s which reflected the welfare-related themes of social justice and financial effectiveness and efficiency or, put more simply: who benefits? who pays? whose needs are unmet?

Initiatives relating to Aboriginal people in this decade deserve more detailed description. For some years after the 1967 referendum, expectations were high that empowerment for Aboriginal people via planned land rights legislation and increased Commonwealth expenditure, for instance on health and housing, would lead to a rapid improvement in their situation. By the 1980s there were fears that progress had stalled. The report of the Royal Commission into Aboriginal Deaths in Custody (1991) set out in detail the consistent pattern of disadvantage still experienced by Aboriginal people in Australia. This situation was subsequently summed up by the Government itself:

> Dispossession and mistreatment resulted in social disintegration, economic marginalisation, unacceptable health standards, and lack of opportunity. Aboriginal and Torres Strait Islander people, across the range of social and economic indicators, still record substantially worse outcomes, face greater problems and enjoy fewer opportunities than the rest of the Australian population (Australia, Parliament 1992b).

Although some improvements in health status (Australian Institute of Health and Welfare 1992), school retention rates and employment have been achieved, further improvement is needed. The *Aboriginal and Torres Strait Islander Commission Act 1989*, which established the Commission together with a network of elected Regional Councils to advise it, formally recognises 'the past dispossession and dispersal of the Aboriginal and Torres Strait Islander people and their present disadvantaged position in Australian society'. The national focus is now on the process of reconciliation, the *Council for Aboriginal Reconciliation Act 1991* having been passed with the support of both major parties in the Australian Parliament.

At State level, the wrong of past child welfare measures has been acknowledged. Several States attempt to ensure that any Aboriginal children needing substitute care are placed whenever possible with Aboriginal families and, if available, by Aboriginal agencies. Other organisations receive State government funding to enable them to support people in their search for the families from whom they were separated by 'welfare' policies in earlier years.

The 1980s saw a growing consensus on governmental responsibility for financing community services for certain categories of need, most particularly child care and care of older people and of people with a disability. The Commonwealth Government's role in funding child care services was widely accepted, as part of the thrust towards equal opportunity for women, and as an economically rational approach to enable women to make a wider variety of economic contributions to the nation.

The high costs of providing residential care for older people and for people with a disability had been recognised for some time, as were the high personal costs in leaving all care to the families concerned, as well as the desire of most of the people affected to stay in their community as long as possible. Chiefly via the introduction of the Home and Community Care program and the Disability Services Act, from the mid-1980s Commonwealth government financial assistance was increased to community-based

organisations that provided home and community support for older people and a range of community-based services for people with a disability and their carers.

At State level, the abandonment of large institutions for children in need of care and for people with a disability continued to be seen as a desirable goal. Non-government organisations providing community-based support services were acknowledged to require commensurately more State government financial assistance. Organisations operating boarding houses for people with a disability required licences to operate, and were expected to meet certain standards including providing some linkages with community-based services (see, e.g. South Australian Health Commission 1988).

In tune with increasing fiscal restraint, government subsidies to community-managed organisations were increasingly scrutinised. Assistance was targeted more explicitly and government control was increased, to promote national standards in services delivered by non-government organisations, as well as government goals of efficiency, effectiveness and equity. Good outcomes for clients were seen as crucial measures of service effectiveness. Community organisations were increasingly under pressure to come into line with government policies, to be well managed and to be responsive to consumer needs. For some categories of service, for instance nursing homes and hostels and the Home and Community Care program, a series of user rights strategies including complaints mechanisms were established.

Just as non-government organisations receiving government subsidies were subjected to increasing scrutiny, so also were the governmental processes for allocating funds to them. Needs-based planning processes were introduced by both State and Commonwealth governments in an attempt to ensure that services were spread equitably among regions of Australia, and that specific programs were indeed accessible by the people for whom they were designed. At the same time as these usually program-specific and statistically based central planning processes were being refined, other area-based planning mechanisms were evolving in a number of regions of Australia.

Local governments, as well as non-government organisations, had been recipients of the growing funding for community-based services (Task Force of the Joint Officers' Committee 1987), although these developments varied considerably from State to State. At the same time local governments had become increasingly involved, not only in service provision but also in the planning of the array of services needed within their jurisdiction.

Welfare: the ongoing debate

'Welfare' is a term which demands and defies precise definition, and this historical overview does not venture to arrive at an immutable definition. Notions of welfare and the nation's welfare system are intrinsically linked to ideas of what constitutes a just society, how such a society may best be promoted, and by what combination of interventions—government, non-government bodies, families or other social institutions—this should be achieved. There are varying philosophies on the purpose and function of the welfare system in Australia.

Welfare in the broadest sense refers to the well-being of people, which can be affected by a wide range of social programs. Health, education, housing, income security, and community services are all designed to enhance individual or community well-being

and to provide more equal opportunities for full participation in the social and economic life of the Australian community. Economic policies affecting employment, transport and urban planning, and fiscal policies on taxation, interrelate critically with the welfare system, affecting outcomes for people's well-being.

Welfare also may be viewed as a residual set of programs, designed to prevent people falling into certain levels of poverty, ill health, isolation or inadequate housing, when the prevailing economic and social structures, including the family, fail them.

Thus, welfare is seen on the one hand as a means of promoting well-being and equality and of fulfilling rights to basic services, and on the other hand as a means of ameliorating the effects of specific dysfunctions or temporary problems. Both views are evident in the development of Australia's welfare system. Indeed, the Australian welfare system has been described as bridging the gap between 'ideal and practical liberalism' in providing means-tested social rights—something of a logical contradiction (Shaver 1991). The age pension, for instance, as Australia's oldest national income security provision, 'was given ideological status as a social right flowing from citizenship and labor service' and is financed from general taxation, but recipients are subjected to means and assets tests. Much of the Australian welfare system thus contains both a commitment to universalism in principle and a pragmatic acceptance of selectivity. The 1970s commitment to move towards a genuinely universal age pension was the last major attempt to diminish selectivity in the Australian system.

A permanent aspect of Australia's welfare system is the vigorous debate it engenders. Some analyses of the welfare system have pointed, for instance, to the fact that:

> Class and gender are primary sources of the social tension and conflict which welfare provisions mediate, and are correspondingly central to the claimant statuses which are constructed...indeed one reason welfare is interesting is that it represents both alleviation of oppression and a mode of social control in its own right (Shaver 1988:379, 394).

With the growth in the rate and duration of unemployment in the early 1990s, there is concern that welfare initiatives linked too closely to employment and to union negotiations may be regressive in effect, because they tend to neglect those outside mainstream employment including many women and the long-term unemployed. Social wage benefits are of significance in this context, providing more equitable access to services such as health, housing and community services.

Equity in all its manifestations is one of the major themes at the heart of many debates about welfare policy: is funding well directed and adequate? are services affordable in the light of other priorities? which services are most cost-effective in terms of quality and outcomes? are services spread equitably and accessed equitably? who benefits from and who pays for welfare services? what are the outcomes for users? whose needs are unmet?

The people or groups who need special assistance are a continuing focus of the welfare debate. In the early days of Australia, assistance was given to those with illness or disability, to older people, to 'destitute' women and children. The form of assistance frequently addressed their basic need for accommodation. These groups are still seen as meriting particular consideration and indeed aged care services, disability services, children's services and child welfare are individually specified in Australian Institute of Health and Welfare (AIHW) legislation for attention, as well as housing assistance.

Targeting these and other groups (including Aboriginal people, people of non-English-speaking background, young people and the growing number of unemployed) and measuring their needs has been a feature of the administration of the 1980s.

All three levels of government in Australia, together with the non-government sector, are involved in the provision and planning of welfare services and assistance. Providing better linkages among welfare services is seen as a way of providing more coherent services to users and of ensuring the most efficient use of resources. The States and Territories have an historical responsibility for the administration of most welfare services. The Commonwealth's role in funding and policy coordination has been a growing feature of Australian administration, since Federation in income security programs, and since the Second World War in service provision. Much of the debate about the administration of welfare services revolves around what the respective roles of all these spheres of administration should be, how to avoid duplication, and how and when to coordinate them.

Another major area of debate therefore concerns welfare administration and the roles and interrelationships of the different sectors delivering welfare services: which services are best delivered by State, Commonwealth or local governments or by non-government organisations and why? what should be their respective roles in service planning and delivery? how can a balance be struck in these roles to ensure both national standards and local flexibility? how do non-government organisations balance accountability to funders and to consumers? how can formal and informal services best complement each other?

1.2 Structure of Australia's welfare services system

Welfare services are delivered or funded by government organisations, at Commonwealth, State or local government level and by non-government organisations either for-profit or not-for-profit. Informal networks, although not part of the formal delivery system, shape and complement it, and should not be ignored in descriptions of the welfare service system.

This section provides a broad description of the roles and interrelationships of these different sectors.

Roles of governments: Australia's federal system

At the time of Federation in 1901, the Australian Constitution gave the Commonwealth powers in the area of welfare only for invalid and age pensions. The reality today is very different. The Commonwealth is involved in activities not foreseen at the time of Federation, such as aviation, and in those initially retained as State government functions, including education, health, housing and community services.

This expansion into State responsibilities has come about by various means: by judicial interpretation (usually decisions by the High Court on constitutional questions); by referendum to enable amendment to the Constitution; by unchallenged legislation, where there is effectively agreement to ignore the fact that the Commonwealth may be exceeding its powers, or there is agreement that the Commonwealth should play a greater role in areas left open to either level of government by the Constitution; by the

increasing economic and financial power of the national government; and, most recently, by the use of the external affairs powers, for instance to assert Commonwealth policy on environmental matters (Jaensch 1992:70).

Government financial arrangements

All levels of government raise revenue via taxes, fees and charges to provide public services. The Commonwealth, chiefly because of its income taxing powers, collects approximately 70 per cent of public sector revenues, while being responsible for less than 50 per cent of expenditure (Australia, Parliament 1992a). The States, in contrast, have administrative responsibilities exceeding their existing revenue-raising measures. This apparent imbalance is addressed by the provision of financial assistance by the Commonwealth to the other two levels of government.

Table 1.1 illustrates the relative size and financial interdependence of the three spheres of government in Australia. Government outlays in Australia totalled just over $160 billion in 1991–92. Of this total, $109 billion were Commonwealth outlays, including $29 billion in transfers from Commonwealth to State and local governments to augment their spending capabilities. State and local government outlays totalled $80 billion.

Table 1.1: *Government outlays by levels of government, 1991–92*

Outlays (current and capital) by:	**Total ($m)**
State/Territory governments	73,800
Local governments	8,257
Transfers between State and local government	1,735
Total State and local governments	*80,321*
Commonwealth government	109,403
Transfers between Commonwealth and State/local governments	29,119
Total: Commonwealth, State and local governments	**160,606**

Note: Numbers may not add exactly due to rounding.

Source: ABS 1993.

The Commonwealth provides general and specific purpose assistance to the other spheres of government. In 1991–92 Commonwealth assistance to other spheres of government comprised chiefly:

- $13.7 billion general revenue assistance to the States and Territories to use according to their own budgetary priorities, for instance to fulfil their responsibilities in the areas of health and education;
- $9.8 billion in specific purpose payments to the States for expenditure designated by or negotiated with the Commonwealth, for instance under the Commonwealth State Housing Agreement; and
- $5.5 billion in specific purpose payments through the States to other bodies including local government, universities and non-government schools (Australia, Parliament 1992a).

General revenue assistance is divided among the States and Territories on the basis of advice from the Commonwealth Grants Commission, with the aim of giving the States the capacity to provide services of comparable quality with comparable tax burdens.

It is not possible at this stage to include expenditure by and funding of the non-government sector within this framework. The Australian Bureau of Statistics (ABS) compiled the data in Table 1.1 from detailed information from eight State and Territory governments and from the Commonwealth. To repeat the exercise for thousands of non-government organisations would require a more interactive framework of accounting and information exchange than now exists, in order to avoid the double counting which otherwise arises from simply aggregating the accounting data from the non-government sector without reference to funding by other sectors.

Governmental responsibilities for welfare services

Income security programs, employment programs and veterans affairs are largely the responsibility of the Commonwealth Government. Access to most Commonwealth income security programs is restricted by income, assets or eligibility category relating to personal circumstances (for instance age, unemployment, disability, single parenthood). The benefits are financed from general revenue and are flat rate rather than earnings related. State-based compensation schemes for work and road injury are more in the nature of social insurance schemes, since they provide benefits related in some way to earnings and are compulsory and universal in their application, even though often administered by private insurers.

Health, housing, education and community services (including child welfare services) are State responsibilities. Nevertheless, the Commonwealth has a role in all these areas. For instance, in health, direct expenditure by the Commonwealth actually exceeds that of the States because of its responsibility for health insurance (Medicare) and the Pharmaceutical Benefits Scheme. With its more significant tax base, the Commonwealth is a major source of finance for all these State-administered programs and has, in the last two decades, taken an increasing interest in both resource allocation and in national standard-setting. For many services, the Commonwealth defines broad service categories and standards in consultation with the States and the non-government sector, and ensures as far as it can an equitable distribution of resources among the States and Territories, which in turn carry out a similar role within their own jurisdictions.

The balancing of Commonwealth and State roles has always been a matter for negotiation and development. Neither past practice nor the Constitution necessarily provides constraints on negotiating different ways of dividing responsibilities. Disability support services, for instance, were for some years funded by State and Commonwealth governments. During the 1980s the Commonwealth took on a stronger role in national policy making for, and funding of, new services. Recently the Commonwealth State Disability Agreement has reallocated responsibility for services along functional lines, with the Commonwealth retaining responsibility for employment-related services and the States resuming responsibility for accommodation and support services.

Planning of community services often involves a mix of central standard-setting and statistically oriented planning on the one hand, and more locally based assessments of

needs on the other. There is often debate as to the success of balancing the complementary parts of the planning process, in terms of resource allocation, service definition and of intersectoral linkage. The inflexibility of service models defined by central governments has been thought to be detrimental, for example, to the provision of services suitable for the rural and remote areas of Australia. Multipurpose rather than specific purpose services have been proposed for some time, to provide a better way of meeting the needs of less-populous communities. The problems of rural communities were specifically recognised at the time of the 1992–93 Commonwealth Budget, with initiatives designed to attract doctors to rural and remote areas, and the announcement of funding for multipurpose centres.

Local governments in Australia are defined and empowered by State legislation. They vary considerably in geographical size, population, income, and range of responsibilities. Their chief sources of revenue are taxes (including property rates), fees and fines (Australian Bureau of Statistics 1993). Ratepayers have generally ensured that the scale of local government operations is small and usually confined to 'roads, rates and rubbish'.

However, local government has been affected by the same changes which have influenced non-government organisations over the last two decades (as outlined in Section 1.1). With the growth in smaller, locally based services in the 1970s, local government became a natural vehicle for the provision of services associated with the new or enlarged specific purpose payments from the Commonwealth—services such as accommodation for older people and people with a disability, child care including family day care, home nursing and home care, and homeless persons' assistance. A growing commitment to welfare-related services by local governments has been indicated by increased expenditure on such services and increased employment of related professionals (Task Force of the Joint Officers' Committee 1987). The extent to which local government has developed in this way has varied considerably from State to State. It has also been argued that local government could act as the focus for needed improvements in service linkages and local-area integration, thereby providing more coherent service options for consumers (Australian Local Government Association 1990).

In the last decade, local government has experienced many of the same changes experienced by other levels of government: the pressure to exercise fiscal restraint and to consider the advantages or otherwise of extending services on a user pays basis; and the trend towards the introduction of management reform including, in some jurisdictions, the contracting-out of some undertakings.

Some regional organisations of councils, formed in the 1970s under the impetus of Commonwealth initiatives, have survived and grown on a voluntary basis. Some have taken on responsibilities for planning and developing welfare services on a regional basis, and for negotiation with State governments. This area-based planning has a capability to plan a combination of services and programs suitable for a region—a capability sometimes missing from the more centralised, program-specific planning processes which, until recently, have been concentrated mainly on interstate and inter-regional equity.

Non-government organisations

Non-government organisations in Australia deliver a diverse range of welfare services: services providing support to families and children, youth, older people, people with a disability, Aboriginal people, refugees and homeless people; services such as information and advice, family support and counselling, accommodation support and long-term housing, employment support, emergency relief. The services may be based on religious organisations or may be secular; they may focus on a local community or a single target group; they may provide a single service type or a range of programs; they range in size from small, mainly voluntary groups to large multimillion dollar enterprises. Relations with government vary from field to field and from State to State (Clarke 1993). Many of these community services are available to all in certain eligibility categories, sometimes with a sliding fee scale, depending on income.

Systematic information on a national basis about the activities of these non-government organisations is as yet sparse, and even the total number of such organisations in Australia is uncertain. Different authors in the field, using different definitions and approaches, have arrived at varying estimates. The Social Welfare Research Centre (now Social Policy Research Centre) estimated that there were between 26,000 and 49,000 non-government welfare organisations, based on a sample survey and a specially developed classification system (Milligan, Hardwick & Graycar 1984). Lyons (1993), using ABS data on organisations employing people, estimated that there were 6,200 'welfare and religious' organisations, classified according to the Australian Standard Industry Classification.

Nevertheless, the Social Welfare Research Centre study provided some indications of the size, activity and independence of the community sector, and of the large contribution of voluntary workers (although the response rate to the survey of 31 per cent needs to be borne in mind). Milligan, Hardwick & Graycar (1984) concluded that the large number of active organisations gave

> some credence to the frequent assertion that non-government action is highly regarded, able to provide support, able to pioneer new services, and above all able to provide a degree of flexibility which is not always apparent in government.

Characteristics of organisations responding to the survey included:

- The major activities of the organisations were 'family and personal well-being and development' (33.6 per cent), 'community organisation, action and development' (20.1 per cent) and 'physical and mental health' (19.4 per cent), with many organisations having more than one function.
- Almost half of the organisations responding were formed between 1970 and the time of the survey (1981), almost 69 per cent overall having been founded by individuals or small groups of people. The newer organisations tended to rely more heavily on government funding than the older ones did.
- Budgets of many organisations were small (35 per cent with an income of less than $5,000 per annum and 61 per cent with an income of less than $50,000 in 1980), with the older organisations tending to have larger incomes. The older organisations were more likely to be involved in income support and accommodation, with the newer ones in community action, social development, personal care, health, information and protection.

- On average, the organisations responding to the survey relied on government for 37 per cent of their funding, and on fundraising and donations for a further 25 per cent; membership fees contributed 12.3 per cent and fees for service 10.1 per cent. Almost 40 per cent of these non-government welfare organisations received no government funding, and about 22 per cent depended on government for more than 75 per cent of their income.
- There were volunteers working in 86.3 per cent of the organisations for an average of four hours per week; the estimate of 1.5 million volunteers translated into the equivalent of 160,000 full-time jobs; the sex ratio of female to male volunteers was about 3:1, a similar ratio to that for paid staff (Yates & Graycar 1983; Milligan, Hardwick & Graycar 1984).

A recent 'welfare industry study' carried out by Community Services Victoria (CSV 1992) was limited to organisations funded by that Department, but was interesting for the context in which it placed this portion of that State's non-government sector.[4] Findings included:

- Spending by all organisations providing community services in Victoria totalled $1,136 million in 1989–90, compared with a total expenditure of $4,648 million in Commonwealth pensions, benefits and allowances in Victoria in the same year.
- Half of the expenditure on community services in 1989–90 in Victoria was undertaken by non-government organisations, with the remainder equally divided between local government and CSV.
- The non-government organisations studied relied on government grants for some two-thirds of their income.
- Volunteer input was worth an estimated $140 million to the organisations involved.

The CSV study also confirmed the rapid growth in numbers of non-government organisations since 1970. This growth does not necessarily reflect a greater relative reliance by government on these organisations over that decade; in analysing government finance data for the decade from the mid-1970s to the mid-1980s, Lyons (1990) found that although government grants to non-government organisations involved in welfare services represented 22.5 per cent of total government expenditure on welfare services in 1976–77, the proportion had risen only to 25.2 per cent in 1986–87.

Section 1.1 has outlined how, following the growth in the number of non-government organisations involved in welfare service delivery, the 1980s saw increasing pressure to conform to national or State standards, to be accountable both to funders and to consumers, and to be well managed. Responses to these pressures have included:

- the formation or strengthening of peak national organisations representing service providers and consumers, to participate with governments in the setting of adequate and feasible standards, and to help organisations with management improvements; and
- the growth in size of some organisations and the amalgamation of some smaller ones.

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4. Victoria is not necessarily typical of other States; the community services sector and local government within it are perceived as more active in Victoria than in most other States.

The increased scrutiny to which these organisations are subjected is of course complemented by accompanying changes in the way in which government operates—with more emphasis on the planning, funding and monitoring role of government as well as on a direct service delivery role.

At the same time, non-government organisations are facing new challenges from other sources: the changing roles and expectations of women mean that employment conditions in these organisations are of increasing interest to the trade union movement at the same time as their large voluntary workforce appears likely to change (Lyons 1990).

The importance of volunteers in the provision of non-government welfare services is shown by the studies cited above. Until recently, however, their contribution has been taken for granted and there has been a resultant lack of clarity in their situation. On the one hand, an adequate supply of voluntary workers is frequently assumed in service planning. On the other hand, clear roles for volunteers are often not spelled out, nor are there plans to subsidise the training believed necessary to maintain service standards. There are now calls for the development of government policies on volunteers, including ensuring certain basic industrial rights are maintained (see, for example, Baldock 1992). Volunteers have traditionally been women. Since women have, by and large, chosen to move into the paid workforce rather than seek other forms of recognition for unpaid work (and have been largely encouraged by government policies to do so), a permanent supply of women volunteers can no longer be assumed. Early retirees and the growing number of unemployed people may fill the gap left by these women. The need to ensure that these new sources of volunteers are most effectively referred to suitable activities was recognised in late 1992 with the announcement of Commonwealth funding for volunteer referral centres.

Another development reshaping the non-government sector is the probable increase in for-profit organisations providing community services. There are several factors at work. There is a growing demand for community services, related to social and demographic changes such as the ageing of the population and the greater labourforce participation of women with children. The emphasis on de-institutionalisation is also increasing this demand, and forcing for-profit organisations such as boarding houses for people with a disability to move more towards a community service model, for instance by linking to other support services.

Governments also are fostering the growth of the for-profit sector in community services provision by providing funding to consumers, such as fee relief for child care. The for-profit sector has long had a major share in the provision of aged care services and has recently become entitled to Commonwealth funding in the provision of hostels also. Brokerage-style arrangements help consumers to purchase some aged care services from the for-profit sector and have recently been introduced on an experimental basis into the disability services field.

Questions arise about how to retain the best features of the profit and not-for-profit services: how much will for-profit organisations deliver desired social programs to desired standards and for desired fees? how efficiently will not-for-profit organisations be managed? how much choice do they offer the consumer?

This apparent increase in the role of for-profit organisations creates an apparent need to distinguish them from not-for-profit organisations which have evolved from the charitable and self-help organisations of former years. However, this distinction may become increasingly complex, because of the pressures on the not-for-profit organisations to operate on more of a market model, offering choice and efficiency, and on the for-profit organisations to be increasingly involved in the delivery of social programs.

The informal sector

The equivalents of many welfare services (such as emergency relief, or care for children or for people who are ageing or have disabilities) are provided informally by networks of family members, friends and neighbours. Although these informal networks are not part of the formal welfare system, consideration of welfare services and assistance is incomplete without discussion of them, as they have shaped and continue to complement the more formal services. This complementarity is recognised by governments which provide supports of various kinds (income support and respite care, for example) to certain categories of carers of older people or of people with a disability.

A study of informal support was conducted in 1982 and 1983 by the Australian Institute of Family Studies in three different statistical districts—Geelong in Victoria, Ashfield in Sydney and Jabiru in the Northern Territory. Some of the major findings were summed up by d'Abbs (1991:13) as follows:

> In general, the support available through kin, friends and neighbours serves to meet needs that are relatively undemanding, readily reciprocated, and that are not intrusive for the recipient. Support that does not meet these criteria, notably personal care, is rarely provided informally, except by spouses and immediate kin. Personal care, in particular, is usually provided by spouses or female kin.

The interdependence of the formal and informal sectors is described thus:

> A society in which people care about each other, and act accordingly, is a more civilised society than one in which the pursuit of self-interest is all important. For that reason alone, informal support should be encouraged...However, in the main, the informal sector should be seen as complementary to, rather than a substitute for, the formal service sector. The informal sector is not a vast, untapped reservoir of goodwill, but a busy, often over-burdened area of social life in which responsibilities are often met inequitably. There are things it does as well as, or better than, the formal sector, but it cannot provide an alternative to the formal sector in meeting the great social challenges generated by contemporary patterns of dependency, especially in care for the aged. No amount of caring about each other will remove the need, based on social, demographic and economic characteristics of modern societies, for a strong statutory social service sector.

A more recent picture of carers in Australia was provided by a national survey of disability and ageing, conducted by the Australian Bureau of Statistics in 1988. The survey provided data on an estimated 322,600 people who were the most important co-resident providers of help to an estimated 337,800 people with severe handicaps (ABS 1990). Of these 'main carers', 64 per cent overall were female, and the percentage was even higher for main carers of children or parents with handicaps. Almost half of the female carers were caring for their spouse, 31 per cent were caring for a child and 14 per cent for a parent. In contrast, 83 per cent of male carers were caring for a spouse and

few were identified as the main carer of a child or parent. Carers provided a wide range of assistance including housework, personal care and meal preparation; as a general rule 'female carers were more likely to have been helping with self-care tasks and verbal communication, while male carers were more likely to have been helping with mobility and transport requirements' (ABS 1990). Of the carers in the survey, 45 per cent usually received help with their caring tasks, most often from another family member.

Just as the unpaid caring work, which has traditionally complemented the more formal welfare services, has been chiefly carried out by women, so the changing role and status of women in Australian society correlates with change in the welfare service system. As women in Australia make a more visible economic contribution in paid work, the previously unquantified economic and social contribution of unpaid work to the nation's well-being is being taken into account in national social policies and programs. At the same time, women are urging not just the economic recognition of their unpaid work, nor just the provision of community services to give them a wider range of choices, but also the valuing of such unpaid work by supporting its continuation and its more even sharing among different family members (see, e.g. HRSCLCA 1992).

The International Labour Organisation Convention on workers with family responsibilities (ILO 1981), for instance, is a recognition of both the personal and societal value placed on fulfilling family responsibilities. The Convention refers to the need to create equal employment opportunities for those with family responsibilities (Article 3) and to develop or promote community services that take into account the needs of such workers (Article 5).

Government policies, including employment policies, which enable informal caring to continue and which support carers, are thus important components of national welfare policy.

1.3 Scope of the report

The discussion in this chapter has ranged broadly over notions of welfare and well-being, and over a wide variety of welfare services and assistance. These services have evolved in interaction with changing social structures, social policies and social conditions, for instance within the family, within the labour market and within the state. This discussion provides a broad context for the more specific material included in this first biennial report.

The social services system has been described as including the 'big six' social service areas—health, employment, education, income security, housing and community services (Jones 1990). These systems include Commonwealth, State, Territory and local government programs that provide services and assistance directly, services and assistance delivered by non-government organisations funded by government, and relevant services and assistance not funded by government but provided by non-government organisations, whether for profit or not.

This report does not deal directly with health, income security, education, or employment, but rather focuses on those welfare services to which the Institute's legislation is directed, namely housing and community services, in particular children's services, aged care and disability services. Nevertheless, some data from the wider range of welfare-related programs are drawn on throughout the report.

Although this report focuses mainly on housing and community services, the data presented are augmented as necessary by a broader range of social and service data in order to maintain an overall perspective on Australia's welfare services and assistance.

References

Australia, Parliament 1992a, *Commonwealth Financial Relations with other Levels of Government 1992–93*, Budget Paper No. 4, Canberra.

Australia, Parliament 1992b, *Social Justice for Indigenous Australians 1992–93*, Budget Paper No. 7, Canberra.

Australian Bureau of Statistics (ABS) 1990, *Carers of the Handicapped at Home, Australia 1988*, Cat. No. 4122.0, ABS, Canberra.

Australian Bureau of Statistics (ABS) 1991a, *Census 1986: The Aboriginal and Torres Strait Islander People*, Cat. No. 2503.0, ABS, Canberra.

Australian Bureau of Statistics (ABS) 1991b, *Census of Population and Housing, Basic Community Profile*, Cat. No. 2722.0, ABS, Canberra.

Australian Bureau of Statistics (ABS) 1993, *Government Financial Statistics, Australia*, Cat. No. 5512.0, ABS, Canberra.

Australian Institute of Health and Welfare 1992, *Australia's Health 1992*, AGPS, Canberra.

Australian Local Government Association 1990, *Better Services for Local Communities*, Report of the Australian Local Government Association on the Rationalisation of Administrative Functions, ALGA, Canberra.

Baldock CV & Cass B 1983, *Women, Social Welfare and the State*, Allen & Unwin, Sydney.

Baldock CV 1992, 'Volunteers a challenge to governments', *AM News* 2 (2), 8, 10–12.

Bureau of Immigration Research 1990, *Immigration Update: September 1990*, AGPS, Canberra.

Bureau of Immigration Research 1991, *Australian Immigration Consolidated Statistics*, No. 16 1989–90, AGPS, Canberra.

Cass B 1988a, 'Redistribution to children and to mothers: a history of child endowment and family allowances', *in* Baldock & Cass 1983.

Cass B 1988b, *Income Support for the Unemployed in Australia: Towards a More Active System*, Social Security Review Issues Paper No. 4, AGPS, Canberra.

Cass B 1989, 'Defending and reforming the welfare state: some ideas for the next decade', *in* Orchard L & Dare R 1989, *Markets, Morals and Public Policy*, Federation Press, Sydney.

Cass B 1990, 'Reforming family income support; labour markets: pursuing social justice in Australia in the 1980s', *in* Manning N & Ungerson C 1990, *Social Policy Review*, Longman, London.

Cass B & Freeland J 1993 (forthcoming), 'Social security and full employment in Australia: the rise and fall of the Keynesian welfare state; the search for a post Keynesian settlement', *in* Hills J, Diytch J & Glennerster H (eds), *Beveridge and Social Security, 50 Years On*, Oxford University Press, Oxford.

Cass B & Whiteford P 1989, 'Social security policies', *in* Head B & Patience A 1989, *From Hawke to Fraser,* Longman Cheshire, Melbourne.

Cass B, Gibson F & Tito F 1988, *Towards Enabling Policies: Income Support for People with Disabilities,* Social Security Review Issues Paper 5, AGPS, Canberra.

Clarke J 1993, 'Solidarity and difference—large community-managed, human service organisations in Australia', *in Power, Politics and Performance—Community Management in the 90s, Conference papers,* Book 1, University of Technology, Sydney.

Commission of Inquiry into Poverty 1975, *Poverty in Australia,* First Main Report (Prof. RF Henderson, Chairman), AGPS, Canberra.

Commonwealth of Australia 1988, *Towards a Fairer Australia, Social Justice Under Labor,* AGPS, Canberra.

Community Services Victoria (CSV) 1992, *Welfare as an Industry: A Study of Community Services in Victoria,* Community Services Victoria, Melbourne.

D'Abbs P 1991, *Who helps? Support Networks and Social Policy in Australia,* (Monograph No. 12), Australian Institute of Family Studies, Melbourne.

Dickey B 1987, *No Charity There—A Short History of Social Welfare in Australia,* Allen & Unwin, Sydney.

Economic Planning Advisory Council (EPAC) 1987, *Aspects of the Social Wage: A Review of Social Expenditures and Redistribution,* Council Paper No. 27, EPAC, Canberra.

Edwards C & Read P (eds) 1989, *The Lost Children,* Doubleday, Sydney.

Graycar A (ed.)1983, *Retreat from the Welfare State—Australian Social Policy in the 1980s,* Allen & Unwin, Sydney.

House of Representatives Standing Committee on Legal and Constitutional Affairs (HRSCLCA) 1992, *Half Way to Equal,* Report of the Inquiry into Equal Opportunity and Equal Status for Women Australia, AGPS, Canberra.

International Labour Organisation (ILO) 1981, Convention 156: Convention concerning equal opportunities and equal treatment for men and women workers: workers with family responsibilities, *in International Labour Conference,* (?)

Jaensch D 1992, *The Politics of Australia,* Macmillan, Melbourne.

Jones MA 1990, *The Australian Welfare State—Origins, Controls and Choices,* Allen & Unwin, Sydney.

Kendall C, Edwards C & Williams L 1990, 'Crossing all boundaries', *in Working Together in the 1990s, Fourth Australian Conference on Adoption,* Adoptive Parents Association Inc., Canberra.

Kewley TH 1973, *Social Security in Australia 1900–72,* Sydney University Press, Sydney.

Lyons M 1990, *Government and the Nonprofit Sector in Australia: An Overview,* CACOM Working Paper No. 1, University of Technology, Sydney.

Lyons M 1993, 'Data on Australia's third sector: an impossible quest?' *in Power, Politics and Performance—Community Management in the 90s, Conference papers*, Book 1, University of Technology, Sydney.

Macintyre S 1985, *Winners and Losers*, Allen & Unwin, New Zealand.

Mendelsohn R 1979, *The Condition of the People, Social Welfare in Australia 1900–1975*, Allen & Unwin, Sydney.

Milligan V, Hardwick J & Graycar A 1984, *Non-Government Welfare Organisations in Australia: A National Classification*, SWRC Reports and Proceedings No. 51, Social Welfare Research Centre, University of New South Wales, Sydney.

Roe J 1976, *Social Policy in Australia Some Perspectives 1901–1974*, Cassell, Sydney.

Roe J 1983, 'The end is where we start from: women and welfare since 1901', *in* Baldock and Cass 1983.

Rowley CD 1972, *The Destruction of Aboriginal Society*, Penguin, Melbourne.

Royal Commission into Aboriginal Deaths in Custody 1991, *National Report, Commonwealth, New South Wales, Victoria, Queensland, Western Australia, South Australia, Tasmania and Northern Territory*, Volumes 1 to 5, AGPS, Canberra.

Saunders P & Whiteford P 1987, *Ending Child Poverty: An Assessment of the Government's Family Package*, Social Welfare Research Centre, University of New South Wales, Sydney.

Sax S 1984, *A Strife of Interests*, Allen & Unwin, Hong Kong.

Shaver S 1988, 'Class and gender in Australian income security', *in Australian and New Zealand Journal of Sociology*, 24(3), 377–97.

Shaver S 1989, 'Sex and money in the fiscal crisis', in Kennedy R (ed.) 1989, *Australian Welfare, Historical Sociology*, Macmillan, Melbourne.

Shaver S 1991, 'Considerations of mere logic: the Australian age pension and the politics of means testing', *in* Myles J & Quadango J 1991, *States, Labour Markets, and the Future of Old-Age Policy*, Temple University Press, Philadelphia.

South Australian Health Commission 1988, *Psychiatrically and Intellectually Disabled Residents in Boarding Houses*, Report for Human Services Committee of Cabinet, South Australian Health Commission, Adelaide.

Task Force of the Joint Officers' Committee 1987, *Developments in Local Government—2. Community Development, Human Services and Local Government, Report to the Local Government Ministers' Conference 1986*, AGPS, Canberra.

Tipping J 1992, *Back on their feet—A History of the Commonwealth Rehabilitation Service 1941–1991*, AGPS, Netley (SA).

Van Krieken R 1991, *Children and the State: Social Control and the Formation of Australian Child Welfare*, Allen and Unwin, Sydney.

Waters WJ 1976, 'Australian Labor's full employment objective 1942–45', *in* Roe 1976.

Watts R 1982, 'The origins of the Australian welfare state', *in* Kennedy R (ed.) *Australian Welfare History—Critical Essays*, Macmillan, Melbourne.

Yates I & Graycar A 1983, 'Non-government welfare: issues and perspectives', *in* Graycar A (ed.) 1983, *Retreat from the Welfare State—Australian Social Policy in the 1980s*, Allen & Unwin, Sydney.

2 Welfare services statistics in Australia

2.1 The field of welfare statistics

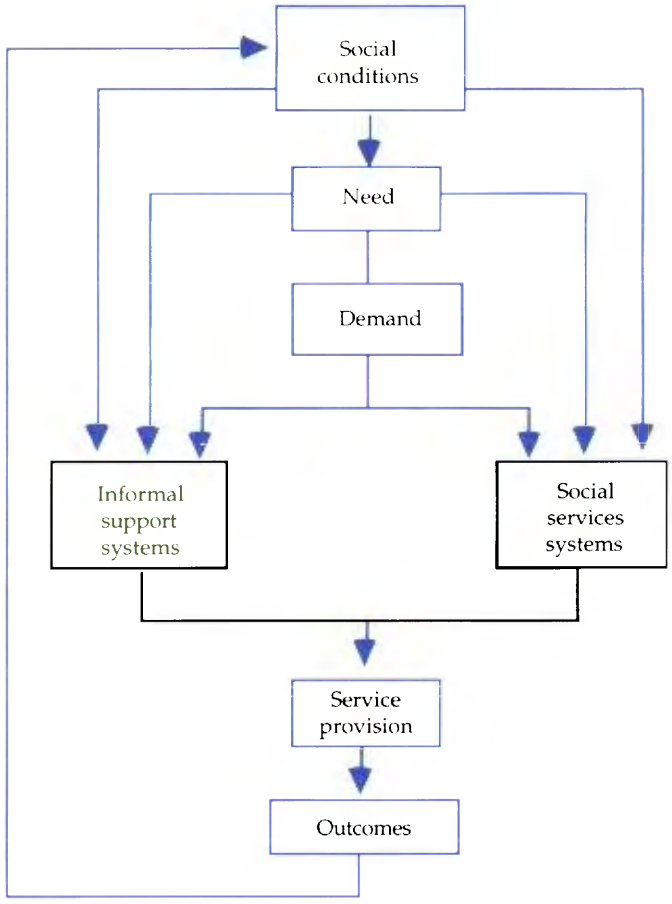
The previous chapter outlined the changes that have occurred in the way welfare services have been provided in Australia and in the way the notion of welfare has been perceived.

The collection and collation of statistics on welfare are complicated by the many ways the term 'welfare' is used, the consequent difficulty in determining its boundaries, and the complex arrangements involving governments and non-government organisations in the delivery of welfare services.

Despite such complexities, a system of welfare statistics should provide information on:

- the *social conditions of the population*, particularly the various subgroups of the population;
- the *provision of welfare services*, including formal services provided by government and non-government organisations and informal services provided by family, friends, and other individuals; and
- the *outcomes of service interventions*, including results of the intervention of welfare policies and programs and changes in the social conditions of the population and its subgroups.

The interrelationships between social conditions, service provision and outcomes are illustrated in Figure 2.1 below. The framework is not intended to be closed; every element in it can be affected by external influences such as general economic policies, environmental factors, and international events.



Source: Adapted from Vaughan (1992).

Figure 2.1: ***A framework for welfare services and assistance statistics***

Social conditions

Statistics on the social conditions of the population include items relating to level and distribution of income, health status, level of disability, housing circumstances, and education and employment conditions. Such statistics are used to:

- provide status reports for the total population and its various groups;
- identify subgroups of the population in need of assistance and services (including locationally disadvantaged groups); and
- assist in the development of social policies and programs.

Debates on social justice, equity and access issues often depend on the adequacy of such information.

Provision of welfare services

Statistics in this category cover the provision of welfare services and assistance by both the formal sector (governments and welfare agencies) and the informal sector (relatives, friends and others). (It is important when using or interpreting such statistics to take into account the roles of governments in regulating and setting standards for service providers.)

Statistics on formal service provision relate to the key questions of who provides the service, what and how much service is provided, how the service is provided, and who is using the service. More specifically, data items can cover:

- type of service or assistance provided;
- resources employed (human, capital, financial);
- the service environment (geographic location, organisational setting, government regulation and standards);
- the process of service delivery (methods, outlets, accessibility);
- client information (eligibility criteria, characteristics of clients);
- outputs (number of instances of services provided, number of clients served).

These are sometimes referred to as statistics on the supply of welfare services and assistance (Giles 1992:80–81). Formal services and assistance can, of course, be provided in a variety of forms, from income support to provision of nursing home beds. Most of the available statistics originate from the service providers and are essentially by-products of administration systems.

Statistics on the provision of services and assistance by the informal sector are difficult to obtain; a limited amount of data are available from household surveys.

The link between underlying demand for assistance and services, as identified by statistics on the social conditions of the population, and the supply of assistance and services, is neither simple nor direct. Social conditions may give rise to needs for assistance and services if there is a recognition, either by the affected individuals or groups, or by society, that such conditions need enhancing. Needs are translated to demands often through effective advocacy, and demands give rise to new services and assistance via policy formulation and program development by service providers such as governments or community agencies. Service providers (particularly governments) also conduct their own assessments of social conditions and needs to formulate programs to effect social changes and assist people in need without waiting for such

needs to be translated into articulated demands (Vaughan 1993:6–7). The interpretation of needs (and the consequential translation into demands) by advocates may not necessarily equate to an assessment by service providers of the needs of the population, and vice versa.

Outcomes of service provision

This group of welfare statistics concerns the impact of services on client groups, both in terms of access to the service and any resulting changes in the social conditions of these groups. Statistics that relate the number of users of a service to the number of persons in the population in need of that service give a measure of access to the service; statistics showing changes over time in the social conditions of the client population of a particular service may or may not give a measure of the outcome or the impact of the service. To be valid, such data must establish, as directly as possible, a link between the service provided and the observed changes. Alternatively, outcome measures should be developed that can specifically indicate the effectiveness or otherwise of a welfare program or service. Causal relationships are often difficult to establish, as changes in the well-being of client groups are often influenced by general changes in social and economic conditions as well as the direct impact of one or more welfare programs or services.

2.2 The social indicators movement

While governments have collected some statistics on the social conditions of the people since European settlement in Australia (for example, those published in the Statistical Registers of the Colonial and later State governments, and those collected through the regular population censuses), it was not until the late 1960s that the need for and the adequacy of social statistics were debated seriously. The search for good social statistics reflected the recognition that economic development was not always matched by corresponding social development, even during periods of prosperity. In particular, the distribution of benefits from a rise in economic prosperity had often not been shared among all population subgroups, giving rise to issues of social justice and equity. There was also a departure from the previous general acceptance that economic indicators, such as the gross national product, moved in the same direction as social change and therefore provided adequate indications of changes in the general welfare of the people (Owen 1976:25).

The concern in the late 1960s and throughout the 1970s over how the social conditions of the people can be measured and monitored over time was shared by governments and academics in many Western countries. The United States of America published a report on health and welfare in 1969 (US Department of Health, Education & Welfare), which was followed by a social indicators publication released by the US Department of Commerce (1973). Canada also released a social report, *Perspectives Canada*, in 1969 (Statistics Canada, 1969). The United Kingdom released its first edition of *Social Trends* in 1970. In Australia, the Australian Bureau of Statistics (ABS) released its first edition of *Social Indicators* in 1976. An academic journal, *Social Indicators Research*, was launched in 1974 and became a focus of the social indicators debate.

The Organization for Economic Co-operation and Development (OECD) gave an impetus to the movement towards better social indicators when it established the Social

Indicators Development Program in 1970 (Giles 1992). The Program's publications included a list of social concerns in 1973 (OECD 1973), a report on measuring social well-being (OECD 1976), and a list of social indicators (OECD 1982). The OECD lists of social concerns and indicators covered nine goal areas: health, development through learning, working life, leisure, economic situation, physical environment, social environment, personal safety and justice, and social participation. The development of the ABS publication, *Social Indicators*, followed that of the OECD program and now contains analyses of available data in most of the goal areas (ABS 1980, 1984, 1992).

The social indicators movement of the 1970s, as it was often called, provided a focus for the development of social statistics, but progress was slow because many countries found it difficult to collect the data required for constructing the indicators. Difficulties were also encountered in reaching agreements on the indicators and the timeliness of the indicators so agreed and constructed. The social indicators adopted by the OECD measured the general level of well-being but were not able to identify and measure population subgroups that required services. These indicators were insufficiently specific, both in terms of population subgroups and small area data requirements, to assist directly in policy formulation, program evaluation and resource allocation (Gilbert et al. 1981; ABS 1992:xi; Giles 1992:8–9; McEwin & Povath 1993).

The winding down of the OECD social indicators work does not indicate that interest in social statistics at the OECD has waned. More recently, the OECD has been developing a social expenditure database that contains national expenditure data on social security and welfare services for OECD member countries. The database has a broad classification of welfare service and assistance programs which attempts to incorporate the variety of programs in member countries.

Increasing academic interest in international comparative research on social conditions resulted in the development of an international database on income distribution and economic well-being—the Luxembourg Income Study (LIS) Database. The LIS Database started in 1983 at the Centre for Population, Poverty and Policy Studies in Luxembourg. The database contains comparable population income data on 18 countries, including Australia, and the data are accessible to approved research centres (ACSPRI 1990).

2.3 Government concerns on health and welfare research and statistics

In Australia, the need for quality national statistics to measure social changes and in particular to aid the development of social policies and to monitor and evaluate the performance of social programs has been recognised for many years. The lack of good national statistics has been of particular concern in relation to the monitoring of the output and outcomes of health and welfare programs.

In 1975, the Henderson Commission of Inquiry into Poverty called for social research based on better national welfare statistics (Commission of Inquiry into Poverty 1975:298–301). In 1976, the Parliamentary Task Force on Co-ordination in Welfare and Health again alluded to the need for suitable information to assist in the determination of policies and to enable the evaluation of programs, and noted the need for the

development of a uniform national basis for social statistics. It also noted that a body was needed which 'would be able to evolve a coherent plan for the production and dissemination of valuable statistics' (Task Force on Co-ordination in Welfare & Health 1977:60–61; 1978:88).

In the same year, the Family Services Committee of the Social Welfare Commission, in a report to the Minister for Social Security, recommended that priority be 'accorded to the activities of the Commonwealth–State working party on the collection of co-coordinated national welfare statistics' (Social Welfare Commission 1978:ix).

The closest examination by the Australian Parliament of the provision of social statistics was by the Senate Standing Committee on Social Welfare in 1979. Its report, *Through a Glass Darkly*, devoted a chapter to social welfare data, including the need for data, the difficulties in obtaining data already gathered by government agencies, the development of social indicators, costs and priorities. It concluded that much more needed to be done by the Commonwealth, States and Territories to improve the quality and quantity of social welfare data to describe the health and welfare status of the population and to assist in the development of policies and evaluation of programs. The Committee mentioned the following primary functions of a system of health and welfare statistics (Senate Standing Committee on Social Welfare 1979:81):

- to indicate the health and welfare status of a population;
- to point to needs for programs of health and welfare promotion and control;
- to make possible evaluation of the success and adequacy of such health and welfare measures as are instituted as a result of the determination of needs; and
- to serve basic health and welfare research requirements.

The Committee made a series of recommendations aimed at encouraging the Australian Bureau of Statistics and the Commonwealth, State and Territory governments to increase their efforts in the collection, dissemination and use of health and welfare statistics.

2.4 The Australian Bureau of Statistics: developments in social statistics

The Australian Bureau of Statistics (ABS) is the central statistical agency in Australia, and has an overall coordinating role for all statistical activities at the Commonwealth level. This coordination function is set out in Section 6 of the *Australian Bureau of Statistics Act 1975* and includes developing and ensuring compliance with general statistical standards. By agreement with the States and Territories, the ABS also services their statistical requirements.

Since the report, *Through a Glass Darkly*, there has been considerable development of social statistics at the ABS.

The five-yearly Census of Population and Housing has been maintained. Data from the Population Census on the social and housing conditions of the population provide basic information to assist in needs assessments, both in terms of various population

subgroups as well as in terms of location. Time series statistics from the Population Census also help to measure changes in social and housing conditions over time.

The ABS household surveys program, particularly in the employment, health and welfare fields, was strengthened. The large-scale quarterly population survey on the labourforce became monthly in February 1978. This survey comprises the Labour Force Survey and supplementary topics that vary from survey to survey. The increase in frequency has allowed more topics to be added as supplements to the labourforce survey.

In addition to the increased capacity in the monthly population survey program, a new regular survey program, the Special Supplementary Survey (SSS), was developed to cater for more lengthy and complex social topics requiring detailed questions and specialist survey interviewers. The first SSS survey was conducted in 1979, entitled 'Employment Benefits, Dental, Sight and Hearing, and Work Satisfaction'. Examples of social topics included in this new survey program are household expenditure, income distribution, families, health, disability and ageing, time use, and housing.

The introduction of the monthly population survey and the SSS survey program resulted in a very large increase in the ABS household survey capacity.

Another major initiative of the ABS in the 1980s was the regularisation of a number of surveys of high user priority. These surveys have regular timetables in the survey program and core sets of data items that allow assessment of trends. The Household Expenditure Survey, the National Health Survey, the Income Distribution Survey, the Disability, Ageing and Carers Survey and the Time Use Survey have this status. The ABS survey program also includes ad hoc surveys, such as the 1992 Crime Victim Survey, the 1992 Family Survey and the forthcoming 1994 Aboriginal and Torres Strait Islander Survey.

Some data from government administrative systems, published by ABS, can be important sources of social and welfare statistics. Examples include vital statistics (births and deaths, including causes of death), marriages and divorces, private hospitals, primary and secondary schools, and overseas arrivals and departures. Statistics on government expenditure on health, and social security and welfare are also routinely published by ABS. Recent efforts in the area of crime statistics have resulted in joint funding by the ABS and Commonwealth, State and Territory governments of a unit within ABS to develop nationally consistent data on crime statistics from police records and criminal offence statistics from court records.

At the same time that data collections in the social fields were being enhanced, the ABS strengthened its work in developing standards for social statistics. This included the development of concepts, definitions, classifications and methodologies for data collection and processing. The implementation of these standards should lead to better data relatability and comparability.

Dissemination of ABS social statistics has also been improved. In addition to the *Social Indicators* publication, social reports on Australia's housing and on certain population groups such as women, youth, migrants, children and the aged have been produced.

In 1990, the ABS conducted a review of ABS social and labour statistics, including welfare statistics (Australian Bureau of Statistics, 1990a, 1990b). This review provided a basis for setting future directions for the ABS in social statistics and will be important as

a basis for coordination of work with the expanded Australian Institute of Health and Welfare. The current directions of ABS welfare statistics are to:

- maintain an extensive program of censuses and household surveys collecting data relevant to the measurement of well-being;
- develop jointly with the Australian Institute of Health and Welfare, a framework for statistics on well-being and welfare services, including standard concepts, definitions and classifications;
- develop integrated databases to allow easy dissemination of comprehensive statistics on a particular topic or population group; and
- produce social reports on population groups as necessary, and an annual *Social Trends* publication.

These directions will guide ABS involvement in welfare statistics in the short to medium term.

2.5 Statistical developments in Commonwealth departments responsible for welfare and community services

Development of welfare statistics also gathered momentum during the 1980s in Commonwealth and State government departments responsible for welfare and community services. Statistics collected by these departments are of two main types: data on the administration of the programs, such as expenditure, number of client contacts and staffing levels; and data on the users of the services.

Data on the administration of programs have been routinely collected and made available. At Commonwealth level, the Department of Health, Housing, Local Government and Community Services (HHLGCS) has regularly collected and published expenditure data on its various community services programs. The Department of Social Security (DSS) has published extensive information on the payments of various forms of income support administered by that Department. DSS data also include information on the recipients of the income support payments. Similarly, the Department of Employment, Education and Training (DEET) has published regular data on universities and colleges of technical and further education and on DEET's employment and educational programs. Some of the data contain information on assistance to special needs population groups such as Australian Aboriginal and Torres Strait Islander peoples, persons with a disability, and migrants. Data on the registered unemployed and on assistance to them have been regularly available.

The Department of Immigration and Ethnic Affairs, the Department of Veterans' Affairs and the Aboriginal and Torres Strait Islander Commission also routinely collect data on the services they provide to their client populations, such as migration and settlement services, and special services to veterans and the Aboriginal and Torres Strait Islander peoples.

While data on the administration of welfare programs have been regularly available, data on characteristics of service users have been more patchy. This is particularly true

with data relating to programs funded by governments but delivered by non-government agencies. However, progress has been made since the early 1980s. Two factors in the 1980s that contributed to the development of data on user characteristics were:

- increased expectations that computer technology would enhance administrative data available for program managers; and
- the emergence of needs-based models of resource allocation which relate service provision to user needs (Gilbert et al. 1981).

These developments at both Commonwealth and State levels were assisted by the increased emphasis during the 1980s on service standards, program evaluation and outcome measures.

Since the early 1980s there have been considerable changes at Commonwealth level in the departments responsible for welfare and community services. Income support and community services were both the responsibility of the Department of Social Security until December 1984 when a separate Department of Community Services was established. In July 1987, this Department and the Health Department were amalgamated to form the Department of Community Services and Health, with added responsibility for welfare housing programs. In June 1991, housing industry functions were transferred to this Department, which was then renamed the Department of Health, Housing and Community Services. In March 1993 this Department assumed responsibility for local government programs, and an enlarged Department of Health, Housing, Local Government and Community Services (HHLGCS) was created. The bringing together of community services functions in a single department has provided an opportunity for integrated development of statistical collections.

Some of the statistical developments at Commonwealth level in the welfare areas with which this report is concerned, are described below.

In 1979, the Office of Child Care, then in the Department of Social Security, began a national data collection on government-supported child care services. This collection was conducted yearly except in 1983 and 1985. With increased Commonwealth involvement in the funding of child care, and the extension of the range of child care services available, the annual census grew in coverage and in the range of information collected. Detailed data is now available on all types of Commonwealth-funded child care services and their users. This census is complemented by the three-yearly ABS Survey on Child Care which covers both formal and informal child care. Chapter 4 of this report uses data from these collections.

Expenditure statistics on housing assistance under the Commonwealth State Housing Agreement (CSHA) have been collected and published since the Agreement's inception in 1945. Data are collected by States and Territories on each of the CSHA programs and published by the Commonwealth each year. Data on client characteristics, however, are not available.

The Supported Accommodation Assistance Program (SAAP), jointly funded by the Commonwealth and the States, started in 1985, and the first systematic data on SAAP services were collected in 1989 through the One Night Census, a cooperative effort involving the Commonwealth and State governments. Since 1990 this census has been conducted biannually, and collects information on the characteristics of persons who

spent the night in SAAP accommodation. A 'Two Week Census' (also biannual) was added in September 1990, and collects data on the flow of clients through the accommodation services during that period. Chapter 3 of this report presents an analysis of CSHA and SAAP data.

In the area of aged care services (see Chapter 5 of this report), considerable progress was made in the development of national data by the Commonwealth Department of Community Services in the mid-1980s. Detailed data on service provision and on the characteristics of residents of nursing homes and hostels are now routinely available. Data on residents of nursing homes have been collected and published annually since 1988, and annual data on residents of hostels were added in 1992. These data are collected through enhanced payment systems which now contain data on both service provision, including funding and expenditure, and the characteristics of residents. Developmental work is continuing to improve access to unpublished data from these collections.

A biannual survey of the Commonwealth's Home and Community Care (HACC) service provision was introduced in November 1988, and in 1990 an annual survey of the characteristics of HACC users. Data are provided by funded agencies through State and Territory governments to the Commonwealth. (HACC is administered jointly by State and Territory community services or health departments and the Commonwealth Department of Health, Housing, Local Government and Community Services.)

Data on disability service provision are available from the HHLGCS's administrative data systems. A census of services funded by the Commonwealth under the *Disability Services Act 1986* was conducted in 1986 and repeated in 1991. These collections yielded some data on service provision and limited data on the users of the services. Improvements to data collection in the disability services area are now under consideration and are described in Chapter 6 of this report.

More recently, HHLGCS has been developing a database to support a major initiative in the regionalisation and cross-linking of community service programs.

The above examples illustrate the progress in the development of major data collections by Commonwealth Government service providers. Many similar developments were occurring in State and Territory welfare administrations. This progress was made at the same time as the ABS was developing an expanded social survey program. Data from these administrative sources and from the ABS form the basis of the analyses reported in subsequent chapters of this report.

2.6 WELSTAT 1977–1992: the national development of State-based welfare data

In parallel with the developments already outlined, development of nationally consistent data on State-based welfare services was promoted during the late 1970s and the 1980s. At about the same time as the Senate was inquiring into social welfare data and evaluation, Commonwealth, State and Territory welfare administrators decided to initiate work to examine the adequacy and standardisation of welfare statistics, in particular child welfare statistics. The Standardisation of Social Welfare Statistics Project, called WELSTAT, was set up in 1977. WELSTAT was supervised by a National

Working Party (later the Policy Steering Committee) which consisted of Commonwealth, State and Territory representatives as well as the ABS. The project secretariat was located in the Department of Social Security which had, at that time, responsibility for Commonwealth welfare services programs. The data developed by WELSTAT from State and Territory welfare administration systems related to children in care, adoptions, child abuse and neglect, and emergency relief.

During the period of its existence, WELSTAT, either through the ABS or by itself, published data intermittently on these collections. Statistical standards were drawn up by WELSTAT for the purpose of developing nationally comparable data. Difficulties with data quality and occasional unavailability of data from some States and Territories prevented their regular publication.

The lack of adequate progress in the development of quality data led to a review of the project in 1988 (Howard 1988). WELSTAT continued operations under State and Territory funding after the Howard review. The Policy Steering Committee was reconstituted and relocated from the Commonwealth to the NSW Department of Community Services. The Committee consolidated its previous work in the drafting of standards for the child welfare statistical collections, made considerable progress in collating data from the States and Territories, and published a series of data on child maltreatment, adoptions, and children in care (WELSTAT 1989, 1990, 1991, 1992a, 1992b). In 1992, with the expansion of the Australian Institute of Health (see Section 2.7 below), the responsibility and funding for WELSTAT projects was transferred to the expanded Australian Institute of Health and Welfare.

In the early 1980s, WELSTAT and the Australian Bureau of Statistics jointly developed a classification of welfare activities, called the Australian Standard Welfare Activities Classification (ASWAC). ASWAC was constructed by examining the nature and function of the range of activities undertaken by welfare agencies, both government and non-government, and then classifying these activities into categories of welfare functions. The classification, intended for use in the collection and publication of welfare statistics, was published in 1984 (ABS 1984:328), but little use was made of this classification at the time. The ABS did classify 1982–83 outlays by the Department of Social Security and the SA Department for Community Welfare using ASWAC. This was published in *Social Indicators* Number 4 (ABS 1984). It was not until the early 1990s that the (then) Department of Community Services Victoria reviewed this classification for the development of a Victorian classification of community services and used it in a general study of government and non-government agencies funded by that Department (Community Services Victoria 1992).

2.7 Welfare function at the Australian Institute of Health and Welfare

The Australian Institute of Health was established in 1984 as a bureau within the then Department of Health, and became a separate statutory authority in July 1987. The role of the Institute was expanded in May 1992 to include the collation and analysis of welfare services statistics, and the name of the Institute was changed to the Australian Institute of Health and Welfare (AIHW). AIHW is an independent research and statistics agency within the Commonwealth Health, Housing, Local Government and

Community Services portfolio and also provides research and statistical support to the States and Territories.

The report by the Working Group on the expansion of the role of the Australian Institute of Health to include welfare services, chaired by Professor Bettina Cass, noted that

> The need for uniform data sets to support planning and policy development and to enable proper monitoring and evaluation of service outcomes in the health, housing and community service spheres has intensified with the evolution of increasingly complex and diverse service programs...The need for data which support integrated services planning...is likely to be accentuated...in the context of wider demographic and social trends—in particular the ageing of the population and changing patterns of household structure, family formation and labourforce participation. In the light of these demographic trends, and the emerging need for greater coverage and diversity of welfare and housing services, the development of national welfare data collections will become even more imperative (Cass 1992:6).

The Working Group Report analysed in some detail the tasks involved in the collection of national data on welfare services and advised on a phased approach which an enhanced Institute might take to develop such statistics. This phased approach involves the collation and analysis of available statistics in the first instance and the development of consistent national data sets as a longer term goal. The Report also discussed the relative comparative advantages of the ABS and the Institute in the development and collection of welfare statistics and proposed possible areas of cooperation the enhanced Institute might develop with the ABS and other welfare-related research agencies. The Report recommended that the Institute concentrate on the collation of national welfare statistics derived from administrative sources at the three government levels and from the non-government sector.

The welfare functions of the Institute are specified in the *Australian Institute of Health and Welfare Act 1987*. In summary, these functions are:

- to collect and produce welfare-related information and statistics;
- to coordinate and provide assistance in the collection and production of welfare-related information and statistics by others;
- to develop specialised statistical standards and classifications relevant to welfare services;
- subject to confidentiality provisions of AIHW, to enable researchers to have access to statistics held by the Institute; and
- to publish methodological and substantive reports on work carried out by the Institute.

The broad welfare and community service areas which are covered by the expanded functions of the Institute are set out in the AIHW Act. These are the areas recommended by the Report as priorities and were supported by State and Territory welfare departments. These areas are:

- aged care services;
- child care services (including services designed to encourage or support participation by parents in educational courses, training and the labourforce);
- services for people with disabilities;

- housing assistance (including programs designed to provide access to secure housing in the long term and programs to provide access to crisis accommodation in the short term);
- child welfare services (including in particular child protection and substitute care services); and
- other community services.

To assist in the welfare statistical activities of AIHW a formal agreement has been negotiated between the Commonwealth, the States and Territories and AIHW on the provision of welfare services data to AIHW. The Agreement, effective from February 1993, provides a basis for AIHW to gain access to welfare services data compiled by the Commonwealth and the States and Territories. It specifies that the States shall, by agreement with AIHW, ensure that the Institute is given access to welfare services data compiled by the States and which have not been provided to the Commonwealth. It also specifies that the Commonwealth shall ensure that AIHW is given access to welfare services data compiled from Commonwealth programs or provided to the Commonwealth by the States. The Agreement formalises the provision of funds by the States and Territories to the Institute for maintenance and enhancement of State-based child welfare data.

The current work program of AIHW in the welfare area is directed at collating and analysing available data to describe the delivery of welfare services and assistance and their outcomes for clients, and contributing to the development of consistent national datasets. These activities are targeted at the welfare areas specified in the AIHW Act.

An inventory of significant data holdings is being compiled on welfare services and assistance, from both government and non-government sources. Other general welfare projects in the AIHW work program include the development of classifications of welfare services, an analysis of welfare services expenditure, and an assessment of the feasibility of a national welfare study. Subject-specific projects include the development of a minimum dataset for disability support services, the assessment of data from the SAAP, a statistical profile on public housing, a description of the balance of aged care, and the publication of child welfare data on adoptions, child abuse and neglect, and children under care. Some of these projects are described in later chapters.

2.8 Establishment of welfare and welfare-related research organisations

Welfare statistics development activities in the late 1970s and the 1980s also included the establishment of the Social Welfare Policy Secretariat (SWPS) by the Commonwealth Government in 1978. The aim of SWPS was to provide cross-portfolio coordination of, and independent research and analysis on, a broad range of social policy matters. As its focus changed from social security issues towards health and welfare services issues, SWPS moved from DSS to DCS and subsequent Departments before becoming integrated with the departmental structure of HHLGCS.

The Social Welfare Research Centre was established at the University of New South Wales in 1980 and is funded primarily by the Commonwealth through the Department

of Social Security. In 1990, the name of the Centre changed to the Social Policy Research Centre.

The role of the Social Policy Research Centre (SPRC) is to undertake studies into social policy needs and priorities for future development, including studies on needs for services, methods of providing and administering services, social service financing, and the effectiveness of social programs. Although the Centre has concentrated on policy oriented research, a large data collection project was conducted in the early 1980s, in conjunction with the Australian Council of Social Service (ACOSS), involving the surveying of a sample of non-government organisations throughout the country (Graycar 1984; Milligan, Hardwick & Graycar 1984). This was the first national survey of non-government welfare organisations and produced information on the income, expenditure, and staff resources of non-government organisations selected in the sample. An attempt was made to develop a classification system to categorise these organisations in terms of welfare functions and target client groups (Milligan, Hardwick & Graycar 1984).

The Institute of Family Studies (now the Australian Institute of Family Studies) was established in 1980 as a statutory authority under the *Family Law Act 1975*. The functions of the Australian Institute of Family Studies (AIFS) are to conduct and promote research into factors affecting marital and family stability, including monitoring of the impact of the Family Law Act itself on the family (Australian Institute of Family Studies 1984).

The AIFS has conducted several large-scale studies which collected national data on the family. Selected national studies include the longitudinal Family Formation Study 1981–82 (followed up in 1991), Marriage Counselling Evaluation 1987–88, Child Support Scheme Evaluation 1987–90, Youth/Parent Mediation Evaluation 1992–93, and the Living Standard Survey 1991–93.

The Australian Institute of Criminology (AIC) was established in 1973 under the *Crimes Research Act 1971*. The primary functions of the AIC are to conduct and promote research into crime and criminal justice matters; it also has a function in the provision of advice on statistical matters. The AIC has maintained a presence in the area of crime and criminal justice statistics, publishing several series of data on subjects such as parole and probation (community-based correction), and persons in juvenile corrective institutions, as well as data from the annual prison census. To date the AIC has also been involved in two surveys of crime victimisation (Walker 1991, 1993). In addition, the Institute has responsibility for the National Clearing House for Information and Research on the Prevention of Child Abuse and Neglect, which was established in 1992 by the National Child Protection Council.

The most recently established research organisation is the Australian Housing and Urban Research Institute (AHURI), established in July 1993 with Commonwealth and State/Territory funding. AHURI will develop a research program investigating the social, economic, demographic and environmental factors affecting housing policies and urban development.

2.9 Sources of statistics on welfare

Statistics on social conditions

In Australia, statistics on the social conditions of the population come largely from ABS.

Mention has already been made of the wide range of censuses and surveys undertaken by ABS, including the five-yearly Census of Population and Housing. The Census is a particularly important source of data for small areas and small population groups.

Another important source of data is the various ABS population surveys. Population surveys can be used to collect information at a level of detail not possible with population censuses. Recent ABS surveys of particular relevance to the measurement of social conditions include:

- Labour Force Survey (monthly);
- National Health Survey 1989–90;
- Survey of Disability, Ageing and Carers 1993 (previously Survey of Disabled and Aged Persons 1988, and Survey of Handicapped Persons 1981);
- Household Expenditure Survey 1988–89, 1993–94;
- Survey of Income, Housing Costs and Amenities 1989–90;
- Income Distribution Survey 1985–86;
- Child Care Survey 1987, 1990, 1993;
- Housing Survey 1988;
- Family Survey 1992;
- Time Use Survey 1989 (NSW), 1992; and
- Crime Victims Survey 1990 (NSW), 1991 (WA), 1992.

Non-ABS population surveys are usually smaller in scale and sometimes do not have a national coverage. Some recent significant surveys in the welfare field by other government agencies are:

- Family Formation Study 1981–82 with follow-up in 1991 (Australian Institute of Family Studies);
- Living Standard Survey 1990–93 (Australian Institute of Family Studies);
- Housing and Locational Choice Survey, Sydney and Melbourne 1991 (Department of Health, Housing, Local Government and Community Services);
- Australian (Youth) Longitudinal Survey, 1985 to date (Department of Employment, Education and Training); and
- Longitudinal Survey of Immigrants to Australia, 1992 to date (Bureau of Immigration and Population Research).

Statistics on welfare services provision

Most statistics on the provision of welfare services are the by-products of program administration and come mainly from Commonwealth, State and Territory government agencies responsible for the funding or delivery of the services.

The Commonwealth and the States maintain statistical collections on their own services and those they fund. Some statistics are collected by the Commonwealth directly from

service providers while others are collected by State and Territory governments under agreements with the Commonwealth and are passed onto the Commonwealth.

Mention has already been made in Section 2.5 of the range of data available from the Departments of: Social Security; Employment, Education and Training; Immigration and Ethnic Affairs; and Veterans' Affairs; as well as the Aboriginal and Torres Strait Islander Commission.

Within the areas with which this report is concerned the Commonwealth Department of Health, Housing, Local Government and Community Services collects a range of national data directly from Commonwealth-funded service providers. These include:

- annual information on nursing homes and hostels;
- regular information on domiciliary nursing care benefits;
- ongoing administrative data (as well as the census of disability services 1986 and 1991);
- ongoing administrative data associated with the Commonwealth Rehabilitation Service.

Examples of statistics collected jointly by the Commonwealth and the States and Territories are:

- annual data on public housing assistance provided under the Commonwealth/State Housing Agreement;
- Supported Accommodation Assistance Program: One Night Census, biannual; Two Week Census, biannual; and Client Characteristics Survey 1992;
- regular data on the Home and Community Care Program;
- aged care assessment information; and
- data on emergency relief.

State and Territory government agencies also hold a great deal of information on welfare and related programs administered and funded independently from the Commonwealth. Examples of such information include statistical collections on:

- preschools;
- child abuse and neglect;
- adoptions;
- other children and family services;
- disability services;
- crimes known to police;
- court statistics;
- prisons; and
- parole.

Some of these State-based statistics are now collated to produce national totals. For example, AIHW collates child abuse and neglect, and adoption statistics; ABS collates statistics on crimes known to police; and the AIC collates prison and parole statistics.

Many ABS surveys which collect data on aspects of social conditions also collect data on the use of services, although detailed data on the type of service used are rarely available owing to small sample size and respondents' lack of knowledge of the names

of services used. Examples of such surveys include the National Health Survey, the Family Survey and the Survey of Disabilities, Ageing and Carers.

The ABS also conducts surveys specifically designed to collect data on the provision of services or the use of welfare services. These include:

- Health and Welfare Establishments Survey (Qld), yearly to 1990–91;
- Survey of Community and Volunteer Work (SA) 1988;
- Survey of the Provision of Welfare Services by Volunteers (Vic, Qld) 1982;
- Survey of Voluntary Community Work (NSW) 1986;
- Survey on Public Awareness and Knowledge of Welfare Services (NSW) 1983; and
- Survey of Care for the Aged at Home (QLD) 1983.

Some service provision statistics for non-government organisations are available from studies already noted. These are:

- the national survey of non-government welfare organisations by the Social Welfare Research Centre (Milligan, Hardwick & Graycar 1984); and
- the study of all agencies funded by Community Services Victoria, now the Department of Community Services and Health (Community Services Victoria 1992).

While statistics from these sources relate mainly to expenditure and staff levels, information is also available on the numbers and characteristics of the users of the services. Such information provides a measure of service usage and, when related to data on the number of persons requiring service, may indicate the rate of service access by the intended client groups.

The sources of welfare data listed above are illustrations of the range of data currently available on services provision. AIHW is presently compiling a more comprehensive inventory of data sources on welfare services and assistance for publication in 1994.

Statistics on outcomes of welfare services

Changes in measures of well-being can be used as outcome measures if such changes are attributable to welfare services designed to bring about such changes. However, it is unlikely that changes in well-being can ever be the result of a single welfare program or service alone. As noted before, general social indicators measuring well-being in society are usually too broad to be able to give measures of outcomes specific either to services and programs or to particular client groups. Suitable disaggregation is needed to enable them to be relevant to subgroups of the population who are clients of the programs.

The development of outcome measures in welfare services is particularly important in enabling objective evaluation of the effectiveness of the programs or services. Evaluation is a key element of the Commonwealth's budgetary and financial reforms. Health and community services programs in HHLGCS, for example, are subject to a program of regular evaluation. In conducting these evaluations the concepts of effectiveness, efficiency and appropriateness are distinguished. A program of evaluation is:

> the systematic assessment of the performance of programs and policies which examines their effectiveness (how well outcomes meet objectives), efficiencies (whether resources are

used to maximise output) and appropriateness (how well objectives relate to community needs or aims) (HHCS 1992:7).

As part of these program evaluations, performance measures specific to the programs to be evaluated are developed.

The general acceptance of regular program evaluation as a management and planning tool is likely to assist in the development of statistics on outcomes of welfare services.

2.10 Conclusion

This chapter has provided a brief outline of the development of welfare statistics in Australia in the past two decades. While considerable progress has already been made, there are considerable data gaps, coverage inadequacies and differences in definitions and classifications between data collections.

There is a need to identify these issues in order to improve on the quality of data available. There is also a need to bring the various data collections together within a statistical framework with the aim of developing nationally consistent and relatable welfare statistics. Consistency needs to be established across governments, non-government welfare agencies, and different welfare areas, and between statistical collections on social conditions, welfare provision and outcomes.

The development of a common framework and statistical standards (including definitions and classifications) will be the next important stage in the progress towards better welfare statistics. Given the complexity of welfare provision, AIHW and the ABS will need to consult extensively with government and non-government service providers, welfare organisations and data users in order to identify user priorities in welfare statistics and to develop statistical standards. The standards which are developed will obviously need to satisfy the requirements of the data users as well as data providers.

While progress towards nationally consistent welfare data can be expected to be slow, the growing use of statistical information for policy development and program evaluation will aid this progress.

References

ACSPRI (Australian Consortium for Social and Political Research Incorporated) 1990, *Newsletter*, March.

Australian Bureau of Statistics (ABS) 1990a, *Review of Social and Labour Statistics, Paper number 1: Overview*, ABS, Canberra.

Australian Bureau of Statistics (ABS) 1990b, *Review of Social and Labour Statistics, Paper number 6: Welfare*, ABS, Canberra.

Australian Bureau of Statistics (ABS) 1993, *Catalogue of Publications and Products*, Cat. No. 1101.0, ABS, Canberra.

Australian Bureau of Statistics (ABS) various years, *Social Indicators*, No. 1 (1976), No. 2 (1978), No. 3 (1980), No. 4 (1984), No. 5 (1992), Cat. No. 4101, ABS, Canberra.

Australian Institute of Family Studies 1984, *Annual Report 1943–84* , AIFS, Melbourne.

Commission of Inquiry into Poverty 1975, *Poverty in Australia*, First Main Report (Prof. RF Henderson, Chairman), AGPS, Canberra.

Community Services Victoria (CSV) 1992, *Welfare as an Industry: A Study of Community Services in Victoria*, Community Services Victoria, Melbourne.

Gilbert R, Schlosser M, Stone C & Wood R 1981, *Needs Assessment: A Discussion of Directions for the Department*, Planning and Research Paper No. 8, NSW Department of Youth and Community Services, Sydney.

Giles M 1992, *A Guide to Australian Social Statistics*, Cat. No. 4160.0, ABS, Canberra.

Graycar A 1984, 'Non-government welfare organisations in Australia: preliminary results from a national sample survey', *Journal of Voluntary Action Research*, 13, 3, July–December.

(Commonwealth Department of) Health, Housing and Community Services 1992, *1993–95 Portfolio Evaluation Plan*, AGPS, Canberra.

Howard J 1988, *Review of 'WELSTAT'*, Report to the Commonwealth Department of Community Services and Health, AGPS, Canberra.

McDonald P (ed.) 1993, *The Australian Living Standard Study: Berwick Report*, Australian Institute of Family Studies, Melbourne.

McEwin M & Povath D 1993, *Choosing Indicators for Monitoring Social Well-being*, Paper presented to the National Social Policy Conference, Social Policy Research Centre, University of New South Wales, Sydney.

Milligan V, Hardwick J & Graycar A 1984, *Non-Government Welfare Organisations in Australia: A National Classification*, SPRC Reports and Proceedings No. 51, Social Welfare Research Centre.

OECD 1973, *List of Social Concerns Common to Most OECD Countries: the OECD Social Indicator Development Program*, OECD, Paris.

OECD 1976, *Measuring Social Well-Being: A Progress Report on the Development of Social Indicators*, OECD, Paris.

OECD 1982, *The OECD List of Social Indicators*, OECD, Paris.

Owen H 1976, 'Social Indicators', *Australian Economic Review*, Second Quarter, 25–33.

Senate Standing Committee on Social Welfare 1979, *Through a Glass Darkly: Evaluation in Australian Health and Welfare Services*, AGPS, Canberra.

Social Welfare Commission 1978, *Families and Social Services in Australia: A Report to the Minster for Social Security*, vol. 1 and vol. 2, AGPS, Canberra.

Statistics Canada 1969, *Perspectives Canada*, Statistics Canada, Ottawa.

Task Force on Co-ordination in Welfare and Health 1977, *First Report: Proposals for Changes in the Administration and Delivery of Programs and Services*, AGPS, Canberra.

Task Force on Co-ordination in Welfare and Health 1978, *First Report: Consultative Arrangements and the Co-ordination of Social Policy Development*, AGPS, Canberra.

US Department of Commerce, Office of Management and Budget 1973, *Social Indicators*, US Department of Commerce, Washington, DC.

US Department of Health, Education and Welfare 1969, *Towards a Social Report*, US Government Printing Office, Washington, DC.

Vaughan G 1993, *Towards a Framework for Statistics on Welfare Services and Assistance*, Welfare Division Working Paper Number 1, Australian Institute of Health and Welfare, April, Canberra.

Walker J 1991, *Crime in Australia, 1989*, Australian Institute of Criminology, Canberra.

Walker J 1993, *Crime in Australia, 1992*, Australian Institute of Criminology, Canberra.

WELSTAT 1989, *Children in Care National Data Collection, 1987–88*, Standing Committee of Social Welfare Administrators, Sydney.

WELSTAT 1990, *Adoptions, National Data Collection, 1987–88*, Standing Committee of Social Welfare Administrators, Sydney.

WELSTAT 1991, *Child Maltreatment National Data Collection, 1987–88, 1988–89, 1989–90*, Standing Committee of Social Welfare Administrators, Sydney.

WELSTAT 1992a, *Adoptions, National Data Collection, 1988–89, 1989–90* , Standing Committee of Social Welfare Administrators, Sydney.

WELSTAT 1992b, *Children Under Care and Protection Orders National Data Collection, 1988–89, 1989–90*, Standing Committee of Social Welfare Administrators, Sydney.

3 Housing assistance and services

3.1 Introduction

Since 1945, Commonwealth and State governments have provided long-term housing assistance to Australian families and individuals under a joint agreement—the Commonwealth State Housing Agreement. More recently, the Commonwealth and the States have instituted a separate joint agreement to provide for people's immediate shelter needs in crisis situations. Non-government organisations, too, have played a significant role in providing housing assistance and services, particularly in the area of supported and emergency housing.

Although meeting people's need for shelter may be considered the principal reason for the provision of assistance, it is only one of a number of motivations that lie behind government policy. Housing is frequently seen as a 'merit' good[1] which provides an economic rationale for government intervention. The provision of housing assistance by government has also been at various times: an important aspect of decentralisation policy and urban planning; a mechanism to promote counter-cyclical economic activity and employment generation; and a policy instrument with which to support the housing industry.

Housing assistance is provided in three general ways: through the acquisition of dwellings for use by those meeting various program eligibility criteria; via cash transfers or direct subsidies; and through tax expenditures—the favourable taxation treatment of housing-related income.[2] In dollar terms, tax expenditures are the largest of these forms of assistance; in 1988–89 they were estimated to be equivalent to revenue foregone of $5.9 billion annually (Yates 1992).

It can also be argued that government regulation, for example of housing finance or private sector rents, is another means of providing housing assistance. Until the recent fall in interest rates, home buyers paying a maximum regulated mortgage interest rate of 13.5 per cent received a substantial benefit compared with those who obtained mortgages after April 1986. Finally, an even broader definition of housing assistance would include pricing policies for the provision of infrastructure (essential services such as water supply and sewage systems). Pricing policies are frequently not based on full cost recovery and so include a measure of assistance that reduces housing costs.[3]

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1. The economic concept of a merit good centres on differences between the preferences or judgements of individuals and those of the State. If individuals are likely to consume less than optimal amounts of a particular good in the judgement of the State, that good is deemed to be a merit good. This unsatisfactory consumption pattern can be considered a type of market failure justifying government intervention. See, for example, Creedy (1984).
2. Income here is defined in its broadest sense to include imputed rent.
3. Even where there has been a discernible shift to infrastructure provision based on full cost recovery principles, such policies are not applied retrospectively, resulting in benefits to existing households.

Although housing assistance can therefore come in many forms, it is beyond the scope of this report to examine all of them. Here, attention is focused on assistance and services provided through the two major Commonwealth–State agreements: the Commonwealth State Housing Agreement (CSHA) and the Supported Accommodation Assistance Program (SAAP) Agreement. The scope and definition of housing assistance discussed in this chapter will reflect the boundaries of these two national agreements. The CSHA provides funds with the principal aim of ensuring that 'every person in Australia has access to secure, adequate and appropriate housing at a price within his or her capacity to pay...' (*Housing Assistance Act 1989—Schedule 1*). The CSHA is, in the majority of States and Territories, administered by State housing departments. The SAAP Agreement aims to provide 'transitional supported accommodation services and related support services to people who are homeless...' (*Supported Accommodation Assistance Act 1989*). Again, the Agreement is administered at a State level, but in this case by community service departments.

By focusing on the CSHA and SAAP, this chapter necessarily omits reference to several other significant assistance programs including: rent assistance provided by the Departments of Social Security and Veterans' Affairs; emergency housing, rental housing and home purchase assistance provided to Aboriginal and Torres Strait Islander people by the Aboriginal and Torres Strait Islander Commission (ATSIC); and assistance provided by the Department of Defence to service personnel.

The chapter provides, in Section 3.2, an historical background to the housing assistance and services described in later sections. Section 3.3 tackles the complex task of determining the population that may be considered to be in housing need. An assessment of housing need, like general judgements about need, is to some extent subjective. In an attempt to bring together different concepts of need, a typology of housing need is used incorporating estimates of the homeless and those living in 'housing stress' (both financial and non-financial). The government response to housing need, in terms of the housing assistance and services provided under SAAP and the CSHA, is detailed in Section 3.4, and in Section 3.5 information about the recipients of this assistance is given. Section 3.6 provides a discussion of housing outcomes in areas where available data permit. In doing so, it revisits the measures of need detailed in Section 3.3 and compares the housing outcomes for different tenure groups. The conclusion briefly considers how data may be improved to enhance future analyses of housing assistance.

3.2 A history of housing assistance: the CSHA and SAAP

The first official inquiry into the housing of low income earners was instigated in 1860 by Henry Parkes (Jones 1972). Further inquiries followed and by 1919 all States, with the exception of Victoria, were involved in providing assistance through public rental housing. In the period following the Second World War, the government provision of housing assistance expanded considerably as did government involvement in other areas of social policy.

In addition to providing assistance to meet long-term housing needs through the CSHA, governments have also directed funds to the provision of crisis and supported

accommodation services. This, however, did not occur to any significant degree until the 1970s and 1980s. In chronological fashion then, this section examines first the development of the CSHA since the Second World War (see also Lloyd & Troy unpublished; ABS 1992a).

The Commonwealth State Housing Agreement

Faced with a considerable shortfall in housing stock, the Federal Government established the Commonwealth Housing Commission (CHC) in 1943 and asked it to report on Australia's housing situation and the requirements for the post-war period of reconstruction. The highly original and influential work of the CHC, described as 'one of the major documents of Australian public policy' (Lloyd & Troy unpublished) led to the first CSHA which was signed in 1945. This agreement marked an increased policy interest in housing provision by the Commonwealth and the States backed by a commensurate financial commitment. The CSHA has undergone substantial change since 1945, having been subject to regular revision and amendment, most recently in 1992. It nevertheless remains a major instrument of housing policy. In this section, attention is given to the original agreement and major reviews undertaken in 1956, 1973, 1978, 1984 and 1989.

The 1945 Agreement

The 1945 Agreement detailed the financial and administrative arrangements for the provision of housing assistance. Its primary focus was the construction of rental stock to ease the post-war housing shortage estimated at some 350,000 dwellings (Australia, House of Representatives (AHR) 1945). Some of its important features included: subsidised long-term loans from the Commonwealth to the States to finance construction activity; the charging of rents according to the historic cost of the dwelling and annual outgoings rather than on any market-related basis; provision for rental rebates where rent exceeded 20 per cent of a tenant's income and an agreement that the Commonwealth would share resulting 'losses' with the States;[4] and the immediate repayment by the States to the Commonwealth of the capital cost of any dwelling sold—a requirement designed to deter the depletion of stock through sales.

Under the terms of the 1945 Agreement there was no universal means test to determine eligibility. The dwellings constructed were targeted only in a general way to returned soldiers and lower income groups. The responsible Minister remarked during debate on the enabling legislation that public rental housing was 'for those who are in need of proper housing accommodation and who, for various reasons, do not desire or are unable to purchase their own homes' (AHR 1945:5, 386). Further criteria of need were 'to be determined from time to time by agreement between the Commonwealth and each State' (AHR 1945:5, 389).

The 1956 Agreement

In 1955–56, the Menzies Liberal Government undertook a substantial renegotiation of the CSHA. The revised Agreement gave considerable emphasis to home purchase

4. This offer was predicated on States reviewing rents charged on a regular basis. The Queensland State housing authority was the principal beneficiary of this offer (see Jones 1972:167).

assistance by encouraging tenants to buy their rented homes and earmarking, through the Home Builders' Account, a minimum of 20 per cent, in the first instance, and, after two years, 30 per cent of CSHA funds for mortgage finance (Jones 1972; Berry 1988).

While the Commonwealth continued to provide subsidised loans for the construction of public housing, the 1956 Agreement removed any direct Commonwealth liability for rental losses resulting from the payment of rental rebates where rents exceeded 20 per cent of a tenant's income. This cost has been met by the States ever since. Eligibility guidelines for rental housing under the 1956 Agreement continued to be couched in general terms, specifying only that allocations were to be made 'primarily for families of low to moderate means' (AHR 1956:3, 299). The emphasis on providing housing for *families* is significant and explains why the dwellings constructed were predominantly detached houses. In 1959–60, for example, the New South Wales Housing Commission constructed 2,621 dwellings of which 80 per cent were detached houses (Jones 1972:43).

The focus on home purchase assistance continued throughout the remainder of the 1950s and 1960s. The generous terms on which Commonwealth funds were provided to the States allowed mortgage finance to be advanced over an extended period on small deposits and at reasonable interest rates. This is reflected in the substantial number of dwellings sold by State housing authorities. Measured as a percentage of total completions, the sale of dwellings exceeded 100 per cent in New South Wales from 1956 to 1958 and in Victoria from 1959 to 1961 (Berry 1988:127–28). By 1965, 40 per cent of total mortgage finance was provided by the Commonwealth Government (Berry 1988). The thrust of the 1956 Agreement to support home ownership was complemented by other Commonwealth initiatives including the establishment of the Housing Loans Insurance Corporation[5] in 1965 and the Home Savings Grant Scheme in 1966. These initiatives supported the steady climb in Australian home ownership rates to the comparatively high (by international standards) figure of 71 per cent in 1966 (ABS 1992a). Since that time home ownership rates have dropped marginally and in 1991 stood at 69 per cent (ABS 1993).

The 1973 Agreement

The next major renegotiation of the CSHA occurred in 1973, soon after the election of the Whitlam Labor Government. Responding to the loss of well-located high quality dwellings as a result of sales, the Commonwealth sought to greatly restrict the sale of public housing. The Commonwealth's proposal to introduce a blanket ban on sales, however, was rejected by the States. Carter (1980:111) has claimed that the resulting compromise arrangement was largely ineffectual in reducing the ratio of sales to new completions under this Agreement. In 1972–73, the ratio, expressed as a percentage, stood at 65 per cent (ABS 1973) and in 1975–76 at 60 per cent (ABS 1979). Thus, the Commonwealth's aim of dramatically increasing public housing dwelling numbers by limiting the number of dwellings sold was not realised.

The 1973 Agreement was also notable for the introduction of stricter national eligibility requirements for both rental housing and home loan assistance. The Commonwealth

5. The Corporation provides insurance for lenders against losses on loans secured by mortgage, principally housing loans, thereby increasing access to home finance for higher risk/lower income mortgagors.

Housing Minister at the time emphasised that, unlike previous agreements, 'welfare housing' assistance under the 1973 CSHA would 'be directed towards those families and persons most in need of it' (AHR 1973:2, 220). The principal criterion determining need was an income of less than 85 per cent of average weekly earnings. Compromise arrangements aimed at giving greater flexibility to State housing authorities again meant that the means test was not applied to all housing assistance applicants. Interestingly, the 1973 Agreement gave some emphasis to the acquisition and renovation of inner city dwellings that were seen to be 'ideally situated in relation to amenities and work opportunities, and all essential services' (AHR 1973:2, 222). Concern with the location qualities of housing has continued to the present day.

The 1978 Agreement

The major reports of the Commission of Inquiry into Poverty (1975) and the Priorities Review Staff (1975) gave added impetus to arguments that housing assistance was not being directed to those most in need. The tide of argument ran against those proposing a diverse and viable public housing sector that would provide an additional tenure choice to that of home ownership. The emphasis on tighter targeting of housing assistance evident in the eligibility requirements of the 1973 Agreement was heightened in 1978 with the introduction of a market rents policy. Market-related rents (rather than the normally lower 'historic' or 'cost' rents) increase housing costs for those who are not eligible for rental rebates. The policy was introduced to encourage higher income tenants to vacate public housing dwellings, thus increasing the availability of housing for those on lower incomes (Carter 1980). Consequently, the 1978 Agreement advanced by the Liberal Government has been seen as reflecting 'a clear move towards welfare housing' (Mant 1992:54).

Other initiatives were the abandonment of uniform eligibility requirements and the provision for funding non-government and local government housing initiatives (Carter 1980).

The 1984 Agreement

The CSHA was again subject to a substantial review and renegotiation following the election of the Hawke Labor Government in 1983. The 1984 Agreement revisited rent policy, stating that 'cost' rents were to be reintroduced gradually over a period of years with the aim of reducing rent levels in real terms and so providing long-term tenants with some of the benefits of home ownership (AHR 1984:1, 223). The 1984 Agreement also added a number of new 'tied' programs including the Mortgage and Rent Relief Program, the Crisis Accommodation Program (CAP) and the Local Government and Community Housing Program. Specific purpose programs directing housing assistance to Aboriginal people and to older Australians were already a feature of the Agreement. The Pensioner Rental Housing Program started in 1969 with Commonwealth grants being provided to boost available housing for Social Security pensioners and beneficiaries, particularly recipients of the age pension. Targeted assistance for Aboriginal people started in 1979 via the Aboriginal Rental Housing Program.

Following the recession of the early 1980s, the Agreement sought to 'generate additional activity in the housing industry in order to stimulate job creation and economic growth' and to make a '10-year assault on housing poverty'(AHR 1984:1, 222). The 1984 CSHA also stated that assistance was to be provided in a tenure-neutral

fashion on the basis of need, rather than to advance any particular housing tenure; that subsidies associated with home purchase were to be recouped; that housing authorities were to allow the maximum opportunity for participation by public tenants in management and policy development; and that assistance was to be provided in a non-discriminatory manner. The non-discriminatory provision of the Agreement was aimed at increasing access to public housing—particularly for young single people and people with support needs.

The 1989 Agreement

The 1989 Agreement was heralded as 'the most significant reform of public housing since the CSHA was first introduced' (AHR 1989:2, 279). The focus on alleviating housing-related poverty and distributing assistance equitably to people resident in different housing tenures remained, and additional emphasis was given to improving access to housing with secure tenure. User rights were also strengthened. The Agreement aimed to establish independent appeals mechanisms for recipients of housing assistance. Further, the new 10-year Agreement initiated a joint Commonwealth–State planning process for all forms of assistance under the Agreement.

Perhaps most importantly, the 1989 Agreement invoked major financial changes. The financial viability of housing authorities had become increasingly precarious as rental revenues continued to decline—a result of increased targeting of assistance to those on very low incomes—and authorities were required to make substantial repayments on previous Commonwealth loans and commercial borrowings. In an effort to ease the financial situation of housing authorities, all future funds from the Commonwealth were provided entirely in the form of grants rather than in part as loans. At least half of the States' matching funds were also required to be in the form of grants. The Agreement ended arrangements whereby States borrowed funds through the Loan Council.

The Agreement channelled budget outlays more toward public rental housing provision by encouraging the use of 'off-budget' funds for home purchase loans and limiting the amount of untied grants that could be directed to home purchase assistance. This was counterbalanced, to some degree, by allowing States to meet the remaining half of their matching obligation with home purchase assistance loans.

The Commonwealth State Housing Agreement in the 1990s

Successive Agreements over almost 50 years have allowed the net acquisition of about 350,000 housing units. It is anticipated that during the life of the current CSHA, the number of public housing units will rise to 400,000 (HHCS 1992c:3). Home loan assistance, underpinned by a large influx of private sector funds, has also reached substantial levels with 34,213 home purchase loans provided under the CSHA in 1990–91 at a value of $2,430 million. This number represents 11 per cent of all housing loans taken out in that financial year (HHCS 1992b:23).

Although waiting lists can be considered only very crude indicators approximating demand or housing need, as at 30 June 1992 over 216,000 households nationally had applied for public rental units and awaited allocation of a dwelling, and approximately 53,000 applications for home loans were outstanding (HHLGCS forthcoming). These figures indicate that current demand for housing assistance, and for public rental

housing in particular, still outstrips supply. Further estimates of the population that may be considered to be in housing need are given in Section 3.3.

The inability to meet demand from within current budget outlays provides a powerful reason to raise off-budget funds as a supplementary financing mechanism, and this has been a notable feature of home purchase assistance. The major housing policy review undertaken in the early 1990s—the National Housing Strategy (NHS)—strongly advocated new financing instruments (1991b). In response, the Commonwealth announced in the 1992–93 Federal Budget its intention to establish a Social Housing Subsidy Program to help raise additional private sector finance. Funds raised are to be directed towards expanding shared home ownership schemes and/or rental housing for low to moderate income earners. The Program does not fall within the CSHA, but is designed to complement CSHA programs and expenditure. It is anticipated the Program will generate $450 million in funds in its first two financial years (HHCS 1992c:13). Full operation of the Program was deferred in the 1993 Budget to July 1994.

An additional initiative recently incorporated into the current CSHA is the expansion of the specific purpose Community Housing Program (previously the Local Government and Community Housing Program) aimed at involving local government and non-government organisations in the provision of housing. Not only do non-government organisations and local government bring additional resources to housing assistance schemes, they also offer prospective consumers an alternative style of management and administration compared with public housing provided by housing authorities.

A further feature of current CSHA arrangements is the use of public housing expenditure as a counter-cyclical economic activity. The Commonwealth proposed that the $75 million allocated to the latter years of the Agreement be brought forward to 1992–93 to assist in generating employment. Subsequently, States and Territories agreed to the transfer of a slightly lesser amount, $52.7 million. This initiative has, however, been counterbalanced by the withdrawal in 1992–93 of $50 million of Commonwealth CSHA funds as a result of new cash management arrangements designed to eliminate under-expenditure by some State housing authorities.

The Supported Accommodation Assistance Program

The provision of government-funded supported and crisis accommodation has a much shorter history than that of the long-term housing assistance provided under the CSHA. The report of the Working Party on Homeless Men and Women (1973) states that the Commonwealth Government, at that time, was not providing any assistance directed specifically to homeless people and that State government contributions were 'mostly indirect or incidental to the discharge of larger responsibilities' (1973:17).

Heavy reliance, therefore, was placed on voluntary agencies and church groups that were the traditional providers of accommodation and material support for homeless people (see, for example, Burke, P 1993). The Working Party described how, in 1973, most of the specialised services were conducted by religious and other private welfare organisations:

> They include night shelters, hostels, rural institutions, religious missions, social work agencies, sheltered workshops, 'soup kitchens' and day centres. Each of the major religious denominations engages in work with homeless men to some extent. The Salvation Army and the Society of St Vincent de Paul conduct night shelters in each of the

> large cities and many smaller centres. In South Australia, the Central Methodist Mission and in New South Wales, the Sydney City Mission have comprehensive programs intended particularly for alcoholic homeless men...It appears that specialised agencies, hostels and night shelters provide approximately 3,000 beds for men and 200 for women (Working Party 1973:17–18).

The reliance on non-government organisations to provide crisis accommodation has continued over the last 20 years, but increasingly governments have made funds available to expand such services.

