Australia's Welfare 1995 is the most comprehensive and authoritative source of national information on welfare services in Australia – housing assistance, children's services, aged care services, and disability services.

Australia's Welfare 1995 provides details on

- the need for services
- patterns of service use
- client characteristics
- costs and expenditure
- affordability, accessibility, and appropriateness of services.

Overall patterns of welfare expenditure and future directions in the development of national welfare statistics are also discussed.

This book is *the* essential reference on welfare services in Australia.

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The Hon Dr C. Lawrence MP
Minister for Human Services and Health
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 1995: 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 second 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 significant contribution to national information on welfare needs and services and to the development and evaluation of welfare policies and programs in Australia.

Yours sincerely

J C Reid

Professor Janice Reid
Chair

23 October 1995

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Preface

The Welfare Division of the Australian Institute of Health and Welfare has come of age. Created in 1992 by amendment of the Institute's Act, it by almost Herculean effort produced *Australia's Welfare 1993: Services and Assistance*, the first report of its kind. Now, with barely a pause for breath, it has produced *Australia's Welfare 1995: Services and Assistance*. There is a big difference, however. Whereas the 1993 volume was created more-or-less *de novo* by Welfare Division staff through research and reading directed specifically to that end, this 1995 volume draws on a wealth of information collection, research and analysis carried out by the Division during the intervening, comparatively short period.

This work is based on landmark reports such as: *Public Housing in Australia; Services for the Homeless 1990-92: A Statistical Profile; From Services to Outcomes: the Supported Accommodation Assistance Program in Victoria 1990-93; Child Care workers; Child Abuse and Neglect: Reporting and Investigation Procedures in Australia, 1994; Welfare Services Expenditure Data in Australia: A Review of Existing Data Sources; Public Sector Welfare Services Expenditure 1987-88 to 1992-93;* and less formal, but equally important, working papers such as: *Changing Patterns of Residential Care, 1985 to 1992: Supply and Utilisation; Building a National Picture of Disability Services: A Discussion Paper; Planning Ratios and Population Growth: Will There Be a Shortfall in Residential Aged Care by 2021?; Dependency in the Aged: Measurement and Client Profiles for Aged Care; Population Indicators for Disability Services: An Exploration.*

It depends also on other major achievements of the Welfare Division. Timely reports are now available on *Child Abuse and Neglect, Children Under Care and Protection Orders* and *Adoptions*. Some major new collections of data on welfare services in Australia are being reported on for the first time in this volume, including the pilot collection of the minimum data set for disability services funded under the Commonwealth/State Disability Agreement and the new National Information Management System for open employment services for people with a disability. Further, the results of new and demanding research and analysis are also reported; information on housing needs in Australia, based on novel analyses of 1991 Census data, is an example.

Australia's Welfare 1995: Services and Assistance exceeds in size, variety, informativeness and novelty the benchmark that was set for it by *Australia's Welfare 1993*. It is, and will be until *Australia's Welfare 1997* appears, the most comprehensive and authoritative text available on welfare services in Australia.

Bruce Armstrong
Director
Australian Institute of Health and Welfare

Acknowledgements

Australia's Welfare 1995 benefited substantially as a result of critical and constructive comments received from various individuals and government departments.

Staff of the Australian Bureau of Statistics, the Department of Human Services and Health, the Department of Social Security, the Aboriginal and Torres Strait Islander Commission, and the Department of Housing and Regional Development undertook a detailed scrutiny of relevant chapters; their expertise and commitment to the task is gratefully acknowledged.

Individual commentators whose views on draft material were greatly appreciated were: John Barber, Christine Baxter, Deborah Brennan, Edwin Bell, Alex Butler, Sally Castell-McGregor, Dennis Correll, Robert Cummins, David Filby, Michael Fine, Rodney Fopp, Chris Goddard, Robert Goodin, Anna Howe, Mark Lyons, David MacKenzie, Ethel McAlpine, Peter McDonald, Vivienne Milligan, Carol Oxley, Trevor Parmenter, Sid Sax, John Taplin, Patrick Troy, Judith Yates, and Laurie Young.

Colleagues within the Institute were an invaluable source of support, expertise, and constructive criticism. In particular, the contribution made by the Director of the Institute, Bruce Armstrong, in critically reviewing all draft chapters, is acknowledged.

This report draws together a large amount of statistical material which has been generously provided to the Institute by various government departments and agencies. Without their support and assistance, this national report on welfare services in Australia would not have been possible.

1 Introduction

The term 'welfare' conjures up a variety of meanings and associations, ranging from the well-being of an individual or a society—through theoretical and ideological constructions of the welfare state and those dependent on it—to the more narrowly perceived category of welfare services (de Swaan 1988, Sen 1987, Titmuss 1958, Travers & Richardson 1993). This report is concerned with the last of these areas—the system of welfare services and assistance operating in Australia.

The task of defining the scope and boundaries of that system is not a straightforward one. Welfare services, if they are to have any impact at all, will do so on the well-being of individuals and the society of which they are part. Moreover, they will be funded, delivered and regulated within or in juxtaposition with a particular public policy regime. In addition, at various points welfare services merge with other areas of public policy, including employment, taxation (in particular exemptions and rebates), income support, education and health.

As the intersections of various policy areas such as aged care and housing, or disability services and national employment policy, emerge as important areas of policy concern in their own right, it may be that it is increasingly anachronistic to attempt logical separations between fields such as welfare services and their closely related neighbours. Certainly, the recent policy directions set by the Council of Australian Governments for the reform of the health and welfare sectors (COAG 1995) would suggest that attempts to define the boundaries of welfare services may, in the not too distant future, be a fruitless task.

While recognising these complexities, some definition or understanding must serve to define the scope of the work presented here. We have taken welfare services to include the welfare-related functions of the Australian Institute of Health and Welfare, which are set out in the *Australian Institute of Health and Welfare Act 1987* as follows:

(a) aged care services;

(b) child care services (including services designed to encourage or support participation by parents in educational courses, training and the labour force);

(c) services for people with disabilities;

(d) 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);

(e) child welfare services (including, in particular, child protection and substitute care services); and

(f) other community services.

The most notable exclusion, perhaps, in a report entitled *Australia's Welfare 1995: Services and Assistance*, is that of income security. The central concern of this report is with welfare assistance provided in kind rather than in cash, with only those cash provisions tied to specific forms of assistance (for example, the child care cash rebate scheme, rent assistance, the domiciliary nursing care benefit) being included.

Yet although the distinction between services and cash benefits may initially appear quite clear, the boundary is often blurred in practice. Child care services provide an excellent example. The child care assistance scheme operates to pay providers on behalf of eligible clients who then receive child care services at substantially reduced rates. These recipients are also eligible, along with all other users of registered child care services, for the child care cash rebate scheme—a payment that re-imburses individual users for a proportion of their child care costs. Other payments made direct to families to assist with child-associated costs include the basic family payment and the additional family payment. In this collection, the first two are taken to be within the purview of welfare services, and the latter two within that of income security—but the boundary thus drawn could be subject to debate.

Direct cash payments or income security provisions have dominated discussions on welfare for decades, including comparative welfare state analyses, the theoretical literature, and analyses of Australian social and public policy.[1] Welfare services provided in kind have received much less attention. One may speculate about the reasons for this neglect, but they have undoubtedly included lack of adequate data, and a failure to appreciate the importance of this range of disparate activities within the total social wage package. In recommending the expansion of the then Australian Institute of Health, the working group set up by the then Minister for Community Services and Health, Brian Howe, sought to facilitate the development, collation, analysis, interpretation and dissemination of welfare services data. The Institute's first major report in this area, *Australia's Welfare 1993: Services and Assistance* (AIHW 1993), reported on progress to date in achieving those objectives. This second biennial report continues in that tradition.

Costs, needs, services, achievements

The focus of this report is on the costs, need for, provision, use and achievements of welfare services and assistance in Australia. Questions concerned with the origins of policy, particularly the how and why of their development, are dealt with only in passing; although recent policy and program changes are described where relevant to the analyses. A historical account of each of the substantive policy areas included in this report was presented in *Australia's Welfare 1993*. The how and why of public policy formation and implementation is not part of the Institute's brief; moreover it is an area already well served by other texts on Australian social policies (Baldock & Cass, 1983; Bell & Head 1994; Head & Patience 1989; Jennett & Stewart 1990).

1 See Castles (1987), Esping-Andersen (1990), International Labour Office (1964/66; 1972/74; 1981/83), Jackman (1972), Korpi (1989), and Wilensky (1975).

The costs

Each of the substantive chapters in this report includes a section on government outlays on welfare services and assistance. These data vary in the degree of detail. In some chapters, funding information is provided at the broad sub-program level (for example in the chapters on aged care and services for children) whereas in others it is presented in relation to particular pensions or services (for example the disability services chapter). In most cases, these data refer to government outlays only. In some instances, however, data on all income received by provider agencies (for example in data derived from the newly established national minimum data set in disability services) and on fees paid by consumers (for example child care) are included.

These variations in detail result from differences in data availability, and in the ways in which services are funded and provided across different sectors of care. To gain an overall picture of welfare expenditure, therefore, it was necessary to analyse and collate data from more consistent data sources. Chapter 2 of this report provides just such a detailed overview of welfare services expenditure, based on a synthesis of data from the Australian Bureau of Statistics, the Commonwealth Grants Commission, the Department of Human Services and Health, the Department of Immigration and Ethnic Affairs, and the Department of Veterans' Affairs.

Yet even this collation has its limitations. The Commonwealth Grants Commission and the Australian Bureau of Statistics classify nursing homes and associated aged care assessment team outlays as health, rather than welfare services, expenditure, and to date this distinction has been preserved in the Institute's two analytic series on health expenditure and welfare services expenditure. The overview of welfare services expenditure presented in Chapter 2, therefore, does not include nursing homes, although this is an important component of aged care expenditure. (These expenditure data are included in Chapter 5 on aged care.)

Similarly, while housing assistance in the form of supported accommodation services is included in these databases, government outlays on other forms of housing assistance (most particularly under the Commonwealth State Housing agreement) are not. Government outlays in this latter category of housing assistance are dealt with in Chapter 3 (Housing assistance and services).

While other limitations in the data sets analysed in Chapter 2 also mean that the data cannot generally be disaggregated to distinguish, for example, between expenditure on the aged and the disabled, they have the advantage of providing an inclusive time-series account combining expenditure by all three levels of government. The chapter also contains some early estimates from the Institute's work on expenditure by the non-government sector, the imputed contribution of volunteers and the role of the informal network.

The need for assistance

The primary rationale for providing welfare services and assistance is to meet the needs of members of society for such help (Braybrooke 1987; Doyal & Gough 1991). The areas covered by this report—housing, children's services and child welfare services, services for frail older people and services for people with disabilities—cover quite a substantial range of human needs. Some needs, such as housing, are universal,

although individuals' capacities to meet their own housing needs vary substantially, particularly with life cycle stage and economic circumstances. Others such as the particular needs experienced by people with disabilities or frail older people, affect only certain subsets of the population.

The indicators of need employed in this report vary accordingly. The chapter on housing includes a newly developed measure of housing need, incorporating indicators of financial capacity, household size and structure, as well as geographic location. The indicators of need used in relation to disability and ageing draw heavily on the three ABS surveys of Disability, Ageing and Carers (1981, 1988 & 1993) to establish rates of profound and severe handicap as a key indicator of need for assistance. In the aged care chapter, the potential and pitfalls associated with the use of chronological age as an indicator of need are also reviewed.

Unlike housing, however, the chapters concerning disability and ageing must consider the central role played by the informal sector (Braithwaite 1990; Morris 1993a & 1993b; Ungerson 1987). In these areas in particular, need for assistance cannot be held to be equivalent to, or indeed, the major component of, need for formal services. The analysis of child care has also to take into account the role played by a substantial informal care sector. In child welfare services on the other hand, the functions described are located in the formal sector, and need is essentially defined in relation to the need for intervention by the formal sector.

Provision and use of services and assistance

Each of the chapters on substantive policy issues (Chapter 3—Housing assistance and services, Chapter 4—Services for children, Chapter 5—Aged care, Chapter 6—Disability services) contains a great deal of information on the nature and amount of services provided and the characteristics of the client population served. Measures of service volume may be in terms of places (as in child care or nursing homes), people (as in supported accommodation or disability services), length of stay (as in nursing homes), grants made (as in the Aboriginal and Torres Strait Islander Commission housing scheme or the home mortgage provisions), or hours of service (as in the Home and Community Care program), and generally involve some combination of these units of analysis. Details of clients include demographic measures, such as age and sex, as well as other characteristics, such as types of disability, or the need for accommodation as a result of family violence. The material presented in each chapter under headings concerned with services and client profiles provides a detailed picture of the amount and type of service being delivered, and the profile of the people receiving those services.

Outcomes

Recent years have seen a growing attention to program outcomes in Australia, both as a measure of accountability and a representation of a concern that policy interventions do achieve valuable outcomes for the clients of those services (Nutbeam et al. 1993). While partly driven by a climate of fiscal stringency to maximise efficiency, there is also an element of consumer rights and a growing concern to establish standards pertaining to quality of care. Regulation has made major advances in aged care, for example, with the establishment of nationally agreed outcome based standards for

hostels and nursing homes, monitored by trained staff employed by the Department of Human Services and Health, and backed up by a range of sanctions including in more serious cases the possibility of withdrawing Commonwealth benefits and revoking State licences (Braithwaite et al. 1993). Accreditation procedures are well underway in child care, and similar practices are emerging in other areas of welfare services.

Outcome measures for welfare services are undoubtedly a vexed issue, complicated by the range of services offered, the range of clients served, and disagreement as to what constitutes a desirable outcome in some instances. The various actors in a child abuse case, for example, are all too likely to have quite different opinions as to what constitutes a desirable outcome; the problems in evaluating a service are simply a compounding of a number of such individual cases.

Despite such difficulties, however, there are a number of broad indicators of service performance which can be usefully explored.

Accessibility

Accessibility, or the extent to which those in need of a service can gain access to the service, is one such measure. In aged care, this is operationalised in relation to the changing ratios of provision for residential care, comparing the level of supply with likely levels of need for assistance. In housing, the indicators used are unmet demand for service as measured by turnaway rates for supported accommodation, for example, and by a comparison of the numbers of persons added to public housing waiting lists in relation to the numbers accommodated over a one-year period. In disability services, the issue is approached in relation to the adequacy of existing services, via data on unmet demand derived from the Australian Bureau of Statistics Survey of Disability, Ageing and Carers.

Appropriateness of services

Appropriateness of services is explored in the chapters on housing and aged care with regard to the targeting of scarce resources on those most in need of that particular form of assistance. In aged care, this takes the form of an appraisal of the differing levels of client dependency across several sectors of aged care services from the higher intensity nursing home provisions to the more basic Home and Community Care services. For housing, the discussion revolves partly around the match between housing stock and household size for those receiving assistance, and partly around the extent to which available assistance is targeted on those most in need.

Affordability

Affordability is an important outcome issue in both the housing and child care fields. Detailed discussions occur in both chapters, with child care focused on fees paid, and housing based on the proportion of household income absorbed by housing costs. Affordability is currently not a key issue in residential aged care, with resident contributions essentially held to 87.5% of the aged pension, including rent assistance. While concerns have been raised by lobby groups about the fees paid and costs incurred by persons being cared for in the community, existing data do not allow an appraisal of such trends here. In disability services, too, available data do not allow the issue of affordability to be explored.

Quality of care

Quality of care has been mentioned as an emerging concern in the welfare services area. Data on the extent to which nursing homes and hostels meet the relevant Australian standards are reported in the chapter on aged care. Although standards or accreditation procedures now exist for the Home and Community Care program, disability services and child care, no data are yet available in these areas. In housing, data on quality of accommodation are included with regard to problems experienced in areas such as housing structure, amenities and security.