The Working Party's recommendations resulted in the Commonwealth *Homeless Persons Assistance Act 1974* which provided for grants towards the capital and running costs of private welfare organisations and local government bodies in respect of the provision of food, accommodation and personal services to homeless people (Jordan 1978:1). When introducing the legislation into Parliament the responsible Minister described how it was 'designed to provide both a reasonable standard of support and increased opportunities for homeless people, enabling them to obtain a place of dignity in the fabric of Australian society' (quoted in Jordan 1978:2). By June 1977, funds were being provided to 95 services under the program.

There followed a range of programs including: the Women's Emergency Services Program, which directed financial support to women's refuges; the Youth Services Scheme, a joint Commonwealth–State scheme which commenced as a pilot program in July 1979 but was extended beyond its initial pilot period in 1982; and the 1979 Commonwealth–State Family Support Services Scheme which funded accommodation-related programs (Coopers & Lybrand WD Scott 1985; Chesterman 1988).

The first SAAP Agreement between the Commonwealth Government and State governments came into effect in 1985. The introduction of SAAP rationalised existing services for homeless people under the one program in accordance with the recommendations of a 1983 review of crisis and youth accommodation. The review reported that the existing services were uncoordinated and unnecessarily complex (Chesterman 1988). At approximately the same time, the Commonwealth and States agreed that the capital funding for crisis accommodation would be provided by the Commonwealth under the CSHA.[6] This arrangement has continued and recurrent funding only is provided under the SAAP Agreement by both levels of government. Administration of the program, however, rests with State and Territory governments.

The second SAAP Agreement came into effect in 1989 following a further program review. The Agreement contained a shift in emphasis away from short-term crisis services towards the provision of medium-term supported accommodation aimed at assisting homeless people to obtain independent housing. There was also an increased recognition that non-accommodation services, including counselling and referral, are a necessary complement to services aimed at meeting housing needs.

Attention on SAAP services was heightened in 1989 with the release of the Human Rights and Equal Opportunity Commission (HREOC) report on homeless youth—the 'Burdekin Report' (1989). The report recommended increased provision of long-term supported accommodation and independent housing (1989:322–23) and greater integration and coordination of accommodation options and other support and related

6. This arrangement was negotiated as part of the 1984 CSHA.

services (1989:313). Part of the Commonwealth Government's response to the report came in the form of the Youth Social Justice Strategy which included additional funds to accommodation services through SAAP and the Crisis Accommodation Program (CAP).

Box 3.1: Significant historical events in the provision of housing assistance under the CSHA and SAAP

1944 *Commonwealth Housing Commission presents its final report*

1945 *First Commonwealth State Housing Agreement (CSHA)*

1956 *CSHA revised to encourage home ownership under Menzies Liberal Government*

1973 *CSHA revised and expenditure increased under Whitlam Labor Government*

1974 *Commonwealth enacts Homeless Persons Assistance Act*

1975 *Henderson Poverty Inquiry and Priorities Review Staff reports released*

1978 *CSHA revised with a new market rents policy under Liberal Government*

1984 *CSHA renegotiated under Hawke Labor Government. New tied programs and governing principles aimed at alleviating after-housing poverty introduced*

1985 *Commonwealth–State Supported Accommodation Assistance Program (SAAP) established*

1989 *Second SAAP Agreement comes into effect, Human Rights and Equal Opportunity Commission reports on homeless children (Burdekin Report), CSHA revised following Hawke Government's National Housing Policy Review*

1992 *Amendments to the 1989 CSHA establish the Community Housing Program and new planning and reporting arrangements*

1992 *The National Housing Strategy's final report published*

1993 *National Steering Committee evaluation of SAAP recommends the continuation of the Program*

The Supported Accommodation Assistance Program in the 1990s

The current SAAP Agreement will continue until June 1994 and a recent national evaluation has recommended that SAAP be retained beyond that date. The evaluation was required under the terms of the 1989 Agreement and was undertaken by a National Steering Committee consisting of Commonwealth and State and Territory government officers and a non-government representative. The evaluation and associated consultation with the non-government sector precedes negotiations on any new Agreement to come into effect after June 1994. The Committee has reported that

> SAAP should consolidate its existing support focus, emphasis on transition and concern for people unable to obtain assistance through other programs...[the Committee] supports a greater focus on preventative activity through a modest expansion of SAAP's early intervention activities and the replacement of the five target groups by a single target group encompassing everybody who is homeless, at imminent risk of becoming homeless or in crisis (including crises precipitated by violence) (Lindsay 1993:4).

During the course of the evaluation there was also concern to ensure that SAAP meets its stated aim of providing transitional accommodation and that the services provided

assist users to gain access to long-term housing solutions. Consequently, there has been considerable debate about the destinations of service users on departure from SAAP accommodation services and the need to increase SAAP 'exit points'. This issue is taken up in Section 3.6.

The number of agencies funded under SAAP has increased consistently in recent years, boosted to a significant degree by funding made available under the Youth Social Justice Strategy (YSJS). Approximately 1,660 non-government organisations currently provide accommodation to over 13,000 homeless people and dependent children each night. A range of other services including meals, counselling and referral are also provided by non-government organisations.

Total funds allocated under the Agreement by the Commonwealth and States and Territories, including YSJS funds, were $171 million in 1991–92. In addition, capital funds allocated for the acquisition and upgrading of supported accommodation dwellings (provided by the Commonwealth through CAP) totalled $39.7 million in 1991–92 (HHCS 1992b:38). These funds have allowed major redevelopment of large hostels such as the Mathew Talbot hostel in Sydney and Gordon House in Melbourne with a view to providing a more diverse range of smaller accommodation options for homeless people.

3.3 Population data: indicators of housing need

Determining the population in housing need is a complex task, one beset with a range of definitional and conceptual difficulties. There is continuing debate about: what constitutes housing need; how to define homelessness and other aspects of housing need; what the appropriate indicators of housing need are; how indicators should be constructed; and where benchmarks should be set (MacKenzie & Chamberlain 1992; King forthcoming; NHS 1991a). There is also debate about the relative significance of indicators of housing need. To clarify the discussion about housing need and to provide a means of integrating indicators that measure housing disadvantage, this chapter presents a 'two-tiered' typology of housing need. A diagrammatic representation of the typology is given in Figure 3.1.

The first tier of the typology, homelessness, is considered to represent a greater degree of housing need and disadvantage than that associated with housing stress—the second tier of the typology. Within the second tier, concepts of financial and non-financial housing stress are presented. The severity of housing stress experienced by different individuals as measured by the different concepts is not necessarily equal. Incidences of affordability problems, for example, may be more or less acute. Some individuals may also experience both financial and non-financial housing stress. However, within the second tier, there is no attempt to differentiate, in any hierarchical sense, between the five concepts of housing stress—all imply housing need. Estimates of the number of homeless people and people in housing stress, together with a discussion of definitional problems, are provided below.

Homelessness

Housing assistance and services to the homeless have been coloured by a wide ranging discussion regarding the appropriate definition of homelessness and the extent of

Figure 3.1: *A typology of housing need*

homelessness under different definitions. A Commonwealth report in 1985, *Study into homelessness and inadequate housing*, stated that 'it is difficult to define in operational terms the expression homelessness and that the scope of homelessness and inadequate housing is too complex to be subject to a single, simple measurement' (Coopers & Lybrand WD Scott 1985:7).

The Human Rights and Equal Opportunity Commission has proffered the view that 'homelessness describes a lifestyle which includes insecurity and transience of shelter...[but] is not confined to a lack of shelter' (1989). A third perspective comes from Neil and Fopp (1992:11), who, in their report for the Victorian Ministerial Advisory Committee on Homelessness and Housing, argue that 'homelessness is contingent on the concept of "home"...it can have many definitions, some broad, and some narrow, some based on objective criteria, others on subjective criteria'.

Estimates of homelessness

Given the above views, it is not surprising that estimates of the homeless population vary considerably. Different definitions and different approaches to measurement result in estimates that range widely. The Australian Bureau of Statistics (ABS) 1986 Census of Population and Housing (cited in Neil & Fopp 1992) counted the numbers of people in hostels for homeless people, night shelters and refuges, added 'campers-out' or 'migratory' people who are homeless, and arrived at a homeless population of 8,591. The estimated number of homeless people, including accompanying children, accommodated at supported accommodation services under SAAP on one night in May 1992, was approximately 13,400 (Merlo et al. forthcoming). Both these figures,

however, must underestimate the total homeless population because they count only those staying in supported accommodation and emergency housing services—not those in other temporary accommodation arrangements or those without any form of shelter.

The Report of the National Inquiry into Homeless Children (HREOC 1989), while highlighting the difficulties of stating precisely the numbers of homeless children and young people,[7] proposed a conservative estimate of 20,000 to 25,000 homeless youth. Fopp, however, in his report to the Inquiry (1989), estimated the number of children and young people who are homeless, or at serious risk of becoming homeless, at 50,000 to 70,000. While there is considerable merit in knowing the size of the population at risk of becoming homeless for planning purposes and for the development of preventative strategies, Fopp's calculation is likely to overestimate the number of young people actually homeless at a given point in time.

Chamberlain and MacKenzie (1992) also conclude, for a number of reasons, that Fopp's estimate of 50,000 to 70,000 is too high and propose a new methodology for estimating the number of young homeless people—stringently defined as those in all forms of temporary accommodation, as well as those living on the streets and in derelict buildings.

Chamberlain and MacKenzie's methodology begins by using data collected during the SAAP National Client One Night Census conducted biannually in all States and Territories. The Census records all people accommodated in a 24-hour period. The May 1991 Census indicates 1,092 homeless young people were accommodated in Victoria (calculated on the basis of a 100 per cent response rate to the Census). This, of course, is a reliable count of only one segment of the homeless population—young people accommodated in SAAP services. Chamberlain and MacKenzie, after examining other available datasets and service user records from agencies in regular contact with young homeless people, conclude that the number of young people accommodated in SAAP services is likely to range from 22 to 28 per cent of all young homeless people.

Accordingly, Chamberlain and MacKenzie use the SAAP National Client One Night Census figure of 1,092 to derive an estimate of the young homeless population in Victoria of 3,900 to 5,000. They then 'weight up' the Victorian estimate, using ABS total population figures, to derive a 1991 national estimate of 15,000 to 19,000 young homeless people. In most respects,[8] the methodology appears reasonably robust. Chamberlain and MacKenzie (1992) readily acknowledge, however, that their work establishes only a new point of reference for debate in the future rather than providing a final resolution of the matter.

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7. Young people are typically defined as those under 25 years of age.
8. The last step in their estimation process is open to question as the ratio of young homeless people to all people in Victoria may not be constant across other States and Territories. The latest available National Client One Night Census SAAP data (May 1992) shows that Victorian SAAP services accommodated some 30.8 per cent of the total number of young people accommodated in SAAP services in all States and Territories. The 1991 ABS Census of Population and Housing shows that 25 per cent of the Australian population live in Victoria. Thus Chamberlain and MacKenzie's calculation may be an over-estimate.

If the same methodology is applied to estimating the number of all homeless people (including the children of homeless parents), rather than just young homeless people, an estimated range of 48,000 to 61,000 is derived based on May 1992 SAAP National Client One Night Census data. The assumption[9] in making this estimate cannot be validated with available data but, in the absence of more reliable measures, the estimate gives some indication of the likely extent of housing need at this level of the typology using a stringent definition of homelessness.

Box 3.2: Units of measurement used in the analysis of housing need

Person

Estimates of the total number of people in housing need have been obtained using unit record data from the SAAP National Client One Night Census, the ABS Income, Housing Costs and Amenities Survey 1990 and the NHS Housing and Location Choice Survey 1991. These estimates include dependent children.

Income unit

Traditionally used in analyses of poverty, income units take one of the following forms:

- ***Married couple income units,*** *defined as a husband, wife (including de facto couples) and any dependent children. A dependent child is defined as a person aged under 15 years or a full-time student aged 15–20 years who has a parent or guardian in the income unit and is neither a spouse nor parent of anyone in the income unit.*
- ***One-parent income units,*** *defined as a parent and at least one dependent child.*
- ***Single-person income units,*** *defined as any person not included in married couple or one-parent income units. These include independent children living with their parents.*

Household

Occasionally, estimates refer to households as the unit of analysis. Households are defined as persons living and eating together as a domestic unit. It is possible for more than one household to occupy the same dwelling.

For more information about these units of analysis, consult the ABS 1991 Census Dictionary (Cat. No. 2901.0) or the ABS 1986 Income Distribution Survey, Australia—Income Units (Cat. No. 6523.0)

Housing stress

As depicted in Figure 3.1, housing stress can be generalised as being either financial or non-financial. These categories are not mutually exclusive, but should be seen as measuring different aspects of the same problem. Nevertheless, it is fair to say that some people live in greater housing stress than others, depending on the degree of disadvantage experienced on a range of indicators.

9. The calculation assumes that the ratio of homeless people accommodated in SAAP services to all homeless people is the same as the ratio of young homeless people accommodated in SAAP services to all young homeless people (approximately 1 in 4).

This discussion makes no attempt to rate the relative degree of housing stress experienced by people—this would require a range of detailed housing, demographic, financial and spatial information for the same population. Currently, no such data are available on an Australia-wide basis. (However, the ABS Australian Housing Survey scheduled for 1994–95 will provide the necessary data.)

Estimates of the population in housing stress according to a range of individual indicators are provided below.

Financial housing stress

Two indicators of financial housing stress are used. The first is housing-related poverty, a concept promulgated by the Commission of Inquiry into Poverty (1975). The second is an affordability-based measure of housing stress, advanced most notably in 1991 by the NHS. The primary concern behind both indicators is that individuals and families should have sufficient income after paying for housing to maintain a 'reasonable' standard of living.

Housing-related poverty

As part of its work, the 1973 Commission of Inquiry into Poverty established a poverty line or benchmark, known as the Henderson Poverty Line, against which the incomes of family income units could be compared.[10] If the income of the family income unit is below the benchmark, then the family is considered to be in poverty. To aid in assessing the effect of housing costs on the incidence of poverty, 'before-housing' and 'after-housing' poverty lines were developed. The after-housing poverty line is a benchmark net of an allowance for housing and is compared with income *after* housing expenditure has been subtracted.

Accordingly, income units with low housing costs may have incomes below the before-housing poverty line, but may not be considered to be in poverty after housing. The converse situation is also possible—income units with high housing costs may not be considerd to be in poverty if assessed against a before-housing poverty line, but have an income (net of housing expenditure) below the after-housing benchmark.[11] Since 1973, the poverty line has been updated regularly and is used by government and a broad range of researchers to examine the extent and structure of poverty.

The Henderson Poverty Line is constructed from three elements. The first consists of a poverty line for what Henderson termed a *standard family*—'a working man, a wife at home, and two dependent children' (Commission of Inquiry into Poverty 1975). The second element is a set of equivalence scales that are applied to the standard family unit to calculate the poverty benchmark for other family types. Equivalence scales are used to calculate poverty lines both before and after paying for housing. The third element is the regular adjustment of the poverty line for changes in household income. In June 1993, the before- and after-housing poverty lines for a standard family were $371.49 and $287.57 per week respectively.

10. The development of the concept of a poverty line built on earlier work by Henderson et al. in 1966. See Saunders and Whiteford (1989:18).
11. See also the analysis presented in Section 3.5.

The separate treatment of housing costs in the poverty line has been criticised in the past. Critics have argued that housing should be treated no differently from other goods. Saunders and Whiteford (1989:31), however, argue that

> one useful consequence of the before housing and after housing distinction in the Henderson Poverty Line is that this methodology implicitly takes some account of the housing wealth of the owner occupiers or owner-purchasers who are approaching the end of their mortgage repayments. This approach also incorporates to some extent the value of spending on public housing, whose tenants generally face lower housing costs than private renters. In addition, the procedure will also take some account of intra-household transfers for those income units sharing accommodation with relatives at reduced or no financial cost.

The following 1990 estimates of the population in housing-related poverty, and hence housing need, have been derived by replicating the Henderson Poverty Line and the associated equivalence scales for the various family income unit types using the ABS 1990 Survey of Income, Housing Costs and Amenities (IHCA). Estimates for 1981–82 and 1972–73 have been drawn from Bradbury, Rossiter and Vipond (1986) and the Commission of Inquiry into Poverty (1975).

In 1990, there were an estimated 794,000 income units living in housing-related poverty, about 13 per cent of all income units (Table 3.1). The highest incidence of housing need was among one-parent families, of which almost 44 per cent lived in after-housing poverty. Single persons between the ages of 15 and 24 also experienced levels of after-housing poverty well above the average for all income units.

Table 3.1: *Income units in poverty, before and after housing costs by income unit type, Australia, 1990*

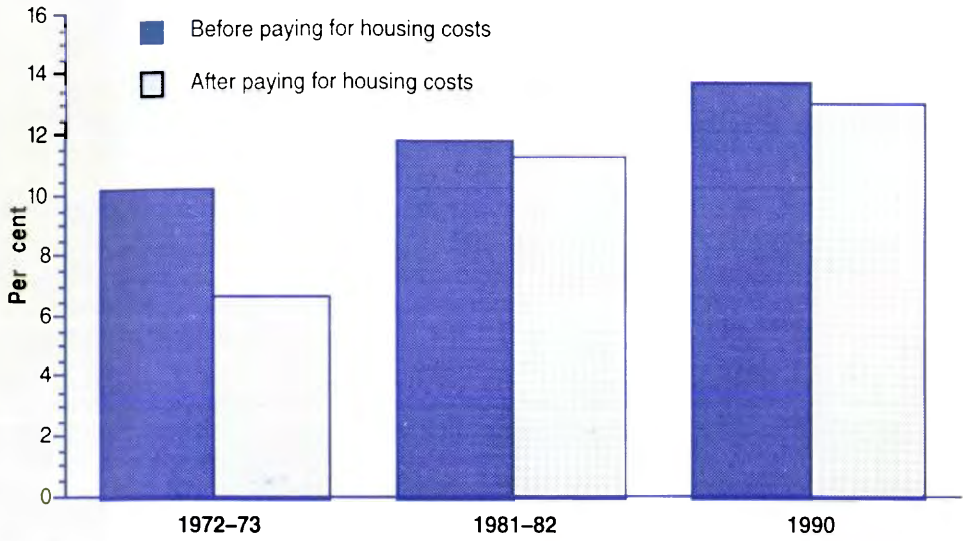
Income unit	Before paying for housing (%)	After paying for housing (%)	Total income units
Single person:			
—aged 15–24	16.0	24.6	258.1
—aged 25–64	17.2	15.4	1,125.8
—aged 65 and over	19.2	5.8	714.5
Couple (no children):			
—head aged under 65	6.5	6.9	1,266.0
—head aged 65 and over	6.0	4.2	565.4
Two-parent family	10.5	13.8	1,795.9
One-parent family	46.1	43.8	358.8
All income units	**13.8**	**13.0**	**6,084.5**
Number of income units in poverty ('000)	842.1	794.2	

Notes

1. Table excludes residents of non-private dwellings, self-employed income units and independent children of the household head.
2. Figures are weighted population estimates.

Source: ABS Income, Housing Costs and Amenities Survey 1990, unit record file.

The number of income units (as a proportion of all income units) in after-housing poverty has increased by over 14 per cent since 1981–82 when 11.2 per cent of all income units were living in after-housing poverty (Figure 3.2). A similar trend is evident in the level of before-housing poverty, increasing from 11.8 per cent of all income units in 1981–82 to 13.8 per cent in 1990.



Note: Figures are weighted population estimates.

Sources: Bradbury, Rossiter & Vipond 1986; ABS Income, Housing Costs and Amenities Survey 1990, unit record file. Refer to Appendix Table A3.1

Figure 3.2: ***Income units living below the poverty line before and after paying for housing, Australia, 1972–73, 1981–82 and 1990***

Affordability

The NHS, as part of its housing policy review, sought to develop an '...appropriate benchmark defining an affordable housing standard...' (1991a:1). In so doing it reviewed many of the prevailing measures before settling on a ratio measure of housing costs to income. The NHS method takes into account the absolute size of income, noting that spending a given proportion of income on housing 'has different implications for someone on a low income compared to someone on a moderate to high income' (1991a:7). Accordingly, the NHS determined that income units in the bottom two quintiles of the income distribution with housing costs of 25 per cent or more of gross income could be considered as living in (financial) housing stress and having 'genuine housing affordability difficulties' (1991a:8). As indicated in Section 3.2, the general benchmark approach to affordability problems has been endorsed by the Commonwealth Government, although debate still continues regarding precisely what proportion of income should define the benchmark.

Although superficially there appear to be similarities between the after-housing poverty measure discussed above and the NHS affordability benchmark approach, there are considerable methodological differences which lead to significant variations in the number and types of income units estimated to experience this form of housing stress. For instance, the NHS approach applies the same benchmark (the second quintile of the income distribution) to all income unit types of all sizes, while the approach adopted by the Commission of Inquiry into Poverty (1975) uses various

benchmarks to take account of the type and size of income units. This is done by applying an equivalence scale that adjusts the benchmark to reflect differences in family composition, family size and the workforce status of family heads. The lack of an equivalence scale in the NHS approach is a fundamental weakness that seriously diminishes its usefulness as an indicator of financial housing stress. The affordability analysis presented below employs the methodology adopted by the NHS. In the section following this analysis estimates derived from the NHS approach are compared with those calculated using the Henderson Poverty Line.

Estimates for three affordability benchmarks are presented (Table 3.2). The first is the benchmark proposed by the NHS of 25 per cent or more of income spent on housing costs. The second and third benchmarks use 30 per cent and 50 per cent of income spent on housing costs respectively, indicating increasingly severe affordability problems. To highlight affordability trends, data for 1981–82, 1986 and 1990 are presented. The data are derived from three income surveys; each survey contains detailed income and housing cost information and employs income units as the basis of measurement, making the results comparable. The income level at the second quintile for each of the surveys is as follows: in 1981–82, $194 per week; in 1986, $255 per week; and $348 per week in 1990.

The data show that there has been a moderate decline in the proportion of income units experiencing housing affordability problems at the three benchmarks over the last decade. In 1981–82, almost 8.5 per cent of income units were experiencing affordability problems at the 25 per cent level. In 1990, this had declined to 7.7 per cent. There has been a comparable decline at the two more severe benchmarks. (These figures probably understate the number and proportions experiencing affordability problems because income units that indicated that they received no income for the period have been excluded from the analysis.) For most income unit types at the three benchmarks, the proportions experiencing affordability problems have declined over the decade, although at the 25 per cent benchmark there was a very small increase in the proportions of couple only and one-parent families experiencing affordability difficulties.

Table 3.2: *Income units in the lowest two quintiles of income distribution as a proportion of all income units, by proportion of income spent on housing by income unit type, Australia, 1981–82, 1986 and 1990*

	Single person (%)	Couple (no children) (%)	Two-parent family (%)	One-parent family (%)	All income units (%)
1981–82 Income and Housing Survey					
25% or more	10.2	4.0	6.8	25.5	**8.5**
30% or more	8.5	3.3	6.2	21.9	**7.3**
50% or more	4.4	1.7	3.7	11.1	**3.9**
Total income units ('000)	*3,176.3*	*1,573.2*	*1,908.0*	*295.6*	*6,953.1*
1986 Income Distribution Survey					
25% or more	8.2	4.3	5.8	28.8	**7.5**
30% or more	6.6	3.4	5.3	24.3	**6.3**
50% or more	3.0	1.8	3.3	10.1	**3.1**
Total income units ('000)	*3,392.2*	*1,788.2*	*1,968.6*	*315.1*	*7,464.1*
1990 Income, Housing Costs and Amenities Survey					
25% or more	8.5	4.5	5.9	26.7	**7.7**
30% or more	7.4	3.8	5.3	21.2	**6.6**
50% or more	3.7	2.3	3.5	8.1	**3.5**
Total income units ('000)	*3,616.6*	*2,002.9*	*2,051.9*	*382.1*	*8,053.4*

Note: Figures are weighted population estimates.
Sources: Unpublished ABS tables; ABS Income, Housing Costs and Amenities Survey 1990, unit record file.

Comparing the two approaches

The two approaches measuring financial stress outlined above present conflicting pictures of financial housing stress over the decade. The Henderson Poverty Line approach indicates that the degree of poverty after (and before) housing costs has increased over the decade—up from 11.2 per cent of all income units in 1981–82 to 13 per cent in 1990. The NHS approach indicates that housing affordability problems at the 25 per cent benchmark have declined over the decade—down from 8.5 per cent in 1981–82 to 7.7 per cent in 1990. Estimates of the number of income units experiencing financial housing stress also differ. In 1990, 794,000 income units were living in poverty after paying for their housing costs according to the Henderson Poverty Line approach, while around 620,000 income units were experiencing affordability problems (at the 25 per cent benchmark) according to the NHS approach. These estimates indicate that

the NHS approach is a more narrowly based measure than the arguably already austere Henderson Poverty Line approach.

The differences in the results obtained from the two measures largely flow from what has already been suggested as a fundamental weakness in the NHS approach, the lack of an equivalence scale. As stated earlier, in the Henderson approach, the poverty line adjusts to take account of the size and type of the income unit as well as the workforce status of family heads. Thus, an income unit comprising a large number of people can still be considered to be in poverty despite receiving an income above the second quintile. These income units do not show up as experiencing affordability problems under the NHS approach. This also explains why there are considerable differences in the proportions of income unit types experiencing financial housing stress as measured by the two approaches. The Henderson methodology 'picks up' considerably more two-parent and one-parent income units—income units with children—than does the NHS approach. This deficiency in the NHS measure has major equity implications for any policy proposals seeking to alleviate financial housing stress based on the NHS affordability benchmark.

Box 3.3: Reliability of estimates used in the analysis of housing stress

Estimates of those in housing stress are obtained using the unit record files of the ABS Income, Housing Costs and Amenities (IHCA) Survey 1990 and the NHS Housing and Location Choice (HALC) Survey 1991. These are sample surveys and, as such, are subject to sampling variability. The extent to which estimates obtained can be assumed to hold if all households were surveyed is indicated by the standard error.

The table below gives an indication of the expected standard errors for given population estimate sizes. There are about two chances in three that the sample estimate will differ by less than one standard error from the figure that would have been obtained if all dwellings had been included. There are about 19 chances in 20 that the difference will be less than two standard errors. Interested readers are referred to the ABS 1990 Survey on Income, Housing Costs and Amenities—Persons With Earned Income Australia (Cat. No. 6546.0) for a more comprehensive discussion of the reliability of estimates.

Standard errors for estimates from the HALC and IHCA Surveys

	HALC Survey		IHCA Survey
Estimate size	**Sydney**	**Melbourne**	**Australia**
10,000	1,720	1,620	2,100
50,000	3,490	3,290	4,500
100,000	4,620	4,350	6,100
200,000	6,120	5,670	8,200
1,000,000	–	–	15,600
10,000,000	–	–	35,100

Sources: ABS 1992b; AGB McNair unpublished.

Non-financial housing stress

Traditionally, non-financial housing stress indicators have included the physical condition of the dwelling and the amenity provided by the dwelling. An absence of security of tenure may also result in housing stress; however, little previous work has been done to develop indicators of tenure security. All indicators of non-financial stress are relative; that is, they refer to broader community standards and from time to time are adjusted to take account of changed societal norms. Precisely how the measures should be defined is subject to considerable debate. For instance, in more recent times, as cities have grown and the distance between people's homes and services and employment has increased, arguments have been mounted that these traditional indicators should be supplemented by indicators that measure the 'location disadvantage' of households (NHS 1991a, 1992a; King forthcoming). Accordingly, a measure of location disadvantage has been developed and included in the discussion of housing stress that follows.

Physical adequacy

An obvious first indicator of non-financial housing stress is the number of people living in dwellings that are in a poor or dilapidated physical condition—unfit for human habitation. Unfortunately, the ABS Census of Population and Housing, and most housing surveys in Australia, do not collect sufficient data on the physical adequacy of the dwelling from which to develop estimates of the numbers living in dwellings that are substandard or unfit for human habitation.[12]

Another indicator of physical adequacy is the number of people living in dwellings without basic amenities. Determining what are basic amenities is a subjective process. Should water supply, sewage disposal and the provision of electricity be considered or, as advocated by Burke et al. (1985), should a wider definition that includes such things as insulation, heating and the availability of a garage or shed be considered in the 1990s? In reviewing aspects of this debate, King (forthcoming) suggests that

> what is required for the entry of amenities into a delineation of housing stress is the identification of those amenities which are not enjoyed by all households, but which could be considered as reasonable requirements, if not essential, in this day and age. Accordingly, it is proposed that a critical level of amenities (at least in private dwellings) could be defined in terms of the presence of:
>
> (i) an internal toilet, and
>
> (ii) a separate internal bathroom.
>
> [*Note*: Toilet and bathroom need not be separate from each other.]

Adopting King's criteria, an estimated 85,000 income units (or 1.1 per cent of all income units) could be considered to have been living in housing need in 1990—that is, they lacked access to basic amenities, either an internal toilet, an internal bathroom or both an internal toilet and an internal bathroom (Table 3.3). Clearly, the vast majority of income units do not experience this form of housing stress.

---

12. The data that are available, such as construction materials, provide only an indirect, and hence not very useful, indication of physical adequacy of the dwelling.

Table 3.3: *Income units without access to basic amenities, by income unit type and dwelling type by amenity, Australia, 1990*

	Without internal bathroom (%)	Without internal toilet (%)	Without internal bathroom and toilet (%)	Total without basic amenities (%)	Total income units ('000)
Income unit type					
Single person	0.3	0.7	0.4	1.4	3,615.0
Couple (no children)	0.5	0.4	0.1	1.0	2,002.9
Two-parent family	0.3	0.3	0.1	0.7	2,051.9
One-parent family	0.3	0.2	0.2	0.7	382.1
Dwelling type					
Separate house	0.3	0.4	0.1	0.8	6,587.2
Medium density	0.3	0.7	0.5	1.5	1,129.6
High density	0.6	0.0	0.0	0.6	240.9
Other	3.9	2.9	8.6	15.4	94.1
All income units	**0.4**	**0.5**	**0.2**	**1.1**	**8,051.8**
Number without access to basic amenities ('000)	28.5	38.3	18.5	85.3	

Notes
1. Table excludes residents in non-private dwellings.
2. Figures are weighted population estimates.

Source: ABS Income, Housing Costs and Amenities Survey 1990, unit record file.

The highest incidence of this measure of non-financial housing stress occurred among single-person income units (1.4 per cent). Some 15.4 per cent of income units living in 'other' dwelling types, which included caravans and houseboats, also lacked access to basic amenities.

Security of tenure

Another non-financial measure of housing stress is whether households have security of tenure. As with other indicators of housing stress, there are a number of views about what constitutes tenure security and how the concept may be measured. The Department of Health, Housing and Community Services (unpublished), for example, has suggested that security of tenure for private renters may be gauged by noting whether households have fixed-term leases. This approach, however, is too restrictive because a lease, by itself, does not ensure tenure security. The NHS (1992b) has adopted a more wide-ranging definition, arguing that security of tenure refers to the extent to

which an interest in, or title to, property is certain or guaranteed—or more simply, a right to continued occupation of a home.

Using the NHS definition, one possible measure of the extent to which households lack security of tenure is the occurrence of an involuntary move. As part of the Housing and Location Choice (HALC) Survey 1991, respondents who had moved house at least once in the last five years or who were intending to move within the next 12 months were asked why they had moved or were intending to move. Response categories such as 'inability to meet mortgage repayments or rent payments', 'eviction', 'occupied dwelling no longer available', and 'State housing authority responsible for move' have been used here as indicators of involuntary moves. Employment-related moves and moves resulting from marital or family breakdown have been excluded since the former are not generally considered involuntary and the latter were indistinguishable from family formation reasons which, in the main, represent voluntary moves.

About 7 per cent of households in Sydney and Melbourne have moved or anticipated moving due primarily to reasons beyond their control and, therefore, can be considered as lacking security of tenure (Table 3.4). The most commonly cited reasons for forced moves are affordability of rent payments and the non-availability of occupied dwellings (which, presumably, would include decisions on the part of private landlords to either sell or occupy the dwelling). Each of these reasons accounts for 3 per cent of all involuntary moves.

Group households and multi-generational households ('other households' in Table 3.4) are most at risk of having inadequate security of tenure (almost 16 per cent). One-parent families experienced a similar incidence of forced moves (15 per cent). Two-parent families and couples without children are substantially less likely to experience involuntary moves (5 per cent and 4 per cent respectively).

These results, while based on Sydney and Melbourne residents only, provide some insight into the types of households without tenure security in Australia, and the incidence of housing need as measured by this concept. Whether a household is living in a rented or owner-occupied dwelling is also a critical factor in determining security of tenure—an analysis of this factor is presented in Section 3.5.

Table 3.4: *Households without adequate security of tenure, by household type by reason, Sydney and Melbourne, 1991*

Household type	Inability to meet mortgage payments (%)	Inability to meet rent payments (%)	Eviction (%)	Dwelling no longer available (%)	SHA responsible for move (%)	Total without security (%)	Tota household ('000
Single person	0.3	3.3	0.4	3.3	0.4	7.7	361
Couple (no children)	0.2	1.6	0.3	2.0	0.0	4.1	454
Two-parent family	0.8	1.6	0.3	2.1	0.0	4.9	848
One-parent family	0.5	7.1	0.4	3.9	0.4	12.2	134
Other households	0.3	7.3	0.7	7.3	0.1	15.7	277
All households	**0.5**	**3.1**	**0.4**	**3.1**	**0.1**	**7.1**	**2,077**

Notes

1. Thirty-eight out of 8,530 unweighted cases have been excluded because of suspected coding errors.
2. Fifty-four unweighted cases specifying SHA responsible for move as the main reason for moving have been excluded since they represent movement into the public housing sector which is, in effect, a voluntary move.
3. Nineteen unweighted cases have been excluded due to missing data.
4. 'Other' includes group households and multi-generational households.
5. Figures are weighted population estimates.

Source: NHS Housing and Location Choice Survey 1991, unit record file.

Access difficulties

There has been continuing debate about housing disadvantage resulting from the location of dwellings with respect to social infrastructure, community services, public transport and employment. There has been concern that many households located on the fringes of the major cities have difficulties getting access to major community and social services, and consequently experience housing stress. To examine this issue, the NHS included in its HALC Survey a number of questions designed to elicit respondents' subjective evaluation of the ease or difficulty they had accessing a range of services (including social support networks). Using responses to these questions, a scale of access difficulty to a core of services, considered as important or very important by a

majority of respondents, has been developed.[13] The 'core' services and social support networks used to define access difficulties are: shops; public transport; hospitals; doctors, dentists or other health facilities; public open space; and houses of friends and relatives.

The great majority of households in Sydney and Melbourne (93 per cent or 1.96 million households) perceive very little or only a moderate degree of difficulty accessing core services. Six per cent, or about 115,000 households, found it difficult to obtain these services and 1.5 per cent (30,500) households found it very difficult to gain access to core services (Table 3.5). A total of 145,400 households in Sydney and Melbourne found it difficult or very difficult to obtain these core services and, therefore, met this criterion of being in housing need.

A greater proportion of single-person households (11.1 per cent) experienced access difficulties than did other household types, although in absolute numbers, there were more two-parent family households (55,800) in housing need (Table 3.5). The proportion of households in housing need increased as distance from the city centre increased. Around 10.4 per cent of those living on the fringes of the two cities were in housing need.

13. The scale of location disadvantage used in Table 3.4 is essentially a Likert Scale. It was constructed from two questions asked in the National Housing Strategy's Housing and Location Choice Survey carried out in Sydney and Melbourne in 1991. The first question asked respondents to indicate the degree of importance a range of services, facilities and social networks had for them. The degree of intensity felt by the respondent was captured by a four-point scale: very important; important; somewhat important; not important at all. The second question asked respondents how easy it was for them to access the range of services. The degree of ease or difficulty was also captured by a four-point scale: very easy; easy; difficult; very difficult.

    The scale of location disadvantage was constructed by first establishing the services etc. that were considered to be important or very important by a clear majority of respondents. This produced a group of six 'core' or essential services: shops, medical and dental facilities, hospitals, public transport and public open space. By summing the respondents' evaluation of the ease or difficulty experienced when accessing each of these services a scale with a possible maximum of 24 points was derived. The respondents' location on the scale indicates the degree of location disadvantage they experienced. For the purposes of the table, respondents with a score from 12 to 24 were considered to be in location stress; that is, they found it difficult or very difficult to access the 'core' group of services.

Table 3.5: *Households experiencing access difficulties, by household type and zone, Sydney and Melbourne, 1991*

Household type	Proportion reporting difficult access (%)	Proportion reporting very difficult access (%)	Total proportion in housing need (%)	Total households ('000)
Single person	7.8	3.3	11.1	367.1
Couple (no children)	4.0	0.7	4.7	458.0
Two-parent family	5.3	1.2	6.5	858.8
One-parent family	5.7	2.1	7.7	141.0
Other households	4.9	0.8	5.7	283.9
Zone				
Core	2.7	0.1	2.8	273.9
Inner	3.7	1.4	5.1	200.4
Middle	5.0	1.5	6.5	649.5
Outer	5.9	1.4	7.3	562.9
Fringe	8.1	2.3	10.4	422.1
All households	**5.4**	**1.4**	**6.8**	**2,108.8**
Number reporting access difficulties/considered to be in housing need ('000)				
	114.9	30.5	145.4	

Notes

1. The zonal structure used in this table was developed by the National Housing Strategy (HALC Survey) and its application is only possible using this data source—the purpose being to impose a spatial structure on the survey data to examine the effect of location on housing outcomes. The zones broadly conform to a concentric ring structure around cities. Each zone is located further from the city centre than the other. For a discussion of how the zones were derived and the area they include see *The Findings of the Housing and Location Choice Survey: An Overview*, Background Paper No. 11, National Housing Strategy, 1992:81–84.
2. Figures are weighted population estimates.

Source: NHS Housing and Location Choice Survey 1991, unit record file.

The number of people in housing need

Estimates of those in housing need (using the six concepts from the typology) have thus far been presented using various different measuring units—persons, income units and households (see Box 3.2 for an explanation of these units). For comparative purposes, it is useful to present estimates of housing need in terms of number of people.

As indicated, the number of homeless people is estimated to have been between 48,000 and 61,000 in 1992 (although this estimate involves assumptions that cannot be

validated from existing data). The number of people in housing stress is more certain. The number living in housing-related poverty is estimated at 2,045,000 in 1990, while 1,224,000 Australians had affordability difficulties in 1990. The number of people living in dwellings that lacked basic amenities in 1990 is estimated at 152,000. Further, 414,000 people living in Sydney and Melbourne in 1991 (available data do not permit an Australian estimate) were in housing need as a result of a lack of tenure security and 397,000 people (again, from Sydney and Melbourne) experienced difficulties accessing services.

These estimates cannot be added together to derive an overall total of Australians in housing need because of the potential to double-count individuals, and because data are from different time periods. It is clear, however, that the population in housing need in the early 1990s must have numbered in excess of two million people, or over 13 per cent of Australians. Among this number, three groups appear to have been disproportionately represented among those in housing need—Aboriginal people, one-parent families and young people.

Unfortunately, it is not possible to obtain data on the specific numbers of Aboriginal and Torres Strait Islander people living in housing-related poverty and housing stress at this time. ATSIC intends to provide these data in the near future. Nevertheless, a study of 1986 ABS Census data shows that Aboriginal and Torres Strait Islander people are much less likely to be home purchasers or home owners and much more likely to be renting in the private and public rental sectors than other Australians (Anderton & Lloyd 1991:93). Section 3.5 highlights the fact that the proportion of Aboriginal and Torres Strait Islander people using supported accommodation services is far greater than is their representation in the general population, indicating a higher incidence of homelessness among this group. Similarly, the 1987 Housing Needs Survey found that '70,000 people or 31 per cent of the total Aboriginal population were homeless or living in inadequate accommodation' (Royal Commission into Aboriginal Deaths in Custody 1991:Vol. 2:444). The Royal Commission has also drawn attention to instances of Aboriginal people living in severely overcrowded housing, citing cases where 12 or more people were living in three-bedroom houses. In one Aboriginal community at Aurukun 'there were on average 7.5 people per dwelling' (1991:Vol. 2:445).

A lack of infrastructure, including essential services such as water, electricity and waste disposal, has an adverse impact on the housing situation of Aboriginal and Torres Strait Islander people. The first stage of an infrastructure needs survey presently being carried out for ATSIC shows that 34 per cent of rural communities surveyed to date do not have water of a quality that meets National Health and Medical Research Council guidelines and 15 per cent of rural communities surveyed do not have access to a sewage disposal system (ATSIC 1992). The survey also indicates that 24 per cent of rural houses owned and/or administered by Aboriginal and Torres Strait Islander organisations require major repairs.

The proportion of one-parent families considered to be in housing need in Australia is alarmingly high. Almost 50 per cent of one-parent families—families overwhelmingly headed by women—were in poverty after paying housing costs in 1990. Similarly, 27 per cent experienced affordability problems, a proportion that was almost four times that of other income unit types. One-parent families also experienced relatively high

levels of non-financial housing stress (measured as security of tenure and access difficulties) when compared with other household types.

Finally, young people constituted the largest proportion of the homeless population using supported accommodation services (38 per cent—see Appendix Table A3.9) and single-person income units aged 15–24 were also disproportionately represented among those in after-housing poverty.

3.4 Housing assistance and services

To assist those in housing need, governments have provided housing assistance and services in various forms. Government funding of community organisations to provide services directed towards meeting the needs of homeless people occurs principally through CAP, SAAP and the Youth Social Justice Strategy (YSJS).[14] There are two major types of services provided: accommodation services and support services. Assistance provided under the CSHA is directed towards meeting longer term housing needs, predominantly for those in public rental housing and for low to moderate income earners seeking to buy a dwelling. Details of assistance and services provided and funding arrangements are set out in this section.

Accommodation services for the homeless

Data from the May 1992 SAAP National Client One Night Census indicate that accommodation services were provided to over 9,300 homeless people and more than 4,100 accompanying children each night (Merlo et al. forthcoming).

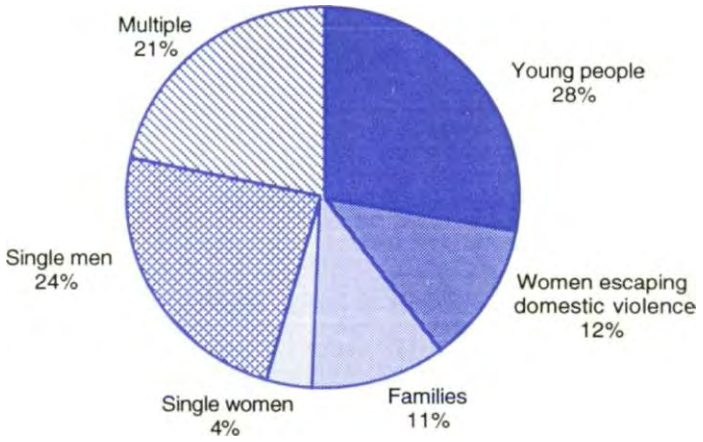
The largest proportion of service users (28 per cent) were accommodated at service delivery locations targeting young people (Figure 3.3).

Service users frequently sought assistance for dependent children as well as for themselves—most notably, 75 per cent of women using domestic violence services were accompanied by children. Across all target groups, 24 per cent of service users were accompanied by children.

Although a clear majority of community organisations providing services for the homeless continue to cater for specific target groups, current SAAP arrangements have moved away from the stricter sub-program regime of the mid-1980s. Given the recommendations of the national evaluation referred to previously in Section 3.2, this trend towards greater flexibility in service provision seems likely to continue.

Supported accommodation is transitional rather than long term. Although available data do not permit precise estimates of length of stay, service users in May 1992 were accommodated, on average, for periods of over 30 weeks (Merlo et al. forthcoming). However, the median length of stay was seven weeks, indicating that most service users are accommodated for relatively short periods, while a small proportion remain in SAAP accommodation for quite lengthy periods.

14. Some other housing programs such as the Victorian Emergency Housing Program also aim to assist homeless people.



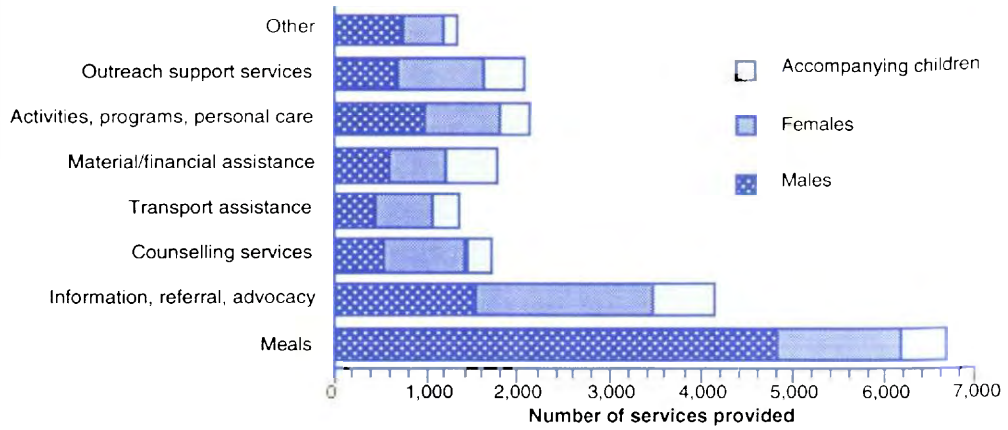
Note: 'Multiple' is any combination of the other target groups.
Source: Merlo et al. forthcoming. Refer to Appendix Table A3.2

Figure 3.3: ***SAAP accommodation service users by target group, Australia, May 1992***

Support services for the homeless

A range of support services is provided by SAAP. These services include: meals; information, referral and advocacy; counselling; transport assistance; material and financial assistance; activities, programs and personal care; and outreach services. In December 1992, community organisations providing SAAP services at 694 locations throughout Australia responded to a Department of Health, Housing and Community Services census designed to gather information on support services. Unfortunately, data gained from the census were not of high quality because of implementation difficulties and a relatively low response rate of no more than 60 per cent. Therefore, the data provide only an indicative picture of SAAP support services.

A total of 22,746 support services were provided at the 694 locations—an average of 32.8 services per location during a 24-hour period (Merlo et al. forthcoming). The type of support services varied according to the sex of service users (Figure 3.4). Findings from the census show that over three times as many meals were provided to males than to females. Conversely, females received a greater proportion of outreach support services (45 per cent of all such services) than did males (32.6 per cent). Children accompanied by their parents received a relatively small proportion (15 per cent) of all support services provided by respondent organisations.



Source: Merlo et al. forthcoming.

Refer to Appendix Table A3.3

Figure 3.4: *SAAP support services provided in a 24-hour period by service user, Australia, December 1992*

Data from a 'Special One Night Census' carried out in Victoria, Western Australia and the Northern Territory in October 1992 confirm that the provision of support services varies according to sex and cultural background (Merlo et al. forthcoming). The Census indicated that females received on average more support services (5.4 services per person) than males (4.6 per person). Aboriginal people received on average fewer services (4.5 services per person) than non-Aboriginal people of English-speaking background (5.0 services per person) and people of a non-English-speaking background (5.6 services per person).

Funding services for the homeless

The Crisis Accommodation Program (CAP)

CAP funds are provided by the Commonwealth to State housing authorities for the acquisition of dwellings for people who are homeless or in crisis. Although funds allocated under CAP may be used for other short-term housing programs, such as the Emergency Housing Program in Victoria, the bulk of CAP funding is used for transitional accommodation for SAAP services.

In each past financial year since the start of the second SAAP Agreement, the Commonwealth has provided $39.7 million, in nominal terms, for crisis accommodation dwellings. In addition to standard CAP funds, the Commonwealth, as part of the response to the Burdekin Report, allocated a further $10 million in 1989–90 for the provision of medium- to long-term accommodation for young people under the YSJS. The distribution of CAP funds occurs on a per capita basis. About 60 per cent of all CAP funds are allocated to New South Wales and Victoria (Table 3.6).

Table 3.6: *Crisis Accommodation Program, Commonwealth outlays to States/Territories, Australia, 1989–90 to 1991–92*

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
					(1991–92 constant $'000)				
1989–90	18,348	13,720	8,865	4,993	4,530	1,440	881	501	53, 278
1990–91	13,853	10,375	6,805	3,825	3,422	1,084	667	376	40,408
1991–92	13,511	10,156	6,772	3,802	3,337	1,057	655	365	39,655

Notes

1. 1989–90 figures include $10 million ($10.730 million in 1991–92 dollars) one-off YSJS allocation.
2. Figures adjusted using the Consumer Price (All Groups) Index—Weighted Average of Eight Capital Cities.

Sources: DCSH 1990; HHCS1992a, 1992b.

The distribution of CAP funding within States and Territories by SAAP target group is subject to annual joint Commonwealth–State planning processes and so the determination of priorities may change from one year to the next (Table 3.7). However, in addition to the $10 million one-off allocation under YSJS, $7.15 million in each financial year from 1989–90 to 1991–92 was earmarked for youth services. This has ensured that dwellings for youth (people under 25 years) have remained a high priority over the life of the current SAAP Agreement.

Table 3.7: *Crisis Accommodation Program, allocation of funds by State/Territory and SAAP target group, Australia, 1989–90 to 1991–92*

Target group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
	(1991–92 constant $'000)								
1989–90									
Youth	7,664	6,381	2,709		2,599	219	61	0	19, 634
Women escaping domestic violence	3,595	1,223	1,185		197	370	477	65	7, 113
One- and two-parent families	3,685	676	1,405		1,447	11	0	0	7, 223
Single women	111	628	0		0	268	189	0	1, 195
Single men	1,469	1,336	54		298	25	0	0	3, 181
Multiple	0	3,477	825		6	54	0	0	4, 362
Total 1989–90	*16,523*	*13,720*	*6,177*		*4,548*	*946*	*727*	*65*	*42, 709*
1990–91									
Youth	9,013	2,679	2,315	1,287	847	39	169	0	16, 349
Women escaping domestic violence	1,932	948	1,213	1,815	234	630	252	161	7, 184
One- and two-parent families	1,834	3,558	2,783	685	514	479	0	0	9, 853
Single women	1,223	443	0	560	0	412	367	0	3, 005
Single men	851	1,926	69	345	730	278	0	5	4, 204
Multiple	0	496	0	0	1,097	0	51	0	1, 645
Total 1990–91	*14,853*	*10,050*	*6,380*	*4,692*	*3,422*	*1,837*	*839*	*166*	*42, 239*
1991–92									
Youth	5,990	2,529	1,992	2,091	325	450	47	238	13,662
Women escaping domestic violence	2,383	1,121	1,877	3,240	61	20	61	30	8,793
One- and two-parent families	896	5,000	1,253	1,547	975	367	155	0	10,193
Single women	300	855	0	0	15	0	0	0	1,170
Single men	7,125	1,672	18	279	401	8	210	14	9,727
Multiple	2,415	330	848	520	1,730	24	125	0	5,992
Total 1991–92	*19,109*	*11,507*	*5,988*	*7,677*	*3,507*	*869*	*598*	*282*	*49,537*

continued

Notes
1. Western Australian 1989–90 CAP allocation included with 1990–91 figures.
2. Victorian 1991–92 allocation excludes $3.5m of State government funding for Gordon House redevelopment.
3. All figures include YSJS allocation.
4. The figures here represent the commitment of funds at a (State) project level. Accordingly, they differ from actual Commonwealth allocations for each fiscal year since previously allocated but not expended CAP funds are often rolled over to subsequent financial years. Annual totals cannot, therefore, be added without double counting. States may also reallocate Commonwealth untied funds to CAP for administration purposes.
5. Figures adjusted using the Consumer Price (All Groups) Index—Weighted Average of Eight Capital Cities.
6. 'Multiple' is any combination of the other target groups.

Source: Adapted from Lindsay 1993.

Not all allocated funds are expended in each financial year. Funds not expended are frequently rolled over into subsequent years. At the end of the 1991–92 financial year, accumulated unspent CAP funds totalled $68.2 million (Table 3.8).

Table 3.8: ***Crisis Accommodation Program, expenditure by State/Territory, Australia, 1989–90 to 1991–92***

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
	(1991–92 constant $'000)								
1989–90	11,548	8,335	4,168	1,017	1,743	76	72	253	27, 211
1990–91	11,582	11,784	4,468	2,155	2,950	739	669	168	34, 515
1991–92	6,131	9,209	6,233	1,191	1,968	1,352	844	288	27,216
(1991–92 rollover)	31,400	9,300	7,300	9,800	7,000	1,800	700	900	68, 200

Notes
1. Figures include YSJS allocation.
2. Figures adjusted using the Consumer Price (All Groups) Index—Weighted Average of Eight Capital Cities.

Source: Adapted from HHLGCS unpublished figures.

Supported Accommodation Assistance Program

Recurrent funding for salaries and other operational costs associated with providing housing and support to people who are homeless and in crisis is allocated primarily under SAAP. Program funding comprises base funds, growth funds and indexation funds. At the inception of SAAP in 1985, State and Commonwealth funding of all existing programs for homeless people was used to determine the respective contributions to the base funding under SAAP. The Commonwealth contributes 60 per cent of base funding with the States and Territories contributing the remaining 40 per cent (Lindsay 1993:186).

The *Supported Accommodation Assistance Act 1989* specifies the amount of growth funding to be allocated by the Commonwealth, which is matched dollar-for-dollar by

each State and Territory[15] and then built into the subsequent year's base funding. Indexation funding, which the Act specifies should be based on Average Award Wage Rates and the Consumer Price Index, assures that State and Commonwealth contributions to the Program are at least maintained in real terms (Lindsay 1993:184). The respective Commonwealth and State/Territory allocations for SAAP have, in fact, increased by 26 per cent in real terms between 1989–90 and 1991–92 (Table 3.9).

Table 3.9: ***Supported Accommodation Assistance Program, allocation by funding source, Australia, 1989–90 to 1991–92***

Funding source	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
	(1991–92 constant $'000)								
1989–90									
Commonwealth	28,283	16,371	11,708	7,225	6,735	3,418	2,454	1, 963	78, 128
State/Territory	19,693	10,009	7,640	5,148	3,799	2,526	1,880	1, 159	51, 854
Total allocation 1989–90	*47,976*	*26,380*	*19,348*	*12,373*	*10,534*	*5,944*	*4,334*	*3, 095*	*129, 984*
1990–91									
Commonwealth	28,953	17,917	12,541	7,692	7,279	3,429	2,616	2, 095	82, 521
State/Territory	24,914	11,532	8,459	5,610	4,334	2,399	2,039	1, 317	60, 609
Total allocation 1990–91	*53,867*	*29,449*	*21,000*	*13,302*	*11.613*	*5,828*	*4,655*	*3, 412*	*143, 126*
1991–92									
Commonwealth	28,932	23,523	13,732	7,481	8,041	3,385	2,852	2,341	90, 260
State/Territory	27,285	16,357	9,515	5,810	4,999	2,644	2,573	1, 510	70, 693
Total allocation 1991–92	*56,217*	*39,880*	*23,247*	*13,291*	*13,040*	*6,029*	*5,425*	*3, 824*	*160, 959*

Note: Figures adjusted using the Consumer Price (All Groups) Index—Weighted Average of Eight Capital Cities.
Source: Adapted from HHLGCS unpublished figures.

Over half of SAAP expenditure is directed towards services for youth and for women escaping domestic violence (Table 3.10). However, since available data from Victoria and Tasmania combine YSJS with SAAP expenditure, it is difficult to determine, in percentage terms, the distribution of SAAP expenditure among the Program's target groups. Again, not all allocated funds are expended in each financial year (Tables 3.10 and 3.12). Under the *Supported Accommodation Assistance Act 1989,* unspent funds may be recouped by the Commonwealth and contributing State/Territory government or, as is usually the case, rolled over into subsequent financial years.

15. Over the course of the second SAAP agreement, designated growth funds have been unable to be met by some States and Territories. In such instances, Commonwealth growth funding has been offered to other States and Territories on a dollar-for-dollar matching arrangement.

Table 3.10 : *Supported Accommodation Assistance Program, expenditure of total Commonwealth and State/Territory funds by State/Territory and SAAP target group, Australia, 1989–90 to 1991–92*

Target group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
	(1991–92 constant $'000)								
1989–90									
Youth	14,110	9,764	5,655	3,219	4,099	1,985	1,363	418	40, 613
Women escaping domestic violence	12,007	7,940	6,105	4,399	3,423	1,245	1,610	1, 331	38, 059
One- and two-parent families	2,296	644	1,567	429	633	569	290	0	6,427
Single women	1,513	1,073	150	483	150	397	343	150	4,260
Single men	5,419	2,575	2,178	1,341	1,277	622	11	665	14,088
Multiple	2,446	4,829	3,090	1,652	526	719	601	408	14,271
Administration	1,180	644	451	290	268	161	97	75	3,165
Training	290	107	150	43	32	43	21	32	719
Research	0	0	0	0	97	32	0	0	129
Other	0	0	11	0	0	0	0	0	11
Total 1989–90	*39,261*	*27,576*	*19,357*	*11,857*	*10,505*	*5,773*	*4,335*	*3,080*	*121,743*
1990–91									
Youth	15,906	11,005	6,389	3,566	4,606	2,201	1,457	622	45,753
Women escaping domestic violence	15,183	7,846	6,409	4,891	3,862	1,264	1,773	1,345	42,574
One- and two-parent families	3,526	917	1,804	509	795	499	285	0	8,335
Single women	2,150	1,019	143	571	183	397	357	143	4,962
Single men	6,267	2,853	2,262	1,528	1,528	591	51	723	15,805
Multiple	2,863	6,012	3,424	1,906	673	693	632	459	16,661
Administration	999	713	469	316	326	163	71	61	3,118
Training	173	204	102	71	112	51	10	51	774
Research	0	0	0	51	377	10	0	0	438
Other	0	713	0	31	0	0	0	0	744
Total 1990–91	*47,067*	*31,283*	*21,001*	*13,441*	*12,462*	*5,869*	*4,636*	*3,403*	*139,164*

continued

Table 3.10 (continued): *Supported Accommodation Assistance Program, expenditure of total Commonwealth and State/Territory funds by State/Territory and SAAP target group, Australia, 1989–90 to 1991–92*

Target group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
	(1991–92 constant $'000)								
1991–92									
Youth	17,450	12,200	6,910	3,600	4,520	2,070	1,560	600	48,910
Women escaping domestic violence	16,450	8,300	6,960	4,900	3,970	1,370	2,200	1,460	45,610
One- and two-parent families	3,600	1,000	1,930	500	840	510	390	0	8,770
Single women	2,210	1,100	220	560	200	380	370	150	5,190
Single men	6,870	3,200	2,160	1,500	1,730	640	100	700	16,900
Multiple	3,070	7,300	3,870	1,820	510	790	660	410	18,430
Administration	1,030	700	500	290	440	150	120	80	3,310
Training	70	300	410	40	150	90	30	30	1,120
Research	0	0	0	10	240	20	0	0	270
Other	0	500	0	40	0	0	0	0	540
Total 1991–92	*50,750*	*34,600*	*22,960*	*13,260*	*12,600*	*6,020*	*5,430*	*3,430*	*149,050*

Notes
1. 1989–90 and 1990–91 Victorian figures include YSJS payments.
2. 1989–90, 1990–91 and 1991–92 Tasmanian figures include YSJS payments.
3. Figures adjusted using the Consumer Price (All Groups) Index—Weighted Average of Eight Capital Cities.
4. 'Multiple' is any combination of the other target groups.

Source: Adapted from Lindsay 1993.

Youth Social Justice Strategy (YSJS)

The YSJS, in addition to capital funding, provides recurrent funding for innovative support services and medium- to long-term accommodation for homeless youth. Commonwealth recurrent funding is matched on a dollar-for-dollar basis by State and Territory governments (DCSH 1990:248). Commonwealth and State/Territory recurrent funds so far committed under YSJS have increased in real terms from $4.7 million in 1989–90 to $10.5 million in 1991–92 (Table 3.11).

Table 3.11: *Allocation of recurrent funding under the Youth Social Justice Strategy by State/Territory, Australia, 1989–90 to 1991–92*

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
	(1991–92 constant $'000)								
1989–90	1,562	1,167	749	421	391	144	144	144	4,721
1990–91	3,169	2,368	1,518	852	791	157	293	293	9,442
1991–92	3,210	2,446	1,568	836	1,982	0	304	150	10,496

Notes
1. All allocations comprise 50% Commonwealth funds and 50% State/Territory funds.
2. Figures adjusted using the Consumer Price (All Groups) Index—Weighted Average of Eight Capital Cities.

Source: Adapted from HHLGCS unpublished figures.

The expenditure of YSJS recurrent funds does not replicate the above allocation pattern. Delays in the expenditure of the initial funding allocation resulted in the largest annual expenditure of funds occurring in 1990–91 (Table 3.12).

Table 3.12: *Recurrent expenditure under the Youth Social Justice Strategy by State/Territory, Australia, 1989–90 to 1991–92*

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
	(1991–92 constant $'000)								
1989–90	0	-	749	120	91	-	28	31	1,019
1990–91	10,771	-	1,518	345	337	-	326	71	13,369
1991–92	2,907	2,446	1,559	949	371	-	380	166	8,778

Notes
1. 1989–90 and 1990–91 Victorian figures are combined with SAAP payments in Table 3.10.
2. 1989–90, 1990–91 and 1991–92 Tasmanian figures are combined with SAAP payments in Table 3.10.
3. Figures adjusted using the Consumer Price (All Groups) Index—Weighted Average of Eight Capital Cities.

Source: Adapted from HHLGCS unpublished figures.

Long-term housing assistance under the Commonwealth State Housing Agreement

A number of housing assistance programs come under the umbrella of the CSHA. They include assistance to home purchasers in the form of loans and mortgage interest subsidies and programs to aid renters through the provision of public rental homes. Under the terms of the current CSHA, Commonwealth funding is provided as tied (specific purpose) grants and untied grants. States are required to match the amount of Commonwealth untied assistance. The Agreement permits States to use the value of home loans advanced to partially meet matching requirements. However, at least half

of any State's matching funds must be provided in the form of grants. A 'phasing in' period between 1989 and 1993 allowed a reduced level of State grants in those years.

The CSHA does not require States to match Commonwealth funds provided for specific purpose housing assistance programs, apart from those funds directed to the Mortgage and Rent Assistance Program (previously the Mortgage and Rent Relief Scheme).

In the 1990–91 fiscal year, the Commonwealth provided $1034.8 million in CSHA moneys (including ACT funding) of which $792.9 million (76.6 per cent) was in untied assistance. An additional $5.5 million was provided to the States by the Commonwealth under the *State Grants (Housing) Act 1971*; however, this arrangement is not formally part of the CSHA.[16]

Under the terms of the CSHA the States provided a further $905.8 million in 1990–91.[17] This was made up of State grants of $263.8 million directed to matching Commonwealth untied funds; $48.5 million in matching funds directed towards the Mortgage and Rent Assistance Program; and other State funds of $593.5 million, the bulk of which ($445.5 million) was generated through internal operations including the provision of home loans and the sale of rental dwellings. Accordingly, total funds provided by Commonwealth and State governments combined amounted to $1,940.6 million. In addition, commercial and joint venture funds of $1,916.9 million were attracted under home purchase assistance schemes. In 1990–91, total funds provided for housing assistance under the CSHA (including ACT funding) from all sources were $3,857.5 million (Figure 3.5).

Total real funding for housing assistance (in 1990–91 dollars) in the ten-year period 1981–82 to 1990–91, excluding funds relating to the ACT which became a party to the CSHA only in 1989–90, increased from $1,369.5 million to $3,807.9 million—an average annual increase of 17.8 per cent. A significant part of the growth in funds is attributable to changes made following the renegotiation of CSHA in 1989. As discussed in Section 3.2, States' borrowings for home purchase assistance were exempted from Loan Council constraints and the Agreement allows States to meet 50 per cent of their matching funds from the value of loans approved. By the end of the 1990–91 fiscal year, private sector funding accounted for almost 50 per cent of total CSHA funding. The cessation of funds in the form of concessional loans from the Commonwealth to the States in 1989 is also apparent in Figure 3.5.

The allocation of funds for housing assistance under the CSHA can be divided into two broad categories: home purchase assistance, provided predominantly through housing loans; and rental housing assistance, provided principally in the form of public rental dwellings available to low income earners at rebated rents (rents fixed to a proportion of income). As discussed in Section 3.2, the relative importance of these two types of housing assistance has varied over time and each are considered separately below.[18]

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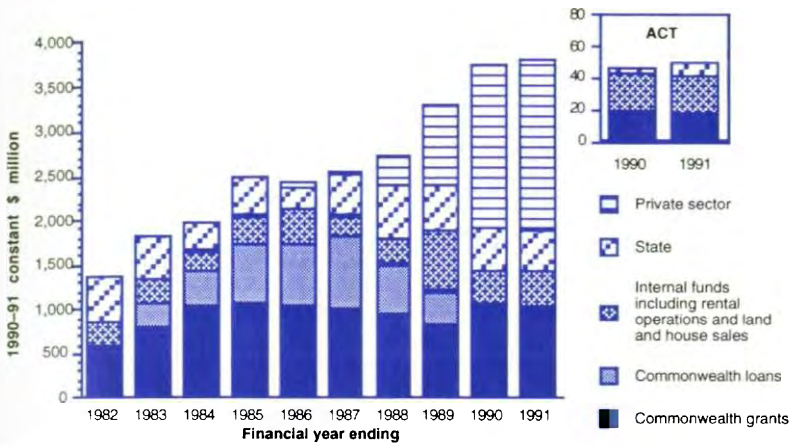
16. Grants under this Act are made in lieu of CSHA contributions by the Commonwealth in 1971–1972 and 1972–1973 and are payable for a 30-year period from 1971.
17. This amount does not include funds allocated to housing programs outside the CSHA.
18. Some programs, for example the Mortgage and Rent Assistance Program, do not lend themselves to easy division between the principal forms of assistance. The allocation of funds used here follows the approach previously adopted by the Department of Health, Housing and Community Services (HHCS 1992b).



Notes

1. The Commonwealth grants are net of funds provided under the terms of the *State Grants (Housing) Act 1971*.
2. State funding is net of other State housing program funds.
3. ACT funds are shown separately for comparative purposes as the ACT only formally became a party to the Agreement in 1989.
4. Figures adjusted using the Consumer Price (Housing) Index—Weighted Average of Eight Capital Cities.

Source: HHCS 1992b. Refer to Appendix Table A3.4

Figure 3.5: ***Total CSHA related funding for housing assistance, Australia, 1981–82 to 1990–91***

Home purchase assistance

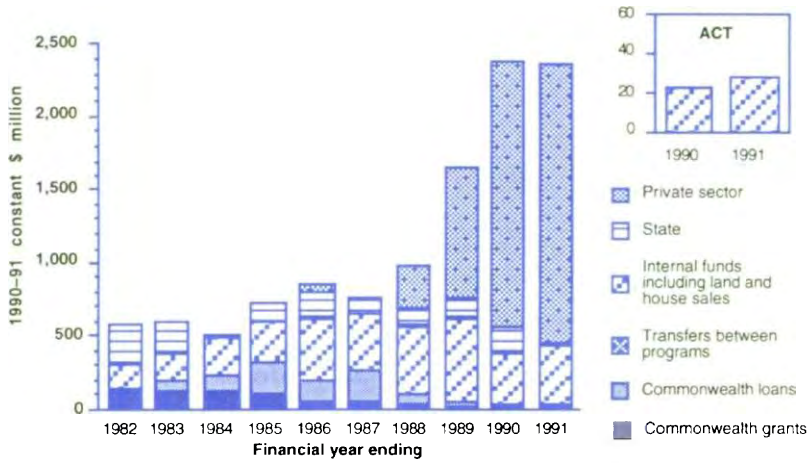
There have been substantial changes in the allocation of Commonwealth CSHA funds since 1981–82. Commonwealth funding for home purchase assistance measured in real terms (constant 1990–91 dollars) was $129.3 million in 1981–82, but by 1990–91 it stood at only $15.3 million. This change has been affected by the rapid increase in funds from internal sources and, in particular, from the private sector.

In Victoria, for example, the Home Opportunity Loans Scheme (HOLS) provides low start loans[19] for those meeting eligibility requirements. Funds are raised to support HOLS on the private market through the sale of bonds issued by Victorian Housing Bonds Limited. Similarly, in the New South Wales Homefund scheme, home ownership assistance funds are raised by FANMAC Limited via the sale of mortgage-backed securities. The schemes are secured by housing authorities, and interest subsidies are provided to some home loan borrowers. Raising off-budget funds through such mechanisms has greatly increased the capacity of State housing authorities to make

19. Low start loans typically fix repayments at a lower than usual proportion of mortgagors' income and increase over time in line with rising income. The loans can be a feasible option for those in lower income ranges although difficulties can arise if assumed rises in income do not eventuate.

home loans available to those unlikely to be eligible for home finance through private sector financial institutions, especially during the late 1980s when high mortgage interest rates prevailed. More recently, however, the effects of economic recession have contributed to a reduced capacity on the part of borrowers to meet escalating mortgage repayments (McMurtrie 1992:108). This fact, together with other difficulties, has resulted in the New South Wales Department of Housing placing a temporary moratorium on Homefund loans. The number of loans advanced in other States has also reduced (see Figure 3.7).

In 1990–91, private sector funds accounted for 81 per cent of funding for home purchase assistance under the CSHA. Internally generated funds accounted for a further 16.6 per cent. Grants from the Commonwealth and the States contributed the remaining 2.4 per cent (Figure 3.6).



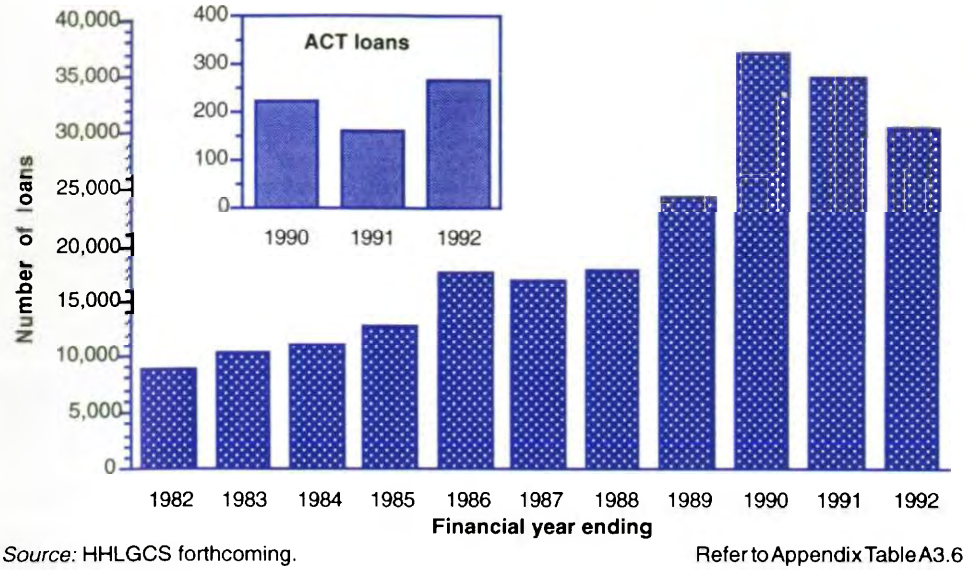
Notes

1. The Commonwealth grants are net of funds provided under the terms of the *State Grants (Housing) Act 1971*.
2. State funding is net of other State housing program funds.
3. ACT funds are shown separately for comparative purposes as the ACT only formally became a party to the Agreement in 1989.
4. Figures adjusted using the Consumer Price (Housing) Index—Weighted Average of Eight Capital Cities.

Source: HHCS 1992b. Refer to Appendix Table A3.5

Figure 3.6: ***CSHA home purchase assistance, Australia, 1981–82 to 1990–91***

Commensurate with the increased funds available for home purchase assistance, the number of loans made by housing authorities has increased significantly since 1981–82 (Figure 3.7). In that year, 8,821 loans were approved and/or advanced, whereas in 1989–90 the number had more than quadrupled to 37,179 (not including loans made available by the ACT Housing Trust). Since 1989–90, the number of loans made available each year has fallen as changed economic circumstances have resulted in reduced demand for low start loans. In 1991–92, 30,613 loans were advanced by housing authorities (HHLGCS forthcoming).



Source: HHLGCS forthcoming.

Refer to Appendix Table A3.6

Figure 3.7: ***CSHA housing loans approved/advanced, Australia, 1981–82 to 1991–92***

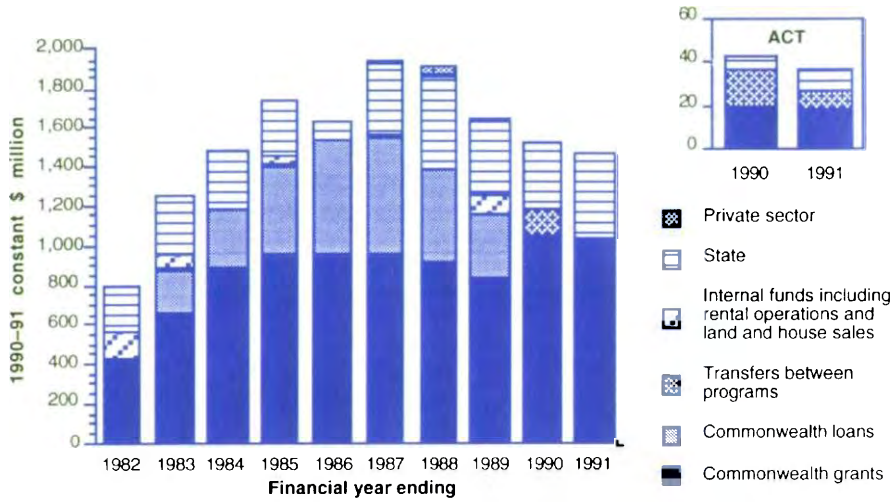
Eligibility for loans varies according to the different schemes and State housing authority policies. Under the terms of the CSHA, however, loans are targeted at low to moderate income earners who are unlikely to be able to obtain home finance from the private sector (HHCS 1992b).

Apart from the 'low start' schemes mentioned above, housing authorities also provide loans: under rental/purchase arrangements (for example, existing public tenants may progressively acquire an interest in a dwelling while continuing to rent); for shared equity schemes (whereby borrowers jointly own dwellings with housing authorities); and for home improvements or modifications (for example, for people with a disability). Available CSHA data do not always specify the purpose of loans advanced by housing authorities and therefore it is not possible to provide a comprehensive picture of loans made.

Rental housing assistance

Assistance for public rental housing has increased over the ten-year period from 1981–82 to 1990–91 by $646.9 million measured in constant 1990–91 dollars—an average annual real increase of 8.2 per cent (see Table A3.7). The increase is attributable to higher contributions from the Commonwealth and the States which more than offset a drop in internally generated funds. The Commonwealth contribution, including concessional loans but net of grants made to the ACT, has increased in constant dollar terms from $432.4 million in 1981–82 to $1,001.6 million in 1990–91—an average increase of 13 per cent per year. The increase in the contribution from States during the same period was $196.4 million—an average annual increase of 8.2 per cent.

It is notable, however, that funds contributed by both the Commonwealth and the States have declined from the peak levels of 1986–87 and 1987–88 respectively. Between 1986–87 and 1990–91, overall funds provided for rental housing assistance have decreased by $331.5 million (constant 1990–91 dollars), although it should be remembered that since 1989 the Commonwealth contribution has been made in the form of grants rather than subsidised loans, thus increasing their net worth to the States (Figure 3.8). Similarly, State contributions in the form of grants rather than commercial borrowings have resulted in an increased capacity to fund new public housing.



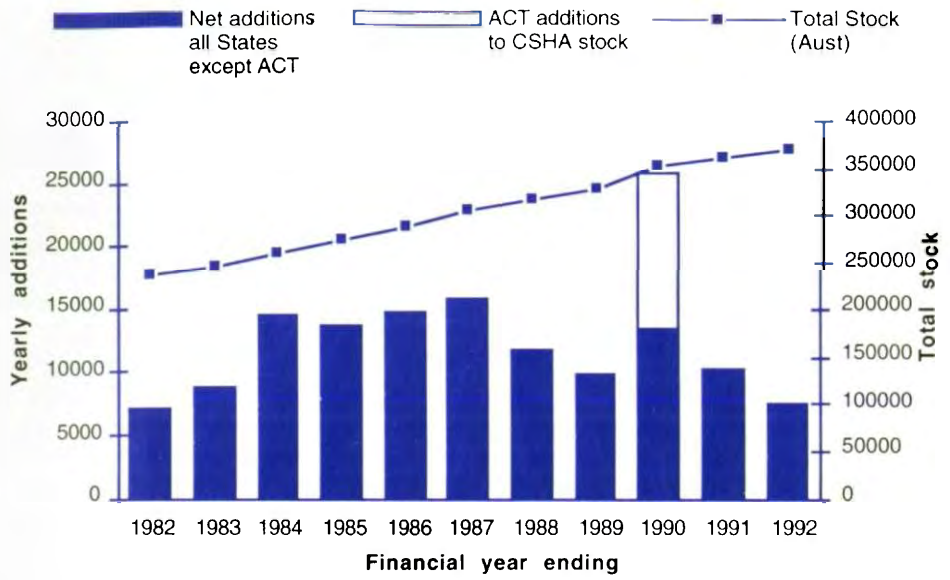
Notes

1. The Commonwealth grants are net of funds provided under the terms of the 1971 State Grants (Housing) Act.
2. State funding is net of other State housing program funds.
3. ACT funds are shown separately for comparative purposes as the ACT only formally became a party to the Agreement in 1989.
4. Figures adjusted using the Consumer Price (Housing) Index—Weighted Average of Eight Capital Cities.

Source: HHCS 1992b. Refer to Appendix Table A3.7

Figure 3.8: ***CSHA funding for rental housing assistance, Australia, 1981–82 to 1990–91***

As the main way of providing rental housing assistance is through the provision of dwellings ('housing stock') for rent, it is not surprising that stock levels have also increased over the last decade. Net additions to the housing stock in each financial year beginning with 1981–82, together with total stock numbers as at the end of each financial year, are set out in Figure 3.9.



Note: Stock in the ACT are shown separately for comparative purposes as the ACT only formally joined the CSHA in 1989–90. Actual stock levels in the ACT in 1990–91 and 1991–92 decreased, thus the net impact in those years was to reduce CSHA additions—see Appendix Table A3.8.
Source: HHLGCS forthcoming. Refer to Appendix Table A3.8

Figure 3.9: ***CSHA stock, annual additions and total stock, Australia, 1981–82 to 1991–92***

In the years since 1981–82, CSHA housing stock levels, excluding those in the ACT which only formally joined the CSHA in 1989–90, have increased at an average annual rate of 12,084 dwellings. Net additions in the last two years, however, have slowed. In 1991–92, only 7,594 dwellings were added to the CSHA stock. Total stock as at 30 June 1992, including ACT units, was 369,436 (HHLGCS forthcoming).

It is difficult to obtain a national overview of Australia's public rental stock. ABS surveys are inadequate for this purpose because they use households or income units as principal measuring units rather than dwellings. While the Census of Population and Housing does enumerate occupied and unoccupied dwellings, it is not possible to obtain counts by tenure. The only source from which a comprehensive national picture can potentially emerge is data made available under the CSHA. Unfortunately, here, too, current data are incomplete and it is not possible to gain an adequate breakdown of public housing stock. Available data, however, suggest that there are more detached houses than medium-density dwellings in the majority of States and Territories, but that medium-density dwellings, as a percentage of public rental housing, are more prevalent than is the case for the total Australian housing stock (Table 3.13). Medium-density dwellings constitute about 44 per cent of public housing for the six States where data are available, but only 18 per cent of *all* housing stock in Australia (although it

should be noted that categories included as medium-density dwellings under the CSHA and those used by the ABS are not identical—see Table 3.13 notes). High-rise units constitute only a small minority of total dwellings and are predominantly located in Victoria.

Table 3.13: *Public rental stock (dwelling type) held by State/Territory housing authorities at 30 June 1992*

Dwelling type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	All CSHA dwellings	All Aust dwellings
					(Percentages)					
Separate house	n.s.	44.7	62.1	51.2	30.9	62.8	66.9	n.s.	inc.	76.6
Medium density	n.s.	37.4	37.9	47.3	58.4	37.2	24.9	n.s.	inc.	17.7
High-rise flats	n.s.	12.3	-	1.4	-	-	-	n.s.	inc.	2.1
Other dwellings	n.s.	5.6	-	0.1	10.7	-	8.2	n.s.	inc.	2.5
Not specified	100.0	-	-	-	-	-	-	100.0	inc.	0.1
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
					(Number)					
Subtotal	*124,559*	*65,184*	*38,894*	*35,120*	*61,537*	*13,768*	*12,251*	*9,358*	*360,671*	*6,449,96*
Aboriginal dwellings n.e.i.	–	–	5,221	–	1,485	–	–	2,059	8,765	
Total	**124,559**	**65,184**	**44,115**	**35,120**	**63,022**	**13,768**	**12,251**	**11,417**	**369,436**	**6,449,96**

Notes

1. n.s = not specified
2. inc. = incomplete
3. n.e.i. = not elsewhere included
4. Medium-density dwellings, under the CSHA, include terrace houses, villas, cluster houses, town houses, flats in blocks of less than five storeys and attached houses; medium-density dwellings are taken to include the following ABS categories: semi-detached, row or terrace houses, townhouses etc; flats or apartments up to and including those in a three-storey block.
5. High-rise flats, under the CSHA, include multiple-dwelling developments of five storeys or more; high-rise flats are taken to include the following ABS category: flats or apartments in a building four storeys or more.
6. Table includes housing stock provided under specific purpose programs.

Sources: Derived from HHLGCS forthcoming; ABS 1993.

Rental stock is generally targeted to low income tenants with most States applying an income test to applicants seeking assistance. The main way of providing assistance is through the rent rebate policies of the CSHA and individual State housing authorities.

Specific purpose programs

The CSHA specific purpose or 'tied' programs provide assistance and services in forms other than public rental housing and home purchase loans.

The Mortgage and Rent Assistance Program (MRAP) provides assistance to home buyers experiencing various forms of financial difficulty including: loans to repay mortgage arrears (frequently interest-free loans); ongoing government mortgage subsidies aimed at reducing home loan repayments; and deposit assistance in the form of grants to aid those seeking to buy a home. Assistance is subject to different eligibility criteria in different States and Territories. Private renters receive financial assistance under the Program as either a rent subsidy or as bond and relocation assistance to lessen the impact of up-front costs in the private rental market. Again eligibility criteria vary according to the form of assistance and the State housing authority providing assistance.

MRAP funds have also been used to provide housing information services and to acquire private dwellings for rental to low income tenants under community tenancy schemes. In 1990–91, total funds allocated to MRAP were $86 million (HHCS 1992b:43).

Commonwealth funds under the Aboriginal Rental Housing Program are used to acquire dwellings that are let to Aboriginal and Torres Strait Islander people. The aim of the Program is to alleviate the housing disadvantage of indigenous Australians. In 1990–91, $91 million was allocated to the Program (HHCS 1992b:33). Total rental dwellings under the Program numbered 16,318 at the end of the 1991–92 financial year (HHLGCS forthcoming).

The Community Housing Program (previously the Local Government and Community Housing Program) aims to encourage the provision of community-managed rental housing. Under the Program, funds are provided to community organisations and local government to aid the supply of rental housing to low income tenants. Various management models, including cooperatives and housing associations, have been adopted for such rental housing. In 1990–91, the Commonwealth provided $24.4 million to the Program (HHCS 1992b:33). The South Australian Housing Trust, in a paper prepared for the NHS (unpublished), estimated that community housing programs Australia-wide had provided some 12,000 dwellings (approximately 3 per cent of Australia's total public and community housing stock) as at 30 June 1990.

Two additional tied programs exist under the CSHA. The Pensioner Rental Housing Program directs funds to rental housing for aged pensioners and supporting parent beneficiaries, although it should be noted that untied funds are also used for this purpose. The Crisis Accommodation Program, discussed earlier, provides dwellings used to accommodate homeless people.

3.5 The recipients of housing assistance

Not all individuals identified in Section 3.3 as being in housing need receive assistance under SAAP or the CSHA. This section provides a profile of the recipients of assistance and services under the two programs.

Data collected through SAAP national censuses provide a reasonably comprehensive profile of users of accommodation *and* support services, but reliable data on homeless people using *only* support services, such as meals or counselling services, are unavailable on a national level. Thus, the profile of service users given here is limited to those who use SAAP accommodation.

National data on the recipients of housing assistance provided under the CSHA are also limited. Although the CSHA requires that State and Territory governments forward data about the recipients of assistance to the Commonwealth, information provided is limited to a few characteristics, and data from some States and Territories are incomplete, hindering the compilation of a national profile of recipients of assistance. Further, in the case of public rental tenants, statistics supplied are limited to households accommodated in a given financial year, rather than all existing tenants. Accordingly, to augment the profiles provided in this section, unit record data from the ABS Income, Housing Costs and Amenities (IHCA) Survey 1990 have been used to supplement information obtained from State housing authorities on public housing tenants. This is not entirely satisfactory as the IHCA Survey does not distinguish between public housing authority tenants and other government renters (defence force personnel and other government employees whose housing is provided by their employer), thus introducing a potential source of bias. In order to ascertain the extent of any bias, a comparison of IHCA Survey data regarding households renting government-owned dwellings and households renting from public housing authorities surveyed for the 1990 HALC Survey was carried out. The analysis revealed little difference between the two groups on all characteristics examined apart from income,[20] and suggested IHCA Survey data can provide indicative information about State housing authority tenants.

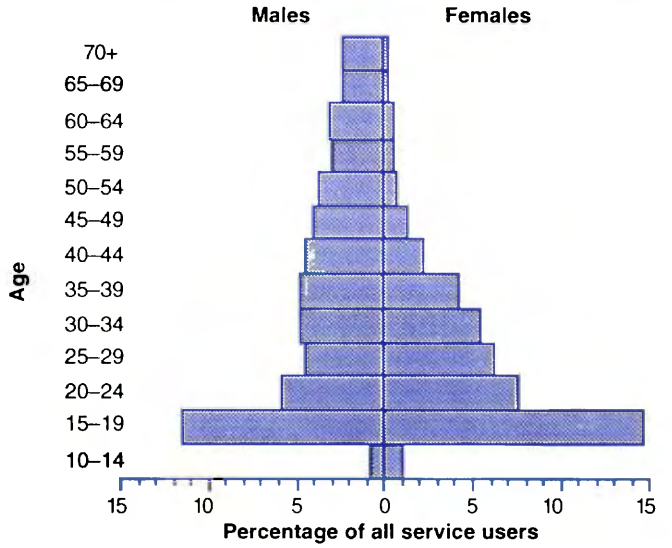
Unfortunately, there are insufficient data on a national level from any source to provide a profile of households receiving rent relief, mortgage relief or deposit assistance, or those receiving assistance under the Community Housing Program.

Supported accommodation service users

About one-quarter of all SAAP service users are between the ages of 15 and19 years (Figure 3.10). This is not altogether surprising since the number of SAAP service delivery outlets targeting homeless youth is significantly larger than the number targeting other homeless groups (especially since the introduction of special funding under the YSJS). The figure should not be interpreted as the proportion of youth among

20. Comparisons were made on household type, household income, and marital status, age and sex of the head of household. The comparative analysis focused only on households living in Sydney and Melbourne—the population surveyed by the HALC study. Predictably, government renters identified in the IHCA Survey had higher household incomes than public housing authority tenants in the HALC Survey. Other notable differences include a slightly higher proportion of group households and two-parent family households among public housing authority renters.

the homeless in general. Women accommodated in SAAP services are heavily concentrated in the younger ages, nearly two-thirds of whom were aged under 30. In contrast, there are significant numbers of older men accommodated in SAAP services—26 per cent of male service users are aged over 50.



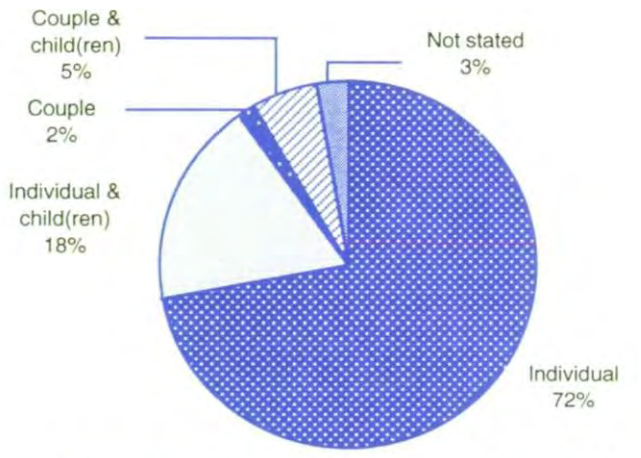
Source: Merlo et al. forthcoming. Refer to Appendix Table A3.9

Figure 3.10: ***SAAP accommodation service users by age and sex, Australia, May 1992***

There are also large differences between male and female service users with respect to whether or not they are accompanied by children when seeking assistance. Only 1.2 per cent of single men are accompanied by children whereas almost 40 per cent of single women are accompanied by children. Over half of these women with children are accommodated at service delivery outlets catering specifically for victims of domestic violence.

Available data do not allow a definitive judgement to be made regarding the proportion of SAAP service users who are homeless as a result of familial abuse. It is perhaps indicative, however, that a Commonwealth survey of SAAP service users in Victoria, Western Australia and the Northern Territory found that 49 per cent of those accommodated in service delivery outlets for families and sole parents and 32 per cent of those accommodated in single women's shelters requested SAAP accommodation because of family violence or conflict (Merlo et al. forthcoming). Overall, the survey reported that 46 per cent of women requested SAAP accommodation as a result of domestic violence.

The overwhelming majority of SAAP service users request assistance for themselves alone (Figure 3.11). Male service users constitute almost 70 per cent of this group.



Source: Merlo et al. forthcoming. Refer to Appendix Table A3.10

Figure 3.11: ***SAAP accommodation service users, presenting unit, Australia, May 1992***

The ethnicity of SAAP service users is similar to that of the total Australian population. National client censuses show that almost 80 per cent of SAAP service users use English as their main spoken language (Table 3.14) and 86 per cent of SAAP service users in Victoria, Western Australia and the Northern Territory report an 'Anglo-Australian'[21] cultural identity (Merlo et al. forthcoming). Data from the 1991 ABS Census of Population and Housing indicate that 87 per cent of Australians are either born in Australia or in another English-speaking country (ABS 1993). Aboriginal and Torres Strait Islander people, however, make up 8 per cent of all SAAP service users, substantially higher than their representation among the total Australian population—1.6 per cent (Merlo et al. forthcoming; ABS 1993). It is also noteworthy that Aboriginal and Torres Strait Islander service users and service users from non-English-speaking backgrounds are about three times as likely as other service users to be accommodated in shelters for women escaping domestic violence. Conversely, young Aboriginal people are less likely to use SAAP accommodation services than non-Aboriginal young people (Table 3.14). These findings are worthy of further investigation aimed at identifying the underlying causes for such patterns of service use.

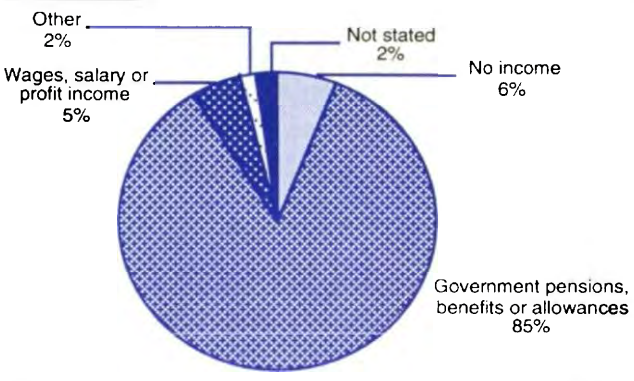
21. This is the phrase used in the Special SAAP Client One Night Census and may be best taken to mean non-Aboriginal people who come from an English-speaking background.

Table 3.14: *SAAP accommodation service users, target group by ethnicity, Australia, May 1992*

Target group	Aboriginal & Torres Strait Islander people (%)	Persons from a non-English-speaking background (%)	Persons from a non-Aboriginal English-speaking background (%)
Young people	17.6	21.4	29.4
Women escaping domestic violence	28.3	31.4	9.0
One- and two-parent families	14.7	11.8	10.7
Single women	6.8	4.1	3.8
Single men	13.2	15.0	24.6
Multiple	19.5	16.3	22.5
Total	**100.0**	**100.0**	**100.0**
Number	*621*	*533*	*6,033*
Per cent of all service users	*8.1*	*7.0*	*84.9*

Note: Excludes 465 cases due to missing data.
Source: Merlo et al. forthcoming.

Most SAAP service users receive government pensions, benefits or allowances as their main source of income (Figure 3.12). About 6 per cent of service users have no income, the majority of whom are aged under 20. Few service users receive income from wages, salary or profits.



Source: Merlo et al. forthcoming

Refer to Appendix Table A3.11

Figure 3.12: *SAAP accommodation service users, major source of income, Australia, May 1992*

At least 30 per cent of service users have a drug or alcohol dependency; 13 per cent have a history of psychiatric illness; and 11 per cent have some form of physical or intellectual disability (Table 3.15). The incidence of drug and alcohol dependencies is substantially higher among men (41 per cent) than among women (15 per cent). Men are also more likely to have either a physical or intellectual disability or a psychiatric history than are women. Unfortunately, data inadequacies prevent more detailed investigation of the personal circumstances of these service users.

Table 3.15: *SAAP service users, selected characteristics by sex, New South Wales, Queensland, Tasmania and the Australian Capital Territory, 1992*

	Male (%)	Female (%)	All service users (%)
Psychiatric history	15.5	10.5	13.3
Drug or alcohol dependency	41.3	15.1	30.0
Physical or intellectual disability	15.0	5.7	11.0
Total service users	**2,436**	**1,872**	**4,316**

Note: Categories are not mutually exclusive since service users may have one or all of the characteristics listed.
Source: Merlo et al. forthcoming.

Public housing tenants

The most common household type to be granted public housing in 1990–91 was one-parent families (35 per cent). Similarly, over 25 per cent of existing households renting government-owned dwellings in 1990 were one-parent families. The comparable figure for households in other tenures was only 6 per cent. Single-person households made up 28 per cent of new public tenant households and existing households renting government-owned dwellings. Two-parent families accounted for 23 per cent of new public housing approvals and about 25 per cent of all government renters (Table 3.16).

Table 3.16: *Household type by tenure, Australia, 1990–91*

Household type	New public housing tenants 1990–91 (%)	All government renters 1990 (%)	Households in other tenures 1990 (%)
Single person	27.6	28.6	19.0
Couple (no children)	8.8	13.0	24.9
Two-parent family	23.1	25.1	38.5
One-parent family	34.9	26.1	6.2
Other household	5.1	7.2	11.4
Not stated	0.4	–	–
Total	**100.0**	**100.0**	**100.0**
Total households ('000)	*48.4*	*351.8*	*5,869.4*

Notes

1. 1990–91 new public housing tenants exclude Australian Capital Territory and Northern Territory tenants for whom data were not supplied.
2. All government renters include, in addition to public housing tenants, a small number of government employees whose housing is provided by their employer.
3. Figures for all government renters and households in other tenures are weighted population estimates.

Sources: HHCS 1992b; ABS Income, Housing Costs and Amenities Survey 1990, unit record file.

Since the primary consideration in delivering housing assistance under the CSHA is need, it is not surprising that the incomes of public tenants are quite low. The median household income of all households granted public housing in 1990–91 was $229 per week compared with $626 for households in other tenures (Table 3.17). Unfortunately, since the definition of government renters used in the IHCA survey includes non-public housing tenants—whose incomes artificially skew the income distribution toward the higher income ranges—the survey could not be used to provide an estimate of the median income of all public housing tenants. Median incomes of households in public housing in Victoria ($259 per week) and Queensland ($280 per week) confirm, however, that the incomes of public renter households are well below those of households in other tenures (Victorian Department of Planning and Development unpublished; Queensland Department of Housing, Local Government and Planning unpublished).

The Victorian and Queensland median incomes are based on 1992 figures and so cannot be directly compared with the incomes of households granted public housing in 1990–91. Nonetheless, they provide an indicative picture of the economic situation of all existing public housing tenants,[22] as distinct from tenants who have recently accessed public housing.

22. The median income figures derived from Victoria and Queensland data may marginally understate the situation for all Australian public tenants. Analysis of the 1990 Income, Housing Costs and Amenities unit record dataset shows that the median household income of Queensland and Victorian government renters was $259.50, whereas for all other States the median income was $285.

Table 3.17: *Household income by tenure, Australia, 1990–91*

Gross weekly household income	New public housing tenants 1990–91 (%)	Households in other tenures 1990 (%)
Under $100	2.2	2.4
$100–$199	37.1	10.4
$200–$299	30.6	10.7
$300–$399	15.4	7.6
$400–$499	6.6	7.8
$500–$599	2.7	8.5
$600 and over	2.0	52.6
Not stated	3.5	–
Total	**100.0**	**100.0**
Total households ('000)	*48.4*	*5,869.4*
Median income	$229	$626

Notes

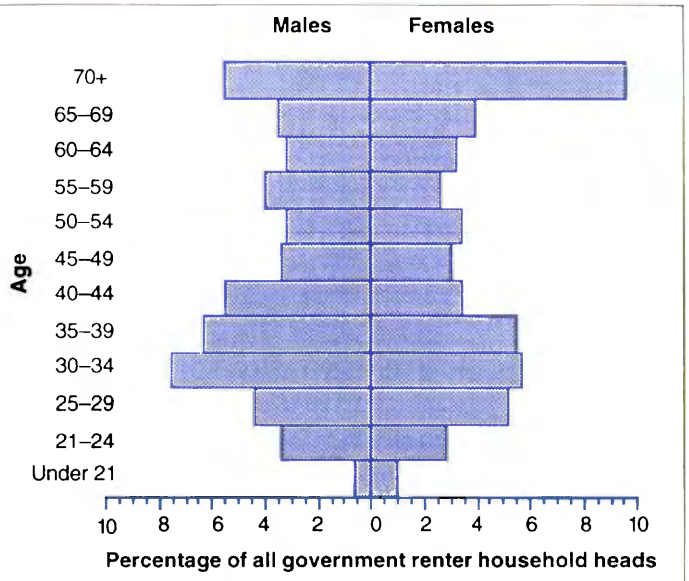
1. 1990–91 new public housing tenants exclude Australian Capital Territory and Northern Territory tenants for whom data were not supplied. Queensland data are based on analysis of a sample.
2. Figures for households in other tenures are weighted population estimates.

Sources: HHCS 1992b; ABS Income, Housing Costs and Amenities Survey 1990, unit record file.

Analysis by age and sex of household head[23] shows the largest proportion of households renting government-owned dwellings are headed by women aged 70 and over (Figure 3.13). The overwhelming majority of these women live on their own. In fact, women account for about 77 per cent of all single-person households renting government dwellings. In addition to single-person households, one-parent families renting publicly are also overwhelmingly headed by women (92 per cent). Male-headed households (of which about half are two-parent families and one-quarter are couples

23. The concept of a head of household has been the subject of considerable debate and the ABS has employed alternate concepts such as 'reference person' and 'household maintainer' in recent surveys. In the IHCA survey, respondents were asked what was their relationship to the head of household. The head of household must have been a member of the household and was, in order of precedence, the person who: owned the household accommodation; or was responsible for the rent of the household accommodation; or had the household accommodation as an allowance; or had the household accommodation by virtue of some relationship to the owner, lessees, etc., who was not a member of the household. If two or more respondents had equal claim to be head of the household, or if respondents stated they were joint heads or that the household had no head, then the eldest person in the household was denoted as head.

without children) are generally concentrated between the ages of 25 and 44. Less than 2 per cent of households renting government owned dwellings are headed by young people under the age of 21.



Source: ABS Income, Housing Costs and Amenities Survey 1990, unit record file. Refer to Appendix Table A3.12

Figure 3.13: ***Government renters, age and sex profile of household head, Australia, 1990***

Aboriginal Rental Housing Program tenants

As discussed in Section 3.4, the ARHP aims to alleviate the housing disadvantage of indigenous Australians although Aboriginal and Torres Strait Islander people may also apply to rent CSHA public housing more generally. Most households accommodated under the ARHP in 1990–91 were one-parent families (39 per cent) or two-parent families (32 per cent). Unlike public housing tenants, single-person households accommodated under the ARHP are relatively uncommon. Less than 9 per cent of new ARHP households in 1990–91 were single-person households compared with almost 28 per cent of households accommodated in public housing in the same financial year (Tables 3.16 and 3.18).

Consistent with public housing tenants, the incomes of households accommodated under the ARHP are quite low. Two-thirds of all new tenants in 1990–91 had household incomes below $300 per week (Table 3.18). The median household income of new ARHP tenants was very similar to that of their public housing counterparts ($245 and $229 per week respectively).

A larger proportion of households were headed by young people[24] in 1990–91 under the ARHP (37 per cent) compared with public housing generally. Households with heads aged 60 or more represented only 5.5 per cent of all households accommodated under the ARHP. The comparable figure for public housing households in 1990–91 was 16.6 per cent (HHCS 1992b). This difference, however, is in accord with the age distribution of Aboriginal and non-Aboriginal people in the general population. Only about 4 per cent of Aboriginal and Torres Strait Islander people are aged 60 or more whereas the comparable figure for non-Aboriginal Australians is about 15 per cent (ABS 1987; ABS 1989).

Table 3.18: *Aboriginal Rental Housing Program tenants, selected characteristics, Australia, 1990–91*

	Household type						
	Single-person household	Couple (no children)	Two-parent family	One-parent family	Other	Not stated	Total
Per cent	8.7	6.2	32.3	39.2	13.7	0.0	100.0
Number	211	150	785	954	334	0	2,434

	Gross weekly household income								
	Under $100	$100–$199	$200–$299	$300–$399	$400–$499	$500–$599	$600 or more	Not stated	Total
Per cent	4.2	27.4	34.6	14.1	7.3	3.6	3.1	5.7	100.0
Number	135	872	1,100	447	231	115	98	180	3,178

	Age of head of household								
	Under 16	16–19	20–24	25–29	30–34	35–59	60 & over	Not stated	Total
Per cent	0.5	12.1	24.3	18.9	12.4	23.1	5.5	3.2	100.0
Number	15	384	773	601	394	735	174	102	3,178

Notes
1. Table excludes Queensland and Northern Territory tenants for whom data were not supplied.
2. The ACT does not receive funding under the CSHA Aboriginal Housing Program.

Source: HHCS 1992b.

Home loan recipients

Data on household type were not supplied to the Commonwealth Government for over 36 per cent of home loan recipients. Information regarding household income is also

24. Young people are defined here as less than 25 years of age.

incomplete, making it difficult to compile a comprehensive profile of recipients of this form of assistance. Nevertheless, available data indicate that the single most common household type to receive assistance in the form of home loans in 1990–91 was two-parent families (26 per cent) (Table 3.19). If 'not stated' cases are excluded, 41 per cent of loan recipients were two-parent families, 20 per cent were couples without children and 18 per cent were one-parent families.

As expected, the incomes of households receiving home loans under the CSHA were substantially higher than those of public housing tenants. In 1990–91, over half of all loan recipients had household incomes above $500 per week and less than 8 per cent had incomes below $300 per week. In fact, the median income of households receiving home loan assistance in 1990–91 was $604 per week—more than double that of newly accommodated public rental households ($229) and only marginally below the median income for households in all other tenures ($626).

Table 3.19: *Home loan recipients, selected characteristics, Australia, 1990–91*

	Household type								
	Single-person household	Couple (no children)	Two-parent family	One-parent family	Other	Not stated	Total		
Per cent	13.4	12.7	26.1	11.5	0.0	36.2	100.0		
Number	3,806	3,604	7,385	3,266	0	10,250	28,311		
	Gross weekly household income								
	Under $100	$100–$199	$200–$299	$300–$399	$400–$499	$500–$599	$600 or more	Not stated	Total
Per cent	0.1	1.7	6.2	8.0	11.6	12.6	43.8	15.9	100.0
Number	41	494	1,751	2,274	3,298	3,558	12,397	4,498	28,311

Notes

1. Table excludes Queensland and Australian Capital Territory loan recipients for whom data were not supplied.
2. 'Not stated' category includes 106 cases approved under discontinued schemes in New South Wales and Victoria and 790 loan refinancing cases in South Australia.

Source: HHCS 1992b.

3.6 Housing outcomes: comparing need and the provision of assistance

Like concepts of housing need, there are a number of competing definitions and indicators that claim to measure housing outcomes. In reviewing the function and purpose of a number of indicators, King (forthcoming) draws a distinction between housing outcome measures, which indicate whether housing needs are met, and three

other types of housing information: analytical measures that relate to the operation of the total housing system; performance indicators that focus on policy objectives; and administrative criteria that relate to the implementation of policy.

In King's terms, this section provides housing outcome measures and performance indicators to assess the degree to which housing needs are being met, and to make some judgement regarding the achievement of key CSHA and SAAP policy objectives. This section does not attempt, however, to gauge the overall performance of the two programs.

It must be emphasised that SAAP and the CSHA are not the only means by which governments seek to meet housing needs, especially those caused by the effect of housing costs on income. A number of other programs run by various government agencies and departments also seek to meet housing needs. For example, the Department of Social Security is responsible for administering the Rent Assistance program (almost $1 billion in outlays in 1992–93) which provides assistance to low income earners in the private rental sector and is the subject of a planned AIHW report (Foard forthcoming). Nevertheless, the data presented here provide at least a partial analysis of housing outcomes which have relevance for future program development.

Meeting demand for assistance and services

Data from the SAAP Two Week Censuses carried out in all States and Territories allow some qualified estimates of the amount of unmet demand for SAAP accommodation services to be made—the qualification being the potential for double counting. The Census methodology permits those who are 'turned away' from one service delivery location to be counted again when approaching a second (or third) location. The effect of such 'double counting' is to overstate demand for accommodation services. The extent of overestimation, however, is unknown.

In September 1991, 1,112 individuals requested accommodation assistance at SAAP service delivery outlets on average each day. Just over half (50.4 per cent) of the requests were met, 30 per cent could not be met because no accommodation places were available, and about 20 per cent could not be met for 'other' reasons. Compared to September 1990, a greater proportion of new arrivals were accommodated and fewer were turned away because no accommodation places were available (Table 3.20).

'Turn-away' rates differed markedly according to service user target group. For instance, in September 1991, about 92 per cent of single men's requests (or, more accurately, requests from people seeking to obtain services targeted to single men) were able to be met,[25] whereas only about 17 per cent of requests from one- and two-parent families and 23 per cent of young people's requests for accommodation were able to be met at the outlet where requests were made. Most significantly, more than half of the requests for assistance from one- and two-parent families were not met because no accommodation places were available, indicating a possible shortage of outlets targeted towards these groups. Considerable proportions of young people's requests (43 per

25. Some services also require clients to vacate accommodation each day and then to seek readmission. This may at least partially explain the relatively low turn-away rate among single men.

cent) and single women's requests (around 33 per cent) were not met for 'other' (unspecified) reasons.

The 1991 data show an increase in requests for accommodation of 31 per cent over the September 1990 Census figures. Although this increase can be partially explained by the variation in the number of service delivery locations participating at each census, it is likely that 'demand' also increased in the 12-month period. In one sense, SAAP appears to have met this increase in demand as the proportion of new arrivals accommodated increased in the same period (up from 42.5 per cent to 50.4 per cent). Yet, in 1991, one out of every two requests for accommodation could not be met. This level of unmet demand must be considered significant even though it is not certain from the available data whether those making requests could not get accommodation at all, or whether people eventually obtained accommodation after making requests at different service delivery outlets.

Table 3.20: ***Met and unmet demand for SAAP accommodation by service user target group, Australia, September 1990 and September 1991***

Target group	Average new arrivals per day (No.)	New arrivals accommodated (%)	New arrivals not accommodated—full house (%)	New arrivals not accommodated—other reason (%)
Sept. 1990				
Young people	188	20.7	45.8	33.5
Women escaping domestic violence	203	40.9	32.0	27.1
One- and two-parent families	164	20.1	64.7	15.2
Single women	30	50.0	23.3	26.7
Single men	141	88.6	5.0	6.4
Multiple	124	53.2	31.5	15.3
All services	**850**	**42.5**	**36.4**	**21.1**
Sept. 1991				
Young people	160	22.5	34.4	43.1
Women escaping domestic violence	222	44.1	32.9	23.0
One- and two-parent families	199	16.6	61.8	21.6
Single women	45	62.3	4.4	33.3
Single men	255	91.8	5.1	3.1
Multiple	231	56.7	29.9	13.4
All services	**1,112**	**50.4**	**30.1**	**19.5**

Note: 'Multiple' is any combination of the other target groups.
Source: Merlo et al. forthcoming.

The ability to meet demand for support services may be gauged by examining data from the Special Client One Night Census conducted in Victoria, Western Australia and the Northern Territory in October 1992.

Overwhelmingly, requests for support services were met—only 1.2 per cent of all requests for assistance were not met (Table 3.21). Users of single men's services had a higher-than-average unmet demand, but even for this group, about 96 per cent of requests were met.

Table 3.21: ***Met and unmet demand for SAAP support services by target group, Victoria, Western Australia and the Northern Territory, October 1992***

Target group	Proportion of requests met (%)	Proportion of requests unmet (%)	Total (%)	Number of requests
Young people	99.2	0.8	100.0	3,760
Women escaping domestic violence	99.0	1.0	100.0	1,122
One- and two-parent families	98.3	1.7	100.0	985
Single women	99.5	0.5	100.0	407
Single men	95.9	4.1	100.0	1,126
Multiple	99.6	0.4	100.0	2,054
All services	**98.8**	1.2	**100.0**	**9,584**

Note: Excludes 33 cases due to missing data.
Source: Merlo et al. forthcoming.

Demand for housing services provided under the CSHA has traditionally been estimated from the list of people wishing to obtain public housing or home purchase assistance (the waiting list). Waiting lists, however, are a notoriously inadequate indicator of the demand for housing assistance. First, waiting lists often do not accurately reflect the numbers of families seeking housing assistance.[26] Second, like the demand measures detailed above for SAAP, waiting lists provide only a partial picture of housing need. Third, there is a large group of people in the community eligible for housing assistance under the CSHA, but who are not registered with State housing authorities. Despite these difficulties, waiting lists are still used by housing authorities as a primary indicator of housing demand and housing need. In the absence of other measures, these waiting lists are used below to examine the performance of the CSHA in meeting housing needs.

26. An example of the inadequacy of waiting lists as an indicator of demand for public housing is the recent 35 per cent reduction in the size of the ACT waiting list following the implementation of a new computerised management system.

The waiting list data set out in Tables 3.22 and 3.23 parallel the trends of increasing housing need identified in Section 3.3. Over the decade 1981–82 to 1990–91, the number of applicants on public housing waiting lists around Australia has almost doubled from 110,204 to 202,299 (Table 3.22). Similarly, the number of applications advanced for home loans has almost trebled in the same period—up from 32,914 to 90,150 (Table 3.23). The capacity of State housing authorities to meet this demand has been somewhat mixed, both over time and across States. Overall, however, a substantial level of demand remains unmet.

One way of expressing the capacity to meet demand for public rental housing and home purchase is as a ratio relating the number of applicants outstanding to the number of applicants receiving assistance in any one year (the capacity ratio). This form of indicator facilitates comparative assessments between States and over time. Over the decade of the 1980s, for Australia as a whole, the capacity ratio has fluctuated between 3:1 and 4:1—that is, there have been either 3 or 4 people on the waiting list for every person housed (Table 3.22). Interestingly, the capacity ratio dropped from a peak of 4.1 at the end of the 1987–88 and 1988–89 fiscal years to 3.9 at the end of 1990–91, despite the fact that funds directed to rental housing assistance have also dropped in real terms during this period (see Section 3.4). The most severe situation has been experienced in NSW where the capacity ratio reached 8 in 1987–88 before dropping back closer to the national average in 1990–91. Notwithstanding its relatively large public housing stock, South Australia also has a capacity ratio higher than the national average.

Table 3.22 : *State/Territory housing authorities, ratio of applicants waiting to those housed, Australia, 1981–82 to 1990–91*

	81–82	82–83	83–84	84–85	85–86	86–87	87–88	88–89	89–90	90–91
NSW[a]										
Applicants on waiting list	47,207	51,432	53,259	58,501	57,437	60,771	85,972	83,429	75,520	64,895
Applicants accommodated	8,793	8,819	7,929	9,586	10,827	12,176	10,809	11,009	14,289	14,383
Capacity ratio	5.4	5.8	6.7	6.1	5.3	5.0	8.0	7.6	5.3	4.5
Vic[b]										
Applicants on waiting list	14,260	17,718	24,102[c]	23,729	28,722	30,076	33,000	31,806	33,130	38,935
Applicants accommodated	6,892	7,284	8,530	6,882	8,100	9,254	8,686	8,881	8,844	8,802
Capacity ratio	2.1	2.4	2.8	3.4	3.5	3.3	3.8	3.6	3.7	4.4
Qld										
Applicants on waiting list	9,361	10,238	10,304	8,826	9,328	9,208	11,984	15,843	19,168	22,507
Applicants accommodated	2,811	3,117	3,975	4,938	5,331	6,203	6,032	6,355	7,684	7,774
Capacity ratio	3.3	3.3	2.6	1.8	1.7	1.5	2.0	2.5	2.5	2.9
WA										
Applicants on waiting list	7,530[b]	8,243[b]	10,326[b]	8,543[b]	11,190[b]	13,485[b]	13,173	15,552	15,143	17,784
Applicants accommodated	5,747	5,514	5,306	6,720	7,000	6,444	6,292	6,773	7,186	7,705
Capacity ratio	1.3	1.5	1.9	1.3	1.6	2.1	2.1	2.3	2.1	2.3
SA[b]										
Applicants on waiting list	23,924	28,774	32,800	35,000	39,600	44,430	43,760	42,143	41,291	43,520
Applicants accommodated	5,808	6,220	6,698	7,562	7,816	8,376	8,432	9,019	8,613	8,053
Capacity ratio	4.1	4.6	4.9	4.6	5.1	5.3	5.2	4.7	4.8	5.4
Tas[b]										
Applicants on waiting list	3,819	3,703	3,909	4,346	4,398	4,206	4,031	4,302	4,226	4,659
Applicants accommodated	2,145	1,735	1,682	2,374	1,964	1,872	2,151	2,125	1,991	1,704
Capacity ratio	1.8	2.1	2.3	1.8	2.2	2.2	1.9	2.0	2.1	2.7

continued

Table 3.22 (continued): *State/Territory housing authorities, ratio of applicants waiting to those housed, Australia, 1981–82 to 1990–91*

	81–82	82–83	83–84	84–85	85–86	86–87	87–88	88–89	89–90	90–91
ACT[c]										
Applicants on waiting list	1,525	1,863	2,141	2,318	1,781	3,019	2,693	3,534	2,271	3,882
Applicants accommodated	973	1,183	1,453	1,409	2,185	2,451	2,251	2,134	2,117	1,533
Capacity ratio	1.6	1.6	1.5	1.6	0.8	1.2	1.2	1.7	1.1	2.5
NT[d]										
Applicants on waiting list	2,578	3,599	3,843	3,344	3,744[f]	3,457	3,450	4,332	4,270	6,167
Applicants accommodated	1,268	1,509	1,878	2,212	3,263[g]	3,013	3,137	3,003	2,376	1,933
Capacity ratio	2.0	2.4	2.0	1.5	1.1	1.1	1.1	1.4	1.8	3.2
Total Australia										
Applicants on waiting list	110,204	125,570	140,684	144,607	156,200	168,652	198,063	200,941	195,019	202,299
Applicants accommodated	34,437	35,381	37,451	41,683	46,486	49,789	47,790	49,299	53,100	51,887
Capacity ratio	3.2	3.5	3.8	3.5	3.4	3.4	4.1	4.1	3.7	3.9

(a) Including applications awaiting review.
(b) Including Aboriginal people awaiting assistance under CSHA Aboriginal rental housing programs.
(c) ACT was first included in the CSHA in 1989–90. Earlier data are given where available.
(d) NT first entered an agreement with the Commonwealth similar to the CSHA from 1979–80 for two years on similar terms to the States and was formally included within the CSHA from 1981–82.
(e) Includes applicants for shared accommodation (estimated to be less than 300).
(f) The NT waiting list for public housing includes Public Service employees from 1986.
(g) From 1985–86 the NT public rental housing program includes the Public Service Employees housing.
Source: Adapted from HHCS 1992b.

The capacity ratio in respect of housing loans made available by State housing authorities has also improved, from a peak of 4.5 at the end of 1985–86 to 2.6 in 1990–91, reflecting the dramatic influx of private sector funds to authorities for home purchase assistance (Table 3.23). A comparison of the public rental capacity ratio (3.9) and home loan capacity ratio (2.6) indicates that authorities face a more difficult task meeting demand for rental housing than they do for home purchase assistance.

Table 3.23 : *State/Territory lending agencies, proportions of outstanding applications for home purchase, Australia, 1981–82 to 1990–91*

	81–82	82–83	83–84	84–85	85–86	86–87	87–88	88–89	89–90	90–91
NSW										
Applications outstanding	8,976	8,328	7,790	7,091	11,815	14,375	19,025	19,154	19,590	22,760
Loans approved/ advanced	1,513	1,289	2,164	1,690	1,664[d]	2,702[f]	4,821[f]	9,319[f]	14,680[f]	14,399
Capacity ratio	5.9	6.5	3.6	4.2	7.1	5.3	3.9	2.1	1.3	1.6
Vic										
Applications outstanding	15,996	13,373	18,988	28,362	29,325	26,526	29,593	31,983	43,942	32,276
Loans approved/ advanced	1,350	1,776	1,196	1,658	2,588	2,255	2,243	4,102	4,617	3,297
Capacity ratio	11.8	7.5	15.9	17.1	11.3	11.8	13.2	7.8	9.5	9.8
Qld										
Applications outstanding	2,621	5,500	6,000	6,200	7,145	6,040	0	0	5,863	12,958
Loans approved/ advanced	1,934	2,361	2,669	3,087	3,782[e]	3,649[e]	3,570[e]	4,902[e]	9,415[e]	6,624
Capacity ratio	1.4	2.3	2.2	2.0	1.9	1.7	0.0	0.0	0.6	2.0
WA										
Applications outstanding	345	755	2,616	4,858	8,998	11,516	11,263	n.s.	12,832	17,329
Loans approved/ advanced	338	618	811	1,546	1,845	1,388	1,632	1,800	3,026	2,158
Capacity ratio	1.0	1.2	3.2	3.1	4.9	8.3	6.9	0.0	4.2	8.0
SA										
Applications outstanding	4,230	3,912	6,862	2,053	1,932	4,930	7,020	6,875	4,060	4,278
Loans approved/ advanced	2,842	2,748	2,318	3,042	2,932	2,748	2,506	2,510	4,046	7,088
Capacity ratio	1.5	1.4	3.0	0.7	0.7	1.8	2.8	2.7	1.0	0.6
Tas										
Applications outstanding	404	478	626	1,074[c]	641	397	1,194	797	477	150
Loans approved/ advanced	354	551	740	627	1,020	813	907	893	714	486
Capacity ratio	1.1	0.9	0.8	1.7	0.6	0.5	1.3	0.9	0.7	0.3

continued

Table 3.23 (continued): *State/Territory lending agencies, proportions of outstanding applications for home purchase, Australia, 1981–82 to 1990–91*

	81–82	82–83	83–84	84–85	85–86	86–87	87–88	88–89	89–90	90–91
ACT[(a)]										
Applications outstanding	–	–	–	–	–	–	–	–	566	399
Loans approved/ advanced	572	858	564	540	211	236	209	197	219	161
Capacity ratio	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.6	2.5
NT[(b)]										
Applications outstanding	342	41	122	64	0	0	0	0	0	0
Loans approved/ advanced	490	966	1,073	946	560	449	279	370	0[(g)]	0[(g)]
Capacity ratio	0.7	0.0	0.1	0.1	0.0	0.0	0.0	0.0	–	–
Australia										
Applications outstanding	32,914	32,387	43,004	49,702	59,856	63,784	68,095	inc.	87,330	90,150
Loans approved/ advanced	9,393	11,167	11,535	13,136	14,602	14,240	16,167	24,093	36,717	34,213
Capacity ratio	3.5	2.9	3.7	3.8	4.1	4.5	4.2	0.0	2.4	2.6

(a) ACT was first included in the CSHA in 1989–90.
(b) NT first entered an agreement with the Commonwealth similar to the CSHA from 1979–80 for two years on similar terms to the States and was formally included within the CSHA from 1981–82.
(c) Comprising those waiting with the Tasmanian Development Authority and the new rental/purchase scheme introduced in 1985 by the Tasmanian Department of Housing.
(d) Excludes second mortgage loans.
(e) Excludes second loans for deposit assistance.
(f) Major loans including premier low start loans through FANMAC.
(g) Interest subsidies were paid on 328 commercial loans in 1989–90 and 250 commercial loans in 1990–91.

Notes
1. n.s. = not supplied
2. inc. = incomplete data
3. People listed awaiting call-up for interview are regarded as being at the application stage unless otherwise stated.

Source: Adapted from HHCS 1992b.

Meeting program objectives

Towards independent living

The major objective of SAAP is to assist homeless people move towards independent living. An indication of the success or failure of the program, therefore, can be gleaned by the extent of reuse of SAAP services and/or the accommodation arrangements of service users on departure from supported accommodation. Comprehensive data are

not available in all cases, but SAAP Census information and data from the Victorian program provide some indication of outcomes according to these criteria.

In 1992, 15 per cent of all SAAP service users were previously accommodated in emergency/supported accommodation. Thus, for a significant minority, independent living arrangements had not been achieved following access to supported accommodation services. This was most notably the case for young people, 22 per cent of whom had moved from one supported accommodation service to another (Table 3.24). A substantial proportion of single men (16 per cent), single women (16 per cent) and women escaping domestic violence (14 per cent) came from emergency accommodation. These figures, however, are not conclusive, and a clearer picture of outcomes is obtained by examining accommodation arrangements at departure from SAAP services.

Table 3.24: *SAAP service users, prior accommodation by SAAP service user target group, Australia, May 1992*

	Young people (%)	Women escaping domestic violence (%)	Families (%)	Single women (%)	Single men (%)	Multiple (%)	All services (%)
Parental home	27.6	5.7	10.1	13.1	3.0	8.9	12.6
Private rental accommodation	9.7	31.9	28.6	17.6	13.3	16.6	17.1
Own home	0.9	13.0	5.7	2.9	1.7	3.1	3.6
Public housing	1.9	13.7	6.6	8.5	3.0	4.0	4.8
Emergency accommodation	21.7	14.0	12.8	15.7	16.0	9.2	15.5
State-organised residential arrangement	5.0	1.1	2.1	1.0	5.3	1.9	3.4
No fixed address	12.8	5.9	9.4	13.1	20.7	15.8	14.1
Boarding house/ hostel	5.8	3.6	6.3	7.5	24.2	18.3	12.7
Other accommodation	14.8	11.2	18.5	20.6	12.9	22.3	16.2
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	100.0	**100.0**
Number	2,055	888	822	306	1,742	1,630	7,443

Note: Excludes 186 cases due to missing data.
Source: Merlo et al. forthcoming.

While current national data collections have not attempted to capture program 're-entry' statistics, the Victorian Department of Health and Community Services has gathered data on the accommodation arrangements of homeless people after using SAAP services.

Approximately half (56 per cent) of all service users in Victoria were able to obtain independent housing following departure from SAAP services (Table 3.25). Thus, for these people, the program could be considered to have achieved its principal objective, although longitudinal data would be required to assess whether independent living arrangements were achieved and maintained over time. Most of these service users moved to the private rental market (28.3 per cent). Relatively few gained access to public housing (8.3 per cent).

The move to independent living varied between SAAP target groups. Over 60 per cent of women using domestic violence refuges and single men using SAAP services were able to obtain independent housing. The comparative figure for young people, however, was only 47 per cent.

Note that for a substantial proportion of service users (21 per cent) accommodation arrangements on departure from SAAP services were unknown. Accordingly, caution should be exercised when drawing inferences from these data.

Table 3.25 : *SAAP service users, accommodation after SAAP by service user target group, Victoria, 1991–92*

Accommodation after SAAP	Young people (%)	Women escaping domestic violence (%)	Families (%)	Single women (%)	Single men (%)	Multiple (%)	All services (%)
Independent living arrangements							
Parental home	10.8	6.4	4.3	5.4	2.4	5.3	6.9
Private rental	22.3	26.3	35.3	32.1	35.6	31.2	28.3
Own home	3.3	10.3	4.9	7.8	1.7	3.2	4.1
Public housing	3.5	16.8	7.7	10.1	11.7	8.9	8.3
Boarding house/ hostel	5.3	2.4	0.7	3.0	11.9	4.7	5.6
Caravan	1.7	1.9	2.2	2.4	3.7	4.8	2.8
Subtotal	*46.9*	*64.1*	*55.1*	*60.8*	*67.0*	*58.1*	*56.0*
Other arrangements							
Emergency accommodation	4.7	9.0	4.4	3.0	0.9	1.9	3.8
State organised arrangements	1.8	0.1	0.7	0.7	0.1	1.0	1.0
Government institution	0.9	0.1	0.2	0.3	0.1	0.2	0.4
SAAP service	11.1	7.6	4.9	7.4	5.6	5.1	7.8

continued

Table 3.25 (continued): *SAAP service users, accommodation after SAAP by service user target group, Victoria, 1991–92*

Accommodation after SAAP	Young people (%)	Women escaping domestic violence (%)	Families (%)	Single women (%)	Single men (%)	Multiple (%)	All services (%)
Hospital/ psychiatric unit	0.9	0.3	0.9	1.4	1.1	0.9	0.9
No fixed address	1.8	1.4	1.4	0.3	1.4	6.8	2.8
Car/tent/park/street	0.4	0.1	0.0	0.0	2.2	1.1	0.8
Squat	0.4	0.0	0.0	0.0	2.2	0.2	0.6
Prison/detention centre	0.9	0.0	0.2	0.7	0.8	0.6	0.7
Other	4.4	5.0	1.9	4.7	2.7	5.0	4.2
Unknown	20.2	8.2	28.7	17.9	13.7	16.2	17.1
Not stated	5.6	4.3	1.7	2.7	2.3	2.9	3.9
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Number	3,744	1,182	586	296	1,742	2,323	9,873

Source: Victorian SAAP Client Data Collection, July 1991–June 1992.

Towards secure, adequate and affordable housing

The primary objective of the CSHA is

> to ensure that every person in Australia has access to secure, adequate and appropriate housing at a price within his or her capacity to pay by seeking to:
>
> - alleviate housing-related poverty; and
> - ensure housing assistance is, as far as possible, delivered equitably to persons resident in different forms of housing tenure
>
> (*Housing Assistance Act 1989—Schedule 1*).

Not surprisingly, this objective overlaps considerably with the indicators of housing need set out in Section 3.3. Unfortunately, it is not possible to examine in detail housing outcomes under the CSHA. No data are available on the housing outcomes of income units that obtained assistance through the various home purchase schemes funded under the CSHA. Data that are available for public renters include government employees, as well as those renting from State housing authorities. Given the higher incomes of government employees, the analysis presented below is likely to underestimate the proportion of public tenants living in poverty or experiencing other forms of housing stress. The following analysis, therefore, is limited to income units that obtained housing assistance through the public housing sector, which includes a small but significant proportion of government employees.

Housing-related poverty

Updated poverty estimates for 1990 derived from the ABS IHCA Survey are shown in Table 3.26 and permit an examination of the capacity of the public housing sector to lift people out of poverty after paying for their housing costs.

The public housing sector has consistently acted to decrease the rate of poverty after housing costs, although the proportion in poverty before and after housing costs has increased over time reflecting, in large part, the move to a more welfare-oriented housing sector. In 1972–73, 14.2 per cent of government renters and 10.3 per cent of private renters were in poverty as measured against the before-housing poverty line. However, the proportion in after-housing poverty in the public sector declined to 9.8 per cent, whereas the proportion of private renters in poverty increased to 12.8 per cent. Although the numbers in poverty had increased considerably by 1981–82 (to 24.0 per cent and 15.3 per cent respectively), the same pattern is evident. The public housing sector, unlike the private rental sector, acted to lift people out of poverty. By 1990, the role of the public housing sector had largely altered to the provision of welfare housing (Mant 1992) and the proportion of public housing tenants living in poverty before and after paying their housing costs had increased accordingly. In 1990, 42.4 per cent of public renters and 15.9 per cent of private renters were in before-housing poverty and 27.2 per cent and 24.2 per cent respectively were living in after-housing poverty.

Table 3.26: *The incidence of poverty before and after paying for housing, Australia, 1972–73, 1981–82 and 1990*

	Proportion of income units below the poverty line [a]						Change in proportion of income units in poverty			
	1972–73		1981–82		1990		1972–73 to 1981–82		1981–82 to 1990	
	Before (%)	After (%)	Before (%)	After (%)	Before (%)	After (%)	Before (%)	After (%)	Before (%)	After (%)
Owner	15.3	3.7	11.9	5.3	12.1	5.0	-3.4	+1.6	+0.2	-0.3
Owner/ purchaser	3.0	4.0	6.6	9.1	7.2	13.0	+3.6	+5.1	+0.6	+3.9
Government renter	14.2	9.8	24.0	18.7	42.4	27.2	+9.8	+8.9	+18.4	+8.5
Private renter	10.3	12.8	15.3	20.9	15.9	24.2	+5.0	+8.1	+0.6	+3.3
All tenures [b]	10.2	6.7	11.6	10.7	13.8	13.0	+1.4	+4.0	+2.2	+2.3
Total income units ('000)	3,916		5,119		6,085					

(a) For details of the procedure used to derive poverty lines before and after housing costs, see Appendix F of the Commission of Inquiry into Poverty (1975) and Bradbury, Rossiter and Vipond (1986). Income units that were self-employed or non-private residents have been excluded from all estimates. Single-person income units aged under 21 years have been excluded from 1972–73 estimates. Income units that were children of the household head have been excluded from the 1981–82 and 1990 estimates. Single-person income units aged under 20 years have also been excluded from the 1981-82 estimates.

(b) For 1972–73 all tenures include rent-free, pays board and board-free as well as the tenures shown. For 1981–82 and 1990 all tenures also include renting from someone in dwelling, 'other' tenants and rent-free. In 1990, government renters also include a small number of income units supplied with a government dwelling as part of their employment.

Note: Figures are weighted population estimates.

Sources: 1972–73 figures adapted from Commission of Inquiry Into Poverty (1975) Table 10.2, p. 159; 1981–82 figures adapted from Bradbury, Rossiter & Vipond 1986; 1990 figures from ABS Income, Housing Costs and Amenities Survey 1990, unit record file.

The role of the public housing sector in alleviating poverty is further examined by assessing the effect of housing costs on poverty levels. As discussed in Section 3.3, the after-housing poverty line is a benchmark net of an allowance for housing and is compared with income *after* housing expenditure has been subtracted. Accordingly, income units with low housing costs may have incomes below the before-housing poverty line, but may not be considered to be in poverty after housing. Conversely, income units with high housing costs may not be considered to be in poverty if assessed against a before-housing poverty line, but have an income (net of housing expenditure) below the after-housing benchmark.

As may be expected, a large number of government renter income units—almost 43 per cent in 1990—had incomes below the before-housing poverty line, but as a result of low

housing costs were not in after-housing poverty (Table 3.27). For a much smaller number of government renters (5 per cent), the reverse was true. The comparable figures for private renters are 6 per cent and 11 per cent respectively. There is, then, clear evidence that the rebated rents paid in the public sector have the effect of alleviating poverty.

Table 3.27: *The effect of housing costs on the incidence of poverty by tenure, Australia, 1990*

	In before-housing poverty				Not in before-housing poverty			
Tenure	Not in after-housing poverty (%)	No change (%)	Total (%)	Total in before-housing poverty ('000)	In after-housing poverty (%)	No change (%)	Total (%)	Total not in before-housing poverty ('000)
Owner	58.8	41.2	100.0	284.6	0.0	100.0	100.0	2,066.6
Purchaser	8.6	91.4	100.0	116.9	6.9	93.1	100.0	1,511.9
Government renter	42.8	57.2	100.0	147.2	5.1	94.9	100.0	200.1
Private renter	5.8	94.2	100.0	173.9	10.9	89.1	100.0	917.9
Other renter	16.2	83.8	100.0	52.4	6.9	93.1	100.0	320.0
Rent-free	39.3	60.7	100.0	67.0	0.0	100.0	100.0	226.0
All tenures	**33.9**	**66.1**	100.0	**842.1**	**4.5**	**95.5**	100.0	**5,242.4**

Note: Figures are weighted population estimates.
Source: ABS Income, Housing Costs and Amenities Survey 1990, unit record file.

Affordability

The affordability outcomes for income units in the public housing sector are considerably better than they are for tenants in the private rental sector. In 1990, a little over 11 per cent of government renters were in housing stress, at the 25 per cent of income benchmark, compared with about 27 per cent of private renters (Table 3.28). The same pattern is evident when the other benchmarks are examined: at the 30 per cent benchmark a little over 24 per cent of private renters were in housing stress compared with 8 per cent of government renters and at the 50 per cent benchmark almost 12 per cent of private renters were in housing stress compared with 3 per cent of government renters.

Table 3.28: *Income units in the lowest two quintiles of income distribution as a proportion of all income units, proportion of income spent on housing by tenure, Australia, 1981–1990*

Tenure	25% or more (%)	30% or more (%)	50% or more (%)	Total income units ('000)
1981–82 Income Survey				
Owner	2.0	1.6	1.0	1,920.9
Purchaser	7.9	7.1	4.7	1,769.0
Government renter	12.7	9.3	3.7	268.7
Private renter	25.6	22.8	12.3	1,094.0
All tenures	*8.5*	*7.3*	*3.9*	*6,953.1*
1986 Income Survey				
Owner	1.9	1.6	1.1	2,181.8
Purchaser	7.7	6.6	4.4	1,812.6
Government renter	10.8	4.6	1.3	308.8
Private renter	27.8	24.3	10.1	1,063.5
All tenures	*7.5*	*6.3*	*3.1*	*7,464.1*
1990 Income, Housing Costs and Amenities Survey				
Owner	1.9	1.7	1.1	2,615.6
Purchaser	8.6	7.7	5.0	1,811.6
Government renter	11.3	8.2	3.1	359.8
Private renter	27.3	24.2	11.6	1,273.2
All tenures	*7.7*	*6.6*	*3.5*	*8,053.4*

Notes

1. All tenure figures are based on total income units, including 'other renter' and income units without housing costs.
2. Figures are weighted population estimates.

Sources: Unpublished ABS tables; ABS Income, Housing Costs and Amenities Survey 1990, unit record file.

For the decade (1981–82 to 1990) as a whole, there has been a small improvement in affordability as measured by the National Housing Strategy's definition of financial housing stress. The shortcomings of this measure, discussed in Section 3.3, limit the significance of this overall finding. Nevertheless, it is of some interest that although the affordability of income units renting privately has declined, the situation of government renters has improved. In 1981–82, 12.7 per cent of government renters and 25.6 per cent of private renters had affordability problems at the 25 per cent benchmark compared with 11.3 per cent and 27.3 per cent respectively in 1990. Very modest improvements have also occurred for government renters at the two more severe affordability benchmarks. The lowest incidence of housing stress among government

renters was in 1986 when expenditure for public housing assistance was approaching peak levels (see Section 3.4).

Notwithstanding the improvement in affordability over the decade, the proportion of government renters paying more than 25 per cent of income in rent is surprisingly high. According to the rent-setting policies of the State housing authorities, no public renters should be paying in excess of 25 per cent of their income in housing costs. The estimate of 11.3 per cent experiencing affordability difficulties, however, can be partially explained by the unit of analysis employed, as the rent-setting policies of public housing authorities are based on the income of households not income units. As some households consist of more than one income unit, the potential to overstate the proportion of households experiencing affordability difficulties is considerable.

To investigate this matter further, the proportion of government renters experiencing affordability difficulties (at the 25 per cent level) in 1990 has been estimated using household income. Analysis on the basis of households shows that the proportion of government renters experiencing affordability problems was 7.5 per cent—a more acceptable level, given that the government renters category also includes a significant proportion of government employees in addition to those renting from State housing authorities (as discussed above). Additional analysis carried out by the Queensland Department of Housing and Local Government indicates that government employees are likely to constitute the bulk of government renters in housing stress. The Department data indicate that in Queensland less than 1 per cent of public housing authority tenants pay more than 25 per cent of their income in housing costs (unpublished data).

Basic amenities

As noted in Section 3.3, almost all income units had access to basic amenities in 1990. Only some 18,500 income units in all tenures lacked access to both an internal bathroom and an internal toilet. A further 28,500 income units had no internal bathroom and 38,300 income units had no internal toilet. On this indicator, the public rental sector performs very well (Table 3.29). Whereas an estimated 2.1 per cent of private renters experienced this form of housing stress, the comparative figure for government renters was only 0.2 per cent—lower than any other tenure group. All government renters had access to an internal toilet and only 0.2 per cent did not have access to an internal bathroom (compared with 0.4 per cent in the private rental sector and 0.4 per cent of owners).

Table 3.29: *Income units without access to basic amenities by tenure, Australia, 1990*

Tenure	Without internal bathroom (%)	Without internal toilet (%)	Without internal bathroom and toilet (%)	Total without basic amenities (%)	Total income units ('000)
Owner	0.4	0.4	0.1	0.9	2,615.6
Purchaser	0.2	0.4	0.0	0.6	1,811.6
Government renter	0.2	0.0	0.0	0.2	359.8
Private renter	0.4	1.0	0.7	2.1	1,272.7
Other renter	0.3	0.2	0.2	0.7	1,116.5
Rent-free	0.4	0.5	0.3	1.2	875.6
All income units	**0.4**	**0.5**	**0.2**	**1.1**	**8,051.8**
Number without access to basic amenities ('000)	28.5	38.3	18.5	85.3	

Notes
1. Table excludes residents in special dwellings.
2. Figures are weighted population estimates.

Source: ABS Income, Housing Costs and Amenities Survey 1990, unit record file.

Access difficulties

Households resident in the public rental sector do not fare as well on this measure. Those in housing stress as a result of location are disproportionately found in the public rental sector—15.5 per cent compared with 4.2 per cent of private renters and 6.2 per cent of home purchasers (Table 3.30). This may reflect the physical location of public housing with respect to the range of services included in the scale discussed in Section 3.3, or it may reflect the profile of public housing tenants and the resources available to them relative to residents in other sectors of the housing system. Further analysis of the causes and consequences of the location disadvantage of public housing tenants is needed.

Table 3.30: *Households experiencing access difficulties by tenure, Sydney and Melbourne, 1991*

Tenure	Proportion reporting difficult access (%)	Proportion reporting very difficult access (%)	Total proportion in housing need (%)	Total tenures ('000)
Owner	5.5	2.0	7.5	942.5
Purchaser	5.0	1.2	6.2	586.4
Public renter	12.4	3.1	15.5	108.1
Private renter	3.8	0.4	4.2	421.5
Other renter	8.1	0.7	8.8	17.3
Rent-free	5.2	0.0	5.2	27.4
Tenure not specified	0.0	0.0	0.0	5.6
All households	**5.5**	**1.5**	**6.9**	**2,108.8**
Number reporting difficult access ('000)	114.9	30.5	145.4	

Note: Figures are weighted population estimates.
Source: NHS Housing and Location Choice Survey 1991, unit record file.

Security of tenure

As expected, analysis of data from the HALC Survey shows that the security of tenure of households living in dwellings that are owned outright or are being purchased differs markedly from that of households living in rented dwellings (Table 3.31). Very few owner/purchaser households undertake involuntary moves. In contrast, over a quarter (27.3 per cent) of households renting privately lack security of tenure as measured here.

In assessing housing outcomes under the CSHA it is again informative to compare the situation of public renters and those in other tenures. Notably, a much smaller percentage of public renter households (5.8 per cent) experience security of tenure problems than their counterparts in the private rental market. Comparatively few public renters are compelled to move because of an inability to meet rent payments or because their home is no longer available. About 2 per cent of respondents did, however, report the need to move due to a decision by State housing authorities. Unfortunately, details of these decisions were not recorded as part of the Survey and interpretation is necessarily speculative, but these cases may reflect instances where State housing authorities request a household to move to a smaller dwelling following a reduction in household size. All of these households remained in the public rental sector.

Overall, the fact that over 95 per cent of public renter households (in Sydney and Melbourne) were not compelled to undertake involuntary moves suggests that the

provision of assistance under the CSHA in the form of rental housing does meet the objective of providing secure tenure.

Table 3.31: *Households without adequate security of tenure, by tenure, Sydney and Melbourne, 1991*

Tenure	Inability to meet mortgage payments (%)	Inability to meet rent payments (%)	Eviction (%)	Dwelling no longer available (%)	SHA responsible for move (%)	Total without security (%)	Total households ('000)
Owner	0.0	0.0	0.0	0.1	0.0	0.1	939.9
Purchaser	1.8	0.0	0.0	0.3	0.0	2.2	584.3
Public renter	0.0	0.6	0.0	1.1	2.3	4.0	98.0
Private renter	0.0	14.0	1.2	12.3	0.0	27.5	411.0
Other	0.0	12.1	5.1	19.9	0.0	37.1	44.0
All tenures	**0.5**	**3.1**	**0.4**	**3.1**	**0.1**	**7.1**	**2,077.2**

Notes

1. Thirty-eight out of 8,530 unweighted cases have been excluded because of suspected coding errors.
2. Fifty-four unweighted cases specifying SHA responsible for move as the main reason for moving have been excluded since they represent movement into the public housing sector which is, in effect, a voluntary move.
3. Nineteen unweighted cases have been excluded due to missing data.
4. For households that recently moved, tenure refers to tenure prior to moving.
5. 'Other' includes households: living with relatives; renting form a landlord who lives in the dwelling; renting from an employer (including government employer); renting through cooperatives; and renting from other government agencies.
6. Figures are weighted population estimates.

Source: NHS Housing and Location Choice Survey 1991, unit record file.

CSHA outcomes in summary

The analysis presented indicates that the principal objectives of the CSHA have been achieved. Certainly the fact that 27 per cent of government renters were in after-housing poverty in 1990 is of concern, but data show that the assistance provided to those renting in the public sector does significantly reduce the incidence of after-housing poverty. Government renters also enjoy a high level of access to basic amenities and greater security of tenure than their private sector counterparts. The only measure that indicates a failure on the part of housing authorities to achieve stated objectives, as far as public renters are concerned, relates to access to services. Available evidence suggests that public renters experience some disadvantage with respect to this criterion.

3.7 Conclusion

In providing a national overview of the provision of housing assistance and services under SAAP and the CSHA, this chapter has highlighted the incidence of housing need in Australia. Notably, after-housing poverty has increased during the 1980s. The latest available data indicate that approximately 1 out of every 10 Australians was in housing need in the early 1990s. Aboriginal and Torres Strait Islander people, young people, one-parent families—which are overwhelmingly headed by women—and private sector renters experienced the highest incidence of housing need.

Governments' response to housing need under SAAP and the CSHA has resulted in some positive outcomes. For example, very few requests by homeless people for support services are not met by SAAP. Additionally, those renting government-owned dwellings experience a high level of security of tenure and very few lack basic amenities. Less positive, however, are data indicating that more than one out of every two requests by homeless people for accommodation is not met by SAAP and that, despite paying reduced housing costs, one in four government renters was living in after-housing poverty in 1990. Public renters living in Sydney and Melbourne also appeared to experience greater difficulty obtaining services than those in other tenures.

The level of unmet demand for assistance under the CSHA, albeit only crudely measured by waiting lists, is substantial. Nevertheless, the capacity of State housing authorities to provide assistance, measured by the ratio of outstanding applicants for assistance to the number of recipients in a 12-month period, improved over the latter years of the 1980s. This improvement has occurred despite an overall reduction in funds available for rental housing assistance (in real terms) since 1986–87. The improvement may reflect the benefit of receiving funds as Commonwealth and State grants rather than as subsidised or commercial loans.

Again it is emphasised that governments provide housing assistance in many ways; this chapter has examined only assistance and services under the CSHA and SAAP in any detail. Accordingly, the picture provided is incomplete, although several of the more global measures of housing need and outcomes presented relate to the entire Australian population and so reflect the result of all forms of housing assistance.

Improving national data

Better data on the provision of housing assistance can undoubtedly aid planning and policy development as well as improving public accountability. Current information does not permit a comprehensive analysis of program outcomes nor even a complete description of the recipients of assistance. For example, reliable data on those who use SAAP support services is unavailable at a national level. Thus, the profile of SAAP service users is limited to those using accommodation services. Similarly, there is limited information available about those who currently live in public housing; for example, in Section 3.5 it was noted that income data for public renters are not available from all States. Even less information is available regarding recipients of home purchase assistance and assistance under MRAP and the Community Housing Program. Consequently, it is not possible to investigate housing outcomes for these recipients in any detail.

Standard definitions of counting units are not in place nationally which further hinders the compilation of a national overview and limits the utility of State comparisons. There are marked differences among the Commonwealth and State and Territory governments with respect to how SAAP service delivery locations are counted. This and other data gaps have been highlighted in an AIHW report to the National SAAP Evaluation Steering Committee (see Merlo et al. forthcoming). Among State housing authorities, different approaches exist about how to count housing stock, housing loans and the number of applicants for assistance.

However, there are initiatives under way aimed at improving available data. Governments at the Commonwealth and State levels are working to improve SAAP information collected by service providers. The AIHW is contributing to the development of data in this area by participating in a review of SAAP data initiated by the Commonwealth. Information on the outcomes of housing services to the homeless is also likely to be enhanced with the completion of a longitudinal study of homeless people currently being undertaken for the Commonwealth government (Roy Morgan and Associates forthcoming). Moves to improve data have been reinforced by the recent National Evaluation of SAAP which has recommended 'the implementation of improved research, data collection, analysis and dissemination activities, to better address the needs of all interested parties...' (Lindsay 1993:15).

The Commonwealth–State Standing Committee of Housing Officials, too, has moved to develop performance indicators and related data items to help in the assessment of program objectives under the CSHA. The discussion of housing outcomes in this chapter is relevant to the work of the Standing Committee and the AIHW intends to carry out further analysis in this area.

References

Aboriginal and Torres Strait Islander Commission 1992, *National Housing and Community Infrastructure Needs Survey: Preliminary Report Stage 1*, Australian Construction Services, Canberra.

Anderton N & Lloyd C 1991, *Housing Australia: An Analysis of the 1986 Census*, Australian Housing Research Council, Canberra.

AGB McNair (unpublished) 1991, Housing and Locational Survey, 1991 Report (for National Housing Strategy).

Australia, House of Representatives (AHR) 1945, *Debates* 184: 5.

Australia, House of Representatives (AHR) 1956, *Debates* 11: 3.

Australia, House of Representatives (AHR) 1973, *Debates* 84: 2.

Australia, House of Representatives (AHR) 1984, *Debates* 139: 1.

Australia, House of Representatives (AHR) 1989, *Debates* 169: 2.

Australian Bureau of Statistics 1973, *Year Book Australia*, AGPS, Canberra.

Australian Bureau of Statistics 1979, *Year Book Australia*, AGPS, Canberra.

Australian Bureau of Statistics 1987, *Census 86 : Aboriginals and Torres Strait Islanders: Australia, States and Territories*, Cat. No. 2499.0, AGPS, Canberra.

Australian Bureau of Statistics 1989, *Census 86 : Summary Characteristics of Persons and Dwellings, Australia*, Cat. No. 2487.0, AGPS, Canberra.

Australian Bureau of Statistics 1992a, *Housing Australia: A Statistical Overview*, ABS, Canberra.

Australian Bureau of Statistics 1992b, *1990 Survey of Income and Housing Costs and Amenities: Persons With Earned Income, Australia*, Cat. No. 6546.0, ABS, Canberra.

Australian Bureau of Statistics 1993, *1991 Census of Population and Housing, Community Profiles*, Cat. No. 2722.0, ABS, Canberra.

Berry M 1988, *New Houses for Old—Fifty Years of Public Housing in Victoria 1938–1988*, Ministry of Housing and Construction, Melbourne.

Bradbury B, Rossiter C & Vipond J 1986, *Poverty, Before and After Paying for Housing, SWRC Reports and Proceedings No. 56*, University of New South Wales, Sydney.

Burdekin Report, *see* Human Rights and Equal Opportunity Commission 1989.

Burke P 1993, 'Churches and Supportive Housing', *Parity*, Issue 1, Vol. 6.

Burke T 1993, *The Future of Homelessness: Causal Factors Impacting Upon and Contributing to Homelessness*, Centre for Urban and Social Research, Melbourne.

Burke T, Campbell D, Haywood D & Misbett P, 1985, *Housing Indicators*, Estate Agents' Board, Melbourne.

Carter R 1980, *Housing Policy in the 1970s*, Longman Cheshire, Melbourne.

Chamberlain C & MacKenzie D 1993, 'Understanding Contemporary Homelessness: Issues of Definition and Meaning', *Australian Journal of Social Issues* 27(4):274–297.

Chesterman C 1988, *Homes Away from Home*, AGPS, Canberra.

Commission of Inquiry into Poverty 1975, *Poverty in Australia*, First Main Report (Prof. RF Henderson, Chairman), AGPS, Canberra.

Coopers & Lybrand W D Scott 1985, *Study into Homelessness and Inadequate Housing*, AGPS, Canberra.

Creedy J 1984, *Economics: An Integrated Approach*, Prentice–Hall, London.

Department of Community Services and Health (DCSH) 1990, *Annual Report 1989–90*, AGPS, Canberra.

Foard G (forthcoming), *The Efficacy of Rent Assistance—towards an affordability benchmark in the year 2000?*, Australian Institute of Health and Welfare, Canberra.

Fopp R 1992, *Breaking the Cycle of Youth Homelessness: a report prepared by the Adelaide City Council*, Adelaide.

Health, Housing and Community Services (HHCS) 1992a, *Annual Report 1991–92*, AGPS, Canberra.

Health, Housing and Community Services (HHCS) 1992b, *Annual Report 1990–91, Housing Assistance Act 1989*, AGPS, Canberra.

Health, Housing and Community Services (HHCS) 1992c, *Housing Choices for a Changing Nation*, AGPS, Canberra.

Health, Housing and Community Services (HHCS) (unpublished) 1992, Housing Indicators Study.

Health, Housing, Local Government and Community Services (HHLGCS) (forthcoming), *Annual Report, Housing Assistance Act*,

AGPS, Canberra.

Human Rights and Equal Opportunity Commission 1989, *Our Homeless Children—Report of the National Inquiry into Homeless Children* (The Burdekin Report), AGPS, Canberra.

Jones MA 1972, *Housing and Poverty in Australia*, Melbourne University Press, Melbourne.

Jordan A 1978, *A place of dignity*, AGPS, Canberra.

King A (forthcoming), *Towards Australian Indicators of Housing Stress*, AGPS, Canberra.

Lindsay M 1993, *Report of the National Evaluation of the Supported Accommodation Assistance Program*, AGPS, Canberra.

Lloyd C & Troy P (unpublished) 1992, The Commonwealth Housing Commission and a National Housing Policy.

MacKenzie D & Chamberlain C 1992, 'How many homeless youth?' *Youth Studies Australia*, Summer.

Mant J 1992, *Inquiry into the Department of Housing*, Sydney, pp. 1–89.

McMurtrie J 1992, *Home Fund Review*, NSW Department of Housing, Sydney.

Merlo R, Anderton N, Foard G & Cresswick G (forthcoming), *Services for the Homeless 1990–92: A Statistical Profile*, Australian Institute of Health and Welfare, Canberra.

National Housing Strategy 1991a, *The Affordability of Australian Housing*, AGPS, Canberra.

National Housing Strategy 1991b, *Financing Australian Housing: The Issues*, AGPS, Canberra.

National Housing Strategy (unpublished), Community Housing in Australia: An Analysis of the Financial and Management Structures and the Scope for Expansion.

National Housing Strategy 1992a, *Housing Location and Access to Services*, AGPS, Canberra.

National Housing Strategy 1992b, *Housing Choice: Reducing the Barriers*, AGPS, Canberra.

Neil C & Fopp R 1992, *Homelessness in Australia: Causes and Consequences*, CSIRO, Melbourne.

Priorities Review Staff 1975, *Report on Housing*, AGPS, Canberra.

Queensland Department of Housing, Local Government and Planning, (unpublished) 1993, Submission to the Inquiry into Public Housing, Ref. No. 92/07 Sub. No. 135.

Royal Commission into Aboriginal Deaths in Custody 1991, *National Report* (E Johnston, Commissioner), AGPS, Canberra.

Roy Morgan and Associates (forthcoming), *Report on SAAP User Outcomes*, AGPS, Canberra.

Saunders P & Whiteford P 1989, *Measuring Poverty: A Review of the Issues* (Report prepared for the Economic Planning Advisory Council—Discussion paper 89/11), SWRC University of NSW, Sydney.

Victorian Department of Planning and Development (unpublished) 1993, Submission to the Inquiry into Public Housing, Ref. No. 92/07 Sub. No. 227.

Victorian Department of Health and Community Services 1992, *Victorian SAAP Client Data Collection Annual Report July 1991–June 1992*, Vic. H&CS, Melbourne.

Working Party on Homeless Men and Women 1973, *Report of the Working Party on Homeless Men and Women to the Minister for Social Security*, AGPS, Canberra.

Yates J 1992, *Housing and Taxation: An Overview*, Department of Economics, University of Sydney, Sydney.

4 Children's services

4.1 Introduction

Children are generally defined as people under a certain age. The age cut-off point differs according to the purpose of the definition. For example, the United Nations defines a child as a person under the age of 18 years and the Australian Bureau of Statistics defines a child as a person under 15 years (full-time students 15–24 years old are defined as dependents). The age cut-off for children's services also differs. The definition of a child for the purposes of child welfare legislation is a person under the age of either 17 or 18 years (a cut-off point which varies across jurisdictions). Children for whom formal child care is provided are usually defined as those up to the age of 12 years (although some child care services provide care to 12-year-olds as well).

In the last five years, the total resident population of children has become more demographically stable than previous trends, with a change to a much flatter population distribution across the 0–16 years age group. This is demonstrated by an overall percentage increase of 5 per cent in the 0–12 years age group and a 1 per cent increase in the 0–16 years population from 1987 to 1992 (Table 4.1). The size of each yearly age bracket is similar and the proportion of children in the total population has not changed significantly since 1989 (with the 0–16 years age group consistently representing 25 per cent of the total population from 1989 to 1992 (ABS 1993c)).

Table 4.1: *Number of children, age of child by year, Australia, 1987 and 1992*

Age (years)	1987	1992	Per cent increase
0	241,989	254,104	5.0
1	241,123	259,698	7.7
2	244,950	258,504	5.5
3	244,036	254,109	4.1
4	246,586	252,849	2.5
5	243,629	252,242	3.5
6	241,510	255,476	5.8
7	236,074	257,346	9.0
8	235,955	255,810	8.4
9	238,970	257,206	7.6
10	239,390	253,492	5.9
11	245,194	254,090	3.6
12	252,734	246,185	-2.6
13	261,897	248,193	-5.2
14	273,307	248,511	-9.1
15	287,494	250,530	-12.9
16	292,327	255,278	-12.7
0–12	3,152,140	3,311,111	5.0
0–16	4,267,165	4,313,623	1.1

Source: ABS 1993c.

Children's services include child care services, services supporting children and their families and child welfare services. Child care services aim to supplement parental care, providing for the care of children and fostering their social, cognitive and personal development while parents are engaged in other activities. Thus they play a vital role in enabling parents, especially women, to participate in employment, education and community affairs. They are important, too, in terms of children's needs for companionship, play opportunities and social and emotional development. Services for children and their families aim to preserve and enhance the family's capacity to function effectively in providing for the wellbeing of children. Child welfare services provide a range of services when children are subject to abuse or neglect and, when appropriate, provide for the protection of children by arranging substitute care placements.

These services have a common focus on parents, children and families, with particular emphasis on the care of children, and each may serve a number of purposes. Purposes which serve the interests of the *parents* might include enabling parental participation in the workforce and education, promoting equal life opportunities for men and women, reducing the incidence of marital breakdown, promoting effective parenting skills, enhancing parents' quality of life and life opportunities, and providing parents with respite care. Purposes which serve the interests of the *child* might include promoting the psychological wellbeing and effective socialisation of children, enhancing positive behaviours among children, reducing the incidence of child maltreatment, enhancing life opportunities for children, especially those with special needs, promoting the social, psychological and cognitive development of children and ensuring the physical care and safety of children. From the perspective of the *family*, the purposes of these services might be to assist families to deal effectively with external demands, to reduce the occurrence of family breakdowns and to promote enhanced family functioning.

The trend in recent times has been to take an integrated approach to the concerns of children, parents and families. In child welfare, for example, it has been increasingly recognised that the wellbeing of children is best achieved within a well-functioning family environment. Where the child is believed to be at risk of harm within the family, it is now more likely that services supportive of the family's role and compatible with the safety of the child will be provided, than that the child would be removed from the family. Such services might include child care, parental skills and effectiveness training, family counselling, and home-based support and role modelling.

The trend towards taking an integrated approach to services which address the life concerns of children, their parents and their families can be seen in two developments—the interest being shown in Australia, particularly in Victoria and South Australia, for the New Zealand model of family group conferences in child protection, and the increasing emphasis on children's rights (discussed below).

In providing a national picture of children's services, there seem to be three major reasons for adopting the integrated approach:

- to describe the current balance between different forms of services, and to chart future shifts in this balance;
- to provide information for better assessment of the effectiveness of different service types in achieving prescribed purposes; and

- to provide information which would enable a better assessment of outcomes in terms of population groups, social concerns (such as the social development and wellbeing of children) and the community as a whole.

At this stage, it is not possible within the context of this report to provide a comprehensive picture of the full range of children's services. Although there are useful national data on child care services, and on some aspects of child welfare services, there is, at present, no ready source for national information on the range of other services which support families with children. With the withdrawal in 1988 of the Commonwealth's special purpose funding of the Family Support Program, State and Territory governments provide a component of funding for services which support families with children such as family resource centres, supplementary services, youth activity services, family centres, grants to relevant associations, toy libraries, services to children in remote areas or children with other special needs, neighbourhood houses, mobile services, advisory services and program administration. Even though some of these services are also funded by the Commonwealth, they form a significant part of the State and Territory governments' contribution to the support of children and their families.

The diversity of program structures militates against an easy collation of information on additional services which support families with children from the State and Territory administrations. In addition, there are a range of related services funded by the Commonwealth Department of Health, Housing, Local Government and Community Services (e.g. family resource centres) and provided by other Commonwealth agencies such as family social work services, rural counsellors, marriage guidance services and child support payments.

This chapter concentrates on presenting an overview of child care services and indicative information on child welfare services.

4.2 Child care: history and current developments

Historically, child care services were divided into those deemed educational and those regarded as only providing care. Services in the former category, such as preschools, were said to be provided for child-centred reasons (peer socialisation, opportunities for developmental and educational experiences); those in the latter category (long day care and family day care) were said to be meeting adult needs, particularly parental employment. It is now generally acknowledged that good quality child care services contain components of both care and education. Furthermore, services are more frequently seen as addressing the needs of families, rather than pitting the needs of parents and children against each other.

Child care services in Australia have their origins in the philanthropic activities of the middle and upper classes. In the late nineteenth and early twentieth centuries, groups of urban reformers established kindergartens and day nurseries in the densely populated inner suburbs of Australia's major cities. Although closely related, the two forms of provision differed in some fundamental ways. Kindergartens (the precursors of today's preschools) were intended to 'reform' working class children through

supervised activities at the centre as well as through home visits.[1] Kindergartens were not aimed at relieving women of the responsibility of care and generally operated for only a few hours per day. Day nurseries, on the other hand, were explicitly intended to meet the child care needs of women who had to undertake paid employment in order to support themselves and their children (Spearritt 1979; Davison 1983).

For several decades, both forms of care remained largely within the non-government sector. State governments provided varying levels of assistance to preschools but the organisation of services—their establishment, the training of staff to work in them, and decisions about the location and management of the services—remained outside government control for many decades.

During the 1950s and 1960s most State governments increased their assistance to preschools. Access, however, varied dramatically across the country. The proportion of children attending preschool in 1970 varied from 52 per cent in the Australian Capital Territory to 3 per cent in New South Wales (Fitzgerald & Crosher 1971). During these decades pressure mounted on the Commonwealth Government to act on the issue of preschool provision. Meanwhile, as the rate of labourforce participation of women with young children grew, the need for day care services became more pressing. A small part of this demand was met by private operators.

The Commonwealth Government remained essentially outside the field of child care during these decades although it took a few small initiatives. These included the establishment of model child centres (the Lady Gowrie Centres) in each State capital in 1940, designed to encourage the expansion and upgrading of services (Cumpston & Heinig 1944; Stamp 1975), and the provision of limited child care assistance to employed mothers during the Second World War (Crow 1983; Davis 1987).

The 1972 Child Care Act

The passage of the Child Care Act in 1972 marked the formal entry of the Commonwealth Government into the child care field. The impetus for this legislation came largely from the Department of Labour and National Service, the part of government responsible for assessing the needs of working women and the needs of industry for a stable, predictable workforce (Brennan & O'Donnell 1986).

The Child Care Act was limited in its focus. It enabled the Commonwealth Government to provide capital grants for land, buildings and equipment, special needs subsidies, research and evaluation grants and salary subsidies. However, under the Child Care Act, assistance could be provided only to *centre-based* long day care services and had to be channelled through non-profit organisations or local authorities.

In 1974, a large proportion of direct Commonwealth assistance for the establishment of new services was extended to preschools (previously a State funding responsibility) and the Commonwealth announced its intention to provide a range of child care services for *all* Australian children, not just those deemed to be poor or needy. This represented a major philosophical departure. Not only was there to be a greatly expanded role for the Commonwealth in funding child care services of all types

1. The term kindergarten (still used in Victoria, South Australia, Tasmania and for some preschool services in Queensland) refers to services offered in the year before commencement of school which are known elsewhere as preschools.

(cutting across the traditional divide between education and care services), but subsidised child care was being presented to the community as a normal part of community infrastructure, not as a welfare service (Cox 1988; Dowse 1988). At about this time, the Commonwealth also began to encourage innovative models of service delivery: family day care, outside school hours care, playgroups and mobile preschools began to receive funding. Such services were funded outside the provisions of the Child Care Act and thus lacked the firm legislative basis which underpinned centre-based long day care.

Child care services developed slowly throughout the second half of the 1970s and the early 1980s. Throughout these years, the workforce participation rates of mothers with young children increased. Family day care, rather than centre-based long day care services, was the main service type to be expanded. During this period the Commonwealth ceased to fund preschools directly, instead providing a block grant to each State and Territory government for service provision. The remaining responsibilities for funding and administration of preschool services, including formulation of policy, became an individual State or Territory responsibility, to be funded out of general revenue and consumer fees.

The mechanisms by which Commonwealth funds were allocated to community groups became a controversial issue in the early 1980s. For more than a decade, funds had been distributed solely on the basis of submissions from community groups. Research was beginning to show, however, that this approach resulted in a quite inequitable pattern of provision (NCOSS 1980). Articulate and organised communities proved to be the most successful at writing successful submissions, whereas the areas that missed out were those with high concentrations of low income families, sole parents, migrants and disadvantaged groups (Hurford 1987). Under pressure from a range of organisations, Commonwealth policy on the development of new services changed. In 1984, a needs-based planning approach was formally adopted by the Commonwealth. Committees consisting of representatives from Commonwealth, State, Territory and local governments as well as members of community groups, ethnic organisations and women's advisory units were established in each State and Territory. These committees advised the Commonwealth on the appropriate distribution of new services and places within each State and Territory. At the same time, income-related fee subsidies were introduced for families using non-profit services and the priority-of-access guidelines were focused more clearly on working parents.

In April 1986 changes were introduced in the method of funding non-profit long day care centres. Previously, the formula for operational funding of services was directly linked to the staffing costs of the services. In 1986 this formula was altered so that funding was provided per child rather than per staff. As part of this change in funding arrangements, fee relief was extended and fee ceilings were introduced to ensure containment of costs. The net effect of these changes was to redirect funding from operational subsidies to income-related fee relief, more effectively targeting financial assistance to low income families (Hurford 1987).

It has been argued that this change in funding arrangement reduced the quality of service provision because funding was no longer linked to one of the most important quality indicators—staffing (both levels and qualifications). For most of those services, which up until this point had received operational funding, equipment purchases,

maintenance provision and other areas affecting quality were reduced in an attempt to keep fees within the limits set under fee ceiling arrangements (Gifford 1992). The changes to funding arrangements and later modifications to the Commonwealth's program such as further extensions of fee relief eligibility, fee relief provision to consumers of private long day care centres and the increase in the number of funded places through the National Child Care Strategy have, however, resulted in a wider and more equitable spread of Commonwealth funds across a broader and more various range of services and service users. This has been achieved together with a major increase in Commonwealth expenditure on child care.

The Commonwealth's Children's Services Program and the implementation of the National Child Care Strategy

Prior to 1988 the Commonwealth's Children's Services Program was allocated $20 million in 1983, $30 million in 1984 and a target for an additional 20,000 places in 1985. In 1988 the Commonwealth Government announced the establishment of a National Child Care Strategy to be overseen by the Commonwealth's program, now known as the Children's Services Program (CSP),[2] in conjunction with the States and Territories. This involved a strengthening of efforts to encourage private businesses and employers to provide child care services and an expansion of the existing Commonwealth program by 30,000 new child care places (a mix of long day care, family day care, outside school hours care and occasional care) within four years. In 1990, the Government committed itself to the development of an additional 50,000 places by the end of 1995–96, this time, mainly in outside school hours care. The 80,000 places in the total expanded strategy, to be achieved by 1995–96, comprise 14,000 long day care, 14,000 family day care, 50,000 outside school hours care and 2,000 occasional care places.

In the same period the Commonwealth anticipates that the private sector and employers will establish 28,000 new centre-based long day care places outside of the National Child Care Strategy. Thus, for centre-based long day care places, the official expectation is that the ratio of new private and employer funded long day care places compared with publicly funded long day care places will be two to one. The ratio of operational long day care places between the private and employer sponsored sector and the community-based sector was 1.3 to 1 in 1992 (HHCS 1992c:82, table 106).

As part of the 1993–94 budget measures, an additional 20,000 places (including 3,500 community-based long day care places, 2,500 employer sponsored long day care places, 4,500 family day care places, 1,500 employer sponsored family day care places and 8,000 outside school hours care places) will be funded by direct partnership arrangements with local governments, community centres and employers by 1996–97 (HHLGCS unpublished).

2. The Children's Services Program (CSP) is a sub-program of the Family and Children's Services Division of the Commonwealth Department of Health, Housing, Local Government and Community Services. Over the past decade it has been known under different names, including the Services for Families with Children Program. In this chapter it is referred to as the CSP. The census of services funded under CSP is referred to as the CSP Census.

The rapid expansion of the CSP over the past decade has been one of its most significant features. In 1983 there were 46,000 Commonwealth-funded child care places; at 30 June 1992 there were approximately 190,000 Commonwealth-funded places and, on current estimates, there will be approximately 300,000 by 1996–97 (HHLGCS 1993a).

A review of the total number of children using these places over the same time period shows a commensurate increase reaching a figure of 300,000 children in 1992 (Table 4.2). The Commonwealth's current commitment is to meet all work-related demand for formal child care by the year 2000–01 (HHLGCS 1993a:208).

Table 4.2: ***Estimated number of children attending services funded by CSP, type of service by year, Australia, selected years***

Type of service	1984	1987	1988	1989	1991[a]	1992
Number of children						
Long day care	36,163	50,105	55,285	60,776	135,388	158,403
Family day care	37,720	44,310	51,260	51,845	60,969	66,127
Outside school hours care	0	17,743	25,675	29,946	46,843	50,754
Other formal care[b]	0	3,990	4,924	10,568	19,008	26,455
Total children	*73,883*	*116,148*	*137,144*	*153,135*	*262,209*	*301,739*
Per cent increase on 1987 figures						
Long day care			10.3	21.3	170.2	216.1
Family day care			15.7	17.0	37.6	49.2
Outside school hours care			44.7	68.8	164.0	186.1
Other formal care			23.4	164.9	376.4	563.0
Total children			*18.1*	*31.8*	*125.8*	*159.8*

(a) 1991 CSP Census figures have been adjusted for non-responding services based on the total number of services in the Departmental database at the time of the Census.

(b) Progressively includes occasional care, Multifunctional Children's Services and Multifunctional Aboriginal Children's Services over the 1984–1991 time period as these service types were introduced.

Source: Office of Child Care 1985; DCSH 1988, 1989, 1990; HHCS 1992a, 1992c.

A major shift in policy occurred in 1990 when fee relief, now known as Childcare Assistance, was extended to users of private child care centres. This resulted in a major increase in long day care places under the CSP. Private centres also became eligible for access to supplementary services in the form of special workers to assist clients with special needs.

The stated objective of the CSP is

> to assist families with dependent children to participate in the workforce and the general community, by ensuring that child care is affordable for low and middle income families and by improving the supply and quality of child care (HHLGCS 1993a:207).

In practice, this expressed goal of universalism is substantially modified. As the Commonwealth acknowledges, resources are finite and must be directed to where they are needed most.

Expansion has been fuelled by increases in workforce participation by women, by an increase in the number of one-parent families requiring work-related care, by changes in community perceptions about the appropriate social roles for men and women, as well as by a shift towards support for the benefits and, indeed, the need for an accessible range of child care services. Over the last decade, the Commonwealth has drawn a range of new players into the establishment and funding of child care services. These new players include employers, private investors and local governments. At the same time, new collaborative, cost-sharing arrangements have been established between States and Territories[3] and the Commonwealth. Until the 1980s large corporations in Australia showed little interest in the family responsibilities of their workers and came under no pressure from either governments or unions to act in this area. This is slowly beginning to change. The Commonwealth Government has formally recognised the rights of workers with family responsibilities in the signing of ILO Convention 156. In addition, affirmative action legislation which applies to all companies with one hundred or more employees has been introduced. Employer assistance for workers with family responsibilities is growing in size and scope. Employer assisted initiatives have taken a number of forms including the provision of advice and referral support, reservation of places through financial contributions to existing services to secure priority of access, and the establishment of new services, either independently operated by an employer or group of employers or in conjunction with a child care service operator. Child Care at Work (a private advisory service on employer assistance) has gathered information on current employer assistance initiatives in the course of its consultancy activities. This information shows that existing employer assistance is provided by a variety of public and private sector employers across a range of industry and occupation groups with the majority of employers being statutory authorities, hospitals, tertiary institutions and private sector manufacturing, hospitality, legal and finance sector organisations.

Current developments

Since the mid-1980s provision of child care has expanded rapidly and child care policy has been linked more closely than ever before to labour market and social security policies. No longer is child care an isolated, special interest policy issue—it is now integral to a number of social and economic policies.

Community organisations such as the Australian Council of Trade Unions (ACTU) and the Australian Council of Social Service (ACOSS) have become important advocates for expanded provision of child care services. The ACTU has promoted expansion of child care as part of the social wage and has put most of its emphasis on the provision of work-related care and on the pay and conditions of child care workers. ACOSS has stressed the significance of provision of child care in helping families to become

3. Although some State and Territory governments (notably New South Wales) had been involved in children's services well before the 1980s, they had not previously had any significant role in providing capital funds for services other than preschools.

economically self-sufficient and has argued strongly *against* child care being restricted to clients defined as needy. In 1988 ACOSS issued a discussion paper on child care policy, highlighting the economic benefits of public provision and stressing that these benefits accrued to the whole society, not just the individual:

> Child care services make a considerable contribution to the capacity of families to remain economically independent. As well, they add to labour market efficiencies by providing employers earlier access to the skills of those women (and a few men) who take the responsibility for their children's care. It is evident that these are desirable outcomes for the community at large (ACOSS 1988).

In addition, groups representing the interests of particular sections of the child care industry have been formed which also work towards expanded provision of services and improved quality of services. These include the National Family Day Care Council, the Association of Community Based Children's Services, the National Out of School Hours Association, the Australian Confederation of Childcare and the Australian Federation of Child Care Associations.

Despite the increased priority of child care in public debate, there is some concern within the community that the very factors which have underpinned recent developments (particularly the links between provision of child care and workforce participation) have the potential to lead to a narrow conception of child care (Hayden 1992). For example, in 1991 the Commonwealth Government proposed the introduction of a new two-tier system of fee relief, which would have divided the population of families using services into two groups—working families and non-working families—and standardised the amount of fee relief paid to each group across all service types (HHCS 1992d). This initiative, however, was perceived to be discouraging the use of publicly funded services by non-workforce participants as non-working families would have received a lower level of fee relief. Under pre-existing arrangements, parents who were employed, studying or training had first call on services. Where places were available, however, other families were also able to use these services. Those who gained access were eligible for Childcare Assistance, regardless of their workforce status. The two-tier fee relief proposal was met by a vigorous campaign of opposition in which the rights of parents in the home to have access to publicly funded child care services were strongly defended. The proposal was also opposed by the National Children's Services Advisory Council and the ALP caucus. The government subsequently withdrew the two-tier fee relief proposal.

Another issue that has come to the fore concerns the industrial conditions of child care workers. Unionisation rates among centre-based staff grew (albeit slowly) throughout the 1980s, and family day care providers began to question their income levels and lack of basic industrial conditions such as holiday and sick pay. This has led to current debate over whether family day care workers are self-employed or employees. The assumption that mothers would be willing to act as volunteers in child care services also came under increasing challenge (Deagan 1980). Research from the United States demonstrating connections between the pay and industrial conditions of child care staff and positive outcomes for children fuelled demands that quality care be taken to include reasonable pay and conditions for staff (ABT Associates 1979).

Changing focus of child care programs

The broad division between levels of government is that the Commonwealth focuses its attention on families whose child care needs are related to the parents' workforce participation, training and education, and State and Territory governments provide preschool education for children in the year or two before school entry.[4] The Commonwealth also gives particular attention to families reliant on Commonwealth income support, such as sole parents wishing to retrain in order to enter or re-enter the workforce, particularly under the Jobs, Education and Training (JET) program which has a child care component.

The Commonwealth focus on the needs of parents in the workforce is reflected by the priority-of-access guidelines for long day care, family day care and outside school hours care services. These guidelines give first priority to children whose parents are employed, looking for work, or training with a view to joining the workforce. Other groups accorded a high priority are children of sole parents, children or parents with a continuing disability or incapacity, children from non-English-speaking backgrounds, children from Aboriginal and Torres Strait Islander families and children at risk of abuse or neglect. Therefore, priority of access to Commonwealth-funded services has been defined according to needs of both children and parents. There is ongoing debate about the emphasis that these access guidelines have placed on the needs of parents over the needs of children (Gifford 1992) and about the low priority accorded to the needs of female parents in the home (Brennan & O'Donnell 1986).

More recently, government policy on assistance for parents caring for their children in the home has been strengthened. The funding of occasional care centres to provide respite and occasional care for parents out of the paid workforce is as a result of the long-standing recognition of the needs of these parents. The recent extension of Childcare Assistance to families using occasional care will extend access to these services across a broader spectrum of families. In addition the Commonwealth has announced the introduction of a Home Child Care Allowance of $30 per week, over and above current Family Payments, which will be paid directly to the spouse caring for children at home (HHLGCS 1993b).

Needs-based planning and measuring quality

The provision of child care is an issue of growing importance in Australian public policy and there remain a number of unresolved and contentious issues within the field. Although the supply of services for work-related care has increased substantially in the past decade, issues relating to the accessibility and quality of care have come to the fore.

Accessibility to services is being enhanced through the needs-based planning system which has continued to influence the distribution of new services since 1984. Planning committees have been established in each State and Territory to make recommendations about the location of new community-based, Commonwealth-

4. It is recognised that although the CSP provides the majority of formal services for families with work-related needs, some State and Territory governments have funded and administer child care initiatives outside the Commonwealth–State child care agreements. For example, the Victorian Government provides a full State subsidy for 33 TAFE-based child care services and funds 5,000 places in outside school hours care services.

funded services in each State and Territory. Nationally consistent regional planning data, at Statistical Local Area (SLA) level, including the total number of children in the target population and population projections, number of Aboriginal and Torres Strait Islander children, number of people of non-English-speaking background, number of sole parents, number of families with children in defined family income groups, journey to work information, number of women in the labourforce and not in the labourforce (an indicator of potential family day carers), as well as qualitative information from the child care industry, local knowledge and submissions from organisations interested in operating services all provide the basis of the Commonwealth's new national needs-based planning approach.[5]

Private operators, including those whose users receive Commonwealth Childcare Assistance, may set up wherever they choose. The majority of State and Territory preschool services are administered and planned by the State department responsible for education services rather than the department responsible for regulation and planning of other forms of child care services.[6] Problems such as lack of coordinated geographic planning across all child care service types are beginning to be addressed in some States and Territories.

Other issues that have arisen in relation to planning concern the perceived over-reliance by planning committees on objective data sources (such as the statistical indicators outlined previously which, it is argued, can quickly become out of date especially in rapidly growing areas) and the neglect of local knowledge of current resources and needs of particular areas (National Children's Services Advisory Council 1992:3–4). In 1992 the National Children's Services Advisory Council prepared a paper addressing the question of planning of child care services which proposes State and Territory consultation on broad directions for the planning process (in line with the Commonwealth Government's priorities) and regional planning consultations which would determine a region's specific needs, the types of services required and the location of these services. Planning for special needs groups and for growth in the commercial child care services sector were also envisaged as part of this process (National Children's Services Advisory Council 1992).

At the same time as the need for comprehensive service use data to assist needs-based planning initiatives has been recognised, resource limitations have led the CSP to change its data collection strategy to a rolling census to cope with the rapidly expanding number of services in the CSP: service types will be allocated to two groups and surveyed every second year (long day care and family day care in the first year and all other service types in the following year).

The issue of measuring the quality of care is a new area within formal child care. While quality is an amorphous concept when considered in the abstract, there is now

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5. Individual States and Territories had established their own needs-based planning systems which provided models for the development of the Commonwealth's national system. The Commonwealth's statistical regional planning data and qualitative local input enables areas to be ranked according to relative need for new services.
6. Preschool services in Victoria, South Australia and some services for 4-year-olds in Western Australia are, however, administered by the relevant department responsible for community services.

widespread agreement (at least within the child care community) about its concrete manifestations. It is generally agreed, for example, that children's interests are best served in settings where child to staff ratios are low, group sizes are small, staff have been specifically trained in child development and related areas, and the pay and conditions of caregivers are reasonable (Whitebrook et al. 1982). In addition to these quantifiable inputs, the interactions between staff, parents and children provide vital measures of quality. It is these latter features of a service that accreditation is designed to assess.

In 1990, the Commonwealth began to consider the introduction of a system of accreditation for child care services which would foster good standards of care in the industry and accredit child care services which meet these standards. Later that year, a committee of child care industry representatives under the chair of Mary Crawford, MP, was established to inquire into how accreditation might be implemented in Australia. Subsequently, an Interim National Accreditation Council (INAC) conducted widespread consultation and public discussion on the issue and the National Childcare Accreditation Council has now been established to implement the new Quality Improvement and Accreditation System for long day care. Long day care centres will have six months from 1 January 1994 to register with the Council to participate in the system, which will start on 1 July 1994. The new system will focus on four major determinants of quality: interactions between child care staff, children and other staff; curricula and routines; nutrition, health and safety; and service and staff development.

At the same time, State and Territory governments which have responsibility for regulating and licensing children's services, are attempting to define national standards for these services. This work is being conducted through the Commonwealth–State Children's Services Sub-Committee, a sub-committee of the Council of Social Welfare Administrators.

Late in 1992, in response to a report by the Sub-Committee, all State and Territory governments agreed to a set of national standards for centre-based long day care to be implemented by 1996 via regulatory mechanisms. These standards include health and safety, curriculum and programming and administrative functions. Development of nationally consistent standards for other child care service types is ongoing. The implementation of these standards will provide a nationally consistent and complementary base upon which the Quality Improvement and Accreditation System can be built. Together these systems will enable the effective development of quality outcomes for children in child care services and will yield a new and effective set of data which will allow the monitoring of quality outcomes of service provision over time.

Future directions

In late 1992, the Attorney-General asked the Australian Law Reform Commission to review legislation for funding programs within the Department of Health, Housing, Local Government and Community Services. This review, which is currently under way, will include the existing Child Care Act and will involve the extension of the legislative base to all children's services funded by the Commonwealth and will incorporate contemporary legal policies.

Other new directions in the child care field include newly funded initiatives for the provision of care for sick children in formal services, the growing implementation of a variety of employer assisted care and the introduction of cash rebates to users of both informal and formal services. Monitoring of the impact of these changes on individual consumer preferences and service use in general will require comprehensive data on each of these initiatives. Future population surveys on child care and administrative data collections will need to incorporate the collection of new information relating to these developments.

4.3 Child care services

Box 4.1: Child care—definition and types

Child care is regarded as care of a child from 0–12 years by someone other than the child's parents (where parent is taken to mean the natural, adopted or step-parent of the child, the child's legal guardian or the de facto partner of the child's parent). School attendance is not included within the definition as child care.

There are two broad categories of child care available: formal and informal care. Informal care refers to non-regulated care by an individual other than the child's parent, either in the child's home or elsewhere. It is sometimes charged for by the carer and sometimes provided free of charge. The carers may be adult relatives, the child's siblings or non-relatives. Formal care refers to regulated care away from the child's home and covers a range of service types including preschools/kindergartens, long day care centres, outside school hours care (before and after school care and vacation care), family day care, occasional care (ABS 1993a).

***Formal child care services** include the following service types:*

- *Preschool/kindergartens: these generally accept children in the year or two before school entry and operate on a sessional basis. Most open during school terms only.*
- *Long day care centres: these are open for at least 8 hours per day, 48–50 weeks per year. Some cater for children from birth to school age. Others do not offer services to this whole age range. Long day care centres may be provided on any of the following bases:*
  - *—community-based and other non-profit*
  - *—private for-profit*
  - *—employer sponsored.*
- *Family day care: such schemes involve a network of caregivers supported by a central co-ordination unit. Caregivers provide care and foster the development of children aged 0–12 in the caregivers' homes.*
- *Outside school hours care: this is provided for school-aged children, and includes before and after school care services and vacation care.*
- *Other formal care services including: occasional care which caters mainly to the needs of families requiring care for short periods of time and for adjunct care; Multifunctional Children's Services which offer a range of services in a single centre for children in rural and remote areas; Multifunctional Aboriginal Children's Services which also offer a range of support, educational and care services designed to meet the particular needs of Aboriginal and Torres Strait Islander communities; and other services such as adjunct care where care is provided while parents use a particular facility (such as a sporting venue or medical centre).*

***Informal care** comprises non-parental care by adult relatives, siblings and non-relatives which may or may not be charged for by the carer.*

Public and private sector provision of child care

Child care services are provided by governments, private operators, employers and community organisations. Preschool services have been, in the main, established and administered by State governments through their education departments. In New South Wales and Victoria, many preschools are provided outside the school education system, mainly under the auspices of large, non-profit organisations, although private

for-profit preschools are also found in these States. Other major providers include the Kindergarten Unions and the Sydney Day Nursery Association.

By comparison, 50 per cent of family day care services are operated and administered by local governments across Australia (Table 4.3). Outside school hours care, which has traditionally been operated by school-affiliated organisations, is beginning to be included in other service types, for example as part of private long day care and family day care services. Currently 61 per cent of outside school hours care services are operated by non-profit organisations (Table 4.3). The evolution of long day care services across States and Territories has resulted in a variety of provider types operating today. This includes private for-profit (commercial services operating on a for-profit basis), private not-for-profit (services administered by a commercial provider which operate on a not-for-profit basis) and community-based not-for-profit service providers (services which operate on a not-for-profit basis, are run by a community-based organisation and usually receive some sort of operational funding). CSP provider-type information shows that just over half of the long day care services registered as eligible for Commonwealth Childcare Assistance are privately owned, reflecting the recent inclusion of private for-profit services in the CSP.

Table 4.3: ***Percentage of services, type of sponsorship by type of formal care, Australia, 30 June 1992***

Type of sponsorship	Long day care[(a)]	Family day care	Other formal care[(b)]	Outside school hours care
Local government	17.8	49.5	18.9	22.6
Non-profit	24.3	29.8	50.8	61.3
Religious/charitable	6.1	14.9	4.2	10.5
Privately owned	50.4	0	0.4	0
State government	1.4	5.8	25.7[(c)]	5.6
Total	**100**	**100**	**100**	**100**

(a) Includes all long day care in CSP, i.e. community-based and private (unpublished data).
(b) Includes occasional care, Multifunctional Aboriginal Children's Services and other multifunctional services.
(c) Includes State government administration of neighbourhood models.
Source: HHCS 1992c:Table 110.

State and Territory information on licensed services suggests that private for-profit organisations provide a sizeable component of other services as well. For example, although no CSP occasional care or other formal care services are privately owned, the Office of Preschool and Child Care in Victoria estimates that approximately 12 per cent of centres registered to provide occasional care in Victoria are operated by private for-profit providers (mostly sporting venues).

At the moment it is possible to describe the provider types of CSP-funded services only. Because auspice or sponsorship arrangements for child care services vary from service type to service type and across States and Territories, it would be very useful if a comprehensive description of formal child care services types was developed which incorporated a hierarchical classification of sponsorship or provider types. This classification would, at the highest level, allow a comparison of the providers of child care services with providers of other community services and, at the lowest level, recognise the different sponsorship arrangements that exist across the child care sector itself.

Government expenditure

There is a great deal of variety in the way all formal service types (including preschools) are funded, administered and actually operate both within and between States and Territories. Commonwealth, State and Territory governments provide funding to child care services through several mechanisms:

- Commonwealth Childcare Assistance, which contributes to the payment of part of the fees for families whose incomes fall below certain levels and is available to users of approved non-profit and private for-profit services;
- Commonwealth and State recurrent operational subsidies to some non-profit service providers to assist in meeting the costs of running formal services;
- Commonwealth and State capital grants: most States and Territories provide the balance of capital subsidies required above the capital contribution provided by the Commonwealth for the establishment of new services;
- Commonwealth tax measures designed to encourage employers to provide child care for their employees;
- Commonwealth grants made available to a range of special services to support the needs of children with special needs such as Aboriginal and Torres Strait Islander children, children of non-English-speaking backgrounds, children with a disability and children in remote areas;
- Commonwealth-assisted child care places provided for sole parents participating in the Jobs, Education and Training (JET) program (the budget allocation for the child care component of the JET program was $5 million in 1991–1992); and
- funding for resource and advisory programs, which provide training and resources for child care services and their workers, and additional program support.

In 1991–92 Commonwealth expenditure on the major types of child care services was $390 million, of which 74 per cent was on Childcare Assistance (Table 4.4). An additional $45 million was spent on special services (such as supplementary services, program support, JET, vacation grants to the States, family resource centres and youth activity services), bringing the total Commonwealth expenditure up to $435 million. Of the total expenditure on major child care service types ($390 million), the proportion which was spent on Childcare Assistance varied across States, from 63 per cent of the Commonwealth's total expenditure in the Australian Capital Territory to 80 per cent in Queensland.

Table 4.4: *Commonwealth expenditure on major child care service types,*[a] *type of expenditure by State/Territory, 1991–92*

Type of Commonwealth expenditure	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
					($'000)				
Childcare Assistance	85,294	67,447	69,044	25,247	25,074	7,432	5,716	4,206	289,460
Operational and capital	32,035	26,131	17,162	7,475	9,140	3,139	3,299	1,952	100,332
Total Commonwealth expenditure	*117,329*	*93,578*	*86,206*	*32,722*	*34,214*	*10,571*	*9,015*	*6,158*	*389,792*
Average per capita expenditure[b]	1,212	1,303	1,329	1,471	1,355	1,170	1,188	1,505	1,292
					(Per cent)				
Childcare Assistance	72.7	72.1	80.1	77.2	73.3	70.3	63.4	68.3	74.3
Operational and capital	27.3	27.9	19.9	22.8	26.7	29.7	36.6	31.7	25.7
Total Commonwealth expenditure	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*

(a) Childcare Assistance, operational subsidies and capital grants only: excludes special services, supplementary services, program support, JET, vacation grants to States, Family Resource Centres and Youth Activity Services which account for an additional $45 million, bringing total Commonwealth expenditure on Children's Services to $435 million. Includes the following funded service types: long day care, family day care, outside school hours care, occasional care, Multifunctional Children's Services and Multifunctional Aboriginal Children's Services.

(b) Based on the estimated number of children receiving formal care under CSP as at 30 June 1992 (HHCS Annual Report 1991–92:85).

Note: Numbers may not add exactly due to rounding.

Source: CSP (unpublished data).

The average per capita expenditure on children receiving formal child care also varied across States and Territories, with the Northern Territory and Western Australia being considerably above the national per capita average (Table 4.5). However, a detailed comparison of one financial year of Commonwealth expenditure across States may be misleading for several reasons. Firstly, like other types of services, funding at a State level varies from year to year; secondly, the cost of establishing and operating services differs across States boundaries and geographic regions and depends, in part, on the level of development of services in each State and Territory at any given time; and

thirdly, the extent of the Commonwealth's outlay on Childcare Assistance is affected by regional differences in the distribution of income.

In 1991–92, 93 per cent of Commonwealth payments were made directly to services. The remaining 7 per cent of the Commonwealth's total expenditure on child care was payments to services via States and Territories (predominantly outside school hours care services in Victoria and South Australia and family day care in South Australia, all of which are distributed to services via the State governments concerned) (HHCS 1992c:81).

The Commonwealth's CSP expenditure gives an overall impression of the level of funding provided to States and Territories for different service types (Table 4.5; the number of places and number of children for each service type across States and Territories is documented in Appendix Table A4.1).

Table 4.5: *Commonwealth expenditure (CSP),*[a] *service type by State/Territory, 1991–92*

Service type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total Australia	Total Australia Childcare Assistance only	Total Australia operational and capital subsidies only
						($'000)					
Long day care	75,276	54,180	56,078	21,274	17,709	5,007	3,637	3,448	236,608	193,698	42,910
Family day care	32,663	31,928	25,881	8,638	13,641	4,423	4,632	1,822	123,628	88,140	35,488
Outside school hours care	5,714	3,735	2,348	1,141	1,278	332	429	161	15,139	927	14,212
Other formal care[b]	3,675	3,736	1,898	1,670	1,586	809	317	727	14,418	6,695	7,723
Total	**117,329**	**93,578**	**86,206**	**32,722**	**34,214**	**10,571**	**9,015**	**6,158**	**389,792**	**289,460**	**100,332**
						Expenditure per child/place per annum ($)[c]					
Long day care											
$ per child	1,302	1,809	1,440	1,638	1,788	1,347	1,102	1,934	1,494		271
$ per place	2,270	2,487	2,655	3,084	3,356	3,279	1,454	2,878	2,531	2,079[d]	459
Family day care											
$ per child	1,855	2,047	1,774	2,495	1,633	1,498	2,077	1,370	1,870		537
$ per place	2,278	2,500	3,256	3,662	3,663	3,046	2,176	2,506	2,720	2,635[d]	781
Outside school hours care											
$ per child	347	294	262	352	227	208	265	303	298		280
$ per place	311	312	323	340	313	247	339	290	314	n.a.	295
Other formal care[b]											
$ per child	742	275	802	656	1,151	1,053	731	1,627	545		292
$ per place	2,405	2,458	2,816	2,185	2,703	4,065	2,617	3,017	2,559	n.a.	1,371
Total											
$ per child	*1,212*	*1,303*	*1,329*	*1,471*	*1,355*	*1,170*	*1,188*	*1,505*	*1,292*		*333*
$ per place	*1,741*	*1,947*	*2,329*	*2,445*	*2,504*	*2,337*	*1,498*	*2,263*	*2,022*	*n.a.*	*520*

(a) Includes operational and capital subsidies and Childcare Assistance.
(b) Includes occasional care, Multifunctional Children's Services and Multifunctional Aboriginal Children's Services.
(c) $ per child and $ per place based on estimated number of children attending funded child care services as at 30 June 1992 (HHCS 1992c:82, 85).
(d) Average $ per family based on total number of families receiving fee relief in long day care and family day care as at 30 June 1992 (HHCS 1992c:86).