Achievement of objectives

Finally, achievements against specific program objectives are a standard way of measuring program performance. In the chapter on housing (Chapter 3), such measures are employed in relation to supported accommodation, with regard to promoting more secure forms of accommodation and improved income security. In the new national data system on open employment programs for persons with a disability, specific measures, such as the number of clients who gain employment, have been incorporated as an indicator of outcome for these services. Child welfare services, whilst currently lacking any viable outcome measures, see specific program-based objectives as an important area for data development. More generally, the issue of outcome measures has been targeted as an area of importance for national data development within welfare services.

Future developments

The issues of data quality, consistency, and comparability, and the need for further data development, emerge as recurrent themes throughout this report. The problems, achievements and likely future directions with regard to national data development in welfare services constitute the central subject matter of the penultimate chapter of this report, Chapter 7. Here, a range of issues relevant to responsible government departments and statutory authorities including, but not limited to, the Institute, are reviewed in terms of progress to date, planned developments and issues requiring further exploration and resolution.

References

Australian Institute of Health and Welfare (AIHW) (1993). Australia's welfare: services and assistance. Canberra: AGPS.

Baldock CV & Cass B eds (1983). Women, social welfare and the state in Australia. Sydney: Allen & Unwin.

Bell S & Head B eds (1994). State, economy and public policy in Australia. Melbourne: Oxford University Press.

Braithwaite J, Makkai T, Braithwaite V & Gibson D (1993). Raising the standard, resident centred nursing home regulation in Australia, Aged and community care service development and evaluation reports: number 10. Canberra: AGPS.

Braithwaite V (1990). Bound to care. Sydney: Allen & Unwin.

Braybrooke D (1987). Meeting needs. Princeton, N.J.: Princeton University Press.

Castles FG (1987). 'Thirty wasted years: Australian social security development, 1950–80, in comparative perspective'. Canberra bulletin of public administration, Vol. 51:41–46.

Council of Australian Government (COAG). Task force on health and community services: 1995, Health and community services: meeting people's needs better—a discussion paper. Canberra.

de Swaan A (1988). In care of the state. Oxford: Polity.

Doyal L & Gough I (1991). A theory of human need. London: Macmillan.

Esping-Andersen G (1990). The three worlds of welfare capitalism. Oxford: Polity.

Head BW & Patience A eds (1989). From Fraser to Hawke. Melbourne: Longman Cheshire.

International Labour Office. The cost of social security (Geneva: International Labour Office), published biennially: 7th(1964/66); 9th(1972/74)–12th(1981/83).

Jackman R (1972). Politics and social equality. New York: Wiley.

Jennett C & Stewart RG eds (1990). Hawke and Australian public policy: consensus and restructuring. Melbourne: Macmillan.

Korpi W (1989). 'Power, politics and state autonomy in the growth of social citizenship: social rights during sickness in eighteen OECD countries since 1930'. American Sociological Review, 54:309–28.

Morris J (1993a). Feminism and disability. Feminist Review. Vol. 43:57–70.

Morris J (1993b). Independent lives: community care & disabled people. London: Macmillan.

Nutbeam D, Wise M, Bauman A, Harris E & Leeder S (1993). Goals and targets for Australia's health in the year 2000 and beyond, report prepared for the Commonwealth Department of Health, Housing and Community Services. Canberra: AGPS.

Sen A (1987). The standard of living. Cambridge: Cambridge University Press.

Titmuss RM (1958). Essays on 'the welfare state'. London: Allen & Unwin.

Travers P & Richardson S (1993). Living decently: material well-being in Australia. Melbourne: Oxford University Press.

Ungerson C (1987). Policy is personal: sex, gender and informal care. London: Tavistock.

Wilensky HL (1975). The welfare state and equality. Berkeley: University of California Press.

2 Welfare services expenditure

2.1 Introduction

In 1992–93, outlays for all purposes by all levels of government in Australia were $164 billion (ABS 1994). Of this expenditure, more was allocated to income support ($41 billion), health ($23 billion), education ($21.5 billion), and defence ($9 billion) than to welfare services ($4.4 billion). Although welfare services outlays rose 72% between 1987–88 and 1992–93, welfare services expenditure, as a proportion of total public sector outlays, still accounted for only 2.7% of total public sector outlays in 1992–93.

Welfare services are defined to encompass family and child welfare services, aged and disabled welfare services, and other welfare services—for example supported accommodation, rent rebates, prisoners' aid, English programs for migrants. Hence, cash payments in the form of income support and long-term housing assistance are outside the scope of this chapter. Certain health-related components of aged care services—in particular, nursing homes and domiciliary nursing services—are also excluded from the data presented in this chapter.

Box 2.1: Items not included in the welfare services expenditure estimates

Item	*Reason*
• *Nursing Homes*	*Health (Government Purpose Classification 05)*
• *Domiciliary nursing services*	*Health (Government Purpose Classification 05)*
• *Long-term housing assistance*	
– *Rental assistance*	*Housing (Government Purpose Classification 071)*
– *Public housing mortgage assistance*	*Housing (Government Purpose Classification 071)*

Welfare services may be planned, financed and provided by any one of the three levels of government, or by organisations operating on a private-for-profit basis, or by the community social welfare organisations which operate on a private-not-for-profit basis, or by households. While there have been changes in the respective roles of the government and the non-government sectors in the provision of welfare services,

non-government organisations have always been important in both funding and delivering welfare services (AIHW 1993:1–21).

The distinction between the community social welfare organisations and the private-for-profit organisations should be noted here. The operating revenue of the private-for-profit organisations in the welfare services industry are either from government grants or from fees charged for the provision of services, or from both. Therefore, they are not different from the private-for-profit organisations in other industries in terms of their sources of revenue. What distinguishes the welfare services industry from other industries is the nature of the community social welfare organisations. In addition to the two sources of revenue for the private-for-profit organisations mentioned above, the two salient features of the community social welfare organisations are their reliance on donations from the general public for their operating expenses, and on time provided by volunteers to help in delivering services at no cost to the organisations. Services provided through these organisations are often subsidised by volunteer labour.

Another distinctive feature of welfare services more generally is that a large proportion of services is provided by individuals in informal networks, particularly by family, friends and neighbours. Time spent in looking after one's own children who are not sick or disabled is not considered to be part of welfare services, but time spent by someone in a family unit to look after members of the family who are disabled or ill is included. Time spent by neighbours and friends in helping other people, whether disabled or not, is also part of the contribution provided by the informal network of welfare services. These include people who are recently bereaved, indigent or otherwise in need of community support.

Because of the large involvement by the non-government sector, by volunteers, and by the informal sector, the analysis of outlays by the public sector alone underestimates the size of the welfare services industry in Australia. Inclusion of estimates of expenditure by the private-not-for-profit sector and of the financial value attributable to the time spent by volunteers provides a more complete representation than would be obtained by merely looking at government outlays.

Current national data holdings on welfare services expenditures are far less detailed than those on health and income security. National data are available from the Australian Bureau of Statistics (ABS) and the Commonwealth Grants Commission (CGC), but their scope is restricted to the government sector. Furthermore, the data are not reliable for the more detailed categories of expenditure (Pinyopusarerk & Gibson 1994).

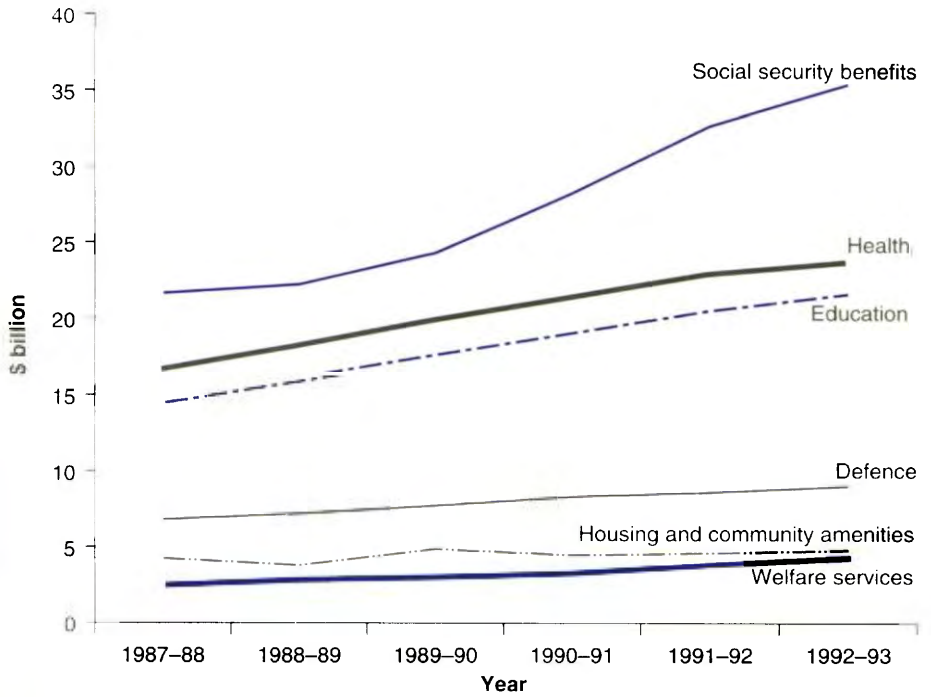
Data on private-not-for-profit sector expenditure are even less developed than those on the public sector. This lack of data, in part, reflects the myriad of organisational structures and relationships that have emerged in response to various needs in Australian society.

The focus of this chapter, therefore, is government expenditure on welfare services. In addition, however, attempts are also made to provide broad estimates of expenditure by the private-not-for-profit sector, and to apply some measurable value to the work done by persons not in the labour force acting as volunteers, either within organisations or, on a more personal level, for friends and family members.

This chapter gives a broad overview of expenditure on welfare services during the period 1987–88 to 1992–93. Section 2.2 analyses public sector welfare services expenditure by three broad welfare services categories. Section 2.3 provides a brief literature review of various studies carried out on non-government organisation expenditure. Section 2.4 brings together the results of the ABS Time Use Survey and average earnings estimates to assign a notional value to the work done by volunteers or individuals. Section 2.5 provides data on welfare services expenditure for three OECD countries and broadly outlines some of the issues and problems involved in making international comparisons of welfare services expenditure.

2.2 Government expenditure on welfare services

Public sector outlays on welfare services rose over the period 1987–88 to 1992–93. This rise was higher than for other major social expenditure categories at 11.4% per year compared with 10.4% for social security, 8% for education and 7.4% for health. Welfare services spending, however, accounted for only a small proportion of total public sector outlays (Figure 2.1). In 1992–93, it amounted to $4,400 million or $250 per person and, as shown in Figure 2.1, almost overtook outlays on housing and community amenities in terms of total expenditure levels.



Source: Appendix Table A2.1.

Figure 2.1: ***Public sector outlays in current prices by selected purposes***

As mentioned earlier, public sector outlays on welfare services, at current prices, grew at an average annual rate of 11.4% over the five years to 1992–93, from $2,562 million to $4,400 million (Table 2.1). When inflation was taken into account, the real average annual growth was 7.1%. Real growth was lowest (1.5%) between 1988–89 and 1989–90. This was caused by the combined effect of a fall in the level of capital expenditure (–18.6%) and a low growth rate for recurrent expenditure of 3.6% (Table 2.2).

Table 2.1: *Total welfare services outlays in current prices by governments by source of funds, Australia, 1987–88 to 1992–93 ($'000)*

	Commonwealth outlays	State and Territory governments outlays net of Commonwealth transfer payments[a]	Local government outlays net of Commonwealth and State and Territory transfer payments	Total public sector outlays
Recurrent expenditure				
1987–88	940,909	1,315,108	8,351	2,264,368
1988–89	1,118,772	1,522,842	23,406	2,665,020
1989–90	1,235,330	1,640,145	20,696	2,896,171
1990–91	1,419,226	1,771,502	42,340	3,233,068
1991–92	1,757,207	2,003,349	14,949	3,775,505
1992–93	2,044,474	2,136,332	18,466	4,199,272
Capital expenditure				
1987–88	170,887	107,576	19,202	297,665
1988–89	162,600	93,655	10,948	267,203
1989–90	141,903	72,494	13,711	228,108
1990–91	83,926	57,397	8,475	149,798
1991–92	90,666	72,121	4,445	167,232
1992–93	63,447	120,703	16,399	200,549
Total				
1987–88	1,111,796	1,422,684	27,553	2,562,033
1988–89	1,281,372	1,616,497	34,354	2,932,223
1989–90	1,377,233	1,712,639	34,407	3,124,279
1990–91	1,503,152	1,828,899	50,815	3,382,865
1991–92	1,847,873	2,075,470	19,394	3,942,737
1992–93	2,107,921	2,257,035	34,865	4,399,821

(a) State outlays include transfers to local government and non-government organisations.

Note: The databases used in this analysis were DCSH 1988, 1989, 1990; DHHCS 1991, 1992; DHHLGCS 1993; Department of Immigration and Ethnic Affairs unpublished data; Department of Veterans' Affairs unpublished data; the Commonwealth Grants Commission expenditure database and the ABS Public Finance database. State capital outlays net of Commonwealth transfer payments were estimated by the Institute based on ABS data.

Table 2.2: *Total welfare services outlays in constant 1989–90 prices[a] by governments by source of funds, Australia, 1987–88 to 1992–93 ($'000)*

	Commonwealth outlays	State and Territory governments outlays net of Commonwealth transfer payments[a]	Local government outlays net of Commonwealth and State and Territory transfer payments	Total public sector outlays
Recurrent expenditure				
1987–88	1,043,137	1,457,991	9,258	2,510,386
1988–89	1,173,948	1,597,945	24,560	2,796,454
1989–90	1,235,330	1,640,145	20,696	2,896,171
1990–91	1,352,932	1,688,753	40,362	3,082,047
1991–92	1,631,576	1,860,120	13,880	3,505,576
1992–93	1,863,696	1,947,431	16,833	3,827,960
Capital expenditure				
1987–88	189,453	119,264	21,288	330,005
1988–89	170,619	98,274	11,488	280,381
1989–90	141,903	72,494	13,711	228,108
1990–91	80,006	54,716	8,079	142,800
1991–92	84,184	66,964	4,127	155,275
1992–93	57,837	110,030	14,949	182,816
Total				
1987–88	1,232,590	1,577,255	30,547	2,840,392
1988–89	1,344,567	1,696,219	36,048	3,076,834
1989–90	1,377,233	1,712,639	34,407	3,124,279
1990–91	1,432,938	1,743,469	48,441	3,224,848
1991–92	1,715,760	1,927,084	18,007	3,660,851
1992–93	1,921,532	2,057,461	31,782	4,010,776

(a) Since this is general government expenditure only, the Government Final Consumption Expenditure (GFCE) deflator is used rather than the Consumer Price Index to calculate constant prices.

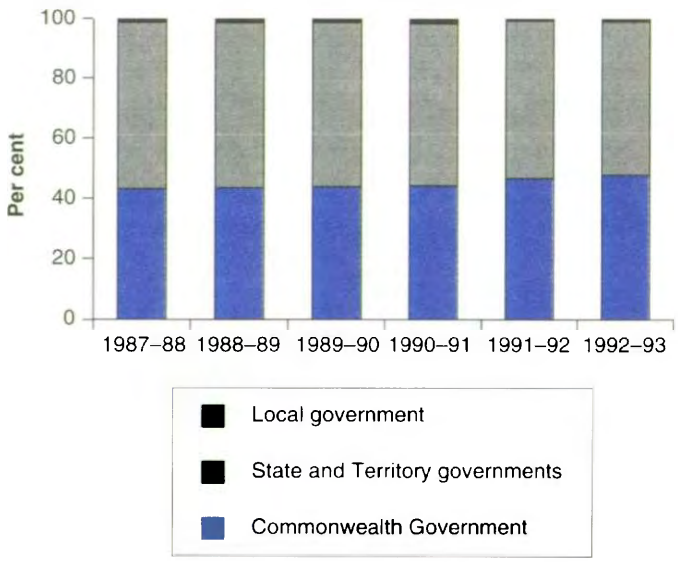
Note: The databases used in this analysis were DCSH 1988, 1989, 1990; DHHCS 1991, 1992; DHHLGCS 1993; Department of Immigration and Ethnic Affairs unpublished data; Department of Veterans' Affairs unpublished data; the Commonwealth Grants Commission expenditure database and the ABS Public Finance database. State capital outlays net of Commonwealth transfer payments were estimated by the Institute based on ABS data.