Note: Numbers may not add exactly due to rounding.
Source: CSP (unpublished data).

The average cost per CSP-funded place does not differ substantially across service types for Australia except for outside school hours care services. The cost per place of long day care, family day care and other formal care services (which include occasional care services, Multifunctional Children's Services and Multifunctional Aboriginal Children's Services) is similar (between $2,531 and $2,720 per place) whereas the cost per place for outside school hours care is much lower ($314). Over half of the funded long day care places (those which are run by private organisations) receive Childcare Assistance only and do not receive any operational or capital subsidy from the Commonwealth. For long day care services there is, therefore, a substantial component of operational and capital funding contributed by the private sector which accounts for the much lower operational and capital subsidy per place for long day care compared with family day care ($459 compared with $781).

Taking into account the additional number of children using each funded place and recalculating a cost per child, the relative total contribution by the Commonwealth for each service type changes, with family day care and long day care incurring higher costs per child ($1,870 and $1,494 respectively), whereas outside school hours care and other formal care services incur a much lower cost per child ($298 and $545 respectively). Part of this is due to the lack of Childcare Assistance expenditure on outside school hours care and other formal care services.

When looking at the components of government expenditure separately, the average amount of Childcare Assistance paid to families using family day care is greater than that paid to families using long day care, $2,635 per family per year compared with $2,079 per family per year. This may be due in part to differences in the number of children per family or the number of hours attended by children using these two different service types. At the same time, the operational and subsidy cost for each other formal care place (including occasional care, Multifunctional Children's Services and Multifunctional Aboriginal Children's Services) is far greater than for any other service type ($1,371 per place per year). However, because of the high number of part-time or sessional attendances by children using each place, the cost per child is considerably lower ($292 per child per year), more in line with the cost per child per year of other service types.

State and Territory governments are the major providers of funds for preschool services. Information from State and Territory government departments shows that the average cost per preschool place differs markedly from one State to another, but the cost per place should not be compared across States because of the different operational arrangements and patterns of use in preschools across jurisdictions.

Commonwealth payments for preschools are limited to payments to those States and Territories with a later school starting age (Western Australia, Queensland and the Northern Territory). State government funding for preschools is the largest contribution made by State governments towards child care services. For example, in Victoria the State government expenditure on preschools was $60 million, more than double the Commonwealth operational and capital expenditure on CSP services in that State ($26 million) and two-thirds of the total expenditure, including both Childcare Assistance and operational and capital subsidies, by the Commonwealth in Victoria ($94 million) (Table 4.4). As a further example, South Australian government preschool expenditure ($39 million) exceeds the total amount expended by the Commonwealth on both

Childcare Assistance and operational and capital subsidies for CSP services in South Australia ($34 million)[7] (Table 4.4).

State and Territory governments also provide additional direct funding for some service types (e.g. Victorian government funding of 33 TAFE-based long day care services and 5,000 outside school hours places, and New South Wales and Australian Capital Territory government funding of some occasional care services outside the CSP program) and provide a substantial component of the capital costs of establishing services under cost-sharing arrangements with the Commonwealth. In addition they are responsible for:

- the regulation and monitoring of formal child care services (although the types of formal services which are licensed and regulated currently varies across States and Territories);[8]
- assisting in the strategic planning of child care centres;
- coordinating the construction of centres; and
- administering some capital and recurrent funding.

Most States and Territories also offer advisory and support services to providers of child care services. (See also further discussion on State and Territory expenditure data, Box 4.2.)

Box 4.2: State and Territory child care expenditure data

An overview of State and Territory administrative expenditure data on child care services reveals several factors which restrict the compilation of a national picture on expenditure of services. These include:

- *variations between States with respect to funding and administrative arrangements of different service types;*
- *the lack of disaggregation between the State government component of total State expenditure and the Commonwealth's CSP funding contribution, particularly where States are administering programs or distributing CSP funding to services on behalf of the Commonwealth; and*
- *the variety of sources which State and Territory child care revenue comes from, including Commonwealth general purpose grants, general revenue raised by the State itself (including monies raised through fees charged for use of a particular service) and funding from other State or Commonwealth departments.*

Some local governments provide assistance to child care services, but the level and type of assistance vary considerably from State to State. In some jurisdictions funding of child care services represents a significant component of local government contribution

7. In both Victoria and South Australia comprehensive and comparable State expenditure data is available for preschool services because administrative responsibility for all child care services, including preschools, falls under the one State government portfolio. State government expenditure on preschools for Victoria was provided by the Office of Preschool and Child Care, Victoria, and for South Australia by the Children's Services Office, South Australia.
8. The introduction of nationally consistent standards for child care services will remove most of the existing variations in child care regulations across jurisdictions.

to community services, for example, in the administration of many family day care schemes.

Charges to users

The question of *who* should pay for child care, or, more specifically, the balance of responsibility between parents, governments and employers, is the basis of discussion on affordability of child care services. There is widespread agreement that governments should play a role in reducing the costs for at least some families, but differences arise over whether assistance should be provided only to those deemed needy or whether broader forms of support and assistance are justified. Advocates of targeted assistance claim that government funds should be limited to those who are genuinely in need, while supporters of more broadly based forms of assistance see child care services as a public facility which, like education or health care, ought to be funded from taxation, in some cases as a work-related expense, and available to all at low, or no, cost.

In addition to these debates about *who* should be assisted, there are important debates surrounding the *form* that child care assistance might take—operational funding of places, tax concessions, fee relief or cash assistance. Tax concessions for child care expenses incurred by employed parents have been advocated for some time by a number of groups, most notably the Taxation Institute of Australia (TIA 1991). However, tax deductions, which reduce taxable income, have been opposed by most organisations within the child care field mainly because high income earners would benefit more than low income earners.

The Childcare Rebate announced in the 1993–94 Federal Budget goes some way towards addressing this issue. Under this initiative, a 30 per cent rebate for work-related child care expenses will come into effect from 1 July 1994, providing a maximum cash rebate of $28.20 a week for one child in formal or informal care and $61.20 a week for two or more children (Crowley 1993). This will help parents in full- or part-time work, study or training, or who are looking for work. In the 1994–1995 financial year, $152 million has been allocated for this initiative, a substantial increase over expenditure on children's services in previous years (HHLGCS unpublished).

The cost of services is one of the factors influencing the type of care chosen for most consumers. In 1990, 84 per cent of families who used informal care reported that the care had been provided at no cost compared with only 12 per cent of families who used formal care at no cost (ABS 1992a:36). In a further investigation of a subset of families using child care, the Australian Institute of Family Studies (AIFS) Early Childhood Study[9] found that of those families with working mothers who used informal care, three in five did not pay for child care, and less than one in ten (7 per cent) said that the cost of child care significantly reduced their income. This compares with over half

9. The AIFS Australian Early Childhood Study was a two-stage in-depth study of child care arrangements and other aspects of early childhood conducted in Melbourne, Adelaide and Perth in 1988 and 1989. Stage One consisted of a mail-out questionnaire to mothers of children in the first year of school. Stage Two data was collected through personal interview with a subset of the original sample selected on the basis of forms of care used for their children prior to school. The information on child care relates to the five years leading up to the time of the survey (Greenblat & Ochiltree 1993).

(55 per cent) of all families with working mothers who use formal care who indicated that their care significantly reduced their income (Greenblat & Ochiltree 1993:40).

For child care services, charges differ slightly between provider types. For example, for long day care services, private for-profit services charge a slightly lower average weekly fee than other long day care provider types (Table 4.6).[10]

10. This information comes from the CSP 1991 Census in which a significant number of private for-profit services did not provide any charging information. This level of non-response may have artificially skewed these results. Private for-profit services also cater for a smaller number of babies than non-profit services which may also affect the overall cost of operating these services and therefore the charges that they levy users of their services.

Table 4.6: *Number of services, weekly charges per full-time place levied by provider type for long day care and family day care,*[a] *Australia, 1991*

Weekly charges per full-time place levied by services	Long day care			Family day care[d]
	Not-for-profit community-based	Private for-profit[b]	Private not-for-profit[b][c]	
<$100	266	220	18	20
$100	118	243	25	142
$101–$109	147	53	10	114
$110–$119	196	148	23	19
$120–$129	171	87	27	9
$130–$139	46	28	16	3
$140–$149	4	11	2	4
$150+	2	20	3	1
Non-response	8	25	3	2
Average $/wk total fee	**$106**	**$105**	**$112**	**$103**

(a) Other child care services have non-weekly fee-charging structures.
(b) Fees for 2–3-year-old children in private for-profit services have been reported as indicative of fees charged for all children by these services.
(c) This category includes employer and non-profit services who have taken up the option of fee relief (non-profit in this category includes TAFE-based services). The employer sponsored services in this category may not be classified as non-profit in Table 4.7.
(d) Includes gap fee and administration levy.

Source: HHCS 1992a:Tables 9.1.4, 10A.1.6, 10B.1.6 and 11.1.4.

The average weekly fee for the full-time user of family day care is very similar to that for long day care. However, for the consumer of part-time care, family day care may be a less expensive alternative because charges are initially calculated on the actual time the child is to be in care rather than a full-day or half-day charge which is levied by long day care services.

The proportion of families using long day care and family day care services who receive any Childcare Assistance is similar. Between 62 and 68 per cent of families with a child aged 0–12 years who use these services currently receive Childcare Assistance (Table 4.7). In comparison, approximately 75 per cent of families with at least one offspring aged 0–12 in the 1991 Census of Population and Housing had a parental income lower than the gross annual Childcare Assistance income cut-off for families with one child in child care in 1991. This difference could be due to differences between the income distributions of those using services and the rest of the population, given that many low

income families have one or both parents out of the workforce and may not be using formal child care services.

Table 4.7: *Families using CSP services, receipt of Child Care Assistance by type of long day care and family day care, Australia, 30 June 1992*

Families using CSP services	Long day care				Family day care		Total	
	Not-for-profit community-based		Private[a]					
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Receiving any Childcare Assistance	40,531	67.9	52,602	61.8	33,448	65.9	126,581	64.7
No Childcare Assistance	19,196	32.1	32,556	38.2	17,300	34.1	69,052	35.3
Total number of families	**59,727**	**100.00**	**85,158**	**100.00**	**50,748**	**100.00**	**195,633**	**100.00**

(a) Includes private, employer sponsored and previously unfunded non-profit services (e.g. Victorian Day Nurseries and TAFE Centres).

Source: HHCS 1992c:Table 111.

For other service types different calculations must be made to approximate the average cost to the consumer, because charging structures for these services are based on *sessional* or *hourly* charges. Because of the variation in patterns of use between consumers, this is difficult. A more realistic assessment of the cost to consumers of services can be obtained through ABS population surveys of household income and expenditure. The ABS Household Expenditure Survey 1988 showed that the mean proportion of total household expenditure spent on child care services was 6 per cent of total household income for families with any dependent children 0–12 years old (ABS 1988b). The proportion of weekly expenditure did not vary significantly between users of formal services and those who paid for informal services.

4.4 Child care: use of services

Overview of formal care and informal care

The ABS Child Care Survey 1990 showed that slightly more than half (51.6 per cent) of all children under 12 years of age were in some form of child care arrangement, whether formal or informal (Table 4.8). This was an increase from 47.5 per cent in 1987 and represented a shift in the balance of care: a majority of the child population are now receiving some form of child care.

Table 4.8: *Number of children, type of care, Australia, 1987 and 1990*

Type of care	ABS Child Care Survey 1987			ABS Child Care Survey 1990		
	Number	Per cent of total care	Per cent of population	Number	Per cent of total care	Per cent of population
Formal care only[a]	264,000	19.3	9.1	278,000	18.0	9.3
Informal care only[b]	915,100	66.8	31.7	1,018,100	65.7	33.9
Both formal and informal care	191,300	14.0	6.6	252,500	16.3	8.4
Total children in care	*1,370,400*	*100.0*	*47.5*	*1,548,500*	*100.0*	*51.6*
Neither formal nor informal care	1,517,600		52.6	1,455,200		48.4
Total children	**2,887,900**		**100.0**	**3,003,700**		**100.0**

(a) Total number of children in formal care can be calculated by adding 'formal care only' and 'both formal and informal care' (530,500 in 1990).

(b) Total number of children in informal care can be calculated by adding 'informal care only' and 'both formal and informal care' (1,270,500 in 1990).

Notes

1. Data in this report from ABS 1992a are presented for children who use formal care services only (which may include children who use more than one type of formal care arrangement), children who use informal care services only (which, once again, may include children who use more than one type of informal care arrangement) and children who use both formal and informal care services.
2. Numbers may not add exactly due to rounding.

Source: ABS 1992a:Table 7.1.

The total number of children receiving formal care increased between 1987 and 1990 by 75,200 (a 16.5 per cent increase). The total number of children receiving informal care increased in the same period by 164,100 (a 14.8 per cent increase).[11] In terms of the pattern of use across formal and informal care, the area in which the greatest percentage increase occurred was in the use of a combination of formal and informal care which increased by 61,200 (a 32.0 per cent increase).

Although there was an overall increase in the total number of children in child care since 1987, the proportion of total care being met by the formal and informal sectors remained steady; 18 per cent of total care in 1990 was formal care only; 66 per cent of total care was informal care only; 16 per cent of total care was both formal and informal care (Table 4.8).

11. The total number of children in formal care is calculated by summing the number of children in 'formal care only' and the number of children in 'both formal and informal care'. The total number of children in informal care is calculated by summing the number of children in 'informal care only' and the number of children in 'both formal and informal care'.

The proportion of children in some form of child care, whether provided by the formal or informal sectors, varied with their age, rising with each additional year from 41 per cent of children aged less than 1 year to 79 per cent of children aged 4 years and then falling to 70 per cent of 5-year-olds and 41 per cent of 6 to 11-year-olds (Table 4.9).

Table 4.9: *Children who used formal and/or informal care, combinations of formal and informal care by age of child, Australia, November 1990*

Combination of formal and informal care	Age of child							
	<1yr	1yr	2yrs	3yrs	4yrs	5yrs	6–11 yrs	Total
	Number of children in care ('000)							
Formal care only	7.8	17.5	31.2	41.3	79.3	63.9	37.0	278.0
Informal care only	90.2	101.4	96.9	76.1	44.3	55.5	553.6	1,018.1
Both formal and informal care	5.4	17.3	26.3	48.4	72.8	55.8	26.5	252.5
Total children in care	*103.5*	*136.2*	*154.4*	*165.8*	*196.3*	*175.2*	*617.1*	*1,548.5*
	Percentage of children in care							
Formal care only	7.5	12.8	20.2	24.9	40.4	36.5	6.0	18.0
Informal care only	87.1	74.4	62.8	45.9	22.6	31.7	89.7	65.7
Both formal and informal care	5.2	12.7	17.0	29.2	37.1	31.8	4.3	16.3
Total children in care	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
	Number of children in the population—both in care and not in care ('000)							
Total children in care	103.5	136.2	154.4	165.8	196.3	175.2	617.1	1,548.5
Neither formal nor informal care	147.7	114.7	96.3	83.8	52.4	75.9	884.4	1,455.2
Total children[a]	*251.2*	*250.9*	*250.7*	*249.6*	*248.7*	*251.1*	*1,501.5*	*3,003.7*
	Percentage of children in the population—both in care and not in care							
Total children in care	41.2	54.3	61.6	66.4	78.9	69.8	41.1	51.6
Neither formal nor informal care	58.8	45.7	38.4	33.6	21.1	30.2	58.9	48.4
Total children	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*

(a) Total survey population figures are taken from ABS 1992a:Table 3.5.
Note: Numbers may not add exactly due to rounding.

Source: ABS Child Care Survey 1990 (unpublished data).

The balance between formal and informal care also varies with the age of children. For younger children (0–2 years), the majority of children in child care are cared for in informal child care arrangements only (63 to 87 per cent), with formal care only and the

combination of formal and informal care accounting for nearly equal proportions of the remaining share. For 3-year-olds, the pattern is similar, although there are larger proportions of children in formal child care, either solely (25 per cent) or in combination with informal care (29 per cent). For 4-year-olds, the first age of entry into preschool programs, most children in child care are in formal care only (40 per cent) or the combination of formal and informal care (37 per cent). For 5-year-olds, the three broad types of care account for nearly equal proportions of children, while for older children, informal care accounts for the majority of children in care (90 per cent) (Table 4.9). These variations in the balance of child care provided by the formal and informal sectors suggest that parental perceptions about the type of care believed to be suitable for their child and their circumstances change as children become older, with informal care being preferred for younger children and formal services being preferred for older children, up to the age of 5. Additional evidence for this shift in parental preferences as children become older is found in the AIFS Early Childhood Study which concluded that, for mothers re-entering the workforce, '...informal care is preferred for babies, with relatives and partners being the preferred carers, while centre-based care is the preferred care type for toddlers aged between 12 and 24 months and children aged between 2 and 3 years' (Greenblat & Ochiltree 1993:19). However, it is too simplistic to ascribe this pattern to parental preferences only, as these interact with the availability and costs of formal services (ABS 1992a:19).

The greater use of informal care by older children, which is at odds with the general age trend, may reflect difficulties of availability and access to outside school hours care, rather than parental preferences, given that the level of not met demand[12] for this age-specific service is considerable. The ABS Child Care Survey 1990 found that 128,800 children were identified by parents as either requiring outside school hours care but not receiving it, or requiring more than they were currently receiving (ABS 1992a:21–22). Similarly, it could be argued that, because the level of not met demand for long day care (89,300 children) and family day care (75,700) is high and concentrated in the younger (0–3 years) age groups, the current predominance of care in the informal sector for these age groups does not accurately reflect parental preferences.

Informal care

Care in the informal sector accounted for the largest proportion of children in care in Australia in 1990; 82 per cent of children in child care received informal care either solely or in combination with formal care (Table 4.8). Two-thirds of these children were cared for by relatives, both siblings and other relatives (Table 4.10). Fifty seven per cent of informal care was conducted away from the child's home, usually in the home of the carer (ABS 1992a:3).

12. Not met demand is defined by the ABS (1992a:80) as 'children who have a requirement for formal care including those who currently use formal care and require more and those who do not use formal services, but require them'.

Table 4.10: *Number of children in informal care by type of informal care used, Australia, 1990*

Type of informal care	Number	Per cent
Care by siblings only	153,500	12.1
Care by other relatives only	684,500	53.9
Care by non-relatives only	316,800	24.9
Two or more arrangements of informal care	115,800	9.1
Total children in informal care	**1,270,500**	**100.0**

Note: Numbers may not add exactly due to rounding.

Source: ABS 1992a:Table 7.8.

The main reasons for using child care identified by parents who used informal child care arrangements concern the parents' personal activities (particularly parental involvement in entertainment or social activities and shopping), which account for 45 per cent of children in informal care, and parents' work, looking for work or training and studying for work which account for a further 44 per cent (ABS 1992a:10).

Formal care

As described above, 34 per cent of children in child care use some formal service, either solely or in combination with informal child care arrangements.

Despite differences in data collection methodology[13] and scope[14] between the ABS Child Care Survey 1990 and the CSP Census 1991, it is clear that approximately half of all children receiving formal child care did so in preschools (Table 4.11).[15] Long day care and family day care were the next most frequently used service types, accounting for 20 per cent and 14 per cent of children in formal care respectively according to the ABS Child Care Survey.

A much smaller number of children use 'other formal care' services. Estimates vary from 4 to 10 per cent of all formal service users depending on which data source is used: the 'other' category in the CSP Census combines occasional care services, Multifunctional Children's Services and Multifunctional Aboriginal Children's Services while the ABS category 'other formal' also includes unfunded service types such as

13. The ABS surveys a sample of parents from the population and relies on the parents' knowledge of the service types they use. Terms describing service types are not consistent across States and Territories, and some service types are not easily identified by parents. CSP data are collected from service providers and thus the distinction between service types can be regarded as more accurate than that from the ABS Child Care Survey.
14. The CSP Census currently collects data on those services which are funded under the CSP program, while the ABS collects data on all services used by respondents, whether or not these are included in the CSP program.
15. National estimates of use of preschool services have been derived from Census of Population and Housing 'highest level of education' information. This data differs substantially from available State and Territory administrative data sources. See Box 4.3 for discussion of State and Territory administrative data on service usage.

adjunct care services affiliated with shopping centres, sports complexes and other private and State-funded services. The development of new multifunctional services, designed to provide a package of child care and other family support services appropriate to the needs of the local community, means that the collection of information concerning the use of new types of formal care is becoming increasingly complex. These new services include the Multifunctional Aboriginal Children's Services already mentioned, neighbourhood houses primarily operating in urban communities, rural programs such as the South Australian Remote and Isolated Children's Exercise, mobile child care services and a variety of family centres.

Box 4.3: State and Territory administrative data on child care service usage

The use of State and Territory administrative data for a more detailed national analysis of formal child care services is limited by the use of different counting units across data collections. Some States and Territories, particularly those which conduct State-based annual census collections, record and report the number of children actually attending the services, whereas others, which extract information from an administrative licensing database, record the number of places operating for each service type. In both cases the link between the number of places operating and the number of children using each place is usually unclear (South Australia collects data on both the number of places and the number of children attending each service). A compounding problem is that for service types such as vacation care, outside school hours care and occasional care there are no suitable counting units which accurately describe the extent and nature of attendance.

The use of State and Territory data is limited further by interstate differences in the definition and administration of services. Preschool service operation, for example, varies across States and Territories:

- *In some States preschools are administered by State or Territory Departments of Education, in others by the department responsible for community services, and in others by a combination of both.*
- *In some States preschool programs are for 4-year-olds only while in others preschool programs are for 5-year-olds.*
- *The terms 'kindergarten' and 'preschool' are used inconsistently across jurisdictions.*

Table 4.11: *Number of children in formal care, type of care by source of data, Australia, 1990 and 1991*

Type of care	ABS Child Care Survey 1990[a]		1991 CSP Census[b]	
	Number	Per cent	Number	Per cent
Long day care	113,100	20.2	135,388	25.3
Family day care	78,100	14.0	60,969	11.4
Outside school hours care	44,000	7.9	46,843	8.8
Other formal care[c]	57,400	10.2	19,009	3.6
Preschools	267,200	47.7	271,959[d]	50.9
Total	**559,700**	**100.0**	**534,168**	**100.0**

(a) Occurrences of care are reported as a meaningful basis for comparison with CSP Census figures. Occurrences record each type of care attended by children who attend more than one type of care.
(b) 1991 CSP Census figures have been adjusted for non-responding services based on the total number of services in the Departmental database at the time of the Census.
(c) Includes occasional care, Multifunctional Children's Services and Multifunctional Aboriginal Children's Services.
(d) Preschool figures taken from ABS 1991 Census of Population and Housing, State Comparison Series, Cat. No. 2731.0.

Note: Numbers may not add exactly due to rounding.

Sources: ABS 1992a:Table 7.2; 1991 CSP Census of Child Care Services (unpublished data).

Unlike informal care, the main reasons given by parents for using formal care services are related either to the working needs of the parents (39 per cent) or to the perceived benefits of formal care for the child (48 per cent), rather than the personal activities of the parents (11 per cent) (Table 4.12). For 77 per cent of the children using a formal service which gives priority to working parents (long day care, family day care and outside school hours care), the main reason for using the services was related to the parents' work. At the same time, the overriding reason for the use of preschool services was said to be the benefit that they offer to the child (Table 4.12).

Table 4.12: *Children under 12 years who used formal and informal care, service type by main reason for using care, Australia, November 1990*

Reason	Long day care, family day care and outside school hours care only	Preschool only	Other formal care only	Two or more formal care arrangments	Total number of children using formal care	Total number of children using informal care
			(Number ('000))			
Work-related reasons[a]	160.2	15.9	14.3	18.2	208.6	561.1
Personal reasons[b]	22.1	8.8	23.5	4.4	58.8	568.4
Beneficial for the child[c]	22.2	217.4	8.9	4.8	253.3	46.2
Other	4.3	2.4*	1.8*	1.2*	9.7	94.7
Total	**208.8**	**244.4**	**48.5**	**28.6**	**530.4**	**1270.5**
			(Per cent)			
Work-related reasons	76.7	6.5	29.5	63.6	39.3	44.2
Personal reasons	10.6	3.6	48.5	15.4	11.1	44.7
Beneficial for the child	10.6	89.0	18.4	16.8	47.8	3.6
Other	2.1	1.0*	3.7*	4.2*	1.8	7.5
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) Work-related comprises working, looking for work and training for work.
(b) Personal reasons include sport, shopping, entertainment/social activity, to give parents a break/time alone, voluntary/community activity, care for relatives, visit doctor/dentist, etc.
(c) Beneficial for the child includes good for child and prepares for school.
* Estimates with a standard error of greater than 50 per cent.
Note: Numbers may not add exactly due to rounding.
Source: ABS Child Care Survey 1990 (unpublished data).

There is, however, a high proportion (45 per cent) of preschool families in which both parents are working either full- or part-time (ABS 1992a:62). The AIFS Early Childhood

Study revealed that one-third of mothers who worked during their child's preschool year had to make additional care arrangements to accommodate their child's attendance at preschool. There may also have been other parents who modified their work arrangements to suit preschool sessions (Greenblat & Ochiltree 1993:53).

Information on the main reason for using care provides only part of the explanation for current service use. Firstly, the reason for current use of formal services is influenced by the current guidelines for access to these services which limit the population of current users to those parents who meet the guidelines, e.g. priority of access to long day care, family day care and outside school hours care is given to parents requiring work-related care, and the main reason given for current use of these services is for work-related purposes. Secondly, the range of factors relating to each family's individual circumstances, the perceived needs of the child and the needs of the parents cannot be considered when data on only one main reason for the choice of child care is available. Thirdly, the availability of services is also important in explaining current patterns of service use.

A better understanding of why parents choose a particular type of service is needed because the reasons for current use of care are fundamental factors in assessing future demand for services. The AIFS Early Childhood Study investigated some of these reasons and found that care choices were primarily based on the convenience of the arrangement and the suitability of the care to the needs of the child (55 per cent) and the acceptability of available facilities (31 per cent). In addition, trust of the carer, cost of care, previous satisfaction with the type of care and recommendation of care type were factors influencing the choice of care (Greenblat & Ochiltree 1993:21) .

Child care use and parental employment

One of the most important demographic characteristics related to the potential need for child care is the number of children in families with paid work responsibilities — two-parent families in which both parents are employed (either full-time or part-time) or one-parent families in which the sole parent is employed (either full-time or part-time). In June 1992 a total of 1,839,500 children (48 per cent of all children aged 0–14 years) had parents with paid work responsibilities. In addition, families with parents who are studying or training to enter the workforce are also eligible for work-related child care. When children from these families are added to those whose parents are currently employed, a total of 2,088,000 children (54 per cent of all children aged 0–14 years) are in families who may require work-related care (Table 4.13).

Table 4.13: *Number of children, employment and labourforce status of parent(s) by age of children, Australia, June 1992*

Employment/ labourforce status	Age of children				
	0–4 yrs	5–9 yrs	10–14 yrs	0–14 yrs	
	Number ('000)				Per cent
Employment status					
Both parents employed whether full- time or part- time	481.5	641.2	716.8	1,839.5	47.5
One or both parents not employed	823.5	665.6	540.5	2,029.6	52.5
Total	*1,304.9*	*1,306.7*	*1,257.3*	*3,868.9*	*100.0*
Labourforce status					
Both parents in the labour-force	554.8	736.0	797.2	2,088.0	54.0
One or both parents not in the labour-force	750.1	570.7	460.1	1,780.9	46.0
Total	*1,304.9*	*1,306.7*	*1,257.3*	*3,868.9*	*100.0*

Notes

1. There is an upper limit of nine for number of children, including the 0–14 years count: a small discrepancy may arise between the sum of the components and the age 0–14 count.
2. Numbers may not add exactly due to rounding.

Source: ABS Labour Force Status and Other Characteristics of Families, June 1992 (unpublished data).

Families in which both parents are or the sole parent is in paid employment, either full- or part-time, have been regarded as having particular needs for child care and have been specifically targeted by government programs. Families in which both parents are or the sole parent is employed are more likely to use child care than are families where either one or both of the parents are not employed: in 1990, 71 per cent of families with both parents or the sole parent employed used some form of child care arrangements, compared with 49 per cent of families where at least one parent was not employed. This still leaves a fairly large percentage of families with both parents or the sole parent employed not using any form of child care (29 per cent) (Table 4.14).

Table 4.14: *Number of families, type of care by labourforce status of parents, Australia, November 1990*

Type of care	Both parents employed either full-time or part-time[a]			One or both parents not employed[a]		
	Number of families ('000)	Percentage of all families using care	Percentage of all families	Number of families ('000)	Percentage of all families using care	Percentage of all families
Formal care only	103.1	15.6	11.1	112.2	25.7	12.5
Informal care only	393.8	59.6	42.4	237.0	54.2	26.3
Both formal and informal care	163.4	24.7	17.6	88.2	20.2	9.8
Total families using care	*660.3*	*100.0*	*71.1*	*437.4*	*100.0*	*48.5*
Neither formal nor informal	267.9		28.9	463.8		51.5
Total families	**928.2**		**100.0**	**901.2**		**100.0**

(a) Includes sole parents.
Note: Numbers may not add exactly due to rounding.
Source: ABS 1992a:Table 7.20.

In the AIFS Early Childhood Study, 37 per cent of families with employed mothers used no form of child care on the mother's first return to paid work. This group consisted of mothers whose children were looked after by their partner (20 per cent) and mothers who cared for their child while they worked (17 per cent). The mothers who cared for their child while working did so by providing family day care to other mothers, working as centre-based child care workers, working at home during the day or evening, working in a family business or taking their child to their place of employment (Greenblat & Ochiltree 1993:16).

Families with both parents or the sole parent employed are less likely to use formal care only than are other families (16 per cent compared with 26 per cent) and more likely to use informal care, either alone or in combination with formal care (Table 4.14). To a large extent, this results from differences between the proportions of the two types of families using preschool services (39 per cent of families with both parents or the sole parent employed compared with 65 per cent of other families) (ABS 1992a:39).

Long day care, family day care and outside school hours care are used more by children from families with both parents or the sole parent employed: 73 per cent of families using long day care services, 77 per cent of families using family day care services and 87 per cent of families using outside school hours care (Table 4.15).

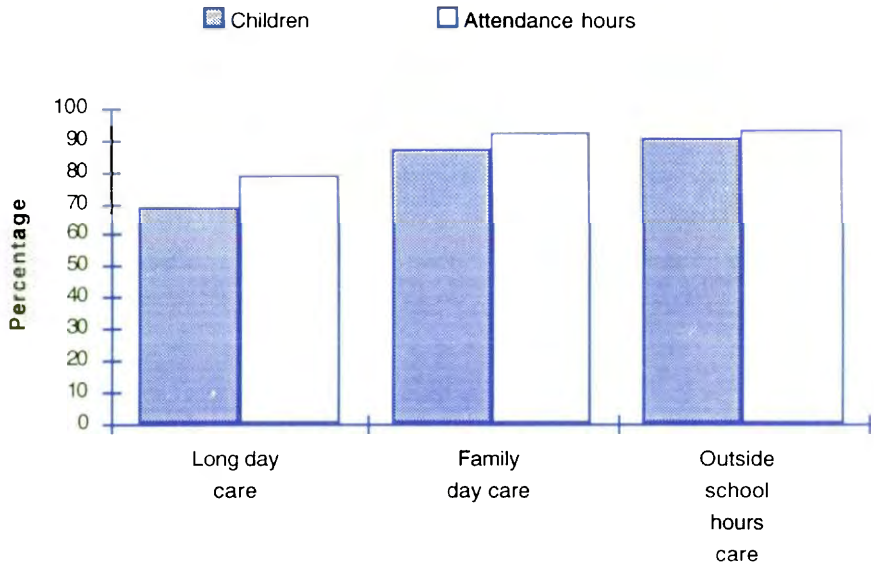
Table 4.15: *Number of families, type of care by employment status, Australia, 1990*

Employment status	Long day care only	Family day care only	Outside school hours care only	Pre-school only	Other formal care only	Two or more formal care arrange-ments	Total formal care
				(Number)			
Both parents employed either full-time or part-time[a]	58,600	32,300	25,600*	104,900	11,500*	33,700	266,500
One or both parents not employed	21,300*	9,800**	3,900**	130,300	21,900**	13,200*	200,400
Total	**79,900**	**42,000**	**29,500**	**235,200**	**33,400**	**46,800**	**466,800**
				(Per cent)			
Both parents employed either full-time or part-time[a]	73.3	76.9	86.8	44.6	34.4	72.0	57.1
One or both parents not employed	26.7	23.3	13.2	55.4	65.6	28.2	42.9
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) Includes sole parents.
* Estimate with a standard error of between 30 and 50 per cent.
** Estimates with a standard error of greater than 50 per cent.
Note: Numbers may not add exactly due to rounding.
Source: ABS Child Care Survey 1990 (unpublished data).

Under the CSP, the definition of work-related care is wider than both parents or the sole parent employed; it is defined as care used by children when both parents are, or a sole parent is, in the paid workforce (full-time or part-time), actively seeking work, or studying or training for employment (HHCS 1992a:vi). The CSP's benchmark for use of work-related long day care, family day care and outside school hours care is 85 per cent of usage of CSP-funded services (HHCS 1992b:304) and is calculated on the basis of hours of attendance. This benchmark is reached for family day care and outside school hours care but not for long day care services (Figure 4.1, Appendix Table A4.2).

The proportion of usage may also be calculated on the basis of the numbers of children using a particular service. On this basis, the utilisation of work-related care for long day care centres is 69 per cent, compared with 79 per cent when attendance hours are used as the basis for calculation (Figure 4.1, Appendix Table A4.2). This occurs because children of working parents attend long day care services for longer hours than do children of non-working parents.



Source: HHCS 1992a. Refer to Appendix Table A4.2

Figure 4.1: ***Percentage of children using work-related care and attendance hours for work-related care by service, Australia, 1991***

Whereas CSP services are primarily used by the children of parents in employment or training or looking for work (whether this is calculated on the basis of numbers of families, children or hours of attendance), 55 per cent of preschool services are used by families where at least one parent is not employed (Table 4.15). As discussed earlier, families with parents in paid employment are less likely to use preschool services and, when they do, usually need to make additional care arrangements. It would seem that families who require work-related care experience difficulties in accessing preschool services because the current operating times of the majority of these services do not match general work hours.

The category of 'other formal care services' comprises mainly occasional care and adjunct services. These services enable parents to take a break and their children to interact with others, and they provide care on an occasional and/or short-term basis. Thus, they are more likely to suit the needs of families where child care is required for reasons other than the work-related needs of the parents. Two-thirds of children using these services are from families where at least one parent is not employed, but the fact that one-third of children using this form of care are from families where both parents or the sole parent are employed suggests that they are being used to meet work-related child care needs as well. Most of these services do not operate for sufficient hours during the standard working day to cater for the child care needs of full-time employed

parents and, consequently, these services are more likely to be catering for the needs of parents employed part-time or on a casual basis, or working occasional shifts.

As well as looking broadly at the patterns of child care use of families who may require work-related care, monitoring of formal and informal care across occupation and industry groups is necessary to see the effect of the expansion of employer assisted child care initiatives, and to see whether there are any particularly disadvantaged employee groups who may require special services.

The major occupation and industry groups in which women are generally employed are also the same areas of the employed workforce in which women who use formal child care are predominantly employed—namely the professional, clerical, sales and personal service occupation groups and the community services, wholesale and retail trade, and the finance, property, and business services industry groups (Appendix Table A4.3).

Because of the increase in female participation in the workforce, services have had to adapt to better meet the needs of families requiring work-related care. Just as outside school hours care services have been developed to provide a nexus between educational and care services types for school-aged children, similar services are being developed to bridge this gap for children in the 0–4 years age group to enable services to meet the needs of families with workforce commitments. The introduction of some additional 'after-preschool care' services, predominantly operating in the independent preschool sector, and the closer links being established between services offered by preschools and long day care centres, in conjunction with reviews of preschools in some States, mark the beginning of these moves.

One-parent families

One-parent families, it can be argued, are more likely to require assistance with child care than two-parent families, where the second parent is at least potentially available to assist with the care of the children. A slightly greater percentage of one-parent families use some form of care (69 per cent) than do two-parent families (58 per cent). Of all families, similar proportions of one- and two-parent families use formal care only and both formal and informal care, with slightly more one-parent families using informal care only (41 per cent of one-parent families in the total population compared with 33 per cent of all two-parent families) (Table 4.16).

Table 4.16: *Number of families, type of care by family type, Australia, 1990*

	One-parent families			Two-parent families		
Type of care	Number of families	Percentage of all families using care	Percentage of all families	Number of families	Percentage of all families using care	Percentage of all families
Formal care only	30,300	17.1	11.8	185,100	20.1	11.8
Informal care only	104,100	58.8	40.6	526,800	57.2	33.5
Both formal and informal care	42,600	24.1	16.6	208,900	22.7	13.3
Total families using care	*177,000*	*100.0*	*69.1*	*920,800*	*100.0*	*58.5*
Neither formal nor informal care	79,100		30.9	652,600		41.5
Total families	**256,100**		**100.0**	**1,573,400**		**100.0**

Note: Numbers may not add exactly due to rounding.
Source: ABS 1992a:Table 7.18.

There are distinct patterns of use by different family types across the various formal services (Table 4.17). Although one-parent families constitute 14 per cent of all families with children aged 0–11 years (ABS 1992a:60), their representation differs across service types. They are over-represented in all services except preschools, particularly in family day care where they constitute 30 per cent of users (Table 4.17). In preschools, they make up only 10 per cent of families. This suggests that one-parent families may have particular difficulties using sessional-based services such as preschool services; this is especially likely where the sole parent is in full-time employment.

Table 4.17: *Number of families using formal care, service type by family type, Australia, 1990*

	One-parent families		Two-parent families		Total
Type of formal care	Number	Percentage of service type users	Number	Percentage of service type users	Number
Long day care only	15,800	19.8	64,100	80.2	79,900
Family day care only	12,800	30.5	29,200	69.5	42,000
Outside school hours care only	5,700	19.3	23,800	80.7	29,500
Preschool only	23,400	9.9	211,900	90.1	235,300
Other formal care only	5,400	16.2	28,000	83.8	33,400
Two arrangements of formal care	9,700	20.7	37,100	79.3	46,800
Total formal care[(a)]	**72,900**	**15.6**	**394,000**	**84.4**	**466,800**

(a) Total formal care includes those using formal care only and those using both formal and informal care.
Note: Numbers may not add exactly due to rounding.
Source: ABS 1992a:Table 7.21.

This over-representation is also found in the population of children using CSP-funded services. Children from one-parent families are over-represented in comparison to their proportion in the total population: approximately 23 per cent of children in CSP-funded services are from one-parent families (HHCS 1992a:5) compared with 13 per cent of all children aged 0–14 years who live as members of a one-parent family (ABS 1993b:Tables B33 and B05). Part of this over-representation may result from the number of children who are using formal CSP services under the JET program, which assists sole parents' re-entry into the workforce by providing child care and other assistance while they are training for work.

Special needs groups

Special needs groups which are given priority of access to child care services include children who have a continuing disability including intellectual, sensory, or physical impairment, or parent(s) with a continuing disability; children referred because of the risk of abuse or neglect; children of Aboriginal or Torres Strait Islander families; and children from families with a non-English-speaking background, including children where the first language of one or both parents is not English.

There is little comprehensive data on the special needs characteristics of children in informal care and their parents except some information on the birthplace of parents in the ABS Child Care Survey 1990.

Very little data on either the special needs characteristics of children attending preschools or their parents are collected by State or Territory governments, even by those which contribute additional funding for defined special needs groups. The South

Australian annual child care census which monitors State-funded initiatives, such as integration support for special needs services, and the Victorian Office of Preschool and Child Care (OPCC) collection of special needs data for preschools are two notable exceptions (Appendix Table A4.4). Consequently, evaluation or monitoring of the use of preschools by these consumer groups is difficult at both State and national levels.

The proportion of children attending other formal service types who have been classified as having at least one special need is similar: 16 per cent of children in long day care, 15 per cent of children in outside school hours care and 16 per cent of children in 'other formal care' services, although only 10 per cent of children in family day care have a special need (Table 4.18 total special needs population figures, and Table 4.11 total CSP population figures).

Table 4.18: *Number of children,*[a] *type of service by special needs, Australia, 1991*

Type of care	Disability-related care: Child with disability	Disability-related care: Parent with disability	Disability-related care: Total	At risk of abuse or neglect	Aboriginal and TSI	NESB[b]	Total special needs	No special needs[c]
				(Number)				
Long day care	2,842	1,092	3,934	1,605	1,207	15,355	22,101	114,049
Family day care	988	421	1,409	645	449	3,654	6,157	55,026
Outside school hours care	691	161	852	117	614	5,375	6,958	39,947
Other formal care	292	153	445	140	1,150	1,126	2,861	15,117
Total formal care	**4,813**	**1,827**	**6,640**	**2,507**	**3,420**	**25,510**	**38,077**	**224,139**
				(Per cent)				
Long day care	59.0	59.8	59.2	64.0	35.3	60.2	58.0	50.9
Family day care	20.5	23.0	21.2	25.7	13.1	14.3	16.2	24.5
Outside school hours care	14.4	8.8	12.8	4.7	18.0	21.1	18.3	17.8
Other formal care	6.1	8.4	6.7	5.6	33.6	4.4	7.5	6.7
Total formal care	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) Some children may be included in more than one special needs category.
(b) Non-English-speaking background.
(c) Includes children for whom special needs were not specified.
Note: Figures may not add exactly due to rounding.
Source: HHCS 1992a:Table 5, adjusted for non-responding services based on total number of services in Departmental administrative database at the time of the Census.

Non-English-speaking background

The majority (62 per cent) of children from non-English-speaking backgrounds (NESB—those with both parents born in a non-English-speaking country) are not in child care at all compared with less than 50 per cent of other children. However, the use of formal care for those children receiving some form of child care is similar for the two

groups: 30 per cent of NESB children receiving child care use formal services compared with 35 per cent of non-NESB children (ABS 1992a:71).

Using a different measure of non-English-speaking background (a non-English language spoken at home, either by itself or in conjunction with English), the AIFS Early Childhood Study, however, found that these families were less likely to use formal care than other families (Greenblat & Ochiltree 1993:28, Figure 13).

Children from non-English-speaking backgrounds have a varied pattern of representation in CSP services and little is known of the differences in usage *between* ethnic groups. Service types vary in the extent of use by children from non-English-speaking backgrounds: 6 per cent of children using family day care, 6 per cent of children using other formal care, 11 per cent of children using long day care, 11 per cent of children using outside school hours care and 10 per cent of the total population of children across all CSP service types were from a non-English-speaking background (Table 4.18 NESB population figures, and Table 4.11 total CSP population figures). This compares with 8 per cent of children 0–4 years and 11 per cent of children 5–12 years in the 1986 Census of Population and Housing who had one or both parents or who were themselves born in a non-English-speaking country, indicating that this special needs group is adequately represented in CSP services. The priority of access for this special needs group implemented by the CSP and the additional grants which fund the employment of supplementary workers who assist integration into mainstream services facilitate access to long day care services for this group.

Children and parents with a disability

Data on the informal care of children who have a disability are not available. Formal child care for children with disabilities or children who have a parent with a disability accounts for 2.5 per cent of the total care provided by CSP-funded services (Table 4.18 disability population figures, and Table 4.11 total CSP population figures). This compares with 3.3 per cent of all children 0–4 years and 6.1 per cent of all children 5–14 years who are handicapped people living in households (ABS 1988a). Note, however, that there are specialised day care services which provide services for a proportion of these potential service users.

The pattern of usage of formal services by children with disabilities or children who have a parent with a disability differs from the pattern for those children with no special needs, in that a slightly greater proportion of children with disabilities or children who have a parent with a disability use long day care centres (59 per cent compared with 51 per cent of children with no special needs) (Table 4.18). Long day care services may be better placed to meet the requirements of this special needs group because it is easier to reconstruct a centre-based environment to meet the needs of children with disabilities, through the physical adaptation of the centre and the provision of supplementary staff to train child care workers, than to adapt the homes of individual family day care workers.

Aboriginal and Torres Strait Islander children

In 1991 Aboriginal and Torres Strait Islander children made up 1.3 per cent of all children using CSP services (Table 4.18 ATSI population figures, and Table 4.11 total CSP population figures) compared with 3.1 per cent of all children 0–4 years and 2.7 per cent of all children 5–12 years in the general population (see also Butler 1992a). The

main difference in the pattern of usage between Aboriginal and Torres Strait Islander children and children with no special needs is the much greater proportion of Aboriginal and Torres Strait Islander children in 'other formal care' (34 per cent compared with 7 per cent). This difference reflects the development of specific services, such as Multifunctional Aboriginal Children's Services, to cater for the needs of Aboriginal families and communities, which have been included in the 'other formal care' category of service types.

Data on Aboriginal and Torres Strait Islander users of child care services outside the Commonwealth's CSP program are incomplete. Some States and Territories collect aggregate data, particularly for specially targeted services. Data on the use of informal care by Aboriginal and Torres Strait Islanders are unreliable. Appropriate questions to identify Aboriginal and Islander status in ABS population surveys are being developed. The incorporation of these questions into general population surveys and targeted surveys will improve this situation. In the collection of data on informal child care, the differences between traditional and non-traditional community structures and family support networks will need to be identified.

Children at risk of abuse or neglect

Of the total number of children using CSP services, 1 per cent were considered at risk of abuse or neglect (Table 4.18 at risk of abuse or neglect population figures, and Table 4.11 total CSP population figures). Data on the population of children at risk of abuse and neglect is very incomplete. In 1990–91 a total of 16,083 children 0–12 years old across Australia were involved in confirmed or suspected cases of abuse and neglect which were subsequently dealt with by State welfare authorities (AIHW, *Child Welfare Data Collection: Abuse and Neglect, Australia, 1990–1991* (database)). This compares with 2,507 children who have been given priority of access to CSP services because of the risk of abuse and neglect, indicating that many abused or neglected children are either not specifically identified as such by service providers or are not using formal child care services.

Consumer-identified need

Despite the rapid growth in the number of child care places which has taken place since the mid-1980s, the ABS identified a substantial level of unsatisfied need for services. The ABS Child Care Survey 1990 reported that between 1987 and 1990 the number of children whose parents indicated that their child care needs were not met more than doubled, from 242,000 in 1987 to 514,000 in 1990 (ABS 1992a:18).[16] In 1990, 35 per cent of these 514,000 children were not using any form of child care and 42 per cent were using informal child care arrangements but no formal services. A further 23 per cent were already using some formal child care services but their parents indicated that they required more child care than they were using (ABS 1992a:57).

Long day care, family day care and outside school hours care (service types associated with parental employment) together account for 57 per cent of the expressed unsatisfied need. The largest single category of care required is 'other formal care' (mainly occasional care and services provided at shopping centres and sporting venues

16. Part of this increase could be due to a change in the survey question from 'care needed in the last week' (1987) to 'care needed in the last month' (1990).

providing short-term care and respite assistance for parents) which accounted for 32 per cent. A further 11 per cent of children required preschool services (ABS 1992a:21).

Among those parents expressing an unsatisfied need for each formal service type more than half in each case are currently using informal care arrangements: 58 per cent of those expressing a need for outside school hours care, 59 per cent of those expressing a need for long day care, 62 per cent of those expressing a need for family day care and 50 per cent of those expressing a demand for other formal care services currently use informal care services (ABS 1992a:57). For parents who require formal services for work-related reasons, the main reasons care is not currently used are that services do not exist in the area, services are currently full or the cost of formal care is too high (ABS 1992a:19).

Further indications of consumer-identified need for services are occasionally collected through other surveys. One example is the Housing and Location Choice Survey 1991, conducted in Sydney, Melbourne, Adelaide and Canberra for the National Housing Strategy, which examined factors affecting the housing and location choice of Australian households. Factors measured included the importance of access to a range of services including child care services

About 8 per cent of families who recently moved in Sydney and Melbourne and who had children in the 0–5 years age group, indicated that access to child care services was an issue in their choice of housing location, with one-parent families placing slightly more emphasis on access to these services than two-parent families (NHS 1991). A large proportion of households which intended to move in the next 12 months indicated that access to child care services was an important issue to be considered. A much larger proportion of one-parent families (40 per cent) reported that as an important issue, compared with two-parent families (28 per cent) (Table 4.19).

Table 4.19: *Households of recent or intending movers, household type by family type, Sydney and Melbourne, 1991*

Household type	Couples with at least one child 0–5 years	Sole parent with at least one child 0–5 years
Recent movers who took into account access to child care facilities when choosing their area of intended living	7.8%	9.9%
Recent movers who identified child care as an aspect on which they compromised when they chose their new dwelling[a]	3.3%	6.3%
Intending movers who will take into account access to child care facilities when choosing the area in which they intend to live[b]	27.8%	40.0%

(a) Recent movers are those households who have moved in the last 5 years.
(b) Intending movers are those households who intend to move in the next 12 months.

Source: Housing and Location Choice Survey 1991 (unpublished data).

Measuring need or demand

The profiles of both children and parents using formal child care services suggest that the current use of services reflects an interaction between consumer preferences and service availability. Factors influencing parental choice about child care include cost, location and availability of existing formal services, as well as personal preferences of the parents about the type of care which is best suited to their child and their family circumstances. In addition to these more quantifiable factors, parental choice is also motivated by perceptions of the quality of care provided by different types of child care services (Teal 1992). The *main* reasons that parents are choosing a particular service for the care of their child identified in the ABS Child Care Survey 1990 match closely with the Commonwealth priority for access to CSP services. This partly reflects the constrained choices that are available to users because of the access priorities currently in place.

It is important, however, to bear in mind that the reason a particular service is provided is not necessarily the *only* reason the service is used and that services can and do meet a variety of changing needs for any parent or child. More information about the factors that guide consumer choice is needed to assist in developing new services. The AIFS Early Childhood Study (in which respondents could indicate more than one reason for using care) revealed that, for those parents using child care for work-related purposes, the main reasons for choosing formal care included convenience, reputation, quality of care and to fill in gaps in other care arrangements, while the main reasons for using informal care included trust of carer by mother, suitability of informal care to meet child's particular needs, carer offered, convenience of care provided in home and lack of an alternative (Greenblat & Ochiltree 1993:37–38).

The Commonwealth's CSP tries to integrate a range of factors into an assessment of demand to ascertain the extent of unmet demand for CSP services. The level of work-related demand for each service type is derived from ABS labourforce data which

details the number of children in one-parent families in which the sole parent is in the labourforce and in two-parent families in which both parents are in the labourforce (ABS 1992b). The following additional factors are then incorporated into the calculation of demand for equivalent full-time places:

- the number of equivalent full-time places potentially required taking into account full-time and part-time labourforce patterns;
- the number of places not required because parents do not use or seek to use formal care, or parents currently use a mix of formal and informal care and are satisfied with the level of informal care as extrapolated from ABS Child Care Surveys;
- the number of full-time places potentially required for children whose parents are studying or training;
- the proportion of places currently used by non-working families; and
- the number of equivalent full-time places provided in preschools and other formal service types.

The final estimation of demand for equivalent full-time places is compared with current figures on supply of full-time places, extracted from CSP administrative data, to come up with a level of unmet demand for each service type. The level of work-related demand met by CSP-funded long day care and family day care services for children below school age was 74 per cent in 1992–93, and work-related demand met for school-age children was 51 per cent (HHLGCS 1993a).

The CSP estimates of future demands and the proportion of demand currently met thus take account of many of the factors that form part of the demand equation, including current service use, labourforce participation rates and consumer-expressed unsatisfied need.

4.5 Child welfare: overview

Child welfare services are typically regarded as those services that attempt to overcome or alleviate the problems of families that are perceived as unable to provide appropriate care for their children (see, e.g. Le Seuer 1990). This orientation has formed the basis for the provision of protective services designed to protect children from the occurrence or recurrence of abuse and neglect, substitute care services that place children in care arrangements as short-term or long-term alternatives to parental care (e.g. adoptions, foster care, residential placements), and family support services designed to support parenting and family functioning (e.g. parental training, homemaker services, child guidance and family counselling).

Historically, in Australia the provision of child welfare services has been the responsibility of State and Territory governments. Although the Commonwealth Government has been involved in child policy since the 1930s, its involvement has been primarily in the areas of child care; transfers of money through the social security and taxation systems to particular families; the development and operation of the Child Support Scheme; and the establishment of the Family Law Court in 1976. From 1978 to 1988, the Commonwealth was involved more directly in providing funds to State and Territory governments for services targeted to low income and disadvantaged families

through the Family Support Services Scheme (later entitled the Family Support Program) (Wolcott 1989).

The most recent Commonwealth initiative in the area has been the establishment in 1991 of the National Child Protection Council, comprising representatives from the State and Territory governments and the community, including the Aboriginal community. The Council provides a national focus for the prevention of child abuse and neglect. The work of the Council is not related to post-abuse services. The Council's stated role is to promote and commission research on the prevention of child abuse and the promotion of community education programs. In 1992, the Council commissioned the Australian Institute of Criminology to host the National Clearing House for Information and Research on the Prevention of Child Abuse and Neglect (see National Clearing House 1993). The Council has developed a National Protection Strategy in consultation with the State and Territory governments to provide a coordinated approach to preventing child abuse and neglect. The Commonwealth Government is working with the States and Territories to implement the National Protection Strategy.

These Commonwealth initiatives complement pre-existing and recent actions by the Council of Social Welfare Ministers. Since 1976 the principal source of national data on particular aspects of child welfare services has been the WELSTAT collections (see Chapter 2). These data were published by the Australian Bureau of Statistics until 1983–84 and from then until 1989–90 by the national manager of WELSTAT in New South Wales. At the request of the Social Welfare Ministers and the Commonwealth, the AIHW has assumed responsibility for these collections (Angus & Wilkinson 1993a; Wilkinson & Angus 1993).

Throughout Australia, State and Territory child welfare Acts give extensive powers to State and Territory welfare authorities, children's panels and children's courts to protect children from abuse and neglect and to provide substitute care (Gamble 1986; Blackmore 1989). Each State and Territory operates under its own legislation, pursues its own policies and follows its own set of procedures within its particular administrative structures (Gamble 1986; Blackmore 1989; Tierney 1963; National Children's Bureau of Australia 1990).

The historical development of child welfare services to 1940 is charted by van Krieken (1991). Although a similar overview of the developments since 1940 remains to be written, the broad outline may be described briefly as consisting of two phases, the first from 1940 to the 1970s and the second from the 1970s until the present. The first phase is characterised by the systematic expansion of government involvement as it assumed more responsibility for the welfare of its citizens, the growth of professionalism, especially with the emergence of social work as a distinct discipline, and the growing recognition, in the late 1970s, of child abuse and neglect as a significant and distinct problem (see Jaggs 1986:Chapter 11; Tierney 1963; Hiskey 1980). Since the 1970s, child welfare has seen a retreat from the assumptions of the welfare state expressed by the trend away from institutional care and towards family-based care, the development of corporate management methods and the emergence of children's rights as a critical concept.

Each of these developments can be seen as the contemporary answers to perennial questions within the field of child welfare; questions concerning the role of the government and the judicial system in what is seen as the private domain of family life,

the function and place of non-government organisations and the tension between institutional and family-type care.

Foremost among these questions is the proper role of the government—the extent, purpose and form of its intervention in the lives of children and their families. The current view of a somewhat limited role for the government is summed up by Le Seuer (1990), for example, as follows:

> The role of the state is to encourage, promote and protect the ability of families to care for children. Where this parental duty is not performed or where it is impaired, the state has a responsibility to advocate for and, if necessary, intervene on behalf of the child to ensure that he/she receives adequate care and protection.

Direct government intervention and the use of government power is seen to be an option of the last resort, and the role of the government is seen as 'the protector of children's interests divorced from the practical requirements of direct care' (Le Seuer 1990). Thus the major purpose of child welfare services is seen to be the protection of children, and the best interests of the child are seen as the major basis for decision making. The role of non-government agencies and private carers in providing day-to-day care is emphasised, with the government functioning as a corporate manager, setting policy directions, providing resources, assessing needs, setting and monitoring standards, and performing overall case management. There is a distinct preference for models which divert cases away from the legal system and institutional care (Ban & Meyer 1993; Hassall & Maxwell 1991). Family-based care, whether through family support or alternative family-type care (fostering or group homes) is seen as preferable to removing children from their families and placing them in institutional care (see, e.g. Mitchell 1990). In addition there is a growing emphasis on the rights of the children themselves as evidenced by Australia's ratification of the United Nations Convention on the Rights of the Child and signing of the World Declaration on the Survival, Protection and Development of Children, by the establishment of the Children's Interests Bureau in South Australia in 1983, and by developing debate on the issue of children's rights (see, e.g. Le Seuer 1990; Brieland et al. 1991; Castell-McGregor 1992).

The history of child welfare is also marked by differential treatment of Aboriginal people. The use of child welfare provisions by the government and the role of non-government organisations in separating Aboriginal children from their families has been well documented (see, e.g. van Krieken 1990; Read 1982). Recent developments include the involvement of the Aboriginal and Islander Child Care Organisations in investigating and managing cases of abuse and neglect involving Aboriginal children (Butler 1992b).

4.6 Child welfare services

Child welfare services can be grouped under two broad headings: child protection services and substitute care services.

Child protection services are designed to protect children from child abuse and neglect, and to reduce the occurrence of child abuse and neglect within the community. Services provided by State and Territory governments include the investigation of allegations, the removal of children from their homes when they are at risk of continuing abuse or neglect, obtaining court sanctions for the placement of children in substitute care,

referring children to support and counselling provided by non-government organisations, monitoring and funding service provision by non-government organisations, and the provision of education and community awareness programs. Some States and Territories do not separate these services from domestic violence programs which, while not specifically designed for children, are designed to reduce violence in the home and thus improve the quality of life for children.

Substitute care services are those which place children who are unable to live with their own parents in other care. Children may be unable to live with their parents for a variety of reasons, such as parental inability to provide adequate care, an unacceptable level of risk of abuse or neglect within the family environment, and irreconcilable parent–child conflict. Services provided include adoptions, foster care, respite care, and residential care such as hostels and group homes. The use of child care services to provide respite care for parents, alleviate parent–child conflict, and provide support for abused or neglected children is not included under this heading. Some discussion of abused or neglected children is included under special needs in Section 4.3, Table 4.18. Details of children assisted under the Supported Accommodation Assistance Program are provided in Chapter 3.

In addition, there are services designed to support parenting and family functioning, and include services such as family counselling, crisis support, early intervention, child guidance programs and family mediation services (see, e.g. CSV 1992:37). There are also programs such as Victoria's Families First program which enable children to live safely with their parents rather than being subject to court interventions removing them from their parents' care (CSV 1992:63). Some States and Territories also have youth support programs which concentrate on issues of particular concern to that group, such as homelessness, poverty, family conflict, legal rights and responsibilities and substance abuse. Other programs are aimed at strengthening and reconciling the family, except where this might jeopardise the safety of the child.

Because the structure of child welfare programs varies considerably across States and Territories, and because some States and Territories include related programs with child-centred programs, it is not possible to present comparable figures or derive a total expenditure on child welfare for Australia.

Nevertheless, child welfare services constitute a significant proportion of State and Territory expenditures on community services. The New South Wales Department of Community Services, for example, expended 14 per cent of its total expenditure on child welfare services ($101 million out of a total expenditure of $732 million). Of the expenditure on child welfare, 30 per cent ($29.9 million) was spent on child protection and 70 per cent ($ 71.0 million) on substitute care. An additional $ 81.5 million was spent on family and children's support services and an additional $12.6 million on youth services (NSW DCS 1991).

4.7 Child welfare: children in need

Child welfare services focus on those children experiencing difficulties, such as abuse, neglect, homelessness, inadequate parenting, family conflict, violence or breakdown, or the death of a parent. Identifying the population in need, i.e. those who are experiencing or likely to experience these social problems in the general community, is

difficult and there are no adequate national data that would enable an assessment of the numbers of children experiencing these types of difficulties. State and Territory authorities do record information in relation to one subset of the population of children in need, namely those children reported as abused or neglected. The examination of these data for 1990–91 illustrates both the utility and the limitations of this type of data source for estimating the population in need of child welfare services.

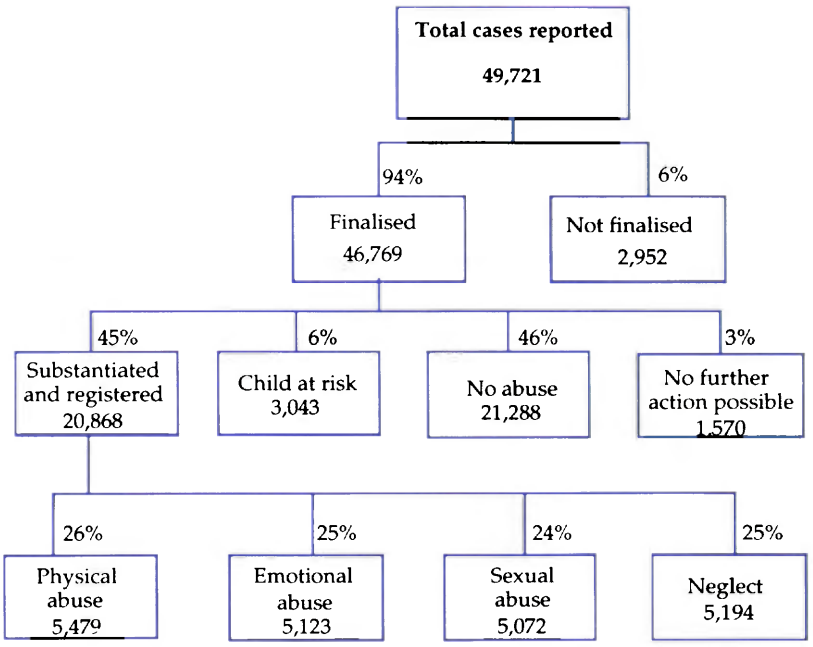
Child abuse and neglect, 1990–91

The States and Territories have primary responsibility for the investigation of suspected cases of child abuse and neglect and for consequential action. There are significant differences in legislation, terminology, procedures and processes among the States and Territories which make it difficult to collate the information into a truly national picture. Nevertheless, there is sufficient commonality to draw the data together.

What behaviours are defined as child abuse and neglect depends on community standards which change over time and place. Although child abuse and neglect is variously defined by different State and Territory statutes, the State and Territory welfare administrators have agreed that the following statement captures the common elements of the different statutory definitions:

> Child abuse or neglect occurs when a person, having the care of a child, inflicts, or allows to be inflicted, on the child a physical injury or deprivation which may create a substantial risk of death, disfigurement, or the impairment of either physical health and development or emotional health and development. Child abuse or neglect also occurs when a person having the care of a child creates, or allows to be created, a substantial risk of such injury, other than by accidental means. This definition includes sexual abuse and exploitation of the child.

In general, allegations of child abuse and neglect come to the attention of State and Territory departments responsible for child welfare directly by being reported to an officer of the department, indirectly via either a specified independent body such as the Child Abuse Protection Board in Tasmania or some other government department (e.g. the police or a hospital), or both directly and indirectly. In 1990–91 49,721 cases were reported to State and Territory departments responsible for child welfare (Figure 4.2).



Source: Angus & Wilkinson 1993a.

Figure 4.2: ***Cases of child abuse and neglect, Australia, 1990–91***

Box 4.4: Mandatory reporting

Reporting of suspected occurrences of child abuse and neglect is mandatory in all States and Territories, except for Western Australia and the Australian Capital Territory, where the issue is under review. The provisions of the State and Territory Acts are as follows:

New South Wales: Medical practitioners have been required by law to report physical, sexual and emotional abuse and neglect since 1977. Under the Children (Care and Protection) Act 1987 *teachers are required to report suspected cases of child sexual abuse. This includes principals, deputy principals, teachers, social workers in schools and school counsellors. Teachers are also required by Department of Community Services policy to notify suspected physical and emotional abuse and neglect. Police are required by guidelines, not law, to notify all forms of suspected abuse and neglect.*

Victoria: Legislation for the mandatory reporting of physical and sexual abuse received Royal Assent on 11 May 1993. To enable a thorough education campaign and training to be conducted, the legislation provides for the staggered introduction of reporting by specified professional groups. It is proposed that doctors, nurses and police officers will be required to report from November 1993, followed by school teachers in January 1994, preschool teachers and child care workers in June 1994, and social workers, welfare workers, youth workers, psychologists, parole officers and probation officers in November 1994.

Queensland: Doctors are required by law to notify the Department of Family Services and Aboriginal and Islander Affairs of all suspected cases of child abuse for all types of abuse under the Health Act Amendment Act 1980.

South Australia: Under the Community Welfare Act Amendment Act 1987, *the following are required to notify the Department for Family and Community Services of all suspected cases for all types of abuse: health professionals (medical practitioners, dentists, nurses, psychologists and chemists), members of the police force, probation officers, and social workers employed in hospitals, health centres or medical practices; teachers, teacher aides, and kindergarten employees; and employees and voluntary workers in agencies that provide health services, welfare services, educational child care or residential services for children.*

Tasmania: It is mandatory for the following to report suspected cases of child abuse to the Department for Community Services: medical practitioners, registered nurses, probation officers, child welfare officers, school principals, kindergarten teachers, welfare officers appointed under the Alcohol and Drug Dependency Act, guidance officers and psychologists.

Northern Territory: It is mandatory for all people to report suspected cases of abuse or neglect to either the police or a delegated officer of the Department of Health and Community Services.

Commonwealth: Under the Commonwealth Family Law Act, personnel of the Family Court are required to notify the relevant welfare authorities of cases where they have reasonable grounds for suspecting that a child has been, or is at risk of being, physically or sexually abused. The notification must include the basis for the suspicion. The Act specifies that psychological abuse may be notified.

Following investigation, which may be carried out by the responsible department alone, by other agencies (e.g. hospitals, police), or by both, the department will decide whether or not it believes that abuse or neglect has occurred. At that point, the case would be deemed to be a finalised case. It is mainly on the basis of finalised cases that

information about case outcomes and case characteristics are compiled. In 1990–91, 46,769 cases (94 per cent of reported cases) were finalised (Figure 4.2).[17]

For finalised cases, the State and Territory departments responsible for child welfare will make some assessment concerning the case. The possible assessment outcomes vary between the States and Territories. All States and Territories except Victoria assess some cases as *substantiated. Substantiated* means that the department has decided that there is reasonable ground to believe that the child has been abused or neglected. This outcome does not imply that there is sufficient evidence to bring the matter to court or that there is a need for case management or intervention by the department. The Victorian situation is unique. In Victoria, cases registered on the Children at Risk Register (CARR) are often used as a surrogate measure of the number of substantiated cases. However, as the category *registered* excludes cases where there is evidence of abuse or neglect, but harm is considered minimal and there is no continuing risk to the child, the count of registered cases underestimates the number of *substantiated* cases in Victoria. This affects the quality of national data and the comparability between Victoria and other States. In 1990–91, 20,868 cases were categorised as *substantiated* or *registered* (Figure 4.2).

All States and Territories except New South Wales, Victoria and South Australia assess some cases as *child at risk.* This category is used to cover those situations where abuse or neglect cannot be substantiated, but the department has grounds to suspect that abuse or neglect may have occurred or may be likely to occur and that continued departmental involvement is warranted. In 1990–91, 3,043 cases (7 per cent of finalised cases) were placed in this category (Figure 4.2).

All States and Territories identify those cases in which it determines that no abuse or neglect has occurred. In 1990–91, 21,288 cases (46 per cent of finalised cases) were so assessed (Figure 4.2). All States and Territories also identify those cases where no further action is possible, which results from circumstances such as the family moving to an unknown address. Of finalised cases in 1990–91 (Figure 4.2), 3 per cent were classified as *no further action possible.*

Substantiated and registered cases are assigned to one of four categories: physical abuse (any non-accidental physical injury), emotional abuse (any kind of psychologically damaging adult–child relationships), sexual abuse (exposure to, or involvement in, sexual processes beyond the child's understanding or contrary to accepted community standards), and neglect (within the bounds of cultural tradition, a failure to provide conditions essential for healthy development).[18] At the national level, approximately

17. The 1990–91 data on child abuse and neglect (and recent earlier years) is seriously compromised by the large proportion of cases in South Australia which are recorded as not finalised. For South Australia, 44.3 per cent of reported cases were recorded as not finalised during the reporting period, compared with a range of between 0 and 9 per cent for the other States and Territories. Obviously, such a large proportion of cases about which little is known adversely affects the reliability and validity of the South Australian data, with consequences for interstate comparison and for collation into national data.
18. Where more than one type of abuse or neglect has occurred, the case should be assigned to the category most likely to be the most severe in the short term or most likely to place the child at risk in the short term, or if such an assessment is not possible, to the most obvious form of abuse or neglect.

the same proportion of registered and substantiated cases were assigned to each of the four types of abuse and neglect (Figure 4.2).

Children of both sexes were represented almost equally overall in substantiated and registered cases of neglect, physical abuse and emotional abuse, whereas females were the victims in the majority (75 per cent) of sexual abuse cases. The pattern across age groups was not uniform, with more boys than girls under 5 years of age being the subject of finalised reports and girls being in the majority in all other age groups (Table 4.20).

Table 4.20: ***Substantiated cases, age of child by type of abuse and neglect and sex, Australia, 1990–91***

	Physical		Emotional		Sexual		Neglect		Total		
Age of child (yrs)	**Males**	**Females**	**Males**	**Females**	**Males**	**Females**	**Males**	**Females**	**Males**	**Females**	**Persons**
Under 5	834	677	975	855	236	520	1,206	1,119	3,251	3,171	6,422
5–9	842	565	669	673	501	1,013	814	777	2,826	3,028	5,854
10–14	952	987	688	823	412	1,618	559	468	2,611	3,896	6,507
15–17[a]	158	396	130	255	104	580	75	100	467	1,331	1,798
Unknown	32	36	25	30	23	65	40	36	120	167	287
Total	**2,818**	**2,661**	**2,487**	**2,636**	**1,276**	**3,796**	**2,694**	**2,500**	**9,275**	**11,593**	**20,868**

(a) Includes 17 cases involving persons aged over 17 years.
Source: Angus & Wilkinson 1993a:Table 7.

The sources of reports on child abuse and neglect vary widely, from anonymous people to doctors and the police. About 32 per cent of cases are reported by people involved in some investigatory role in relation to the child or the family (i.e. medical and health personnel, the police, social workers and departmental officials). This suggests that reports are more likely to be made about those families already subject to social intervention by the police or by social workers or about those cases involving some overt sign of injury (whether caused by the abuse or neglect or incidental to it). A further 12 per cent are reported by school or day care personnel, and a further 18 per cent by friends or neighbours. Less than one-quarter of cases are reported by those within the family circle (parents, the child, siblings and other relatives), although parents and guardians are the second largest single source of reports (Table 4.21).

Table 4.21: *Finalised cases, source of report by type of abuse and neglect, Australia, 1990–91*

Source of report	Substantiated physical abuse		Substantiated emotional abuse		Substantiated sexual abuse		Substantiated neglect		Total cases reported	
	No.	%	No.	%	No.	%	No.	%	No.	%
Subject child	258	4.7	95	1.9	160	3.2	51	1.0	874	1.9
Parent/ guardian	827	15.1	753	14.7	1,040	20.5	274	5.3	6,552	14.0
Sibling	25	0.5	15	0.3	14	0.3	10	0.2	215	0.5
Other relative	334	6.1	367	7.2	202	4.0	429	8.3	3,927	8.4
Friend/neighbour	506	9.2	640	12.5	331	6.5	1,105	21.3	8,501	18.2
Medical practitioner	272	5.0	129	2.5	231	4.6	114	2.2	1,490	3.2
Other medical	128	2.3	170	3.3	87	1.7	117	2.3	919	2.0
Hospital/health	349	6.4	419	8.2	280	5.5	307	5.9	2,366	5.1
Social worker	478	8.7	683	13.3	549	10.8	525	10.1	4,008	8.6
School personnel	1,126	20.6	475	9.3	898	17.7	467	9.0	5,184	11.1
Day care	79	1.4	38	0.7	23	0.5	71	1.4	539	1.2
Police	462	8.4	691	13.5	865	17.1	907	17.5	5,317	11.4
Department officer	111	2.0	77	1.5	86	1.7	85	1.6	812	1.7
Non-govt orgn	129	2.4	235	4.6	104	2.1	158	3.0	1,210	2.6
Anonymous	115	2.1	121	2.4	23	0.5	243	4.7	2,313	4.9
Other	206	3.8	152	3.0	131	2.6	248	4.8	1,877	4.0
Not stated	74	1.4	63	1.2	48	0.9	83	1.6	665	1.4
Total	**5,479**	**100.0**	**5,123**	**100.0**	**5,072**	**100.0**	**5,194**	**100.0**	**46,769**	**100.0**

Source: Angus & Wilkinson 1993a:Table 14.

However, the source of reporting differs between types of abuse and neglect. Although friends and neighbours reported 21 per cent of neglect cases, they reported only 7 per cent of sexual abuse cases. Parents or guardians were an important source of reports on cases of sexual abuse (21 per cent), emotional abuse (15 per cent) and physical abuse

(15 per cent), but they reported only 5 per cent of neglect cases. School personnel reported 21 per cent of physical abuse cases and 18 per cent of sexual abuse cases, but 9 per cent of neglect cases (Table 4.21).

The rate of cases substantiated was similar across all types of abuse, at around 50 per cent, except neglect cases which had a rate of 35 per cent. However, the rates differed between sources of report. For cases reported by the abused child, the rate of substantiation was highest, 66 per cent for physical and sexual abuses, and 50 per cent for neglect cases. Cases reported by anonymous people had the lowest substantiation rate, less than 22 per cent in all types of abuse, and 16 per cent for sexual abuse cases (Vaughan & Choi 1993).

Among the major reporting sources, school staff, social workers and police had higher rates of substantiation than parents, other relatives, and friends and neighbours. School staff, social workers and police are trained and experienced in identifying child abuse, and in many States they are required by law to report child abuse to the authorities. In many States, doctors are also required by law to report child abuse, but the rate of substantiation in cases reported by doctors was only average, around 50 per cent.

Of finalised cases of reported child abuse or neglect, 9 per cent involved Aboriginal and Torres Strait Islander children, a much higher proportion than they represent in the population (less than 2 per cent). A higher proportion of finalised cases involving Aboriginal and Torres Strait Islander children was substantiated or at risk (62 per cent) than for the total population (51 per cent). The type of substantiated cases for Aboriginal and Torres Strait Islander children differed significantly from the general pattern, with neglect cases representing a much higher proportion (42 per cent) of total substantiations than for all children (25 per cent), and sexual abuse cases being much lower (14 per cent of total substantiations compared with 24 per cent overall). Substantiated cases occurred at a younger age for Aboriginal and Torres Strait Islander children than for the total population. Children under 1 year old represented 14 per cent of substantiated cases of Aboriginal and Torres Strait Islander children compared with 6 per cent for all children. Of the substantiated cases in this age group, 59 per cent were identified as neglect for Aboriginal and Torres Strait Islander children and 41 per cent for the total population (Angus & Wilkinson 1993a:19).

The use of data on child abuse and neglect to assess need

The 1990–91 data on child abuse and neglect indicate that 18,273 children aged 0–17 years of age were identified as involved in the 20,868 substantiated or registered cases, and a further 2,545 children were included in the 3,043 *child at risk* cases).[19]

On the one hand, these figures can be treated as an upper estimate of the population of children in need of child welfare services because of abuse or neglect. The size of the population of children requiring services depends on a number of factors such as the trauma generated by the abuse or neglect, the home and family circumstances, and the extent of parental and community support for the child. State and Territory administrations maintain case assessment data that indicate which services are recommended, taking into account these sorts of factors. However, these data are not

19. The number of children differs from the number of cases because a child may be the subject of more than one case during the year.

currently collated at the national level. Whether the children who require such services actually receive them depends on further factors, such as the availability of appropriate services and the willingness of the child and the family to use them. Although State and Territory administrations maintain data on service provision (and some of these data are discussed in the next section), the data are not necessarily linked to case assessment or comprehensively collated at the national level.

On the other hand, these figures on the numbers of children who have been, or are suspected of having been, abused or neglected can be treated as an underestimate of the population in need of services because of abuse or neglect. The figures presented are annual figures. Although some children are reported as having been abused or neglected in more than one year (22 per cent in 1987 in New South Wales, Young & Brookes 1989:2), the greater proportion of reports are new cases. Thus the cumulative effect of abused or neglected children coming to the attention of authorities each year needs to be considered to obtain an indication of the population in need.

Furthermore, cases reported to departments responsible for child welfare represent only a proportion of child abuse and neglect in the community. Many cases go unreported. People in a position to make such reports, whether required by law to do so or not, may fail to report suspected cases to the authorities. Many may be unaware of the appropriate reporting procedures or may be reluctant, in view of the likely trauma to investigated families, to act on their suspicions. Some may simply be distrustful of authorities. In addition, an unknown number of cases would remain the undisclosed secret of the maltreater and victim. Evidence from the United States of America suggests that reported cases may represent something in the order of 40 per cent of actual cases of abuse and neglect (National Centre on Child Abuse and Neglect 1989; see also Faller 1985, Young & Brookes 1989).

4.8 Child welfare: substitute care service usage

The reasons children might need substitute care services are many and varied. The Tasmanian Department of Community Services states that it provides substitute care options for children who have been abused or neglected, have severe behavioural or emotional difficulties, are beyond the control of their parents, or are living in a family in crisis or conflict (Department of Community Services, Tasmania 1991:40). In addition to these reasons, substitute care placements may be required as the result of the death or permanent incapacity of parents or irretrievable family breakdown.

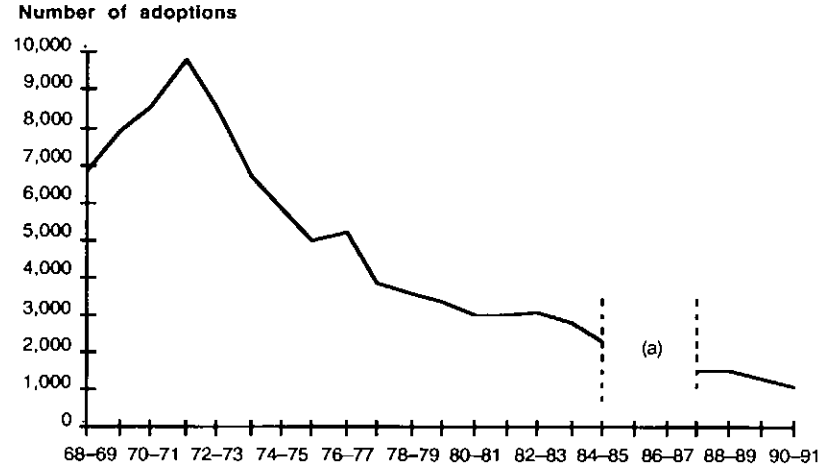
Each State and Territory welfare department operates some form of substitute care and placement program for children who are unable to live with their families. Generally, these programs can be considered as consisting of adoption services (placements, arrangements and information services), alternative care placements and the provision of funding to non-government providers of these types of services. A variety of long-term and short-term placement options are used by State and Territory governments and non-government organisations. These include respite care, in-home care under the supervision of the State department, short- and long-term foster care, shared family care, group home care, residential care and, for adolescents, semi-independent living arrangements. The options used depend, in part, on balancing the probability of family

reunification and effective functioning against the child's need for stability of placement.

There is no single collection of data which collates State and Territory information about the provision of substitute care services. The Australian Institute of Health and Welfare currently has responsibility for two national collections of data provided by State and Territory departments responsible for child welfare—adoptions and children under orders for care and protection. Although these collections provide useful insights into the use of substitute care services, they do not provide a comprehensive picture of service use.

Adoptions, 1990–91

The predominant feature of adoptions in Australia over the past two decades has been the decline in the number of children adopted. In the period from 1968–69, the largest number of adoptions was 9,798 in 1971–72. In 1990–91 there were 1,142 adoptions, a decrease of 88 per cent since 1971–72 (Appendix Table A4.5, and Figure 4.3). There has been an increase in the number of adoptions of overseas-born children, but this has been far outweighed by the decrease in the number of children available for adoption from within Australia.



(a) No data on adoptions were collected nationally for 1985–86 and 1986–87.
Source: Wilkinson & Angus 1993:Figure 8. Refer to Appendix Table A4.5

Figure 4.3: ***Persons adopted, Australia, 1968–69 to 1990–91***

During 1990–91, 277 children were adopted by relatives (24 per cent of total adoptions). The majority of adoptions by relatives are adoptions by step-parents to incorporate children into the new marriage.[20] During 1990–91, 865 children (76 per cent of all adoptions) were adopted by non-relatives (Table 4.22). Of these children, 393 (45 per cent) were born overseas.

20. In New South Wales adoptions by parents which are legalised through solicitors do not have to be notified to the Department of Community Services and are not included in the figures.

During 1990–91, Australian-born children adopted by non-relatives were generally adopted at a much younger age than children adopted by relatives. Of the Australian-born children adopted by non-relatives, 74 per cent were aged under 1 year and 90 per cent were aged under 5 years. Of children adopted by relatives, 75 per cent were aged between 5 and 14 years and only 9 per cent were aged under 5 years (Wilkinson & Angus 1993:13).

Table 4.22: *Persons adopted, age by relationship to adoptive parents and sex, Australia, 1990–91*

	Adopted by relatives[a][b]			Adopted by non-relatives			Total		
Age	**Males**	**Females**	**Persons**	**Males**	**Females**	**Persons**	**Males**	**Females**	**Persons**
Under 1 year	3	1	4	258	311	569	261	312	573
1–4 years	10	11	21	83	104	187	93	115	208
5–9 years	52	52	104	33	34	67	85	86	171
10–14 years	51	53	104	9	13	22	60	66	126
15+ years	24	20	44	12	8	20	36	28	64
Total	**140**	**137**	**277**	**395**	**470**	**865**	**535**	**607**	**1,142**

(a) Adoptions by parents not available for New South Wales.
(b) There were 12 males and 12 females adopted by relatives other than parents; four under 1 year, seven 1–4 years, four 5–9 years, seven 10–14 years and two 15 years and over.
Source: Wilkinson & Angus 1993:Table 3.

The use of adoption as a means of providing substitute care for children whose natural parents are unavailable as carers has declined dramatically. As indicated, adoptions by relatives, mostly parents, represent nearly a quarter of all adoptions. These are usually the legalisation of the situation regarding a child following remarriage of the child's natural parent, and do not involve as great a change to the child's circumstances as adoption by a non-relative. Excluding adoptions by relatives and adoptions of overseas-born children, at a maximum 454 children were adopted nationally in 1990–91 because their natural parents were unavailable as carers.

Children under care and protection orders

A child found to be in need of care or protection may be placed under an order issued by a court, children's panel, Minister of the Crown or authorised welfare department officer. Depending on the circumstances, the authority may determine that the child be made a ward of the State, be placed under a supervisory order or request that the parents undertake to provide proper care. There are various types of orders, which are classified as either guardianship orders or non-guardianship orders.

Under guardianship orders, the child becomes a ward of the State or Territory and legal guardianship is transferred to the Minister, Director or other official of the welfare department, giving the department total responsibility for the child's welfare. A guardianship order is usually issued when the family has not provided, or is unable to provide, adequate care and protection and the child is found to be in danger or seriously neglected. Guardianship orders may also be issued in circumstances such as irreconcilable differences between parents and the child, where the child has been abandoned or where there has been a breach of a supervision order.

Under non-guardianship orders, the Minister, Director or other official of the welfare department is given some responsibility for a child's welfare, such as supervision, custody or accommodation arrangements. Non-guardianship orders give the welfare department responsibility for a child's care (generally as a result of a family crisis), or protection (from, for example, abuse or neglect). These orders generally result in children being placed under the short-term supervision of the department, and may result in their placement away from their family until circumstances permit their return. It should be noted that the types of orders under this heading vary across the States and Territories, indicating different practices in issuing these orders.

At 30 June 1991 there were 12,680 children under care and protection orders, an increase of 274 (2 per cent) over the previous year. Of these, 73 per cent were under guardianship orders and 27 per cent were under other orders for care and protection (Table 4.23).

There were slightly more boys (6,442) than girls (6,238) under care and protection orders in Australia, and this was the case in all States and Territories except Queensland and the Northern Territory. There were more boys under guardianship orders than girls, whereas there were approximately equal numbers of boys and girls under non-guardianship orders (Table 4.23).

Table 4.23: *Children under care and protection orders, type of order and sex by State/Territory, Australia, at 30 June 1991*

Type of order	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Guardianship									
Males	1,121	1,187	1,328	355	527	194	18	31	4,761
Females	1,053	1,051	1,378	351	468	179	11	57	4,548
Persons	*2,174*	*2,238*	*2,706*	*706*	*995*	*373*	*29*	*88*	*9,309*
Non-guardianship									
Males	451	796	147	(a)	147	119	17	4	1,681
Females	476	776	174	(a)	133	106	21	4	1,690
Persons	*927*	*1,572*	*321*	(a)	*280*	*225*	*38*	*8*	*3,371*
Total									
Males	1,572	1,983	1,475	355	674	313	35	35	6,442
Females	1,529	1,827	1,552	351	601	285	32	61	6,238
Persons	*3,101*	*3,810*	*3,027*	*706*	*1,275*	*598*	*67*	*96*	*12,680*

(a) Western Australia does not place children under non-guardianship orders for care and protection.
Source: Angus & Wilkinson 1993b:Table 1.

Of the 12,680 children under care and protection orders, 12,587 were aged 0–17 years. This represents a rate of 2.7 per 1,000 children aged 0–17 years for Australia, and comprises rates of 2.0 and 0.7 for children under guardianship and non-guardianship orders respectively (Appendix Table A4.6).

The majority (76 per cent) of children under care and protection orders were placed in foster care (44 per cent) or were living with parents or relatives (32 per cent). Of those under guardianship orders, most were in foster care (54 per cent), and most children under non-guardianship orders were living with parents or relatives (64 per cent) (Table 4.24).

Table 4.24: *Children under care and protection orders, placement type by type of order and sex, Australia, at 30 June 1991*

	Guardianship orders			Non-guardianship orders			Total		
Placement	**Males**	**Females**	**Persons**	**Males**	**Females**	**Persons**	**Males**	**Females**	**Persons**
Foster care	2,476	2,523	4,999	304	357	661	2,780	2,880	5,660
Parent/ relative	961	939	1,900	1,092	1,068	2,160	2,053	2,007	4,060
Residential child care	952	687	1,639	162	142	304	1,114	829	1,943
Residential care	17	22	39	6	3	9	23	25	48
Corrective establish-ment	44	6	50	20	2	22	64	8	72
Other	311	371	682	97	118	215	408	489	897
Total	**4,761**	**4,548**	**9,309**	**1,681**	**1,690**	**3,371**	**6,442**	**6,238**	**12,680**

Source: Angus & Wilkinson 1993b:Table 3.

Generally the number of children under guardianship orders increased at each age, from 60 children aged under 1 year up to 894 at 15 years, with a modest decline at ages 16 and 17. This pattern was evident in most States and Territories. For non-guardianship orders there was a fairly even distribution across age groups, with slightly higher numbers aged 14 and 15 than other ages (Angus & Wilkinson 1993b).

The number of children under care and protection orders has fluctuated substantially in some States and Territories since mid-1985, but the Australian total has remained fairly constant (Table 4.25).

Table 4.25: *Children under care and protection orders at 30 June, Australia, 1985 to 1991*

At 30 June	NSW	Vic	Qld	WA	SA	Tas[a]	ACT	NT	Australia[a]
1985	3,018	2,279	3,868	1,291	1,142	505	104	101	12,308
1986	3,972	2,137	3,830	1,121	1,183	461	138	77	12,919
1987[b]	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
1988	2,607	3,885	3,481	905	1,371	450	95	120	12,914
1989	2,271	4,171	3,094	818	1,310	418	52	117	12,251
1990	2,932	4,184	3,163	717	1,249	383	46	115	12,789
1991	3,101	3,810	3,027	706	1,275	374	67	96	12,456

(a) Excludes non-guardianship orders for Tasmania.
(b) Figures not available for 1987.
Source: Angus & Wilkinson 1993b:Table 4.

The use of data on adoptions and children under orders to assess service use

Data on adoptions and children under orders is limited as a measure of service use. Both data collections together concern only limited aspects of substitute care. As an indication of the numbers of children being adopted because they require substitute care, the adoptions collection is inadequate because it does not clearly identify those children adopted because their birth parents are unavailable as carers. The children under orders collection includes only those children in substitute care arrangements who are placed through care and protection orders and does not include those who are in voluntary care provided by non-government organisations. Its scope is limited to children for whom departments have specific types of statutory responsibility through care and protection orders which are common to the different State and Territory programs.

Apart from scope, the national data are also limited in that they do not map aggregate movements in and out of substitute care, nor provide major reasons for the entry of children into substitute care, nor provide information about the history of care placements for individual children. Information on aggregate flows is pertinent to the aim of shifting the balance of care away from substitute care and towards family-based care. Data on the reasons for entry into alternative care identifies the social and personal difficulties which may give rise to the need for substitute care, thus suggesting targets for preventative measures.

4.9 Conclusion

This overview of services for children and their families has highlighted the importance of both formal and informal child care services in supplementing parental care for an increasing number of Australian children and their families. It has also highlighted the significance of child welfare services, particularly substitute care services, for the protection and care of children. As indicated at the beginning of this chapter, the primary gap in data at the national level lies in the area between child care and child welfare services, namely services which support families with children. These services enhance family functioning and thus help reduce the demand for interventionary child welfare services.

The data on child care services are considerable and fairly comprehensive. Within the available sources of government data, such as the Commonwealth's CSP Census, CSP administrative data and some of the State census collections, there is an extensive range of detailed data that allows individual child care programs to be measured against a variety of performance indicators and compared with population measures collected through ABS population surveys. The CSP Census currently collects data only from those service providers who receive some form of Commonwealth funding or assistance. Although this yields a good coverage of long day care, family day care and outside school hours care, it includes only some other formal services and does not include preschools at all. Only some States are currently able to provide comprehensive data on preschools, and the data are not in a form which would enable collation at the national level.

The ABS Child Care Surveys[21] cover all service types and provide the only source of national data on the use of informal care arrangements. However, their inevitable reliance on respondents' identification of service types introduces an element of inaccuracy in service usage data. Because the CSP Censuses collect data from service providers, the distinctions between service types can be regarded as more accurate than that from the ABS Child Care Survey. Because the ABS Child Care Surveys are more comprehensive and the CSP Censuses more accurate in distinguishing service types, these major data sources complement each other and need to be used in conjunction to develop a national picture of formal child care services.

The full scope of formal services operating nationally cannot be enumerated from administrative sources due to significant gaps in State and Territory level data. In recognition of the importance of adequate data for planning and monitoring, some States and Territories are currently enhancing their administrative data collections. Because in most States and Territories the role of the relevant department is to regulate services, very little information on clients using services is collected.

The utility of existing child care data for planning, monitoring and assessing services at the national level is also constrained by the use of different counting units (families, children or places) by the various collections. Although each counting unit yields

21. Although the ABS Child Care Survey 1990 has been referred to extensively throughout this chapter, the ABS has conducted similar child care surveys in 1969, 1973, 1977, 1980, 1984 and 1987. A further survey was conducted in June 1993 and is due for release early in 1994.

discrete information about service provision and use, the lack of common units across the collections makes it difficult to compare and collate data from the different sources.

Appropriate and standard definitions and classifications of service providers and service types would further enhance current data collections, particularly in the light of new developments such as multifunctional services, sick care and employer sponsored child care.

Data on child welfare services at the national level are not as comprehensive or complete as the data on child care services. Data are collated nationally in relation to some aspects of child abuse and neglect and substitute care, but these national collections are limited in scope and are subject to problems associated with interstate differences in program structures, procedures and associated record keeping.

Although the national collections on child abuse and neglect, adoptions and children under orders for care and protection do provide useful national data, data on the use of services, regardless of the legal status of the children using the services, and data on the extent of multiple and repeated use of services are required in order to chart the extent of service use comprehensively.

The usefulness of administrative data on clients, which can be used as indicators of need, could be greatly extended if information on socio-demographic and family circumstances of children were available. Such information, which is available for some States and Territories, would provide the opportunity to calculate indicators of risk and thus provide insight into the size of the population potentially in need of child welfare services. Although this additional administratively collected information would be valuable, it is not a substitute for other methods (e.g. social surveys and surveys of child welfare workers) of obtaining information on the extent of social problems which give rise to the need for child welfare services. Additional information on the circumstances of children and their families which give rise to the entry into substitute care programs would then provide the basis for matching service provision with the overall level of community need.

Lack of basic data on the extent of the social problems or concerns which give rise to these interventions means that it is impossible to relate the administrative data on clients to the size of the target population. Thus it is difficult to assess the effectiveness of child welfare services in alleviating the problems of child abuse or neglect, for example. It is possible, given the existence of time series data, to determine the incidence of these reported cases over time, but whether changes over time reflect better reporting procedures, greater community awareness, changes in legal requirements for reporting, or an actual increase in the incidence of child maltreatment is difficult to determine. Data on the population experiencing relevant social problems and on the social and family characteristics of client children are required in order to assess more accurately the need for these services, their present ability to meet this need, and the effectiveness of preventive measures in alleviating related social problems. Such data may also suggest a wider range of strategies which could be adopted to reduce the demand on child welfare services.

In addition, nationally collated data does not readily provide the capacity to examine outcomes for the specific children and families who use these services. The States and Territories do have relevant data on some of these aspects and use these data for their

own planning and monitoring of services, but they are not currently provided for collation at the national level. At the national level, there are no official statistics mapping the paths by which children, families or cases move through the system (Thorpe unpublished). The history of individual placements is important for charting the effectiveness of different types of placements in meeting the needs of children in substitute care, the extent of stability and instability in various forms of placements, and the appropriateness of decisions concerning, for example, family reunification. The extent to which children and their families re-enter the child welfare system or are in the welfare system as clients of other services is unknown.

In spite of these limitations, the data which are available at the national level are useful in outlining some dimensions of a major area of welfare service provision and use.

One of the primary data developments required in both areas and in the area of family support services is the integration of State and Territory data. Such integration is required at the national level to provide a comprehensive picture of services for children and their families in terms of need, provision, use and outcomes. This will require the development of common counting units and classifications of services, clients, use and outcome measures, which are not compromised by interstate differences in practices and procedures.

References

ABT Associates 1979, *Children at the Center: Final Report of the National Day Care Study*, ABT Associates, Cambridge.

AIHW, *Child Welfare Data Collection: Abuse and Neglect, Australia, 1990–1991*, (database)

Angus G & Wilkinson K 1993a, *Child Abuse and Neglect, Australia 1990–91*, AGPS, Canberra.

Angus G & Wilkinson K 1993b, *Children Under Care and Protection Orders, Australia 1990–91*, AGPS, Canberra.

Australian Bureau of Statistics (ABS) 1988a, *Disability and Handicap, Australia*, Cat. No. 4120.0, ABS, Canberra.

Australian Bureau of Statistics (ABS) 1988b, 'Household Expenditure Survey, 1988' (unpublished data).

Australian Bureau of Statistics (ABS) 1990, 'Child Care Survey, November 1990' (unpublished data).

Australian Bureau of Statistics (ABS) (unpublished) (1992), 'Labour Force Status and Other Characteristics of Families, Australia, June 1992' (unpublished data).

Australian Bureau of Statistics (ABS) 1992a, *Child Care, Australia*, Cat. No. 4402.0, ABS, Canberra.

Australian Bureau of Statistics (ABS) 1992b, *Labour Force Status and Other Characteristics of Families, Australia, June 1992*, Cat. No. 6244.0, ABS, Canberra.

Australian Bureau of Statistics (ABS) 1993a, *Families in Australia: A Guide to Contents and Procedures*, Cat. No. 4415.0, ABS, Canberra.

Australian Bureau of Statistics (ABS) 1993b, *1991 Census of Population and Housing, Community Profiles*, Cat. No. 2722.0, ABS, Canberra.

Australian Bureau of Statistics (ABS) 1993c, *Estimated Resident Population by Sex and Age: States and Territories of Australia, June 1986 to 1992*, Cat. No. 3201.0, ABS, Canberra.

Australian Council of Social Service (ACOSS) 1988, *Child Care: A Background Paper*, ACOSS, Sydney.

Ban P & Meyer M 1993, 'Family Decision Making—What is the Relevance of the New Zealand Experience to Australia?' paper presented at the fourth Australian Family Research Conference, 17–19 February, Sydney.

Blackmore R 1989, *The Children's Court and Community Welfare in New South Wales*, Longman Professional, Melbourne.

Brennan D & O'Donnell C 1986, *Caring for Australia's Children: Political and Industrial Issues in Children's Services*, Allen & Unwin, Sydney.

Brieland D, Korr W, Fallon B & Bretherton D 1991, 'Freedom, entitlements, protection and parents'rights: an analysis of the UN convention on the rights of the child', *Children Australia*, **16**(2):15–18.

Butler B 1992a, 'Aboriginal and Torres Strait Islander Children: Present and Future Services and Policy', speech delivered by Brian Butler, Chairman of the Secretariat of Aboriginal and Islander Child Care (SNAIC), at the Northern Territory Children's Services Conference, August.

Butler B 1992b, 'Aboriginal child protection', *in* Calvert G, Ford A & Parkinson P (eds), *The Practice of Child Protection: Australian Approaches*, Hale and Iremonger, Sydney.

Castell-McGregor S 1992, 'Negotiating the Moral Maze of Children's and Parent's Rights', keynote address to the Association of Children's Welfare Agencies Conference, 26–29 October, Wollongong.

Cox E 1988, '"Pater-patriae": child rearing and the state' *in* Baldock CV & Cass B (eds), *Women, Social Welfare and the State*, 2nd edn., Allen & Unwin, Sydney.

Crow R 1983, 'Child care and the people's front against fascism', *Join Hands*, Winter/Spring 1983.

Crowley R 1993, *Media Release, Budget 1993–94, 17 August 1993*, Department of Health, Housing, Local Government and Community Services, Canberra.

Community Services Victoria 1992, *Annual Report 1990–91*, Community Services Victoria, Melbourne.

Cumpston JHL & Heinig C 1944, *Pre-school Centres in Australia: Building, Equipment and Programme: The Lady Gowrie Child Centres*, Commonwealth Department of Health, Canberra.

Davis L 1987, 'Minding children or minding machines', *Labour History*, (53):86–97.

Davison G 1983, 'The city-bred child and urban reform in Melbourne, 1900–1940' *in* Williams P (ed.), *Social Process and the City*, Allen & Unwin, Sydney.

Deagan C 1980, '"Volunteers and conscripts": women working in child care', *Refractory Girl*, nos 18/19 [joint issue] Dec. 1979–Jan. 1980.

Department of Community Services, Tasmania 1991, *Annual Report 1990–91*, Department of Community Services, Hobart.

Department of Community Services and Health (DCSH) 1988, *1987 Census of Day Care Services*, Department of Community Services and Health, Canberra.

Department of Community Services and Health (DCSH) 1989, *1988 Census of Day Care Services*, Department of Community Services and Health, Canberra.

Department of Community Services and Health (DCSH) 1990, *1989 Census of Day Care Services*, Department of Community Services and Health, Canberra.

Dowse S 1988, 'The women's movement's fandango with the state: the movement's role in public policy since 1972', *in* Baldock CV & Cass B (eds), *Women, Social Welfare and the State*, 2nd edn., Allen & Unwin, Sydney.

Faller K 1985, 'Unanticipated problems in the United States child protection system', *Child Abuse and Neglect*, **9**(1):63–69.

Fitzgerald R T & Crosher J 1971, *Pre-School Education in Australia*, ACER, Hawthorn, Victoria.

Gamble H 1986, *Law for Parents and Children*, Law Book Co., Sydney.

Gifford J 1992, *Child Care Funding Reassessed: Operational Subsidies, Fee Relief And Taxation Issues*, Australian Early Childhood Association and National Association of Community Based Children's Services, Canberra.

Greenblat E & Ochiltree G 1993, *Use and Choice of Child Care*, AIFS Early Childhood Study Paper No. 4, Australian Institute of Family Studies, Melbourne.

Hassall IB & Maxwell GM 1991, 'The family group conference: a new statutory way of resolving care, protection and justice matters affecting children', *in An Appraisal of the First Year of the Children, Young Persons And Their Families Act 1989*, The Office of the Commissioner for Children, Wellington.

Hayden J 1992, 'Available, accessible, high quality child care in Australia: why we haven't moved very far', *Children Australia*, 17(1):10–15.

(Department of) Health, Housing and Community Services (HHCS) 1992a, *1991 Census of Child Care Services*, Department of Health, Housing and Community Services, Canberra.

(Department of) Health, Housing and Community Services (HHCS) 1992b, *Program Performance Statements 1992–93*, Budget-related paper No. 9.8A, AGPS, Canberra.

(Department of) Health, Housing and Community Services (HHCS) 1992c, *Department of Health Housing and Community Services, Annual Report 1991–92*, AGPS, Canberra.

(Department of) Health, Housing and Community Services (HHCS) 1992d, *Budget 1991–92, Background Brief*, Department of Health, Housing and Community Services, Canberra.

(Department of) Health, Housing, Local Government and Community Services (HHLGCS) (unpublished), (1993), Departmental Budget Briefing.

(Department of) Health, Housing, Local Government and Community Services (HHLGCS) 1993a, *Program Performance Statements 1993–94*, Budget-related paper No. 7.8A, AGPS, Canberra.

(Department of) Health, Housing, Local Government and Community Services (HHLGCS) 1993b, *Overview, Budget 1993–94*, Department of Health, Housing, Local Government and Community Services, Canberra.

Hiskey E 1980, 'Child Protection Policy in Victoria', *Australian Child and Family Welfare* 5(3):6–10, and 5(5):8–11.

Hurford C 1987, 'Child care since 1983—priorities and achievements', *Australian Journal of Early Childhood* **12**(2):3–8.

Jaggs D 1986, *Neglected and Criminal: Foundations of Child Welfare Legislation in Victoria*, Imprementa, Victoria.

Le Seuer E 1990, 'Children's rights and the state in loco parentis', *Children Australia* **15**(2):24–28.

Mitchell B 1990, 'New directions for family support and service in child welfare', *Children Australia* **15**(3):15–19.

National Center on Child Abuse and Neglect 1989, *Study Findings: Study of National Incidence and Prevalence of Child Abuse and Neglect: 1988*, US Department of Health and Human Services, Washington DC.

National Children's Bureau of Australia 1990, 'Around Australia: statutory child protection systems', *Children Australia* **15**(3):25–30.

National Children's Services Advisory Council 1992, 'New Directions in Planning for Children's Services', paper prepared by the National Children's Services Advisory Council for the Hon. Peter Staples, MP, 1992.

National Clearing House for Information and Research on the Prevention of Child Abuse and Neglect 1993, *Child Abuse Prevention* **1**(1).

National Housing Strategy (NHS) 1991, Housing and Location Choice Survey 1991 (unpublished data).

New South Wales Council of Social Service (NCOSS) 1980, *Scarce for Kids: Which New South Wales Children Can Find the Services They Need?*, NCOSS, Sydney.

New South Wales Department of Community Services (NSW DCS) 1991, *Annual Report 1990–91*, Government Printer, Sydney.

Office of Child Care 1985, *1984 Survey of Day Care Services*, Canberra.

Read P 1982, *The Stolen Generation: The Removal of Aboriginal Children in NSW 1883–1969*, Occasional Paper (1), NSW Aboriginal Affairs, Government Printer, Sydney.

Spearritt P 1979, 'Child care and kindergartens in Australia, 1890–1975', *in* Langford P & Sebastian P (eds), *Early Childhood Education and Care in Australia*, Australia International, Victoria.

Stamp I 1975, *Young Children in Perspective: A Review of Thirty-Five Years of the Lady Gowrie Child Centres in Partnership with the Australian Pre-School Association*, APA, Canberra.

Taxation Institute of Australia (TIA) 1991, *Taxation and Child Care*, A Submission to the Commonwealth Government Proposing Changes to the Tax Treatment of Child Care Expenses, Sydney.

Teal F 1992, 'The use and cost of child care in Australia', *Australian Economic Review*, 1st quarter, 1992.

Thorpe D (unpublished), (1989), *Patterns of Child Protection, Intervention and Service Delivery*, Report to Welfare Ministers and Administrators.

Tierney L 1963, *Children Who Need Help*, Melbourne University Press, Melbourne.

van Krieken R 1991, *Children and the State: Social Control and the Formation of Australian Child Welfare*, Allen and Unwin, Sydney.

Vaughan G & Choi C 1993, 'Recent Developments in Collating National Data on Reports of Child Abuse and Neglect: The Role of the Australian Institute of Health and Welfare', paper presented to the Fourth Australasian Conference on Child Abuse and Neglect, Brisbane, 11–15 July 1993.

Whitebrook M et al. (1982) 'Caring for the caregivers', *in* Katz L (ed.), *Current Topics in Early Childhood Education* (4), Ablex, New Jersey.

Wilkinson K & Angus G 1993, *Adoptions Australia 1990–91*, AGPS, Canberra.

Wolcott I 1989, *Family Support Services*, Australian Institute of Family Studies, Melbourne.

Young L & Brooks R 1989, 'The profile of child abuse and neglect in New South Wales', *in Child Abuse and Neglect Research Programme*, Paper No. 2, Department of Family and Community Services, Sydney.

5 Aged care

5.1 Introduction

Services and assistance for aged people in Australia include medical benefits and services, pharmaceutical benefits, hospital care, housing, residential care, home and community care, assessment, and income support. Some are targeted specifically at the aged, such as the Age Pension. Others, like Medicare, are aimed at the total population. Although it is common to consider aged care only in terms of the services and assistance provided specifically for aged people, it is important to recognise that the aged are also eligible for, and use, a range of services and benefits available to the general population.

In Australia, services and assistance for the aged are provided by a complex interaction of Commonwealth, State or Territory, and local governments, the private not-for-profit sector (often referred to as the charitable or voluntary sector), the private for-profit sector, and informal care networks of family and friends. The division of responsibility varies according to the services or benefit under consideration, and the personal and financial resources of the individual. Income support, one of the simpler examples, is provided by the Commonwealth Government in the form of direct transfers to individuals (the Age Pension). For those with superannuation, however, benefits are provided via a combination of Commonwealth Government expenditure in the form of revenue forgone in tax concessions, and employer contributions (either private sector, or Commonwealth, State or local government), and frequently managed by the private sector. In the case of widows or widowers who receive benefits derived from their spouses' superannuation, there is also an element of family support. And in systematically taking into account revenue forgone, other concessions such as rate rebates provided by local governments and Seniors Cards should be included as income support.

There is no simple way to classify the roles of these various organisations and individuals, even in the relatively defined area of income support. With regard to aged care services, their greater variety makes the problem even more pronounced. As a general guide, the role of the Commonwealth Government tends to be in providing funding and in establishing broad policy directions and guidelines, with implementation and service delivery being the responsibility of State and local governments, and private not-for-profit and private for-profit organisations. In some regions, however, State, Territory and local governments have played an important role in both funding and policy development for certain kinds of services. And quite distinct from the formal sector, there is the role played by the informal network of family and friends in providing vast quantities of assistance to the frail and disabled aged. Aged care services involve significant levels of personal labour provided by both volunteer workers and the informal network.

The range of services and assistance available to aged people in Australia is extensive. This chapter focuses only on services for the ongoing care and support of the frail and disabled aged (see Figure 5.1). The scope of the analysis includes both residential (nursing homes and hostels) and community-based services. The chapter starts with an

historical review of major developments over the past four decades, but concentrates on the major restructuring of aged care services for the frail and disabled aged dating from 1985 (the Aged Care Reform Strategy). Drawing on issues raised by the Aged Care Reform Strategy (HHCS 1991b), questions of geographical equity across State/Territory boundaries and the balance of care among nursing homes, hostels and community services are recurring themes.

Figure 5.1 : *Summary of services available for the care of the frail and disabled aged*

Service type	Funding source	Service provider
Residential care		
Ongoing care in nursing homes and hostels	Commonwealth and State govts, private not-for-profit and for-profit organisations, clients	Private not-for-profit and for-profit organisations, State govts
Respite care in nursing homes and hostels	Commonwealth Govt, clients	Private not-for-profit and for-profit organisations, State govts
Regulation of quality of care in nursing homes and hostels	Commonwealth and State govts	Commonwealth and State govts
User Rights documentation and agreements in nursing homes and hostels	Commonwealth Govt	Private not-for-profit and for-profit organisations, State govts
Ethno-specific hostels and nursing homes	Commonwealth Govt	Private not-for-profit and for-profit organisations
Clustering strategy for nursing homes and hostels	Commonwealth Govt	Private not-for-profit and for-profit organisations, State govts
Community Visitors Scheme in nursing homes	Commonwealth Govt	Volunteers
Employment of A&TSI people in nursing homes caring for A&TSI people	Commonwealth Govt	Private not-for-profit and for-profit organisations, State govts
Special-purpose hostels for A&TSI people	Commonwealth Govt	Private not-for-profit and for-profit organisations
Dementia programs in hostels	Commonwealth Govt	Private not-for-profit and for-profit organisations
Domiciliary care		
Home nursing	Commonwealth and State govts, private not-for-profit organisations, clients, informal carers	Local govts, private not-for-profit and for-profit organisations, informal carers
Delivered meals	Commonwealth and State govts, private not-for-profit organisations, clients, informal carers	Private not-for-profit organisations, local govts, informal carers
Home help and home maintenance services	Commonwealth and State govts, private not-for-profit organisations, clients, informal carers	State and local govts, private not-for-profit and for-profit organisations, informal carers
Transport and shopping assistance	Commonwealth and State govts, private not-for-profit organisations, clients, informal carers	State and local govts, private not-for-profit organisations, informal carers
Community paramedical services	Commonwealth and State govts	State govts
Brokerage services and Community Care Packages	Commonwealth and State govts	State and local govts, private not-for-profit organisations

continued

Figure 5.1 (continued): *Summary of services available for the care of the frail and disabled aged*

Service type	Funding source	Service provider
Carers Pension	Commonwealth Govt	Commonwealth Govt
Domiciliary Nursing Care Benefit	Commonwealth Govt	Commonwealth Govt
Home and centre-based respite care	Commonwealth and State govts, private not-for-profit organisations, clients, informal carers	State and local govts, private not-for-profit and for-profit (COP) organisations, informal carers
Advice about and supply of aids and equipment	Commonwealth and State govts	State govts
Advice about and financial assistance for home modifications	Commonwealth and State govts	State govts
User Rights documentation re HACC	Commonwealth Govt	State govts
Multipurpose centres	Commonwealth and State govts	State and local govts, private not-for-profit and for-profit organisations
Residential and/or domiciliary services		
Assessment by Aged Care Assessment Teams	Commonwealth Govt	State govts
Information (pamphlets, videos, etc.) on services provided in a variety of languages	Commonwealth Govt	Commonwealth Govt
Advocacy Services	Commonwealth Govt	Private not-for-profit organisations
Complaints units	Commonwealth Govt	Commonwealth Govt

5.2 History

Historically, aged care services for the frail and destitute without family support tended to be the province of charitable agencies, although frequently these agencies received substantial government support. Apart from income security measures, the first major Commonwealth Government intervention occurred in 1954, and was a response to the housing shortage following World War II and to low rates of home ownership among older people. The *Aged Persons Homes Act 1954* provided for grants to voluntary sector organisations to build or purchase approved homes for aged people, predominantly providing self-contained and hostel-type accommodation. Further developments aimed at improving access to accommodation among aged people included Supplementary Assistance payments to low income single pensioners who rented or boarded (1958), and a series of capital grants to State governments to provide accommodation for low income pensioners (*States Grants (Dwellings for Aged Pensioners) Act 1969, States Grants (Dwellings for Pensioners) Act 1974* and the *Housing Assistance Act 1978*) (Kewley 1980:144–153). Although affordable accommodation for the independent aged remained an important form of assistance in this and subsequent periods, the major concern was, and is, the care of the frail and disabled aged.

Developments in the three decades from 1954 were oriented more towards residential than home-based services, resulting in an aged care system characterised by an

emphasis on nursing home care to the detriment of the community care sector. In 1975, the Committee of Inquiry into Aged Persons Housing (Social Welfare Commission 1975) expressed concerns about the continued dominance of institutional care, the inadequate supply of home and community-based services, the lack of coordination, the inefficiency, and the unequal distribution of services by geographical area. From that time, a series of Commonwealth Government inquiries and reviews returned again and again to such issues.[1]

It was not until the mid-1980s, however, that a substantial overhaul of the aged care system—the Aged Care Reform Strategy—was implemented. Changes since that time have been considerable. The brief history which follows divides clearly into a period of development and incremental change (1954–1984), and a period of restructuring and reform (1985 to the present).

Development and incremental change, 1954–1984

Homes for the needy aged

The *Aged Persons Homes Act 1954* was implemented to provide the needy aged with homes in which they could live 'in conditions approaching as nearly as possible normal domestic life' (House of Representatives Standing Committee on Expenditure (HRSCE) 1982:11). The Act allowed for a dollar-for-dollar capital subsidy to approved non-government organisations to provide essentially self-contained accommodation (independent living units) and hostel accommodation (access to hotel-type services such as meals and laundry services). Initially, nursing beds were provided only incidentally, by virtue of providing nursing care as required by existing residents (Social Welfare Commission 1975:40).

The intent of the Act was focused on the supply of accommodation for the poorer aged. Its effect, over subsequent decades, proved to be the development of a substantial number of nursing homes within the not-for-profit sector. Although the Act itself remained virtually unchanged, there was a progressive and incremental shift in the focus of the program as implemented. Two major shifts in orientation are apparent in retrospect.

First, the intended focus on the needy aged was progressively diminished by the emergence of 'founder/donor' arrangements adopted by provider agencies, which required incoming residents to provide a substantial capital 'donation' to the agency in order to secure accommodation (HRSCE 1982:12).[2] These donations were a major source of capital funds for voluntary sector organisations operating under the Act, enabling substantial increases in their take-up of the dollar-for-dollar Commonwealth subsidy provided under the Aged Persons Homes Act, which led to increases in their

1. Examples include the report of the Committee on Care of the Aged and the Infirm (1977), the report of the House of Representatives Standing Committee on Expenditure (1982), the Nursing Homes and Hostels Review (DCS 1986). For a full listing of Commonwealth Government reviews and inquiries over this period see Figures 5.1 and 5.2.
2. As for a number of issues, this point had been raised by previous inquiries including the Committee of Inquiry into Aged Persons' Housing (Social Welfare Commission 1975:95–98) and the Committee on Care of the Aged and Infirm (1977:114).

accommodation holdings. Inevitably, the practice reduced the access of less well off aged people, the group that the Act had been established to assist.

The shift toward nursing homes

The second shift in orientation away from the original intention of the Aged Persons Homes Act was a gradual erosion of the focus on self-contained and hostel-type accommodation in favour of nursing home beds. The introduction of Nursing Home Benefits paid by the Commonwealth Government in 1963 was relevant to people in infirmaries associated with aged persons homes. In 1966, partly in response to the 'ageing' of residents in those homes, the capital subsidy became payable for nursing home beds, subject to limitations on the proportion of beds so allocated by each organisation (Kewley 1980:145). These two policy changes meant that nursing home beds developed by the voluntary sector attracted both capital and recurrent subsidies. The proportion of nursing home beds approved under the Act increased dramatically in response. In the years immediately before 1966, only 4 per cent of new approvals were for nursing home beds—the vast majority being for self-contained and hostel accommodation. Over the next 15 years, the proportion increased from 15 per cent of all approvals (1966–67 to 1970–71) to 25 per cent (1971–72 to 1975–76) and then to 55 per cent (1976–77 to 1980–81) (calculated from data reported by the House of Representatives Standing Committee on Expenditure (1982:124)).

The introduction of a government-guaranteed subsidy for nursing home residents also stimulated interest in the private for-profit sector. Kewley (1980:154) comments in his account of policy developments in aged care that there developed 'a belief among certain investors that nursing homes were low risk, high profit financial ventures'. The number of nursing home beds increased from 25,535 in 1963 (prior to the benefit's inception) to 51,286 by 1972, the last full year before controls on growth in the number of beds were implemented (HRSCE 1982:124). This represented a 101 per cent increase in overall provision. Increases were most marked in the non-government sector, and particularly in the private for-profit homes (HRSCE 1982:13).

Sax (1993:90) argues that a further component in the growth of nursing home beds arose from the existing division of funding responsibilities between State and Commonwealth governments. In New South Wales, for example, the 1960s and early 1970s saw the movement of large numbers of dementia patients out of State-funded psychiatric hospitals and into the expanding (and Commonwealth-funded) nursing home sector.

Another aspect of the Aged Persons Homes Act which influenced the way in which nursing homes developed during this period was the submission-based nature of the process by which new beds were approved. Combined with the absence of Commonwealth Government controls on bed numbers during that period, there emerged an inequitable geographic distribution of nursing home beds, a problem referred to by successive reviews and committees of inquiry.[3]

3. The Nursing Homes and Hostels Review (DCS 1986:10) stressed the 'urgent requirement' for procedures which would allocate funds between States on the basis of the aged population, and the Committee of Inquiry into Aged Persons' Housing (Social Welfare Commission 1975:17, 45) advised on the need to improve regional planning, particularly with regard to approvals for capital subsidies.

The expansion of hostels

In 1969, an amendment to the Aged Persons Homes Act provided for a further development in residential care—the introduction of a benefit payable in hostel-type accommodation, the Personal Care Subsidy. Initially payable only for people over 80 years of age, the subsidy was extended in 1973 to include younger residents who required personal care services. Personal care included help with personal laundry, dressing, mobility, transfers, and supervision of medication. The subsidy was intended to reduce the demand on nursing home beds by providing a financial incentive to hostels to expand the range of services available. At the same time, further incentives were offered to the voluntary sector to increase their hostel bed provisions over a three-year period via the *Aged Persons Hostels Act 1972*. This Act provided for capital grants toward the cost of construction or purchase, but differed from the Aged Persons Homes Act in that grants were available on a full cost basis (not a dollar-for-dollar-subsidy) up to a prescribed limit per person. Hostels built under this later Act also differed in that access was to be on the basis of need—donor contributions were specifically disallowed.

Continuing growth of nursing homes

The increased emphasis on hostel-level provision was at least partially fuelled by a growing recognition of the escalating costs associated with nursing home care, and a commonly reported view that there was an oversupply of nursing home beds, and a significant level of inappropriate admissions.[4] There were 47.5 nursing home beds per 1,000 persons aged 65 and over in 1972 (Kewley 1980:154), a figure which remained largely unchanged in 1981 (46.7 per 1,000 persons aged 65 and over). This figure is equivalent to 74 per 1,000 persons aged 70 and over, substantially higher than the current level of provision in Australia (54 beds per 1,000 persons aged 70 and over).

Commonwealth Government concern over the continuing growth of nursing home beds led to the introduction in 1973 of a series of controls aimed at both the private for-profit and the private not-for-profit nursing home sectors. Three strategies were implemented—control over admissions, control over the growth of new beds and control over fees. From 1974, however, the private not-for-profit homes were more favourably treated than the private for-profit homes, with the introduction of deficit financing. This system essentially provided a subsidy to the private not-for-profit homes equal to their annual operating deficit. The comparative financial advantages accruing to the private not-for-profit homes at that time are reflected in the relative rates of growth in the different sectors. In the five-year period from 1975 to 1980, there was a 47 per cent increase in the number of private not-for-profit beds, compared with 18 per cent in government nursing homes and only 7 per cent in private for-profit homes (HRSCE 1982:125).

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4. This view was reported in a number of reviews and inquiries, including the Committee of Inquiry into Aged Persons' Housing (Social Welfare Commission 1975), the Committee on Care of the Aged and Infirm (1977), the report of the House of Representatives Standing Committee on Expenditure (1982), and the Nursing Homes and Hostels Review (DCS 1986).

Care for the aged at home

The major government-funded initiatives of the period from 1954 to 1984 occurred in the residential care field. Nonetheless, there were some moves to provide specific government funds for home and community-based services appropriate for the care of the frail aged.

The first of these was the introduction in 1956 of a Commonwealth subsidy to voluntary sector home nursing organisations, dependent on the number of nurses employed by the organisation. The next Commonwealth-funded developments of this kind did not occur until 1969, when two States Grants Acts were passed providing funding to the States (initially on a dollar-for-dollar basis) for home care services, the establishment and development of senior citizens centres, the employment of welfare officers for those centres, and paramedical services (physiotherapy, chiropody, etc.) for aged people in their homes. The Delivered Meals Subsidy Act of 1970 (Meals on Wheels) provided federal subsidies to voluntary organisations providing meals to the frail and disabled aged. While not specifically targeted to the frail and disabled aged, the implementation of the Community Health Program in 1973 provided further resources in some regions for the care and maintenance of the frail and disabled aged living in the community.

Community-based provisions for the care of the frail aged in Australia have traditionally been viewed as scanty and poorly coordinated. While the issue was raised repeatedly in various inquiries, by 1982 it had become sufficiently pressing to emerge as the major preoccupation of the report on accommodation and home care for the aged (*In a Home or at Home*) by the House of Representatives Standing Committee on Expenditure (1982). The McLeay Report (as it became known) outlined several reasons for this, including the absence of a national organisation representing community care organisations equivalent to those representing nursing homes, the relative generosity of financial provisions for the construction and operation of nursing homes compared with community care services, and the financial disincentive for State governments to involve themselves in the development of such services, which required the States to match Commonwealth funding (HRSCE 1982:1, 50–51).The community care field also lacked the potential for capital accumulation and for profit evident in the expansion of residential care.

Certainly, the different funding arrangements for residential as opposed to community care has been a significant issue in the development of the Australian aged care system. For residential care, capital and recurrent funding are provided by the Commonwealth (excluding State government nursing homes which attract funding from both Commonwealth and State governments). Community care services, however, are provided on a cost-shared basis by the Commonwealth and State governments. The exact ratios of State to Commonwealth funding have varied over time, and according to the particular program. Thus, for example, the Commonwealth provided a dollar-for-dollar subsidy to the State governments for home care services from 1970 to 1973, when it was increased to $2 for every $1 provided by the States.

A time for review

It was in this context that the early 1980s saw the establishment of a series of committees on the care of the aged in Australia. Apart from the Report on Accommodation and Home Care for the Aged produced by the McLeay Committee

described above (HRSCE 1982), 1981 saw the establishment of a Senate Select Committee on Private Hospitals and Nursing Homes (the Giles Report), 1984 the establishment of a Joint Review of Hostel Care Subsidy Arrangements and 1985 the Joint Review of Nursing Homes and Hostels. The system as it had come into being by the early 1980s was recognised in these and a number of earlier reports to be a consequence of ad hoc modifications to the system, generally made in the absence of a recognition of the interrelationships between different elements and aspects of the system of provision. Yet actual restructuring did not begin until the mid-1980s. Sax (1993) attributes the key motivating force in the eventual restructuring of the aged care system to the McLeay Committee and the Senate Select Committee on Private Hospitals and Nursing Homes:

> The[se] two parliamentary committees...have had a remarkable impact on long term care in Australia, in marked contrast to the limited change achieved by a plethora of previous inquiries that were conducted by officials and agency representatives obviously lacking in 'political clout' (Sax 1993:93).

Reconstruction and reform, 1985 to the present

The first page of the Report of the Nursing Homes and Hostels Review (DCS 1986) put forward an unequivocal position concerning the need for substantial restructuring of aged care services. It pointed to

- the haphazard nature of program development;
- the excessive concentration on institutional care;
- the failure to develop adequate assessment procedures;
- the lack of coordination between various levels of government; and
- the inefficiency of the prevailing funding mechanisms.

By the time the report was published, several changes which were to become the early stages of the Aged Care Reform Strategy were already in evidence. The McLeay Report and the Giles Report were already influencing government policy. New nursing home approvals had virtually stopped from March 1983 (DCS 1986:21). In 1984, hostel subsidy arrangements were altered to encourage a greater provision of services by hostels, allowing them to provide more appropriate facilities for frailer residents. The Personal Care Subsidy was increased to $40, but made payable only on a formal assessment of eligibility. A more basic level of payment, the Hostel Care Subsidy, was introduced for all other hostel residents. Strategies were also introduced to encourage the provision of respite beds in hostels (1984) and later in nursing homes (1985), to provide relief for those caring for the aged in the community. A new Home and Community Care (HACC) Program was announced in the 1984–85 budget, aimed at substantially improving the quantity and range of services available to the frail and disabled aged living at home.

The Aged Care Reform Strategy essentially dates from this period. Its major objectives were the reform of both community care and residential care, and the implementation of appropriate assessment strategies to establish links between these levels of care. These reforms were to take place in the broader context of the Commonwealth Government's Social Justice Strategy, with an emphasis on access, equity and participation. In essence, the period from 1985 to the present has seen the virtual

restructuring of residential care in Australia, and the emergence of a larger array of home and community care services.

Nursing homes and hostels: levels of supply

An ongoing concern of the Commonwealth Government regarding residential provision had been the level of supply of nursing home beds and the associated costs, particularly in the context of an ageing population. In 1986, the Nursing Homes and Hostels Review had proposed that the national ratio of 100 residential beds per 1,000 persons aged 70 and over be maintained, but that the proportion of nursing home beds be progressively reduced in favour of hostel beds. In 1985, the existing pattern was 67 nursing home beds and 33 hostel beds per 1,000 persons aged 70 and over. The long-term goal was set at 40 nursing home beds and 60 hostel beds.

By 1991, the overall level of provision had dropped to 93 beds per 1,000 persons aged 70 and over. The nursing home bed ratio had been reduced to 57 per 1,000, suggesting that planning strategies had been successful in reducing the growth of nursing home beds. The Mid Term Review, set up to examine progress to date under the Aged Care Reform Strategy, reported in this respect that the containment of nursing home beds thus achieved was generating savings in excess of $150 million annually (HHCS 1991b:9).

On the other hand, growth in the hostel sector (from 33 to 37 beds per 1,000 persons aged 70 and over) was somewhat less than had been projected (HHCS 1991b:91). From 1990, the Commonwealth Government announced several strategies to encourage the expansion of hostel beds. Private for-profit organisations were made eligible for recurrent subsidies (although not capital funding), capital funding to the private not-for-profit sector was increased but targeted to the financially disadvantaged, and an entry payment to the providing agency was introduced for aged persons with income and assets above an established level. At around the same time, the Mid Term Review recommended a reduction in the projected benchmark for hostel provision from 60 to 55 beds per 1,000 persons, with the resources saved being reallocated to Community Aged Care Packages. In the 1993–94 Budget, a further reduction of 2.5 hostel beds per 1,000 persons aged 70 and over was proposed, with the resources being reallocated to Community Aged Care Packages.

Funding changes in nursing homes

Apart from these changes aimed at altering the relative balance of care provided by the nursing home and hostel sectors, substantial modifications were also introduced to the system of recurrent funding. A major claim made by the Nursing Homes and Hostels Review was that existing cost reimbursement arrangements for nursing homes were inequitable and inefficient (DCS 1986).

There were significant geographical inequities with regard to levels of payment. Commonwealth nursing home benefits varied by State, so that in 1981 a nursing home bed in Western Australia attracted an ordinary benefit payment of $18.55 per day, whereas in Victoria proprietors received $31.65. The comparable extensive benefit figures at the time were $24.55 per day in Western Australia and $37.65 in Victoria (HRSCE 1982:68).[5] A major contributor to the historical development of these differences was the variation in State government regulations concerning the required staffing levels for nursing homes, particularly with regard to nurses. The industrial awards covering rates of pay for nurses also varied on a State basis.

There were also concerns expressed about geographical inequities in terms of levels of provision. In 1981 New South Wales had 51 nursing home beds per 1,000 persons aged 65 and over, and Victoria 38 per 1,000, with the other States ranged in between (DCS 1986:22). Regional variations within States were also very pronounced.

Apart from these geographical inequities, the Nursing Homes and Hostels Review also pointed to inequities which arose from the differential funding systems applied to the private not-for-profit and private for-profit homes. Under deficit funding, the private not-for-profit homes were receiving higher levels of funding than the private for-profit homes. In 1984–85, for example, average expenditure on participating homes[6] was $31.65 per bed per day, whereas that for deficit-funded homes was $41.88 per day (DCS 1986:33). The deficit-funded homes argued that the higher level of support was not inequitable, on the basis that their homes accepted higher-dependency (and hence higher-cost) residents. The issue on which government committees and provider organisations in the private for-profit and private not-for-profit sectors were in agreement was that the two-tier benefit system (ordinary and extensive benefits) did not sufficiently recompense homes for the care requirements of higher-dependency residents. As a consequence, there was a strong financial incentive to admit lower-dependency residents in preference to higher-dependency residents, in order to maintain adequate levels of care within given resource constraints.

In 1987 changes were set in train to remove these State-based and sector-based differences in funding levels. The funding changes abolished what was virtually an open-ended funding system for private not-for-profit homes under deficit funding, replacing it with a single system of reimbursement to apply to both private for-profit and private not-for-profit homes. A standard level of payment for all states was phased in. The new system of payment had two basic components, the Standard Aggregated Module (SAM) which covers baseline costs (laundry, food, heating, accommodation etc.) and the Care Aggregated Module (CAM) which concerns the personal and nursing care costs appropriate to each resident.

Improved access to residential care for high-dependency aged persons

The Care Aggregate Model (CAM) has important consequences, as residents are classified into one of five levels of benefit payment, according to the Resident Classification Instrument (RCI). This system of funding was intended to redress the inadequacy of the earlier system by giving greater recognition to the higher resource implications of caring for more dependent residents. The five-tier classification system was developed to provide nursing homes with financial incentives to admit more highly dependent residents, thereby targeting the service to those most in need of more intensive levels of care. In a further attempt to improve access to nursing homes among higher dependency populations, Geriatric Assessment Teams (later to become Aged

5. The two levels of nursing home benefit were introduced in 1968 to allow for additional money to be paid on behalf of residents requiring a higher level of nursing care. Initially, these were termed the 'ordinary' and 'intensive' benefits; various changes followed including the establishment of an 'additional' benefit. From 1977, a two-tier system entitled 'ordinary' and 'extensive' benefits was in place.
6. 'Participating' homes were located in the private for-profit sector and received standard Commonwealth nursing home benefits.

Care Assessment Teams—ACATS) were piloted, and later developed as the preferred assessment strategy for nursing home bed (and subsequently hostel place) admissions.

By 1991, the Mid Term Review evaluated these policy changes as a success, pointing to the combined effects of higher levels of funding for more-dependent residents and improved assessment procedures in substantially reducing the proportion of low-dependency residents in nursing homes. So, for example, the proportion in the least-dependent category (Category 5) changed from 20 per cent in 1987 to 7 per cent in 1992 (HHCS 1991b:103–6; HHLGCS 1993b:11). Turnover rates, and consequently the number of admissions, also increased over this period. Taken together, these changes were seen by the Mid Term Review to have improved access to available beds among the more-dependent sectors of the aged population.

Presumably as a consequence of the changing nature of nursing home populations, dependency levels increased in hostels, if the proportion of residents eligible for the Personal Care Subsidy is taken as an indicator. The Personal Care Subsidy is the higher of the two hostel benefits, and requires a formal assessment. The proportion of hostel residents receiving the Personal Care Subsidy increased by 2 per cent per annum from 1986 to 1991 (HHCS 1991b:111). Partly this reflects the changing patterns of admission to nursing homes and hostels under the influence of the expanded role played by Aged Care Assessment Teams. The changes also reflect modifications to the pattern of supply, whereby the number of nursing home beds available per 1,000 persons aged 70 and over has decreased, with consequent likely flow-on of more-dependent residents to hostel level care.

State government nursing homes

These alterations to the nursing home funding system were essentially limited to the non-government sector. The Commonwealth nursing home benefits paid on behalf of residents in State government nursing homes were frozen in 1985 at the existing levels. State government homes, therefore, received benefits which varied from State to State, as this predated the development of nationally uniform payments. The five-tier payment system (based on the RCI) described above did not apply in these homes. As the value of these frozen benefits eroded over time, State government homes were increasingly disadvantaged in relation to the non-government homes. The States provided supplementary funding for these homes.

Recent policy developments allow for the negotiation of higher levels of benefits on a State-by-State basis over the period 1992–93 to 1994–95. The negotiated benefits are to be on a comparable, but not identical, basis to the benefits received by the non-government sector. The agreements will see the extension of the Resident Classification Instrument and the standards monitoring process (see Quality of care initiatives, p.xxx) into State government homes.

Funding changes for hostels

Funding changes were also implemented in the hostel sector. The Personal Care Subsidy was increased from $58.70 per week in 1987 to $155.75 by mid-1991, a shift intended to recognise the increase in resources required for caring for a more-dependent resident population. Another resource issue for hostels during this period was the increasing number of residents with dementia, resulting in the emergence of the Dementia Hostel Program. This Program provided program grants equivalent to an

additional $42 per week for about 6,000 hostel residents by 1991, but it has been estimated that only half the eligible residents were covered at the time (HHCS 1991b:109–10).

In moves consistent with other areas of welfare and social security benefits, both the personal care and hostel care subsidies were indexed from 1989. Similarly, the lower level of payment (Hostel Care Subsidy) was made dependent on a means test from 1991, introducing an income-based targeting element into the recurrent funding provisions of residential services for the first time.

Care for the aged at home: Home and Community Care Program (HACC)

The services and assistance available to the frail aged living in their own homes, and to their carers, expanded significantly over this period. Combined Commonwealth and State government expenditure on Home and Community Care Program (HACC) services increased from $152.3 million in 1984–85 to $521.1 million in 1991–92 (HHCS 1992b). Not only was the level of funding increased; the range of services offered was expanded under HACC and related programs. In addition to the traditional and more commonly available major HACC service areas of home nursing, home help and Meals on Wheels, there was an expansion of centre-based respite care, transport, home-based respite care, gardening and home handyman assistance. Younger disabled people were also included in the client group.

Community Options Projects were initiated in 1986, and were aimed at providing appropriately tailored levels of care to more-dependent aged persons and their carers. These projects operate on a brokerage model, with a case manager organising a flexible package of services appropriate to the particular clients and their circumstances. The 1992 national evaluation (HHCS 1992d) reported favourably on the Projects, which were subsequently incorporated into the mainstream HACC Program.

Hostel Options Care Packages, a related innovation of 1989, allowed hostels to provide personal care services to people living in the community up to a maximum cost equivalent to the Personal Care Subsidy. These were also favourably evaluated (McVicar and Reynolds 1992), and expanded into Community Aged Care Packages. The successful implementation of these more intensive forms of community-based support was a precursor to the reduction of the proposed benchmark for hostel care to 52.5 places per 1,000 persons aged 70 and over and the concomitant expansion of Community Aged Care Packages in the 1993–94 Budget.

The 1992–93 Federal Budget saw the extension of provisions for carers. Partly, these involved the increase and indexation of the Domiciliary Nursing Care Benefit and the liberalisation of conditions concerning that Benefit and the Carer's Pension (the expansion of eligibility during periods of respite care, the extension to the Carer's Pension of the Earnings Credit Scheme which already applied to other pensions and benefits, and so on). An expansion of in-home and centre-based respite provisions was announced, as well as the development of an information and support package.

Aged Care Assessment Teams

Aged Care Assessment Teams have continued to expand their role in matching client needs to available services, with an emphasis on targeting more intensive levels of service at those in higher need categories. By 1991, the Aged Care Reform Strategy Mid Term Review could report that 96 per cent of people aged 70 and over had access to

assessment teams and, perhaps more importantly, ACAT assessments were becoming increasingly important in referring clients to residential care and/or community care services (HHCS 1991b:4). The 1992–93 and 1993–94 Budgets announced further expansions of ACATs, to include a role as budget holders (in a pilot capacity) to purchase community care for aged people leaving hospital (1992–93) and in providing a coordination and referral service for all respite services on a regional basis (1993–94).

Quality of care initiatives

The regulation of quality of care in nursing homes and hostels has been upgraded. The Standards Monitoring Program was introduced in nursing homes in 1987, and extended to hostels in 1991. From 1993, it will also be phased in to State government nursing homes. This program reviews the quality of care received by residents in terms of national standards, with an emphasis on the care outcomes for residents. It includes the potential to apply substantial sanctions (including withdrawal of Commonwealth benefits) where homes persistently fail to meet the required standards. The results of a four-year evaluation of the Standards Monitoring Program in nursing homes have recently been released. The report included international comparisons, and places the Australian program at the forefront of aged care regulatory practices (Braithwaite et al. 1993). National Service Standards for HACC were published in 1992, but a more formal regulatory program is yet to be developed.

Another related area of major activity has been the development of a user rights strategy over the period from 1989 to 1991, involving both residential and community care programs. These included a Charter of Residents Rights, a proprietor/resident agreement and a Community Visitors Scheme in the residential sector, a Statement of Rights and Responsibilities for HACC, and advocacy services and complaints units for both programs.

The importance of staff training to the delivery of good-quality care has also been recognised. A number of initiatives concerning in-service training for staff in nursing homes, hostels and HACC have been commissioned and funded by the Commonwealth Government. In 1990, the Training and Resource Centre for Residential Aged Care (TARCRAC) was opened in Brisbane to design and develop appropriate training packages.

Special needs groups

A number of special needs groups have been singled out for additional resources. The particular circumstances of people in rural and remote areas, and more specifically those of Aboriginal and Torres Strait Islander people, have received attention. Multi-purpose centres were trialled from 1990 to examine their potential benefits to rural and remote communities, and their expansion was recommended by the Mid Term Review (HHCS 1991b:30). Additional funds were made available in the 1992–93 and 1993–94 Budgets to employ people of Aboriginal and Torres Strait Islander background in nursing homes which serve such clients, and to provide capital grants to special purpose hostels.

The access of ethnic aged people to existing services was generally reviewed by the Ethnic Aged Working Party (DCS 1987b); a range of further recommendations have been developed under the direction of the Ethnic Aged Monitoring Group. Support has been provided via capital grants for the establishment of ethno-specific hostels and

nursing homes, and to establish culturally appropriate services in hostels and nursing homes. A system of 'clustering' has been successfully trialled in some areas. Clustering promotes the admission of individuals of similar ethnic backgrounds to specific nursing homes, thereby encouraging those facilities to provide appropriate ethno-specific services. The strategy was endorsed by the Mid Term Review (HHCS 1991b:30). In broad terms, the approach to facilitating accessibility and appropriateness of services for ethnic aged people includes the development of mainstream services as well as the provision of ethno-specific services. Accordingly, key information and publicity documents, such as those describing residential and community services, have been translated and made available in both video and pamphlet form for people of non-English-speaking backgrounds.

The particular problems encountered by aged people with dementia, and their carers, have become an important issue in recent years. The increasing numbers of people affected have attracted particular attention; the 1991 estimates of persons aged 65 and over with moderate to severe dementia had increased by 20 per cent over the 1986 figures (HHCS 1992f:9). Questions were raised about the capacity of both the informal and formal care systems in this context, and in particular the accessibility and appropriateness of existing services for people with dementia and their carers. Subsequently, the National Action Plan for Dementia Care was released (HHCS 1992f).

Planning, monitoring and review

The reforms and innovations discussed in this section have themselves come under review during this period as part of an ongoing process of monitoring and development. For example, the standard system of nursing home funding was reviewed in 1989–90 (CAM) and in 1990–91 (SAM). While the reviews were conducted in response to a range of concerns, the difficulties in adequately reflecting the care needs of those with dementia in the existing classification system was one contentious issue. The Mid Term Review was itself extended into a second stage, in order to focus attention on three areas—dementia care, the interplay between aged care and housing, and the interaction between acute and long-term care.

Throughout the period of the Aged Care Reform Strategy, attention has been directed toward a range of needs-based planning activities. While the establishment of benchmark planning ratios for nursing homes and hostels is one overt indicator of that planning process, other related mechanisms have also been introduced. The establishment of State-based advisory committees for both residential and community care services has been a key element in these developments.

Taken together, developments over recent years demonstrate that aged care services have experienced expansion and major structural and financial reforms. In particular, these developments accelerated during the period of the Aged Care Reform Strategy—the data presented in subsequent sections of this chapter therefore focus on that time. Before proceeding to those analyses of indicators of need for service, client profiles and patterns of service provision and expenditure, a summary of the material presented so far may prove useful.

The current range of services is extensive, and the relative responsibilities of different components of the public and private sectors for funding or providing services are interrelated and complex. The brief timelines in Figures 5.2 and 5.3 provide an

overview of key events over recent decades. Figure 5.1, presented earlier, summarises the current array of services, together with details of the funding and delivery responsibilities of different sectors, including an indication of the role played by the informal care network.

1954	Grants to private non-profit organisations for aged persons housing
1956	Home nursing services subsidised
1958	Supplementary Assistance (Rental) introduced
1963	Nursing Home Benefits introduced
1967	Grants for aged persons housing extended to local governments
1969	Grants to State governments for self-contained accommodation for single pensioners
	Personal Care Subsidy introduced in hostel-level accommodation
	Grants to States to subsidise home care services
	Grants to States to subsidise paramedical services
1970	Subsidy for delivered meals introduced
1972	Aged Persons Hostels Act
1973	Committee of Inquiry Into Aged Persons Housing established Domiciliary Nursing Care Benefit
1974	States Grants (Dwellings For Pensioners) Act
	Aged or Disabled Persons Homes Act
	Nursing Homes Assistance Act
1977	Report of the Committee of Care of the Aged and Infirm tabled
	States Grants (Dwellings For Pensioners) Bill
1978	Housing Assistance Bill
	States Grants (Home Care) Amendment Bill
1981	Senate Select Committee on Private Hospitals and Nursing Homes
1982	Report of the Sub-Committee on Accommodation and Home Care
	Respite Care Program introduced (hostels)
	Special Benefit eligibility altered

Figure 5.2: ***Key policy events regarding aged care services, 1954 to 1984***

1985	Joint Review of Hostel Care Subsidies Arrangements Dementia Grants Program initiated Geriatric Assessment Program initiated Respite care extended (nursing homes) Home And Community Care Act Commonwealth benefits to State government nursing homes frozen
1986	Review of Nursing Homes and Hostels Report tabled Ethnic Aged Working Party Report tabled Community Options Program started
1987	Veterans' Home Help transferred to HACC Aged Care Advisory Committees established Nursing Homes and Hostels Legislation Amendment Bill Uniform national funding for nursing home infrastructure costs (SAM) introduced Deficit funding of nursing homes revoked Outcome standards for nursing homes implemented
1988	National annual data collection on HACC services
1989	User Rights Report (Ronalds Report) tabled New recurrent funding for nursing homes and hostels Respite care arrangements for nursing homes and hostels improved User Rights Advocacy Services introduced In-service training package commisioned for nursing home staff First triennial review of HACC completed Hostel Options Community Packages Care Program Commenced
1990	In-service training package commissioned for HACC service providers TARCRAC established Statement of Rights and Responsibilities for HACC clients endorsed HACC advisory committees guidelines refined Charter of residents rights and responsibilities in nursing homes and hostels CAM review undertaken
1991	Caring for Family Caregivers Program launched Mid Term Review of Aged Care Reform Strategy Translation of HACC materials Outcome standards for aged persons hostels introduced National service standards for HACC launched Nursing homes and hostels standards reports released to the public Community Visitors Schemes established Background Paper on Aged Persons Housing (National Housing Strategy) Multi-purpose centres trialled in remote and rural areas Benefit Respite Care introduced
1992	Community Aged Care Packages (incorporating Hostel Options Projects) Revisions to CAM and RCI implemented National action plan for dementia care released

Figure 5.3: ***Key policy events regarding aged care services, 1985 to the present***

5.3 Population data: indicators of need

The major indicators of need for aged care services are the number of aged persons and the extent of handicap among aged persons. Handicap rates vary by age and sex within the aged population, so changes in the proportions of aged persons in particular age groups, as well as changes in the overall numbers of aged persons, are important indicators of changing levels of need for aged care services.[7] These trends are examined in relation to changes over the period of the Aged Care Reform Strategy (1985 to the present) and in terms of variations across State and Territory boundaries.

Age and sex profiles

At 30 June 1992, there were more than two million people aged 65 and over in Australia.[8] Of these, 677,900 were aged from 65 to 69, 923,700 from 70 to 79, and 403,900 were aged 80 and over. A majority (57 per cent) were women. This numerical predominance of women becomes more marked at the older age groups. At ages 65 to 69, only 52 per cent were women, but for those 80 and over the proportion of women increases to 66 per cent (see Table 5.1).

Table 5.1: *Aged persons, age by sex and percentage increase 1985 to 1992, Australia, 1992*

Age	Persons 1992 ('000)	% female 1992	% increase 1985–92
60–64	726.8	50.2	2.6
65–69	677.9	52.0	24.1
70–79	923.7	56.5	19.2
80+	403.9	66.3	34.6
Total 65+	2,005.6	57.0	23.7
Total all ages	17,482.6	50.2	10.7

Sources: ABS 1987:19, 1993:38.

The period from 1985 to 1992, which saw the implementation of the Aged Care Reform Strategy, was a period of rapid population ageing. There was a 24 per cent increase in the 65 and over age group during that period, compared with 11 per cent for the Australian population as a whole. However, these rates of increase did not occur uniformly across the aged population. The 60 to 64 age group increased by only 3 per cent, but the rate of increase in the 65 to 69 group was 24 per cent, in the 70 to 79 age group 19 per cent, and in the 80 and over group 35 per cent. As users of aged care

7. The terms 'disability' and 'handicap', including severe, moderate and mild handicap, are used here in keeping with current ABS definitions. These definitions are described in Chapter 6, and are presented in more detail in ABS publications (ABS 1990a;1992).
8. Although 65 and over is the most commonly used definition of the aged in Australia, data on people 60 and over are selectively included in the tables in this chapter for comparative purposes.

services are concentrated in the oldest age categories, the very high rates of increase among those aged 80 and over is of particular relevance.

These percentage increases over the period 1985 to 1992 mean that in terms of absolute numbers there were an additional 18,200 persons aged 60 to 64, 131,500 persons aged 65 to 69, 149,100 persons aged 70 to 79, and 103,900 persons aged 80 and over (see Appendix Table A5.1). Although those aged 80 and over constitute the fastest growing component of the aged population, they do not represent the largest component of the increase in terms of absolute numbers.

While people aged 65 and over made up 11.5 per cent of the Australian population in 1992, they were not distributed evenly across State boundaries (see Table 5.2). South Australia had the largest proportion at 13 per cent followed by Tasmania, New South Wales and Victoria (12 per cent). Queensland (11 per cent), Western Australia (10 per cent), the Australian Capital Territory (6 per cent) and the Northern Territory (3 per cent) had proportions below the national average.

Table 5.2: *Aged persons, age profiles and percentage increase 1985 to 1992 by State/Territory, Australia, 1992*

State/Territory	60–64	65–69	70–79	80+	Total 65+	Total all ages
Percentage of population 1992						
NSW	4.3	4.1	5.6	2.4	12.0	100.0
Vic	4.2	3.9	5.3	2.4	11.7	100.0
Qld	4.0	3.7	5.1	2.2	10.9	100.0
WA	3.8	3.4	4.5	2.1	9.9	100.0
SA	4.5	4.4	6.1	2.7	13.2	100.0
Tas	4.2	4.0	5.6	2.4	12.0	100.0
ACT	2.8	2.5	2.9	1.1	6.4	100.0
NT	1.9	1.2	1.2	0.4	2.8	100.0
Australia	*4.2*	*3.9*	*5.3*	*2.3*	*11.5*	*100.0*
Percentage increase 1985–1992						
NSW	0.6	21.3	19.5	34.4	22.8	9.0
Vic	0.7	24.7	14.3	30.1	20.7	8.0
Qld	8.8	25.3	26.6	38.2	28.3	17.9
WA	12.9	33.8	18.6	44.4	28.3	16.8
SA	-3.6	22.3	19.0	34.1	22.9	6.2
Tas	-0.6	17.8	16.6	30.3	19.5	6.1
ACT	6.9	52.4	47.4	57.6	50.9	17.0
NT	26.2	32.9	38.0	53.1	37.4	12.5
Australia	*2.6*	*24.1*	*19.2*	*34.6*	*23.7*	*10.7*

Sources: ABS 1987:19, 1993:38.

When rates of growth in the aged population are examined by individual State or Territory, the Australian Capital Territory had the highest rate of percentage increase within the seven-year period (51 per cent), followed by the Northern Territory (37 per cent) and then Queensland and Western Australia (28 per cent). The remaining States cluster around rates of increase ranging from 19 to 23 per cent. Despite its rapid rate of population ageing, however, the small population base of the Australian Capital Territory means that the actual population increased by only 6,400 persons. Western Australia and Queensland, with larger baseline populations, increased their aged population by 36,300 and 73,100 persons respectively. On the other hand, Victoria and New South Wales, despite having slower rates of increase, added 89,500 and 133,200 persons to their aged populations during that period (see Appendix Table A5.1).

Table 5.3: ***Projected population, year by age group, Australia, 1996 to 2031***

Year	Aged 65+	Aged 80+	All ages
Projected population ('000)			
1996	2,219.6	491.1	18,530.4
2001	2,391.6	581.1	19,466.7
2006	2,606.9	698.6	20,293.5
2011	2,941.4	784.1	21,041.4
2016	3,478.3	828.8	21,726.7
2021	4,000.2	920.8	22,345.9
2026	4,569.9	1,097.4	22,872.4
2031	5,063.7	1,386.0	23,283.0
Annual increase rate (%)			
1996–2001	1.5	3.4	1.0
2001–2006	1.7	3.8	0.8
2006–2011	2.4	2.3	0.7
2011–2016	3.4	1.1	0.6
2016–2021	2.8	2.1	0.6
2021–2026	2.7	3.6	0.5
2026–2031	2.1	4.8	0.4

Note: Projections (series D) as at 30 June.
Source: ABS 1990b:42.

Projections

Australia has experienced an ongoing growth in its aged population, and that growth will continue over the next four decades. The period under review (1985 to 1992) has been one of particularly rapid increase in the 65 and over population, at an average annual increase of 4.3 per cent. This rate of increase is projected to slow between 1996 and 2011, with average annual rates of increase between 1.5 and 2.4 per cent (Table 5.3). These growth rates are still considerably higher than those for the population as a whole, which range between 0.7 per cent and 1.0 per cent per annum for that period. From 2011, the rate is projected to rise again, averaging 3.4 per cent per annum for the five-year period. By the year 2021, it is estimated that there will be over four million people aged 65 and over in Australia, constituting 18 per cent of the population.

The growth of the very old population (80 and over) was also high during the years from 1985 to 1992, with an average annual increase of 3.1 per cent. The projections for the very old population differ from those for the 65 and over population in that the rate of increase becomes even more rapid until 2006, with average increases of 3.4 per cent (1996–2001) and 3.8 per cent (2001–2006) per annum. It then slows somewhat until 2021, although at all times remaining higher than that for the general population. By 2026, projections of the number of people aged 80 and over in Australia exceed one million (see Table 5.3).

Age and handicap

Data on the structure of the aged population are useful for many reasons, but one central use is as a measure of likely levels of disability among the aged, and hence of likely service use. Rates of disability and handicap increase with age, as does the likelihood that an individual will require assistance in at least some area of daily living.

Age remains, nonetheless, only an indicator of disability. Changing patterns of mortality and morbidity over recent decades suggest that the relationship between age and disability may not be a constant one. Prior to 1981, direct measures of disability and handicap for the population as a whole were not available in Australia. Since that time, the Australian Bureau of Statistics has established a series of surveys on handicap and disability levels in the general population. The series uses consistent measures, enabling appraisal of change over time. Comparisons between the 1981 and 1988 surveys revealed an increased rate of disability in the Australian population over that period.

There have been various explanations for the observed increase, with some debate centring around whether the trend represents an increase in disability per se, or an increase in reporting (Otis & Howe 1991). Questions about the extent to which recent increases in life expectancy are gains in 'disability-free life years' or simply increases in years lived with a disability have important consequences in terms of planning for health services. At present, however, the debate between exponents of the 'compression of morbidity' and the 'pandemic of disability' theses remains largely unresolved. In a recent paper, reviewing time series data from a number of countries, Robine, Mathers and Brouard (1993) concluded that available evidence supports the theory of 'dynamic equilibrium' proposed by Manton (1982). According to these authors, results suggest a pandemic of light and moderate disabilities, coupled with a relative stagnation of severe disability rates. Increased years of life expectancy may therefore be characterised

by an increased period spent with light or moderate disability, but not by an increased period spent with severe disability. The 1993 Disability, Ageing and Carers survey, due for release in December 1993, will provide further information on current trends in Australia.

Table 5.4: ***Handicapped persons per 1,000 population, location and sex by handicap level and age, Australia, 1988***

	Severe handicap (age group)					Moderate handicap (age group)				
	60–64	65–69	70–79	80+	Total 65+	60–64	65–69	70–79	80+	Total 65+
Health establishments										
Males	6	12	28	121	35	1	1	3	13	4
Females	6	12	41	276	84	–	1	5	13	5
Persons	*6*	*12*	*36*	*225*	*63*	*–*	*1*	*4*	*12*	*5*
Households										
Males	54	74	84	189	96	114	123	148	121	134
Females	58	78	139	239	142	72	96	104	86	97
Persons	*56*	*76*	*115*	*223*	*122*	*93*	*109*	*122*	*98*	*113*
Total										
Males	61	86	111	310	131	114	125	150	134	138
Females	63	90	181	515	226	72	97	108	99	103
Persons	*62*	*88*	*151*	*448*	*186*	*93*	*110*	*126*	*110*	*118*

Note: Figures may not add exactly due to rounding.
Sources: ABS 1993:14; ABS 1988 Disability and Ageing Survey unpublished table.

Table 5.4 presents the most recent data available (the ABS 1988 Disability and Ageing Survey), detailing levels of handicap by age and sex. For the aged population (65 and over) as a whole, 186 per 1,000 were severely handicapped in 1988. There is a pattern of increasing levels of handicap with age, with only 62 per 1,000 persons aged 60 to 64 with severe handicaps, increasing to 448 per 1,000 in the 80 and over category. Although the rates of severe handicap were higher among women in the aged population as a whole (131 per 1,000 men compared with 226 per 1,000 women), these differences are actually concentrated at the older age ranges. Thus the rates for men and women under 70 are very similar; it is in the 70 to 79 (111 compared with 181 per 1,000) and 80 and over (310 compared with 515 per 1,000) categories that the sex differences emerge.

Table 5.5: *Percentage of handicapped persons resident in health establishments, sex and handicap level by age, Australia, 1988*

	60–64	65–69	70–79	80+	Total 65+
Males					
Severe	10	14	25	39	27
Moderate	0	1	2	9	3
Mild	1	1	2	6	3
Total	*2*	*4*	*8*	*23*	*10*
Females					
Severe	9	13	23	54	37
Moderate	0	1	4	13	5
Mild	1	2	5	17	7
Total	*3*	*5*	*12*	*43*	*22*
Persons					
Severe	10	14	24	50	34
Moderate	0	1	3	11	4
Mild	1	1	4	12	5
Total	*2*	*5*	*11*	*37*	*17*

Source: ABS 1988 Disability and Ageing Survey unpublished table.

Table 5.5 demonstrates the proportion of handicapped persons in health establishments (nursing homes, hostels, other homes and hospitals) as compared with the proportion living in the community. Only a minority of severely handicapped aged persons (34 per cent) were institutionalised, and a very small proportion (4 per cent) of the moderately handicapped aged. The data also show that for severely handicapped persons the likelihood of institutionalisation increased quite markedly with age. Thus, only 10 per cent of the severely handicapped persons aged 60 to 64 were in institutions, and 14 per cent of those aged 65 to 69. This proportion increased, however, to 50 per cent in the 80 and over age category. (More detailed data are included in Appendix Table A5.2.)

Apart from this age-related trend, there is a clear difference between men and women with regard to the rate of institutionalisation among the severely handicapped aged. As women dominate numerically, particularly in the 70 and over age groups, it is not surprising that they are more heavily represented in institutions. However, quite apart from the larger absolute numbers of women in older age groups, their likelihood of being both severely handicapped and institutionalised is higher than that of men. So, 84 in every 1,000 women aged 65 and over are severely handicapped and in institutions, compared with only 35 in every 1,000 men (Table 5.4).

This difference is only partly explained by the fact that women aged 70 and over are more likely to be severely handicapped than men. Severely handicapped women actually have a higher risk of institutionalisation than do severely handicapped men. Overall, only 27 per cent of severely handicapped men are in institutions, compared with 37 per cent of women (Table 5.5), a finding consistent with conventional wisdom concerning the greater availability of wives as carers for older men. It is noteworthy, however, that there is again a significant age effect in these data. The likelihood of institutionalisation is almost equal for severely handicapped men and women in the 60 to 64, 65 to 69 and 70 to 79 age groups, with the marginal difference between the two actually reflecting a lower rate for women. The higher rate of institutionalisation occurs in the 80 and over category.

The availability of these data on levels of disability and handicap in the Australian population has significantly improved the information available on likely levels of need for aged care services. Age- and sex-specific handicap rates can be calculated for the years in which the surveys are conducted and combined with data on the size and structure of the aged population to obtain estimates of likely need for service in intervening years. These estimates can then be compared with patterns of service use to assess changes in the levels of provision in relation to the changing size of the aged population.

5.4 Aged care services

Patterns of service provision

Aged care services are provided in nursing homes and hostels, and in the community. Data on patterns of service provision in nursing homes and hostels are more readily available than those on community care (HACC). In part, this is to do with the more recent origins of the HACC Program. Data development in the community care area is, however, also a more complex task than that pertaining to residential care. The range of services and service providers, and questions concerning the appropriate unit of service for community care, are two important aspects of that complexity. These and other data development issues are discussed in further detail in the final section of the chapter.

Levels of residential care

Table 5.6 shows the pattern of residential care services from 1981 to 1992, including actual bed numbers, rate per 1,000 persons aged 70 and over, and annual changes in the rate of provision. The number of nursing home beds continued to grow in that period from 67,912 beds in 1981 to 74,039 beds in 1992. The rate of increase, however, slowed during the 1980s, particularly in the latter half of the decade.

Total bed numbers are not a sufficient indicator of the level of provision. Bed numbers need to be related to the potential target group to give a comparable measure of provision across time or from one geographic entity (region, state or country) to another. For some years, the standard method of conveying the rate of nursing home provision was the number of beds per 1,000 persons aged 65 and over. In the early eighties, this was changed to the number of beds per 1,000 persons aged 70 and over, on

Table 5.6: *Residential care places, State/Territory by type of residential facility, Australia, 1981 to 1992*

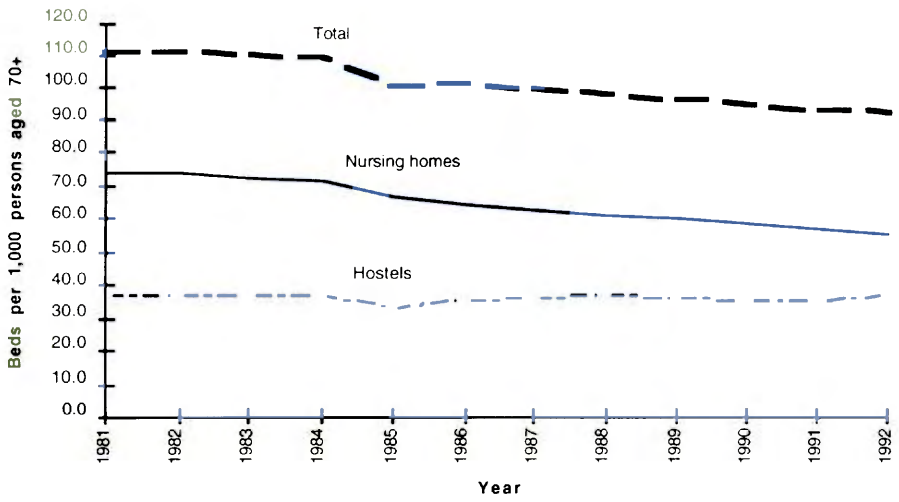
	Number of beds/places					Ratio: beds/places per 1,000 persons aged 70+					Annual change in ratios			
	1981	1985	1990	1991	1992	1981	1985	1990	1991	1992	1981 –85	1985 –90	1990 –91	1991 –92
Nursing home beds														
NSW	27,029	28,322	28,578	28,810	29,160	81.5	73.8	64.9	62.9	61.5	-1.9	-1.8	-2.0	-1.5
Vic	14,934	15,296	16,259	16,427	16,821	59.4	52.7	50.4	49.2	48.8	-1.7	-0.5	-1.2	-0.4
Qld	10,399	11,538	11,847	11,958	11,930	72.8	68.0	58.8	56.9	54.2	-1.2	-1.8	-1.9	-2.7
WA	6,416	6,245	6,030	6,087	6,156	89.3	72.3	60.0	58.3	56.7	-4.3	-2.5	-1.6	-1.7
SA	6,569	7,298	7,109	7,144	7,130	75.2	70.5	60.0	58.0	55.9	-1.2	-2.1	-2.0	-2.1
Tas	2,171	2,312	2,096	2,100	2,144	81.5	73.9	59.3	57.4	57.0	-1.9	-2.9	-1.8	-0.5
ACT	329	397	521	521	525	59.3	51.2	52.3	48.1	45.1	-2.0	0.2	-4.2	-3.0
NT	65	95	175	173	173	46.3	52.5	72.0	71.7	67.7	1.5	3.9	-0.4	-4.0
Australia	*67,912*	*71,503*	*72,615*	*73,220*	*74,039*	*73.9*	*66.5*	*59.0*	*57.2*	*55.8*	*-1.8*	*-1.5*	*-1.8*	*-1.5*
Hostel places														
NSW	10,720	11,158	14,343	15,162	16,309	32.3	29.1	32.6	33.1	34.4	-0.8	0.7	0.5	1.3
Vic	8,309	7,998	10,472	11,058	12,151	33.0	27.5	32.5	33.1	35.2	-1.4	1.0	0.6	2.1
Qld	6,727	6,985	8,684	9,538	10,388	47.1	41.2	43.1	45.4	47.2	-1.5	0.4	2.3	1.8
WA	3,139	3,282	4,216	4,348	4,550	43.7	38.0	41.9	41.7	41.9	-1.4	0.8	-0.3	0.2
SA	4,267	4,523	5,373	5,334	5,774	48.8	43.7	45.4	43.3	45.3	-1.3	0.3	-2.1	1.9
Tas	692	640	869	1,036	1,125	26.0	20.5	24.6	28.3	29.9	-1.4	0.8	3.8	1.6
ACT	168	252	425	487	507	30.3	32.5	42.7	45.0	43.6	0.6	2.0	2.3	-1.4
NT	67	47	88	117	120	47.7	26.0	36.2	48.5	46.9	-5.4	2.1	12.2	-1.5
Australia	*34,048*	*34,885*	*44,470*	*47,080*	*50,924*	*37.1*	*32.5*	*36.1*	*36.8*	*38.4*	*-1.1*	*0.7*	*0.7*	*1.6*
Nursing home beds and hostel places														
NSW	37,749	39,480	42,921	43,972	45,469	113.9	102.8	97.5	96.0	95.8	-2.8	-1.1	-1.4	-0.2
Vic	23,243	23,294	26,731	27,485	28,972	92.4	80.2	82.9	82.3	84.0	-3.0	0.5	-0.6	1.7
Qld	17,126	18,523	20,531	21,496	22,318	119.9	109.2	101.9	102.3	101.4	-2.7	-1.5	0.4	-0.9
WA	9,555	9,527	10,246	10,435	10,706	133.0	110.2	101.9	100.0	98.5	-5.7	-1.7	-1.9	-1.5
SA	10,836	11,821	12,482	12,478	12,904	124.0	114.1	105.4	101.4	101.2	-2.5	-1.7	-4.1	-0.2
Tas	2,863	2,952	2,965	3,136	3,269	107.5	94.4	83.8	85.8	86.8	-3.3	-2.1	1.9	1.1
ACT	497	649	946	1,008	1,032	89.5	83.6	94.9	93.1	88.7	-1.5	2.3	-1.8	-4.5
NT	132	142	263	290	293	94.0	78.5	108.3	120.1	114.6	-3.9	6.0	11.9	-5.5
Australia	*101,960*	*106,388*	*117,085*	*120,300*	*124,963*	*111.0*	*99.0*	*95.1*	*94.0*	*94.1*	*-3.0*	*-0.8*	*-1.1*	*0.1*

Sources: ABS 1987.7, 19, 1993.26, 32, 38; DCS 1986:24, 42, 108; HHCS 1991b:95, 1991d:10, 1992a:10, 1992e:10; HHLGCS 1993a:10.

the basis that this more accurately reflected the age profile of the likely client population, and was therefore a better indicator of need for nursing home beds.[9]

9. For a discussion of these issues see the House of Representatives Standing Committee on Expenditure (1982).

The level of provision of nursing home beds per 1,000 persons aged 70 and over decreased during the period under review (see Figure 5.4). In 1981, there were 74 nursing home beds per 1,000 persons aged 70 and over, and this had decreased to 67 by 1985. Under the impact of the changes described earlier, the level of nursing home bed provision continued to drop, to 59 in 1990, 57 in 1991 and 56 in 1992. The current level of supply still remains significantly higher than the long-term goal of 40 beds per 1,000 persons recommended by the Nursing Homes and Hostels Review in 1986, and reaffirmed by the Mid Term Review in 1991.

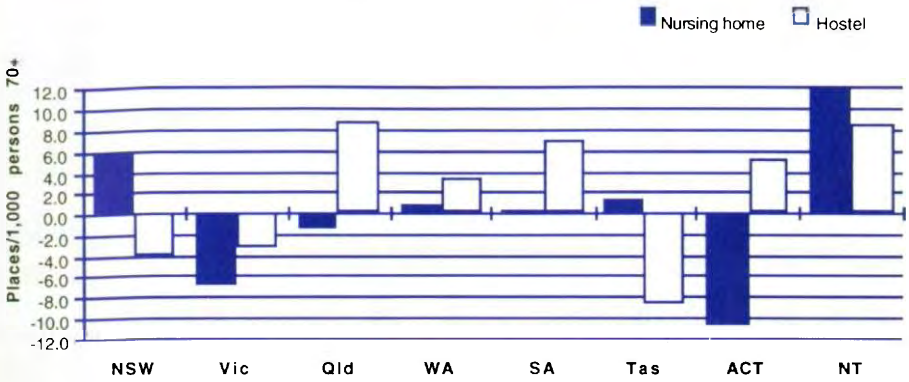


Sources: ABS 1987:7, 19, 1993:26, 32, 38; DCS 1986:24, 42, 108; HHCS 1991b:95, 1991d:10, 1992a:10, 1992e:10; HHLGCS 1993a:10. Refer to Table 5.6

Figure 5.4: ***Changing levels of Australian residential care places (nursing homes and hostels) for the aged, Australia, 1981–1992.***

The pattern for hostels is somewhat different. Again, there was an absolute increase in the number of places, from 34,048 in 1981 to 50,924 in 1992. The level of provision, however, had dropped from the 1981 level of 37 beds per 1,000 persons aged 70 and over to 33 beds per 1,000 persons in 1985. Since then, the ratio has increased to 36 in 1990, and to 38 by 1992. The level of provision of hostel places has increased moderately during the period under review, with limited progress toward the long-term Commonwealth policy goal of 52.5 hostel places per 1,000 persons (as amended in the 93–94 Budget.

Taken together, these data show that the ratios of residential provision (nursing homes plus hostel beds per 1,000 persons aged 70 and over) have dropped during this period, from 99 per 1,000 persons aged 70 and over in 1985 to 94 per 1,000 persons aged 70 and



Set Australia = 0.0

Sources: ABS 1987:7, 19, 1993:26, 32, 38; DCS 1986:24, 42, 108; HHCS 1991b:95, 1991d:10; 1992a:10, 1992e:10;HHLGCS 1993a:10. Refer to Table 5.6

Figure 5.5: ***Variations in levels of residential care provision from the national average, Australia, 1992***

over by 1992 (see Figure 5.4). The annual rates of change (Table 5.6) indicate a slow reduction from 1985–86 to 1990–91, with a cessation of that trend in 1991–92.

Variations by State and Territory

Continuing differences are revealed in the level of provision by State and Territory (see Table 5.6). For residential care overall, the Northern Territory (114) has the highest level of provision. South Australia and Queensland (101) have the next highest, closely followed by Western Australia (99) and New South Wales (96). At a lower level are the Australian Capital Territory (89), Tasmania (87) and Victoria (84).

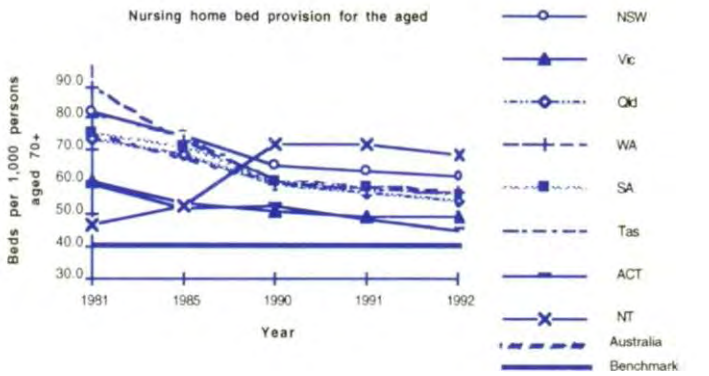
In terms of nursing home bed provision, several States and Territories cluster around the 54 to 57 beds per 1,000 persons 70 and over. The outliers are Victoria (49) and the Australian Capital Territory (45) at the lower levels of provision, and the Northern Territory (68) and New South Wales (62) at the higher end of the spectrum. For hostel accommodation, the pattern is more varied. Tasmania has a relatively low level of provision of 30 places per 1,000 persons aged 70 and over, with New South Wales and Victoria somewhat higher at 34 and 35. Western Australia (42), the Australian Capital Territory (44) and South Australia (45) follow, with the highest levels occurring in Queensland (47) and the Northern Territory (47). Figure 5.5 shows the level of residential provision in each State and Territory for nursing homes and hostels in relation to national averages.

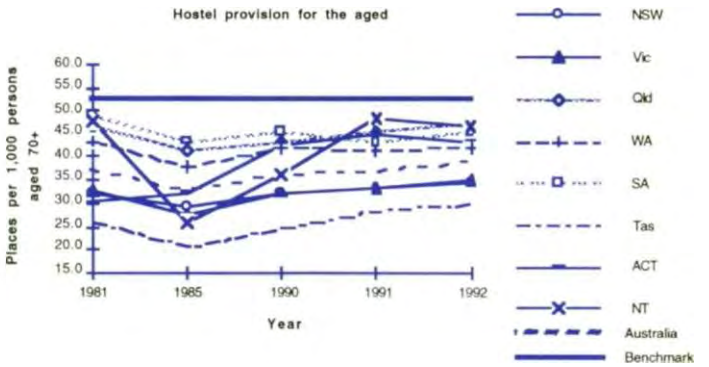
The changes in levels of residential care in each State and Territory from 1981 to 1992 are shown in Figure 5.6. Since 1985, there has been a convergence in levels of nursing home care provision, and the trend for all States and Territories has been a downward one. Only the Australian Capital Territory and Victoria are approaching the benchmark provision level of 40 beds per 1,000 persons. For hostels, there has not been a significant reduction in the disparate levels of provision.

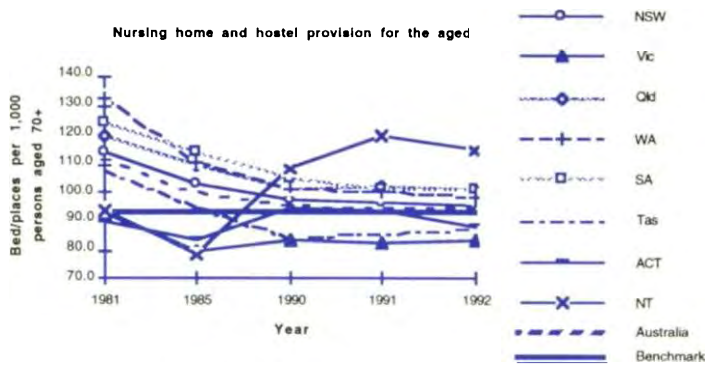
When combined levels (nursing homes plus hostels) are considered, most States reduced their residential care since 1985, but the Northern Territory and Victoria are exceptions to this generalisation. Any increases, however, relate to the hostel, rather than the nursing home, sector. It is noteworthy that the disparities in the levels of residential care provided in different states have reduced over this period when the combined pattern for nursing homes and hostels is taken into account.

Provider agencies

As was evident from the historical review of policy changes presented in Section 5.2, a further aspect of residential care is the provider agency. Hostels have been and continue to be largely the domain of the private not-for-profit sector, although the policy changes of 1991 extending the payment of benefits to the private for-profit sector may lead to a change in that pattern over the next decade. In June 1992, 94 per cent (48,146) of hostel places were in the private not-for-profit sector. Of the remainder, virtually all were government-run hostels (2,611 places), with less than 1 per cent in the private for-profit sector (see Table 5.7).







Sources: ABS 1987:7, 19, 1993:26, 32, 38; DCS 1986:24, 42, 108; HHCS 1991b:95, 1991d:10, 1992a:10, 1992e:10; HHLGCS 1993a:10.

Refer to Table 5.6

Figure 5.6: ***Changing levels of residential care provision by State/ Territory, Australia, 1981 to 1992***

Table 5.7: *Nursing home beds and hostel places, sector by State/Territory, Australia, 30 June 1992*

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Nursing home									
Government	2,756	5,474	2,203	1,368	627	544	126	24	13,122
PFP	16,396	7,520	4,517	2,924	3,121	359	212	40	35,089
PNFP	10,008	3,827	5,196	1,849	3,382	1,241	187	109	25,799
Total	*29,160*	*16,821*	*11,916*	*6,141*	*7,130*	*2,144*	*525*	*173*	*74,010*
Hostel									
Government	499	1,348	248	212	285	19	-	-	2,611
PFP	-	160	-	-	-	7	-	-	167
PNFP	15,810	10,643	10,140	4,338	5,489	1,099	507	120	48,146
Total	*16,309*	*12,151*	*10,388*	*4,550*	*5,774*	*1,125*	*507*	*120*	*50,924*
Nursing home and hostel									
Government	3,255	6,822	2,451	1,580	912	563	126	24	15,733
PFP	16,396	7,680	4,517	2,924	3,121	366	212	40	35,256
PNFP	25,818	14,470	15,336	6,187	8,871	2,340	694	229	73,945
Total	*45,469*	*28,972*	*22,304*	*10,691*	*12,904*	*3,269*	*1,032*	*293*	*124,934*

Note: PFP = private for-profit; PNFP = private not-for-profit
Sources: HHCS 1992a:9; HHLGCS 1993a:10.

For nursing homes, however, the provider pattern is more diverse. The largest proportion of beds in June 1992 were in the private for-profit sector (47 per cent), followed by the private not-for-profit sector (35 per cent) (see Table 5.8). The State government sector was the smallest at 18 per cent. Since 1985 there have been only marginal changes at the national level in these figures, suggesting that policy changes over that period have had limited effects on the balance of nursing home care across the private for-profit, private not-for-profit and government sectors. One clear trend, however, has been a reduction in the proportion of government beds in some States and Territories (Western Australia, South Australia, Tasmania, Northern Territory, and the Australian Capital Territory). As these are all smaller States or Territories, the trend is quite modest when viewed at the national level. These data suggest a possible effect of the freezing of the Commonwealth Benefits payable to State government nursing homes from 1984. (Appendix Table A5.3 presents raw data for these percentages.)

Table 5.8: *Nursing home beds (percentage distribution), sector by State/Territory, Australia, 30 June 1985 and 1992*

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
1985									
Government	11.0	31.0	20.0	27.0	15.0	35.0	62.0	18.0	20.0
PFP	56.0	46.0	36.0	46.0	43.0	12.0	14.0	30.0	47.0
PNFP	33.0	23.0	44.0	27.0	42.0	53.0	24.0	52.0	33.0
Total	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
1992									
Government	9.5	32.5	18.5	22.3	8.8	25.4	24.0	13.9	17.7
PFP	56.2	44.7	37.9	47.6	43.8	16.7	40.4	23.1	47.4
PNFP	34.3	22.8	43.6	30.1	47.4	57.9	35.6	63.0	34.9
Total	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*

Note: PFP = private for-profit; PNFP = private not-for-profit.
Sources: DCS 1986:25, 48; HHLGCS 1993a:10.

Finally, it is useful to consider the total pattern of residential care places in terms of the provider agency (Table 5.7). The 1992 data for nursing homes and hostels taken together show the clear and ongoing dominance of the private not-for-profit sector, with 73,945 (59 per cent) of the 124,934 places. This is in contrast to the recognised role of the private for-profit sector as the largest provider of nursing home beds.

Care for the aged at home

The most recent data available on the broad range of care provided for the aged at home come from the ABS 1988 Disability and Ageing Survey. Administrative by-product data, the other data source used in this section, are limited to HACC funded services, which exclude private for-profit services, and the informal care network.

The data in Table 5.9 are estimates calculated from data published by the Australian Bureau of Statistics. The HACC-funded services category is estimated by aggregating a range of services which generally, but not invariably, receive HACC funding. They may, therefore, overestimate the extent of HACC-funded services, but nonetheless they provide the best available estimate of the relative roles of the private for-profit, HACC, and informal sectors in the care of the aged at home. The general point which emerges from the table is that the informal sector provides the major component of community care. The single caution on this and subsequent interpretations is that those data apply to the 'main provider' of assistance in each activity category.

Table 5.9: *All persons aged 60+ living in households who need and receive help, activities for which help was received by main provider of assistance, Australia, 1988*

Activity type	Informal help from person usually resident in household	Informal help from person not usually resident in household	Formal help from				Total
			HACC[a]	Commercial services[b]	Voluntary	Total	
			Number of persons ('000)				
Self-care	91.7	10.5	14.7	1.1	0.9	16.8	119.0
Verbal communication	18.6	4.2	n.a.	n.a.	n.a.	n.a.	22.8
Mobility	123.3	61.8	2.9	3.7	3.9	10.5	195.7
Health care[c]	96.2	22.7	20.8	5.5	3.5	29.8	148.9
Home help	360.9	83.0	88.0	42.8	2.0	132.8	576.8
Home maintenance	460.0	246.4	26.7	173.7	24.2	224.6	930.9
Meals	164.9	12.9	28.4	4.4	1.8	34.6	212.4
Personal affairs	100.3	46.7	0.4	2.5	0.6	3.4	150.4
Transport	337.4	216.6	6.4	38.2	11.3	55.8	609.8
			Per cent of persons of each activity type				
Self-care	77.1	8.8	12.4	0.9	0.8	14.1	100.0
Verbal communication	81.6	18.4	n.a.	n.a.	n.a.	n.a.	100.0
Mobility	63.0	31.6	1.5	1.9	2.0	5.4	100.0
Health care	64.6	15.2	14.0	3.7	2.4	20.0	100.0
Home help	62.6	14.4	15.3	7.4	0.3	23.0	100.0
Home maintenance	49.4	26.5	2.9	18.7	2.6	24.1	100.0
Meals	77.6	6.1	13.4	2.1	0.8	16.3	100.0
Personal affairs	66.7	31.1	0.3	1.7	0.4	2.3	100.0
Transport	55.3	35.5	1.0	6.3	1.9	9.2	100.0

(a) HACC is estimated as the combination of home care/home help/council, handyperson, community/home nursing, Meals on Wheels.
(b) Equates with 'private for-profit' sector.
(c) Physiotherapy, chiropody and podiatry are excluded from this analysis.
Source: ABS 1992:22.

The table gives data individually for each kind of assistance; this is important because help in an area such as self-care, for example, is generally a very different form of assistance from home maintenance—the former tends to be intensive and ongoing, the latter intermittent and of less immediacy. For all nine types of help listed, the main source of help is most commonly provided by a co-resident. For all nine categories of

assistance, at least three-quarters of people reported that their main source of help was the informal network, including both co-resident and non-co-resident helpers.

The formal network was most prominent with health care, home help and home maintenance services, being the main provider for 20, 23 and 24 per cent of persons respectively.[10] With regard to health care (predominantly home nursing) HACC-funded services accounted for 14 per cent, and commercial services for 4 per cent. For home help, HACC-funded services were again the main provider at 15 per cent, with another 7 per cent coming from the commercial sector. For home maintenance, the most common source of assistance was the commercial sector (19 per cent). The only other categories where formal help was significant were meals (16 per cent) and self-care (14 per cent), and in both cases HACC-funded services were the major provider.

Overall, it is clear that the informal sector was the main provider of community care. Among formal services, HACC-funded services emerged as the major source, although commercial services were also important. The relatively large number of people served by commercial services may be misleading, however, if taken out of context of the nature of services provided, given the large proportion of commercial assistance provided in the less intensive and more episodic area of home maintenance. Apart from these ABS data, little else is known about the non-HACC-funded formal care sector.

HACC data collections

More detailed data on HACC-funded services are available from two distinct data collections held by the Department of Health, Housing, Local Government and Community Services on the extent and nature of HACC services—the HACC Service Provision Data Collection and the HACC User Characteristics Survey.

The HACC Service Provision Data Collection contains data on all clients seen by provider agencies over the one-month period of the survey. Surveys are generally conducted by the States biannually, although this has not always been uniformly implemented across all States. As a consequence, national data are not available for all time periods. Table 5.10 presents data from November 1988 (the first collection), November 1990, and a composite of the most recent and reliable data collected and compiled for each State or Territory during 1991 and 1992.

10. Podiatry and physiotherapy services were excluded from the 'health care' category for the purposes of this comparison. They are provided exclusively by the formal sector.

Table 5.10: *HACC clients, year and service type by State/Territory, Australia, 1988, 1990 and 1991–92*

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
November 1988									
Home help	45,618	39,451	11,410	10,537	7,182	4,406	1,311	423	120,338
Home nursing	6,625	7,868	12,544	7,542	5,842	4,557	14	3	44,995
Home paramedical	424	704	499	244	1,833	4	4	-	3,712
Centre paramedical	1,021	3,929	847	935	733	18	-	-	7,483
Home respite	3,669	n.a.	705	324	408	435	150	37	n.a.
Centre day-care	4,861	1,601	4,440	1,451	2,083	197	129	19	14,781
Home meals	14,542	18,004	8,665	4,559	4,909	2,105	391	213	53,388
Centre meals	4,459	n.a.	2,293	3,735	418	66	100	29	n.a.
Home maintenance	6,626	8,602	507	1,294	427	75	348	42	17,921
Program support	3,047	13,493	17,946	5,053	6,071	436	855	184	47,085
Transport	13,110	5,538	9,707	4,082	2,198	1,598	346	298	36,877
Other home services	925	230	687	524	841	-	122	68	3,397
Other centre services	763	n.a.	7,086	350	628	-	166	33	n.a.
November 1990									
Home help	40,540	44,670	9,920	11,210	7,840	5,300	1,370	800	121,650
Home nursing	18,990	22,080	12,960	6,770	4,370	3,940	n.a.	n.a.	n.a.
Home paramedical	290	n.a.	700	670	1,830	70	n.a.	10	n.a.
Centre paramedical	1,550	n.a.	1,480	4,850	1,370	250	n.a.	-	n.a.
Home respite	3,790	n.a.	1,120	620	470	330	230	70	n.a.
Centre day-care	6,020	n.a.	6,430	2,110	2,540	210	40	50	n.a.
Home meals	10,410	23,020	8,750	4,640	4,890	2,100	590	340	54,740
Centre meals	2,080	n.a.	3,350	4,440	890	220	n.a.	50	n.a.

continued

Table 5.10 (continued): *HACC clients, year and service type by State/Territory, Australia, 1988, 1990 and 1991–92*

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Home maintenance	1,790	7,330	690	1,830	580	630	500	150	13,500
Program support	9,620	n.a.	19,800	5,250	3,160	2,290	220	730	n.a.
Transport	2,860	n.a.	12,460	8,180	6,300	410	660	400	n.a.
Other home services	430	n.a.	1,760	580	1,690	70	120	150	n.a.
Other centre services	610	n.a.	5,160	260	870	80	140	90	n.a.
1991–1992[a]									
Home help	47,521	41,928	8,665	10,392	9,598	5,145	1,378	638	125,265
Home nursing	23,038	18,310	12,900	5,923	4,940	2,320	1,326	n.a.	n.a.
Home paramedical	922	n.a.	827	339	1,999	96	1	n.a.	n.a.
Centre paramedical	2,540	n.a.	989	3,600	1,507	125	169	n.a.	n.a.
Home respite	5,682	3,535	1,068	699	537	212	199	68	12,000
Centre day-care	12,769	5,431	4,678	2,788	2,520	348	303	45	28,882
Home meals	17,536	24,828	15,839	5,288	5,361	2,179	492	281	71,804
Centre meals	5,500	n.a.	2,148	4,707	1,492	195	41	27	n.a.
Home maintenance	8,027	10,453	1,098	2,486	469	778	444	122	23,877
Transport	35,120	n.a.	7,059	6,538	3,470	1,877	433	635	n.a.
Program support	5,019	n.a.	6,633	9,135	6,254	282	874	236	n.a.
Other home services	876	n.a.	1,172	419	1,783	40	97	137	n.a.
Other centre services	1,938	n.a.	4,921	1127	2,286	10	119	192	n.a.

(a) These are the best recent available data for each State/Territory: November 1992 for Qld and ACT; May 1992 for NSW, WA, SA and Tas; November 1991 for Vic; and May 1991 for NT.

Note: n.a. = not available.

Sources: HACC 1990; HHLGCS 1991–92 unpublished tables.

The Service Provision Data Collection is completed by the service providers, and collated by State and Territory governments. Each service provider details the services provided and the number of clients serviced. However, the clients of one service may well be clients of another, and there is no way of identifying shared clients. In this way, the data collection system reflects the way in which community care services are

funded and provided. These data, while providing valuable information on the volume and nature of HACC services, cannot provide information on the aggregate pattern of care received by HACC clients.

In terms of the quantity of services provided, these data show an increase in the number of clients. It is possible that some component of that increase is associated with improvements in the coverage of agencies and in the adequacy of their returns since the first data collection was implemented. Other main points to emerge clearly from Table 5.10 are the predominance of clients receiving home help, home nursing, home-delivered meals and transport, with home maintenance and centre-based respite being smaller but important categories of service use. In comparative terms, fewer clients were receiving paramedical services and in-home respite, although the numbers receiving the latter service have increased substantially over the period.

The HACC User Characteristics Survey has been conducted annually in several States, commencing in 1990. This is, at present, the only year for which national data are available. The User Characteristics Survey is a sample survey, conducted by State governments with provider agencies as the source of information. Sampling strategies in 1990 varied across the States, with no uniform sampling fraction employed by the agencies in selecting clients for inclusion. Moreover, at least New South Wales and Victoria did not include domiciliary nursing agencies in the sample selection process, thereby substantially reducing the number of such clients included. State and inter-agency comparisons should therefore be undertaken with caution.

However, the data provide information on a large sample of HACC clients that is not available elsewhere. In particular, these data could provide useful profiles of clients within service groups, wherein concerns over reliability associated with sampling problems are reduced. This is also the only source of data on multiple service use, although the responses are provided by a particular agency on behalf of the client, and are thus limited by the accuracy and relative recency of the information held by that agency. Figures on multiple services use reported in the 1990 HACC survey publication are as follows: 24 per cent of clients receive one service, 29 per cent two services, 21 per cent three services, 13 per cent four services, and 14 per cent five or more services (HHCS 1992c:38). The figures should be interpreted with caution, given the constraints described above.

The Department of Health, Housing, Local Government and Community Services has constructed estimates of the total number of HACC clients by combining data from the two data collection exercises. Essentially, this involves taking the proportion of clients receiving a particular service from the HACC User Characteristics Survey and applying that proportion to the number of clients recorded for that type of service in the Service Provision Data Collection. On this basis, it has been estimated that there are about 215,000 HACC clients in Australia. The actual numbers of HACC clients cannot be directly established from current data collections.

Table 5.11: *Clients of aged care services, sex and age by program, Australia, 1992*

	Nursing homes		Hostels		
	No.	%	No.	%	HACC[a] (%)
Males					
60–64	785	4.2	471	4.0	n.a.
65–69	1,774	9.5	891	7.7	
70–79	6,430	34.4	3,267	28.1	54.5[b]
80+	9,721	52.0	7,003	60.2	45.5
Total 60+	*18,710*	*100.0*	*11,632*	*100.0*	*100.0*
Females					
60–64	728	1.4	458	1.3	n.a.
65–69	1,789	3.5	951	2.8	
70–79	10,867	21.4	7,538	21.9	53.8[b]
80+	37,327	73.6	25,485	74.0	46.2
Total 60+	*50,711*	*100.0*	*34,432*	*100.0*	*100.0*
Persons					
60–64	1,513	2.2	929	2.0	n.a.
65–69	3,563	5.1	1,842	4.0	
70–79	17,297	24.9	10,805	23.5	54.1[b]
80+	47,048	67.8	32,488	70.5	45.9
Total 60+	*69,421*	*100.0*	*46,064*	*100.0*	*100.0*

(a) November 1990 is the most recent available HACC data.
(b) For age group 65–79.
Note: Excludes all clients under 60; n.a. = not available.
Sources: HHCS 1992a:14, 1992c:9–10; HHLGCS 1993a:13–14.

Client characteristics and service use

Age and sex profiles

The data in Table 5.11 show the age and sex characteristics of clients in nursing homes, hostels and in receipt of HACC services. (These data are given for individual States in Appendix Table A5.4.) The nursing home and hostel data refer to all residents in 1992, whereas the HACC data are based on the 1990 User Characteristic Survey discussed in the preceding section. The data refer only to clients and residents aged 60 and over; younger disabled users have been excluded from the calculations.

There is a consistent pattern of higher proportions of female clients across all sectors of care—women constituted 73 per cent of nursing home residents, 75 per cent of hostel residents and 72 per cent of HACC clients (Table 5.11; HHCS 1992c). Similarly, in the 1988 ABS Disability and Ageing Survey, women constituted 70 per cent of those in households receiving formal assistance (ABS 1992:25). Women dominate in numerical terms as recipients of formal services. On available evidence, they also appear to dominate as recipients of informal care. Again, using the ABS 1988 Disability and Ageing Survey data and including help received from both within and outside the household, 67 per cent of those receiving informal assistance were women (ABS 1992:23–24).