Welfare services expenditure can be separated into recurrent expenditure and capital expenditure. The bulk of public sector welfare services expenditure (93.6%) was directed to recurrent purposes. Recurrent expenditure rose, in real terms, at an average annual rate of 8.6% during the period 1987–88 to 1992–93. However, growth rates varied for each of the different levels of government. The Commonwealth Government's recurrent expenditure rose at an average of 12.3%; State and Territory governments' by 6.0%; and local governments' by 12.7%. Although a comparison of the relative growth rates may suggest an increasing role of local governments in the provision of welfare services, local government expenditure remained very low. Local government recurrent expenditure in 1987–88 was equivalent to only 0.9% of the Commonwealth Government's recurrent outlays.

The remaining 6.4% of total public sector expenditure on welfare services is in the form of capital outlays. These are typically volatile in nature, fluctuating from $298 million in 1987–88, down to $150 million in 1990–91, and then rising again to $201 million in 1992–93. Overall, public sector capital outlays fell, in real terms, by 44.6% between 1987–88 and 1992–93. The fall in Commonwealth Government capital outlays over the whole period (69.5%) was much more pronounced than that of outlays by State and Territory governments (7.7%) or local governments (29.8%).

Total public sector welfare services expenditure by source of funds

Over the whole period from 1987–88 to 1992–93, 53.6% of total public sector funding for welfare services was provided by State and Territory governments. The Commonwealth's contribution was 45.4%, while local governments contributed 1% (Figure 2.2).



Source: Table 2.1.

Figure 2.2: ***Proportion of total welfare services expenditure in current prices by source of funds***

In the area of recurrent expenditure, the State and Territory governments again contributed more than half the public sector funds (54.6%). The Commonwealth Government's contribution averaged around 44.7% and the balance of 0.7% was funded by local governments.

The situation was quite different in regard to funding for capital purposes. Here, the Commonwealth, with 54.4%, provided more funds than the States and Territories (40%) and local governments (5.6%) combined. The year 1992–93 was an exception to this pattern. In that year, State and Territory governments contributed 60.2% of the capital outlays. This represented an increase in expenditure by the States and Territories from 43.1% on the previous year, and was largely the result of a rise in outlays, particularly in New South Wales, for the purchase of land.

Direct expenditure on services accounted for only 18.1% of the Commonwealth's total outlays on welfare services over the period. The rest (81.9%) was in the form of transfers to other levels of government and to non-government organisations. Of these Commonwealth transfers, 51.6% went directly to the non-government organisations, 34.4% to State and Territory governments, and 14% to local governments (Table 2.3). These data emphasise the extent to which the Commonwealth, in the area of welfare services, is predominantly a funder, rather than a direct provider, of services. The relative importance of the non-government organisations as a provider of services also begins to emerge.

Table 2.3: ***Commonwealth expenditure and transfer payments in current prices, 1987–88 to 1992–93***

		Commonwealth Transfer Payments			
	Commonwealth direct expenditure	State and Territory governments	Local government	Non-government organisations	Total Commonwealth Government outlays
Recurrent expenditure					
1987–88	186,178	253,172	125,846	375,713	940,909
1988–89	139,390	359,808	125,247	494,327	1,118,772
1989–90	201,806	348,927	142,496	542,102	1,235,330
1990–91	273,843	366,799	148,668	629,916	1,419,226
1991–92	299,319	417,820	208,842	831,226	1,757,207
1992–93	318,779	573,192	233,615	918,888	2,044,474
Capital expenditure					
1987–88	85,261	49,174	11,047	25,405	170,887
1988–89	75,471	51,086	11,413	24,630	162,600
1989–90	47,557	63,515	11,383	19,448	141,903
1990–91	10,692	50,697	10,433	12,104	83,926
1991–92	9,877	52,042	15,534	13,213	90,666
1992–93	22,937	11,930	16,846	11,734	63,447

(continued)

Table 2.3 (continued): *Commonwealth expenditure and transfer payments in current prices, 1987–88 to 1992–93*

Total					
1987–88	271,439	302,346	136,893	401,118	1,111,796
1988–89	214,861	410,894	136,660	518,957	1,281,372
1989–90	249,363	412,442	153,879	561,550	1,377,233
1990–91	284,535	417,496	159,101	642,020	1,503,152
1991–92	309,196	469,862	224,376	844,439	1,847,873
1992–93	341,716	585,122	250,461	930,622	2,107,921

Note: The databases used in this analysis were DCSH 1988, 1989, 1990; DHHCS 1991, 1992; DHHLGCS 1993; Department of Immigration and Ethnic Affairs unpublished data; Department of Veterans' Affairs unpublished data; Commonwealth of Australia 1988, 1989, 1990, 1991, 1992, 1993; the Commonwealth Grants Commission expenditure database and unpublished HSH data for transfer payments to NGOs.

Most of the Commonwealth's transfers for recurrent purposes went directly to non-government organisations. For every $1 of recurrent transfers directed to non-government organisations, State and Territory governments received $0.61 from the Commonwealth. However, in the case of funding for capital purposes, it was State and Territory governments that received more of the Commonwealth Government's transfers than non-government organisations. For every $1 of capital funding provided by the Commonwealth to non-government organisations, State and Territory governments received, on average, $2.61.

Per person public sector welfare services expenditure

The size of the population influences the level of welfare expenditure. By analysing public sector expenditure on a per person basis, the effect of population size is removed and a picture can be developed of the average amount allocated on a per person basis.

Per person public sector expenditure on welfare services, at current prices, rose from $156 in 1987–88 to $250 in 1992–93. This represents an overall increase of 60.3%, or an average annual rate of growth of 9.9%.

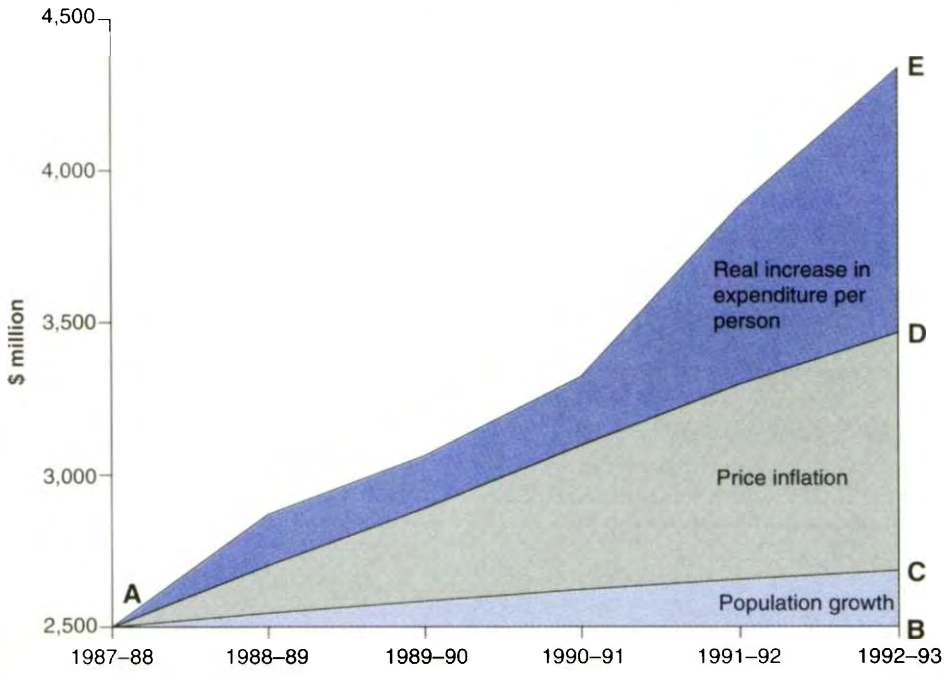
In constant (1989–90) prices, per person expenditure rose by 31.8% at a real annual average rate of 5.7% (Table 2.4). The rate of growth of government welfare services expenditure per person fluctuated over the period. There was no change in expenditure per person between 1988–89 and 1989–90, while the rate of increase was highest between 1990–91 and 1991–92 (12.1%).

Growth of welfare services expenditure is a consequence of a combination of factors: growth in the population, the rate of increase in service cost, and changes in service use per person. Figure 2.3 displays the decomposition of expenditure growth into these three components for the period 1987–88 to 1992–93. The change in total welfare services expenditure is shown as the line AE and the total growth is the area ABE. The effect of population growth is depicted by the area ABC. That part of expenditure which rose due to price inflation is shown as the area ACD. The effect of changes in service use per person, which was the residual of the other effects, is shown as the area ADE.

Table 2.4: *Per person public sector outlays on welfare services, 1987–88 to 1992–93, in current and constant 1989–90 prices*

	Amount ($)		Rate of growth (%)	
	Current prices	Constant 1989–90 prices	Current prices	Constant 1989–90 prices
1987–88	156	173		
1988–89	176	184	12.5	6.5
1989–90	184	184	5.0	0.0
1990–91	197	188	6.8	1.8
1991–92	227	210	15.1	12.1
1992–93	250	228	10.4	8.4

Note: The databases used in this analysis were DCSH 1988, 1989, 1990; DHHCS 1991, 1992; DHHLGCS 1993; Department of Immigration and Ethnic Affairs unpublished data; Department of Veterans' Affairs unpublished data; the Commonwealth Grants Commission expenditure database and the ABS Public Finance database. State capital outlays net of Commonwealth transfer payments were estimated by the Institute based on ABS data.



Source: Tables 2.1, 2.2 and 2.4.

Figure 2.3: *Sources of growth in welfare services expenditure, 1987–88 to 1992–93*

Over time, price inflation in the welfare services sector explained most of the growth in expenditure. From 1987–88 to 1992–93, welfare services expenditure rose by 71.7%, of which 41.2% was due to welfare services price inflation, 7% to population growth and 23.5% due to change in real expenditure per person. Real increase in expenditure per person is indicative of changes in service use per person. It grows due to the effects of the change in age structure, changes in composition of services and their associated costs, and changes in eligibility for, accessibility of or supply of services.

Although the effect of price inflation and population growth had a stable rate of impact on total expenditure growth, service use per person varies to a certain extent with economic conditions. The onset of recession in March 1990 brought about a sharp rise in service use per person. This coincided with changes in the government policy on child care and aged welfare services, which brought about a higher increase in expenditure throughout the period from 1990–91 to 1992–93. At the end of 1992–93 the impact of service use per person (DE in Figure 2.3) was about the same as or even slightly larger than that of price inflation (CD).

Major categories of welfare services expenditure

This subsection covers only recurrent expenditure by the Commonwealth, State and Territory governments. Problems of data reliability preclude analysis of capital and recurrent expenditure by local governments.

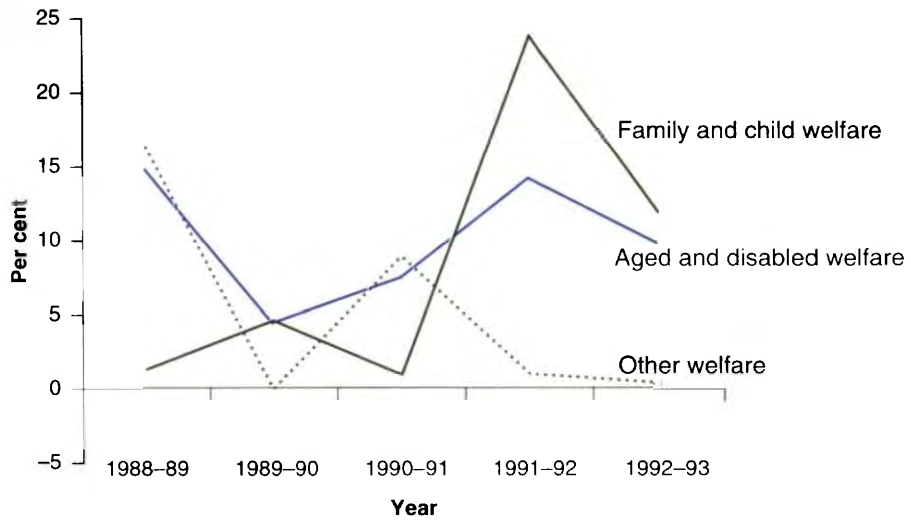
Over the period 1987–88 to 1992–93, on average, about 57.8% of total public sector recurrent expenditure on welfare services by the Commonwealth and States and Territories was directed to aged or disabled persons.[1] Family and child welfare services accounted for 28.7% and other welfare services 13.5%. For all three categories, rates of growth fluctuated considerably over the period (Figure 2.4).

Family and child welfare services

Public sector recurrent expenditure on family and child welfare services rose from $689 million in 1987–88 to $1,239 million in 1992–93 (Appendix Table A2.2). In constant price terms, this represented a rise of 47.8% overall and an average rate of 8.1% per year. The contribution by the Commonwealth Government over the first four years (1987–88 to 1990–91) averaged 29% of all public sector recurrent expenditure. Its contribution after 1990–91 rose sharply, to 41% in 1991–92 and then to 45% in 1992–93. This represented a real growth rate for the Commonwealth's expenditure, between 1990–91 and 1991–92, of 69% (Table 2.5). The major catalyst for this substantial increase

1 Our analysis in general follows the Government Purpose Classification (GPC) used by the Australian Bureau of Statistics. Nursing homes and domiciliary nursing care are classified as health under this classification. Hence, expenditure on these items, totalling $1,907 million in 1992–93 is not included in the estimates. However, Chapter 5 on aged care includes expenditure on these items, providing an overall picture of aged care services and related expenditure, regardless of whether they are classified as health or welfare services in the national framework.

was the expansion in the number of child care places. The number of child care places rose from 122,600 in 1989–90 to 170,900 in 1990–91. By the end of the 1992–93 financial year, the number of places had risen to 211,300 (see Chapter 4, and in particular Appendix Table A4.2).



Source: Table 2.5.

Figure 2.4: ***Annual growth rates (in constant 1989–90 prices) for Commonwealth and State/Territory government recurrent expenditure by category, 1987–88 to 1992–93***

An increasing proportion of Commonwealth transfer payments for family and child welfare services was directed to non-government organisations. Direct transfers to non-government organisations for family and child welfare services, as a proportion of all transfer payments for this purpose, rose from 48% in 1987–88 to 68% in 1992–93. Transfers to State and local governments, though still increasing in absolute terms, declined as a proportion of total Commonwealth Government transfer payments. Transfers to State and Territory governments fell from 13% in 1987–88 to 5% in 1992–93. The fall was not quite as significant for local governments as for State and Territory governments. Local governments received 39% of Commonwealth transfers in 1987–88 compared with 27% in 1992–93.

Major policy changes contributing to the high growth of Commonwealth transfers to non-government organisations were the extension of fee relief to users of private-for-profit child care centres and supplementary services in the form of special workers to assist clients with additional needs. Of the 78,000 new child care places provided in 1992–93, 28,000 were to be provided by private-for-profit and employer groups.

Aged and disabled welfare services[2]

Public sector recurrent expenditure on welfare services for the aged and people with a disability rose from $1,254 million in 1987–88 to $2,455 million in 1992–93 (Appendix Table A2.2). This was a rise, in constant prices, of 61% for the period or an average annual rate of 10% (Table 2.5). The highest annual growth (14.7%) was achieved in 1988–89. In that year the Commonwealth's funding rose by 15.2%, while that of the State and Territory governments rose by 14.4% (Figure 2.4).