The pattern of female-dominated service use with regard to residential care is strongly affected by age. Among those under 70, the proportion of women was one in two, increasing to two in three for the 70 to 79 age group and then to four in every five for the 80 and over group. Although comparable data from the HACC User Characteristics Survey were published only in percentage form, calculations based on the sample size of 28,000 indicate that there was only a very weak age-related trend among older HACC clients (HHCS 1992c). This conclusion is supported by the 1988 ABS Disability and Ageing Survey data, which show little variation with increasing age in the proportion of women among those persons in the community receiving formal and informal assistance (ABS 1992:23–25).

With regard to the age profile of clients, there is a clear distinction between those in residential care and those receiving community care. The age profile of residents in nursing homes and hostels is remarkably similar—just over two-thirds are aged 80 and over, and about a quarter between 70 and 79, with less than 10 per cent in the 60 to 69 age group.

The age profile of HACC clients is much younger. Less than half the HACC clients were aged over 80, with the majority (54 per cent) in the younger (65–79) age group. The evidence from the Disability and Ageing Survey suggests an even more marked contrast in the age patterns between those cared for in institutions and those cared for in the community, with 75 per cent of those receiving formal assistance at home being under 80 (ABS 1992:25). (The inclusion of widely used commercial services such as home maintenance in the ABS data and the exclusion of the 60 to 64 age group from the HACC data may account for the larger proportion of recipients in the younger categories.)

With regard to informal care, the pattern also appears likely to be closer to that of HACC clients than those in residential care. (The two categories are not, of course, mutually exclusive.) The ABS Disability and Ageing Survey data (including assistance

from within and outside the household) suggest a relatively young population profile. Of the recipients of informal care, 83 per cent were under 80, and the majority of those were aged between 60 and 69 (ABS 1992:25).

Dependency profiles

Apart from age and sex profiles, data on dependency levels are now systematically available for nursing home residents for the period 1990 to 1992. Baseline data for 1987 are also available, published by the Aged Care Reform Strategy Mid Term Review (HHCS 1991b:105), although as this was collected in a trial of the Resident Classification Instrument on only a sample of residents it is likely to be less reliable than more recent collections. Current data holdings do not, however, include State government nursing homes, although they will be included progressively over the next two years. There are no equivalent holdings on hostels, but benefit levels can be used as an indicator of dependency, although they are not consistent over time. For community care services, the only available information comes from the 1990 HACC User Characteristics Survey (HHCS 1992c).

The 1992 data on dependency levels in non-government nursing homes, presented in Table 5.12, show that most residents (70 per cent) are concentrated in the second and third highest dependency levels (levels 2 and 3). Comparisons with the earlier data reveal a distinct reduction in the proportion of clients at the lower dependency levels. Level 5 clients (the least dependent category) constituted 20 per cent of the client population in 1987, but only 11 per cent in 1990, dropping further to 8 per cent in 1992. The proportion in the second lowest dependency grouping also decreased marginally, from 20 per cent in 1987 to 18 per cent in 1992.

Interestingly, and to some extent inexplicably, the proportion in the high dependency category (1) also dropped over the period, from 10 per cent to 5 per cent. One explanation may lie in the reliability of the 1987 data itself, which included only a sample of residents as the CAM procedures were phased in. The 1990 data applies to 'most' residents, the remainder being pre-1988 admissions who had not all been assessed at that time. From 1991, all residents had been assessed (HHCS 1991b:105). If nursing homes systematically tended to assess more-dependent residents first, then the dependency profile reported for 1987 would be biased towards more-dependent clients, and the 1990 data may be slightly similarly affected.

Table 5.12 : *Residents of non-government nursing homes and hostels, dependency levels (percentage distribution) by State/Territory, Australia, 1987, 1990, 1991 and 1992*

RCI	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Nursing homes									
1987									
1	8.7	15.4	10.9	7.9	8.2	4.5	18.3	3.2	9.9
2	18.1	25.2	22.3	15.8	20.0	17.1	11.0	19.4	20.0
3	27.6	34.2	32.7	26.4	30.3	31.6	31.7	29.0	29.9
4	20.4	17.1	19.2	22.5	22.0	26.0	31.7	16.1	20.1
5	25.2	8.1	15.6	27.4	19.5	20.9	7.3	32.3	20.1
Total	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
1990									
1	5.0	9.2	5.8	9.4	7.7	5.3	14.2	9.1	6.6
2	21.7	32.7	26.7	30.0	29.3	26.1	38.0	25.0	26.3
3	34.0	40.9	39.5	29.1	36.1	35.7	29.1	26.5	36.0
4	23.3	14.0	16.8	20.9	18.4	21.8	13.9	19.7	20.0
5	15.9	3.2	9.4	10.7	8.5	11.0	4.8	19.7	11.1
Total	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
1991									
1	4.8	6.3	6.1	8.3	5.3	5.4	15.1	9.5	5.7
2	24.0	35.4	31.1	33.2	30.9	29.9	35.7	36.7	29.0
3	35.5	43.0	37.4	31.0	38.2	36.8	32.4	23.8	37.1
4	22.2	12.7	18.4	20.1	18.6	18.8	12.5	15.0	19.1
5	13.5	2.6	7.0	7.5	7.1	9.0	4.3	15.0	9.1
Total	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*

continued

Table 5.12 (continued): *Residents of non-government nursing homes and hostels, dependency levels (percentage distribution) by State/Territory, Australia, 1987, 1990, 1991 and 1992*

RCI	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
1992									
1	4.7	5.4	3.3	3.9	3.4	4.0	14.0	10.8	4.5
2	26.6	36.8	30.6	33.3	32.4	30.2	43.9	42.6	30.6
3	36.5	43.7	40.1	36.9	41.1	40.2	27.8	25.7	39.0
4	21.2	12.0	18.6	19.0	17.2	19.3	12.2	11.5	18.3
5	11.0	2.0	7.3	6.9	5.9	6.3	2.0	9.5	7.7
Total	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Hostels[(a)]									
1992									
PC high	8.7	9.7	11.2	6.0	8.1	10.6	7.4	17.8	9.2
PC inter	16.9	18.2	15.9	13.5	14.9	15.1	14.6	38.6	16.5
PC low	25.8	32.5	30.2	32.4	33.7	38.7	20.0	30.7	30.0
HC	48.7	39.6	42.7	48.1	43.3	35.7	58.0	12.9	44.3
Total	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*

(a) Figures include only those residents receiving recurrent funding so the hostel care category may be under-represented.

RCI = Resident Classification Instrument; PC = Personal Care; HC = Hostel Care.

Note: RCI is an indicator of resident dependency, ranging from high dependency (level 1) to low dependency (level 5). The RCI is yet to be fully implemented in State and Territory nursing homes.

Sources: HHCS 1991b:105, 1991d:45, 1992a:38, 1992e:45; HHLGCS 1993a:52.

Some interstate differences are evident. In 1992 the Australian Capital Territory and Victoria have markedly smaller proportions of residents in the two low-dependency categories (both 14 per cent in total) and New South Wales has a larger proportion (32 per cent). These patterns are consistent with the data on levels of nursing home provision reported in the preceding section, which show that New South Wales has one of the highest levels, and the Australian Capital Territory and Victoria have the lowest. Both these interstate variations, and the changing patterns of dependency reported above, suggest that current assessment strategies are successfully targeting available nursing home beds at persons in higher dependency categories.

As already noted, there is no similar time series data for hostels. One useful indicator is the proportion of residents receiving the Personal Care Benefit (payable to high-dependency hostel residents). In 1991, the Mid Term Review reported an increase of 'some two percentage points per annum since 1986' in the proportion of residents

receiving the Personal Care Subsidy (HHCS 1991b:11). In 1990, 57 per cent of residents were in the (then single) Personal Care category (HHCS 1991b:111). By 1992 the proportion was 56 per cent in the (by then) three Personal Care categories. The more recent data show no further increase in the level of dependency among hostel clients, but the changing classifications may make such a comparison unreliable.

Some interstate variations were evident. The Northern Territory hostel residents were concentrated in higher dependency categories, although this comparison is complicated by the small numbers of beds and the particular care needs and preferences of Aboriginal and Torres Strait Islander people. There is also some evidence in these data that both Victoria and Tasmania had somewhat more dependent hostel populations.

For HACC clients, the only data available on client disability levels come from the User Characteristics Survey (HHCS 1992c). These data indicate only whether the client required personal assistance in a specified area, and are difficult to interpret reliably, particularly given the sampling limitations discussed earlier in this chapter. They show that 27 per cent of HACC clients required assistance with mobility, 73 per cent with self-care, 10 per cent with communication, 13 per cent with regard to behaviour, 7 per cent with continence and 26 per cent in some other capacity. The absence of readily comparative measures of dependency for nursing home, hostel and HACC clients/residents is referred to again in the final section of this chapter on data development.

Length of stay and separations

In the period from 1988 to 1991–92, the total number of separations[11] in nursing homes increased from 32,302[12] to 39,756 (Table 5.13). The average length of stay has also changed somewhat during this period. Although the percentage of long-stay residents remained essentially the same, the proportion of short-stay residents (less than 8 weeks) increased from 33 per cent to 38 per cent. Because respite care is not separately identified in these data, it is not possible to establish to what extent the increase reflects increased use of respite care.

11. A 'separation' occurs when a resident leaves an institution to return home, transfers to another institution, or dies. For most practical purposes the number of separations equals the number of admissions if the number of beds/places remains constant over the period being examined.
12. The 1988 data were reported for a six-month period only. The separations data are therefore an estimate calculated by doubling the six-monthly rate. Confidence in the accuracy of this estimate is increased by the absence of seasonal variations in subsequent years.

Table 5.13: *Nursing home and hostel separations, length of stay (percentage distribution) by program, Australia, 1988, 1989–90 and 1991–92*

	Nursing homes			Hostels
Length of stay	1988 (%)	1989–1990 (%)	1991–1992 (%)	1991–1992 (%)
<4 weeks	23.2	25.3	27.7	36.9
4–<8 weeks	9.8	10.6	10.5	15.3
8–<13 weeks	5.3	5.9	5.5	5.9
13–<26 weeks	8.7	8.3	7.7	4.4
26–<52 weeks	10.3	9.5	9.4	6.1
1–<2 years	12.0	11.4	11.3	31.5[b]
2–<3 years	8.6	7.8	8.0	n.a.
3–<5 years	10.2	9.4	13.5	n.a.
5–<10 years	9.4	9.2	8.0	n.a.
10+ years	1.9	2.1	2.0	n.a.
Total per cent	100.0	100.0	100.0	n.a.
Total separations	*16,151*[a]	*38,876*	*39,756*	*25,833*

(a) Data reported for half year only.
(b) Includes all residents with length of stay one year and over.
Sources: DCSH 1988c:47; HHCS 1991d:28, 1992a:30; HHLGCS 1993a:27.

Although comparisons over time are not possible for hostels, the 1991–92 data show a large proportion of residents in the short-stay category (52 per cent), a certain proportion of which are presumably respite care admissions. The next largest category of residents are those in the long-stay category of one or more years (32 per cent). This category will be further disaggregated over time, as the newly established hostel database is developed. The remaining residents are distributed across the intervening categories.

No comparable HACC data, for example concerning the length of time over which a service is used, are available.

Patterns of expenditure

Total recurrent expenditure on nursing homes, hostels and HACC has increased from $1,261.4 million in 1985–86 to $2,361.1 million in 1991–92.[13] Table 5.14 presents recurrent expenditure data for nursing homes, hostels and HACC in both current and

13. Included in this category is all recurrent (but not capital) Commonwealth expenditure on nursing homes and hostels, together with both Commonwealth and State expenditure on HACC services. The figures will therefore be a slight underestimate in those States providing a significant subsidy to State government nursing homes. The figures also overestimate total expenditure, in that the expenditure data on nursing homes, hostels and HACC includes expenditure on non-aged clients. In future analyses, AIHW will be attempting to improve its databases particularly those concerning State government expenditures on a range of services.

constant prices.[14] In constant prices, recurrent expenditure on nursing homes has increased by 20 per cent over that period, on hostels by 199 per cent, on HACC by 104 per cent and over the three sectors in total by 41 per cent. The same pattern can be seen in the changing relative levels of expenditure on each of the three areas over that time. In 1985–86, 80 per cent of expenditure was on nursing homes, 5 per cent on hostels and 15 per cent on community care. In 1991–92, 68 per cent of expenditure was on nursing homes, 10 per cent on hostels, and 22 per cent on community care. These changes are consistent with Commonwealth Government policy to restrain increases in nursing home expenditure, and direct additional resources to the hostel and community care sectors.

Table 5.14: ***Aged care recurrent funding in current and constant prices by program, Australia, 1985–86 to 1991–92***

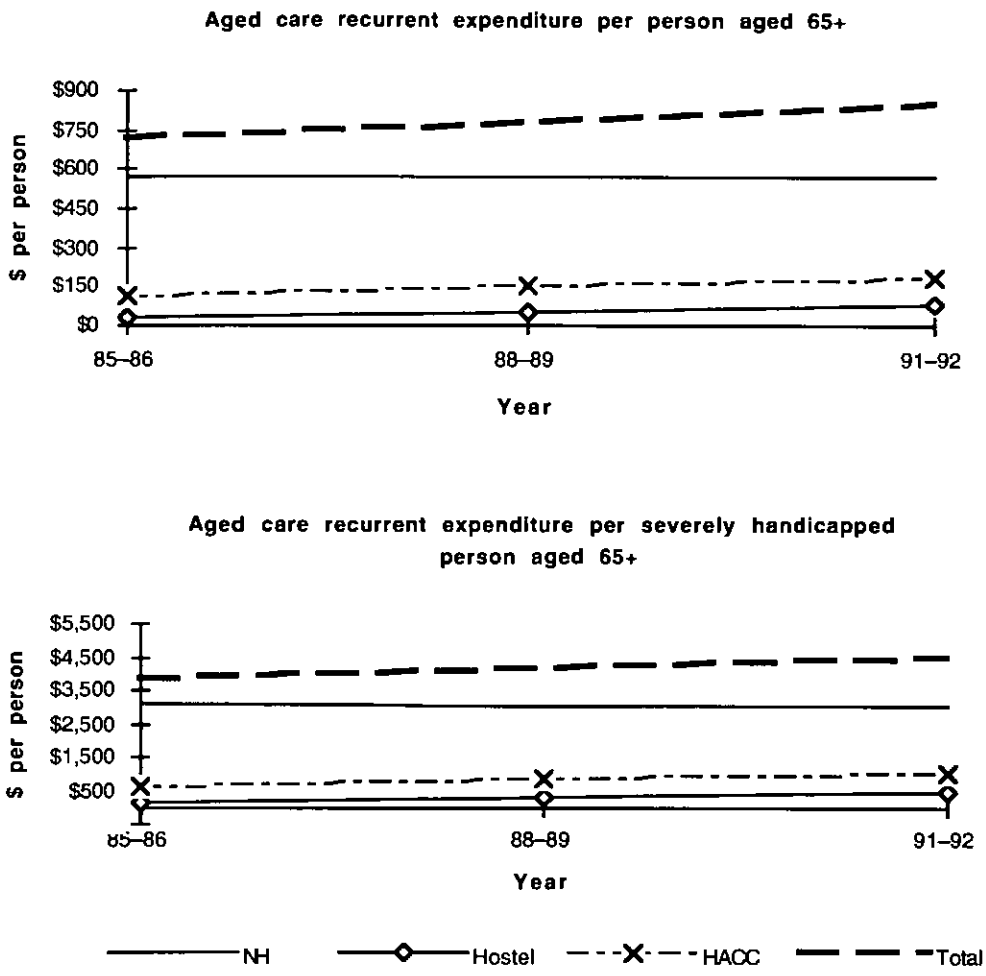
Program	1985–86	1986–87	1987–88	1988–89	1989–90	1990–91	1991–92
				Current price ($m)			
Nursing home	1,010.1	1,127.3	1,246.5	1,289.7	1,429.6	1,556.0	1,605.5
Hostel	59.0	67.0	93.4	120.3	156.3	189.9	234.3
HACC	192.3	239.2	296.4	349.3	407.5	468.8	521.3
Total	*1,261.4*	*1,433.5*	*1,636.3*	*1,759.2*	*1,993.4*	*2,214.7*	*2,361.1*
				Constant prices on 'other health and welfare' deflator ($m)			
Nursing home	949.3	1,005.7	1,056.4	1,034.3	1,089.6	1,127.5	1,134.6
Hostel	55.4	59.8	79.1	96.4	119.1	137.6	165.6
HACC	180.7	213.3	251.2	280.1	310.6	339.7	368.4
Total	*1,185.5*	*1,278.8*	*1,386.7*	*1,410.8*	*1,519.3*	*1,604.8*	*1,668.6*

Notes

1. Data include Commonwealth funding on nursing homes, hostels and HACC, and State funding on HACC.
2. These programs, particularly HACC, provide services to a small proportion of non-aged persons.
3. Constant prices are calculated using the 'other health and welfare' deflator (AIHW 1993).

Sources: AIHW 1993:29; DCS 1987a:72, 74; DCSH 1988a:96, 1989:19, 1990a:19; HHCS 1991c:21, 1992b:21–22; HHLGCS 1993 unpublished tables.

14. The constant prices are calculated using the 'other health and welfare' deflator, with a 1984–85 baseline (AIHW 1993).



Notes

1. Graphs include Commonwealth expenditure on nursing home, hostel and HACC, and State government expenditure on HACC.
2. Capital expenditure is excluded.
3. Calculated using the 'other health and welfare' deflator (AIHW 1993).

Sources: ABS 1987:19, 22, 1990a:7,13; 1993:14, 20, 26, 32, 38; DCS 1987a:72, 74; DCSH 1989:22, 1991c:21, 1992b:21–22; HHLGCS 1993 unpublished tables. Refer to Table A5.5

Figure 5.7: *Aged care recurrent expenditure per person in 1984–85 constant prices, Australia, 1985–86 to 1991–92*

Trends in recurrent expenditure need to be considered, however, in the context of the growing numbers of aged people in the population. Figure 5.7 indicates these expenditure trends calculated on a per person basis. Two 'per person in the target population' calculations have been included. The first assumes that all persons over 65 are the target population for these programs, and the second assumes that the severely handicapped population over 65 is the target. Estimates of the size of the severely handicapped population were made using the 1988 ABS Disability and Ageing Survey (ABS 1990a). These estimates were based on age- and sex-specific rates for five-year age groups applied to the population estimates for that year. Per person expenditure with regard to nursing homes decreased marginally, with regard to hostels more than doubled, and with regard to HACC increased by over 50 per cent. Total expenditure on aged care in relation to the size of the target population increased over the period. (The raw data for this graph are included in Appendix Table A5.5).

5.5 Comparing indicators of need and service provision

The data presented in this chapter have outlined the demographic characteristics of Australia's aged population, described the nature and levels of services being provided to the frail and disabled aged, and established, in terms of age, sex and dependency levels, a profile of the clients of those services. It should be restated, however, that the data and discussion have focused on long-term care services for the frail and disabled aged, and thus excludes a range of specific and general services (e.g. acute care hospitals) of particular relevance to the aged.

The aim of this section is to relate aspects of the data presented in Sections 5.3 and 5.4 to each other more closely, in order to explore questions of adequacy, access and equity concerning Australia's aged care programs. This task is addressed in two ways.

First, the relationship between the potential need for service and levels of service provision is examined in relation to changes over time. However, although a change in the number of residential places provided per 1,000 aged persons or the dollars spent on a per capita basis are useful indicators of changes in the adequacy of provision over time, they do not in any way define what is or is not an appropriate level of service. The resolution of what constitutes an appropriate or adequate level of provision must be forged on clinical, social, moral, cultural, political and financial, rather than statistical, grounds.

The second part of this analysis of need and level of provision is undertaken in relation to access and equity defined in geographic terms. The question of State-based and Territory-based inequities is long-standing. It was the subject of attention in several government inquiries, and one of the imbalances which the Aged Care Reform Strategy sought to redress. Although a regional analysis taking into account rural/urban differences is also pertinent here, it was not feasible at the time of writing. AIHW analyses of hospital and nursing home utilisation suggest major differences between metropolitan and non-metropolitan areas (Gillett et al. 1991:30).

Changing levels of provision under the Aged Care Reform Strategy

Expenditure

Expenditure is a key indicator of changes in the level of service provision over time. Data presented in Section 5.4 provide an indication of patterns in residential and community-based services. The use of per capita calculations in constant price terms allows level of provision to be considered in relation to the potential client population. To summarise those findings, it was evident that total aged care expenditure had increased in real terms over the period from 1985 to the present, even when the growing numbers of aged persons were taken into account. The pattern at a more specific level was one of substantial increases in expenditure per person aged 65 and over on both hostel and HACC funding, with a small reduction for nursing home expenditure.

Levels of provision: residential care

The second major indicator of level of provision is the number of clients served. As discussed in earlier sections, the data available on HACC services does not lend itself to this type of analysis. This discussion focuses, therefore, on residential care.

Planning ratios

Levels of residential care provision have traditionally been reported in Australia in terms of the number of beds or places per 1,000 aged persons, as well as in terms of total places. The former figure is akin to a per capita calculation, taking into account both the numbers of places provided and the likely level of need in terms of numbers of aged persons. In recent years these ratios have been expressed in terms of the numbers of persons aged 70 and over. Until the early 1980s, the ratio had been expressed in terms of persons aged 65 and over; the McLeay Report (HRSCE 1982) was instrumental in effecting the change to 70 and over.

A major reason for the shift was the prevailing pattern of use—institutionalisation rates were very low among the 65 to 69 age group, and the 70-and-over planning ratio was put forward as a more accurate indicator of the need for residential care among the aged population. Since that time, the 70-and-over ratio has become firmly accepted as the key indicator of residential care provision.

As has already been documented, levels of residential care declined in these terms over the 1985–1992 period, from 99 to 94 places per 1,000 persons aged 70 and over. This overall reduction of 5 beds per 1,000 was accomplished by a decrease in the nursing home bed ratio (-11) and an increase in the hostel ratio (+6). This is consistent with the policy directions set by the Commonwealth Government to decrease the nursing home bed ratio to 40 beds per 1,000 persons aged 70 and over and increase available hostel places to 52.5 places per 1,000 persons aged 70 and over.

Although the 70-and-over planning ratio remains the most useful single indicator for planning purposes, the data described in this chapter suggest that the recent ageing of the population complicates the use of any single age-based indicator for the purpose of adequately assessing residential care provision over time. The recent ageing of the Australian population (Section 5.3) involves not only an increase in the total numbers of aged persons and their proportion relative to the rest of the population, but also changes in the age structure of the aged population itself. The older age groups (80 and over) are increasing at a faster rate than the younger age groups (65 to 80); there is thus

a disproportionate increase in the section of the aged population who are higher users of residential care (Section 5.4). Trends in the total numbers of persons aged 70 and over during such periods actually conceal the more rapid increase in those aged 80 and over, rendering the 70-and-over planning ratio less sensitive to a potentially higher level of demand for institutional care.

Table 5.15: ***Residential care places per 1,000 persons aged 65+, 70+ and 75+, Australia, 1985 to 1992***

Age group	1985	1988	1990	1991	1992
Nursing home beds per 1,000 estimated aged persons					
65+	44.1	40.3	38.4	37.5	36.9
70+	66.5	61.6	59.0	57.2	55.8
75+	117.2	104.6	97.8	95.3	93.0
Hostel places per 1,000 estimated aged persons					
65+	21.5	24.0	23.5	24.1	25.4
70+	32.5	36.8	36.1	36.8	38.4
75+	57.2	62.4	59.9	61.3	64.0
Nursing home/hostel beds/places per 1,000 estimated aged persons					
65+	65.6	64.3	61.8	61.7	62.3
70+	99.0	98.4	95.1	94.0	94.1
75+	174.3	166.9	157.7	156.5	157.0

Sources: ABS 1987:7, 1993:14, 26, 32, 38; DCS 1986:24, 42, 108, 1988c:23; HHCS 1991b:95, 1991d:10, 1992a:10, 1992e:10; HHLGCS 1993a:10.

Table 5.15 illustrates this for both nursing homes and hostels from 1985 to 1992. So, for example, while the decrease in nursing home beds was 11 beds per 1,000 persons 70 and over, it could also be represented as a decrease of only 7 beds per 1,000 persons aged 65 and over, or alternatively as a decrease of 24 beds per 1,000 persons aged 75 and over. Each of these ratios is a potentially useful indicator of the level of nursing home provision.

In appraising the relevance and usefulness of each of these additional measures, the key issues are the extent to which they include the potential client population, and the extent to which they focus on that section of the potential client population where use is likely to be heaviest. To some extent, these two dimensions, degree of inclusion and specificity of focus, are inherently oppositional. As the degree of inclusion increases, the specificity of focus diminishes.

The trade-off between degree of inclusion and specificity of focus is shown in Table 5.16. The table presents data for persons aged 60 and over only. To take the most extreme examples, a measure based on the number of persons aged 60 and over would

include 100 per cent of the aged population, and close to 100 per cent of residents in nursing homes, but the specificity of such a measure would be low because only 2.5 per cent of people aged 60 and over are in nursing homes. At the other end of the spectrum, a measure based on those 85 and over would include only 6 per cent of the aged population (a relatively low level of inclusion), but is tempered by the fact that this age group comprises 45 per cent of residents in nursing homes and a high specificity of focus because 20 per cent of all people in this age group are resident in nursing homes. The relatively smooth rates of change in terms of level of inclusion and degree of specificity demonstrated by the table make the selection of an optimal mix a difficult task.

Table 5.16: *Age profiles of aged persons and nursing home residents, Australia, 30 June* **1992**

		Per cent of residents in each age group [a]			Aged persons institutionalisation rate (%)		
Age	Per cent of aged population	NHs	Hostels	Both	NHs	Hostels	Both
60+	100.0	100.0	100.0	100.0	2.5	1.7	4.2
65+	73.4	97.6	98.0	97.8	3.4	2.3	5.7
70+	48.6	92.5	94.0	93.1	4.9	3.3	8.2
75+	29.1	83.9	86.2	84.8	7.4	5.1	12.5
80+	14.8	68.0	70.5	69.0	11.9	8.3	20.2
85+	6.0	45.0	44.5	44.8	20.0	13.2	33.2

NH = Nursing home.

(a) Indicates proportion of residents of nursing homes or hostels who fall within that age category, i.e. 45 per cent of nursing home residents were aged 85 and over.

Sources: ABS 1993:38; HHCS 1992a:10; HHLGCS 1993a:10.

The higher the proportion of the population included, the more sensitive is the measure to overall increases in the size of the aged population. The greater the level of specificity, focusing on the 'high use' older age groups for example, the more sensitive is the measure to internal changes in the structure of the aged population. In the period under scrutiny, Australia has experienced both rapid population ageing and a disproportionate increase in the older age groups, suggesting that multiple measures may be a useful strategy in determining changes in the adequacy of supply over time if the age profile of the population is to be used as the major indication of service need.

Focusing on the handicapped aged

A better measure of the adequacy of residential care provision would rely not only on the age structure of the population, but would also relate more closely to the number of aged persons who may actually be in need of residential care. An alternative basis for measuring aggregate levels of provision, then, is one based on the size of the

handicapped aged population rather than the aged population as a whole. Such a measure has the advantage of maximising both the proportion of the target population included in the estimate and the specificity of focus (as handicapped persons have higher rates of institutionalisation) simultaneously, thereby arguably providing a more robust measure of the adequacy of changing levels of provision over time than that achieved by age profiles alone. Prior to the availability of national data on levels of disability and handicap, such a strategy was not feasible. When the 1981 ABS Aged and Disabled Persons Survey was first released, its viability for the construction of such measures was untested. Each addition to the ABS series (the 1993 survey being the most recent, although not yet released) increases the potential of these data for such purposes.

Table 5.17 shows the number of nursing home and hostel beds per 1,000 persons with a moderate or severe handicap, and per 1,000 persons with a severe handicap only. The former measure is arguably more inclusive of the potential residential care population, the latter is more closely focused on the target population for residential care and, as discussed earlier, arguably the more robust measure on which to base population estimates. Again, the calculations were done for different age-based cut-off points—65 and over, 70 and over, and 75 and over. However, given the greater specificity of focus achieved by basing the ratios on the handicapped aged, it may well be most appropriate to use the more inclusive 65-and-over cut-off point. The other cut-off points are included mainly for illustrative purposes and for comparability with Table 5.15.

Table 5.17: *Measures of residential care places per 1,000 persons using 65+, 70+ and 75+ aged cutoff points and incorporating an estimate of handicap by year, Australia, 1985 to 1992*

Age group	1985	1988	1990	1991	1992
Nursing home beds per 1,000 estimated severely handicapped persons					
65+	239.3	218.0	205.9	200.5	195.5
70+	285.2	260.7	246.7	239.2	232.0
75+	373.1	334.3	312.7	303.5	294.3
Hostel places per 1,000 estimated severely handicapped persons					
65+	116.7	130.0	126.1	125.5	134.4
70+	139.1	155.5	151.1	149.7	159.6
75+	182.0	199.4	191.5	190.0	202.4
Nursing home/hostel beds/places per 1,000 estimated severely handicapped persons					
65+	356.0	348.0	332.0	326.0	329.9
70+	424.3	416.2	397.8	388.9	391.6
75+	555.2	533.7	504.2	493.5	496.7
Nursing home beds per 1,000 estimated moderate/severely handicapped persons					
65+	146.0	133.5	126.2	123.1	120.4
70+	187.4	172.4	163.5	158.6	154.1
75+	271.0	242.8	226.7	220.3	214.1
Hostel places per 1,000 estimated moderate/severely handicapped persons					
65+	71.2	79.6	77.3	77.0	82.8
70+	91.5	102.8	100.1	99.2	106.0
75+	132.2	144.8	138.8	137.9	147.3
Nursing home/hostel beds/places per 1,000 estimated moderate/severely handicapped persons					
65+	217.2	213.1	203.5	200.1	203.2
70+	278.9	275.2	263.7	257.8	260.0
75+	403.2	387.6	365.5	358.1	361.4

Sources: ABS 1987:7, 1990a:7, 13, 1993:14, 26, 32, 38; DCS 1986:24, 42, 108, 1988c:23; HHCS 1991b:95, 1991d:10, 1991e:10, 1992a:10; HHLGCS 1993a:10.

Using the numbers of beds available to moderately and severely handicapped persons aged 65 and over as the basis for bed ratio calculations, the decrease in nursing home

beds over the period is 26 beds per 1,000 such persons and the increase in hostel places is 12. If the ratio is based on the severely handicapped only (possibly a more accurate measure of the target population for residential care), the decrease in nursing home beds is 44 beds per 1,000, and the increase in hostel places 18.

In calculating these ratios, the age- and sex-specific handicap rates from the 1988 ABS Disability and Ageing Survey were used to estimate the number of handicapped persons in the required years. Since the figures in Table 5.17 are for illustrative purposes, no attempt has been made to interpolate handicap rates between the 1981 and 1988 ABS surveys, or to project forwards from 1988. A more refined version of this analysis will be undertaken when the 1993 ABS data are available.

No single indicator presented here is suggested as a replacement for the 70-and-over planning ratio. The point being made is more general in that other definitions of the target population, when used as the basis for bed ratio calculations, reveal significant differences in the level of sensitivity to the changing age structure of the aged population. These other indicators thus provide complementary rather than alternative information to the established planning ratio of beds per 1,000 persons aged 70 and over. The more inclusive nature of the 70-and-over category, in addition to arguments in favour of continuity of key indicators in policy and planning work, make it the best general indicator for long-term planning and appraisal purposes. Complementary definitions of the target population provide useful multiple measures in order to examine changing levels of adequacy during particular periods of population ageing.

Reduced rates of institutionalisation

Although Tables 5.15, 5.16 and 5.17 reveal variations which emerge from using different age cut-offs to calculate bed provision per person, they do not give a clear indication of the ways in which levels of provision have influenced the rate of institutionalisation among the aged over the period under review. Data on the age and sex profile of residents are required to examine these trends. These data are available for nursing home residents (but not for hostel residents) from 1988 to 1992.

Table 5.18 compares nursing home institutionalisation rates by age and sex at 30 June 1988 with those at 30 June 1992. Institutionalisation rates are defined here as the proportion of the population of that age group resident in a nursing home at the specified point in time. The first three columns show that institutionalisation rates decreased for all ages, but that the largest differences occurred among men aged 85 and over and women aged 80 and over. The next three columns compare the number of nursing home residents in 1992 with those which would have been expected if the 1988 institutionalisation rates had remained unchanged. Based on the 1988 age- and sex-specific institutionalisation rates, there were 6,565 fewer residents aged 80 and over in nursing homes in 1992 than would have been expected. For the population aged 60 and over as a whole, there were 8,516 fewer persons accommodated in nursing homes in 1992 than there would have been on 1988 rates of residential care provision. On average, these differences represent an 11 per cent reduction. The percentage difference was particularly low for those aged 60 to 69 (3.7 per cent), somewhat lower among those aged 75 to 79 (7.8 per cent) and relatively constant among the other age groups.[15]

15. For a more detailed analysis of these and related issues see Gibson, Liu & Choi (1993).

Table 5.18: *Nursing home residents and institutionalisation rates by sex and age, Australia, 1988 and 1992*

	Institutionalisation rate			No. of residents 1992			
	30 Jun 1988	30 Jun 1992	Difference	Estimate	Actual	Difference	Percentage difference
Males							
<60	0.18	0.16	-0.02	1,380	1,232	-148	-10.7
60–69	4.01	3.90	-0.11	2,758	2,679	-79	-2.9
70–74	11.83	10.66	-1.16	2,828	2,550	-278	-9.8
75–79	24.83	23.85	-0.98	4,031	3,872	-159	-3.9
80–84	50.85	48.70	-2.15	4,496	4,306	-190	-4.2
85+	127.57	113.00	-14.57	6,101	5,404	-697	-11.4
Total				*21,594*	*20,043*	*-1,551*	*-7.2*
Females							
<60	0.18	0.16	-0.01	1,293	1,194	-99	-7.6
60–69	4.00	3.81	-0.19	2,761	2,633	-128	-4.6
70–74	13.84	12.08	-1.76	4,053	3,537	-516	-12.7
75–79	35.42	31.97	-3.45	8,126	7,334	-792	-9.7
80–84	89.22	77.34	-11.87	13,519	11,720	-1,799	-13.3
85+	253.76	220.38	-33.39	29,480	25,601	-3,879	-13.2
Total				*59,231*	*52,019*	*-7,212*	*-12.2*
Persons							
<60	0.18	0.16	-0.02	2,673	2,426	-247	-9.2
60–69	4.01	3.86	-0.15	5,518	5,312	-207	-3.7
70–74	12.95	11.44	-1.50	6,888	6,087	-794	-11.5
75–79	31.08	28.60	-2.47	12,174	11,206	-951	-7.8
80–84	75.26	66.79	-8.47	18,059	16,026	-1,990	-11.0
85+	219.04	189.07	-29.98	35,921	31,005	-4,575	-12.7
Total				*81,234*	*72,062*	*-8,763*	*-10.8*

Note: Institutionalisation rates are calculated here as the number of persons in a nursing home per 1,000 persons in that age category in the total population.
Sources: ABS 1993:14, 38; DCSH 1988c:24–25; HHLGCS 1993a:10.

While a small proportion of these people would undoubtedly have been placed in hostels, the age- and sex-specific data on hostel residents that would be needed to determine this proportion are not available. In any case, data already presented (Table 5.6) show that the decrease in nursing home beds has not occurred in the context of an equivalent compensatory gain in hostel places, and thus the majority would not have been so accommodated.

Increased rates of usage

Although levels of provision of nursing home beds and rates of institutionalisation may have reduced in recent years, there has been a countervailing trend in terms of higher rates of usage of nursing home beds. The data outlined above describe usage at a particular point in time—they are cross-sectional data. Total usage of nursing home beds over the course of each financial year, however, involves a combination of continuing residents, admissions and separations (see footnote 11 on page 240).

One indicator used to capture the flowthrough of nursing home residents is admissions data. Where admissions in a given year are higher, the number of persons using a specified number of beds is higher. But admissions data do not, by definition, include that proportion of the population who are ongoing residents. An alternative and more comprehensive indicator of usage over a period is thus the total number of residents who used the service in that period (i.e. the sum of the number of residents at the beginning of the period and the number of admissions in that period).

Table 5.19 presents data on both admissions and the total number of residents using the service. Each measure is presented in absolute numbers, as a percentage of the number of nursing home beds, and as a percentage of the total population aged 70 and over.

In the period from the 1987–88 financial year to the 1991–92 financial year, the number of admissions increased from 32,910 to 39,579, a 20 per cent increase. This is partly accounted for by increases in the numbers of nursing home beds over the period (3 per cent), and partly by a higher rate of bed usage. The ratio of admissions to beds indicates this higher usage of beds, rising from 0.46 admissions per bed in 1987–88 to 0.54 in 1991–92. Accordingly to these data, higher use was being made of each nursing home bed in 1991–92 than was the case in 1987–88. This same trend is evident with regard to the calculation of admissions per number of persons aged 70 and over, which shows a higher rate in 1992 (3.0 per cent) than in 1988 (2.8 per cent).

Table 5.19: *Nursing home annual admissions and total residents served, Australia, 1987–88 to 1991–92*

	Admissions	Admissions per bed	Admissions/ 70+ (%)	Total residents	Total residents per bed	Total residents/ 70+ (%)
1987–88	32,910	0.46	2.8	n.a.	n.a.	n.a.
1988–89	37,818	0.52	3.2	108,263	1.5	9.2
1989–90	40,498	0.56	3.3	111,383	1.5	9.0
1990–91	39,608	0.54	3.1	110,595	1.5	8.6
1991–92	39,579	0.54	3.0	111,019	1.5	8.2

Notes

1. 1987–1988 data is estimated based on records for six months only.
2. Respite admissions are excluded from 1987–88 to 1989–90 admission data, but otherwise included.
3. n.a. = not available.

Sources: ABS 1993:14, 20, 26, 32, 38; DCSH 1988c:21, 37, 1990b:10, 18; HHCS 1991d:10, 18, 1992e:10, 18; HHLGCS 1993a:10, 20.

The reduction in levels of provision as measured by the rate of institutionalisation described in the preceding section may therefore be moderated by a higher usage of available beds, at least on the basis of observed trends in the nursing home admissions data. In the previous section it was established that on 30 June 1992 there were 8,516 fewer residents accommodated in nursing homes than there would have been on the basis of 1988 rates of institutionalisation. An estimate of the effect of higher usage levels on this figure can be gained by calculating the increased number of admissions excluding those directly attributable to additional beds. This gives a figure of 4,746 additional admissions in the 1991–92 financial year, compared with that for 1987–88.

One cautionary aspect of the observed trend is the fact that it is not uniform over time. Since the 1989–90 financial year all three measures—rates of admission, admissions per bed ratios, and the percentage of admissions per person aged 70 and over—have decreased.

The more comprehensive indicator of nursing home usage—total residents using the service over a one-year period—shows a similar, although somewhat less positive, picture. The data required to calculate this measure were not available for the 1987–88 financial year, so the first year in this comparison is 1988–89. While total residents served in any one year did indeed increase over the period, the total residents served per bed ratio remained relatively unchanged at 1.5. Moreover, the percentage of total residents served as a proportion of the population aged 70 and over actually decreased over the entire period, from 9.2 per cent in 1988–89, to 8.2 per cent in 1991–92.

The absence of the base year (1987–88) is significant in these comparisons, given the marked change in admissions rates from 1987–88 to 1988–89. Nonetheless, these data indicate that in terms of total use, the proportion of the 70-and-over population using nursing home beds has decreased since 1988–89.

Taken together, it would appear that although increased usage rates may moderate the effects of reduced levels of provision, they cannot entirely compensate for it. Moreover, these data suggest that there may have been a peaking of admissions rates in 1989–90, which is now declining. If that is the case, and the higher levels of nursing home bed usage generated by higher levels of admissions continue to decline, then the lower levels of provision described in the preceding section may have a more marked effect in subsequent years than they have done to date. If so, the projected continuing high rate of population increase in those aged 80 and over during the next decade may compound the effects of that trend.

Variations by State and Territory

In 1985, there were considerable interstate variations in terms of levels of provision and expenditure. The discussion of service provision is again limited (by data availability) to the residential care programs. For expenditure, the discussion includes HACC as well as residential care, because data are available for both.

Table 5.20: *Aged care recurrent expenditure in current prices ($) per person aged 65+, program and year by State /Territory, Australia, 1986–87 and 1991–92*

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
					($ per person)				
Nursing homes									
1986–1987	680.1	660.9	564.0	636.8	797.4	597.8	360.7	624.4	659.1
1991–1992	877.0	817.0	667.1	782.8	860.7	743.6	601.5	1,049.1	811.6
Hostels									
1986–1987	35.3	35.2	45.0	47.2	52.1	27.4	42.0	25.8	39.2
1991–1992	101.3	112.8	151.3	118.9	147.0	100.1	103.0	156.3	118.4
HACC									
1986–1987	137.2	163.2	96.4	177.6	127.9	123.3	161.7	227.9	139.8
1991–1992	266.5	298.4	187.0	307.1	237.5	265.4	345.9	523.7	263.5
Total									
1986–1987	852.6	859.3	705.4	861.6	977.4	748.4	564.4	878.1	838.1
1991–1992	1,244.9	1,228.1	1,005.4	1,208.9	1,245.1	1,109.1	1,050.3	1,729.0	1,193.6

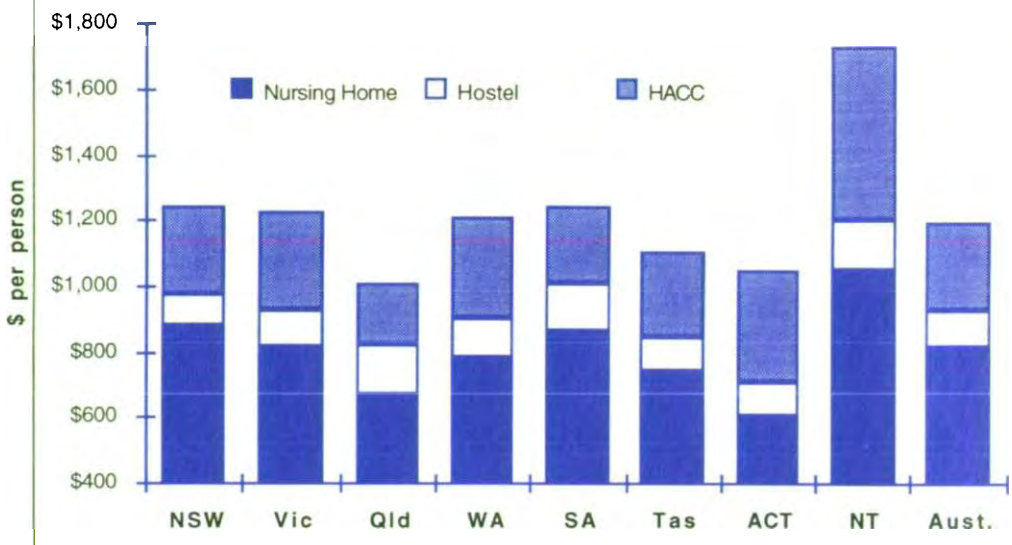
Note: Table includes Commonwealth expenditure on nursing home, hostel and HACC, and State government expenditure on HACC.
Sources: ABS 1987:6, 1993:8, 32, 38; DCS 1987a:72, 74; DCSH 1988a:96, 1992b:21–22; HHLGCS 1993 unpublished tables.

Expenditure

State and Territory patterns of recurrent expenditure per person aged 65 and over are presented in Table 5.20. In terms of current overall expenditure per person on nursing homes, hostels and HACC, Queensland ($1,005), the Australian Capital Territory ($1,050) and Tasmania ($1,109) are below the national average ($1,193). Western Australia ($1,209) is closest to the national average, followed by Victoria ($1,228), New South Wales ($1,245), South Australia ($1,245), and the Northern Territory ($1,729) in order of increasing per person expenditure.[16]

The comparison with the earlier (1986–87) figures suggests that the degree of variation in State expenditure has decreased over the period of the Aged Care Reform Strategy; in 1986–87 only four States and Territories were within 10 per cent of the national average, and by 1991–92 this had increased to six. One of the outliers, the Northern Territory,

16. Expenditure data presented here include all recurrent Commonwealth expenditure on nursing homes and hostels, and all State and Commonwealth funding on HACC services. It therefore excludes capital funding, and State government contributions to State government nursing homes. In subsequent AIHW analyses of these data, it is planned to extend coverage to include these two aspects of expenditure.



Notes

1. Graph includes Commonwealth expenditure on nursing home, hostel and HACC, and State government expenditure on HACC.
2. Capital expenditure is excluded.

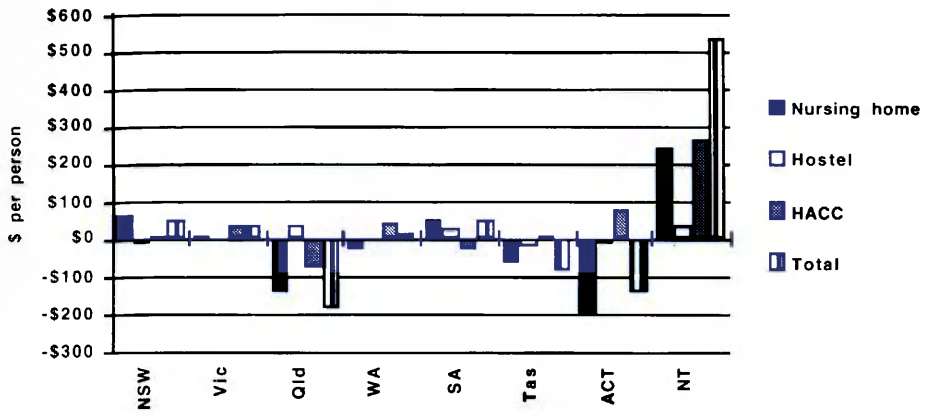
Sources: ABS 1987:6, 1993:8, 32, 38; DCS 1987a:72, 74; DCSH 1988a:96, 1992b:21–22; HHLGCS 1993 unpublished tables. Refer to Table 5.20

Figure 5.8: ***Aged care recurrent expenditure per person aged 65+, Australia, 1991–92***

could reasonably expect to receive higher per person funding on the basis of issues discussed earlier in this chapter.

Four of the States have overall per person expenditure patterns very similar to the national average—New South Wales, Victoria, Western Australia and South Australia (see Figures 5.8, 5.9 and 5.10). In terms of the balance of care being provided across sectors of care, a comparison of these four States reveals some interesting differences. New South Wales and South Australia had a higher expenditure on nursing home care than the national average, but differ in that South Australia also has a comparatively high level of expenditure on hostel care, whereas New South Wales is below the national average. HACC expenditure in New South Wales was close to the national average, but in South Australia was somewhat below it. The other two States, Victoria and Western Australia, had levels of expenditure on nursing homes, hostels and HACC quite close to the national average, although in both cases their HACC expenditure was somewhat above the national average, and for nursing homes in Western Australia was somewhat below the national average.

The three States and Territories which have overall per person expenditure lower than the national average, Queensland, Tasmania and the Australian Capital Territory, all have per person expenditures on nursing homes below the national average. Tasmania and the Australian Capital Territory are also below the national average on hostel care,



Notes

1. Includes Commonwealth expenditure on nursing home, hostel and HACC, and State government expenditure on HACC.
2. Capital expenditure is excluded.

Sources: ABS 1987:6; 1993:8,32,38; DCS 1987a:72,74; DCSH 1988a:96; 1992b:21-22; HHLGCS 1993 unpublished tables. Refer to Table 5.20

Figure 5.9: ***Aged care recurrent expenditure per person aged 65+, State/Territory variations from the national average, Australia, 1991–92***

but Queensland has the highest per person expenditure on hostels of any State. Queensland also has the lowest HACC expenditure, with Tasmania close to the national average and the Australian Capital Territory having quite high expenditure on HACC services.

The Northern Territory has a higher level of expenditure overall, evident in all three sectors of care.

In terms of the balance of care, the Australian Capital Territory, Western Australia and Victoria could be characterised as the high HACC expenditure States/Territories, Queensland and South Australia as high hostel expenditure States/Territories, and New South Wales and South Australia as expending a higher proportion on nursing home services.

Levels of residential care

The data on levels of residential care provision in each of the State and Territories reveal a reduction of differences over the period of the Aged Care Reform Strategy. In 1985, total residential care provision varied from 80 places per 1,000 persons aged 70 and over in Victoria, to 114 places in South Australia (see Table 5.6). In 1992, the range was slightly narrower, from 84 (Victoria) to 115 in the Northern Territory. If the Northern Territory is excluded, given its unusual demographic structure and the sparsity of its population, the reduction in range is somewhat greater, with the next highest States being Queensland and South Australia both at 101 beds per 1,000. The differences still

Notes

1. Includes Commonwealth expenditure on nursing home, hostel and HACC, and State government expenditure on HACC.
2. Capital expenditure is excluded.

Sources: ABS 1987:6, 1993:8, 32, 38; DCS 1987a:72, 74; DCSH 1988a:96, 1992b:21–22; HHLGCS 1993 unpublished tables. Refer to Table 5.20

Figure 5.10: ***Aged care recurrent expenditure per person aged 65+, percentage State/ Territory variations from the national average, Australia, 1991–92***

suggest significant variations in equity of access to residential care places between the States. If, for example, the Victorian rates of provision (84 beds per 1,000) were mapped on to New South Wales (96 beds per 1,000) this would constitute 5,694 fewer residential places in New South Wales across the State.

The questions raised about access and equity are particularly relevant regarding nursing homes where, although disparities have reduced over time, variations do remain. A fuller analysis of these issues would incorporate an appraisal of rural versus urban provisions, and the number of nursing home type patients in acute hospital beds.

5.6 Conclusion

This chapter has focused on residential and community care services for the ongoing care and support of the frail and disabled aged. It began with an historical review of policy development from 1954, with a particular emphasis on the rapid reform of the system which has occurred in the course of the Aged Care Reform Strategy. Perhaps the central issue to emerge from the review of more recent policy changes was a concern with the relative balance of care between the residential and community care sectors,

and within the residential care sector between nursing homes and hostels. The policy changes implemented during that period have attempted to adjust that balance of care, within a period of fiscal restraint, during a period of potentially escalating demand due to rapid population ageing.

One of the major preoccupations of this chapter, therefore, has been to describe the changing patterns of service provision in relation to the changing size and structure of the aged population. Section 5.3 described the changes in the aged population over this period, drawing attention to the size of the increases in the aged (65 and over) population, and the disproportionately higher increases among the very old (80 and over). These comparatively high rates of population increase among the very old are particularly significant given the higher likelihood of handicap and institutionalisation in these age groups.

Section 5.4 presented data on patterns of service provision, client characteristics and expenditure for both residential and community care services. Using ABS data, the role of the informal sector was also taken into account.

In Section 5.5, the data on population trends and service use were brought together to give an indication of changing patterns of service provision over time. The expenditure data demonstrated higher levels of expenditure overall. When expenditure data were examined in relation to the increasing numbers of aged persons, the analysis again revealed higher levels of overall expenditure per person aged 65 and over in 1991–92 than was the case in 1987–88 (in constant dollar terms). Expenditure per person increased substantially for HACC and hostel level care, but decreased slightly for nursing homes. These trends are consistent with the intended reforms of the Aged Care Reform Strategy to reallocate resources away from nursing home bed provision towards the hostel sector and community care.

With regard to levels of service provision, the picture is more complicated, and will repay more detailed analysis than has been possible here. Current HACC data did not lend themselves to this type of analysis, due to the structure of the collections which are based on services, rather than clients, as the unit of analysis. The data on hostel and nursing home provision, expressed in terms of the number of beds or places per 1,000 persons aged 70 and over, reveal that nursing home bed provision has dropped from 66.5 in 1986 to 55.8 in 1992, and hostel provision has increased from 32.5 to 38.4. Taking the two together, this represents an overall decrease of 5 residential care places per 1,000 persons aged 70 and over.

In a more detailed analysis using different age cut-off points, the limited sensitivity of the 70-and-over planning ratio to rapid and disproportionate increases in the very old (80 and over) population was examined. As the very old are likely to be a high service-use population, the utility of employing additional indicators during such periods of demographic change was suggested.

In the last stage of that analysis of changing population structure in relation to service provision, attention was directed to shifts in the nursing home population in recent years. The focus on nursing homes in the period 1987–88 to 1991–92 was determined by the availability of age- and sex-specific client profiles for that period. This analysis explored the relative effects of reduced rates of institutionalisation, demographic increases in the target population, and the higher rates of usage of nursing home beds.

These analyses suggest that declines in levels of nursing home bed provision had resulted in lower rates of age-specific utilisation, but at the same time there had been an increase in the usage of available nursing home beds. More refined analyses of these trends, incorporating the 1992–93 data and taking into account other variables such as occupancy rates, dependency levels and respite bed usage will be undertaken in a subsequent stage of the AIHW work program.

Data development issues

This chapter has drawn on published and unpublished data obtained from the Australian Bureau of Statistics and the Department of Health, Housing ,Local Government and Community Services. It has employed national census data, national sample survey data, and administrative by-product data. Other potentially useful sources of data, particularly those held by State and Territory governments, are yet to be explored. The following discussion of data development issues should, therefore, be read in the context that it is concerned predominantly with centrally held data collections.

National data on disability and handicap

Until the release of the 1981 ABS Aged and Handicapped Persons Survey, there were no national sample survey data available on the level of handicap in the community. Analyses of these data confirmed what had only been suggested previously by anecdotal evidence or small-scale studies—that the majority of even the severely handicapped aged were cared for in the community. With the release of the third of these national surveys scheduled for late 1993, Australia is in the enviable position of having comparable national disability measures administered at three points in time over a 12-year period. These data, in combination with the five-yearly census, provide a useful basis from which to calculate estimates of the nature and the extent of disability in the aged population for planning and evaluation purposes.

Given the central role played by informal networks in the care of the frail aged, the ABS surveys also play a crucial role in contributing to our knowledge of the informal care network. Although the 1988 survey was limited by its focus on co-resident carers, subsequent collections will provide additional and more detailed information on the role played by a variety of informal carers in the community. The 1993 Disability, Ageing and Carers Survey will be supplemented in this regard by the 1992 Family Survey and the 1993 Time Use Survey.

National data on residential care

In the early 1980s, Howe and Preston undertook a composite analysis of existing surveys of nursing home residents conducted by State health authorities. While they successfully generated comparable variables on a range of issues, the six datasets which they used contained only one consistently asked and coded variable—sex of resident (Howe 1991).

The Commonwealth Government now generates significant amounts of information on all funded nursing homes and hostels as part of its funding and administrative mechanisms. Data are available not only on total numbers of beds or places, admissions, separations and so on, but also on characteristics of the residents including age, sex, and dependency levels. These data have been available at the national level for

nursing homes since 1988, and for hostels since 1992. A regular statistical series 'Nursing Homes for the Aged: A Statistical Overview' has been produced since 1988, and a companion series 'Aged Persons Hostels: A Statistical Overview' started in 1992.

Coverage of these homes and hostels is virtually universal where residents are in receipt of a Commonwealth Benefit. There are some limitations, however, with regard to State government nursing homes. Some variables, such as dependency level (RCI category), were not covered. Under new arrangements now being made in bilateral agreements between State and Commonwealth governments, these anomalies may be resolved within the next few years.

The national collections on residential care held by the Department of Health, Housing, Local Government and Community Services have developed rapidly in recent years. The publications series disseminate baseline statistical information to a variety of external users. The main remaining limitations regarding access to residential care data appear to involve resource constraints, as the capacity to service additional requests from external researchers is limited. If resources and hence access to these data by external researchers were improved, more extensive use could be made of the available data.

National data on HACC services

Data on HACC services, and the clients of those services, are more limited than the data available for residential care. In part, this stems from the relatively recent origins of HACC, which emerged as a combination of pre-existing programs in 1985. The rapid development and growth of the range and quantity of community services during this period has undoubtedly compounded the difficulties associated with data development.

Some of the limitations which characterise the HACC collections also stem from the nature of community services and the way in which they are delivered in Australia. HACC services involve a range of service providers of varying sizes, providing different services, in varied circumstances, to various numbers and types of clients. They are administered variously by health or community services departments (or a combination of same) in different States and Territories, and are affected by the particular financial circumstances and priorities of the relevant State or Territory government. In this context, issues such as what constitutes a unit of service assume complex proportions, but are simply not a problem in the residential care area.

Another component is the funding mechanism; nursing homes and hostels must submit data on occupied bed days to receive Commonwealth Government benefits; there is no such direct connection between the submission of data on HACC clients and receipt of benefits. This effect is compounded by the cost-sharing arrangements (State and Commonwealth) under which the program is funded. Finally, the HACC program does not itself represent the full gamut of community care—excluded are services provided by representatives of private not-for-profit or voluntary organisations which do not receive HACC funding, those provided by private for-profit agencies, and those provided by informal carers (family, friends and neighbours).

Under these circumstances, some of the limitations which characterise the HACC data collections, and which have emerged during the analyses presented in this chapter, are more easily understood. The absence of reliable data on the number of HACC clients is

a serious constraint in evaluating the adequacy of our aged care system; on the other hand, where data collections are necessarily provider-agency based, and multiple service use is common, the problem may well be insurmountable with regard to administrative by-product data collections.

Other issues can be resolved, however. A recent agreement between States and the Commonwealth has ensured that future HACC Service Provision collections will employ the same unit of analysis, rather than the inconsistent use of hours or visits which had previously been the case.

Timeliness of data has also been a significant problem. The most recently published HACC Service Provision data and the only published HACC User Characteristics data available at the national level were for 1990. Although some unpublished tables are now available for 1991 and 1992 on the Service Provision collection, the situation is less than ideal. Developmental work currently under way, such as the moves to facilitate direct entry by States on to the Commonwealth HACCSERV (Service Provision) system, and to regularise the timing of the User Characteristics Survey, will undoubtedly help to alleviate the problem. The continued improvement of the system, however, is reliant on the resources and support provided by both levels of government and the service providers themselves.

Other developments

While the collections and surveys described above are the main resources used in this chapter, other data development activities in the aged care field are ongoing. The second Community Options Survey has now been completed. Aged Care Assessment Teams in all States and Territories now generate datasets on their clients; negotiations have been under way for some time to develop a national minimum dataset. This project is virtually complete, and the national minimum dataset for Aged Care Assessment Teams is expected to become operational at the beginning of 1994.

The current data holdings on aged care services in Australia have their limitations and shortcomings. In recent years, however, significant progress has been made by governments and service providers in improving the quality and coverage of our national data collections.

References

Australian Bureau of Statistics 1987, *Estimated Resident Population by Sex and Age: States and Territories of Australia, June 1981 to June 1987*, Cat. No. 3201.0, ABS, Canberra.

Australian Bureau of Statistics 1988, *Domestic Care of the Aged, Australia, 1988*, Cat. No. 4121.0, ABS, Canberra.

Australian Bureau of Statistics 1990a, *Disability and Handicap, Australia, 1988*, Cat. No. 4120.0, ABS, Canberra.

Australian Bureau of Statistics 1990b, *Projections of the Populations of Australia States and Territories, 1989 to 2031*, Cat. No. 3222.0, ABS, Canberra.

Australian Bureau of Statistics 1992, *Domestic Care of the Aged, Australia, 1988*, Cat. No. 4121.0, ABS, Canberra.

Australian Bureau of Statistics 1993, *June 1987 to June 1992, Estimated Resident Population by Sex and Age: States and Territories of Australia*, Cat. No. 3201.0, ABS, Canberra.

Australian Institute of Health and Welfare 1993, *Health Expenditure Bulletin No. 8*, AGPS, Canberra.

Braithwaite J, Makkai T, Braithwaite V & Gibson D 1993, *Raising the Standard, Resident Centred Nursing Home Regulation in Australia*, AGPS, Canberra.

Committee on Care of the Aged and the Infirm 1977, *Report of the Committee on Care of the Aged and the Infirm*, Acting Commonwealth Government Printer, Canberra.

Department of Community Services (DCS) 1986, *Nursing Homes and Hostels Review*, AGPS, Canberra.

Department of Community Services (DCS) 1987a, *Annual Report 1986–1987*, AGPS, Canberra.

Department of Community Services (DCS) 1987b, *Strategies for Change, Report of the Ethnic Aged Working Party*, AGPS, Canberra.

Department of Community Services and Health (DCSH) 1988a, *Annual Report 1987–1988*, AGPS, Canberra.

Department of Community Services and Health (DCSH) 1988b, *Explanatory Notes 1988–89, Budget Related Paper No. 1.4A*, AGPS, Canberra.

Department of Community Services and Health (DCSH) 1988c, *Nursing Homes for the Aged—A Statistical Overview, 30 June 1988*, DCSH, Canberra.

Department of Community Services and Health (DCSH) 1989, *Annual Report 1988–1989*, AGPS, Canberra.

Department of Community Services and Health (DCSH) 1990a, *Annual Report 1989–1990*, AGPS, Canberra.

Department of Community Services and Health (DCSH) 1990b, *Nursing Homes for the Aged—A Statistical Overview (1988–89)*, DCSH, Canberra.

Gibson D, Liu Z & Choi C 1993, *Changing Patterns of Residential Care 1985 to 1992: Utilisation and Supply*, Welfare Division Working Paper No. 3, Australian Institute of Health and Welfare, Canberra.

Gillett S, Parslow R, Scholes D & Renwick M 1991, *Hospital Utilisation and Costs Study 1987–88*, Australian Institute of Health: Health Services Series No. 1, AGPS, Canberra.

(Department of) Health, Housing and Community Services (HHCS) 1991a, *Aged Care Reform Strategy Mid Term Review 1990–91, Discussion Papers*, AGPS, Canberra.

(Department of) Health, Housing and Community Services (HHCS) 1991b, *Aged Care Reform Strategy Mid Term Review 1990–91, Report*, AGPS, Canberra.

(Department of) Health, Housing and Community Services (HHCS) 1991c, *Annual Report 1990–1991*, AGPS, Canberra.

(Department of) Health, Housing and Community Services (HHCS) 1991d, *Nursing Homes for the Aged—A Statistical Overview (1989–1990)*, HHCS, Canberra.

(Department of) Health, Housing and Community Services (HHCS) 1992a, *Aged Persons Hostels—A Statistical Overview, 1991–1992*, HHCS, Canberra.

(Department of) Health, Housing and Community Services (HHCS) 1992b, *Annual Report 1991–1992*, AGPS, Canberra.

(Department of) Health, Housing and Community Services (HHCS) 1992c, *HACC User Characteristics Survey 1990*, AGPS, Canberra.

(Department of) Health, Housing and Community Services (HHCS) 1992d, *It's Your Choice: National Evaluation of Community Options Projects*, AGPS, Canberra.

(Department of) Health, Housing and Community Services (HHCS) 1992e, *Nursing Homes for the Aged—A Statistical Overview (1990–1991)*, HHCS, Canberra.

(Department of) Health, Housing and Community Services (HHCS) 1992f, *Putting the Pieces Together, A National Action Plan for Dementia Care*, AGPS, Canberra.

(Department of) Health, Housing, Local Government and Community Services (HHLGCS) 1993a, *Nursing Homes for the Aged—A Statistical Overview (1991-1992)*, HHLGCS, Canberra.

(Department of) Health, Housing, Local Government and Community Services (HHLGCS) 1993b, *Residential Care News*, May, HHLGCS, Canberra.

Home and Community Care (HACC) Program 1990, *Home and Community Care (HACC) Program, Service Provision Data Collection, November 1988 and February 1989 No. 1: August 1990*, Home and Community Care Program, Canberra.

House of Representatives Standing Committee on Expenditure (HRSCE) 1982, *In a Home or at Home: Accommodation and Home Care for the Aged*, AGPS, Canberra.

Howe A 1991, *Research on Institutional Long-term Care in Australia, in* Feinleib M (ed.) *Vital and Health Statistics*, Series 5, No. 6, US Department of Health and Human Services, Publication No. (PHS) 91–1482, Maryland: 175–187.

Kewley TH 1980, *Australian Social Security Today*, Sydney University Press, Sydney.

Manton KG 1982, 'Changing concepts of morbidity and mortality in the elderly population', *Milbank Memorial Fund Quarterly/Health and Society* 60:182–244.

McVicar & Reynolds Pty Ltd 1992, *Evaluation of Hostel Options Care Packages*, Department of Health, Housing and Community Services, AGPS, Canberra.

Otis N & Howe A 1991, 'Trends in Reported Disability in the Australian Aged Population: Interpretation of Preliminary ABS Survey Findings', *Australian Health Review* 14(4):380–92.

Robine J, Mathers C & Brouard N 1993, 'Trends and Differentials in Disability-free Life Expectancy', paper presented at the International Union for Scientific Study of Population, Sendai, Japan, June 1993.

Sax S 1993, *Ageing and Public Policy in Australia*, Allen & Unwin, Sydney.

Senate Select Committee on Private Hospitals and Nursing Homes 1985, *Private Nursing Homes in Australia: their Conduct, Administration and Ownership*, AGPS, Canberra.

Social Welfare Commission 1975, *Care of the Aged*, Union Offset, Canberra.

6 Disability services

6.1 Introduction

Services for people with a disability potentially embrace all welfare and related services available to all the Australian population, as well as specialised support services designed to enhance the quality of life and life opportunities for people with a disability. This chapter, while focusing mainly on disability support services, attempts to maintain this broad perspective, both in terms of the different types of services relevant to people with a disability and in terms of the different sectors involved in service provision. The broader perspective recognises both the service context in which the specialised support services operate, and the policy context in which it is accepted that people with a disability require and have a right of access to services provided for the population as a whole.

Before presenting some of the available data, the evolution of disability policy and services in Australia is outlined in Section 6.2.

The needs of people with a disability should be a major determinant of the nature, location and target groups of services provided. Thus, data on people with a disability and their carers form a crucial part of the context for interpreting service data. Some data on people with a disability are presented in Section 6.3.

The results of a preliminary search for national data on disability services are presented in Section 6.4. Most attention is focused on specialised disability support services, and the most readily available national data relate to services funded or provided by the Commonwealth. Where possible, data relate only to people under age 65; services for older people are the subject of Chapter 5. Data on carers are included in Section 6.4 to provide information on the form of support complementary to formal services. For consistency, data relate usually to 1991–92.

The Institute's role in the disability services field is to collate, analyse and disseminate data on services for people with a disability, and also to work towards improving the data, thereby, it is hoped, contributing to improvements in service provision. The last two sections of this chapter relate to this goal. Section 6.5 reports on work done in developing a Minimum Data Set for disability services funded under the umbrella of the Commonwealth/State Disability Agreement. Such a minimum data set is designed to encourage national comparability of data, and hence to aid the planning and evaluation of services.

Section 6.6 concludes the chapter with a discussion of the adequacy and completeness of the data located so far, and indicates directions for further work.

6.2 History and current developments

Changes in the way assistance is provided to people with a disability have been fundamentally linked to changes in social and economic values within Australian society, and more recently to debate within the disability movement. An historical perspective serves to promote an understanding of the complex array of funding and organisational arrangements for disability services which exist today.

Origins of services for people with a disability in Australia

In Australia, the early pattern of welfare provision following settlement involved government as controller and provider initially, and later as principal financier or subscriber with public charities taking on the primary provider role (see Chapter 1).

People with a disability were housed initially in hospitals attached to gaols or in the gaols themselves. With a government capital grant, the Benevolent Society of New South Wales constructed and operated the first asylum in Pitt Street, Sydney, in 1821. This asylum expanded rapidly in numbers and increasingly housed the 'chronically ill' and the so-called 'blind, paralytic, lame, or idiotic' (Dickey 1989). Most of the residents of the asylum were considered unfit for labour and unable to live independently. Similar institutions were subsequently established in other Australian colonies.

As the economy of the colonies expanded, welfare efforts were directed primarily towards areas which had the potential to contribute to the economy and to the social relationships generated by the economy. As a result, those with chronic disabilities were not considered a high priority for welfare support and relief. People with a disability were seen as outside the realm of mainstream society and were systematically denied basic human rights. The general treatment attitude was one of custodial institutionalisation, and the numbers of people in institutions continued to rise. These dominant beliefs and methods of care were not effectively challenged until well into the twentieth century.

Following the onset of the depression of the 1890s, scepticism about the value of the charity model of care being administered by the growing number of charitable groups began to grow, as did opposition to institutionalisation. Cash social services were advocated as a more effective and cheaper means of addressing disadvantage. It was during this period that invalid pensions were debated and introduced in New South Wales. With Federation, invalid and age pensions were introduced by the Commonwealth Government in 1908, the first non-contributory pensions in the world (see also Chapter 1). People permanently incapacitated for work who were aged 16 and over and not receiving the age pension were qualified to receive the invalid pension.

During this period of development of government and charitable services, private insurance arrangements also emerged. By 1910 there were approximately 4,150 Friendly Societies providing insurance schemes for disability and sickness for about one-third of the population (Jones 1980).

The slow workers permit, introduced in 1904 with the passage of the Conciliation and Arbitration Act, enabled exceptions to be made to award wages in the case of 'aged, slow or infirm' workers (ACTU, undated), with the agreement of State departments of labour. However, the extent of the permit's subsequent use by employers is unclear, with concerns raised as to the potential to exploit workers with a disability as well as the possible flow-on of this initiative to enable employers to pay below award wages to other workers on the basis of perhaps subjective measures of productivity.

The impact of war: the development of vocational rehabilitation

World War I brought with it a need to repatriate large numbers of returned soldiers. The Repatriation Commission emerged in 1919 as a Commonwealth-funded instrumentality providing funds and other forms of support to veterans. Through the Commission, ex-servicemen with disabilities were included in vocational training schemes which operated in conjunction with treatment in army hospitals.

Following World War I and up to the 1960s, there was a gradual shift in public and professional perceptions towards an acceptance of the notion of educational, vocational and community support for people with a disability. Much of this change in community perception related to the large numbers of veterans rehabilitated during the period. Action aimed at the entry or re-entry of people with a disability into meaningful participation in society (rehabilitation) was considered to be the best means of maximising their independence. Employment and the provision of training for employment became major objectives in the provision of support services for adult people with a disability from the 1950s.

Apart from these efforts there were some specific community initiatives to help civilians with a disability following and during the war years. Institutes for the blind and deaf were established in the 1920s in New South Wales, and in the 1930s the Crippled Children's Association was formed. This organisation sprang from the uniting of groups of parents of children with a disability who initially came together to provide mutual help and support with financial assistance from their community. Many of the charitable or voluntary agencies which emerged during this time tended to be disability-specific in their focus.

Income security for some groups of people with a disability was enhanced during this period. From the 1920s onwards, people injured at work or on the roads and able to establish someone else's negligence have had, via compulsory insurance schemes, access to funds to enable them, at least for a time, to purchase services to assist them to live independently. A system of unemployment and sickness benefits was enacted in 1944, coming into force in 1945 (see also Chapter 1). The sickness benefit was payable to a person aged between 16 and 65 (men) or 60 (women) who was temporarily incapacitated for work because of sickness or accident.

In 1941, what was later to become the Commonwealth Rehabilitation Service was established to facilitate vocational rehabilitation for people with an acquired disability, as a response to the rehabilitation needs of the growing numbers of newly returned soldiers and invalid pensioners (Tipping 1991).

Many voluntary organisations established segregated sheltered workshops with the objective of providing gainful employment for people with a disability who were unable to enter employment in the open labour market. The majority of these workshops, usually disability-specific in nature, were set up by charitable or voluntary organisations, and depended heavily on private subscriptions, community fundraising and voluntary support. At the same time many of the organisations developed a range of accommodation hostels on workshop sites to reduce the distances people with a disability needed to travel to work.

In response to increasing pressure from the community, a number of Commonwealth Government initiatives were introduced to support work and related residential

programs for people with a disability. The Disabled Persons Accommodation Act was introduced in 1963 and gave financial assistance towards the capital costs of accommodation provided by eligible organisations for people with a disability who were employed or were seeking employment in a sheltered workshop.

This legislation was replaced by the Sheltered Employment (Assistance) Act in 1967. Under this Act, the Commonwealth provided grants to charitable, religious, and other non-profit organisations to assist in the establishment of both sheltered employment and accommodation. In 1970 the Act was amended to provide a salary subsidy to enable agencies to provide accommodation for clients in open employment. This assistance saw a rapid growth in work-based disability services and the facilities associated with them, so that by 1972 there were 7,400 people employed in sheltered workshops, more than double the number of employees in 1968 (DSS 1973).

The Handicapped Children's (Assistance) Act was introduced in 1970 to allow subsidies to be provided to eligible organisations to offset the costs of facilities that provided training and accommodation for children with a disability. This benefit marked the entry of the Commonwealth into arrangements for the institutional care of children (Kewley 1973).

In 1974, following a review, the Handicapped Persons Assistance Act was introduced to replace the previous array of legislation. This Act provided an increase and extension of subsidy levels, new subsidies for training, therapy and rehabilitation centres, and building, equipment and rental subsidies for approved services. The assistance resulted in an increase in the Commonwealth contribution to capital, staff salary and other costs associated with sheltered workshops, accommodation units, and training centres. The legislation also officially recognised the role of programs for those people requiring pre-work preparation, therapy and recreation services (generally referred to as activity therapy or adult training centres). This Act also allowed for direct payment of the Handicapped Children's Benefit to agencies which provided accommodation for children with a disability.

The expansion of sheltered employment, related accommodation and other services, funded under the Handicapped Persons Assistance Act, continued until 1984. In 1986 there were reported to be over 11,000 people in sheltered employment, over 11,000 people in training centres, and over 7,000 people in residential accommodation (DCSH 1988).

The *Nursing Homes Assistance Act 1974*, and the related *Aged and Disabled Persons Homes Act 1963* and the *National Health Act 1954* had a further impact on the growth of residential accommodation for people with a disability, providing incentives through deficit funding for the development of nursing home and hostel care and accommodation for the aged and people with a disability (see also Chapter 5).

Also in 1974 the Handicapped Child's Allowance was introduced for a parent or guardian caring for a child likely to need constant care and attention for an extended period.

Between the 1930s and 1960s State governments became increasingly active in the provision of education as a universal entitlement. The area of education for children with a disability, however, was left largely in the hands of private charities with schools concentrating generally on three main groups of children: those with sensory,

intellectual or physical disabilities. The most active groups in the area of education in New South Wales, for instance, were the Institute for the Deaf and Blind, the Society for Crippled Children and the Subnormal Children's Welfare Association (now Challenge Foundation). These schools were mostly run on the charitable model and the educative needs of students were somewhat secondary. In the 1960s and 1970s State governments moved into the area of special education, taking over the administration of a number of schools set up by charitable groups, and establishing a range of new special schools for children with a disability.

Catalysts for change: consumer power and human rights

The late 1960s and early 1970s proved to be a turning point in the reshaping of public attitudes to people with a disability and how best they might be supported. This change was prompted by two major occurrences: the advent of normalisation theory and the growth of the human rights movement worldwide.

The principle of normalisation first appeared in Scandinavia in the 1960s and has developed as a guiding philosophy for the design and conduct of progressive support services for people with a disability (Nirje 1980). Wolfensberger popularised the concept in North America in the late 1960s and has been at the forefront of work in the application of this principle for services, particularly for people with an intellectual disability. Wolfensberger (1980) defines normalisation at its simplest as

> The use of culturally valued means, in order to enable people to lead culturally valued lives.

Mirroring similar trends in the United States and other countries, many people with a disability, academics, service providers, and government officials involved in human services delivery in Australia began to challenge the models of support services being provided. In particular they questioned the capacity of these services to promote independence and participation in the community for people with a disability. In this way the concept of full integration of people with a disability and their support services into ordinary community activities and settings came to be seen as a key element of the implementation of normalisation policy. At the same time several instances of abuse, neglect, and the denial of basic rights were highlighted in institutional settings across the country.

National campaigns to encourage the employment of people with a disability in the open workforce had occurred in the 1960s sponsored by Junior Chambers of Commerce throughout Australia. A great deal of debate on the activities of sheltered workshops followed these early campaigns. Much of this discussion focused on the possible exploitation of workers with a disability in segregated work environments, and the overshadowing of personal and skills development by business and productivity concerns.

The concept of integration also permeated debates about education during this period. In response to rising community perceptions that special schools tended to produce institutionalised and dependent behaviour and negative community attitudes to people with a disability, large numbers of children with a disability began to be integrated into the mainstream school system. Today, although people with severe physical and intellectual disabilities still generally receive the majority of their education in

segregated environments, many people with a disability, often with support, attend mainstream schools in the community.

In 1971, Australia became a signatory to the United Nations Declaration on the Rights of Mentally Disabled Persons and in 1975 to the UN Declaration of the Rights of Disabled Persons. These Declarations emphasised that people with a disability should have access to opportunities that are available to all citizens: to the 'inherent right to human dignity', to 'enjoy a decent life, as full and normal as possible', to measures 'designed to enable them to become as self-reliant as possible', and to services which 'enable them to develop their capacities and skills to the maximum and hasten the process of their social integration and re-integration'. In addition, the 1975 Declaration states that people with a disability 'have the right, according to their capabilities, to secure and retain employment or to engage in a useful, productive and remunerative occupation' and the right to 'protection against all exploitation, all regulations and all treatment of a discriminatory, abusive or degrading nature'.

The work of the Royal Commission on Human Relationships (1977) supported this view, concluding that 'we must ensure that handicapped children and adults are not denied their legal and human rights: the right to education, the right to work, and the right to lead lives which are as close as possible to normal'. The National Committee of Inquiry into Compensation and Rehabilitation (1974) spelled out proposals for improving rehabilitation services in Australia, as well as for a national no-fault injury and sickness compensation scheme, arguing for the right to financial security for many people with a disability. Although not implemented nationally, a number of the principles of these proposals have been adopted since in State-based compensation schemes. The rehabilitation proposals led to the establishment of the National Advisory Council on the Handicapped in 1976.

The United Nations declared 1981 as the International Year of Disabled Persons (IYDP) with the twin themes of 'full participation' and 'equality'. The theme of 'Break Down the Barriers' was the focus of all activities in Australia. The IYDP was an important catalyst in raising awareness among people with a disability and among the community at large of their significance and role in society.

The growth of representative organisations

As the number of support services grew during the 1950s and 1960s, and a central role for the Commonwealth Government in disability funding and policy coordination was firmly established, several national peak bodies representing non-government service providers and consumers were formed. In the late 1950s a national body for people with intellectual disabilities was started by groups of parents. Originally known as the Australian Association for the Mentally Retarded, it is now known as National Council on Intellectual Disability (NCID). NCID's membership includes consumers, family members, service providers and other community members and it is the peak body for people with intellectual disabilities in Australia.

The Australian Council for the Rehabilitation of the Disabled (ACROD) was established in 1961 following the first national conference of the Association of Sheltered Workshops held in Sydney. ACROD is now the major national peak body in Australia for disability service providers, with branches in each State and Territory.

In response to the impetus gained in the 1970s a number of new consultative and advocacy groups were established. The National Advisory Council on the Handicapped was replaced in 1983 by the Disability Advisory Council of Australia (DACA) which was established to provide an avenue for consumers and others involved in the disability field to advise the Commonwealth Minister responsible for disability services on the impact of policies and programs. Also in 1983 the Disabled Persons' International (DPI) was officially launched in Australia following its genesis in Canada in 1981. Since that time DPI has emerged as a peak national consumer organisation representing the interests of people with a disability at both the federal and State level.

Change in the 1980s

Following the IYDP, calls for reforms to help people with a disability overcome some of the disadvantages they experienced and to be involved in the development of new policies and services gained increasing momentum. 'Integration' was a major principle driving the reformist movement. It was considered that services for people with a disability should be provided in a way that maximises their integration and acceptance into the community. A second major principle characterising the calls for reform was that people with a disability should be given the opportunity to have a genuine say in what services should be provided and how such services should be delivered.

Many State governments recognised the need to move their services away from the institutional models and establish community-based accommodation and other services, and started programs aimed at eventual closure of the larger institutions. In New South Wales, for instance, the Richmond Report (1983) recommended that priority be given to community-based care for people with an intellectual or psychiatric disability, with a distinction to be made between the two. Savings from the diminution of institutional care were to be used to develop community-based networks backed up by specialist hospitals and other services. The principles of the Report were largely accepted although implementation has been slow, with institutional barriers impeding the movement of funding from large institutions to smaller community-based services. In most States, it was several years before public housing authorities began to allocate housing to people with a disability.

This period also saw a clear distinction develop between chronic 'mental illness' (psychiatric disability) and 'mental handicap' (intellectual disability) and between the specific needs for each type of disability. As a result, many States split the responsibility for provision of services to these two groups, generally locating services related to people with psychiatric disabilities within Health Departments and moving intellectual disability services to Community Services Departments. Program initiatives at the State level have since progressed even further, with some States beginning to separate, especially for people with psychiatric disabilities, health or treatment programs from programs emphasising social support.

The Commonwealth Government also intensified its move towards community-based forms of care rather than traditional medical and institutional care models. In 1985, the Home and Community Care Program (HACC) was established as a joint State–Commonwealth funded program providing home-based assistance to frail older people and to people with a disability. Assistance through HACC is provided by State,

local government and community groups to help people live independently in their own homes, and may include home help, personal care, delivered meals, visiting health services and in-home or centre-based respite care (see also Chapter 5). Early childhood intervention programs provided in the community also experienced growth at this time with the Commonwealth contributing funds towards the cost of these services.

A major review of the Handicapped Persons Assistance Act and its programs and services for people with a disability was initiated by the Commonwealth Government in 1983. The review was based on wide-ranging consultations with people with a disability, their families, and service providers. The recommendations of the review were tabled in Parliament in a report entitled *New Directions* (DCS 1985). Employment services were to facilitate wider employment options and accommodation was to be based in the community and to conform as far as possible to community standards.

Following the review, the Disability Services Act (DSA) was enacted in 1986, bringing together a range of Commonwealth disability programs and incorporating the strategies outlined in *New Directions*. The Act aimed to encourage a focus on consumer needs and positive outcomes for people with a disability, to facilitate the move from segregated institutionalised service models to community-based and consumer-driven services, and to increase the range of service options available. The Act provided two main streams of assistance—the development and ongoing funding of new services to be responsive to individual aspirations and needs (Section 10 services) and the transition of older-style services which existed prior to the enactment of the legislation (Section 13 services). The principles and objectives of the Act were generally accepted or welcomed by service providers and administrators, by peak organisations and by people with a disability, parents and advocates. Interestingly, psychiatric disabilities were included in the Act only at the insistence of the Senate, and no programs for psychiatric disability were funded for some time.

In 1986, the Commonwealth also released the Nursing Homes and Hostels Review which was to have a major impact on the future provision of residential programs for the aged and for people with a disability. The Review found that there were too many people, especially young people, living in restrictive conditions in nursing homes and hostels intended for aged care, and recommended suitable alternative accommodation within the community. As a result of the Review, action was taken to bring nursing homes catering specifically for people with a disability, funded under the *Nursing Homes Assistance Act 1974*, under the umbrella of the Disability Services Program.

In 1987–88 the Commonwealth funded a range of 'demonstration' projects of new service models, particularly for employment and accommodation. From 1987, new services had to meet the principles and objectives of the DSA, and there began a slow and sometimes unwilling transition of existing services to meet the provisions of the Act.

In line with the new directions of the DSA, the Commonwealth Rehabilitation Service (CRS) realigned from operations based in institutions and main cities to a decentralised range of service outlets throughout Australia. It also introduced the concept of case management for clients which allowed greater client participation and the design of individual program plans using local services and based on expected outcomes. The CRS also broadened its target group to include vocational rehabilitation services for people with a psychiatric disability.

Changes to the provision of income support arrangements were also foreshadowed in this period following a major review commissioned by the Minister for Social Security (Cass, Gibson & Tito 1988). This review and the Report on National Employment Initiatives for People with Disabilities (Ronalds 1990), commissioned by the Minister for Community Services and Health, formed the basis of a new approach to income and other support for people with a disability. The reviews highlighted the large increases in invalid pension recipients over the previous 20 years, inequities in the provision of support between people with different types of disabilities, the disincentives inherent in the existing pension and benefit arrangements for work and community participation, and the negative community attitudes generated towards pension recipients.

The resulting reforms—known as the Disability Reform Package—were introduced in 1991, with the overall objective of more effectively integrating people with a disability into the labour market. As part of the Disability Reform Package, the Disability Support Pension (DSP) replaced the Invalid Pension and Sheltered Employment Allowance, and a Sickness Allowance replaced the Sickness Benefit. Disability Support Pension recipients may be offered vocational training, rehabilitation and employment placement services via Disability Panels. The Panels comprise representatives from Departments of Social Security (DSS), Employment, Education and Training (DEET), and Health, Housing, Local Government and Community Services (HHLGCS), usually the Commonwealth Rehabilitation Service. The Disability Reform Package provided for financial incentives to return to work, and an expansion of training, rehabilitation and community employment places. Also included in the package was the establishment of special units to help people with a psychiatric disability.

In summary, the decade of the 1980s, beginning with the International Year of Disabled Persons, saw significant changes in Australia in the field of disability services. Consumers established their right to be involved in service design, delivery and evaluation. By the end of the decade there was a broadening array of disability support services. The Commonwealth Government had become a more significant player in the field, with an increased role in funding and in policy coordination at national level. Income security and employment programs were linked in recognition of the rights and responsibilities of people with a disability within the wider community. Community awareness of the rights of people with a disability was raised, and this awareness was reflected in moves to sensitise mainstream services to their needs at State and local level. Transport and building design, as well as the fields of health and education, began to adjust to meet these needs. In the early 1990s the field is still undergoing change.

Recent developments

There are a number of more recent developments which have had, or are likely to have, an impact on the provision and receipt of services by Australians who have a disability.

Commonwealth/State Disability Agreement

In 1991 the Commonwealth/State Disability Agreement (CSDA), was signed by the Commonwealth Government and all State and Territory governments. The new arrangements give the Commonwealth responsibility for employment services, in recognition of its national responsibility for employment and income security, while State and Territory governments assume responsibility for accommodation and other

support recognising their traditional role in this area. As part of the agreement, States are enacting legislation complementary to the DSA, incorporating its principles and objectives.

It is envisaged that as a result of the Agreement there will be a reduction in administrative duplication and complexity in funding arrangements with resultant savings which can be directed towards improved service delivery, and the minimisation of gaps in forms of assistance to people with a disability.

Under the Agreement the planning function and the funding of advocacy services remain a joint responsibility between the two tiers of government.

Resource adequacy, equity and access

The recent reports of the Senate Standing Committee on Community Affairs—*Accommodation for People with Disabilities* (1990) and *Employment of People with Disabilities* (1992)—found that despite significant increased funding, the program of transition for the older disability support services towards the newer models was being limited by insufficient financial resources. It also appeared that some groups, such as people with a psychiatric disability or acquired brain damage, were not receiving equitable access to funds for services. Most recently an inquiry has found that the national trend to deinstitutionalise people with a psychiatric disability has been inadequately resourced, and the needs of such people are not being met in the community (Human Rights and Equal Opportunity Commission 1993). The adequate provision of accommodation support services is of increasing concern to carers of adults with a disability who wish to ensure secure accommodation arrangements for their children before they themselves are unable to continue to care for them.

Initiatives by governments to improve needs-based forms of planning aim to provide a fairer base for the funding of services for people with a disability. A further and related initiative being piloted by the Commonwealth is the development of an approach to individualised assessment and funding (individual needs analysis), intended to facilitate consumer empowerment, to enhance opportunities for mobility and choice in service usage and to promote more equitable access to services based on need.

Evaluations of the new service models, together with processes being developed for the monitoring of service standards, will also form an important component of improving planning methods.

The process of change: employment initiatives and alternatives

The entry or re-entry of people into the mainstream workforce continues to be a major emphasis of government activity for people with a disability. Two new employment models were identified under the DSA—competitive and supported employment—with the objective, as far as possible, of integrating people with a disability within open work environments which maximise opportunities for skills and career development, social interaction and economic independence. The National Technical Assistance Unit was established by the Commonwealth Government in 1990 to assist sheltered workshop organisations in their transition to the new service models.

Although people with a disability, providers of services and care givers in the main welcomed the principles and objectives of the Disability Services Act, there have been some concerns with implementation of the legislation and with the nature and pace of

change. The re-profiling of existing services and the establishment of new service types have been more difficult than envisaged, and there are differing perceptions as to the extent of reform so far achieved. Some service providers have perceived that the prescription of new service types has been too rigid and has had the effect of limiting choice for some consumers. Recently the Minister announced continuing funding for those people in sheltered workshops for whom open employment was not a realistic objective (Minister for Housing, Local Government and Community Services, July 1993). A new quality assurance strategy has also been announced, to assist further change in sheltered workshops and to encourage people to move into open employment. Cooperative policy development and service delivery are likely to continue to be a challenge for government and non-government sectors during the 1990s.

The introduction of a supported wages system was announced in the 1993–94 Budget. Under the system people who, because of disability, are unable to work at 100 per cent productivity will receive wages based on their abilities, with an additional Disability Wages Supplement being paid through the Social Security system. Employers will receive help with the cost of workplace modifications as well as a 'start-up' payment.

The emphasis on improving mainstream employment opportunities for people with a disability recognises that in modern society the most effective mechanism for achieving a satisfactory level of economic independence, self-confidence and social interaction is through paid work. However, current economic pressures and high unemployment rates, combined with a recognition of the rigid barriers to workforce participation presently encountered by some people with a disability, has led some commentators to suggest other meaningful alternatives for people who are unlikely to have access to mainstream labourforce options. For these people it is suggested that engagement in week-day recreational, leisure or social network programs may be valid work alternatives. The challenge, then, is to identify activities which are both culturally productive and facilitate the community acceptance of people with a disability.

Transition from school to work and the community

During the past few years, there has been a growing awareness that when students with a disability leave school, either by graduating, 'ageing out', or dropping out, they are frequently unprepared to function effectively as adults in their communities, especially in the workplace. These young people often experience additional difficulties with other aspects of their community adjustment, including inappropriate living conditions, inadequate financial resources, restricted opportunities for post-secondary education, limited opportunities for leisure activities, difficulties with transport, inadequate health care, and low self-esteem.

Governments have begun to address some of the barriers to tertiary education and work opportunities through school-to-work transition programs, especially through TAFE, but it is relatively recently that a perception has emerged that the transition process should begin from early in the secondary school years. In recognition of the role State education departments have to play in this area, the NSW Department of Education has been conducting a pilot scheme specially designed to promote the successful transition of people with disabilities into their communities after leaving school, based on a model developed in Oregon in the United States (Parmenter &

Riches 1990). The Western Australia Post School Options Program has resulted in 417 school leavers being placed in employment or community access options in 1990, 1991 and 1992 (Chippendale 1993).

Women and disability

Women with a disability appear to have received differential attention, in the sphere of disability support services; for instance, 41 per cent of 17,970 users of sheltered workshops and other employment services in March 1991 were female; in contrast, 52 per cent of 15,703 users of non-vocational activity therapy centres and other community participation services were female (HHCS 1991:Table 21).

It is not only as the users of services that the situation of women appears to merit special attention. Many of the people caring for family members, particularly children, with a disability are women (see Chapter 1). In an era of change for women and for people with a disability, there can be special challenges for a woman caring for a person with a disability and seeking to promote greater autonomy for them both (Hillyer 1993).

Peak bodies and consultation

In recent years further new national peak bodies have been formed. The Australian Psychiatric Disability Coalition Inc., representing over 60 Australian organisations involved in the mental health sector, was established in recognition of the long-standing need for a broad-based forum to exchange information, discuss national issues of mutual concern, and represent views on service support issues for individuals and carers affected by the functional consequences of mental illness. The Head Injury Council of Australia Inc. (HICOA) was formally established in 1991 with the goal of enabling people with established and permanent traumatic brain injury to reach their full potential and achieve optimum quality of life and to ensure the provision of support to others directly affected by head injury, such as family, friends and carers. Other national peak organisations include the National Federation of Blind Citizens of Australia, the Deafness Forum and the Carers Association of Australia, established in 1992. These five organisations, together with those previously mentioned—DPI, ACROD and NCID—are being proposed as members of the Australian Disability Consultative Council in the Australian Disability Strategy (Office of Disability 1993).

Rights and standards

The introduction of the Disability Services Act in 1986 was seen in many quarters as a watershed in the way services for people with a disability are funded and delivered in Australia. Subsequent developments, such as the Disability Reform Package and the Commonwealth/State Disability Agreement, have resulted in further changes to the systems of service delivery. The Commonwealth's Disability Services Program is to undergo a major review over the next two years, announced in the 1993–94 Budget.

Minimum outcome standards for Commonwealth-funded disability support services have been developed, which include such requirements as access to formal grievance procedures, the right to personal privacy, and the capacity for union membership. Consumer advocacy work is seen as an important component in implementing standards. National standards for disability services were endorsed by all Commonwealth and State Community Services Ministers in June 1993.

The climate in the early 1990s is one of review and of standard-setting for disability support services, and added emphasis on rights of access to all programs and services. The community consultations following the release of the Ronalds Report in 1990 indicated strong support for the introduction of national, comprehensive legislation to address discrimination experienced by people with a disability. Following further consultation in 1991, the Disability Discrimination Act was developed and was passed by the Commonwealth Parliament in 1992. The Act makes discrimination on the grounds of disability unlawful, and provides for the removal of discrimination in legislation and in service provision and for the resolution of issues arising under it.

The Australian Disability Strategy will build on the enabling, antidiscrimination policies of the Disability Discrimination Act, in proposing a national process for the attainment of equal opportunity goals for people with a disability. The draft Strategy is attuned to the international philosophy outlined in the UN Draft Standard Rules on the Equalization of Opportunities for Persons with Disabilities.

The major events described in this brief historical overview are listed in Box 6.1.

Box 6.1: Timetable of events relevant to the development of services for people with a disability

1908	*Invalid pensions introduced, commencing 1910*
1919	*Repatriation Commission established*
1941	*(Forerunner of) Commonwealth Rehabilitation Service established*
1944	*Sickness Benefits introduced, commencing 1945*
1954	*National Health Act*
1961	*First National Conference—Sheltered Workshops*
1963	*Disabled Persons Accommodation Act*
1960s	*Principle of normalisation developed in Scandinavia and the United States*
1967	*Sheltered Employment (Assistance) Act*
1971	*United Nations Declaration on Rights of Disabled Persons*
1974	*The Handicapped Persons Assistance Act*
	Nursing Homes Assistance Act
	Handicapped Child's Allowance introduced
1975	*Meares Report (Volume 2 of National Committee of Inquiry 1974)*
1976	*United Nations declares 1981 as International Year of Disabled Persons*
1977	*Royal Commission on Human Relationships*
1981	*International Year of Disabled Persons (IYDP)*
1983	*Review of Handicapped Persons Assistance Act*
1985	*Home and Community Care Act*
	New Directions Report
	Office of Disability established
1986	*Disability Services Act (DSA)*
1987	*Commonwealth Rehabilitation Service (CRS) decentralised*
1988	*Social Security Review report on income support for people with a disability*
1991	*Disability Reform Package launched*
	Commonwealth/State Disability Agreement (CSDA)
	National Technical Assistance Unit established
1992	*Disability Services Act (DSA) amended*
	Disability Discrimination Act
	Disability Services standards developed
1993	*UN Draft Standard Rules on the Equalization of Opportunities for Persons with Disabilities*
	Australian Disability Strategy drafted

6.3 Population data: disability and handicap in the Australian population

This section contains a discussion of concepts and definitions of disability. The relationship of these definitions to some important administrative and service definitions is explored. Data on the prevalence of disability in Australia, as revealed in national population surveys and administrative sources, are then presented.