More than half the total public sector recurrent expenditure was funded by State and Territory governments. However, over time their contribution has fallen somewhat, going from 56% in 1987–88 to 51.4% in 1992–93. From 1987–88 to 1991–92, 30% of the Commonwealth Government's transfers went to the State and Territory governments. This rose to 44% in 1992–93 following two major policy changes: the rearrangement of functions between States and the Commonwealth under the 1991 Commonwealth/State Disability Agreement and the expansion of home and community care for the aged and the disabled.

Prior to 1991, non-government organisations providing either accommodation or employment services could apply for funding to either the Commonwealth, the relevant State or Territory government or to both. The Commonwealth Government, for its part, directly funded non-government organisations for the provision of both employment and accommodation services. The Commonwealth/State Disability Agreement of 1991 gave the Commonwealth responsibility for employment services while State and Territory governments assumed responsibility for accommodation and other support services. Responsibility for advocacy, research and information was shared. This resulted in a large net transfer from Commonwealth Government to State and Territory governments as the amount spent on accommodation by the Commonwealth Government was greater than the amount spent on employment by State and Territory governments. Between 1991–92 and 1992–93, the Commonwealth Government's direct transfers to non-government organisations fell, from $503 million to $479 million. The drop was lessened by an increase in aged care funding to non-government organisations which counter-balanced the impact of the fall in funding for disability services.

2 Nursing homes and domiciliary nursing care are not included (see footnote 1).

Table 2.5: *Commonwealth and State and Territory governments recurrent outlays on welfare services in constant 1989–90 prices, 1987–88 to 1992–93*

	Commonwealth transfer payments						
	Cwlth direct outlays	To State and Territory govts	To local govt	To non-govt organisations	Total Cwlth outlays	State expenditure net of Cwlth transfer payment	Total Cwlth and State and Territory outlays
Family and child welfare							
1987–88	17,017	26,713	81,721	99,810	225,261	538,871	764,132
1988–89	12,249	14,912	80,751	109,292	217,204	556,432	773,636
1989–90	15,151	14,994	79,123	116,833	226,101	582,828	808,929
1990–91	17,420	15,010	72,587	141,259	246,277	569,881	816,158
1991–92	18,897	23,248	115,974	258,076	416,195	593,843	1,010,038
1992–93	18,099	25,532	130,237	334,331	508,200	621,082	1,129,282
Average annual growth[(a)]	1.2%	-0.9%	9.8%	27.4%	17.7%	2.9%	8.1%
Aged and disabled welfare							
1987–88	114,958	149,702	49,004	298,359	612,024	777,785	1,389,809
1988–89	58,516	205,246	53,916	387,391	705,069	889,434	1,594,503
1989–90	97,383	198,032	58,912	400,200	754,526	909,542	1,664,068
1990–91	136,402	214,500	67,839	422,814	841,555	945,743	1,787,297
1991–92	152,437	238,893	76,952	466,824	935,105	1,104,254	2,039,360
1992–93	170,595	400,816	81,019	436,352	1,088,782	1,149,326	2,238,108
Average annual growth[(a)]	8.2%	21.8%	10.6%	7.9%	12.2%	8.1%	10.0%
Other welfare services							
1987–88	74,431	104,264	8,794	18,364	205,853	141,335	347,187
1988–89	75,501	157,396	-3,243	22,023	251,676	152,079	403,754
1989–90	89,272	135,901	4,461	25,069	254,703	147,775	402,478
1990–91	107,229	120,155	1,297	36,418	265,100	173,130	438,230
1991–92	106,586	125,808	985	46,897	280,276	162,022	442,298
1992–93	101,897	96,160	1,702	66,954	266,714	177,023	443,737
Average annual growth[(a)]	6.5%	-1.6%	-28.0%	29.5%	5.3%	4.6%	5.0%

(a) Average annual growth rates are calculated using exponential growth.

Note: The databases used in this analysis were DCSH 1988, 1989, 1990; DHHCS 1991, 1992; DHHLGCS 1993; Department of Immigration and Ethnic Affairs unpublished data; Department of Veterans' Affairs unpublished data; Commonwealth of Australia 1988, 1989, 1990, 1991, 1992, 1993; the Commonwealth Grants Commission expenditure database and unpublished HSH data for transfer payments to NGOs.

The expansion of home and community care for the aged and the disabled partly reflects increased emphasis on community-based care as an alternative to institutionalised care in nursing homes and hostels. The Home and Community Care (HACC) program was established to provide an integrated range of services to assist frail elderly people and younger people with a disability and their carers, although the majority (80%) of clients are 65 years of age and over.

Under HACC the Commonwealth and each State and Territory provide matched funding to support services in that State or Territory. In 1992–93, the Commonwealth Government contributed, on average, 61% of matched program funds nationally. While the proportion of the Commonwealth Government's contribution remains more or less the same, its transfers to the States have increased, in absolute terms under the matching agreement, in line with the increased funds provided by the States and Territories. The average annual growth rate of recurrent expenditure on HACC from 1987–88 to 1992–93 was 13.8% in current prices and 9.4% in constant prices. Between 1991–92 and 1992–93, growth in real expenditure was 6.4% and 6.2% for the Commonwealth Government and State and Territory governments respectively.

Other welfare services

Other welfare services comprise prisoners' aid, care of refugees, Aboriginal welfare, women's shelters, care of refugees, homeless persons' assistance—for example the Supported Accommodation Assistance Program—assistance with rates and other concessions, premarital education, counselling, and English programs for migrants. Commonwealth and State and Territory government recurrent expenditure on other welfare services rose from $313 million in 1987–88 to $487 million in 1992–93 (Appendix Table A2.2). In real terms, expenditure over the whole period rose by 27.8% at an average annual growth rate of 5%. The peak annual rate of growth was achieved in 1988–89 at 16.3% (Table 2.5 and Figure 2.4).

The Commonwealth Government contributed, on average, 62% of the public sector recurrent funding for other welfare services. Its contribution remained fairly stable around this level, ranging from 59% in 1987–88 to 63% in 1990–91.

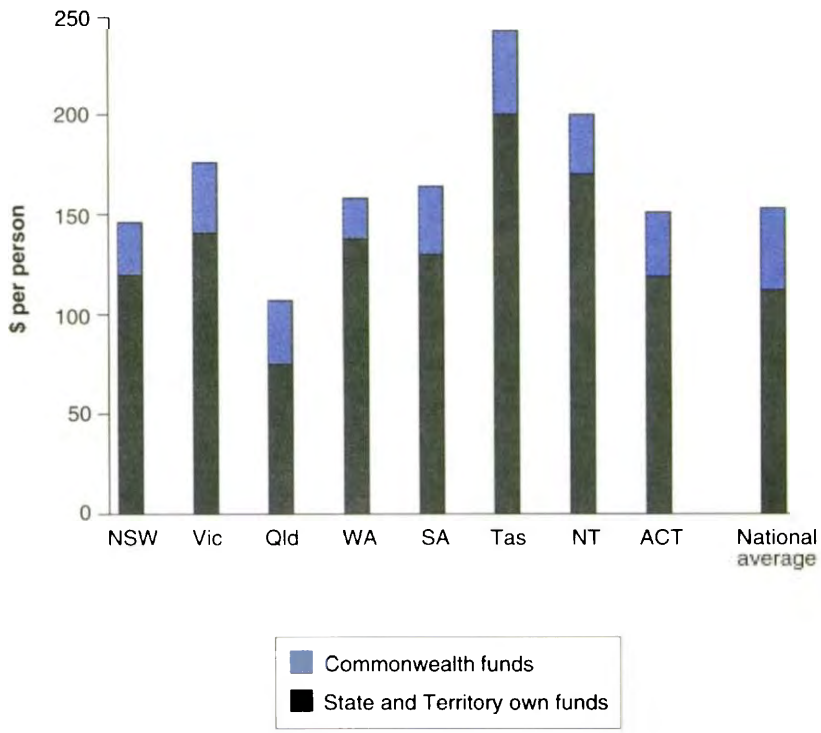
The proportion of total Commonwealth Government transfers to State and Territory governments for other welfare services averaged 75.8% over the period 1987–88 to 1992–93. However, this was declining over the period and reached its lowest level (58%) in 1992–93. The large number of individual items included in this 'catch-all' category make it impossible to attribute a single major cause to these trends.

Recurrent expenditure on welfare services—a State comparison

There was considerable variation in how much each State and Territory spent on welfare services provision per head of population. Factors contributing to such variation, among many, are differences in each State government's policy on the provision of welfare services, differences in the age and gender structure, and differences in what are classified as 'welfare services'. The classification problem is illustrated by the case of Tasmania, where some welfare services items were

recorded as 'health' because the programs were implemented within the health portfolio. The problem was rectified when the Health Department and the Community Services Department were amalgamated in 1992–93. Hence, prior to 1992–93, welfare services expenditure per person by the Tasmanian Government was understated.

In 1992–93 the Tasmanian Government devoted a higher level of recurrent expenditure per person to welfare services than did any other State or Territory. It expended, on average, $200 per person of its own funding, and $242 when the Commonwealth's transfer was included. Queensland, with $75 per person of State funds and $107 when the Commonwealth's transfer was included, expended the least, per person, on welfare services (Figures 2.5 and Tables 2.6 and 2.7). Queensland has always spent less per person than other States and Territories. Its population was, on average, 81% more than the Western Australian population over the period 1987–88 to 1992–93, but its spending on welfare services was lower.



Source: Tables 2.6 and 2.7.

Figure 2.5: ***Per person recurrent expenditure by State and Territory, State and Territory own funds and Commonwealth funds, 1992–93***

Table 2.6: *Per person State and Territory government recurrent expenditure on welfare services including Commonwealth money, 1987–88 to 1992–93 in current prices ($)*

	NSW	Vic	Qld	WA	SA	Tas	NT	ACT[a]	National average
1987–88	90	91	61	122	111	74	134	117	91
1988–89	98	109	73	141	130	109	149	107	104
1989–90	107	123	73	144	138	124	163	119	113
1990–91	116	129	79	155	152	122	185	146	121
1991–92	133	154	80	152	169	145	168	146	135
1992–93	146	176	107	158	164	242	200	151	153
Average annual growth rate	10.30%	13.95%	11.92%	5.36%	7.99%	26.59%	8.36%	5.18%	11.00%

(a) ACT data must be interpreted with care because of the move to self-government in 1989.

Note: The databases used in this analysis were the Commonwealth Grants Commission expenditure database and ABS 1993a.

Table 2.7: *Per person recurrent expenditure on welfare services by State and Territory own funds, 1987–88 to 1992–93 in current prices ($)*

	NSW	Vic	Qld	WA	SA	Tas	NT	ACT[a]	National average
1987–88	79	79	55	112	96	65	121	117	89
1988–89	84	95	65	129	115	97	131	93	96
1989–90	90	107	63	132	119	108	143	104	97
1990–91	98	110	67	139	130	105	161	127	99
1991–92	112	133	68	135	141	125	143	126	107
1992–93	120	141	75	138	130	200	170	119	112
Average annual growth rate	8.86%	12.25%	6.53%	4.31%	6.24%	25.21%	7.04%	0.39%	4.77%

(a) ACT data must be interpreted with care because of the move to self-government in 1989.

Note: The databases used in this analysis were the Commonwealth Grants Commission expenditure database and ABS 1993a.

The distribution of expenditure across the three welfare services categories between 1987–88 and 1992–93 varied appreciably from State to State, probably largely as a result of demographic differences. The Northern Territory had the highest proportion of expenditure on family and child services, at 51%, and the least in aged and disabled services. At the other extreme, Tasmania had the lowest proportion of expenditure on family and child services (24%) and the highest on aged and disabled services (64%).

Growth of per person expenditure in real terms varied from State to State. Average annual growth of expenditure funded by both the State and Territory governments and the Commonwealth Government over the period ranged from 1.1% in the ACT to 21.7% in Tasmania (Table 2.8). Without the funding from the Commonwealth Government, average annual growth rates for all States and Territories were lower (Table 2.9).

The high growth for Tasmania between 1987–88 and 1992–93 was attributable to the amalgamation of the Department of Health and the Department of Community Services into the one Department of Community Services and Health in 1992–93.

Table 2.8: *Per person State and Territory government recurrent expenditure on welfare services including Commonwealth money, 1987–88 to 1992–93 in constant 1989–90 prices ($)*

	NSW	Vic	Qld	WA	SA	Tas	NT	ACT[(a)]	National average
1987–88	**99**	**101**	68	135	123	83	149	130	101
1988–89	**103**	**114**	76	148	136	114	156	112	109
1989–90	**107**	**123**	73	144	138	124	163	119	113
1990–91	**111**	**123**	75	147	144	116	176	139	115
1991–92	**123**	**143**	74	141	157	135	156	136	125
1992–93	**133**	**160**	98	144	149	221	183	137	139
Average annual growth rate	6.06%	9.58%	7.62%	1.32%	3.84%	21.73%	4.20%	1.14%	6.74%

(a) ACT data must be interpreted with care because of the move to self-government in 1989.

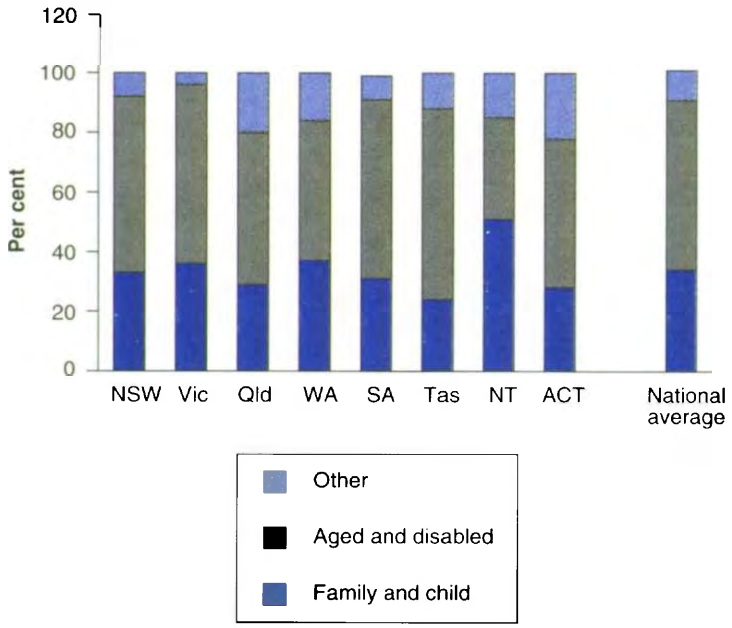
Note: The databases used in this analysis were Commonwealth Grants Commission; ABS 1993a; the Australian Bureau of Statistics for deflators.

Table 2.9: *Per person recurrent expenditure on welfare services by State and Territory government own funds, 1987–88 to 1992–93 in constant 1989–90 prices ($)*

	NSW	Vic	Qld	WA	SA	Tas	NT	ACT[(a)]	National average
1987–88	87	88	61	124	106	72	134	130	98
1988–89	**88**	**100**	68	136	120	101	138	98	101
1989–90	**90**	**107**	63	132	119	108	143	104	97
1990–91	93	105	64	133	124	100	154	121	94
1991–92	**104**	**123**	63	126	131	116	133	117	99
1992–93	110	129	68	126	118	182	155	109	102
Average annual growth rate	4.68%	7.94%	2.44%	0.31%	2.16%	20.41%	2.93%	-3.46%	0.74%

(a) ACT data must be interpreted with care because of the move to self-government in 1989.

Note: The databases used in this analysis were Commonwealth Grants Commission; ABS 1993a; the Australian Bureau of Statistics for deflators.



Source: Appendix Table A2.3.