Disability terminology in Australia and elsewhere has evolved, particularly during the last decade, and has been used as a tool for public education. The relationship between terminology and the basic disability concepts is discussed, together with implications for the way in which service data and population data, indicating the need for services, might best be interrelated and used.

Concepts and definitions

According to the current international definitions and terminology:

> 'Disability' summarises a large number of functional limitations occurring in any population in all countries of the world. People may be disabled by physical, intellectual or sensory impairment, medical conditions or mental illness. Such impairments, conditions or illnesses may be permanent or transitory in nature.
>
> 'Handicap' is the loss or limitation of opportunities to take part in the life of the community on an equal level with others. The term 'handicap' describes the encounter between the person with a disability and the environment. The purpose of this term is to emphasise the focus on the shortcomings in the environment and in many organised activities in society, for example, information, communication and education, which prevent persons with disabilities from participating on equal terms.

These definitions and concepts appear in the UN Draft Standard Rules on the Equalization of Opportunities for Person with Disabilities. They represent a refinement of the definitions suggested in the World Health Organization's International Classification of Impairments, Disabilities and Handicaps (ICIDH):

> **Impairment:** In the context of health experience an impairment is any loss or abnormality of psychological, physiological or anatomical structure or function.
>
> **Disability**: In the context of health experience a disability is any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being.
>
> **Handicap**: In the context of health experience a handicap is a disadvantage for a given individual, resulting from an impairment or a disability, that limits or prevents the fulfilment of a role that is normal (depending on age, sex, and social and cultural factors) for that individual (WHO 1980).

The ICIDH, now being reviewed by WHO, is sometimes considered to be too medically and individually focused and not to account adequately for environmental factors which are crucial in determining the extent of handicap (see, e.g. Badley 1987; Bolduc 1992). Examples are given, to illustrate these objections, of people with no disabilities (even no impairments) who are nevertheless handicapped by their social surroundings. The UN Draft Standard Rules appear to go some way to addressing these concerns, with their explicit focus on environmental factors in contributing to handicap.

Administrative definitions

Another set of problems arises in the use of the ICIDH definitions and concepts (and potentially with those in the UN Draft Standard Rules) because there is, in practice, overlap or confusion between impairment and disability, and between disability and handicap. There are a wide range of services in Australia, both specific and mainstream, of relevance to people with a disability. Many of these services use apparently different definitions of disability or handicap for their own purposes, usually via eligibility criteria for the service.

These various administrative definitions dictate the way services are administered and are described, and the data emanating from them. The administrative definitions generally define a subset of people with a disability for whom a service is provided, rather than redefining disability. The larger the reach of the service, however, the more the administrative definition is in fact likely to influence perceptions of disability.

The Commonwealth Disability Services Act, for instance, specifies the target group of disability services as people with a disability that:

(a) is attributable to an intellectual, psychiatric, sensory or physical impairment or a combination of such impairments;

(b) is permanent or likely to be permanent;

(c) results in

  (i) a substantially reduced capacity of the person for communication, learning or mobility; and

  (ii) the need for ongoing support services.

Here the word 'handicap' is replaced by the notion of 'reduced capacity' and 'need for support services'. The concepts of impairment and disability are retained, as are the actual words. In practice, disability services are directed to the reduction of 'handicap' and this further promotes a blurring between the terms 'disability' and 'handicap' as commonly used in Australia.

The Commonwealth *Disability Discrimination Act 1992* uses a

> definition of disability that draws upon existing definitions in both Commonwealth and State legislation and includes the concepts of physical, sensory, intellectual and psychiatric impairment. The definition of disability includes the total or partial loss of a bodily function; the presence in the body of organisms causing, or capable of causing, disease, including HIV AIDS; total or partial loss of a part of the body; and malfunction or disfigurement of part of a person's body (Howe 1992).

This definition of disability thus embraces the concepts of impairment, disease and disability.

Other important definitions in Australia are provided under the social security legislation. Eligibility for the Disability Support Pension depends on both impairment (which provides a threshold for consideration of eligibility) and handicap, relating to the person's incapacity for work. Some social security data are presented later in this subsection, providing a comparison with data from population surveys.

Australian Bureau of Statistics (ABS) data

The primary sources of national population data on disability are the Australian Bureau of Statistics (ABS) surveys on disability and ageing, and they contain another variation on the basic disability concepts. These surveys were carried out in 1981 (approximately 83,000 householders and 5,300 people in institutions selected for interview[1]), 1988 (approximately 67,000 householders and 6,700 people in institutions selected for interview) and 1993 (approximately 42,000 householders and 6,500 people in institutions selected for interview). The results of the 1993 survey are not available for inclusion in this report.

Definitions used in the ABS disability surveys

The 1981 and 1988 ABS surveys on disability defined a person with a disability as

> a person who had one or more of the following disabilities or impairments which had lasted or were likely to last for six months or more:
>
> (a) loss of sight (even when wearing glasses or contact lenses),
>
> (b) loss of hearing,
>
> (c) speech difficulties in native language,
>
> (d) blackouts, fits or loss of consciousness,
>
> (e) slowness at learning or understanding,
>
> (f) incomplete use of arms or fingers,
>
> (g) incomplete use of feet or legs,
>
> (h) long term treatment for nerves or an emotional condition,
>
> (i) restriction in physical activities or in doing physical work,
>
> (j) disfigurement or deformity,
>
> (k) need for help or supervision because of a mental disability, and
>
> (l) long term treatment or medication (but was still restricted in some way by the condition being treated) (ABS 1990a).

These criteria were the basis for screening questions applied to all selected households and institutions. The screening questions were designed to ensure that as wide a population as possible answered the questions relating to activity restrictions and the need for help, thereby defining a survey population likely to *contain* those people with a disability. The inclusion criteria can be seen to cover the gamut of impairment, disability, handicap and even health condition, using the WHO and UN definitions given previously. In practice, however, the questions defined disability for the survey, and the survey results are reported by the ABS and others as relating to people with a disability rather than to some broader notion.

The ABS surveys defined a person with a handicap as

> a disabled person aged 5 years or over who was further identified as being limited to some degree in his/her ability to perform tasks in relation to one or more of the following five areas: self care, mobility, verbal communication, schooling, and/or employment.

---

1. Where possible (46 per cent of cases) the person in the institution was interviewed; otherwise a person caring for them provided data.

Severity of handicap was based on the first three of these areas, as follows:

(a) severe handicap—personal help or supervision required or the person is unable to perform one or more of the tasks;

(b) moderate handicap—no personal help or supervision required, but the person has difficulty in performing one or more of the tasks; and

(c) mild handicap—no personal help or supervision required and no difficulty in performing the tasks, but the person uses an aid, or has difficulty walking 200 metres or up and down stairs.

The concept of activity limitation or difficulty in performing tasks relates to the international definition of disability, with the need for personal help or reliance on technical aids relating more closely to definitions of handicap.

Population data from the ABS surveys

At the time of the 1988 survey there were an estimated 2,543,100 people or 15.7 per cent of the Australian population with a disability, as defined by the ABS (Table 6.1). As discussed above, the ABS definition is broader than the ICIDH definition, and these survey numbers would, in that sense, overestimate the number of people with a disability.

Of the people with a disability, an estimated 2,120,600 (13.0 per cent of the population) also reported a handicap (Table 6.2). Those reporting severe handicap numbered 657,500 (4.0 per cent of the population over the age of 4, of whom 326,800 were under age 65); it is this group, who sometimes or always require personal help or supervision, which would include the population in need of formal services.

Physical and sensory disabilities were the most commonly reported type of disability in all age groups for both males (14.2 per cent of whom reported a physical or sensory disability) and females (13.3 per cent). Both physical and sensory disability rates rose sharply with age, 50.0 per cent of males and 46.1 per cent of females aged 65 or over reporting these types of disability (Table 6.1).

Table 6.1: *Persons with a disability; primary disability type by age as a percentage of the total population of that age, Australia, 1988*

	Age groups (years)								
	0–14	15–29	30–44	45–59	60–64	65+	Total 0–64	Total (%)	Total with disability ('000)
Males									
Psychiatric[a]	0.6	0.6	1.1	1.3	2.3	2.3	0.9	1.0	83.9
Intellectual[b]	1.4	1.1	0.4	0.3	0.2	0.7	0.8	0.8	66.2
Sensory[c]	0.9	1.3	2.2	4.3	7.5	13.0	2.2	3.2	261.6
Physical and other[d]	4.3	4.3	7.3	15.3	33.6	37.0	8.3	11.0	890.3
Total ('000)	**131.2**	**146.8**	**204.7**	**257.7**	**156.0**	**399.2**	**896.4**	**16.0**	**1,295.5**
Females									
Psychiatric	0.2	0.6	1.4	2.0	2.4	3.5	1.0	1.3	108.6
Intellectual	0.7	0.6	0.2	0.2	0.2	1.6	0.4	0.6	45.8
Sensory	0.8	0.8	1.4	2.3	3.7	10.0	1.4	2.4	200.3
Physical and other	3.4	4.5	7.0	14.2	21.6	36.1	7.4	10.9	899.9
Total ('000)	**91.1**	**128.2**	**185.6**	**218.2**	**103.3**	**521.1**	**726.4**	**15.3**	**1,247.5**
Persons									
Psychiatric	0.4	0.6	1.3	1.6	2.4	3.0	1.0	1.2	192.5
Intellectual	1.0	0.8	0.3	0.2	0.2	1.2	0.6	0.7	112.0
Sensory	0.9	1.1	1.8	3.3	5.6	11.2	1.8	2.8	461.9
Physical and other	3.9	4.4	7.2	14.8	27.5	36.5	7.8	11.0	1,790.2
Total ('000)	**222.3**	**275.0**	**390.3**	**475.9**	**259.3**	**920.4**	**1,622.8**	**15.7**	**2,543.1**

The groupings used above refer to the ABS categories of:

(a) Mental disorders other than retardation, degeneration or slow learning.

(b) Mental retardation, mental degeneration due to brain damage, slow at learning and specific delays in development.

(c) Sight loss, hearing loss.

(d) Nervous system, circulatory, respiratory, musculoskeletal and all other diseases and conditions.

Source: ABS 1990a (Primary disability numbers from Appendix Table A 6.1 as a percentage of totals from ABS Table 1).

Psychiatric disability was reported among 1.0 per cent of males and 1.3 per cent of females, with rates rising with age.

Intellectual disability was reported for 0.8 per cent of males and 0.6 per cent of females. Rates for people aged 30 to 64 were lower than for other ages, possibly reflecting that carers for children and older people with intellectual disability were more likely to report the disability than adult respondents on their own behalf. It is also possible that

degenerative conditions such as dementia could be contributing to the higher rates for the older age groups.

Overall, the numbers of males reporting disability were only slightly higher than the numbers of females (Table 6.1). However, underlying this total figure are noticeable age and sex differences, most particularly the higher rates of physical and sensory disability among males aged 60–64, and the greater numbers of women surviving beyond that age.

Overall rates of reported handicap were the same for both sexes, but both the age distribution and the pattern of severity reported were quite different for females and males (Table 6.2). Males in all age groups apart from the oldest (age 65+) were more likely to report handicap than females. These differences were particularly marked in the 60–64 age groups. However, females more commonly reported a severe handicap than males; this was true for all age groups apart from 5–14. Females were commensurately less likely to report moderate handicap. Overall, 657,500 Australians over the age of 4 were estimated to have severe handicaps.

It is probable that there are a number of factors contributing to these interesting patterns of difference. The higher male rates of disability and handicap in the 0–14 years age group in both Tables 6.1 and 6.2 merit further investigation, and may be related to higher incidence among males of congenital impairment and developmental disability. The higher rates of handicap for males of most ages may relate to higher industrial and road accident rates. The higher rates of severe handicap among women of most ages also need further investigation. There is the possibility of differing interpretations between the sexes of the survey question, since severe handicap in the survey equates to reporting the need for help with any of three areas of activity. Different life expectancies are likely to be responsible for the difference between females and males at the oldest ages. More chronic and recent illnesses and higher rates of hospitalisation were reported for working age females in other data sources (AIHW 1992:177).

Among people with a handicap, mobility was the most common area of difficulty, being reported by 77 per cent of these people (Table 6.3). People with intellectual or nervous system primary disabling conditions were the most likely to report severe handicap and also appeared the most likely to report multiple areas of handicap. People with a sight or hearing disability were the least likely to report handicap.

These differences illustrate that people with a disability are a very diverse population, ranging from people with profound intellectual disability, to people with severe and multiple physical disabilities, to people who may have a significant disability but who have, for various reasons, achieved a significant diminution in the resultant handicap.

Table 6.2: *Persons with a handicap, severity of total handicap by age as a percentage of the total population of that age, Australia, 1988*

Age (years)	Severe	Moderate	Mild	Not determined[a]	Total (%)	Total persons ('000)
Males						
0–4	(b)	(b)	(b)	4.0	4.0	24.8
5–14	2.6	1.1	1.2	2.3	6.1	90.1
15–29	1.2	1.1	1.5	1.6	5.4	109.1
30–44	1.9	2.5	2.2	2.0	8.5	158.5
45–59	3.6	5.6	5.0	3.2	17.4	213.2
60–64	6.1	11.4	13.4	6.7	37.6	134.9
65+	13.1	13.8	15.8	*	42.7	323.0
Total% 0–64	2.1	2.6	2.7	2.3	9.9	730.6
Total%	3.2	3.6	3.9	2.3	13.0	1,053.5
Total ('000)	**256.2**	**295.4**	**315.3**	**186.6**	**1,053.5**	
Females						
0–4	(b)	(b)	(b)	2.6	2.6	15.8
5–14	1.9	0.7	1.3	1.2	5.1	60.4
15–29	1.4	0.9	1.4	1.1	4.8	97.3
30–44	2.4	2.1	2.1	1.6	8.3	153.5
45–59	4.3	4.9	4.8	2.3	16.3	190.4
60–64	6.3	7.2	8.1	2.7	24.4	90.4
65+	22.6	10.3	11.9	*	44.8	459.1
Total% 0–64	2.4	2.1	2.4	1.4	8.4	607.8
Total%	4.9	3.1	3.6	1.4	13.0	1,067.1
Total ('000)	**401.3**	**254.5**	**292.2**	**119.0**	**1,067.1**	
Persons						
0–4	(b)	(b)	(b)	3.3	3.3	40.7
5–14	2.3	0.9	1.3	1.8	6.1	150.5
15–29	1.3	1.0	1.5	1.4	5.1	206.4
30–44	2.1	2.3	2.2	1.8	8.4	312.0
45–59	3.9	5.3	4.9	2.7	16.9	403.6
60–64	6.2	9.3	10.7	4.7	30.9	225.2
65+	18.6	11.8	13.6	*	43.9	782.2
Total% 0–64	2.2	2.3	2.5	1.9	9.2	1,338.4
Total persons%	4.0	3.4	3.7	1.9	13.0	2,120.6
Total ('000)	**657.5**	**550.0**	**607.5**	**305.7**	**2,120.6**	

(a) Comprises all disabled children 0–4 and persons who had a schooling (persons aged 5–20) or employment (persons aged 15–64) limitation only.
(b) Handicap not determined for persons aged under 5 years.
* Insufficient numbers in cell.
Sources: ABS 1990a; Appendix Table A6.3.

Table 6.3: *Persons with a handicap, area of handicap,[a] severity of total handicap by type of primary disabling condition[b] as a percentage[c] of total persons with a handicap in each condition type, Australia, 1988*

	Type of primary disabling condition										
			Sensory		Physical						
	Psychiatric	Intellectual	Sight	Hearing	Nervous system[e]	Circulatory	Respiratory	Musculoskeletal and connective tissue	All other diseases and conditions	Total physical	Total
Persons with a handicap											
Area of handicap											
Self-care	33.6	51.4	38.3	13.7	59.9	38.3	31.0	55.4	43.9	47.8	42.8
Mobility	71.6	71.6	81.8	50.9	78.7	87.9	73.8	85.0	75.8	81.5	77.1
Communication	20.0	44.4	30.2	54.6	23.6	15.0	9.1	8.7	12.3	12.0	18.9
Schooling	6.0	38.0	2.8	7.2	13.0	0.6	15.4	1.2	6.5	5.1	6.8
Employment	52.3	31.9	22.7	26.7	45.0	37.8	40.6	57.0	48.0	49.0	45.1
Persons with a disability											
Severity of total handicap											
Severe	32.4	58.9	38.9	10.9	54.8	28.8	18.5	32.6	29.6	31.8	31.0
Moderate	19.0	6.7	18.3	12.5	15.9	26.9	27.1	36.8	27.2	30.0	25.9
Mild	26.1	9.8	33.8	62.0	14.0	35.2	31.3	21.4	26.2	25.0	28.6
Not determined[d]	22.5	24.6	8.9	14.6	15.4	9.1	23.1	9.2	16.9	13.1	14.4
No handicap	29.0	5.3	31.7	58.9	13.4	15.5	19.9	10.5	16.0	13.9	19.9

(a) Percentages do not add up to 100% since persons may have a handicap or limitation in more than one area.

(b) Persons with a primary disability condition which had both a mental and physical manifestation are shown against both the mental and physical components of the table although they are included only once in the total.

(c) Percentage of population in Table 12 ABS, from Appendix Table A6.4.

(d) Comprises all children with a disability aged 0–4 years and persons who had a schooling or employment limitation only.

(e) Nervous system includes people with motor neuron disease, ataxia, MS, quadriplegia and paraplegia. Although these diagnoses may arise from a sensory impairment, they are generally perceived to be a physical disability.

Source: ABS 1990a.

Schooling was the least likely area of handicap to be reported, probably chiefly because of the limited population group to which it could refer—the question was asked only of people aged 5–20 years currently at school or studying.

Needs for services are indicated not only by population data, but also by people's own perceptions of their needs. People were asked in the survey whether they needed help, in particular with specific ranges of tasks and activities, and also to indicate if their needs were being met. In most (95.8 per cent) of the instances of reported need for help, some help was being received, although this still left 439,400 instances of unmet or only partly met need for people living in households rather than in institutions (Table 6.4). Data on the people and services providing these supports are provided in Section 6.4.

Table 6.4: ***Persons with a disability aged 5 years and over, activities for which help needed, help received and unmet need by type of residence, Australia, 1988***

	Households			Health establishments[a]		Total	
	Help needed ('000)	Help received ('000)	Unmet need[b] ('000)	Help needed ('000)	Help received ('000)	Help needed ('000)	Help received ('000)
Self-care	280.3	273.1	29.3	120.2	120.2	400.5	393.3
Verbal communication	82.2	74.7	(a)	68.2	64.7	150.4	139.4
Mobility	396.5	384.5	44.5	125.7	125.4	522.2	509.9
Health care	389.4	368.1	52.9	133.0	n.a.	522.5	368.1
Home help	840.8	767.8	177.6	n.a.	n.a.	840.8	767.8
Home maintenance	1,041.7	959.4	249.4	n.a.	n.a.	1,041.7	959.4
Meals	282.3	263.9	27.6	n.a.	n.a.	282.3	263.9
Personal affairs	233.6	221.0	29.0	120.3	120.0	353.9	341.0
Transport	694.5	682.6	67.3	15.8	15.7	710.4	698.3
Total	**1,432.6**	**1,373.9**	**439.4**	**150.4**	**142.4**	**1,583.0**	**1,516.3**

(a) Unmet need not assessed for verbal communication, or for any activity in health establishments. Health establishments refer to general hospitals, special-purpose nursing hospitals, nursing homes, homes for the aged/other homes and retirement villages with a nursing home component.

(b) Unmet need does not equal the difference between help needed and help received, as an unmet need may exist even when some help is received.

n.a.: Question not asked of people in health establishments.

Source: ABS 1990a.

Home help and home maintenance were the most frequent areas of help needed, help received and unmet need for help (Table 6.4). These two activities had the highest rate of both need and unmet need across all age groups (Table 6.5). The need for help increased rapidly with age, whereas unmet need did not follow such a clear pattern of increase, presumably because of services provided, such as HACC, targeted towards older people. The age group with the highest unmet need for help was 30–44; some 36 per cent of people with a disability in this age range had an unmet need for help, most frequently in the area of home help.

The rates of severity and handicap for each State and Territory population, and for those under 65 are set out in Table 6.6. Rates of handicap are uniformly lower for the under 65 population in each State and Territory. The rates of handicap in the Northern Territory and the Australian Capital Territory, apparently lower when considering the population as a whole, become much closer to the national average when people aged over 65 are excluded, reflecting the younger age structures in the two Territories.

Further data about living arrangements, income and employment of working age people with a disability are set out in Table 6.7, together with the severity of handicap reported. People with a disability were less likely to be in the labourforce than the rest of the working age population, and more likely to be recipients of government pensions. They were more likely to be owners of their own home and hence less likely to be in the process of purchasing it—this being probably an age-related difference. People with a disability were also more likely to be living alone than other working age Australians, and this may also be partially an age-related difference.

Table 6.5: *Persons with a disability aged 5 years or more living in households who need help, activity in which help needed by percentage of total in age group (and percentage** with an unmet need), Australia, 1988*

Age	Self-care		Verbal communication	Mobility		Health care		Home help		Home maintenance		Meals		Personal affairs		Transport		Total needing any help		Total in age group ('000)
5–14	1.6	(9.5)	1.2(*)	1.5	(8.5)	-		-		-		-		-		0.8	(11.2)	2.4	(10.4)	2,449.3
15–29	0.6	(13.8)	0.3(*)	0.8	(12.3)	0.7	(7.6)	1.7	(15.3)	1.7	(13.6)	0.7	(12.3)	1.9	(12.8)	1.6	(12.4)	3.2	(23.3)	4,044.4
30–44	1.2	(5.7)	0.2(*)	1.5	(11.7)	1.2	(15.4)	3.5	(28.3)	3.9	(25.4)	1.1	(16.7)	0.9	(22.3)	2.3	(14.5)	5.4	(36.0)	3,703.2
45–59	2.0	(12.1)	0.4(*)	2.7	(8.9)	2.1	(15.3)	7.3	(21.7)	8.8	(22.8)	1.8	(16.5)	1.3	(14.1)	4.8	(9.6)	11.7	(29.5)	2,383.0
60–64	2.9	(14.4)	0.3(*)	4.1	(14.1)	5.0	(14.2)	12.6	(21.5)	17.0	(29.2)	3.7	(10.2)	2.8	(17.2)	8.7	(11.5)	21.7	(35.3)	722.3
65+	6.3	(10.6)	1.3(*)	10.6	(11.8)	14.3	(13.4)	23.0	(19.3)	30.4	(24.1)	9.0	(5.4)	6.0	(7.5)	21.4	(7.6)	37.1	(31.8)	1635.3
Total 5–64	1.3	(10.4)	0.5(*)	1.7	(10.8)	1.2	(13.8)	3.5	(22.5)	4.1	(23.8)	1.0	(14.5)	1.0	(16.1)	2.6	(11.8)	6.2	(29.8)	13,302.2
Total	**1.9**	**(10.5)**	**0.6(*)**	**2.7**	**(11.2)**	**2.6**	**(13.6)**	**5.6**	**(21.1)**	**7.0**	**(23.9)**	**1.9**	**(9.8)**	**1.6**	**(12.4)**	**4.6**	**(9.7)**	**9.6**	**(30.7)**	**14,937.5**

* Unmet need not asked for this activity

** Percentage of people in this age group with a need, who still had an unmet need for help, possibly partially met.

Source: ABS 1990a.

Table 6.6: *Persons with a handicap, severity of handicap, and disability status, percentage by State, Australia, 1988*

	NSW	Vic	Qld	SA	WA	Tas	ACT	NT	Australia
All persons									
Severe	4.1	4.5	3.5	4.1	3.5	4.5	2.9	2.4	4.0
Moderate	3.6	3.7	2.9	3.2	2.9	3.6	1.9	2.1	3.4
Mild	3.4	3.9	3.7	4.2	4.0	4.4	2.3	1.9	3.7
Not determined[a]	1.8	1.7	2.1	2.0	2.1	2.0	1.7	2.2	1.9
Total with a handicap (%)	*13.0*	*13.8*	*12.1*	*13.5*	*12.6*	*14.4*	*8.9*	*8.7*	*13.0*
With a disability but no h'cap (%)	2.9	2.4	2.5	1.9	2.8	2.3	3.2	2.8	2.6
No disability (%)	84.1	83.8	85.4	84.6	84.7	83.4	87.9	88.5	84.4
Total persons ('000)	**5,636.1**	**4,233.4**	**2,681.8**	**1,395.8**	**1,517.0**	**448.7**	**265.7**	**160.2**	**16,338.6**
Persons* aged 0–64 (those with a handicap) (as % of population less than 65)									
Severe	2.3	2.6	1.9	2.1	1.8	2.5	1.9	2.0	2.2
Moderate	2.5	2.4	2.1	2.3	2.1	2.3	1.8	2.0	2.3
Mild	2.4	2.6	2.4	2.8	2.8	2.8	1.6	1.8	2.5
Not determined[a]	2.0	1.9	2.3	2.3	2.3	2.2	1.8	2.3	2.1
Total with a handicap (%)	*9.2*	*9.6*	*8.7*	*9.6*	*9.1*	*9.8*	*7.1*	*8.1*	*9.2*
Total persons ('000)	**4,985.4**	**3,754.7**	**2,390.0**	**1,220.6**	**1,370.4**	**397.0**	**250.5**	**157.0**	**14,525.5**

(a) Comprises all disabled children 0–4 and persons who had a schooling or employment limitation.
* Persons less than 65 years: ABS unpublished data.
Source: ABS 1990a.

Table 6.7: *All persons in households aged 15 to 64, nature of occupancy, living arrangement, source of income and employment status by disability status and severity of handicap, Australia, 1988*

	Severity of handicap						
	Severe	Moderate	Mild	Not determined[a]	Total	Total with a disability	Total all persons
	(Percentage)						
Nature of occupancy[b]							
Owners	41.2	45.1	41.1	38.4	41.7	40.6	30.3
Purchasers	18.5	19.6	24.4	20.6	21.0	22.3	29.6
Renters	22.6	23.9	20.8	22.5	22.4	22.1	20.9
Boarders	7.2	4.4	5.9	7.1	6.0	6.0	8.1
Lives here rent free	8.5	4.8	4.9	7.3	6.1	6.2	9.0
Total	**98.0**	**97.8**	**97.1**	**95.9**	**97.2**	**97.2**	**97.9**
Living arrangements							
Lives alone	7.2	12.9	12.0	12.5	11.3	11.2	5.7
Lives with other people	92.8	87.1	88.0	87.5	88.7	88.8	94.3
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Source of income[c]							
Wages and salary	23.0	29.9	37.2	38.0	32.1	36.9	57.3
Own business/partnership	6.4	8.3	11.1	10.4	9.1	9.4	10.8
Government pension or cash benefit	62.3	55.3	47.3	47.1	52.9	48.1	28.6
Other sources	15.1	19.0	17.2	18.0	17.4	17.0	10.1
Do not know	9.1	7.8	7.6	6.4	7.7	7.4	6.7
Total	**115.9**	**120.3**	**120.4**	**119.9**	**119.2**	**118.8**	**113.5**
Employment status							
Employed	30.0	37.5	46.8	48.2	40.7	45.6	66.2
Unemployed	3.9	4.4	5.0	10.3	5.6	5.9	6.1
Total in the labourforce		41.9	51.9	58.5	46.4	51.5	72.3
Not in the labourforce	66.2	58.1	48.1	41.5	53.6	48.5	27.7
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) All disabled children aged 0–4 years and persons who had a schooling or employment limitation only.
(b) Total less than 100% as not asked of persons in 'special dwellings'.
(c) Total more than 100% as more than one source could be indicated.
Source: ABS unpublished data.

Disability and other population characteristics

Some notable differences in prevalence of disability occur between subgroups of Australians. Some of these are illustrated in Table 6.8.

Table 6.8: *Differentials in prevalence of disability for groups of Australians by various socioeconomic and population characteristics, 1988*

Socioeconomic characteristic	Comparison group	Difference (%)*
Family income		
Men on a low income	Men on a high income	138
Women on a low income	Women on a high income	83
Employment status		
Unemployed men	Employed men	66
Unemployed women	Employed women	29
Men out of the workforce	Employed men	413
Women out of the workforce	Employed women	91

* Greater likelihood of people with various socioeconomic characteristics also having a disability, when compared to the 'comparison group'.

Source: National Health Strategy 1992; data derived from ABS 1989.

Higher rates of disability were consistently found among groups of people with other indications of social disadvantage, for instance low income, unemployment, and lower levels of education. Although such an observed correlation cannot in itself demonstrate causation, it could be speculated both that disability is a precipitating factor likely to lead to other forms of social disadvantage, and that social disadvantage may contain some of the preconditions increasing the likelihood of disability (such as workplace injury).

A detailed analysis of the ABS survey data found that

> Persons born in Australia and in other countries where English was the major medium of communication reported higher levels of disability than did those born in non-English speaking countries. The latter, however, reported higher levels of severe handicap (Donovan et al. 1992).

This AIHW study pointed out the complexities of conducting such analyses, including the small sample sizes of some birthplace groups and the added cultural and language complexities in respondents' interpretation of the survey concepts and questions. The suggestion by these authors, that some of these differences in handicap relate to differential exposure to work-related injury for some migrant groups, is supported by Sims (1991).

There is, as yet, inadequate statistical information on disability and handicap among Aboriginal and Torres Strait Islander populations. However, information about the prevalence of predisposing disease such as middle ear infection, respiratory and circulatory system disease, injury, diabetes milletus and renal disease among Aboriginal people (Thomson 1989, 1991) suggests that these populations could be expected to experience higher rates of disability and handicap than the Australian

population at large. A small study of health disabilities among Aboriginal people in one area of New South Wales suggests that indeed, for this community at least, the prevalence of disability and handicap is higher among females and males of all ages than it was found to be in the general population in the 1988 ABS survey (Thomson and Snow 1993, forthcoming).

Changes between 1981 and 1988

Between the 1981 and 1988 ABS surveys there were considerable increases in the rates of self-reported (or family/carer reported) disability and handicap (Table 6.9). Severe handicap was reported as having increased by 22.9 per cent in the area of mobility, 37.5 per cent in the area of self-care, and by 42.5 per cent in the area of communication.

Table 6.9: ***Persons aged 5 years and over with a handicap, percentage increase in reported handicap, Australia, 1981 to 1988***

Area of handicap	Severe	Moderate	Mild	Total
Self-care	37.5	90.1	183.3	66.9
Mobility	22.9	122.8	133.9	77.3
Verbal communication	42.5	40.3	74	60.9

Source: Mathers 1991, based on ABS 1981.

Analyses of the changes in the ABS survey data between the 1981 and 1988 surveys are equivocal as to how much of the observed changes may be due to

- underlying changes in the prevalence of certain conditions, including asthma and musculoskeletal disorders;
- changes in diagnostic techniques or community awareness, making people more likely to report specific conditions;
- greater willingness to talk about disability, because of changing community attitudes; and
- the greater availability of aids, the use of which by ABS definition includes the user in the 'mild handicap' group (Mathers 1991).

Percentage reported changes in the prevalence rates of disabling conditions are given in Appendix Table A6.5.

Data from income security programs

Income security programs are of major significance to people with a disability because of the fundamental nature of the support they offer, the large number of people receiving payments, and because eligibility for social security programs is often used to define eligibility for other programs. Detailed social security data are available regularly and at postcode level, and hence are sometimes used as a surrogate for population data in service planning processes.

It is therefore of considerable interest to compare social security data with the ABS survey data to see what differences might arise from the different definitions used.

The major payment currently of relevance to people with a disability is the Disability Support Pension (DSP). To be eligible, a person must be aged over 16 and below Age Pension age and be assessed as having a 20 per cent impairment rating and a continuing inability to work full time at award wages for at least the next two years. Women currently become eligible for the Age Pension at age 60 and men at age 65 (these differences are to be phased out over the next 20 years). In assessing the likely inability to work, the availability of suitable work can be taken into account for people over 55 years old. The rating of the impairment is carried out by the Australian Government Health Service using tables for the assessment of impairment specially adapted for the purpose. The DSP is income and assets tested.

The DSP replaced the former Invalid Pension in November 1991 when the Disability Reform Package was introduced, with the purpose of encouraging labour market participation and reducing dependency on income support. The Invalid Pension had required a person to be assessed as 85 per cent permanently incapacitated for work with at least 50 per cent of the incapacity caused directly by a physical or mental impairment.

The age and sex of people receiving disability-related social security pensions are tabulated for 1988 to enable comparisons with the ABS survey data on people with severe handicaps, and for 1992 to enable comparison with more recent data (Appendix Tables A6.6 and A6.7). Some comparisons among the three sources are summarised in Table 6.10.

Table 6.10: ***Comparison of population data from ABS 1988 survey, and DSS pension system data***

Collection	All persons	Males	Females	Persons 30–59 yrs
DSP 1992 (persons aged 16–59)	290,341	186,508	103,833	246,975
Invalid pension 1988 (persons aged 16–59)	226,973	150,331	76,642	193,814
ABS survey 1988 (persons aged 15–59)—with severe handicap	226,300	102,700	123,400	173,900

Source: ABS 1990a; DSS unpublished data; and Appendix Tables A6.6 and A6.7.

Features of Table 6.10 include:

- the increase in DSP in 1992 over Invalid Pensions in 1988; this increase has been related to and offset by a decrease in Sickness Benefit/Allowance numbers with the introduction of the Disability Reform Package (DSS 1992); reduced job opportunities for those aged over 55 could also have contributed to this effect;
- the similarity in ABS and Invalid Pension totals in 1988 despite the difference in definitions used; this similarity masks strong underlying differences, as follows;
- the great discrepancy between the sex distributions; while approximately 45 per cent of the people described as having a severe handicap in the survey were male,

around 65 per cent of Invalid Pensioners and Disability Support Pensioners were male; possible explanations include:

— the income test, which meant that the DSP in 1992 cut out completely when the combined income of a married couple exceeded $1,179.60 fortnightly (DSS 1992); a woman with a disability would thereby be more likely to be ruled out of eligibility than would a man with a disability, because of the differences between men and women in labourforce participation rates and earnings levels;

— other factors related to the eligibility criteria, including that for people aged over 55 the availability of work is a factor in receiving the DSP, and unemployment rates for older men are higher than for older women (see, e.g. ABS 1991:Table 4.2);

— factors related to underlying sex-related rates of disability as they affect the likelihood of working; for instance, industrial injury rates for labourers and people employed in the mining industry were the highest recorded for 1987 (Worksafe Australia 1993) and these were predominantly male occupations (ABS 1987).

A number of sex differences emerge as a consistent thread from the data examined so far in this section. In almost all age groups, more males reported handicap but more females reported severe handicap (Table 6.2). These sex differences in reported handicap do not appear to bear a simple relationship to the reported levels of disability (Table 6.1). It appears possible, therefore, that there are sex differences in the experience and perception of handicap, including possible differences in the willingness to report the need for help. The severity of handicap among males was more likely to be 'not determined' than it was for females, reflecting their greater likelihood of handicap in the fields of employment and education. This difference was reflected in the more frequent receipt by males of the Disability Support Pension, which for the reasons discussed has a strong focus on incapacity for employment.

Population data: the relationship to concepts, terminology and policy

Reliable population data are fundamental to the planning and monitoring of disability services, and to the interpretation of service data. Significant progress has been made in Australia in recent years, most particularly with the development and refinement of the ABS population surveys. Nevertheless the above discussion suggests that Australia does not, as yet, have a completely sound base of population data in this field.

Some of the weaknesses in the data are revealed by the difficulty in explaining the changes between the 1981 and 1988 ABS survey data and of the sex differences in the survey results and other data. The possibility that both these findings may relate to differing ways of interpreting the ABS survey questions (that is, of thinking about disability) over time or between the sexes underline that the data, although useful, are not yet able to be used, except perhaps very broadly, for indicating service needs, for establishing time series or for preparing projections of future needs. The pitfalls of relying instead on DSS data for service planning purposes are also revealed in the comparisons of DSS data and the ABS survey data.

One of the factors which has probably contributed to changing perceptions of disability, and hence to instability in the data, is the change in the way the community generally speaks about disability, and the fact that changes in terminology have been closely linked to changes in public perceptions and in policy.

In Australia in recent years the thrust of national policy in disability and related services in Australia has been typified by:

- action to make important mainstream services accessible by all the community including people with a disability;
- initiatives to remove discrimination, most recently by the introduction of the Disability Discrimination Act; and
- the redefinition and greater provision of disability support services designed to enable people with disabilities to achieve increased independence, employment opportunities and integration in the community (see Section 6.2).

These changes have depended on establishing new concepts of rights and new attitudes to people with a disability, as well as on defining new service types and changing funding and administrative arrangements.

Much of the progress made has depended on shifting the focus away from the health arena, which has traditionally provided programs to minimise impairment or disability, either by providing medical treatment of impairment, rehabilitation of people with disabilities, or public health programs devised to minimise the occurrence of injury or disease. Because of the focus of health interventions on individuals and on shorter term medical interventions, the health-based terminology has perhaps been seen as irrelevant or even inimical to the development of disability services and to the enhancement of rights and life opportunities for people with a permanent disability, via social and environmental improvements as well as services providing them with ongoing support. Further, a concentration on clinical diagnosis (or grouping) rather than on level of need is sometimes believed to lead to inappropriate resource allocation.

Terminology has been used to change policy and perceptions. For instance, people are no longer usually referred to as 'disabled' since the label characterises the person solely in terms of one characteristic of many; the more acceptable term is now 'person with a disability'. It may be unrealistic to expect that terminology has yet stabilised.

It is also unrealistic to expect that differences among administrative definitions can be eliminated.

In summary, the complex nature of disability concepts, their intrinsic difficulty in being measured, the administrative variation in Australia, as well as the evolving state of the terminology in Australia and internationally, all contribute to complexities in collecting and interpreting data in this field.

Underlying concepts: the need for stability and consensus

Underlying concepts may, nevertheless, be more stable than the terminology and more consistent than the administrative definitions. Work is proceeding at an international level to refine the ICIDH concepts of impairment, disability and handicap. Further discussion and, it is hoped, consensus on these basic concepts in the field could be a useful precursor to improvements in service data in Australia.

It seems that disability service and population data must necessarily include a notion of handicap, which is, according to the broad definition, a societally influenced condition and also the target for disability support services. It also seems essential that the separation of the concept of handicap from a more 'objectively' measured condition will be important in providing data on disability services, so that the data will be capable of

monitoring progress in reducing handicap among service consumers (for instance, people with certain types and levels of impairment). Such 'objective' measures could, for instance, enable population projections (perhaps based on health data) to be developed to predict future needs for services, or benchmarks to be constructed, as in the aged care field, where resources per capita of people in certain age groups are defined as desirable goals. Progress towards the goal of reducing 'handicap' could be measured by monitoring the percentage of people with certain impairments who are no longer 'handicapped'.

It appears that there will be a need to retain and discuss these basic concepts in both the health and the disability services field, and to facilitate better linkages of health and disability data, in order to face the challenge of being able to discuss, in measurable terms, the level of service in relation to measures of need and to factors less socially determined than handicap. Because disability initiatives are aimed at social and environmental effects, success in reducing the level of 'handicap' moves the target. To the extent that the Australian environment becomes more sympathetic to people with a disability, there should be a resultant lowering of the apparent need for special support services. Such change needs to be evident from the statistics, otherwise there is the risk that successful initiatives will not be identified and efforts may be misdirected.

Thus while flexible terminology is likely to continue to be part of the weaponry of reform, and administrative variation may be unavoidable, underlying concepts need greater stability and consensus to underpin the often quantitative debates about resource allocation.

Part of the search for improved national data on disability services (and on the need for them and outcomes from them) is therefore likely to entail reaching agreement on fairly stable underlying concepts, while accepting that, in day-to-day usage, terminology is likely to continue to evolve, and both shape and reflect reforms in the field.

The basic concepts of impairment, disability and handicap appear to underpin both the administrative definitions and the common terminology, although in practice the term 'handicap' is often exchanged for 'disability' and, of all three, impairment is the easiest to measure consistently. It is therefore reasonable to suggest that Australian population data, administrative definitions and service data should be related as far as possible to the international standards reflected in the ICIDH definitions and more recently in the UN Draft Standard Rules. In preserving this relationship, the different data sources should become more relatable to each other. The task will be to continue to seek improvements in these national and international standards, and also to work towards greater understanding of their application in a wider range of Australian data sources.

6.4 National picture of disability services and supports: a first overview

There is a broad array of services which are of significance to people with a disability, and a mixture of administrative responsibilities across and within the different service sectors. The situation is perhaps most graphically illustrated at the personal level. At a HACC community consultation a parent of a child with multiple disabilities reported that she used 26 telephone numbers on a regular basis in organising educational, therapeutic and support services for her child (Leonard 1989). This complexity of service provision is reflected in the task of distilling and integrating this picture into national statistics on services, as are the complementary roles of carers and service providers.

This section describes the array of services in Australia relevant to people with a disability and provides some of the available data on these services. Some information on informal care and support concludes the section.

Formal services may be loosely categorised as

- income support;
- other disability services, or specialist support services;
- mainstream or generic services; some mainstream services, for instance employment, education and transport services, contain special components which are directed towards people with a disability.

These formal services are delivered or funded by non-government organisations, and by State and Commonwealth governments.

The scope of formal services of relevance to people with a disability in Australia is summarised in Table 6.11, according to these broad service categories and the sectors involved in their funding and delivery.

Table 6.11: *Formal services in Australia relevant to people with a disability, broad service categories and sector roles*

	Commonwealth role	State role	Local government role	Non-government role*
Income support	Income security programs of DSS, DVA and HHLGCS	Injury compensation schemes		Emergency relief (non-specific)
	Concessions, fringe benefits	Concessions, fringe benefits	Rate concessions	
Disability support services	Funding of employment and other services under DSA (CSDA)	Provision and funding of accommodation and other support services (CSDA)	Provision of HACC services	Provision and funding of CSDA services and HACC services
	Funding of HACC services	Funding of HACC services		
	AHS—provision	Program of Aids for Disabled People (PADP)		
	CRS—provision			
	Nursing homes and hostels—funding	Nursing homes and hostels—funding and provision		Nursing homes and hostels—funding and provision
Relevant mainstream	Employment programs (DEET), including disability-specific programs	Education, both special and integrated	Physical access; parking	Emergency relief (non-specific)
	Funding for public housing and crisis accommodation, including disability-specific	Public housing, including disability-specific		
		Transport, including disability-specific		
	Funding of child care services, including disability-specific initiatives	Funding of child care services, including disability-specific initiatives	Provision and coordination of child care services	Provision of child care services
	Funding of health services (grants and health insurance)	Health-service provision		
	Other, e.g. sport, library and information	Other, e.g. sport, library and information	Other, e.g. sport, library and information	

* No distinction between for-profit and not-for-profit.

Income support

Income support programs for people with a disability are of fundamental importance. People with a disability are likely to be among the lower income groupings in the population (Table 6.8 and later in this section), and there is evidence that their costs of living tend to be higher (Disability Task Force 1991; Australian Quadriplegic Association 1992).

Commonwealth programs

A range of income support programs are provided by the Commonwealth Government for people with a disability and their carers. Commonwealth income support programs generally provide flat-rate and means-tested payments to people meeting eligibility criteria related to their disability; the programs are funded from general revenue.

Those programs, administered by the Commonwealth Department of Social Security (DSS), are chiefly:

- the Disability Support Pension (DSP), which is provided to people who, because of the degree of their impairment, are unable to work full time for award wages for at least two years. On 30 June 1992 there were 378,558 Disability Support Pensioners. Outlays in 1991–92 totalled $3,620.1 million. The DSP is described in greater detail in Section 6.3, where some client data are presented and discussed.
- the Wife Pension, providing income support to a wife of a Disability Support Pensioner where she is not entitled to a pension in her own right. In June 1992 there were 101,731 Wife Pensioners. Outlays during 1991–92 totalled $740.9 million.
- the Carer Pension, which is available to people caring on a full-time basis for a pensioner or allowee with a severe disability (living in the same or adjacent home). In June 1992 there were 7,057 people receiving a Carer Pension. Outlays in 1991–92 totalled $51.1 million.
- the Mobility Allowance, available to people who are in paid or unpaid employment or undergoing vocational training and who, because of a disability, face difficulties in using public transport. In June 1992 there were 13,911 recipients of this allowance. Outlays in 1991–92 totalled $12.2 million.
- a non-income- or assets-tested Child Disability Allowance, payable to a parent or guardian of a child with a disability living at home who needs more daily care than a child of the same age without a disability. There were 50,797 allowees in June 1992, caring for 54,863 children with a disability. Payment outlays totalled $103.8 million in 1991–92.
- Sickness Allowance, which is available for people temporarily unable to work because of a medical condition. In June 1992 there were an average of 44,172 people receiving the allowance, a total of $444,853 being outlaid in 1991–92 (DSS 1992).

The Disability Support Pension replaced the former Invalid Pension, being introduced as part of the Disability Reform Package in 1991, the package of measures designed to assist people with a disability to participate in labour market opportunities (see Sections 6.2 and 6.3). The Disability Support Officers of DSS arrange the referral of Disability Support Pensioners to Disability Review Panels (comprising the Disability Support Officer and representatives of DEET and HHLGCS). These panels assess each

person's suitability for a range of rehabilitation and labour market programs and develop an activity plan with the client.

In 1992–93, the first full year of operation of the panels, a total of 51,298 people were considered by Disability Support Officers, resulting in 25,082 panel interviews and 16,571 acceptances to labour market or rehabilitation programs (DSS unpublished data). The most common reasons for people not proceeding beyond the panel assessment stage were that the client declined to proceed (8,438), or that they were assessed, either at the first discussion or after assessment, as unsuitable for available programs (16,048)—a situation which could also mean that there were no suitable programs available for those people. The main programs proceeded with were rehabilitation (9,667) and DEET labour market programs (4,960) as well as competitive and supported employment programs operating in the non-government sector with financial support under the Disability Services Act. More detailed data on the DSP and the operation of the panels will be available with the completion in 1994 of the evaluation of the Disability Reform Package.

The Domiciliary Nursing Care Benefit, administered by the Department of Health, Housing, Local Government and Community Services is a non-means-tested allowance paid to carers of people with a disability living at home who would otherwise be receiving full-time nursing care. The benefit, which is part of the HACC program, is aimed at meeting some of the additional costs of caring. Total outlays in 1991–92 were $33.5 million, paid in respect of a total of 33,325 people being cared for, of whom 6,676 or 23.3 per cent were aged under 60 years (HHCS 1992a).

The Continence Aids Assistance Scheme, announced in the 1992 Federal Budget, assists people who have a permanent continence condition as a result of a severe disability to meet the costs of bowel and bladder care items. The Scheme is intended to complement other pre-existing, subsidised aids and appliance schemes and is targeted at people of working age with a permanent disability and who are eligible to receive either the Disability Support Pension or the Mobility Allowance. The aim is to help consumers overcome disability-specific costs which may create barriers to seeking and obtaining employment and participating in the community.

The Department of Veterans' Affairs provides a range of income support programs and associated benefits for returned service personnel and their families. The main form of income support is the service pension, providing an income- and assets-tested pension (similar to the Age Pension administered by DSS) both to older veterans (but available at earlier ages) and to younger veterans permanently incapacitated for work. Wives, widows and other dependents also receive payments. In June 1992 there were a total of 371,613 people receiving the service pension, including 215,010 veterans; a further 341,868 people were receiving the disability pension, including 157,790 veterans (DVA 1992). Total outlays on all service pensions in 1991–92 were $2,343.3 million.

State programs

All States and Territories administer injury compensation schemes for employment injuries, commuting injuries and occupational injury and disease. Provisions vary from State to State. State-based injury compensation schemes are funded from insurance-like contributions and provide payments related to the previous earnings of the injured

person. Rehabilitation and safety programs are frequently associated with these compensation schemes.

The National Occupational Health and Safety Commission has, in consultation with interested organisations, developed a National Data Set for compensation-based statistics. Most State and Territory authorities have adopted the data set and produce relevant publications. In 1993 statistics were published providing national estimates of the occurrence of occupational injury and disease, including summaries of experience in different industries and of workers compensations costs. Workers compensation claims in 1991–92 totalled $4.549 billion (Worksafe Australia 1993).

Annual averages for the three years 1987–88 to 1989–90 were:

- 510 fatalities;
- 200,000 injury and disease cases of 5 days or more duration reported through the various workers compensation systems in Australia; and
- 7.2 million working days lost for cases of 5 days or more duration (Worksafe Australia 1993).

Only a small proportion of these cases would lead on to permanent disability. National estimates of this proportion are not yet available. In the Northern Territory (the smallest jurisdiction in Australia), 3.5 per cent of such claims continued for 6 months or more in 1988, the percentage varying over the years with the highest being 5.4 per cent in 1991. National injury data could be a further useful component of population data.

Other income support programs

Concessions, fringe benefits and subsidies provide a form of income support and may come from a variety of sources such as government business enterprises, water, gas and electricity authorities, health authorities, local government, and the Australian Taxation Office.

Disability support services

In terms of the basic disability concepts discussed in Section 6.3, disability support services are aimed generally at ameliorating the effects of the environment and its interaction with an individual person with a disability. The purpose is to reduce 'handicap' and to enhance the quality of the person's life and enable them to participate in and contribute to the life of the community to which they belong. This focus is in contrast to health services, for instance, which are aimed at preventing or reducing impairment and perhaps disability.

Disability support services include accommodation and respite care, employment and training, education, training for independent living, transport, activity therapy, information and referral, advocacy and research. Other community participation support services exist in various forms, for instance to facilitate the participation by people with a disability in recreation and leisure activities.

Services may be designed for specific groups of people with a disability, the disability groupings usually being: physical, sensory, intellectual, or psychiatric disability or acquired brain damage.

As indicated in Table 6.11, all sectors are involved in the provision of disability support services.

The Commonwealth/State Disability Agreement

Since the Commonwealth State/Disability Agreement in 1991, the Commonwealth has retained responsibility for employment services, in line with its traditional responsibilities in this area, and the States are responsible for accommodation and the other service types. The States and the Commonwealth are jointly responsible for advocacy services and for research and development activities (see also Section 6.2).

At the time the CSDA was being negotiated, data were assembled indicating expenditure on disability support programs by the Commonwealth, States and Territories. Although the data were preliminary, and some were later refined in the course of the negotiations, they provide an interesting and, to date, unique national overview of expenditure on disability support services.

Overall, in 1989–90 an estimated $932 million was spent by Commonwealth, State and Territory governments on disability support services, in areas of joint responsibility (Table 6.12). Of this amount, $266.8 million was spent by the Commonwealth in funding disability support services delivered by non-government organisations (NGOs), predominantly accommodation and employment services. State governments spent $499.9 million on direct services, mainly accommodation services, and a further $165.5 million in funding NGOs, chiefly to provide accommodation and community participation services.

Table 6.12: *Government expenditure ($m) on disability support programs, 1989–90*

	Accommodation	Employment	Community participation	Other	Total
Commonwealth (NGOs)	153.1	77.8	35.9	0.0	266.8
State government services	409.2	14.1	23.2	53.4	499.9
States (NGOs)	93.7	7.5	50.9	13.5	165.5
Total	**656.0**	**99.3**	**110.0**	**66.8**	**932.2**

Notes

1. These data include only those areas and service types which involved both State and Territory government expenditure.
2. Accommodation services include nursing homes, hostels, supported accommodation, residentials, attendant care, and respite care. Employment services include competitive and supported employment services, sheltered workshops, and activity therapy centres (ATCs). Community participation services include advocacy and information services, recreation, print disability, independent living training, ATCs and research and development.
3. Numbers may not add exactly due to rounding.

Source: Preliminary data published in Working Party of the Council of Social Welfare Ministers 1990.

Since the CSDA has come into force, annual grants have been made by the Commonwealth to the States to enable the States to take responsibility for transferred services. (Commonwealth expenditure on accommodation services exceeded State

expenditure on employment services, and hence a net transfer of funds has been required to effect the Agreement.)

The relativities in this picture have undoubtedly changed since 1989–90.

Table 6.13: ***Summary of government expenditure on services for people with disabilities in 1989–90 (preliminary data)***

	NGO services		State government services		Total contributions			
	No. of services	$m	No. of services	$m	No. of services	$m	State population	Per capita $'000
Commonwealth	1,755	266.8	0	0.0	1,755	266.8		
New South Wales	173	8.9	317	173.3	490	182.2	5,802.6	31.4
Victoria	317	97.0	62	117.7	379	214.7	4,349.0	49.4
Queensland	48	8.6	70	42.0	118	50.6	2,865.0	17.7
South Australia	37	25.3	26	81.6	63	106.9	1,425.6	75.0
Western Australia	78	20.0	10	58.1	88	78.1	1,596.7	48.9
Tasmania	49	1.2	16	16.4	65	17.6	458.5	38.4
Australian Capital Territory	36	1.4	8	7.7	42	9.1	279.1	32.6
Northern Territory	28	3.1	12	3.1	40	6.2	162.2	38.2
Total	**2,521**	**432.3**	**521**	**499.9**	**3,042**	**932.2**	**16,938.6**	**55.0**

Notes

1. These are preliminary data (as at September 1990). Final data in this format were not published.
2. These expenditure data involve only those areas/service types which involve both the Commonwealth and State/Territory governments. Those areas for which the States or the Commonwealth have sole responsibility are not included. For State break-up of Commonwealth expenditure, see Table 6.16. Generic services funded by either the Commonwealth or State/Territory governments are not included.
3. Any discrepancies in totals are due to rounding.
4. Per capita expenditure is calculated on the basis of total population.

Sources: Working Party of the Council of Social Welfare Ministers 1990; State population figures are mean populations for 1988–89 from ABS, 1992b:Table 3.

The expenditure by each jurisdiction on both government and non-government services is shown in Table 6.13. A total of 3,042 disability support services were funded by governments in Australia in 1989–90 (in the categories under consideration). Of these, there were 2,521 services delivered by NGOs and 521 or 17.1 per cent delivered

by State and Territory governments. States varied considerably in how strongly they relied on the non-government sector to deliver these services. Only in New South Wales and Queensland were there more services delivered by the State governments than by NGOs. Overall, expenditure on State-delivered services exceeded that on NGO-delivered services, and this was true of every State; in the Northern Territory alone these expenditures were estimated to be equal.

Table 6.14: ***Commonwealth expenditure on community-based disability support services by State, 1989–90, 1990–91 and 1991–92***

	NSW	Vic	Qld	SA	WA	Tas	ACT	NT	Nat'l[a]	Total
1989–90										
Expenditure ($'000)	92,520.0	56,086.0	42,696.0	26,969.0	34,746.0	10,133.0	6,465.0	2,135.0		271,750.0
Population ('000)	5,802.6	4,349.0	2,865.0	1,425.6	1,596.7	458.5	279.1	162.2		16,938.6
Per capita ($'000)	15.9	12.9	14.9	18.9	21.8	22.1	23.2	13.2		16.0
1990–91										
Expenditure ($'000)	96,949.0	63,009.0	47,316.0	28,597.0	38,158.0	11,013.0	4,091.0	2,311.0	5,104.0	296,548.0
Population ('000)	5,865.7	4,401.6	2,930.2	1,439.3	1,625.2	464.6	285.5	164.9		17,176.9
Per capita ($'000)	16.5	14.3	16.1	19.9	23.5	23.7	14.3	14.0		17.3
1991–92										
Expenditure ($'000)	107,174.0	72,200.0	51,486.0	30,987.0	39,068.0	11,347.0	4,825.0	2,978.0	6,083.0	326,148.0
Population ('000)	5,932.0	4,436.3	2,996.3	1,452.0	1,647.6	468.4	291.6	166.7		17,390.8
Per capita ($'000)	18.1	16.3	17.2	21.3	23.7	24.2	16.5	17.9		18.8

(a) Expenditure not attributable to a specific State.
Sources: State population figures from ABS 1992a; expenditure figures from Annual Reports HHCS 1989–90, 1990–91 and 1991–92; community expenditure figures include Commonwealth expenditure on accommodation, employment, community participation and program management.

South Australia, Victoria and Western Australia had the highest per capita expenditure by State governments on these services, and Queensland the lowest with less than a

quarter of the per capita expenditure by the South Australian government on disability services.

Commonwealth expenditure on disability support services for 1989–90 to 1991–92 is given in Table 6.14. In 1989–90 (the year for which State data are given in Table 6.13) per capita expenditure was highest for the Australian Capital Territory, Tasmania and Western Australia, and was lowest for Victoria and the Northern Territory. Variation in per capita Commonwealth expenditure appears smaller than variation in per capita State expenditure.

Specific Commonwealth disability support programs

The disability programs of the Department of Health, Housing, Local Government and Community Services (HHLGCS) include both funded and direct services. There is a program of financial assistance outlined above, provided under the Disability Services Act, to NGOs providing support services to people with a disability. Direct services are the Commonwealth Rehabilitation Service (CRS) and the Australian Hearing Service (AHS). Expenditure on these programs in 1991–92 totalled over $481 million (Table 6.15).

Table 6.15: *Expenditure on disability programs of HHLGCS, 1991–92*

Sub-program	Expenditure ($'000)
Rehabilitation (CRS)	96,819
Hearing (AHS)	58,372
Accommodation	189,487
Employment	78,078
Community participation	56,608
Program management	1,975
Total	**481,339**

Source: HHCS 1992.

Disability Services Act—community-funded services

Almost all expenditure on employment services and community participation services was in the form of financial assistance, under the Disability Services Act (DSA), to NGOs providing these services. Expenditure on accommodation was primarily on accommodation support services, respite care and other services funded under the Disability Services Act, but also included expenditure on nursing homes and hostels.

The clear effects of the transfer of responsibilities taking place under the CSDA are evident in Appendix Tables A6.8 and A6.9. These show that Commonwealth expenditure on accommodation support, attendant care, respite care and recreation services has decreased between 1991–92 and 1992–93, while expenditure on

employment-related programs (competitive employment, supported employment and sheltered workshops) has increased. For Victoria, Queensland, Tasmania and the Australian Capital Territory this effect has been particularly marked, with Commonwealth direct expenditure almost ceasing for accommodation and other services not related to employment or advocacy (see also Table 6.15 above). All States have now signed the CSDA and funds have been transferred.

Data on the people using CSDA-funded services are not yet routinely available. To date, the most detailed data on these services and their users have been obtained via censuses of services funded under the DSA. The most recent of these was conducted in 1991, and based its findings on responses from 1,581 services, representing a response rate of 94 per cent of services funded by the Commonwealth at the time (HHCS 1991). Some difficulties were experienced in obtaining valid answers to some questions, so that the effective response rate varies with data items and reported percentages may not be comparable. Data on clients need to be viewed with some care: some double counting of clients was possible as people could be clients of more than one service type on census day; 'using' a service may reflect different levels of intensity of service, from brief inquiries, to being on the books of an employment service, to being full time in some types of accommodation service.

Data from the survey were reported separately for 420 Section 10 services (eligible services, conforming to the DSA desired models) and 1,161 Section 13 services (prescribed services, in transition to eligible status) (Table 6.16). (See Section 6.2 for further background.) Disability Services Program funding represented 63 per cent of total income for the newer S10 services and 38 per cent of total income for S13 services. The total figure reported in the survey for DSP funding ($230.2 million in 1989–90) is commensurate with the figure of $266.8 million for Commonwealth expenditure in 1989–90 for the Disability Services Program in areas of joint responsibility with the States (Table 6.12 above).

Table 6.16: *Summary data from Census of Disability Services,*[(a)]*1991*

	S10 services	S13 services
No. of services	420	1,161
No. of clients on census day (18/3/91)	35,491	58,668
DSP funding ($'000)	51,005	179,231
Total income ($'000)	80,909	468,027
DSP funding as percentage of total income	63%	38%
Total recurrent expenditure ($'000)	**78,701**	**442,144**

(a) Disability support services funded by the Commonwealth under the Disability Services Act.
Source: HHCS 1991.

On census day 35,491 people used the S10 services and 58,668 people used the S13 services. Over half of all clients were male, but this largely reflects the fairly even sex

balance among users of community participation services; the proportion rose to over 60 per cent for users of employment services (Table 6.17).

Table 6.17: *Disability services clients, service type and sex (Census of Services)*

Service type (S10 services)	S10 service users (No.)	Per-centage males*	Service type (S13 services)	S13 service users (No.)	Per-centage males**
Supported employment	707	65	Sheltered workshop	12,274	62
Competitive employment	3,766	62	Activity therapy: vocational	4,499	51
			Training centre: vocational	1,197	54
Employment (total)	*4,473*	*62*	*Employment (total)*	*17,970*	*59*
Accommodation	3,313	53	Accommodation	9,697	56
Community participation	24,807	49	Community participation	15,703	48
Other	–	–	Other	13,662	51
Total	**32,593**	**51**	**Total**	57,032	**53**

* The sex of 32,593 of 35,491 clients of S10 services on census day was known.
** The sex of 57,032 of 58,668 clients of S13 services on census day was known.
Sources: HHCS 1991; Tables 12 and 21.

On census day:

- 49 per cent of clients of S10 services and 67 per cent of clients of S13 services were aged between 16 and 54, reflecting the higher proportion of employment service users among the S13 clients; consistently, about 34 per cent of S10 service clients were aged 55 and over compared with 20 per cent of S13 service clients;
- 355 users (1 per cent) of S10 services were reported as using Auslan as were 1,344 (2 per cent) users of S13 services;
- 1,311 users (4 per cent) of S10 services were reported as using Braille, and 894 (2 per cent) in S13 services;
- approximately 1 per cent of service users identified as Aboriginal and Torres Strait Islanders and 4 per cent of service users were described as not having English as a first language.

It is difficult to gauge the significance of these data on consumers without related data on the population in need of services.

Commonwealth Rehabilitation Service

The Commonwealth Rehabilitation Service (CRS) provides vocational and social rehabilitation programs nationally to individuals of working age. The service aims to help people with a disability to gain or return to work, or to move towards independent living. This service also falls under the Disability Services Act, but is provided by regionalised Commonwealth Government services rather than by funded organisations.

Particular emphasis is placed on individuals eligible for Commonwealth income support through CRS participation in the Disability Review Panels, along with the Departments of Social Security and Employment, Education and Training. Programs are also directed to people injured as a result of motor vehicle or workplace accidents, and to other people with disabilities. In 1991–92, 11 specialist psychiatric facilities were established nationally, further broadening target groups.

In 1992–93, services were provided through 156 outlets to 32,179 consumers, an increase of 25 per cent in consumer numbers over 1991–92. Program expenditures totalled $107.8 million, an increase of 11.3 per cent over 1991–92 (Table 6.18). Vocational outcomes varied markedly from State to State. The number of Aboriginal or Torres Strait Islander clients was higher mainly in the States/Territories with a high Aboriginal or Torres Strait Islander population, namely Northern Territory, Queensland and Western Australia. The focus on rehabilitation from workplace and motor vehicle accidents can be seen from the high proportion of compensable consumers.

Table 6.18: *Commonwealth Rehabilitation Service, client and service data 1992–93 and service data 1991–92 by State/Territory*

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Nat'l[b]	Aust
Client data										
Total provided with a program	9,940	8,046	5,403	3,776	2,943	859	665	547	-	32,179
New clients	6,687	5,218	3,362	1,822	2,314	540	448	350	-	20,741
Psychiatric unit clients	135	224	185	136	224	91	90	74	-	1,159
Vocational outcomes[a] as % of total completions	62.1	43.8	44.0	48.6	75.1	63.4	62.0	77.5	-	54.3
Average cost, all outcomes ($)	1,424	1,638	1,928	2,199	2,025	1,599	1,725	1,425	-	1,723
NESB	1,528	1,498	382	318	395	28	127	54	-	4,330
Aboriginal/TSI	121	26	133	117	52	11	1	120	-	581
Compensable clients	4,092	1,743	1,049	827	1,852	201	198	153	-	10,115
Service data										
Program expenditure ($'000):										
1992–93	31,369	21,467	16,659	9,031	8,909	2,431	2,032	2,612	13,388	107,798
1991–92	27,543	18,698	14,702	8,272	8,045	2,601	1,703	2,036	13,219	96,819
Number of service outlets:										
1992–93	41	32	30	16	27	4	3	3	-	156
1991–92	36	38	25	16	20	4	4	4	-	147

(a) Employed in other than DEET labour market programs.
(b) Expenditure not attributable to a specific State.
Sources: HHLGCS unpublished data; HHCS Annual Report 1991–92.

The age and sex of consumers shown in Table 6.19 reflect the program's intake of people able to benefit from vocational rehabilitation. There are considerably more males than females in all age groups; factors such as lower accident rates, and lower workforce participation rates for females could contribute to these differences.

Table 6.19: *Commonwealth Rehabilitation Service, clients by age by sex, 1992–93*

	Total program provision 1992–93			New clients 1992–93		
Age	Male	Female	Total	Male	Female	Total
0–14	4	3	7	3	2	5
15–29	6,385	3,701	10,086	4,026	2,275	6,301
30–44	9,850	4,531	14,381	6,241	2,863	9,104
45–59	4,631	2,684	7,315	3,203	1,841	5,044
60–64	285	69	354	206	54	260
65+	24	12	36	19	8	27
Total	**21,179**	**11,000**	**32,179**	**13,698**	**7,043**	**20,741**

Source: CRS unpublished data.

Australian Hearing Services

The Australian Hearing Services (AHS), formerly the National Acoustic Laboratories, is a statutory authority providing a national service of hearing assessment, fitting of hearing aids and research in collaboration with Australian industry. Particular target groups are children and DSS/DVA pensioners, with Aboriginal and Torres Strait Islander communities also being targeted in cooperation with State and Territory departments of education and health.

For children, the service is primarily one of assessment, with 6.5 per cent of children assessed for the first time being fitted with hearing aids, over the period 1989 to 1992 (Table 6.20). This contrasts with DSS/DVA pensioners assessed, with 91.4 per cent of new consumers being fitted with hearing aids.

The 67,519 AHS consumers fitted with a hearing aid in 1987–88 represent 30 per cent of the ABS estimate of the total population of hearing aid users (ABS 1990a). The ABS figure may, however, be an underestimate as it is possible that some people who use a hearing aid may not have been included in the ABS figures if, as a result of wearing the hearing aid, they indicated that they no longer had a hearing loss.

Table 6.20: *Australian Hearing Services, new clients assessed/fitted, total fitted, by consumer category, 1989–90 to 1991–92*

	New clients assessed			New clients fitted			Total clients fitted				
Consumer category	1989–90	1990–91	1991–92	1989–90	1990–91	1991–92	1987–88	1988–89	1989–90	1990–91	1991–92
Children	19,185	18,154	20,174	1,205	1,226	1,297	6,089	6,888	6,124	6,184	6,542
Pensioners DSS/DVA	26,800	30,447	33,945	24,723	28,087	30,551	60,327	56,995	63,193	70,004	75,800
Other	3,940	2,735	2,959	283	352	378	1,103	684	644	958	1,028
Total	**49,925**	**51,336**	**57,078**	**26,211**	**29,665**	**32,226**	**67,519**	**64,567**	**69,961**	**77,146**	**83,370**

Source: HHCS Annual report 1991–92.

Program expenditure by State/Territory for 1991–92, and the number of services by State/Territory as at 30 June 1992 are shown in Table 6.21.

Table 6.21: *Australian Hearing Services, program expenditure 1991–92, and number of services by State/Territory, 30 June 1992*

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Nat'l[c]	Aust
Expenditure ($'000)[a]	10,834	8,265	6,409	2,897	2,719	1,075	n.a.	n.a.	26,173	58,372
Service outlets[b]	14	12	11	3	3	2	1	2	-	48

(a) ACT is included in NSW, and NT in Qld totals.
(b) Permanently staffed hearing centres only; an additional 65 visiting centres were also provided.
(c) Expenditure not attributable to a specific State.
Source: HHCS Annual Report 1991–92.

Home and Community Care Program (HACC)

The Home and Community Care Program is another major source of government funding for community-based support services for people with a disability, the frail aged, and their carers. The program is cost-shared between the Commonwealth and State/Territory governments. Local government and non-government organisations are the major providers of HACC services. The program is designed to assist people to remain in their own homes for as long as practical, and to avoid early or inappropriate institutionalisation.

People with a disability and the frail aged can obtain services such as home help, home nursing, paramedical or allied health services, home or centre-based meals, home maintenance and transport. Carers of people with a disability or of the frail aged can also benefit from HACC services such as home or centre-based respite care.

Expenditure on HACC in 1991–92 totalled $525.0 million Australia-wide, including $315.4 million in Commonwealth matched expenditure (HHCS 1992b). Table 5.10 in Chapter 5 shows HACC consumers by State and service type for the years 1988 to 1990.

Only 20 per cent of HACC service users were under 65 years of age (Table 6.22), compared with ABS figures indicating that 50 per cent of people with a severe handicap are aged under 65 (Appendix Table A6.3). This difference probably occurs because HACC users are more likely to be living alone and to have no informal support, and hence are more likely to be older (HHCS 1992b).

Table 6.22: *HACC service users, per cent in age group using services by type received, and service users aged 0–64 as a percentage of total within service types, 1990*

	Age group (years)				% of service users aged 0–64 yrs
	0–14 (%*)	15–64 (%*)	65–79 (%*)	80+ (%*)	
Home help	40	61	68	74	17
Home nursing	18	27	29	35	17
Home paramedical	7	12	10	10	22
Centre paramedical	6	8	6	6	24
Home respite care	49	9	3	3	56
Centre day care	14	21	20	19	21
Home meals	**	12	25	37	8
Centre meals	**	6	6	6	17
Home maintenance	2	14	17	17	16
Transport	32	35	32	32	22
Program information	38	45	40	40	22
Other home services	16	13	9	9	27
Other centre services	15	9	3	3	48
Age group as % of total consumers	**3.2**	**17.2**	**43**	**36.6**	**20.4**

* Percentage of service users in this age group using this service type.
** Insufficient numbers for meaningful analysis.
Source: HHCS 1992b.

The exception to this pattern is home respite care, where 56 per cent of service users are aged under 65 years and the age group with the highest proportion using the service is 0–14 years (Table 6.22). This particular service is largely directed at providing relief for

the carers of the person with a disability, whereas the other service types largely address directly the needs of the person with the disability.

Nursing homes and hostels

It is only in relatively recent years that statistics on the age and sex of residents of nursing homes and hostels have been available (see Chapter 5). In 1992 there were 2,426 residents of nursing homes and 906 residents of hostels under the age of 60 years (HHCS 1992c and d).

As a result of the Nursing Homes and Hostels Review, nursing homes catering specifically for younger people with a disability were brought under the Disability Services Program (Section 6.2). Expenditure in 1991–92 on people with a disability under the Nursing Homes Assistance Act and the National Health Act totalled $15 million (HHCS 1992a:102).

State disability support programs

As outlined above, the States provide both funds and direct services in accommodation and accommodation support, for instance hostels and community group homes for people with intellectual or psychiatric disabilities.

Accommodation

At State level the separation of facilities for intellectual and psychiatric disability has been an important development, with the clearer differentiation of psychiatric disability services from health interventions occurring more recently. State governments are generally in the process of moving people out of large institutions into community-based accommodation.

Individual States and Territories have administrative data systems which contain varying amounts of detail on accommodation and community participation services provided and funded by them. Detailed and specific data are not generally published in departmental annual reports in a form which facilitates nationally consistent collation. Collation of State level data, particularly on accommodation services, would be of significant interest, especially in establishing time series to enable the monitoring of progress towards de-institutionalisation.

Aids and appliances

Formerly administered by the Commonwealth Government under the Program of Aids for Disabled People (PADP), schemes for the provision of aids and appliances have, since 1987, been delivered by State governments under various names (including PADP). Under individual State schemes, equipment is made available for people with a disability for purchase, hire, or loan. Some State governments also provide subsidies for the purchase of certain aids and appliances. There is now some variability among the States in these schemes in relation to eligibility criteria, the degree of integration with other related schemes, and the exercise of different administrative discretions at State and regional level. These factors combine to make estimation of national expenditure and other data on aids and appliances schemes not possible at the moment. Some States are developing improved databases to support the administration of the schemes.

Local government disability support programs

Local government is a significant auspice of HACC services; it is likely that these services represent the main involvement of local government in specific disability support services.

Non-government disability support programs

A diverse range of non-government agencies provide many disability support services, in terms of the numbers of services and of service users. Data above (Table 6.13) indicate the numbers of organisations and the level of government funding. The full range of non-government organisations and the full extent of their funding sources are not yet reliably known. Some available data were discussed in Chapter 1; how much these broad data can be assumed to be valid for disability support services is difficult to say. The major source discussed there (Milligan, Hardwick & Graycar 1984) classified services mainly according to the type of service being offered, rather than the target group; 153 organisations of the 571 responding to the survey mentioned people with a disability as a specific target group, but little descriptive detail was provided.

Non-government organisations vary substantially in the proportion of their funds derived from government sources; alternative sources include donations and bequests, fundraising campaigns and business enterprises. The activities of volunteers are a major resource for non-government organisations. It was noted (Table 6.16) that services funded under the DSA which responded to the survey in 1989–90 reported relying on the Commonwealth Government for between 38 per cent (S13 services) and 63 per cent (S10 services) of their income.

A financial survey of ACROD members (Cook 1990) obtained a useable response from 50 of the 160 organisations approached. The responding organisations reported that they obtained about 50 per cent of their income from government sources, about 26 per cent from business income and interest and about 18 per cent from fundraising activities.

To gain more insight into data which might be readily available from non-government organisations, AIHW examined annual reports of a range of non-government organisations providing disability services. These annual reports contained data of interest, but the consistency of definitions was not certain and financial data, although readily available, were sometimes difficult to interpret because of the range of service types and business structures.

Further research from a non-government perspective could provide a useful complement to the administrative data obtained from funding bodies.

Developments in national data on disability support services

Annual data on all services funded and provided by the States and the Commonwealth under the umbrella of the CSDA should become available as the new Minimum Data Set (MDS) for these services is implemented during 1994. The work done by AIHW in cooperation with the States and the Commonwealth in developing this MDS is described in Section 6.5.

National data on consumer outcomes for disability support services are not available. This situation is perhaps to be expected in a field where there has been recent significant change, where a number of new service models have been developed and are still being

tested and where service standards have only recently been agreed. There have been a number of research projects, some, commissioned by funding bodies, designed to describe and evaluate the outcomes of the new service models (e.g. Morgan 1993; Graham & Mitchell 1993), and some carried out by people developing services with a view to enhancing the services (e.g. Parmenter & Riches 1990). Improving data on outcomes is a major issue for future development and enhancement of national data.

Mainstream services

People with a disability require and have a right of access to services provided for the population as a whole, including health, education, welfare, housing, child care, transport and labour market programs. Therefore, a component of national efforts to improve services for people with a disability and their families is to ensure that the environment of mainstream services enables access to these services by people with a disability.

The Disability Discrimination Act provides for the Attorney-General to formulate standards in relation to employment, education, accommodation, provision of public transport services and facilities and the administration of Commonwealth laws and programs. Disability standards would provide more definite benchmarks for accessibility to mainstream services than is provided by the general antidiscrimination model. Disability standards under the Act would be enforceable equally with the existing antidiscrimination provisions of the Act.

In this subsection it is not possible to provide discussion and data on all types of relevant mainstream services identified in Table 6.11. However, some services providing readily available data of national significance are included.

Commonwealth mainstream services

Employment and education

The Commonwealth Department of Employment, Education and Training (DEET) has six major service programs. The extent to which they have a disability-specific component is detailed in Box 6.2. All have a general policy of equity of access.

The employment program contains an active labour market program, administered largely through the Commonwealth Employment Service, in which people with a disability receive priority and resources. There are two categories of people with a disability accessing the labour market programs: those who have been assessed and referred by the Disability Review Panels of DEET, DSS and HHLGCS, and those who have been self identified with no formal assessment.

Box 6.2: Disability components of DEET programs

Program	*Disability-specific components*	*1991–92 expenditure ($m)*
Schools	*Special Education Element ($24.657m to government schools and $22.14m to non-government schools for specialised teaching, teacher aids, equipment, therapy and minor capital works (helped about 25,000 students); $1.782m to help non-government schools provide capital facilities integral to programs for students with a disability; and $14.577 for therapeutic and other services for children with disabilities who are not enrolled in schools, and students in school whose needs are so great that they require further support).*	*63.157*
Higher education	*No disability-specific components; however, a TV Open Learning Pilot Project started in 1992, with the aim of increasing access to higher learning. Some people with a disability may benefit from this.*	
Vocational education and training	*Disabled Apprentice Wage Subsidy* *Special Trade Training—specifically targets assistance to disadvantaged groups*	*1.988* *46.169*
Employment[a]	*See following for details of consumers and funding*	[b]
Education assistance and income support	*No disability-specific components; however, Austudy recipients who are identified as being particularly disadvantaged are eligible for special rates, and students whose disability requires them to live away from home to undertake a remedial or other special type of course, are eligible for the Assistance for Isolated Children Scheme*	

(a) Until 1992–93 was split into 'Labour Market Program Assistance' and 'Labour Market Operation'.
(b) Available expenditure data are described in the text.
Source: *DEET 1993a.*

The labour market program can be divided into three broad categories:

- preparation and training for job seekers not yet 'job ready' which covers JOBTRAIN, SkillShare (which has ten Disability Access Support Units around Australia to assist SkillShare projects in catering for the special needs of people with a disability), Special Intervention, Accredited Training for Youth, Jobskills and the Landcare and Environment Action program;
- a range of programs to help 'job ready' job seekers in securing employment: JOBSTART, Job Clubs, Mobility Assistance, and Self Employment Assistance; and
- programs such as National Skill Shortage and the Office of Labour Market Adjustment (OLMA) industry and regional packages which seek to address the demand for skills in particular industries.

People with a disability, the long-term unemployed (out of work more than a year), Aboriginal and Torres Strait Islander people, and sole parents are currently identified as 'key' target groups. People in these target groups can gain earlier access than most other job seekers in programs such as JOBTRAIN, JOBSTART, SkillShare, Job Clubs, and Special Intervention.

People receiving a Disability Support Pension have access to two programs specifically developed for them—Post Placement Support for People with a Disability, and Work Experience for People with a Disability (which started in March 1992). Disability Reform Package (DRP) Panel referrals are immediately eligible for SkillShare, and other people with a disability are eligible after four weeks registration with the CES.

Apart from DRP and the Disabled Apprentice Wage Scheme, which are accessible only by people with a disability, Contracted Placement, Special Intervention and JOBTRAIN have a higher than average proportion of people with a disability (Table 6.23). During 1991–92 a total of 280,222 people completed the DEET labour market programs, of whom 16.7 per cent had a disability.

Since DRP started in March 1992, the number of program places and funds have increased substantially, both in disability-specific elements and overall as an increase in targeted places for DRP referrals.

Table 6.23: *DEET Labour Market Programs, percentage of clients with a disability,[a] within age group by sex, 1991–92 program cessations*

	Males						Females						All persons					
Program	15–29	30–44	45–59	60–64	All ages	No.	15–29	30–44	45–59	60–64	All ages	No.	15–29	30–44	45–59	60–64	All ages	No.
Job Clubs	13.9	17.5	21.9	19.6	16.5	14,048	10.8	12.8	19.8	-	12.2	10,524	12.3	15.9	21.2	19.3	14.6	24,570
Jobsearch	12.5	20.6	30.1	21.2	17	6,773	11	14.5	25.4	-	13.2	4,276	11.9	18.5	28.5	20.9	15.5	11,049
Mobility Assistance	9.3	11.8	16.9	*	11.2	4,490	8.1	11	14.7	-	9.3	1,033	9	11.7	16.6	*	10.8	5,523
JOBTRAIN	18.2	23.4	29.1	29.3	21.3	52,210	13.2	14.5	25.4	-	14.8	38,093	16	19.8	27.7	28.6	18.5	90,303
Special Intervention	23	25	31.8	25.9	25.3	13,604	18.9	15.7	26.5	-	18.8	5,060	21.8	22.7	30.4	24.8	23.5	18,664
JOBSTART	17.4	22.9	27.8	26.1	19.7	35,638	12.8	14.6	22.7	-	13.6	17,689	15.7	20.4	26.5	25.6	17.7	53,327
Post Placement Support[b]	-	*	*	-	20	15	-	-	-	-	-	4	*	*	-	-	15.8	19
Contracted Placement[c]	15.8	25.8	31.3	25	25.6	125	36.4	25	27.3	-	28.9	38	23.3	25.6	30.2	25	26.4	163
Disabled Apprentice	94.7	100	-	-	95	161	100	-	-	-	100	10	95	100	-	-	95.3	171
Apprentice SAP	5.1	25	-	-	5.4	2,149	5	-	-	-	5	160	5.1	25	-	-	5.3	2,309
National Skill Shortage	-	*	-	-	*	77	*	*	4.6	-	3.2	219	*	1.8	4.2	-	2.7	296
Workplace literacy	5.9	7.8	15.7	*	8	500	4.5	5.5	*	-	4.9	406	5.2	6.9	12.3	*	6.6	906
SkillShare	8.73	12.87	12.67	7.38	10.54	55,437	5.79	6.02	8.01	*	6.12	58,957	7.19	9.16	10.51	7.58	8.26	114,394
NEIS formal training	8.4	13	16.4	21.7	12.3	2,330	8	10.9	17.6	-	10.7	923	8.3	12.5	16.7	20.8	11.9	3,253
Jobskills	15.7	15.2	*	-	15.6	289	*	*	*	-	3.8	106	12.1	12.8	13.6	-	12.4	395
Aboriginal employment	4	5.8	9.8	-	4.5	3,265	2.4	3.2	12	-	3	1,893	3.5	4.8	10.8	-	4	5,158
Aboriginal community	1.9	3.2	3.1	3.3	2.5	4,490	1.2	0.9	1.4	-	1.1	2,555	1.7	2.4	2.5	2.3	2	7,045
OLMA industry packages	6.5	10.4	9.7	19.4	9.6	2,142	8	5.7	7.1	*	6.2	2,592	6.3	7.8	8.2	19.1	7.7	4,734
OLMA regional packages	4.1	8.3	14.3	33.3	8.1	577	7.4	11.1	*	-	8.3	132	4.8	8.8	12.4	30	8.2	709
DRP[d]	100	100	-	-	100	7	*	*	*	-	100	4	100	100	*	-	100	11
Other	10.5	15.1	29.3	40.2	15.1	11,230	7.8	10.2	24.3	-	9.9	7,542	9.2	13.4	27.6	37.3	13	18,772
All programs	16	20.9	26.7	26.3	18.9	170,939	11.8	13.2	21.4	*	13.1	109,283	14.3	18	24.8	25	16.7	280,222

(a) Other than for Disability Reform Package referrals, consumers are coded as 'persons with a disability' purely on the basis of self-identification.
(b) Commenced September 1991.
(c) Commenced March 1992.
(d) Disability Reform Package work experience and post placement support for persons with a disability—commenced March 1992.
* Orlginal cell value too low for reliable calculation.
– No persons with a disability.
Source: DEET PASS database, unpublished data.

For all programs there is an increasing proportion of people with a disability with increasing age. There is also a higher proportion of males than females with a disability among service users of all ages. These tendencies are broadly in line with ABS data on the distribution of disability by age and sex (see Section 6.3). The variation by sex is further explained by the high proportion of people with a disability among the long-term unemployed who are predominantly male (DEET 1993b).

Expenditure on labour market programs totalled $585.4 million in 1991–92, a figure which approximately doubled in 1992–93 to $1,187.2 million.

In 1991–92, positive outcomes across the employment access components averaged 38.2 per cent, with people with a disability averaging 34.9 per cent. (Positive outcomes are non-DEET education, training or employment three months after participation.) JOBSTART (which has an employer subsidy) had the highest proportion of positive outcomes, 56.4 per cent generally and 55 per cent for people with a disability (DEET 1993a).

Child care

Information on child care for children who have a disability or whose parents have a disability is given in Chapter 4 (Section 4.4).

State mainstream services

Health

Health services may be important to people with a disability at particular times in their lives, either as acute care or as physical rehabilitation. Further, because of the historical development of services, in some States health institutions are still effectively providing long-term accommodation for people with intellectual or psychiatric disabilities, despite the trend towards community-based services.

Total recurrent expenditure on public psychiatric hospitals in Australia in 1989–90 was $634 million (Gillett & Solon 1992). The importance of continuity of care for people with a psychiatric disability was highlighted in the development of the National Health Strategy, which found that better linkages were needed between hospital care and disability support services in the community (National Health Strategy 1991).

Housing

Funds for housing people with a disability are provided in the form of untied grants to the States through the Commonwealth State Housing Agreement. State housing authorities are responsible for public housing programs generally, including housing for people with a disability, and these policies and programs differ markedly between State governments in respect of people with a disability. Some States have special forms of assistance for activities such as housing modifications, or give priority weightings to people with disabilities on public housing lists whereas others do not. The New South Wales Department of Housing, for example, has a policy of improving access to public housing for people with a disability, and in recognition of the extra costs of disability allows a higher income ceiling for people with a disability for eligibility for public housing. Homewest in Western Australia has adopted a similar policy.

The Pensioner Rental Housing Initiative is one example of a joint State–Commonwealth housing program for people with a disability. Under this initiative, disability and aged

pensioners are given priority for State public housing. Another example is the Independent Living Housing Scheme which allows housing purchased or modified by the State to be made available to DSP clients.

Education

Most schools and school systems provide assistance through support programs to meet the educational needs of students with a disability, though not always beyond the minimum school leaving age. Estimates of the numbers of students identified as having a disability vary according to definitions used, but are around 1.9 per cent of the student population (Andrews 1991). Comprehensive data on students with a disability are not always collected by school authorities.

Within the State school systems students with a disability may attend mainstream schools or special schools. Integration programs to help students with a disability attend mainstream schools are generally supported by State education departments but their implementation varies across the States. Special schools have also continued, generally for students with high support needs and who are unable to proceed through the mainstream school system.

Estimates of the occurrence of disability among tertiary students are around 1.0 per cent for universities and 0.8 per cent for TAFE colleges (Andrews 1991). The estimated number of students identifying themselves as having a disability is 12,800 with 72 per cent of these likely to require support. The latter estimates are derived from a 1992 survey conducted for the Department of Employment, Education and Training (Andrews 1992) which provides a picture of the characteristics of students, their functional limitations and support needs, who provides their support needs and the cost of provision. More than half the students are studying part time (56 per cent). A Department of Social Security pension or allowance, or other government pension or benefit, sometimes coupled with the Austudy supplement, was the main financial support for most students (39 per cent), while one in six used personal funds (17 per cent) and one in eight received Austudy/Abstudy grants (13 per cent).

Support systems vary from State to State. In New South Wales, for instance, TAFE policy is to enable students with a disability to have access to mainstream programs, and to facilitate this there are some 85 teacher-consultants distributed around the State, responsible to one of 11 Institutes. These teachers are resourced by the Disabilities Unit in the TAFE central office, which provides support and resources to them, and is responsible for policy and planning.

Other State mainstream programs

Library services and public broadcasting services are important providers of information and self-education opportunities to people with a disability. Access to recreational services and facilities is also important.

State transport authorities have primary responsibility for all forms of public transport which may be used by people with a disability; special taxi services and discount voucher services also exist in many States. Limited funds are available through the Home and Community Care Program for transport services for people with disabilities.

A National Accessible Transport Committee was established in 1992 to examine ways of improving accessibility to and availability of transport for people with a disability.

Local government mainstream services

Local governments as well as State road authorities have responsibility for ensuring the accessibility of roads, footpaths and crossings to people with a disability. In these and other responsibilities, such as access to public buildings, toilets and car parking, and in town planning issues, policy and activity vary considerably between local areas. Some local councils provide access to modified buses to groups working with people with disabilities and aged people.

National data on mainstream services

Many departments at State and Commonwealth level have data of value to providing a national picture of disability services. In this brief discussion it has been possible only to indicate the potential richness of these data sources, particularly by reference to the DEET data on labour market programs. State departments, covering fields such as education, TAFE, health and community services, also maintain useful collections of data which could contribute to a more complete national picture. An interesting initiative in New South Wales collated data across all portfolios, together with estimates of expenditure (NSW Office on Disability 1992, 1993); the Budget allocation for 1991–92 for people with a disability was estimated to total about $1,000 million, across all portfolios excluding community services.

The informal provision of care

People with a disability often receive ongoing assistance and care from family and friends. Carers have been an important driving force in the design and provision of some service types, such as educational programs for children with intellectual disabilities, or respite care programs to provide support to carers. Understanding the roles and perspectives in the informal sector is a necessary part of understanding the context and need for disability services.

As outlined in Chapter 1, the majority of carers are female, both co-resident and non-co-resident. Almost all types of informal care were more likely to be provided by females, apart from home maintenance where the majority of assistance is provided by males for both resident and non-resident carers (Table 6.24).

Table 6.24: *Persons with a disability aged 5 years and over (in households) who need and receive help ('000), type of help/type of main provider by activities for which help received, Australia, 1988*

Activities for which help received	Informal help from person usually resident in household				Informal help from person not usually resident in household				Total Informal help	Total formal help
	Female	Male	Unknown	Total	Female	Male	Unknown	Total		
Self-care	151.1	69.2	10.6	230.9	9.9	*3.9	6.7	20.5	251.4	21.5
Verbal communication	52.2	7.9	3.5	63.6	4.4	*1.5	1.5	7.4	71.0	3.6
Mobility	164.5	103.8	13.3	281.6	37.3	10.3	37.1	84.7	366.3	18.0
Health care	127.1	46.8	8.6	182.5	18.1	*3.5	7.5	29.1	211.6	156.5
Home help	318.2	197.7	27.2	543.1	46.4	15.4	30.7	92.5	635.6	132.2
Home maintenance	167.2	367.0	30.9	565.1	25.0	101.1	85.8	211.9	777.0	182.4
Meals	156.1	43.3	12.0	211.4	*8.9	*2.2	5.1	16.2	227.6	36.6
Personal affairs	112.3	40.9	9.1	162.3	19.3	12.5	18.1	49.9	212.2	8.8
Transport	176.8	220.4	20.9	418.1	87.8	28.1	88.2	204.1	622.2	60.6

* Source data may be unreliable due to high Relative Standard Error.
Source: ABS 1990a.

The relationship of the principal carer to the person with a severe handicap tended to vary depending on the type of disability (ABS 1990b:Table 10). Mothers provided the predominant source of care for people with an intellectual disability (recorded as mental retardation), whereas for people with a psychiatric disability the carers were fairly equally spread among husbands, wives and mothers. In conditions usually associated with older age the predominant carer is more likely to be the husband, wife, son or daughter; for instance, husbands and wives are the most usual carers of people with degenerative conditions such as sight loss, circulatory disease and musculoskeletal disorders.

People aged from 5 to 59 most often had their help provided by a person usually resident in the household, chiefly reflecting the fact that people in this age group are less likely to be living alone (Table 6.25). All other sources of help are less important for this group than for the age group 60+ years (Table 5.9).

Table 6.25: *Persons with a disability aged 5–59 years, living in households, who need and receive help, activity in which help needed by type of main provider, Australia, 1988*

	Informal help from person usually resident in household	Informal help from person not usually resident in household	Formal help from				
			HACC[b]	Private services	Voluntary and other	Total formal	Total (percentage of total)
Activity type in which help needed			**Number of persons ('000)**				
Self-care	139.2	10.0	2.8	0.7	1.3	4.7	154.1 (24.1)
Verbal communication	45.0	3.2	1.4	*	2.2	3.6	51.9 (8.1)
Mobility	158.3	22.9	3.3	1.2	3.0	7.5	188.8 (29.6)
Health care	86.3	6.4	16.6	1.2	5.4	23.0	115.7 (18.1)
Home help	287.7	25.8	10.4	18.2	1.1	29.7	343.2 (53.8)
Home maintenance	301.0	49.5	3.3	28.3	6.3	37.9	388.4 (60.9)
Meals	86.4	5.0	3.5	1.5	1.7	6.7	97.8 (15.3)
Personal affairs	87.1	13.7	2.4	0.9	3.6	7.0	107.8 (16.9)
Transport	210.7	48.2	2.6	8.4	5.8	16.8	275.4 (43.2)
Total[a]	**n.a.**	**n.a.**	**n.a.**	**n.a.**	**n.a.**	**n.a.**	**638.2 (100)**
	Per cent of persons of each activity type by type of main provider						
Self-care	90.3	6.5	1.8	0.5	0.8	3.0	
Verbal communication	86.7	6.2	2.7	*	4.2	6.9	
Mobility	83.8	12.1	1.7	0.6	1.6	4.0	
Health care	74.6	5.5	14.3	1.0	4.7	19.9	
Home help	83.8	7.5	3.0	5.3	0.3	8.7	
Home maintenance	77.5	12.7	0.8	7.3	1.6	9.8	
Meals	88.3	5.1	3.6	1.5	1.7	6.9	
Personal affairs	80.8	12.7	2.2	*	3.3	6.5	
Transport	76.5	17.5	0.1	3.1	2.1	6.1	

(a) Receives help with at least one activity; total is less than sum of components because a person may receive more than one type of help.

(b) HACC is estimated as the combination of home care/home help/council handyperson, community/home nursing, meals on wheels, physiotherapist, chiropodist/podiatrist.

* Insufficient numbers for meaningful analysis.

Note: Figures may not add exactly due to rounding.

Source: ABS 1990a, 1992a.

Both income and labourforce participation appear to be affected in households with people with severe handicap in which there was a usual resident carer. Such households were much more likely to have lower incomes than households in general

(ABS 1990b:Table 2); 54.7 per cent of such households had a weekly income of under $300 in 1988, compared with 38.7 per cent of households overall (ABS 1990b). The principal source of this income for a household with a member with a severe handicap and a principal carer was much more likely to come from a cash benefit or pension (49 per cent compared with 22.8 per cent in the general population), this proportion rising to 52.9 per cent where a female is the principal carer. Labourforce participation varied with sex as well as with the caring role: 73.3 per cent of male carers and 41.0 per cent of female carers were in the labourforce, compared with 85.1 per cent of males and 59.4 per cent of females in the labourforce in the general population.

6.5 Data developments: a draft national Minimum Data Set for CSDA disability support services

Commonwealth/State Disability Agreement and data

In 1991 the Commonwealth/State Disability Agreement (CSDA) was signed by the Commonwealth Government and all State and Territory governments. The CSDA represented an agreement to rationalise governmental administrative and funding arrangements for disability support services, and to harmonise national principles and objectives along the lines of those set out in the Commonwealth *Disability Services Act 1986* (see also Section 6.2).

Under Part X of the Agreement, the Commonwealth, States and Territories agreed to provide each other with program and non-identifying consumer information for planning purposes and for national program evaluation, and to monitor achievement of program objectives and agreed priorities.

Data requirements are to be directed to three broad areas:

- planning data—to plan for future service provision, with specific reference to location of services, service type, number of consumers and type and level of disability. The need for comparability within and across States for these data was stressed;
- unmet needs data—ABS data and service usage data were identified as relevant to providing indicators of unmet need; and
- evaluation data—to be collected by the Commonwealth, States and Territories, by means of a triennial disability census, annual national program evaluations and State specific evaluations. Areas covered were to include consumer characteristics and consumer outcomes.

Work carried out by AIHW

Implementation of the CSDA is the responsibility of a national committee of senior officials, the Disability Services Subcommittee (formerly the Heads of Disability Services), established as a subcommittee of the Standing Committee of Social Welfare Administrators. This Subcommittee, in late 1992, requested the AIHW to assist in the development of an agreed Minimum Data Set (MDS) for CSDA-funded services (services funded or provided by Commonwealth, State, or Territory governments, of a type covered by the CSDA).

The work on the MDS is a major ongoing project for the AIHW. A detailed working paper has been prepared on the work carried out so far, in consultation with States, the Commonwealth and some service providers (Black & Madden, forthcoming). The MDS project has now progressed to the implementation phase, with AIHW working in cooperation with Commonwealth, State and Territory officials to pilot test and plan the first data collections in 1994.

Data items for draft MDS: major issues during development

An initial list of data items for inclusion was drawn up in consultation with officials and with some service providers. A survey of State CSDA-funded service providers was conducted to investigate the present availability of the items under consideration and hence the feasibility of obtaining these data without undue cost; the response rate of 57 per cent to this survey was considered large enough to identify most potential problems.

The decision was taken to collect data in aggregated form at service level, thereby simplifying the technology of collection and removing concerns about confidentiality, even though flexibility is then limited for some cross-classifications of consumer items. The restriction to service level collection means that, in practice, services would be supplying consumer data already aggregated, that is, as numbers of service users with particular characteristics. Therefore, the form of national or State cross-tabulations of consumer data will be dictated by the form in which it is collected. Any service data items, however, can be cross-tabulated with any other after collection.

Data items being considered for inclusion in the CSDA MDS had to meet the criteria of being relevant to the needs of both service providers and planners, of being relevant at a national level across service types, of having a reasonable level of current availability and of being able to be tightly defined. Consumer data items were also assessed in regard to their 'stand alone value', given the restriction imposed by service level collection.

Box 6.3: Draft national Minimum Data Set (MDS) for services funded under the CSDA

Consumer data items	*Service data items*
Age	*Auspicing organisation*
Sex	*Primary service type*
Non-English-speaking background	*Method of delivery*
Country of birth	*Equivalent full-time staff*
* *Aboriginal/Torres Strait Islander origin*	*Income sources/total income*
Primary type of disability	*Geographic location*
Other significant disability	*Consumers receiving services* • *Snapshot day*** • *Average daily* • *Average annual*
Level of support required	
Principal source of income	
* *Compensable status*	
Living arrangement/housing type	
* *Chronic episodic/degenerative condition indicator*	

* *Item to be included in first pilot for further evaluation.*
** *To be a nominated day for data collection.*
Note: *The service types of print disability, information, research, and 'other' will be asked to provide service data items only. Other services types, such as accommodation and respite care, employment and training, training for independent living and activity therapy will be asked to provide all items.*

The recommended data items for the draft CSDA MDS are set out in Box 6.3. Implementation of the MDS should provide data on the major disability support service types, including levels and sources of funding and geographic location. Consumer details for these service types include age and sex, primary disability type and other demographic and social data; where possible, classifications will enable comparison with population data.

Implementation and data collection

An implementation plan has been developed which outlines the steps to be taken to enable consultation with funding bodies and service providers, testing, training and two data collections before the end of 1995.

The implementation of the proposed MDS will not satisfy all possible data requirements for services funded under the umbrella of the CSDA. However, it should represent a significant, practical and achievable improvement in the availability of nationally significant data on disability support services.

Further work

Further development work to build on this advance would include:

- the continuing enhancement of the MDS;
- investigating related information needs and developing concepts, including variations for different service types, for the proposed triennial census; and
- making proposals for an ongoing and broader data dictionary to be used as a resource for service providers and funders to enhance data standards and comparability.

6.6 Conclusion

To present a national picture of disability services the following broad areas of data are needed:

- population data to indicate needs for services and to aid need-based planning; such data should be capable of underpinning projections of future need;
- data on service types and provision levels, trends in service provision, consumer characteristics and expenditure; such data should be capable of monitoring the effects of changes in administrative responsibility or progress towards achieving major goals, for instance in deinstitutionalisation; and
- data to indicate outcomes for consumers.

The disability field has seen significant changes in the last decade (outlined in Section 6.2). These changes have centred on the empowerment of consumers and the wider recognition of the rights of people with a disability. New types of services have come into existence and new providers have been encouraged into the field. The Commonwealth Government has assumed a greater role in funding and policy coordination over this decade. With the Commonwealth/State Disability Agreement, there has been a renegotiation of Commonwealth and State roles. The Disability Discrimination Act brings with it a new focus on mainstream service accessibility. All these developments bring with them the need for data to monitor the resulting changes, in terms of expenditure, of services available and of consumers receiving services.

The disability field, like most other areas of service and expenditure, is facing a need to be accountable in both quantitative and qualitative terms. The moves towards needs-based planning, standards monitoring and outcome evaluation are indications of this desire for measurement and accountability. Consumers, governments and service providers all have an interest in the service data reporting the types and locations of

services: Who receives services? (and who does not?) at what cost? and with what effect?

National statistical data cannot, of course, provide the whole picture, but they do form an important part of the mosaic of information at different levels which enables those interested to see what is happening in the field. Good national statistical data also form part of a context in which smaller-scale, more qualitative research can be carried out.

This chapter has taken a first step towards providing such a picture, and has indicated some areas where further developments are needed, in particular those areas where AIHW can make a contribution to the field in line with its legislative responsibility to collate, enhance and disseminate national data on disability services.

Population data

One of the fundamental tools for understanding service data is population data to describe the people who may potentially need and use disability services.

Significant advances have been made in this area in the last decade by the Australian Bureau of Statistics through the population surveys it has conducted to estimate and describe the population in Australia with a disability. Each of these surveys has been an advance on the previous one. If, as is hoped, a relatable question goes into the next population census, the survey data should become even more useful, especially for making estimates in small areas or among small groups of people.

The most recent available data from these surveys are presented in Section 6.3. It is suggested that not all changes and variations in the data are explicable in population terms, and that the data may not yet provide a stable enough base on which to carry out analyses of need. However, the data on older people and those with severe handicap may be more robust. The results of the 1993 survey may shed light on these issues.

One of the challenges which exists in the disability field in putting data sources together is the wide range of different definitions used for disability and other basic concepts such as impairment and handicap. These three concepts—impairment, disability and handicap—have been defined in international standards, and although some aspects of their definition have been criticised and are being reviewed, they still seem to hold out the best chance for providing some basic common concepts in the field.

This chapter has taken a very brief look at definitions in use by the ABS, and by various major services and pieces of legislation in Australia (Section 6.3). There is, in general, an underlying recognition of the main international definitions of disability, impairment and handicap. However, the use of the three terms in practice is quite variable.

Better relatability of the large number of relevant data collections in the disability field would enable better use of existing data. Health collections might become useable to prepare projections of need for disability services. Population surveys might relate to service data in a way which enables better indications of met and unmet need to be estimated. This needed relatability could be promoted by greater agreement in the field on common basic concepts.

Three areas of further work are suggested by Section 6.3:

- the relating of the various sources of data on disability and handicap, and on injury and disease, to gain a better understanding of patterns of disability and handicap in the Australian community. Further examination of administrative definitions would

clarify the prospects for relatability of administrative data and other sources. In particular, examination and analysis of data from entitlement-based services, such as the social security programs, could yield possible supplements to population data as well as being service data in their own right;

- detailed analysis of the 1993 ABS survey to explore further some of the features of the 1988 data, including the sex differences in handicap; and
- the continuation of work towards use of common concepts, language and definitions in the disability field to promote opportunities for collation and to obtain maximum value from the data already available.

Service data

A framework for the consideration of service data in the disability field was suggested in Table 6.11. Some service data have been presented in Section 6.4. A great deal more collation of existing data of national significance from State, Commonwealth and non-government sources is possible, with the interest and cooperation of service providers and funding bodies. Hence some consultation on priorities will be essential before significant projects can be planned.

Although there has been a deficit of national data in disability support services, the determination and cooperation in the field make it likely that there will be some national data on disability support services operating under the CSDA umbrella via the MDS project (see Section 6.5), which will be a major ongoing project for AIHW as it enters its implementation phase. It is intended that AIHW will be able to collate national data from the initial collations of funding authorities in 1994. Such data could be supplemented and the data items further developed by special studies or by the triennial census envisaged by the CSDA.

Other possible projects include:

- updating the data in Table 6.12 to monitor changes in disability support service provision by the different Australian jurisdictions;
- further collation of Commonwealth data on income security and mainstream services;
- collation of State level mainstream data, perhaps in particular priority areas; the collation of data in one jurisdiction (the Commonwealth) shows that considerable progress can be made in collating data in a number of portfolios by resorting to fairly obvious methods—annual reports, budget papers, administrative data systems. It appears that good State data are also available, but are even more likely to be contained in administrative data systems rather than annual reports. Further discussion with State authorities is needed to develop proposals;
- supplementing the data from the MDS project with data from other sources to understand trends in service provision, for instance trends in deinstitutionalisation of services for people with an intellectual or psychiatric disability; and
- smaller-scale projects carried out in cooperation with non-government organisations and consumer groups, to supplement understanding of service-based data.

Other developments

As well as further discussion and the development of consensus regarding the basic concepts of impairment, disability and handicap, there is a need for further development of other basic data concepts and building blocks for the enhancement of data analysis. In particular, the areas of needs indicators and consumer outcomes require work to investigate whether developments in the field can be translated into measurable terms for data collections.

This conceptual work and the development of the draft MDS could lead to the preparation of a data dictionary for disability services. Such a dictionary exists in the health field (AIHW 1993) and would seem to be an appropriate model for the disability field. Given the range of large and small services, the presence of fairly well accepted standard terms and data items would greatly enhance prospects for relatability of data collections, and hence the prospects for collating data of national significance without implementing new collections.

Such a data dictionary would require a formal consultative/advisory group with representation from among governments (State and Commonwealth), national peak organisations and academics; this group would advise on data items and could also recommend collection strategies to obtain better data more efficiently.

How data can be collected

The model of collection assumed at this stage for implementing the MDS is that service providers would give data in agreed formats to funding bodies, possibly in the course of service agreement arrangements, and the AIHW would collate from the resulting collections. The Institute in this model has the role of developer, persuader and collator. This seems to be a useful model in this diverse field.

Administrative data emanate from service providers. Funding bodies are likely to require a subset of administrative data. The AIHW, via its proposed consultative structures, would generally work to enhance administrative data rather than design another form or layer of collection.

Data originate with consumers and service providers, and consequently their data needs, to assist in the planning, management and monitoring of services, should determine the data to be collected. Data needed by funding organisations at Commonwealth or State level should, ideally, be a subset of data collected by service providers.

Consumers have an important role to play in the definition of data to be collected. They have had, and continue to have, a critical role in the development of new service types, in the evaluation of services and in the identification of problems and unmet needs. Their rights and needs are the core of the whole service system.

Resources are a significant factor in planning data enhancements, since ongoing data collections have significant resource implications for all concerned. Timing and collection structures need to be realistic about the resource constraints. Communication, feedback, collation and dissemination are critical elements of development and take resources and commitment from all involved. Technological change at all levels is another factor affecting both the method and timing of change and data collection.

Summary

There are thus two major streams of development, related to the Institute's core functions of collating and developing data. A balance needs to be maintained, not only between development and collation, but also between Commonwealth, State and other data sources, between population data developments and service data developments.

Data development work aims at enhancing the input to data collections. Tasks include work on definitions and classifications, collection methods and sampling, liaison with data providers, and undertaking developmental research on issues such as consumer outcomes where there is not general agreement on desirable data items.

Collation work aims at making the best possible use of existing output, and involves continuing to work towards presenting an improved overall picture of the scope and scale of activity in disability services, based on the existing data sources discussed. Analysis of the forthcoming ABS data should provide further population data and a better picture of carers.

Both collation and development require continued consultation with the field, both to establish priorities for collection and to arrange mechanisms for collection and collation of data. Distribution of working papers gives opportunities for wide and informal consultation. Communication with existing coordination structures, such as the Disability Services Subcommittee and the Office of Disability Peak Body Forum, has also been a valued and effective way of informing key players of ideas, obtaining comment and reaching decisions. For a formal ongoing project such as the proposed data dictionary development, a specific formal advisory group would need to be constituted.

References

Andrews Robert J and Associates 1991, *Assistance for Students with Disabilities: Review of Existing Data*, a report to the Department of Employment, Education and Training, prepared by RJ Andrews, Volumes 1 and 2.

Andrews Robert J and Associates October 1992, *Additional Costs of Education and Training for People with Disabilities*, final report to the Department of Employment, Education and Training, prepared by RJ Andrews and J Smith.

Australian Bureau of Statistics (ABS) 1987, 1988, 1991 and 1993, *Labour Statistics Australia*, Cat. No. 6101.0, ABS, Canberra.

Australian Bureau of Statistics (ABS) 1981, *Handicapped Persons Survey*, Cat. No. 4343.0, AGPS, Canberra.

Australian Bureau of Statistics (ABS) 1989, *Disabled and Aged Persons Australia 1988, Preliminary Results*, Cat. No. 4118.0, AGPS, Canberra.

Australian Bureau of Statistics (ABS) 1990a, *Disability and Handicap, 1988*, Cat. No. 4120.0, AGPS, Canberra.

Australian Bureau of Statistics (ABS) 1990b, *Carers of the Handicapped at Home 1988*, Cat. No. 4122.0, AGPS, Canberra.

Australian Bureau of Statistics (ABS) 1992a, *Domestic Care of the Aged, 1988*, Cat. No. 4121.0, AGPS, Canberra.

Australian Bureau of Statistics (ABS) 1992b, *Australian Demographic Statistics Quarterly*, Cat. No. 3101.0, AGPS, Canberra.

Australian Council of Trade Unions (ACTU), undated, *Slow Worker Permits—An Exploratory Study*, Social Welfare Research Unit, Australian Council of Trade Unions, Melbourne.

Australian Institute of Health and Welfare (AIHW) 1992, *Australia's Health 1992*, AGPS, Canberra.

Australian Institute of Health and Welfare (AIHW), National Health Data Dictionary 1993, *Institutional Health Care*, Summary Edition, AGPS, Victoria.

Australian Quadriplegic Association 1992, *The Unavoidable Additional Costs Faced by People with Severe Physical Disabilities*, Australian Quadriplegic Association, Matraville, NSW.

Badley EM 1987, *The ICIDH: Format, Application in Different Settings, and Distinction Between Disability and Handicap*, International Disability Studies 9(3):122–25.

Black K & Madden R (forthcoming), Welfare Division Working Paper, No. 4, *Commonwealth State Disability Agreement National Minimum Data Set Project: A draft proposal*, AIHW, Canberra.

Bolduc M 1992,'For a Conceptual Model that Better Reflects the Environment', paper presented to the 6th International meeting of REEVES, Montpellier, 7–9 October, 1992.

Cass B, Gibson F & Tito F, Department of Social Security (DSS) 1988, *Social Security Review, Issues Paper No. 5, Towards Enabling Policies Income Support for People with Disabilities*, AGPS, Canberra.

Chippendale C 1993, 'Report on Western Australia's Post School Options Program', New South Wales Council on Intellectual Disability.

Cook J 1990, ''Lies, Damned Lies and Statistics', Paper presented to ACROD Chief Executive Officers Meeting, Canberra.

Department of Community Services (DCS) 1985, *New Directions: Report of the Handicapped Programs Review*, AGPS, Canberra.

Department of Community Services and Health (DCSH), unpublished report, *Census of Disability Services 1986*, AGB McNair Anderson.

Department of Community Services and Health 1988, 'Census of Disability Services'.

Department of Employment, Education and Training (DEET) 1992, *Annual Report 1991–92*, AGPS, Canberra.

Department of Employment, Education and Training (DEET) 1993a, *Program Performance Statements 1992–1993*, (Budget-related paper No. 9.5A), DEET, Canberra.

Department of Employment, Education and Training (DEET) 1993b, *The Job Report*, Vol. 2, No. 7, July, DEET, Canberra.

Department of Social Security (DSS) 1973, *Survey of Sheltered Employment 1972*, DSS, Canberra.

Department of Social Security (DSS) 1992, *Annual Report 1991–92*, AGPS, Canberra.

Department of Veterans' Affairs (DVA) 1992, *Annual Report of the Repatriation Commission and the Department of Veterans' Affairs 1991–92*, AGPS, Canberra.

Dickey B 1989, *No Charity There*, Allen & Unwin, Sydney.

Disability Task Force 1991, *Discussion paper on the additional costs faced by people with disabilities*, Department of Social Security, Canberra.

Donovan J, d'Espaignet E, Merton C & van Ommeren M (eds) 1992, *Immigrants in Australia: A Health Profile*, AIHW Ethnic Health Series No. 1, AGPS, Canberra.

Gillet S & Solon R 1992, *Hospital Utilisation and Costs Study 1989–90*, Vol. 1, AIHW, AGPS, Canberra.

Graham S & Mitchell M 1993, *The Evaluation of the Individual Needs Analysis Pilot Projects*, Social Policy Research Centre (SPRC), NSW.

(Department of) Health, Housing and Community Services (HHCS) 1991, *1991 Census of Disability Services*, AGB McNair Anderson Australia.

(Department of) Health, Housing and Community Services (HHCS) 1992a, *1991–1992 Annual Report*, AGPS, Canberra.

(Department of) Health, Housing and Community Services (HHCS) 1992b, *HACC User Characteristics Survey, 1990*, AGPS, Canberra.

(Department of) Health, Housing and Community Services (HHCS) 1992c, *Aged Persons Hostels—A statistical overview.*

(Department of) Health, Housing and Community Services (HHCS) 1992d, *Nursing Homes for the Aged—A Statistical Overview.*

Hillyer B 1993, *Feminism and Disability,* University of Oklahoma Press, USA.

Howe The Hon Brian MP, Minister for Housing, Local Government and Community Services, 1992a, Disability Discrimination Bill 1992, Second Reading Speech, House of Representatives.

Howe, The Hon Brian MP, Minister for Housing, Local Government and Community Services, 1992b, *Social Justice for People with Disabilities—Tabling Statement,* AGPS, Canberra.

Howe The Hon Brian MP, Minister for Housing, Local Government and Community Services, 1993, 'A New Approach to Reform of Sheltered Workshops', Address to the Disability Services Quality Assurance Assembly, July.

Human Rights and Equal Opportunity Commission 1993, *Human Rights and Mental Illness: The Report of the National Inquiry into the Human Rights of People with Mental Illness,* AGPS, Canberra.

IYDP National Committee of Non-Government Organisations 1981, *International Year of Disabled Persons 1981—Final Report,* Canberra Publishing and Printing Co., Canberra.

Jones MA 1980, *The Australian Welfare State,* Allen & Unwin, Sydney.

Kewley T H 1973, *Social Security in Australia 1900–72,* Sydney University Press, Sydney.

Leonard R 1989, speaking at Consumer Participation in the HACC Program, NSW State Library, 15 April 1989.

Mathers C 1991, *Health Expectancies in Australia 1981 and 1988,* AGPS, Canberra.

Milligan V, Hardwick J & Graycar A 1984, *Non-Government Welfare Organisations in Australia: A National Classification,* SWRC Reports and Proceedings No. 51, Social Welfare Research Centre, The University of New South Wales, Sydney.

Morgan Research Centre 1993, *Evaluation of Disability Employment Services prepared for the Department of Health, Housing and Community Services Disability Employment Program,* The Roy Morgan Research Centre, Melbourne, Victoria.

National Committee of Inquiry 1974, *Compensation and Rehabilitation in Australia,* AGPS, Canberra.

National Health Strategy 1991, *Making it Better: Strategies for Improving the Effectiveness and Quality of Health Services in Australia* (Background Paper No. 8), Department of Health, Housing and Community Services, R Harvey.

Nirje B 1980, 'The normalization principle', *in* Flynn RJ & Nitsch KE (eds), *Normalization, Social Integration and Community Services,* University Park Press, Baltimore.

NSW Office on Disability 1992 and 1993, *Programs for People with Disabilities,* NSW Office on Disability, Social Policy Directorate, Sydney.

Office of Disability 1993 (in preparation), *Australian Disability Strategy.*

Parmenter T R & Riches V C 1990, *Establishing Individual Transition Planning for Students with Disabilities Within the NSW Department of School Education*, Unit for Rehabilitation Studies, Macquarie University, Sydney.

Riches V, Parmenter T, Fegent M & Bailey P 1993, *Secondary Education: A Follow-Along Study of Students with Disabilities in Transition in New South Wales*, a research and development report for the Department of School Education funded by the Special Education Directorate, School of Education, Macquarie University, Sydney.

Richmond DT (Chair) 1983, *Inquiry into Health Services for the Psychiatrically Ill and Developmentally Disabled* , Department of Health, New South Wales.

Ronalds C 1990, *National Employment Initiatives for People with Disabilities: A Discussion Paper,* Department of Community Services and Health, AGPS, Canberra.

Ronalds C 1991, *Report of the National Consultations with People with Disabilities,* Department of Health, Housing and Community Services, AGPS, Canberra.

Royal Commission on Human Relationships 1977, Final report of the Royal Commission on Human Relationships (Chairman: EA Evatt), Vol. 1–5, AGPS, Canberra.

Senate Standing Committee on Community Affairs 1990, *Accommodation for People with Disabilities*, AGPS, Canberra.

Senate Standing Committee on Community Affairs 1992, *Employment of People with Disabilities*, Senate Printing Unit, Canberra.

Sims G 1991, 'Introduction to Social Science Approaches to Health', unpublished analysis of ABS data carried out as part of a Graduate Diploma in Population Health.

Thomson N 1989,'Inequalities in Aboriginal health', Master of Public Health thesis, University of Sydney, Sydney.

Thomson N 1991, 'A review of Aboriginal status', *in*: Reid J & Trompf P (eds), *The Health of Aboriginal Australia*, Harcourt Brace Jovanovich, Sydney.

Thomson N & Snow C 1993, *Disability and handicap among Aborigines of the Taree area,* Australian Institute of Health and Welfare: Aboriginal and Torres Strait Islander Health Series, No. 9, AGPS, Canberra.

Tipping J 1991, *Back on Their Feet: A History of the Commonwealth Rehabilitation Service,* AGPS, Canberra.

World Health Organisation (WHO) 1980, *International Classification of Impairments, Disabilities, and Handicaps*, WHO, Geneva.

Wolfensberger W 1980, 'A brief overview of the principle of normalization', *in* Flynn RJ & Nitsch KE (eds), *Normalization, Social Integration and Community Services*, University Park Press, Baltimore.

Working Party of the Council of Social Welfare Ministers October, 1990, *Framework for the Funding and Operation of Disability Services*, Department of Community Services, Tasmania.

Working Party on Physical Disability Services 1986–87, 1989, Physical Disability Services in New South Wales: Future Directions for Health Services Development, Phillipa Milne and Associates, unpublished report.

Worksafe Australia 1993, *Occupational Health and Safety Performance, Australia. Best Estimates*, Sydney.

7 Conclusion

This first biennial report has described Australia's housing assistance and community services. Available data on services and assistance were presented in the context of data describing the population potentially needing the services, and of an historical account of the development of such services. Data on welfare services ideally provide a base for accountability to service users and the community at large; they also enable monitoring of service effectiveness and distribution by those responsible for service operations, as well as policy development and planning.

Australia's welfare services have been shaped in recent decades by changes in Australian society, including changes in the structure of the population, and by broad policy responses to these changes. The Australian population, like that in many other countries, has aged. In the last two decades, the rate and duration of unemployment have increased significantly. The national profile has also been altered by the greater visibility and recognition of key groups in need, such as people who are homeless or in need of emergency accommodation, people who are in poverty, people with a disability, and children suffering abuse. Recognition of the needs of these significant groups has led over time to the search for affordable and appropriate services to meet their needs. This search has led to the expansion of community-based services. At the same time, the rights of those in need of more resource-intensive assistance, such as the aged in need of nursing home accommodation, have been recognised.

The search for affordability and the need to rationalise the use of institutional care have not been the only factors in the growth of community services. The rights of all people with a disability, both younger and older, to live in the community and to have access to the services and experiences of the general population have also been a factor. This growth has, in turn, depended on greater interdependence of non-government organisations and governments, the latter assuming a greater role in funding and coordinating services, as well as continuing the provision of services.

The changing status of women and their increased participation in the workforce have also shaped the development of welfare services and have meant that their contribution in caring for children and for people with a disability (aged and non-aged) is no longer invisible or taken for granted. The need for good community-based services which provide support to those who need it and to others playing a major role in their care has been recognised and is a major feature of the aged care services field and the disability services fields in particular.

Some of the main features of the data presented in this report are summarised in this chapter, particularly as they relate to the population requiring and receiving services, and to expenditure on services and assistance. A brief discussion of the available data and improvements needed concludes the chapter.

Housing assistance and services

The discussion presented in Chapter 3 highlighted the size of the population considered to be in housing need using six different measures or concepts of need. Most notably, those in after-housing poverty numbered over two million in 1990 or more than one in

ten Australians. The incidence of after-housing poverty increased by over 20 per cent during the 1980s.

To alleviate housing need in its different facets, governments at all levels and non-government organisations provide housing assistance and services. This report describes assistance and services provided under SAAP and the CSHA. In 1990–91, total CSHA funds provided by Commonwealth and State governments combined were $1,940.6 million. In addition, commercial and joint venture funds of $1,916.9 million were attracted under home purchase assistance schemes. Thus, total funds provided for housing assistance under the CSHA from all sources in 1990–91 were $3,857.5 million. In the same year, an additional $140 million was provided by governments to assist homeless people through SAAP.

The number of recipients of SAAP accommodation services is estimated at over 11,000 homeless people and dependent children annually. Although it is not possible to estimate with precision the number of recipients of assistance under the CSHA in 1990–91, the figure is certainly over half a million households and likely to exceed 600,000 households (that is, exceeding 10 per cent of all Australian households) including: those with outstanding home loans under CSHA programs; those renting homes from State housing authorities; households receiving mortgage, deposit or rent assistance; and households renting homes provided under (the then) Local Government and Community Housing Program.

Government response to housing need under SAAP and the CSHA has resulted in some positive outcomes. For example, very few requests by homeless people for support services are not met by SAAP. Additionally, those renting government-owned dwellings experience a high level of security of tenure and very few lack basic amenities. Less positive, however, are data indicating that more than one out of every two requests by homeless people for accommodation is not met by SAAP and that despite paying reduced housing costs, one in four government renters was living in after-housing poverty in 1990. Public renters living in Sydney and Melbourne also appeared to experience greater difficulty in gaining access to services than those in other tenures.

The level of unmet demand for assistance under the CSHA, albeit only crudely measured by waiting lists, is substantial. Nevertheless, the capacity of State housing authorities to provide assistance, measured by the ratio of outstanding applicants for assistance to the number of recipients in a 12-month period, improved over the latter years of the 1980s. This improvement has occurred despite an overall reduction in funds available for rental housing assistance (in real terms) since 1986–87. The improvement may reflect the benefit of receiving funds as Commonwealth and State grants rather than as subsidised or commercial loans.

Governments provide housing assistance in many ways; only assistance and services under the CSHA and SAAP were examined in this report in any detail. Accordingly, the picture provided is incomplete, although several of the measures of housing need and

outcomes presented relate to the entire Australian population and so reflect the result of all forms of housing assistance.

Children's services

Chapter 4 of the report concentrates on two aspects of children's services, child care and child welfare.

Child care

Child care has undergone rapid change in the past decade, as it has been transformed from a relatively marginal issue to a significant component of mainstream social and economic policy.

An increase in the number of children using some form of child care, either formal care or informal care, has been the result of:

- a recognition of the importance of women's participation in the workforce, both for economic and social justice reasons;
- a growing acceptance of the rights of women in the home to child care assistance; and
- an acknowledgement of the rights of children to opportunities which will foster social, psychological and cognitive development.

In November 1990:

- 1,548,500 or more than half (52 per cent) of all children under 12 were in some form of child care, either formal, informal or both;
- of those children who were in care, 530,500 children (34 per cent) were in some form of *formal* care, and the majority of children (66 per cent) were in informal care only; and
- of those children in formal care nearly half (47 per cent) attended preschools, emphasising the importance of State and Territory government contribution to the funding of child care services.

It is expected that the number of children in formal care will increase as the Commonwealth establishes new services to fulfil its commitment to meet all work-related demand for formal child care by the year 2000–01.

Of those currently using Commonwealth-funded (CSP) formal services, there is a representative cross-section of users, from families with different socioeconomic status (as measured by income), family background (one-parent versus two-parent families), non-English-speaking background and Aboriginal and Torres Strait Islander background and children's characteristics such as special needs population groups (e.g. disability, at risk of abuse and neglect). In addition, parental employment, age of children, use of particular service types, geographic distribution of services, reasons for use of care and unmet demand for formal services continue to be monitored and taken into account in a fairly sophisticated planning system for new services.

In 1991–92 total Commonwealth expenditure on child care services was $435 million, over two-thirds of which was spent on Childcare Assistance. Total State and Territory government expenditure on child care services is not available, although it is known that in some States, State government expenditure on services, primarily preschools, is comparable to Commonwealth expenditure on child care in that State. However, the

size and nature of State and Territory expenditure on child care differs markedly across Australia.

Child welfare

The State and Territory governments play the major role in the provision of child welfare services, with the Commonwealth government playing a more limited role. Thus, information on child welfare services is obtainable only from the different State and Territory administrations. This report has presented State and Territory data collated at the national level on three specific aspects of child welfare—child abuse and neglect, adoptions, and children under care and protection orders.

Basic data on child abuse and neglect provide information about one component of the population of children who may require supportive services, as well as providing an indication of the numbers of cases which require investigation by the State and Territory authorities. In 1990–91 there were 49,271 cases of child abuse or neglect reported nationally. Of these, 45 per cent (20,868) were confirmed as involving child abuse or neglect.

The number of adoptions has declined dramatically since 1971–72; the 1,142 adoptions in 1990–91 represent a decrease of 88 per cent from the 1971–72 total. Adoptions are now used more commonly to legalise family situations following remarriage of the child's parent or to adopt a child born overseas.

The information on children under care and protection orders provides an indicative, but incomplete, picture of children who are in some form of care other than parental care. At 30 June 1991 there were 12,680 children under care and protection orders nationally, of whom 44 per cent were in foster care arrangements, 32 per cent were living with their parents or relatives and 16 per cent were in some form of residential care. The number of children under care and protection orders has not changed markedly since the 1980s.

Aged care services

The 65-and-over age group is growing more rapidly than the rest of the Australian population and will continue to do so (Chapter 5). This higher rate of increase is most pronounced in the 80-and-over age group. From 1985 to 1992 the number of people aged 80 and over increased by over a third, reaching over 400,000 in 1992. By the year 2016, this number will have more than doubled. Rates of handicap are significantly higher in these older age groups.

Recent years have thus seen a rapid increase in the at-risk population and a radical restructuring of the aged care service system in an attempt to meet that changing demand. Resources have been directed increasingly towards community-based services and away from high-cost nursing home care. Hostels, as a lower-cost residential option, have also attracted increased resources.

In June 1992 there were

- 67,908 people aged 65 and over in nursing homes; and
- 45,135 people aged 65 and over in hostels.

Estimates of those in receipt of HACC services range around the 200,000 mark, but the vast majority of help to aged people living at home is provided by informal networks.

The majority (60 per cent) of even the severely handicapped aged are cared for in the community.

Recurrent expenditure by the Commonwealth in 1991–92 was $1,605.5 million on nursing homes and $234.3 million on hostels, and joint Commonwealth–State expenditure on HACC was $521.3 million, for a total of $2,361.1 million. On a per person aged 65 and over basis, this represents an increase even in constant price terms over the last six years; noteworthy, given the increasing size of the aged population during this period. That increase was made up of:

- a decrease in per person expenditure on nursing homes;
- more than a doubling in per person expenditure on hostels; and
- a 50 per cent increase in per person expenditure with regard to HACC.

Disability services

Chapter 6 provides population data and service data relevant to people with a disability. An estimated 2,543,100 (15.7 per cent of the population) reported a disability in a national survey in 1988, of whom 1,622,800 were aged under 65. 'Severe handicap' in the survey equated to the need for personal help or supervision, and hence the figure perhaps most relevant to considering the population potentially in need of disability services is the estimated 326,800 people reporting severe handicap between the ages of 5 and 65. In comparison, there were 378,600 people receiving the Disability Support Pension in June 1992, and a further 157,800 returned service personnel received a veteran's disability pension.

People with a disability receive significant support from friends and family; those receiving a wide range of assistance in activities such as self-care, communication and mobility received over 90 per cent of this help from informal sources.

The disability services field has seen significant changes in the last decade, centred on the wider recognition of the rights of people with a disability. New types of services have come into existence and new providers have been encouraged into the field. The roles of Commonwealth and State governments and of the non-government sector are undergoing change. The Disability Discrimination Act provides a new focus on mainstream service accessibility. All these developments bring with them the need for data to monitor the resulting changes, in terms of expenditure, services available and people needing and receiving services.

Formal services for people with a disability broadly include income support, special support services, or measures to facilitate access to mainstream services to which they have a right. These various services may be provided by governments or by non-government organisations. Because of the disparate and developing structure of these services, it is not possible at present to collate accurate summary indicators of national expenditure on disability services. However, some indication of the scale of expenditure can be obtained from discrete program expenditure figures, for example:

Income support: Outlays on the Disability Support Pension in 1991–92 totalled $3,620.1 million.

Disability support services:

- In 1989–90 an estimated $932 million was spent by Commonwealth, State and Territory governments on disability support services, principally accommodation and employment services (subsequent administrative and other changes mean that more recent figures are not readily available).
- Expenditure on the Commonwealth Rehabilitation Service totalled $96.8 million in 1991–92 and on Australian Hearing Services $58.4 million.

Mainstream services: Data on mainstream services used by people with a disability are particularly difficult to collect. However, the scale of expenditure is indicated by the following:

- New South Wales total Budget allocation for people with a disability, across all portfolios other than community services, was estimated to amount to some $1,000 million in 1991–92.
- Commonwealth expenditure in the DEET portfolio, relating to disability-specific elements of the programs and mainstream employment programs in which people with a disability are a key priority group, totalled well over $100 million in 1991–92.

Expenditure by non-government organisations cannot be reliably reported, but it has been estimated by surveys of the field that non-government organisations rely on government funding for about 50 per cent of their expenditure.

Welfare services data and their development

This report provides data on the Institute's four main areas of responsibility as identified in its legislation—housing assistance, children's services, aged care services, and disability services. It does not pretend to paint a complete statistical picture of the full range of Australia's welfare services.

The data in each chapter have been presented within a framework of population and services data. Population data should describe the people potentially needing services, and indicate their characteristics, needs and geographic location. Service data should ideally be relatable to population data, as well as providing an indication of the nature and amount of services available to the Australian community.

The preparation of this report is an integral part of the AIHW responsibility to collate, develop and disseminate data relating to welfare services. There is a considerable body of data within each field studied in this report, and a considerable effort is being made to improve data at State and Commonwealth level and within the non-government sector. Not only are available data collated and presented for public information, but some initial assessment of data developments in the field have been formulated and are presented in each of Chapters 3 to 6. Within the four main subject areas which are the focus of this report, there are some common features of the available data and of improvements needed.

There is further potential to make good use of existing data, for instance by analyses of a number of population surveys being published by the Australian Bureau of Statistics, such as the Disability and Ageing Survey, the Child Care Survey, the Family Survey and the Time Use Survey. These surveys will be particularly valuable in providing a better picture of the informal care provided to the people who may also need formal services. Other major ABS surveys planned for the coming years include the Australian Housing

Survey, the Australian Health Survey and the National Aboriginal and Torres Strait Islander Survey. Further collation of existing service data at State and Commonwealth level could also contribute to a clearer national picture of welfare services and assistance.

There are, however, considerable challenges in trying to collate and assemble existing data into a coherent national picture which addresses major current policy concerns and which lends itself to the analysis of national trends. These challenges spring from a series of related factors, and can be addressed by a series of related improvements.

Enhancing the compatibility of service data

Because of the different funding and administrative arrangements of organisations and government departments providing services, service data often have different definitions underpinning the statistics collected, different timing of collection, even different counting rules for clients and instances of service. This situation is inherent in Australia's federal structure and there have been a number of approaches taken to facilitate collation: regular national service-based collections and censuses, such as occur with the SAAP and child care programs; State–Territory agreements to collect and collate data on a common basis, as has occurred with the child welfare collections; administrative by-product collections for major national programs with significant Commonwealth funding, such as the aged care collections; Minimum Data Sets being developed for particular program areas (such as Aged Care Assessment Teams), or for use across a range of services in all jurisdictions, such as is being developed in the disability services field under the Commonwealth/State Disability Agreement arrangements. The development of data dictionaries, such as the National Health Data Dictionary, which will ultimately provide a core set of definitions and data items for health and health services, is a particularly useful way of promoting compatibility among related data collections.

A balanced picture of the activities of the non-government sector

One of the major ongoing challenges in the field is how best to collect data on the work of non-government organisations, not just that part of the work financed by government programs. Approaches used over the years have included administrative by-product data collected by government funding bodies, which are sometimes criticised for presenting a limited picture of a biased sample of organisations, and large one-off surveys, which do, however, present operational difficulties, and are less likely to be reliable and replicable.

The perspective of people rather than services

The data collected from services do not easily provide information about people, their needs for services and the outcomes for them. Such population data are generally obtained from surveys, such as the ABS Disability and Ageing Survey or the ABS Child Care Survey. A particularly useful partnership has developed in the child care field where the ABS Child Care Survey data complement the service-based data obtained from the CSP Census. In presenting data obtained from two perspectives—user and service provider—it is possible to obtain a fuller view of the child care field. In particular, the data support a system of needs-based planning for child care. It appears

there is more scope for relating service data and population data in other fields, even with the available data; the new 1993 Disability and Ageing Survey should offer the opportunity for such analysis in the disability and aged care field. Nevertheless, there is scope for a more person-based perspective in welfare services data collections overall.

Significant population groups

The experience of some population groups within the welfare system needs to be documented and monitored because of their significance or known disadvantage. The collection of data from housing and community services does not result, for instance, in a clear picture of usage of these services by Aboriginal people and outcomes for them. Remedying this data gap will require further consultation with Aboriginal people and service providers to design effective and non-intrusive ways of collecting reliable and relevant data.

Data on service linkage

Data relating to different services are often not able to be linked, thus limiting the ability of service data to present a picture of the experience of consumers within the welfare services system. In the aged care area, for instance, where there is significant effort to improve data on nursing homes and hostels and HACC, and from aged care community assessment teams, it is difficult to describe the path of people between these different components of the services system. This problem is particularly serious where a major thrust of the system is to improve the effectiveness of the balance of care provided by these different components of the overall system. Similarly, in the child welfare area, where there are a variety of support services appropriate to each individual family, information showing the pattern of service combinations used by families would be an important indicator of total service use and effectiveness. There is more scope for recording the use of other services where service linkage and complementarity is a major concern, and perhaps for collecting service usage data from population surveys.

Other features of data for planning

Data indicating needs for services and assistance must relate not only to people potentially needing the services, but also to service types and structures, including geographic areas, relevant to existing or feasible services and delivery systems. The improvement of the geographic specificity of data is a major need being addressed by departments such as HHLGCS and by the Australian Bureau of Statistics. The ABS has worked to derive indirect small-area estimates from the 1993 Disability and Ageing Survey and is piloting a disability question for the 1996 Census which, if incorporated, should greatly improve the application of the data to smaller areas and groups than now possible.

Consistency, terminology and a common framework

Terminology in the welfare services field can affect common understanding of data items. Inconsistent use of similar terms within different disciplines and across related service types can further complicate the collation of a national picture from a number of different sources. Further work towards interdisciplinary consensus on basic concepts,

if not terminology, would be especially helpful in a field such as disability services, where a very wide range of services are relevant to people with a disability, and where the thrust of national policy impinges not only on specific support services but also on mainstream services.

The need for a conceptual framework to enhance national compatibility of welfare service data has been recognised by the Australian Institute of Health and Welfare and the Australian Bureau of Statistics. The development of such a framework will take place in consultation with the welfare services field.

Facilitating change in welfare services data collections entails sensitivity to other changes in the field, including policy changes and changes in data collection technology. Providing good feedback and ensuring data availability to all who have participated in data collection, and to those affected by it, is an essential mechanism to ensure the ongoing quality and relevance of the data.

Constructive evolution in welfare service data will be best achieved by cooperative and consultative effort among consumers and their advocates, service providers, existing relevant consultative structures, and organisations with national data responsibilities such as the Australian Bureau of Statistics and the Australian Institute of Health and Welfare.

Appendix

Figure tables

Table A3.1: *Income units living below the poverty line before and after paying for housing, Australia, 1972–73, 1981–82 and 1990*

	1972–73	1981–82	1990
Before paying for housing costs	10.2	11.8	13.8
After paying for housing costs	6.7	11.2	13.0
Total income units ('000)	**3,916**	**5,119**	**6,085**

Note: Figures are weighted population estimates.
Sources: Bradbury, Rossiter & Vipond 1986; ABS Income, Housing Costs and Amenities Survey 1990, unit record file.

Table A3.2: *SAAP accommodation service users by target group, Australia, May 1992*

	Number	Per cent
Young people	2,123	27.8
Women escaping domestic violence	921	12.1
One- and two-parent families	836	11.0
Single women	307	4.0
Single men	1,806	23.7
Multiple	1,636	21.4
Total	7,629	100.0

Source: Merlo et al. forthcoming.

Table A3.3: *SAAP support services provided in a 24-hour period by service user, Australia, December 1992*

	Males	Females	Children	Total
Meals	4,816	1,341	498	7,689
Information, referral, advocacy	1,530	1,941	669	4,361
Counselling services	542	902	269	1,775
Transport assistance	461	602	299	1,376
Material/financial assistance	600	627	540	1,813
Activities, programs, personal care	997	796	338	2,164
Outreach support services	684	944	436	2,097
Other	744	458	139	1,471
Total	**10,374**	**7,611**	**3,188**	**22,746**

Source: Merlo et al. forthcoming.

Table A3.4: *Total CSHA related funding for housing assistance, Australia, 1981–82 to 1990–91*

	Commonwealth grants	Commonwealth loans	Internal funds	State	Private sector	Total
	(1990–91 constant $ million)					
	Net of Australian Capital Territory funds and *State Grants (Housing) Act 1971* funds					
1981–82	561.7	0.0	290.5	517.3	0.0	1,369.5
1982–83	781.6	280.8	270.7	500.3	0.0	1,833.3
1983–84	1,018.6	408.1	230.6	321.7	0.0	1,978.9
1984–85	1,042.8	678.1	326.1	417.6	0.0	2,464.6
1985–86	1,012.9	707.7	381.9	258.8	79.5	2,440.8
1986–87	994.0	836.9	212.2	480.8	4.1	2,527.9
1987–88	937.2	554.3	283.3	602.6	345.6	2,722.9
1988–89	835.8	369.8	669.5	504.6	916.2	3,295.9
1989–90	1,069.2	0.0	368.7	482.4	1,840.0	3,760.2
1990–91	1,016.9	0.0	422.4	451.8	1,916.9	3,807.9
	Australian Capital Territory funds					
1989–90	18.8	0.0	23.2	5.3	0.0	47.3
1990–91	17.9	0.0	23.1	8.6	0.0	49.6

Notes

1. The Commonwealth grants are net of funds provided under the terms of the *State Grants (Housing) Act 1971.*
2. State funding is net of other State housing program funds.
3. ACT funds are shown separately for comparative purposes as the ACT only formally became a party to the Agreement in 1989.
4. Figures adjusted by the Consumer Price (Housing) Index—Weighted Average of Eight Capital Cities.

Source: HHCS 1992b.

Table A3.5: *CSHA home purchase assistance, Australia, 1981–82 to 1990–91*

	Commonwealth grants	Commonwealth loans	Transfers	Internal funds	State	Private sector	Total
	(1990–91 constant $ million)						
	Net of Australian Capital Territory funds and *State Grants (Housing) Act 1971* funds						
1981–82	129.3	0.0	0.0	168.7	278.4	0.0	576.5
1982–83	121.2	64.2	0.0	185.0	217.7	0.0	588.1
1983–84	125.7	109.6	0.0	242.7	39.3	0.0	517.3
1984–85	93.9	219.6	0.0	284.2	125.6	0.0	723.2
1985–86	50.7	139.0	0.0	433.7	162.9	79.5	865.9
1986–87	49.2	222.5	0.0	375.7	108.6	0.5	756.5
1987–88	21.0	87.9	0.0	459.1	123.5	294.7	986.3
1988–89	1.9	53.1	0.0	567.1	124.7	903.9	1,650.8
1989–90	17.1	0.0	-142.6	370.7	159.9	1,835.8	2,240.8
1990–91	15.3	0.0	26.7	393.3	16.6	1,916.1	2,368.0
	Australian Capital Territory funds						
1989–90	0.3	0.0	-17.3	22.5	0.0	0.0	5.5
1990–91	0.2	0.0	-9.6	27.3	0.0	0.0	17.9

Notes

1. The Commonwealth grants are net of funds provided under the terms of the *State Grants (Housing) Act 1971*.
2. State funding is net of other State housing program funds.
3. ACT funds are shown separately for comparative purposes as the ACT only formally became a party to the Agreement in 1989.
4. Figures adjusted by the Consumer Price (Housing) Index—Weighted Average of Eight Capital Cities.

Source: HHCS 1992b.

Table A3.6: *CSHA housing loans approved/advanced, Australia, 1981–82 to 1991–92*

	ACT loans	All other States
1981–82	0	8,821
1982–83	0	10,309
1983–84	0	10,971
1984–85	0	12,596
1985–86	0	17,503
1986–87	0	16,612
1987–88	0	17,808
1988–89	0	24,440
1989–90	219	37,179
1990–91	161	34,935
1991–92	267	30,613

Source: HHLGCS forthcoming.

Table A3.7: *CSHA funding for rental housing assistance, Australia, 1981–82 to 1990–91*

	Commonwealth grants	Commonwealth loans	Transfers	Internal funds	State	Private sector	Total
	(1990–91 constant $ million)						
	Net of Australian Capital Territory funds and *State Grants (Housing) Act 1971* funds						
1981–82	432.4	0.0	0.0	121.8	238.8	0.0	793.0
1982–83	660.4	216.6	0.0	85.7	282.5	0.0	1,245.2
1983–84	892.9	298.5	0.0	-12.2	282.4	0.0	1,461.6
1984–85	948.9	458.5	0.0	41.9	292.1	0.0	1,741.4
1985–86	962.2	568.7	0.0	-51.8	95.9	0.0	1,574.9
1986–87	944.8	614.4	0.0	-163.5	372.2	3.6	1,771.5
1987–88	916.2	466.4	0.0	-175.8	479.1	50.9	1,736.7
1988–89	833.8	316.7	0.0	102.4	379.9	12.4	1,645.2
1989–90	1,052.1	0.0	142.6	-2.0	322.5	4.2	1,519.4
1990–91	1,001.6	0.0	-26.8	29.1	435.2	0.9	1,439.9
	Australian Capital Territory funds						
1989–90	18.6	0.0	17.3	0.7	5.3	0.0	41.7
1990–91	17.7	0.0	9.6	-4.1	8.6	0.0	31.7

Notes

1. The Commonwealth grants are net of funds provided under the terms of the *State Grants (Housing) Act 1971*.
2. State funding is net of other State housing program funds.
3. ACT funds are shown separately for comparative purposes as the ACT only formally became a party to the Agreement in 1989.
4. Figures adjusted by the Consumer Price (Housing) Index—Weighted Average of Eight Capital Cities.

Source: HHCS 1992b.

Table A3.8: *CSHA stock, annual additions and total stock, Australia, 1981–82 to 1991–92*

	Additions all States except ACT	Additions ACT	Total stock (Australia)
1981–82	7,083	0	236,342
1982–83	8,745	0	245,087
1983–84	14,577	0	259,664
1984–85	13,801	0	273,465
1985–86	14,820	0	288,285
1986–87	15,889	0	304,174
1987–88	11,814	0	315,988
1988–89	9,993	0	325,981
1989–90	13,315	12,394	351,690
1990–91	10,295	-33	361,952
1991–92	7,594	-110	369,436

Note: Stock in the ACT are shown separately for comparative purposes as the ACT only formally joined the CSHA in 1989–90.
Source: HHLGCS forthcoming.

Table A3.9: *SAAP accommodation service users by age and sex, Australia, May 1992*

Age group	Males	Females	Not stated	Total	Males as a proportion of all service users (%)	Females as a proportion of all service users (%)
10–14	60	71	0	131	0.8	0.9
15–19	854	1079	5	1938	11.2	14.1
20–24	1433	561	1	995	5.7	7.4
25–29	0326	464	0	790	4.3	6.1
30–34	356	406	1	763	4.7	5.3
35–39	355	308	0	663	4.7	4.0
40–44	327	169	1	497	4.3	2.2
45–49	297	94	0	391	3.9	1.2
50–54	271	54	0	325	3.6	0.7
55–59	224	46	2	272	2.9	0.6
60–64	227	36	0	263	3.0	0.5
65–69	173	24	0	197	2.3	0.3
70+	177	18	1	196	2.3	0.2
Not stated	53	36	119	208	0.7	0.5
Total	**4133**	**3366**	**130**	**7629**	**54.2**	**44.1**

Source: Merlo et al. forthcoming.

Table A3.10: *SAAP accommodation service users, presenting unit by sex, Australia, May 1992*

Presenting unit	Males	Females	Not stated	Total	Proportion of all service users (%)
Individual	3,738	1,751	13	5,502	72.1
Individual and child(ren)	50	1,332	0	1,382	18.1
Couple	58	59	0	117	1.5
Couple and child(ren)	203	208	1	412	5.4
Not stated	84	16	116	216	2.8
Total	**4,133**	**3,366**	**130**	**7,629**	**100.0**

Note: Census forms returned blank were deleted from the database. This may explain the discrepancy between the number of males and females presenting as couples or as couples with children.
Source: Merlo et al. forthcoming.

Table A3.11: *SAAP accommodation service users, major source of income by sex, Australia, May 1992*

Major income source	Males	Females	Not stated	Total	Proportion of all service users (%)
No income	191	267	1	459	6.0
Government pensions, benefits or allowances	3,627	2,842	10	6,479	84.9
Wages, salary or profit	205	185	0	390	5.1
Other	70	53	0	123	1.6
Not stated	40	19	119	178	2.3
Total	**4,133**	**3,366**	**130**	**7,629**	**100.0**

Source: Merlo et al. forthcoming.

Table A3.12: *Government renters, age and sex profile of household head, Australia, 1990*

Age group	Males	Females	Total	Males as a proportion of all government renters (%)	Females as a proportion of all government renters (%)
Under 21	2,044	3,405	5,449	0.6	1.0
21–24	11,887	9,953	21,840	3.4	2.8
25–29	15,558	18,369	33,927	4.4	5.2
30–34	26,660	19,875	46,535	7.6	5.7
35–39	22,096	19,276	41,372	6.3	5.5
40–44	19,202	11,935	31,137	5.5	3.4
45–49	12,008	10,635	22,643	3.4	3.0
50–54	11,312	12,072	23,384	3.2	3.4
55–59	14,077	9,311	23,388	4.0	2.6
60–64	11,273	11,203	22,476	3.2	3.2
65–69	12,484	13,875	26,359	3.5	3.9
70+	19,367	33,891	53,258	5.5	9.6
Total	**177,968**	**173,800**	**351,768**	**50.6**	**49.4**

Source: ABS Income, Housing Costs and Amenities Survey 1990, unfit record file.

Table A4.1: *Service type, number of children and number of places by State/Territory, Australia, 1991–92*

Service type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Long day care									
Number of children	57,818	29,956	38,933	12,991	9,904	3,718	3,300	1,783	158,403
Number of places	33,161	21,786	21,123	6,898	5,277	1,527	2,502	1,198	93,472
Family day care									
Number of children	17,606	15,601	14,591	3,462	8,354	2,953	2,230	1,330	66,127
Number of places	14,341	12,773	7,949	2,359	3,724	1,452	2,129	727	45,454
Outside school hours care									
Number of children	16,460	12,704	8,977	3,239	5,622	1,598	1,623	531	50,754
Number of places	18,364	11,980	7,271	3,361	4,078	1,345	1,268	555	48,222
Other formal services[a]									
Number of children	4,955	13,561	2,367	2,546	1,378	768	433	447	26,455
Number of places	1,528	1,520	674	764	587	199	121	241	5,634
Total									
Number of children	*96,839*	*71,822*	*64,868*	*22,238*	*25,258*	*9,037*	*7,586*	*4,091*	*301,739*
Number of places	*67,394*	*48,059*	*37,017*	*13,382*	*13,666*	*4,523*	*6,020*	*2,721*	*192,782*

(a) Includes occasional care, Multifunctional Aboriginal Children's Services and other multifunctional services.

Source: HHCS 1992c:Table 108 and Table 106.

Table A4.2 : *Number of children and attendance hours, type of care and work-related care eligibility status by counting unit, Australia, 1991*

Type of care/work-related care eligibility status[a]	Children		Attendance hours[b]	
	Number	%	Number	%
Long day care				
Eligible for work-related care				
Child from two-parent family	72,441	55.1	1,689,931	61.8
Child from one-parent family	17,869	13.6	478,839	17.0
Not eligible for work-related care				
Child from two-parent family	33,440	25.4	437,075	16.0
Child from one-parent family	7,700	5.9	126,479	4.6
Total	*131,450*	*100.0*	*2,732,324*	*100.0*
Family day care				
Eligible for work-related care				
Child from two-parent family	37,164	62.3	730,190	63.1
Child from one-parent family	15,025	25.2	334,062	28.9
Not eligible for work-related care				
Child from two-parent family	4,792	8.0	55,683	4.8
Child from one-parent family	2,707	4.5	36,479	3.2
Total	*59,688*	*100.0*	*1,156,414*	*100.0*
Outside school hours care				
Eligible for work-related care				
Child from two-parent family	29,286	68.9	218,627	67.3
Child from one-parent family	9,251	21.8	83,052	25.6
Not eligible for work-related care				
Child from two-parent family	2,659	6.3	13,980	4.3
Child from one-parent family	1,309	3.1	9,367	2.9
Total	*42,505*	*100.0*	*325,026*	*100.0*

continued

Table A4.2 (continued): *Number of children and attendance hours, type of care and work-related care eligibility status by counting unit, Australia, 1991*

Type of care/work-related care eligibility status[a]	Children		Attendance hours[b]	
	Number	%	Number	%
Occasional care[c]				
Work-related reason	3,205	25.1	24,385	38.3
Non-work-related reason	9,571	74.9	39,205	61.7
Total	*12,776*	*100.0*	*63,590*	*100.0*

(a) Work-related care is the care of children where all parents are employed either full-time or part-time or are studying or training for employment.
(b) Unpublished calculation based on number of children by hours of attendance from 1991 CSP Census of Child Care Services.
(c) Occasional care is not primarily provided for work-related reasons. Figures represent reasons care was used.

Source: 1991 CSP Census of Child Care Services (unpublished data).

Table A4.3: *Number of age-appropriate children who used formal and/or informal care, occupation and industry of employed primary caregiver by type of care, Australia, November 1990*[a]

Occupation/ industry of employed primary caregiver	Formal care only ('000)	Informal care only ('000)	Formal and informal care ('000)	Total ('000)	Total formal care		Percentage of total population[b] (%)
					Number ('000)	Percentage of those in care (%)	
Occupation							
Managers and administrators	6.7	38.4	8.7	53.8	15.4	4.7	7.9
Professionals	23.5	101.4	40.7	165.7	64.2	19.6	13.0
Para-professionals	12.2	52.6	16.3	81.1	28.5	8.7	7.3
Tradesperson	6.7	16.9	3.0*	26.7	9.7	3.0	3.5
Clerks	55.4	195.8	51.8	303.0	107.2	32.7	27.3
Sales and personal service workers	25.1	143.3	37.3	205.7	62.4	19.1	20.6
Plant/machine operators and drivers	3.6*	14.7	3.6*	21.9	7.2	2.2	2.5
Labourers and related workers	18.8	89.4	13.8	122.0	32.6	10.0	11.2
Unknown	0.0	0.0	0.0	0.0	0.0	0.0	6.7
Total	*152.0*	*652.6*	*175.4*	*979.8*	*327.4*	*100.0*	*100.0*
Industry							
Agriculture, forestry, fishing and hunting	5.8	25.9	5.0	36.6	10.8	3.3	3.2
Mining	0.3*	1.3*	0.1*	1.8*	0.4	0.1	0.3
Manufacturing	15.5	56.9	11.3	83.7	26.8	8.2	8.7
Electricity, gas and water	0.3*	2.9*	0.6*	3.9*	0.9	0.3	0.4
Construction	3.9*	19.4	6.0	29.2	9.9	3.0	1.9

continued

Table A4.3 (continued): *Number of age-appropriate children who used formal and/or informal care, occupation and industry of employed primary caregiver by type of care, Australia, November 1990*[a]

Occupation/ industry of employed primary caregiver	Formal care only ('000)	Informal care only ('000)	Formal and informal care ('000)	Total ('000)	Total formal care		Percentage of total population[b] (%)
					Number ('000)	Percentage of those in care (%)	
Wholesale and retail trade	29.0	134.2	31.8	195.0	60.8	18.6	20.0
Transport and storage	2.6*	11.8	5.5	20.0	8.1	2.5	2.3
Communication	4.4	6.2	0.8	11.4	5.2	1.6	1.1
Finance, property and business services	20.7	77.9	18.0	116.6	38.7	11.8	12.9
Public administration and defence	8.8	26.0	9.8	44.6	18.6	5.7	4.8
Community services	48.9	227.4	70.2	346.4	119.1	36.4	27.6
Recreation, personal and other services	11.7	62.7	16.3	90.7	28.0	8.6	9.1
Unknown	0.0	0.0	0.0	0.0	0.0	0.0	7.7
Total	*152.0*	*652.6*	*175.4*	*979.8*	*327.4*	*100.0*	*100.0*

(a) Primary caregiver is the female parent in a two-parent family or a single custodial parent, male or female, in a one-parent family.

(b) 1991 Census of Population and Housing, Community Profiles, ABS Cat. No. 2722.0, Table B22; percentage of employed women aged 15–55 years across occupation/industry groups.

* Subject to sampling variability too high for most practical purposes.

Note: Numbers may not add exactly due to rounding.

Source: ABS Child Care Survey 1990 (unpublished data).

Table A4.4: *Number of children, preschools special needs, States/Territories, 1992*

State/ Territory	Disability-related care			At risk of abuse or neglect	Aboriginal and TSI	NESB[a]	Other special needs
	Child with disability	Parent with disability	Total				
NSW	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Vic	1,294[b]	n.a.	n.a.	n.a.	258[c]	9,396[d]	1,727[e]
Qld	n.a.	n.a.	n.a.	n.a.	1,417[f]	n.a.	n.a.
WA	n.a.	n.a.	n.a.	n.a.	595[g]	n.a.	n.a.
SA[h]	170	n.a.	n.a.	n.a.	434	770	2,070
Tas	300[i]	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
ACT	n.a.	n.a.	n.a.	n.a.	35	264	332[j]
NT	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.

(a) Non-English-speaking background.
(b) This figure may not be accurate because teachers had insufficient time to assess children, assessment by services was very subjective, some children were double-counted in categories, or interpretation of terms by assessors was not correct.
(c) Includes the reported number of children working with staff in the Aboriginal Preschool Assistance Program only.
(d) Child born in non-English-speaking country or born in Australia with one or more parent born in non-English-speaking country.
(e) Children classified as functionally limited in socio-emotional development.
(f) Includes only those identified Aboriginal and Torres Strait Islander pupils of Queensland government preschools.
(g) Includes children attending designated Aboriginal Preschools run by Ministry of Education only.
(h) South Australian data taken from the 1992 Annual Census of Children's Services, Children's Services Office, South Australia.
(i) Includes children who fall into the mild to profound disability range.
(j) Includes children classified as requiring special assistance.

n.a. = not available.

Source: State administrative data (unpublished data).

Table A4.5: *Persons adopted: number of adoptions by State/Territory, Australia, 1968–69 to 1990–91*

Year	NSW[a]	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
1968–69	1,715	1,789	1,448	540	797	348	100	36	6,773
1969–70	2,346	2,031	1,500	703	834	243	102	61	7,820
1970–71	3,275	2,057	1,562	301	879	289	122	68	8,553
1971–72	4,539	1,768	1,774	457	776	303	127	54	9,798
1972–73	3,315	1,765	1,678	717	649	268	121	29	8,542
1973–74	1,936	1,557	1,458	783	558	268	120	25	6,705
1974–75	1,799	1,168	1,394	528	551	243	123	33	5,839
1975–76	1,449	1,032	1,112	531	549	211	87	19	4,990
1976–77	1,770	908	1,014	497	658	185	82	74	5,188
1977–78	1,068	951	660	417	506	164	55	46	3,867
1978–79	1,020	956	563	380	415	173	56	40	3,603
1979–80	853	914	450	387	475	148	85	25	3,337
1980–81	794	711	454	305	505	140	74	35	3,018
1981–82	855	753	467	261	396	119	81	39	2,971
1982–83	926	692	555	270	424	117	59	29	3,072
1983–84	698	686	517	250	438	87	51	43	2,770
1984–85	623	631	331	293	222	97	74	23	2,294
1985–86[b]	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
1986–87[b]	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
1987–88	280	114	306	191	416	120	36	28	1,491
1988–89	335	288	353	147	221	85	47	25	1,501
1989–90	360	212	278	128	174	71	50	21	1,294
1990–91	329	258	210	136	103	61	25	20	1,142

(a) Adoptions by parents not available for New South Wales from 1987–1988.
(b) No data on adoptions were collated nationally for 1985–86 and 1986–87.
n.a. = not available.
Source: Wilkinson & Angus 1993a:Table 12.

Table A4.6: *Orders per 1,000 children and type of order by State/Territory, at 30 June 1991*

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Guardianship orders									
Children 0–17 under orders[a]	2,138	2,234	2,694	692	995	368	29	88	9,238
Orders per 1,000 children 0–17	1.4	1.9	3.3	1.5	2.7	2.8	0.3	1.6	2.0
Non-guardianship orders									
Children 0–17 under orders[a]	927	1,559	321	(b)	280	217	37	8	3,349
Orders per 1,000 children 0–17	0.6	1.4	0.4	(b)	0.8	1.7	0.4	0.1	0.7
Total orders									
Children 0–17 under orders[a]	3,065	3,793	3,015	692	1,275	585	66	96	12,587
Orders per 1,000 children 0–17	2.0	3.3	3.7	1.5	3.5	4.5	0.8	1.7	2.7

(a) Includes children whose age is unknown.
(b) Western Australia does not place children under non-guardianship orders for care and protection.
Source: Angus & Wilkinsons 1993b:Table 2.

Table A5.1: *Aged persons ('000), State/Territory and sex by age and year, Australia, 1985 and 1992*

	60–64		65–69		70–79		80+		Total 65+		Total all ages	
	1985	1992	1985	1992	1985	1992	1985	1992	1985	1992	1985	1992
NSW												
Males	124.7	128.3	92.7	115.9	117.6	143.8	32.4	46.6	242.7	306.3	2,723.3	2,964.3
Females	133.0	130.8	107.6	127.1	160.8	188.9	73.1	95.2	341.6	411.2	2,741.3	2,994.4
Persons	257.6	259.1	200.4	243.0	278.4	332.7	105.5	141.8	584.3	717.5	5,464.5	5,958.7
Vic												
Males	90.2	93.5	64.9	83.3	87.5	101.6	26.1	36.4	178.5	221.2	2,045.0	2,205.0
Females	96.7	94.7	76.0	92.4	119.5	135.0	57.3	72.1	252.7	299.5	2,075.0	2,243.8
Persons	186.9	188.2	140.9	175.7	207.0	236.5	83.4	108.5	431.2	520.7	4,120.1	4,448.8
Qld												
Males	54.9	60.4	42.1	54.6	54.1	69.0	16.3	23.1	112.5	146.7	1,293.2	1,518.4
Females	56.1	60.4	46.8	56.8	67.9	85.5	31.2	42.6	145.9	184.9	1,278.0	1,512.1
Persons	111.0	120.7	88.9	111.4	122.0	154.5	47.5	65.7	258.4	331.6	2,571.2	3,030.5
WA												
Males	27.3	31.5	19.3	27.2	27.4	32.6	8.3	12.0	55.0	71.8	715.6	832.9
Females	27.9	30.8	22.2	28.4	35.3	41.8	15.5	22.2	73.0	92.5	702.9	824.2
Persons	55.2	62.3	41.5	55.6	62.7	74.4	23.7	34.3	128.0	164.2	1,418.6	1,657.1
SA												
Males	32.8	32.4	24.4	30.6	31.9	38.6	9.2	12.9	65.5	82.1	681.2	722.9
Females	34.9	32.8	28.0	33.4	42.7	50.2	19.8	25.9	90.4	109.5	690.0	733.5
Persons	67.7	65.3	52.4	64.0	74.6	88.8	29.0	38.8	155.9	191.6	1,371.2	1,456.4
Tas												
Males	9.6	9.8	7.5	9.1	9.8	11.4	2.8	3.9	20.1	24.4	219.8	232.9
Females	10.2	9.9	8.6	9.8	12.9	15.0	5.8	7.3	27.2	32.1	223.0	236.9
Persons	19.9	19.7	16.0	18.9	22.6	26.4	8.6	11.2	47.3	56.5	442.8	469.8
ACT												
Males	3.8	4.2	2.2	3.4	2.4	3.6	0.6	1.0	5.2	8.1	125.5	147.4
Females	4.0	4.1	2.6	3.8	3.4	4.9	1.4	2.1	7.3	10.8	125.8	146.8
Persons	7.8	8.3	4.8	7.3	5.8	8.5	2.0	3.1	12.5	18.9	251.4	294.2
NT												
Males	1.4	1.8	0.8	1.1	0.8	0.9	0.2	0.3	1.7	2.3	79.0	87.1
Females	1.1	1.4	0.7	0.9	0.7	1.0	0.2	0.3	1.6	2.3	69.5	79.9
Persons	2.5	3.2	1.6	2.1	1.4	2.0	0.4	0.6	3.4	4.6	148.5	167.1
Australia												
Males	344.7	361.9	253.9	325.1	331.5	401.5	95.8	136.2	681.2	862.8	7,882.7	8,711.0
Females	363.9	364.9	292.4	352.8	443.2	522.3	204.2	267.7	939.8	1,142.7	8,018.2	8,771.6
Persons	708.5	726.8	546.3	677.9	774.6	923.7	300.0	403.9	1,621.0	2,005.6	15,788.3	17,482.6

Note: Figures may not add exactly due to rounding.
Sources: ABS 1987:19, 1993:38.

Table A5.2: *Handicapped persons, location and handicap level by sex and age, Australia, 1988*

Location/ handicap level	Males ('000)					Females ('000)					Persons ('000)				
	60–64	65–69	70–79	80+	Total 65+	60–64	65–69	70–79	80+	Total 65+	60–64	65–69	70–79	80+	Total 65+
Health establishment															
Severe	2.2	3.4	9.9	13.5	26.8	2.2	3.9	19.5	62.8	86.2	4.3	7.4	29.4	76.2	113.0
Moderata	0.2	0.4	1.0	1.4	2.8	0.1	0.4	2.2	2.9	5.5	0.3	0.8	3.2	4.2	8.2
Mild	0.4	0.5	1.4	1.3	3.2	0.4	0.6	3.3	4.2	8.1	0.8	1.1	4.7	5.5	11.3
Not determined	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total handicapped	*2.8*	*4.3*	*12.3*	*16.2*	*32.8*	*2.7*	*4.9*	*25.0*	*69.7*	*99.6*	*5.4*	*9.2*	*37.3*	*85.9*	*132.4*
Households															
Severe	19.5	21.5	29.7	21.1	72.3	21.3	25.4	65.6	54.5	145.5	40.9	46.8	95.3	75.7	217.8
Moderate	40.8	35.7	52.4	13.5	101.6	26.7	31.3	48.8	19.6	99.7	67.5	67.0	101.2	33.1	201.3
Mild	47.7	40.9	55.7	19.7	116.3	29.6	31.6	62.7	20.0	114.3	77.3	72.5	118.4	39.7	230.6
Not determined	24.1	-	-	-	-	10.1	-	-	-	-	34.2	-	-	-	-
Total handicapped	*132.1*	*98.1*	*137.8*	*54.3*	*290.2*	*87.7*	*88.3*	*177.1*	*94.2*	*359.6*	*219.8*	*186.4*	*314.9*	*148.5*	*649.8*
Total															
Severe	21.7	24.9	39.6	34.6	99.1	23.5	29.3	85.1	117.3	231.7	45.2	54.2	124.7	151.9	330.8
Moderate	41.0	36.1	53.4	14.9	104.4	26.8	31.7	51.0	22.5	105.2	67.8	67.8	104.4	37.3	209.5
Mild	48.1	41.4	57.1	21.0	119.5	30.0	32.2	66.0	24.2	122.4	78.1	73.6	123.1	45.2	241.9
Not determined	24.1	-	-	-	-	10.1	-	-	-	-	34.2	-	-	-	-
Total handicapped	*134.9*	*102.4*	*150.1*	*70.5*	*323.0*	*90.4*	*93.2*	*202.1*	*163.9*	*459.2*	*225.2*	*195.6*	*352.2*	*234.4*	*782.2*

Source: ABS 1988 Disability and Ageing Survey unpublished tables.

Table A5.3: *Nursing home beds for the aged, year and sector by State/Territory, Australia, 30 June 1985, 1991 and 1992*

Sector	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust.
					Number of beds				
1985									
Government	2,936	4,926	2,347	1,686	1,118	838	273	29	14,803
PFP	14,949	7,309	4,225	2,873	3,205	287	62	49	34,786
PNFP	8,809	3,655	5,163	1,686	3,130	1,269	106	85	24,424
Total	*26,695*	*15,890*	*11,735*	*6,245*	*7,453*	*2,394*	*440*	*163*	*74,013*
1991									
Government	2,756	5,363	2,245	1,368	627	642	126	24	13,151
PFP	16,321	7,450	4,514	2,899	3,158	276	208	40	34,866
PNFP	9,778	3,630	5,120	1,824	3,360	1,182	187	109	25,190
Total	*28,855*	*16,443*	*11,879*	*6,091*	*7,145*	*2,100*	*521*	*173*	*73,207*
1992									
Government	2,756	5,474	2,203	1,368	627	544	126	24	13,122
PFP	16,396	7,520	4,517	2,924	3,121	359	212	40	35,089
PNFP	10,008	3,827	5,196	1,849	3,382	1,241	187	109	25,799
Total	*29,160*	*16,821*	*11,916*	*6,141*	*7,130*	*2,144*	*525*	*173*	*74,010*
					Percentage distribution				
1985									
Government	11.0	31.0	20.0	27.0	15.0	35.0	62.0	18.0	20.0
PFP	56.0	46.0	36.0	46.0	43.0	12.0	14.0	30.0	47.0
PNFP	33.0	23.0	44.0	27.0	42.0	53.0	24.0	52.0	33.0
Total	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
1991									
Government	9.6	32.6	18.9	22.5	8.8	30.6	24.2	13.9	18.0
PFP	56.6	45.3	38.0	47.6	44.2	13.1	39.9	23.1	47.6
PNFP	33.9	22.1	43.1	29.9	47.0	56.3	35.9	63.0	34.4
Total	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
1992									
Government	9.5	32.5	18.5	22.3	8.8	25.4	24.0	13.9	17.7
PFP	56.2	44.7	37.9	47.6	43.8	16.7	40.4	23.1	47.4
PNFP	34.3	22.8	43.6	30.1	47.4	57.9	35.6	63.0	34.9
Total	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*

Note: PFP = private for-profit; PNFP = private not-for-profit.
Sources: DCS 1986:24, 42, 108; HHCS 1992e:10; HHLGCS 1993a:10.

Table A5.4: *Aged care clients, sex and age by program and State/Territory, Australia, selected years*

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
					Number of residents in nursing homes on 30 June 1992				
Males									
<60	579	229	187	145	148	37	10	18	1,353
60–64	342	160	136	72	55	14	2	4	785
65–69	759	377	279	139	156	39	19	6	1,774
70–79	2,569	1,424	1,050	512	609	205	43	18	6,430
80+	3,644	2,300	1,640	859	914	268	69	27	9,721
Total	*7,893*	*4,490*	*3,292*	*1,727*	*1,882*	*563*	*143*	*73*	*20,063*
Females									
<60	561	230	191	111	149	41	13	14	1,310
60–64	300	157	109	64	63	25	9	1	728
65–69	736	367	297	146	180	45	13	5	1,789
70–79	4,469	2,381	1,764	807	1,012	325	83	26	10,867
80+	14,555	8,658	6,124	3,044	3,557	1,072	262	55	37,327
Total	*20,621*	*11,793*	*8,485*	*4,172*	*4,961*	*1,508*	*380*	*101*	*52,021*
					Number of residents in hostels on 30 June 1992				
Males									
<60	134	133	149	41	18	8	2	15	500
60–64	167	121	89	38	38	4	7	7	471
65–69	311	205	202	72	67	9	13	12	891
70–79	1,150	681	749	262	343	42	28	12	3,267
80+	2,158	1,566	1,554	686	802	152	77	8	7,003
Total	*3,920*	*2,706*	*2,743*	*1,099*	*1,268*	*215*	*127*	*54*	*12,132*
Females									
<60	116	89	143	45	18	7	3	7	428
60–64	170	90	106	40	33	10	2	7	458
65–69	331	198	232	90	69	26	4	1	951
70–79	2,518	1,611	1,726	648	763	173	89	10	7,538
80+	7,862	6,410	4,912	2,296	3,152	597	232	24	25,485
Total	*10,997*	*8,398*	*7,119*	*3,119*	*4,035*	*813*	*330*	*49*	*34,860*
					HACC clients by age/sex in November 1990 (%)				
Males									
0–14	3	1	*	1	4	1	2	1	1.8
15–64	7	4	7	7	6	7	7	18	5.8
65–79	9	12	13	15	15	11	10	19	11.4
80+	7	10	13	10	12	10	8	4	9.5
Total	*25*	*27*	*32*	*33*	*37*	*29*	*27*	*40*	*28.4*
Females									
0–14	2	1	*	1	2	1	2	1	1.4
15–64	13	11	10	11	9	12	11	19	11.4
65–79	34	33	27	30	25	28	36	31	31.6
80+	25	29	31	25	27	29	24	9	27.1
Total	*75*	*74*	*68*	*67*	*64*	*71*	*73*	*60*	*71.6*
Persons	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**

* Cell count is less than 1%.

Sources: HHCS 1992a:14, 1992c:7, 10; HHLGCS 1993a:12–13.

Table A5.5: *Recurrent expenditure per person aged 65 and over in 1984–85 constant prices, program by year, Australia, 1985–86, 1988–89, 1990–91 and 1991–92*

	1985–86	1988–89	1990–91	1991–92
Expenditure per aged person ($)				
Nursing home	574.8	568.6	586.6	573.6
Hostel	33.5	53.0	71.6	83.7
HACC	109.4	154.0	176.7	186.2
Total	*717.8*	*775.6*	*834.9*	*843.5*
Expenditure per estimated severely handicapped person ($)				
Nursing home	3,110.5	3,070.1	3,141.3	3,049.9
Hostel	181.5	286.1	383.4	445.2
HACC	592.1	831.4	946.4	990.3
Total	*3,884.5*	*4,187.6*	*4,471.1*	*4,485.4*
Expenditure per estimated moderate/severely handicapped person ($)				
Nursing home	1,900.2	1,879.8	1,926.6	1,875.2
Hostel	110.9	175.2	235.1	273.7
HACC	361.7	509.1	580.4	608.9
Total	*2,373.0*	*2,564.1*	*2,742.1*	*2,757.8*

Note: Constant prices are calculated using the 'other health and welfare' deflator; figures may not add exactly due to rounding.
Sources: ABS 1987:19, 22; ABS 1990a:7, 13, 1993:14, 20, 26, 32, 38; DCS 1987a:72, 74; DCSH 1989:22, 1991c:21, 1992b:21–22; HHLGCS 1993 unpublished tables.

Table A6.1: *Persons with a disability ('000), primary disabling condition by age by sex, Australia, 1988*

	Age group (years)							
	0–14	15–29	30–44	45–59	60–64	65+	Total 0–64	Total
Males								
Psychiatric[a]	10.4	11.4	21.1	15.6	8.2	17.2	66.7	83.9
Intellectual[b]	26.0	23.0	8.0	3.4	0.6	5.2	61.0	66.2
Sensory[c]	16.7	27.3	40.6	52.2	27.0	98.0	163.8	261.6
Physical and other[d]	80.3	87.2	136.1	186.8	120.4	279.7	610.8	890.3
Total	**131.2**	**146.8**	**204.7**	**257.7**	**156.0**	**399.2**	**896.4**	**1295.5**
Females								
Psychiatric	2.9	11.6	26.1	23.0	8.9	35.9	72.5	108.6
Intellectual	12.0	11.4	3.8	2.0	0.7	16.0	29.9	45.8
Sensory	15.2	15.9	26.4	27.0	13.8	102.0	98.3	200.3
Physical and other	61.4	91.4	130.0	166.6	79.9	370.5	529.3	899.9
Total	**91.1**	**128.2**	**185.6**	**218.2**	**103.3**	**521.1**	**726.4**	**1247.5**
Persons								
Psychiatric	13.3	23.0	47.3	38.7	17.2	53.0	139.5	192.5
Intellectual	37.9	34.4	11.8	5.4	1.3	21.1	90.8	112.0
Sensory	31.8	43.2	67.0	79.1	40.8	199.9	261.9	461.9
Physical and other	141.7	178.6	266.2	353.4	200.2	650.3	1140.1	1790.2
Total	**222.3**	**275.0**	**390.3**	**475.9**	**259.3**	**920.4**	**1622.8**	**2543.1**

The groupings used above refer to the ABS categories of:

(a) Mental disorders other than retardation, degeneration or slow learning.

(b) Mental retardation, mental degeneration due to brain damage, slow at learning and specific delays in development.

(c) Sight loss, hearing loss.

(d) Nervous system, circulatory diseases, respiratory diseases, diseases of the musculoskeletal system and connective tissue and all other diseases and conditions.

Source: ABS 1990a.

Table A6.2: *All persons ('000), disability status by age by sex, Australia, 1988*

	People with disabilities				
	Handicap	No handicap	Total	Without disabilities	Total all persons
Males					
0–4	24.8	..	24.8	601.4	626.2
5–14	90.1	16.2	106.4	1,149.9	1,256.3
15–29	109.1	37.7	146.8	1,891.1	2,037.9
30–44	158.5	46.2	204.7	1,658.1	1,862.8
45–59	213.2	44.5	257.7	964.1	1,221.8
60–64	134.9	21.2	156.0	202.4	358.5
65+	323.0	76.3	399.2	356.8	756.0
Total 0–64	730.6	165.8	896.4	6,467.0	7,363.5
Total	**1,053.5**	**242.0**	**1,295.5**	**6,823.8**	**8,119.4**
Females					
0–4	15.8	..	15.8	581.6	597.4
5–14	60.4	14.9	75.3	1,119.4	1,194.6
15–29	97.3	30.9	128.2	1,886.4	2,014.6
30–44	153.5	32.1	185.6	1,661.8	1,847.4
45–59	190.4	27.8	218.2	951.6	1,169.8
60–64	90.4	12.9	103.3	267.0	370.3
65+	459.1	61.9	521.1	503.9	1,024.9
Total 0–64	607.8	118.6	726.4	6,467.8	7,194.1
Total	**1,067.1**	**180.5**	**1,247.5**	**6,971.7**	**8,219.2**
Persons					
0–4	40.7	..	40.7	1,183.0	1,223.6
5–14	150.5	31.1	181.6	2,269.3	2,450.9
15–29	206.4	68.6	275.0	3,777.5	4,052.5
30–44	312.0	78.3	390.3	3,319.9	3,710.2
45–59	403.6	72.3	475.9	1,915.7	2,391.6
60–64	225.2	34.1	259.3	469.5	728.8
65+	782.2	138.1	920.4	860.6	1,781.0
Total 0–64	1,338.4	284.4	1,622.8	12,934.9	14,557.6
Total	**2,120.6**	**422.5**	**2,543.1**	**13,795.5**	**16,338.6**

Source: ABS 1990a.

Table A6.3: *Persons with a handicap ('000), severity of total handicap by age by sex, Australia, 1988*

Age (years)	Severe	Moderate	Mild	Not determined[a]	Total
Males					
0–4	(b)	(b)	(b)	24.8	24.8
5–14	32.7	13.3	15.5	28.7	90.1
15–29	24.4	21.8	30.5	32.3	109.1
30–44	34.7	46.0	40.1	37.6	158.5
45–59	43.6	68.9	61.4	39.1	213.2
60–64	21.7	41.0	48.1	24.1	134.9
65+	99.1	104.4	119.5	*	323.0
Total 0–64	157.1	191.0	195.6	186.6	730.5
Total	**256.2**	**295.4**	**315.3**	**186.6**	**1,053.5**
Females					
0–4	(b)	(b)	(b)	15.8	15.8
5–14	22.6	7.8	15.4	14.6	60.4
15–29	27.9	18.1	28.3	22.9	97.3
30–44	44.9	39.7	39.8	29.2	153.5
45–59	50.6	57.0	56.4	26.4	190.4
60–64	23.5	26.8	30.0	10.1	90.4
65+	231.7	105.1	122.4	*	459.1
Total 0–64	169.6	149.4	169.9	119.0	607.8
Total	**401.3**	**254.5**	**292.2**	**119.0**	**1,067.1**
Persons					
0–4	(b)	(b)	(b)	40.7	40.7
5–14	55.3	21.0	30.9	43.3	150.5
15–29	52.4	39.9	58.9	55.2	206.4
30–44	79.6	85.7	80.0	66.8	312.0
45–59	94.3	126.0	117.8	65.5	403.6
60–64	45.2	67.8	78.1	34.2	225.2
65+	330.8	209.6	241.9	*	782.2
Total 0–64	326.8	340.4	365.7	305.7	1,338.4
Total persons	**657.5**	**550.0**	**607.5**	**305.7**	**2,120.6**

(a) Comprises all children with a disability 0–4 and persons who had a schooling (persons aged 5–20) or employment (persons aged 15–64) limitation only.
(b) Handicap not determined for persons aged under 5 years.
* Insufficient numbers in cell
Source: ABS 1990a.

Table A6.4: *Persons with a handicap and persons with a disability ('000), area of handicap,[a] severity of total handicap by type of primary disabling condition,[b] Australia, 1988*

	Sensory				Physical						
	Psychiatric	Intellectual	Sight	Hearing	Nervous system	Circulatory	Respiratory	Musculo-skeletal & connective tissue	All other diseases & conditions	Total physical	Total
Area of handicap						**Persons with a handicap ('000)**					
Self-care	50.2	54.7	33.9	29.7	90.2	93.0	55.7	354.5	157.9	751.3	908.1
Mobility	106.8	76.2	72.3	110.6	118.5	213.4	132.5	543.5	272.8	1,280.7	1,634.0
Communi-cation	29.9	47.2	26.7	118.6	35.5	36.5	16.3	55.6	44.2	188.1	400.5
Schooling	8.9	40.4	2.5	15.6	19.5	1.4	27.7	7.6	23.4	79.6	144.1
Employ-ment	78.1	33.9	20.1	58.1	67.7	91.8	72.9	364.8	172.6	769.8	956.6
Total with a handicap	**149.2**	**106.4**	**88.4**	**217.4**	**150.5**	**242.7**	**179.6**	**639.6**	**359.7**	**1,572.1**	**2,120.6**
Severity of total handicap						**Persons with a disability ('000)**					
Severe	48.4	62.7	34.4	23.8	82.4	69.8	33.2	208.3	106.6	500.3	657.5
Moderate	28.4	7.1	16.2	27.2	23.9	65.4	48.6	235.6	97.7	471.2	550.0
Mild	38.9	10.4	29.9	134.7	21.0	85.4	56.2	136.8	94.4	393.8	607.5
Not determined[c]	33.5	26.2	7.9	31.7	23.2	22.0	41.5	58.9	60.9	206.5	305.7
Not handicapped	43.3	5.6	28.0	128.1	20.1	37.7	35.8	67.2	57.6	218.4	422.5
Total with a disability	**192.5**	**112.0**	**116.4**	**345.5**	**170.6**	**280.3**	**215.3**	**706.8**	**417.2**	**1,789.9**	**2,543.1**

(a) Total may be less than the sum of the components since persons may have a handicap or limitation in more than one area.

(b) Persons with a primary disability condition which had both a mental and physical manifestation are shown against both mental and physical components of the table although they are only included once in the total.

(c) Comprises all disabled children aged 0–4 years and persons who had a schooling or employment limitation only.

Note: Nervous system includes people with motor neuron disease, ataxia, MS, quadriplegia and paraplegia. Although these diagnoses may stem from a sensory impairment, they are generally perceived to be a physical disability.

Source: ABS 1990a.

Table A6.5: *Percentage change in prevalence rate of disabling conditions*[a] *by age group from 1981 to 1988*

	Age group (years)					
	0–14	15–34	35–44	55–64	65–74	75+
Males						
Circulatory diseases	-35.0	47.2	-27.8	11.5	30.2	23.6
Respiratory diseases	119. 5	11.8	13.7	3.6	45.8	8.3
Musculoskeletal diseases	-52.2	-8.5	2.5	14.9	22.6	14.5
Nervous system diseases	20.9	11.3	9.3	-2.8	12.5	23.7
Sight loss	-40.7	20.6	-26.3	-19.7	38.8	-1.3
Hearing loss	-8.0	-13.7	-5.3	10.1	37.4	29.4
Mental disorders	10.4	23.1	-5.1	-21.8	62.2	6.6
Other physical disorders	27.2	55.0	26.3	64.0	80.9	47.2
Total males[a]	**10.0**	**8.5**	**-0.6**	**9.5**	**30.9**	**21.4**
Females						
Circulatory diseases	-49.7	-27.4	-22.9	18.8	4.4	14.8
Respiratory diseases	97.6	22.4	59.5	16.9	4.7	84.9
Musculoskeletal diseases	23.0	13.1	40.5	31.6	26.2	19.6
Nervous system diseases	-8.0	25.9	-13.4	4.5	-8.4	23.9
Sight loss	-21.9	-28.8	-6.1	-16.9	27.8	-2.2
Hearing loss	-25.9	-11.2	0.3	7.5	15.0	6.4
Mental disorders	5.6	-23.5	-20.8	-21.6	-4.8	15
Other physical disorders	52.1	24.6	18.0	36.8	78.9	65
Total females[a]	**19.4**	**-1.0**	**8.8**	**13.1**	**19.4**	**20.2**

(a) Total may be less than the sum of the components since a person may have more than one disabling condition.

Source: Mathers 1991:Table 18.

Table A6.6: *Numbers of recipients of disability-related pensions, type of pension/benefit by age group, Australia, 1988*

	Age group (years)								
	<16	16–19	20–29	30–39	40–49	50–59	60–64	65+	Total
Males									
Invalid Pension	8	4,337	14,655	21,926	35,151	74,262	65,326	3,503	219,168
Rehab Allowees and spouse	0	227	493	436	194	43	2	0	1,395
Carer Pensioners (invalid)	2	16	107	367	764	1,402	676	54	3,388
Child Disability Allowance	19,340	579	4	0	0	0	0	0	19,923
Total	**19,350**	**5,159**	**15,259**	**22,729**	**36,109**	75,707	**66,004**	**3,557**	**243,874**
Females									
Invalid Pension	4	3,460	10,707	13,692	20,453	28,330	577	522	77,745
Wives Pensioners	68	151	2,944	10,911	23,705	47,951	1,449	563	87,742
Rehab Allowees and spouse	1	173	460	386	180	26	1	1	1,228
Carer Pensioners (invalid)	3	39	98	133	346	220	3	1	843
Child Disability Allowance	13,475	450	10	0	0	0	0	0	13,935
Total	**13,551**	**4,273**	**14,219**	**25,122**	**44,684**	**76,527**	**2,030**	**1,087**	**181,493**
Persons									
Invalid Pension	12	7,797	25,362	35,618	55,604	102,592	65,903	4,025	296,913
Wives Pensioners	68	151	2,944	10,911	23,705	47,951	1,449	563	87,742
Rehab Allowees and spouse	1	400	953	822	374	69	3	1	2,623
Carer Pensioners (invalid)	5	55	205	500	1,110	1,622	679	55	4,231
Child Disability Allowance	32,815	1,029	14	0	0	0	0	0	33,858
Total	**32,901**	**9,432**	**29,478**	**47,851**	**80,793**	**152,234**	**68,034**	**4,644**	**425,367**

Source: DSS unpublished data.

Table A6.7 : *Numbers of recipients of disability-related pensions, type of pension/benefit by age group, Australia, June 1992*

	Age group (years)								
	<16	16–19	20–29	30–39	40–49	50–59	60–64	65+	Total
Males									
Disability Support Pension	4	4,744	20,799	31,272	45,764	83,929	82,977	4,208	273,697
Rehab Allowees and spouse	0	59	354	502	317	91	5	1	1,329
Carer Pensioners (DSP)	2	33	231	629	1,191	1,770	884	63	4,803
Carer Pensioners (other)	0	3	13	19	22	12	4	2	75
Child Disability Allowance	19,340	579	4	0	0	0	0	0	19,923
Total	**19,346**	**5,418**	**21,401**	**32,422**	**47,294**	**85,802**	**83,870**	**4,274**	**299,827**
Females									
Disability Support Pension	7	3,548	14,275	18,497	29,189	38,324	613	408	104,861
Wife Pensioners (DSP)	20	168	3,483	12,608	28,199	55,288	1,565	400	101,731
Rehab Allowees and spouse	0	59	363	422	265	62	0	0	1,171
Carer Pensioners (DSP)	4	55	194	262	841	616	10	5	1,987
Carer Pensioners (other)	0	8	35	35	72	37	4	1	192

continued

Table A6.7 (continued): *Numbers of recipients of disability-related pensions, type of pension/ benefit by age group, Australia, June 1992*

	Age group (years)								
	<16	16–19	20–29	30–39	40–49	50–59	60–64	65+	Total
Child Disability Allowance	13,475	450	10	0	0	0	0	0	13,935
Total	**13,506**	**4,288**	**18,360**	**31,824**	**58,566**	**94,327**	**2,192**	**814**	**223,877**
Persons									
Disability Support Pension	11	8,292	35,074	49,769	74,953	122,253	83,590	4,616	378,558
Wife Pensioners (DSP)	20	168	3,483	12,608	28,199	55,288	1,565	400	101,731
Rehab Allowees and spouse	0	118	717	924	582	153	5	1	2,500
Carer Pensioners (DSP)	6	88	425	891	2,032	2,386	894	68	6,790
Carer Pensioners (other)	0	11	48	54	94	49	8	3	267
Child Disability Allowance	32,815	1,029	14	0	0	0	0	0	33,858
Total	**32,852**	**9,706**	**39,761**	**64,246**	**105,860**	**180,129**	**86,062**	**5,088**	**523,704**

Source: DSS unpublished data.

Table A6.8: *HHLGCS Disability Services Program, expenditure under the Disability Services Act, 1991–92 ($'000) by State*[a]

Service type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Nat'l[d]	Aust
Eligible services (S10)										
Accommodation support	10,559	19,707	7,497	2,887	4,554	2,752	797	492	549	49,794
Advocacy	1,316	1,473	593	505	1,120	275	102	34	60	5,480
Attendant care	2,724	2,151	0	330	646	493	77	104	0	6,524
CETP [b]	4,588	4,419	2,568	2,313	678	423	319	277	0	15,586
CAAS [c] agent	0	0	0	0	0	0	0	0	0	0
Independent living	1,990	928	577	290	650	98	383	340	0	5,256
Information	587	566	330	0	0	130	13	0	157	1,782
Print disability	0	0	0	0	0	0	0	0	1,259	1,259
Recreation	169	1,032	398	660	215	0	0	94	0	2,568
Respite	908	2,587	2,786	296	523	356	53	135	0	7,644
Supported employment	3,347	3,307	1,575	782	1,347	224	779	141	0	11,503
Subtotal	*26,189*	*36,171*	*16,324*	*8,061*	*9,733*	*4,752*	*2,524*	*1,617*	*2,025*	*107,397*
Research and development	107	239	157	145	136	9	62	52	2,276	3,183
Prescribed services (S13)										
Activity therapy centre	10,017	7,736	5,451	1,072	2,700	487	0	239	0	27,702
Administration	2,252	1,402	3,033	0	393	66	0	0	0	7,146
Dual service	63	638	0	0	184	0	0	0	0	884
Nursing home	20,193	4,059	10,876	4,557	8,005	2,133	0	0	0	49,824
Recreative rehabilitation	632	35	538	29	100	178	143	0	0	1,654
Residential	15,900	8,993	4,115	5,619	11,288	1,660	483	773	0	48,831
Sheltered workshop	19,311	10,758	5,937	6,738	4,942	2,023	924	210	0	50,843
Training centre	1,524	702	465	1,404	1,463	0	237	0	0	5,795
Subtotal	*69,891*	*34,322*	*30,415*	*19,418*	*29,075*	*6,547*	*1,787*	*1,222*	*0*	*192,679*
Other	1,016	84	0	0	0	0	316	0	0	1,417
Total	**97,203**	**70,815**	**46,896**	**27,624**	**38,945**	**11,309**	**4,689**	**2,892**	**4,301**	**304,675**

(a) Disability Services Program expenditure under the Nursing Homes Assistance Act and National Health Act are excluded.
(b) Competitive Employment Training and Placement.
(c) Continence Aids Assistance Scheme.
(d) Expenditure not attributable to a specific State.
Source: HHLGCS unpublished data.

Table A6.9: *HHLGCS Disability Services Program, expenditure under the Disability Services Act, 1992–93 ($'000) by State*[a]

Service type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Nat'l[d]	Aust
Eligible services (S10)										
Accommodation support	14,256	0	51	3,986	4,992	0	0	621	0	23,906
Advocacy	1,737	2,126	779	656	1,251	263	228	134	231	7,405
Attendant care	3,067	0	0	947	747	5	0	144	0	4,910
CETP [b]	7,204	6,329	4,408	3,132	716	519	397	262	0	22,966
CAAS[c] agent	0	0	0	0	0	0	0	0	3,571	3,571
Independent living	2,818	0	0	491	754	0	0	281	0	4,343
Information	581	0	0	0	0	0	0	0	156	737
Print disability	0	0	0	0	0	0	0	0	976	976
Recreation	348	0	0	710	185	0	0	98	0	1,341
Respite	1,781	0	0	509	564	0	0	262	0	3,116
Supported employment	5,595	6,996	2,644	1,088	2,085	136	1,584	233	0	20,361
Subtotal	*37,387*	*15,451*	*7,882*	*11,518*	*11,294*	*922*	*2,208*	*2,035*	*4,935*	*93,362*
Research and development	34	396	124	64	0	0	0	68	2,872	3,558
Prescribed services (S13)										
Activity therapy centre	11,700	8,275	3,222	1,044	2,319	132	0	217	0	26,908
Administration	359	0	42	0	0	27	0	0	0	428
Dual service	0	0	0	0	103	0	0	0	0	103
Nursing home	25,186	0	0	4,894	8,324	0	0	0	0	38,404
Recreative rehabilitation	494	0	0	11	92	0	15	0	0	611
Residential	16,673	0	106	5,123	12,062	0	0	937	0	34,900
Sheltered workshop	21,367	15,313	7,850	6,440	5,787	2,118	907	199	0	59,981
Training centre	1,359	349	371	1,466	1,455	0	0	0	0	5,000
Subtotal	*77,138*	*23,936*	*11,590*	*18,978*	*30,141*	*2,276*	*922*	*1,353*	*0*	*166,333*
Other	1,067	243	0	0	0	0	78	0	30	1,418
Total	**115,626**	**40,027**	**19,596**	**30,561**	**41,434**	**3,198**	**3,208**	**3,456**	**7,837**	**264,942**

(a) Disability Services Program expenditure under the Nursing Homes Assistance Act and National Health Act are excluded.
(b) Competitive Employment Training and Placement
(c) Continence Aids Assistance Scheme.
(d) Expenditure not attributable to a specific State.
Source: HHLGCS unpublished data.

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