Figure 2.6: ***Average proportion of welfare services by three welfare services categories and by State and Territory, 1987–88 to 1992–93***

2.3 Estimates of the contribution of community social welfare organisations

The non-government sector plays an important role in the provision of welfare services. It has been estimated that more than half of all welfare services are provided by community social welfare organisations (Lyons 1994). They spend their own funds in addition to those provided by government. The Industry Commission estimated that there are at least 11,000 community social welfare organisations in Australia (Industry Commission 1994). Community social welfare organisations are a subset of non-government organisations and their range is complex in terms of both the amount and the spectrum of services they provide. Some smaller non-government organisations deliver a small number of different, but often related, welfare services. Other larger non-government organisations often provide a multitude of services, some of which are not welfare in nature. In those cases there are sometimes costs that cannot be easily or appropriately identified as relating only to the welfare component of their operations.

Various studies have been conducted to estimate the size and importance of the community social welfare organisations—with varying degrees of success. One early

study by Milligan, Hardwick and Graycar (1984) estimated that there were between 26,000 and 49,000 community social welfare organisations operating in Australia. These were estimated to have a total income of between $2,300 million and $5,900 million per annum, of which approximately 37% was in the form of government funding and 49% was raised by the organisations themselves from a variety of internal sources, including fund-raising, donations, membership dues, fees for services, and investments. The remaining 14% came from other external sources.

A major study was conducted by Community Services Victoria (1992) for the survey period 1989–90, and provides the most detailed information on community social welfare organisations available for any State. It estimated that Victorian community social welfare organisations had a total income of $572 million in 1989–90 and incurred expenditure totalling $543 million.

The Western Australian Department for Community Development study (1994) on 998 non-profit welfare organisations reported that community social welfare organisations' total income from all sources was $161.3 million. Total expenditure was $160 million, $8.3 million of which was for capital expenditure. However, the study did not include organisations providing services to the aged and the disabled.

Lyons' work, *Australia's Charitable Organisations* (1993), used the business register of the ABS to obtain data on the number of *employing* 'private-not-for-profit' welfare organisations in Australia. He found that employment-related expenditure for 1989–90 by 3,500 organisations was $1,106 million and that the organisations employed 65,500 persons. This amount was estimated to represent annual expenditure of $1,580 million. Wages and salaries make up some 70% of the operating expenses of most *employing* community social welfare organisations.

The most recent study was carried out by the Industry Commission in 1994 and included consideration of 443 submissions received from interested organisations and individuals. The Industry Commission obtained estimates of government funding directly from funding departments. However, their estimates excluded any funding provided for child care services by government or other sources.

Fund-raising estimates include fund-raising for Australian-based overseas aid agencies and include fund-raising costs. Other income included that from business undertakings (for example opportunity shops, sheltered workshops) as well as property income (for example interest, trust income, bequests). The annual reports of the larger welfare non-government organisations and the Community Services Victoria study (1992) were major data sources used in these estimates. These were supplemented with information on the distribution of income by some of the charitable trusts.

The Industry Commission's Australia-wide study estimated that there were 100,000 persons employed in the charitable organisations providing welfare services during 1992–93. Again this estimate of persons employed did not include persons employed in providing child care.

Factors contributing to the diversity of the estimates from various studies are differences in methodology and scope. The Community Services Victoria and the Industry Commission studies only included community social welfare organisations receiving

grants either from the Commonwealth Government or State and Territory governments, or both. Lyons' study only covered employing organisations.

The Industry Commission study identified a total of $4,486 million as the recurrent income of community social welfare organisations (Industry Commission 1994:17). These organisations provided services not only for Australians but also for overseas residents. They also provided services in areas other than welfare, such as health and employment for long-term unemployed persons. Table 2.10, extracted from the report, gives recurrent revenues by type of organisations providing predominantly welfare services in Australia. Of the gross operating funds for welfare services in Australia ($3,017 million after subtracting $200 million grants on miscellaneous health services), 49.4% was met by grants from governments, 25.4% by clients' fees, and 25.2% by the community social welfare organisations' own fund raising. It was found in the Industry Commission study that the level of expenditure of most community social welfare organisations either broke even or was within 3% of their income. Hence, if it was assumed that the community social welfare organisations spent all of their revenue for the provision of welfare services, then the amount expended from their own funds was $760 million.

Table 2.10: *Sources of recurrent income—all government funded organisations, 1992–93 ($ million)*

	Government funding[a]	Fundraising	Clients' fees	Other income	Total
Aged care[b]	384	51	576		1,011
Disability services[b]	450	120	50	138	758
Multi-service (large)	303	120	76	158	657
Other organisations[c]	554	66	64	107	791
Total	**1,691**	**357**	**766**	**403**	**3,217**

(a) The amount included grants to organisations for miscellaneous health services of $200 million which cannot be disaggregated by type of organisation.
(b) Excludes HACC services (Home and Community Care) and nursing homes.
(c) Organisations providing community, individual and family support services, services for children at risk and HACC services outside the fourteen large multi-service organisations.

Note: Estimated from Industry Commission 1994:15, 17.

2.4 Contribution of volunteers and the informal sector to the provision of welfare services

A large proportion of welfare services is provided by volunteers, family friends and neighbours. However, because there is no payment made for those services, they are not included in the traditional sources of statistics from which expenditure estimates are made. Nonetheless, it could be expected, in the absence of such services, that the level of expenditure by society—either through increased government expenditure or through increased expenditure by non-government organisations—would be much greater than the current levels indicate.

While the magnitude of the effort spent by volunteers in providing welfare services is thus of considerable importance, there are difficulties in imputing a notional value to that contribution. Care must be exercised in drawing conclusions from such imputed values as their magnitude can change according to the method(s) used in their calculation.

The method used here to impute the value of voluntary work is by relating the time spent by volunteers to assumed unit values of the time spent on the work done. There are a number of reasons why the imputed dollar values would always be an underestimation of the full value of the activity. Firstly, the conditions under which volunteers work are governed more by personal motivation, altruism and dedication than work practice arrangements or the level of remuneration. Secondly, no account is taken of the actual times each day that the different services are provided and whether penalty or other award provisions might apply. Thirdly, no recognition is given to annual leave, superannuation, sick leave and other provisions, which would apply in the case of paid employees. There would also be extra overhead costs which would be incurred should the services in question be provided by paid employees of either government or non-government welfare organisations.

Another debate relates to the selection of a wage rate for volunteers, in particular whether the average hourly wage rate or the 'opportunity cost' wage rate should be applied. Adopting the latter would require that different wage rates be applied to different individuals, depending on their qualifications and potential earning capacity. This strategy is essentially precluded by the lack of detailed information on individual volunteers by profession or qualification. Some may argue against the use of opportunity cost on the grounds that this undervalues the time spent by volunteers who are not currently in the labour force and hence not earning income. The 'true' opportunity cost of those people would relate to the activity foregone —leisure, job hunting, etc.

There are clearly benefits which flow to the welfare sector from the involvement of volunteers, most obviously cost-saving for the public sector and the non-government organisations. In addition, however, there is the satisfaction gained by volunteers as they help to increase the well-being of other people in society.

The estimate of the costs that could have been incurred if society was required to pay for the work undertaken by volunteers was calculated by multiplying average hourly pay rates by the estimate of hours spent by volunteers in the provision of welfare services. This estimate is probably a conservative one.

Information on average time spent by individuals in the provision of welfare services was obtained from the 1992 Time Use Survey carried out by the ABS. Because the aim of the Time Use Survey was to determine how Australians use their time, and was not primarily related to estimating the amount of time used in providing welfare services, its applicability in this context is limited. However, it is the best source of data available for this purpose at this time. Only two of the ten major activity categories covered in the survey were considered to relate to the provision of welfare services, and of these, not all of the sub-categories were relevant to 'welfare' services. Those which were considered to be related to welfare services were:

- **Child care/minding**
  - own children: care for sick or disabled child
  - other children: all child care/minding activities

- **Voluntary work and community participation**
  - providing care or support services to adults who are sick or have a disability; and
  - providing care or support services to able-bodied adults (for example migrants, people who are recently bereaved).

The results indicated that, during 1992–93, almost 1,215 million hours or 23.4 million hours per week were spent by households in Australia in providing welfare services (Table 2.11).[3]

Table 2.11: *Estimate of time spent in providing welfare services ('000 hours per annum)*

	Child care			Welfare services to adults					
				Frail and disabled					
	Own[(a)]	Others	Total	Relatives	Others	Total	Other	Total	Total
Males	16,285	53,936	70,221	47,997	23,411	71,408	336,312	407,720	477,940
Females	54,810	275,872	330,682	130,337	38,957	169,294	237,060	406,354	737,037
Persons	71,095	329,807	400,902	178,334	62,368	240,702	573,373	814,075	1,214,977

(a) Only includes care for own sick or disabled child.

Note: The databases used in this analysis were ABS 1994b; the ABS Time Use Surveys and unpublished ABS estimates of resident population of private dwellings.

Of almost 401 million hours (equivalent to more than 50 million days of full-time employment) that were used to provide designated child care activities, female carers accounted for over 331 million hours or 82.5%. Women also provided by far the greater number of hours of care to frail and disabled adults, with more than 70% of the volunteer hours being provided by them.

It was in providing support and care for able-bodied adults that men predominated. Of the total of almost 480 million hours spent by males in the provision of welfare services, an estimated 336 million hours, or 70%, were devoted to providing care and support for able-bodied adults. From another aspect, almost 59% of the total volunteer time used in providing care of able-bodied adults was undertaken by males.

Despite an ageing population, care of frail and disabled adults accounted for only 20% of total volunteer time spent by individuals on the provision of welfare services. Child care, at 33%, accounted for a greater proportion. The highest proportion—47%—was devoted to providing care to able-bodied adults.

3 Ironmonger (1994) estimated total hours worked by household for child care and voluntary community work to be 88.6 million per week. The objectives of the studies are different. While Ironmonger focused on the value added by households in the production of goods and services, which can be either of a welfare or a non-welfare nature, the Institute is only interested in the 'welfare services' component. Therefore, only the household time spent to look after one's own sick or disabled child or to provide care to other children and adults was relevant in our study.

There were marked differences between the sexes in relation to the recipients of their social welfare activities. For men, 85.3% of welfare time was devoted to providing services for adults. Women, on the other hand, devoted only 55% of their time to adults and the remaining 45% was spent on caring for children. It is worth noting that the time spent caring for children cited in these tables does not include time spent caring for the respondents' own able-bodied children. It extends to the respondents' own children only where those children were identified as being sick or disabled. The differences between male and female patterns of caring are related to the kind of activity, as well as the amount.

Imputed cost of voluntary time spent for welfare services

Costing was undertaken using estimates of average weekly ordinary time earnings and average weekly ordinary time hours to assign values to the time spent by volunteers (Appendix Table 2.A4).

The junior rate for both males and females was used in calculating the cost of hours spent by persons aged 15–19 years within the age group 15–24 years. It was assumed that half the hours spent by persons in that whole age group related to persons aged less than 20 years and that the imputed cost of their time would, on average, be equivalent to the average hourly ordinary time pay rate applicable to junior employees. The adult hourly wage rate was used in respect of all other age categories, including persons in age categories where the level of work force participation would be expected to be extremely low (for example 75 and over).

It is estimated that the 1,215 million hours (equivalent to a full-time work force of about 600,000 persons) spent by individuals during 1992–93 to provide designated welfare services in Australia would have cost the governments and non-government organisations at least $16,856 million if they had been required to pay these volunteers and individuals at market wage rates (Table 2.12).

Table 2.12: *Estimated total cost of time devoted to welfare services by individuals, by type of service ($ million)*

	Child care			Welfare services to adults					
				Frail and disabled					
	Own[a]	Others	Total	Relatives	Others	Total	Other	Total	Total
Males	248	810	1,058	726	331	1,057	4,858	5,915	6,974
Females	744	3,684	4,428	1,801	529	2,330	3,124	5,454	9,882
Persons	992	4,494	5,486	2,527	860	3,387	7,982	11,369	16,856

(a) Only includes care for own sick or disabled child.

Note: The databases used in this analysis were ABS 1994b; the ABS Time Use Survey; unpublished ABS estimates of resident population of private dwellings; ABS 1993a.

2.5 International comparisons

Expenditure on health, social security and welfare services in other industrialised countries can provide a comparison with Australia's own levels of expenditure in the particular field. For welfare services, international data are in the process of being compiled by the Organisation for Economic Cooperation and Development (OECD).

The procedure being adopted by the OECD is to request each member country to supply details of expenditure on welfare services according to the types of programs operating in that particular country. The OECD then reclassifies these expenditures into broad policy areas, which make international comparisons possible. Unfortunately, at the time of publication of this monograph the detailed OECD program data had not been released.

The Institute was able to obtain data directly from New Zealand and the United Kingdom. Data for the United States were derived from the Social Security Bulletin published by the US Social Security Administration. These data are compiled based on the procedure adopted by the OECD. Services for elderly and disabled people encompass four program areas: residential housing, home help services, day care and rehabilitation services, and other benefits in kind. It also includes outlays on employment measures for people with a disability, which was provided from a separate OECD policy area.

The OECD includes, within its classification of 'family services', four subcategories. They are: formal day care, personal services, household services, and other benefits in kind.

The 'other welfare services' category includes short-term housing assistance and other contingencies. The latter incorporates services for low-income people, immigrants/refugees, indigenous persons, and miscellaneous groups.

Table 2.13 compares the Australian public sector welfare services expenditure with that of the other three countries. The data have been grouped according to three main welfare categories, namely services for elderly and disabled people, family services and other welfare services. For purposes of comparison, the tabulations show outlays on the various areas as a percentage of GDP.

The United States, on the average, had the highest proportion of its GDP spent on welfare services provision. The United Kingdom was, on the average, slightly higher than Australia, although in the last two years Australia was higher than the United Kingdom. Among the four countries, New Zealand spent the lowest proportion of its GDP on welfare services.

Australia and the United Kingdom spent, on average, half of their public sector welfare services expenditure on aged and disabled people. The United States spent more than half on 'other welfare services' and New Zealand spent over half of its welfare services expenditure on family and child welfare services.

The information in Table 2.13 is useful as a general indicator. However, the strengths and weaknesses of the data must be kept in mind. Countries, even those at similar stages of economic development, differ with respect to various external and internal economic, political and demographic factors. This makes international comparisons complex, both from measurement and interpretation perspectives.

Table 2.13: *Identifiable public sector expenditure on welfare services for selected OECD countries as a percentage of GDP, 1987–88 to 1992–93*[a]

	1987–88	1988–89	1989–90	1990–91	1991–92	1992–93
Australia[b]						
Services for the aged and disabled	0.42	0.45	0.45	0.49	0.57	0.61
Family and child services	0.23	0.22	0.22	0.23	0.28	0.31
Other welfare services	0.10	0.11	0.11	0.12	0.12	0.12
Other expenditure	0.10	0.09	0.07	0.05	0.04	0.05
Total identifiable welfare services	**0.85**	**0.87**	**0.85**	**0.89**	**1.01**	**1.09**
United States						
Services for the aged and disabled	0.06	0.10	0.09	0.08	0.07	0.10
Family and child services	0.26	0.25	0.25	0.25	0.28	0.29
Other welfare services	0.59	0.62	0.62	0.65	0.70	0.68
Total identifiable welfare services	**0.93**	**0.97**	**0.96**	**0.98**	**1.05**	**1.07**
New Zealand						
Services for the aged and disabled	0.11	0.12	0.13	0.15	0.17	0.15
Family and child services	0.18	0.17	0.18	0.18	0.27	0.28
Other welfare services	0.02	0.03	0.03	0.03	0.03	0.05
Total identifiable welfare services	**0.31**	**0.32**	**0.34**	**0.36**	**0.47**	**0.48**
United Kingdom						
Services for the aged and disabled[c]	0.56	0.52	0.52	0.55	0.57	0.60
Family and child services	0.42	0.37	0.39	0.41	0.41	0.41
Other welfare services	0.03	0.03	0.03	0.03	0.01	0.01
Total identifiable welfare services	**1.01**	**0.92**	**0.94**	**0.99**	**0.99**	**1.02**

(a) Data for Australia, New Zealand and the United Kingdom are for financial year; data for the USA relate to calendar year in the second-mentioned year, e.g. USA data listed under '1987–88' are for the 1988 calendar year.

(b) Australian data include:
services for the aged and disabled—Commonwealth and State government recurrent expenditure
family and child services—Commonwealth and State government recurrent expenditure
other welfare services—Commonwealth and State government recurrent expenditure
'Other expenditure' comprises capital expenditure and expenditure by local governments which cannot be disaggregated into the three welfare services categories.

(c) Over 90% of UK expenditure on nursing homes (amounting to 0.15% of GDP in 1991–92) is included; for the other countries in this table, nursing home expenditure is not included.

Note: The databases used in this analysis were: the Australian Institute of Health and Welfare welfare expenditure database; New Zealand and United Kingdom: unpublished country data; United States: compiled according to the OECD classification from US Social Security Administration 1988a, 1989a, 1990a, 1991a, 1992a, 1993a and US Social Security Administration 1988b, 1989b, 1990b, 1991b, 1992b, 1993b.

Problems with international comparisons arise from many factors. They are, among many, differences in:

- coverage and boundary
- welfare systems
- age structure
- type and magnitude of tax expenditure (rebates, tax deduction, concessions)
- taxation of welfare benefits.

An example of problems in coverage can be seen in the long-term care of the elderly, specifically nursing homes. Most of the OECD countries classify expenditure on nursing homes as health expenditure whereas it is classified as welfare expenditure in some countries in the Nordic region and in the UK.

Furthermore, there are fundamental differences between the Australian welfare system and welfare systems of other countries. Australia does not rely as much on social insurance schemes as do some other OECD countries. These schemes are very popular in Europe, for example, and operate typically via employer and employee contributions. Social security taxes were 18% of GDP in France in 1989, 16% in the Netherlands and 14% in Sweden and Belgium. Welfare services in countries that operate social insurance schemes can also be funded from alternative sources, such as general government taxation revenue. In Australia's case, funding for welfare programs is largely financed via general taxation revenue (Messere 1993) although employer-supported superannuation schemes as a form of social insurance have been introduced.

Some countries provide cash benefits to recipients who will, at their own discretion, elect to spend or not spend that money on whatever services are deemed desirable and appropriate to them. Some countries have limited cash benefits, and some restrict access to such benefits (means-tested) and rely more on services in kind. The United Kingdom, for example, gives a child allowance to every family with children with no income test.

The age structure of the population affects the amount spent on both income security and welfare services expenditure. Countries with high proportions of aged persons may expect to spend more than those with lower proportions of aged persons. This relationship may not hold true when welfare services expenditure is being considered by itself. This is because different welfare systems prevail in different countries. Two countries with the same proportions of aged persons may incur different amounts of expenditure on welfare services per head because one country may choose to rely more on the cash benefit option while the other chooses the services option.

Different countries have different levels of reliance on their tax revenue base. Some countries have relatively large tax bases which allow them to provide relatively higher levels of public sector support for welfare services compared with other countries. The relative size of a country's tax base, as a proportion of GDP depends on the levels of tax rates levied at individuals and companies, the coverage of the taxation system (for example inclusion of goods and services tax, wholesale tax, fringe benefit tax) and the degree of tax progressiveness. Messere (1993) revealed that European countries generally had the highest tax bases in the OECD. In 1990, total taxes were 57% of GDP for Sweden, 50% for Luxembourg and 49% for Denmark. Australia had the second-lowest figure with 31%, ahead of Turkey with 28%. The European countries had the highest

tax bases because of their strong reliance on social insurance schemes. It would be useful to take account of different countries' total tax revenue as a proportion of GDP when making international comparisons of welfare and welfare services expenditure.

Taxation expenditures[4] by government is another area where differences exist. These include different types and levels of exemptions, concessions, rebates and the like. Tax expenditures can apply to different welfare programs in different countries. In addition, countries have different levels of reliance on tax expenditures to fund welfare-type services. Some countries allocate proportionately more on tax expenditures than other countries. Therefore, although a country may have a lower level of direct public sector welfare services expenditure as a proportion of GDP, it does not necessarily mean that their people's welfare is lower than that in a country where the public sector spends a higher proportion of GDP on welfare services. The former may well have a relatively higher proportion of tax expenditure which is directed to social welfare areas, than the latter. For welfare services, tax expenditure is a particular problem for international comparison. Other factors, such as differences in age structure and degrees of reliance on tax revenue, present problems, not only for understanding welfare services but also for other areas such as education and health.

In 1992–93, tax expenditure for social security and welfare in Australia was $9.3 billion (Department of the Treasury 1994). However, there are no statistics available at that level of disaggregation that could correspond to welfare services. The Industry Commission study estimated that total input tax exemptions[5] to community social welfare organisations, including both Commonwealth and State exemptions, could have a revenue cost in excess of $350 million (Industry Commission 1994:234). It is possible then that aggregate tax expenditure to community social welfare organisations could be in excess of $420 million per year, after the inclusion of total tax deductions on donations (Industry Commission 1994:231). The inclusion of income tax exemptions granted to charitable organisations would further increase total tax expenditures.

2.6 Conclusion

Data on welfare services expenditure are still at a comparatively early stage of development, particularly in regard to the level of detail, and to the role played by the non-government sector. The Institute is working with government agencies and community social welfare peak body organisations to develop a more reliable welfare services expenditure database in the same manner as it has with health services.

Total public sector outlays on welfare services grew at an average annual rate of 7.1% in real terms. Recurrent expenditure accounted for the bulk (93.6%) of total public sector outlays. State and Territory governments' contributions have been over half of

4 Tax expenditure is income forgone by the government when some taxpayers are taxed at a lower rate than a chosen benchmark structure which represents the standard tax base from which all individuals are taxed.

5 Input tax exemptions comprise wholesale sales tax, fringe benefits tax, payroll tax, land tax, stamp duties, bank charges, and other rates and charges.

the total public sector outlays over the period 1987–88 to 1992–93. Local governments' contributions have been about 1% on average. The Commonwealth Government funded 54.4% of total public sector outlays on capital while State and Territory governments funded 54.6% of total recurrent outlays. The Commonwealth Government transferred more funds to non-government organisations (51.6%) than to State and Territory governments (34.4%) and to local governments (14%).

Over the same period, about 57.8% of the combined Commonwealth Government and State and Territory governments recurrent outlays was for aged and disabled welfare services. Family and child welfare services accounted for 28.7%, and other welfare services 13.5%.

Tasmania spent, from its own funds, more per person ($200) than other States while Queensland spent the least ($75).

In 1992–93, public sector outlays on welfare services were $4.4 billion. The inclusion of tax expenditure would bring this amount up to at least $4.8 billion. Private sector expenditure, which comprises private-for-profit organisations, community social welfare organisations and individuals working as volunteers in some community social welfare organisations or for personal reasons, contributed greatly to the provision of the services. It was estimated that $760 million was spent by the community social welfare organisations from other than government sources or clients' fees. Clients' fees were estimated at $766 million. Time spent by individuals in providing the services was costed by the Institute to be $16,856 million. The total value of welfare services for 1992–93, therefore, could come to at least $22.5 billion or $1,280 per person.

The estimate is conservative as there are other items that have not been included. These include nursing homes, domiciliary nursing services, expenditure by community social welfare organisations for the provision of child care services, expenditure by private-for-profit non-government organisations, expenditure by peak body organisations, and clients' contributions for government and private-for-profit non-government organisations' services. The subsequent stages of the Welfare Services Expenditure Project are therefore planned to capture these expenditure categories.

References

Australian Bureau of Statistics (ABS) (1993a). Australian demographic statistics: December quarter. Cat. No. 3101.0. Canberra: AGPS.

Australian Bureau of Statistics (ABS) (1993b). Distribution and composition of employee earnings and hours—Australia. Cat. No. 6306.0. Canberra: AGPS.

Australian Bureau of Statistics (ABS) (1994a). 1992–93 government finance statistics Australia. Cat. No. 5512.0. Canberra: AGPS.

Australian Bureau of Statistics (ABS) (1994b). How Australians use their time. Cat. No. 4153.0. Canberra: AGPS.

Australian Institute of Health and Welfare (AIHW) (1993). Australia's welfare 1993: services and assistance. Canberra: AGPS.

Australian Institute of Health and Welfare (AIHW) (1995). Welfare services expenditure bulletin No. 1: public sector welfare services expenditure 1987–88 to 1992–93. Canberra: AGPS.

Commonwealth of Australia (1988). Commonwealth financial relations with other levels of government 1988–89: Budget paper No. 4. Canberra: AGPS.

Commonwealth of Australia (1989). Commonwealth financial relations with other levels of government 1989–90: Budget paper No. 4. Canberra: AGPS.

Commonwealth of Australia (1990). Commonwealth financial relations with other levels of government 1990–91: Budget paper No. 4. Canberra: AGPS.

Commonwealth of Australia (1991). Commonwealth financial relations with other levels of government 1991–92: Budget paper No. 4. Canberra: AGPS.

Commonwealth of Australia (1992). Commonwealth financial relations with other levels of government 1992–93: Budget paper No. 4. Canberra: AGPS.

Commonwealth of Australia (1993). Commonwealth financial relations with other levels of government 1993–94: Budget paper No. 3. Canberra: AGPS.

Community Services Victoria (1992). Welfare as an industry: a study in community services in Victoria. Department of Health and Community Services.

Department for Community Development Western Australia (1994). From crisis to prevention: the community services industry study.

Department of Community Services and Health (DCSH) (1988). Explanatory notes 1988–89, Community Services and Health Portfolio, Budget related paper 8.4A. Canberra: AGPS.

Department of Community Services and Health (DCSH) (1989). Explanatory notes 1989–90, Community Services and Health Portfolio, Budget related paper 8.4A. Canberra: AGPS.

Department of Community Services and Health (DCSH) (1990). Explanatory notes 1990–91, Community Services and Health Portfolio, Budget related paper 6.4A. Canberra: AGPS.

Department of Health, Housing and Community Services (DHHCS) (1991). Program performance statements 1991–92, Health, Housing and Community Services Portfolio, Budget related paper 8.4A. Canberra: AGPS.

Department of Health, Housing and Community Services (DHHCS) (1992). Program performance statements 1992–93, Health, Housing and Community Services Portfolio, Budget related paper 9.8A. Canberra: AGPS.

Department of Health, Housing, Local Government and Community Services (DHHLGCS) (1993). Program performance statements 1993–94, Health, Housing, Local Government and Community Services Portfolio, Budget related paper 7.8A. Canberra: AGPS.

Department of the Treasury (1994). Tax expenditures statement, December 1994. Canberra: AGPS.

Industry Commission (1994). Charitable organisations in Australia: an inquiry into community social welfare organisations, draft report.

Ironmonger D (1994). The value of care and nurture provided by unpaid household work; Family matters No. 37:46–51. Melbourne: Australian Institute of Family Studies.

Lyons M (1994). Australia's charitable organisations, Centre for Community Organisations and Management, University of Technology, Sydney.

Messere KC (1993). Tax policy in OECD countries: choices and conflicts. Amsterdam: IBFD Publications BV.

Milligan V, Hardwick J & Graycar A (1984). Social Welfare Research Centre (SWRC): Reports and Proceedings No. 51. Non-government welfare organisations in Australia: A national classification, University of New South Wales.

Pinyopusarerk M & Gibson D (1994). Welfare services expenditure data in Australia: a review of existing data sources. Canberra: AIHW.

Saunders P & Klau F (1985). The role of the public sector, causes and consequences of the growth of government. Paris: OECD Economic Studies No. 4.

The US Social Security Administration 1988a, 1989a, 1990a, 1991a, 1992a, 1993a. Social security bulletin: annual statistical supplement.

The US Social Security Administration 1988b, 1989b, 1990b, 1991b, 1992b, 1993b. Social security bulletin: quarterly publication.

3 Housing assistance and services

3.1 Introduction

Housing assistance in Australia is provided through public housing; via cash transfers or direct subsidies to both renters and home purchasers; and tax expenditures—the favourable taxation treatment of housing-related income such as capital gains on owner-occupied homes. As detailed in Chapter two (Figure 2.1), government expenditure on housing and associated community amenities amounted to $4.8 billion in 1992–93.[1] Although more difficult to quantify, housing-related tax expenditures considerably exceed direct government housing outlays. In 1988–89 tax expenditures were estimated to be equivalent to revenue forgone of $5.9 billion (Yates 1994:31).

Assistance is provided to meet people's housing needs, including the basic human requirement for shelter together with the amenities and social infrastructure associated with housing. There exists, of course, a wide diversity of housing needs among the general population, and governments have responded by providing a range of housing assistance programs. Since 1945, the Commonwealth Government and State governments have provided long-term housing assistance to Australian families and individuals under a joint agreement. In 1958, the Department of Social Security (DSS) started an additional income payment to aid those living in rental housing. And more recently, in 1985, the Commonwealth Government and State governments instituted a program 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 accommodation.

In the Institute's first biennial welfare report (AIHW 1993), attention focused on housing assistance and services provided by the Commonwealth Government and State governments in accordance with the *Housing Assistance Act 1989* (Cwlth) and the associated Commonwealth–State Housing Agreement (CSHA), and the *Supported Accommodation Assistance Act 1994* (Cwlth) which provides the basis for the Supported Accommodation Assistance Program (SAAP). Again, in this the second biennial welfare report, considerable attention is devoted to these two initiatives. The Commonwealth Government, and State and Territory governments provide funds under the CSHA 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* [Cwlth], s.1). The CSHA is, in the majority of States and Territories, administered by housing departments. The Commonwealth

1 This is a broad category used by ABS for the purpose of compiling government finance statistics and does not correspond directly with housing assistance (see ABS 1994a).

Government and State and Territory governments also jointly fund SAAP, which aims to provide 'transitional supported accommodation services and related support services in order to help people who are homeless to achieve the maximum possible degree of self-reliance and independence...' (*Supported Accommodation Assistance Act 1994* [Cwlth]). This program is also administered at a State level, but by community service departments.

In addition to focusing on the CSHA and SAAP, this chapter also discusses the provision of rent assistance by the Department of Social Security and the Department of Veterans' Affairs (DVA), and rental housing and home purchase assistance provided to Aboriginal and Torres Strait Islander peoples by the Aboriginal and Torres Strait Islander Commission (ATSIC). Since its inception in 1958, rent assistance has become an increasingly important means of providing housing assistance. Expenditure on rent assistance now exceeds $1.4 billion annually. Housing programs administered by ATSIC also play an important role by directing assistance to indigenous Australians—a group that faces severe housing disadvantage (see Section 3.3).

This chapter begins, in Section 3.2, by discussing the significance of recent demographic changes in Australia for the provision of housing assistance. In so doing, it gives a context to the description of housing assistance and services presented in later sections. Section 3.3 adds to this contextual background by detailing a new approach to measuring the prevalence of housing need in Australia which, it is argued, can provide information about not only the delivery of housing programs, but policy development and needs-based planning more generally. The government response to housing need (in terms of the housing assistance and services provided via the CSHA, SAAP, rent assistance and ATSIC housing programs) is detailed in Section 3.4 and, in Section 3.5, information about the recipients of this assistance is given. Section 3.6 discusses housing outcomes in areas where data permit. It considers unmet demand for assistance and compares the housing outcomes for renters receiving assistance under the CSHA with those who benefit from rent assistance payments. The conclusion to the chapter briefly considers how data may be improved to enhance future analyses of housing assistance.

3.2 Housing a changing population

Population growth and changes in household structure have important implications for the provision of housing assistance. Notwithstanding advances in the effectiveness of housing assistance or possible improvements in economic conditions, population growth can be expected to result in an increase in the number of people in housing need. Additionally, increased diversity of household types and household formation processes demand greater flexibility in the provision of housing assistance.

By responding to the changing structure of Australian households, governments can better target and provide more appropriate assistance to those in need. Accordingly, this section focuses on recent demographic changes in Australia's population and discusses the significance of these changes for the provision of housing assistance.

Population growth

One of the fundamental determinants of the demand for housing and housing assistance is population growth. Australia's population increased from just over 13 million in 1971 to almost 18 million in 1993—an average annual growth rate of 1.3% (Table 3.1). Commonwealth funding to States and Territories for housing assistance under the CSHA and SAAP is currently allocated on a per capita basis (see Section 3.4). Consequently, growth rates for each State and Territory are of interest (Table 3.1). In the 20 years to 1991, the Northern Territory and the Australian Capital Territory experienced the highest average annual rates of population growth (3.4% and 3.3% respectively). The period 1971–91 also saw considerable growth in the populations of Queensland (2.4%) and Western Australia (2.2%). All States and Territories, however, experienced a slowing of population growth between 1991 and 1993.

Table 3.1: ***Estimated resident population and rates of growth, Australia, States and Territories, 1971–93***

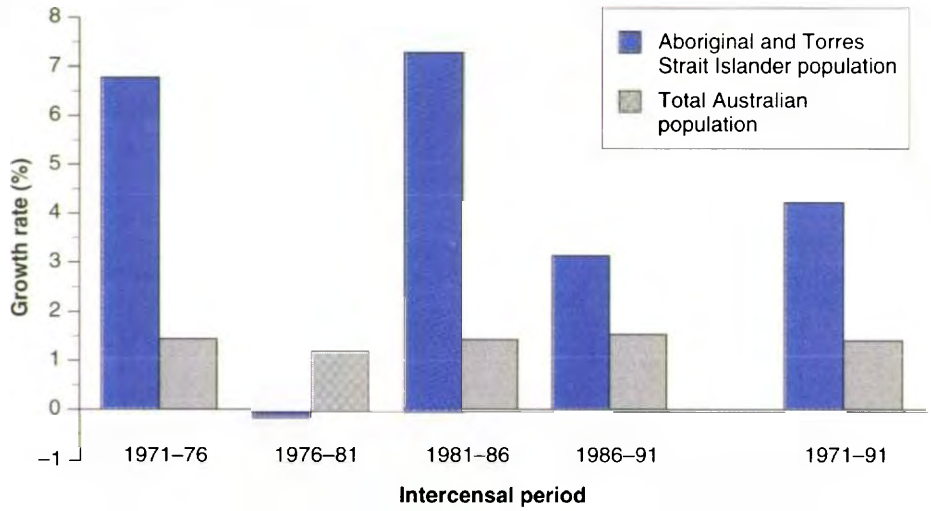
Year	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
					Population ('000)				
1971	4,725.5	3,601.4	1,851.5	1,053.8	1,200.1	398.1	151.2	85.7	13,067.3
1976	4,959.6	3,810.4	2,092.4	1,178.3	1,274.1	412.3	207.7	98.2	14,033.1
1981	5,234.9	3,946.9	2,345.2	1,300.1	1,318.8	427.2	227.6	122.6	14,923.3
1986	5,531.5	4,160.9	2,624.6	1,459.0	1,382.6	446.5	258.9	154.4	16,018.4
1991	5,902.4	4,416.3	2,966.1	1,636.8	1,447.2	466.9	289.7	166.7	17,292.0
1993	6,008.6	4,462.1	3,112.6	1,677.6	1,461.7	471.7	298.9	168.3	17,661.5
					Average annual growth rate (%)				
1971–76	1.0	1.1	2.5	2.3	1.2	0.7	6.6	2.8	1.4
1976–81	1.1	0.7	2.3	2.0	0.7	0.7	1.8	4.5	1.2
1981–86	1.1	1.1	2.3	2.3	0.9	0.9	2.6	4.7	1.4
1986–91	1.3	1.2	2.5	2.3	0.9	0.9	2.3	1.5	1.5
1991–93	0.6	0.3	1.6	0.8	0.3	0.3	1.0	0.3	0.7
1971–91	1.1	1.0	2.4	2.2	0.9	0.8	3.3	3.4	1.4
1971–93	1.0	0.9	2.3	2.0	0.9	0.7	3.0	3.0	1.3

Notes

1. Growth rates are geometric (compounding at regular intervals).
2. Population estimates are for 30 June each year.

Sources: ABS Year Book Australia (various years).

As will be discussed in Section 3.3, Australia's indigenous population experiences very high levels of housing need. It is therefore noteworthy that the growth in the Aboriginal and Torres Strait Islander population since 1971 has considerably exceeded that among all Australians. The total population increased by an average annual rate of 1.4% between 1971 and 1991 while the indigenous population grew at an average annual rate of 4.2% over the same period (Figure 3.1). However, Aboriginal and Torres Strait Islander peoples are a 'self-identifying' population and changes in the propensity to identify may have contributed to some of this growth.



Notes

1. Growth rates are geometric (compounding at regular intervals).
2. The Aboriginal and Torres Strait Islander population recorded in 1976 may be overestimated and therefore may result in an inaccurate growth rate for the 1971–76 and 1976–81 periods.

Sources: Table 3.1; Table A3.1.

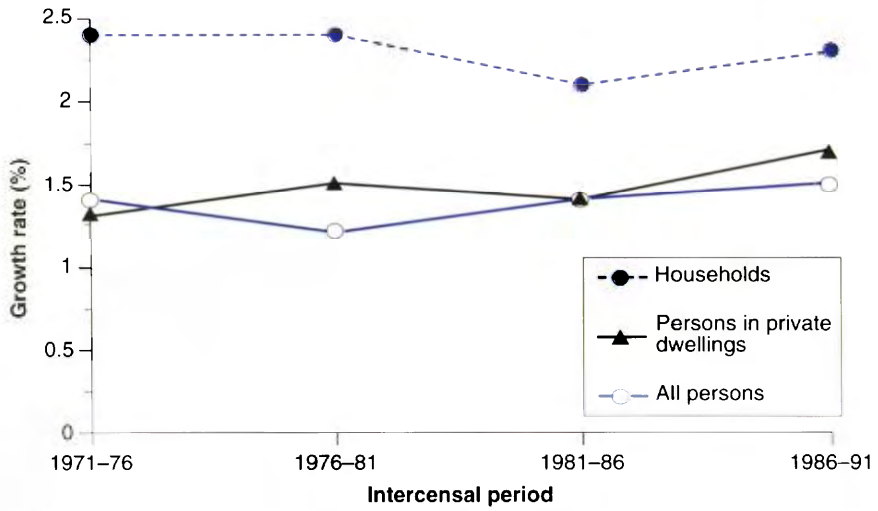
Figure 3.1: ***Average annual intercensal growth rates, total Australian and Aboriginal and Torres Strait Islander populations, 1971–91***

Box 3.1: Households

Households are defined for the ABS Census of Population and Housing as 'a group of people who usually reside and eat together as a domestic unit', or a person living alone. Households are limited to residents of private dwellings and, for the purposes of the census, occupied private dwellings are equated to households. Since it is possible for more than one household to be living in the same dwelling structure, the number of households enumerated at the census will overstate the number of private houses, units, flats etc. Prior to the 1986 census, caravans in caravan parks were not considered private dwellings. Therefore, for comparative purposes census counts presented in this chapter understate the total number of households in Australia. The number of households in caravan parks in 1986 and 1991 was 77,094 and 85,121 respectively (ABS 1989:170–71; ABS 1993a).

Growth in household numbers

Population growth is only one factor affecting the demand for housing and housing assistance. Changes in patterns of household formation have meant that the number of households in Australia is increasing at a faster rate than the population. At the 1971 census there were 3.7 million households enumerated in Australia. This figure increased to 5.9 million by 1991, representing an average annual growth rate of 2.3%. The household growth rate for each intercensal interval exceeded that for the total population by about 1% (Figure 3.2).



Notes

1. Growth rates are geometric (compounding at regular intervals).
2. Households and persons in private dwellings are census counts whereas all persons are estimated resident population.
3. Households exclude those in caravans, etc. in caravan parks.

Source: Table A3.2.

Figure 3.2: ***Population and households in Australia, growth rates, 1971–91***

Like overall population growth, Aboriginal or Torres Strait Islander family households[2] have, over the past two decades, increased at a faster rate than all private households in Australia. Indigenous households increased from 34,500 in 1971 to over 58,000 in 1991 (Gray 1989; ABS 1993b:10). This represents an annual average growth rate of 2.6%.[3]

2 Households are described as Aboriginal or Torres Strait Islander family households, or indigenous households, if at least one spouse or partner in the family identifies as an Aboriginal or Torres Strait Islander person.

3 These figures do not include indigenous people in non-private dwellings or non-family households, which at the 1991 census accounted for 29,000 people, or 11%, of indigenous Australians (ABS 1993b:7).

Changes in household size

One of the consequences of household formation outpacing population growth is a shift to smaller households. In 1971, the average number of persons per household was 3.3 while the average household size in 1991 was 2.8 (Table 3.2). The fall is largely a result of an increase in the number of one-person households which constituted 14% of all households in 1971 and 20% in 1991 (Table 3.2; Figure 3.3). Conversely, the proportion of households with six or more residents fell by almost two-thirds from 11% in 1971 to just 4% in 1991.

Table 3.2: *Size of households in private dwellings, census counts, Australia, 1971–91*

Number of residents	1971		1976		1981		1986		1991	
	('000)	%	('000)	%	('000)	%	('000)	%	('000)	%
1	497.8	13.6	635.7	15.4	839.3	18.0	1,009.1	19.5	1,102.7	19.7
2	972.5	26.5	1,161.2	28.2	1,361.5	29.2	1,557.5	30.0	1,739.9	31.1
3	661.7	18.0	715.3	17.4	788.9	16.9	884.8	17.1	958.4	17.2
4	685.0	18.7	800.7	19.4	890.8	19.1	966.5	18.6	1,033.9	18.5
5	447.0	12.2	464.8	11.3	488.1	10.5	497.8	9.6	510.2	9.1
6+	406.6	11.1	341.4	8.3	300.2	6.4	271.8	5.2	241.1	4.3
Total	**3,670.6**	**100.0**	**4,119.0**	**100.0**	**4,668.9**	**100.0**	**5,187.4**	**100.0**	**5,586.2**	**100.0**
Mean	3.3		3.1		3.0		2.9		2.8	

Note: Excludes households in caravan parks.

Sources: ABS 1972b, Table 14; ABS 1979, Table 51; ABS 1983, Table C75; ABS 1989, Table C79; ABS 1993a, Table B51; ABS 1993c, Table 6.4; ABS 1991a:123.

Yet single detached housing continues to dominate. At the 1971 census, 78% of Australian private dwellings were detached dwellings on suburban allotments; in 1991 the figure was 77% (ABS 1973: Table 22; ABS 1993a: Table B45). And in contrast to household size, the size of Australia's dwellings is increasing. While three-bedroom dwellings have consistently constituted just over half of all dwellings during 1971–91, the proportion of dwellings with two or fewer bedrooms has fallen from 36% at the start of the period to 29% in 1991 and the proportion of dwellings with four or more bedrooms has concurrently risen from 13% to 20% (Table 3.3). Significantly, the number of single-bedroom houses and bed-sits fell by 12% during the 20 years to 1991 (Figure 3.3). Larger houses experienced the biggest increases—the number of four-bedroom houses rose by over 130% while the number of houses with five or more bedrooms doubled during this period.

The contrasting trend in household and dwelling sizes has two obvious consequences for the provision of housing assistance. First, if other factors remain unchanged, at least one component of housing need—overcrowding—should decrease, which may result in a reduction in demand for assistance, although overcrowding alone is not generally used as an eligibility criterion for housing programs. Second, the acquisition of public housing dwellings should reflect the trend towards smaller households if

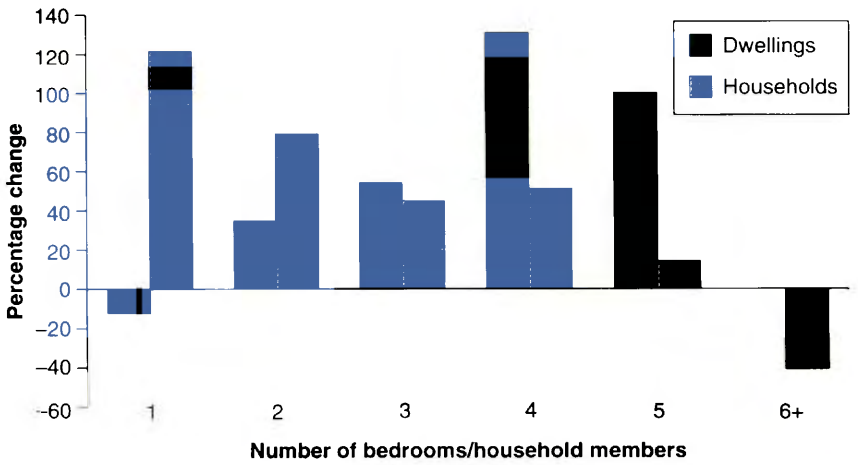
housing assistance is to be provided in an efficient manner. The incidence of under-utilisation is discussed here in the context of housing assistance outcomes (see Section 3.6, also Foard et al. 1994).

Table 3.3: *Dwelling size of occupied private dwellings, census counts, Australia, 1971–91*

Number of bedrooms	1971		1976		1981		1986		1991	
	('000)	%	('000)	%	('000)	%	('000)	%	('000)	%
0–1	352.4	9.7	273.2	6.8	329.5	7.2	297.5	5.9	309.8	5.6
2	967.3	26.7	991.9	24.6	1,253.2	27.3	1,349.6	26.7	1,302.2	23.6
3	1,826.2	50.3	2,089.9	51.9	2,369.0	51.5	2,638.3	52.1	2,814.4	51.0
4	398.8	11.0	548.2	13.6	549.8	12.0	671.5	13.3	919.7	16.7
5+	82.5	2.3	112.0	3.0	95.0	2.1	106.8	2.1	165.1	3.0
Total	**3,627.3**	**100.0**	**4,025.1**	**100.0**	**4,598.4**	**100.0**	**5,063.6**	**100.0**	**5,513.1**	**100.0**
Mean	2.7		2.8		2.7		2.8		2.9	

Note: Excludes caravans, etc. in caravan parks and dwellings for which the number of bedrooms was not stated.

Sources: ABS 1972b, Table 14; ABS 1979, Table 51; ABS 1983, Table C75; ABS 1989, Table C79; ABS 1993a, Table B51; ABS 1993c, Table 6.4; ABS 1991a:123.



Notes

1. The percentage change for one-bedroom dwellings includes bed-sits and the percentage change for five-bedroom dwellings includes dwellings with more than five bedrooms.
2. Excludes caravans, etc. in caravan parks and dwellings for which the number of bedrooms was not stated.

Source: Table A3.3.

Figure 3.3: *Changes in household and dwelling size, occupied private dwellings, Australia, 1971–91*

Changes in household structure

The concept of a 'housing career' has been developed to describe changes in housing needs and preferences of individuals, families and households as they progress through their lives. For example, Burke et al. (1984:9) argue that young individuals leaving the parental home to form their own households ' tend to prefer a housing tenure and a housing type that allows them flexibility and mobility and which is relatively cheap'. Not only do housing requirements vary during a person's lifetime, but the need for housing assistance is greater for some household types than for others. Accordingly, future demand for housing assistance can be anticipated on the basis of changes in the structure of Australian households, and assistance can be made more appropriate to the specific types of households experiencing housing need. The rapid changes in the number of young people living alone, sole parents and single-person households aged 65 and over are significant developments for the provision of housing assistance (Table 3.4). Young people living alone and one-parent households experience particularly high incidences of housing need (see Section 3.3).

At this point it should be noted that the ABS classification of households has undergone considerable enhancement in recent censuses making comparisons over time difficult. Indeed, prior to 1981 there was no household classification other than to differentiate between single-family, multiple-family and non-family households. As a result, the analysis presented below is restricted to changes in *family* structure and lone-person households (which were classified as families prior to 1986).[4]

Further, prior to 1986 the ABS classification of families was based solely on family members present on census night rather than usual residents (ABS 1982c:8). Accordingly, the numbers of one-parent families and lone-person households in 1971, 1976 and 1981 are overstated. The extent of overstatement is difficult to determine precisely. However, had the 1981 method of classifying families been used at the 1986 census, the number of one-parent families would have been artificially inflated by almost 30,000 (11%) and the number of lone-person households would have been overestimated by 48,000, or almost 5% (ABS 1988:4; ABS 1991b:5). Consequently, changes between 1981 and 1986 will be considerably understated for one-parent families and single-person households. Assuming the rate of absenteeism on census night was comparable in 1976 and 1981, growth rates within this intercensal period are valid and only the absolute numbers are likely to be exaggerated.

With these caveats in mind, a few important trends are clear. One of the most notable changes in the structure of Australian families over the past 20 years has been the increase in sole-parent families, primarily as a result of the increase in rates of marital breakdown and, to a lesser extent, the increase in ex-nuptial birthrates (McDonald 1995:22). The increase was most dramatic from 1976 to 1981—due at least partially to the introduction of the *Family Law Act 1975* (Cwlth)—when the number of one-parent families with dependent children increased by 45% (Table 3.4). This represents an

4 Families do not necessarily equate to households in ABS censuses and surveys. A household may consist of more than one family. This analysis will, therefore, marginally overstate the numbers of households. Census figures in 1991 indicate that about 1.6% of all Australian households living in private dwellings consisted of more than one family.

average annual growth rate of 7.7%—considerably higher than the 0.9% growth recorded for two-parent families with dependent children. Growth in one-parent families has slowed since 1981, but their absolute numbers are still increasing. The growth rate for one-parent families with dependent children was 2% per year over the 1981–86 intercensal period using 1986 figures consistent with 1981 definitions and processing procedures (ABS 1991c:3). From 1986 to 1991, one-parent families with dependent children grew at an average annual rate of 3% and in 1991 numbered 377,500 (Table 3.4).

Given the relative disadvantage experienced by Aboriginal and Torres Strait Islander peoples, it is worth noting that one-parent families constitute 27% of indigenous families, but only 13% of non-indigenous families (ABS 1993b:8).

In addition, and consistent with the trend towards smaller households, Australia has also witnessed a considerable increase in the number of older lone-person households. The prevalence of lone-person households aged 65 and over has been a key feature of recent changes in household structure, primarily due to the ageing of the population and the tendency of wives to out-live their husbands (Cornish 1993; McDonald 1995). In 1991, there were some 459,200 lone-person households aged 65 and over in Australia (Table 3.4).

Table 3.4: *Changes in selected household and family types, census counts, Australia, 1976–91*

	1976	1981	1986	1991
Lone-person households aged under 25	105,521	161,204	76,276	72,840
Average annual growth rate (%)		8.8	-13.9	-0.9
Percentage change		52.8	-52.7	-4.5
Lone-person households aged 65+	311,018	374,113	391,776	459,217
Average annual growth rate (%)		3.8	0.9	3.2
Percentage change		20.3	4.7	17.2
One-parent families with dependent children	221,469	320,657	324,173	377,544
Average annual growth rate (%)		7.7	0.2	3.1
Percentage change		44.8	1.1	16.5
Two-parent families with dependent children	1,651,258	1,725,532	1,853,994	1,900,712
Average annual growth rate (%)		0.9	1.5	0.5
Percentage change		4.5	7.4	2.5
Couple only families	955,336	1,063,311	1,271,872	1,317,895
Average annual growth rate (%)		2.2	3.7	0.7
Percentage change		11.3	19.6	3.6

Notes

1. Growth rates are geometric (compounding at regular intervals).
2. Growth rates and percentage changes for the 1981–86 intercensal period are affected by changes in ABS definitions and processing procedures (see text) and may not reflect accurate trends.

Sources: ABS 1979, Table 93; ABS 1983, Table 53; ABS 1989, Table C65; ABS 1993a, Table B34.

In contrast, lone-person households aged under 25 years are becoming less prevalent. Between 1976–81, this group recorded an annual growth rate of almost 9%. However, during 1986–91 the number of lone-person households fell, in absolute terms, from 76,300 in 1986 to 72,800 in 1991.

Implications for the provision of housing assistance

Several points of significance arise out of this discussion that are pertinent to the future provision of housing assistance. First, the incidence of housing need among Australian households, and hence demand for housing assistance, is likely to increase if observed increases in the growth of one-parent households and Aboriginal and Torres Strait Islander households continue at current rates. It is important to note that approximately 200,000 one-parent households were in housing need in 1991 constituting 22% of all households in need (see Section 3.3). However, some of the potential increase in demand for assistance may be offset by (smaller) reductions in housing need as a result of less overcrowding and fewer young lone-person households. Second, the shift towards smaller households suggests that the stock of public housing should change, and that the future acquisition of public housing dwellings should reflect this trend. Currently, the size of public housing dwellings does not match the size of dwellings required by those in need (see Section 3.6).

The third implication for housing assistance stems from the changes in Australia's population and household structure that have occurred in a relatively short period of time; it is desirable that housing assistance programs respond to these changes. For example, the rapid rise and fall in the number of young single-person households strongly suggests that programs must be flexible. The acquisition of rental dwellings through head-leasing[5] arrangements may be one mechanism through which such flexibility can be provided to meet the needs of our changing population. And finally, recent changes in household structure have obvious implications for the type of assistance required. The increasing number of older people living alone will necessitate the provision of support services to complement housing assistance (Howe 1992). Some older owner-occupiers receiving low incomes also experience difficulty meeting housing costs associated with maintenance and rates suggesting that this form of housing need may be appropriately met by the further development of reverse annuity schemes and home equity conversion arrangements.[6]

3.3 Housing need in Australia

The first Commonwealth–State Housing Agreement in 1945 directed assistance in only a general way to those who were '...in need of proper housing accommodation' with more specific need criteria 'to be determined from time to time by agreement between the Commonwealth and each State' (see AIHW 1993:49). Since 1945, the emphasis on providing

5 Head-leasing of properties by State housing authorities already occurs to a limited extent. It involves housing authorities leasing (rather than purchasing or constructing) dwellings for rental by those requiring either short-term or long-term housing assistance.

6 Reverse annuity and home equity conversion schemes involve mortgaging (or selling) a dwelling in return for payment of a regular income over a number of years or a lump sum payment (see Storey et al. 1994).

housing assistance to those in need has grown and estimating the prevalence of housing need has taken on considerable importance in planning and evaluating housing programs.

Nevertheless, measures of housing need that are both precise and comprehensive have proved elusive. In *Australia's Welfare 1993*, a typology of housing need was proposed that included homelessness and several types of housing stress (AIHW 1993:56). The prevalence of each type of need was also given; but estimates of homelessness and financial housing stress, in particular, suffered from a number of shortcomings.

Methods for estimating the number of homeless people have not advanced greatly in the last two years, although the Institute has contributed to the development of a new national SAAP data collection to be implemented from 1 July 1996 (see Chapter 7). Data from this collection, used together with a better enumeration of homeless people in the 1996 ABS Census of Population and Housing, will permit a more accurate assessment of the extent of homelessness. However, a new measure of housing need which combines financial housing stress and the appropriateness of dwellings has been developed by the Institute in conjunction with Economic and Planning Impact Consultants. The measure was devised during a study commissioned to assist ACT Housing implement a needs-based planning approach to the provision of housing assistance. The prevalence of housing need in each State and Territory based on this approach is detailed together with estimates of the number of homeless people derived from SAAP data.

Homelessness

The prevalence of homelessness[7] reported here is based on the number of people accommodated at SAAP services: in a 24-hour period in May 1994 some 11,150 people (including children accompanying homeless parents) used such services. This figure, however, must be less than the total homeless population because only those staying in supported accommodation and at emergency housing services are counted—not those in other temporary accommodation arrangements or those without any form of shelter. Unfortunately, the extent of underestimation is not known. Chamberlain and MacKenzie (1993), on the basis of research conducted in Melbourne, suggested that in 1991 about one in four young homeless people accessed SAAP accommodation services and that nationally, there were between 15,000 and 19,000 young (aged 12–24) homeless people. Following a census of Australian secondary schools, MacKenzie and Chamberlain (1994) have estimated that in May 1994 there were 21,000 homeless young people aged 12–18 (see also the House of Representatives Standing Committee on Community Affairs 1995). This suggests a substantial increase in the number of all young homeless persons (12–24) has occurred since 1991.[8]

Estimating the total homeless population is a different matter and, as indicated, little progress has been made to develop an appropriate method since the Institute's previous biennial report. In that report an estimate derived by applying the findings of Chamberlain and MacKenzie's 1991 research to all homeless people (including children

7 The *Supported Accommodation Assistance Act 1994* (Cwlth) states 'a person is homeless if, and only if, he or she has inadequate access to safe and secure housing'.

8 In the May 1994 National SAAP One-Night Census, young homeless people aged 12–18 constituted 56% of all young homeless people (aged 12–24).

of homeless parents) was given. It put the total homeless population in the range 48,000 to 61,000 (AIHW 1993:58). Given the apparent recent increase in youth homelessness, this estimate can be considered a conservative approximation of the number of homeless people in Australia in 1994.

Housing need—a new approach

Housing need experienced by people living in private dwellings can be generalised as either financial (the result of paying unaffordable housing costs) or non-financial (the result of living in inadequate or inappropriate housing). Both aspects are contained in the following definition of housing need adapted from an Institute working paper:

> People are ... [in] housing need if they cannot afford 'appropriate and adequate' housing, where 'appropriate and adequate' housing is that which has sufficient rooms so that the household is not living in overcrowded conditions, is in reasonable repair, provides the basic amenities considered essential by the community, has security of tenure and is in a suitable location.
>
> ... [Households] are *not* considered to be in housing need if they have a medium to high income, and so can afford adequate housing, but choose to live in an inadequate dwelling or to spend a large percentage of their income on housing (see Karmel 1995).

The approach adopted here to measure housing need is based on this definition and the following normative standards:

- Only households with low incomes—that is, below a pre-determined benchmark—can experience housing need. Households with incomes below this benchmark therefore constitute the *at risk* population.
- The housing costs of low-income households should not place such households in poverty or exacerbate existing poverty.[9]
- The percentage of income a household can reasonably be expected to spend on housing without experiencing housing need should increase as income increases from 0% of net (after-tax) income for households in poverty to 30% of net income for households with incomes equivalent to the pre-determined low-income benchmark.
- Housing costs and general living expenses vary between households, depending on factors such as their size, composition and where they live, and these factors should be taken into account when determining the low-income benchmark.

The approach identifies two categories of need—*basic need* and *housing-related need*. Households with net incomes below the Henderson after-housing poverty line are considered to be in *basic need*: to have insufficient income to maintain a minimal or basic standard of living and to have no capacity to pay housing costs. Households are

9 Several aspects of the Institute's approach use updated Henderson after-housing poverty lines. In the AIHW model of housing need, the poverty lines are used to provide an estimate of the base income required by a household to cover expenses other than housing. It is recognised that there are several problems associated with the Henderson methodology, but as yet, critics have not proposed alternative methods of calculating poverty lines that have met with widespread acceptance and other equivalence scales are unlikely to have greater applicability in Australia. For further discussion on the Henderson poverty lines see *Australia's Welfare 1993* (AIHW 1993).

considered to be in *housing-related need* if their current housing costs are greater than that deemed affordable, or they are overcrowded and cannot afford housing of an appropriate size or both.

The pre-determined benchmark that defines the low-income population (hereafter referred to as the *norm rent income*) represents the income a household requires to rent, in the private market, suitable, adequate housing in the region in which they currently live (see also Box 3.2).

Box 3.2: Norm rent income

The norm rent income is defined as the minimum income a household requires to rent appropriate and adequate private housing in the geographic location of current residence without spending 30% or more of its net income, and without placing the household below the Henderson after-housing poverty line. In order to calculate the norm rent income (which will vary according to the household's size, composition and residential location), some assessment of the expected cost of renting a suitable dwelling in the current location of each household is required. This cost, or norm rent, is determined by the thirty-third percentile of rent for private rental dwellings of the required size (see Box 3.3) in the required location (ABS statistical regions). Using this percentile assumes that low-income households can access the low end of the rental market; that dwellings with rents equal to the thirty-third percentile are in adequate physical condition; and that households' current locations are appropriate.

The norm rent income is then calculated as:

Norm rent income = (norm rent)/.3
if (norm rent)/.3 ≥ (norm rent + after-housing poverty line)

or

Norm rent income = (norm rent + after-housing poverty line)
if (norm rent)/.3 < (norm rent + after-housing poverty line).

Households with income below their norm rent income are referred to as low-income households.

There are limited data available to assess housing conditions and security of tenure at the national level.[10] Accordingly, the Institute model focuses on whether or not a household is living in overcrowded conditions. In determining the appropriateness of a dwelling for any particular household, the size of house required by that household is calculated using the Canadian National Occupancy Standard (Box 3.3). Of the various measures discussed in the Institute report *Public Housing in Australia*, the Canadian standard was considered to conform most closely with current Australian community norms (see Foard et al. 1994 and also King 1994). However, it should be noted that the standard is more stringent than some housing authority allocation policies and may result in a conservative estimate of the number in housing need.

10 At the time of writing, unit record data from the ABS 1994 Australian Housing Survey—the most likely source of such information—were not available.

Box 3.3: The Canadian National Occupancy Standard

The Canadian National Occupancy Standard for housing appropriateness is sensitive to both household size and composition. The measure assesses the bedroom requirements of a household by specifying that:

- *there should be no more than two persons per bedroom;*
- *children less than 5 years of age of different sexes may reasonably share a bedroom;*
- *children 5 years of age or older of opposite sex should not share a bedroom;*
- *children less than 18 years of age and of the same sex may reasonably share a bedroom; and*
- *household members 18 years or over should have a separate bedroom, as should parents or couples.*

Households living in dwellings where this standard cannot be met are considered to be overcrowded.

This approach to measuring housing need is summarised in Figure 3.4 and illustrated in Box 3.4. A more detailed description of the derivation and specification of the method is contained in other Institute reports (see Foard et al. forthcoming and Karmel 1995). The method has several advantages over the approach used by the National Housing Strategy (NHS 1991) to assess the extent of housing affordability problems. Notably, the Institute method is particularly sensitive to household circumstances. Household size, composition, income, location of residence and required dwelling size are all considered when determining affordable housing costs for each household (Table 3.5).[11] The NHS measure is based on income only.

A further feature of the Institute method is the use of households, rather than income units as the basic unit of analysis. This facilitates the integration of financial and non-financial concepts of housing need.[12] In addition, the Institute approach estimates housing need using net, rather than gross, income. This allows for the different effective tax regimes experienced by households with different numbers of income earners, and so better reflects the spending power of households.

11 This feature of the model has one inequitable result. In a very small number of cases (approximately 0.5%) low-income households of the same size and composition and paying similar housing costs, but living in different areas, are classified differently.

12 The use of household income assumes that all income in a household is pooled and available for expenditure by the household as a whole. Since this is unlikely to be the case in all households, the model may overestimate funds available to particular households and, therefore, may underestimate the number in need. An alternative unit of analysis for income-based measures is the income unit—as used by the NHS—but this also assumes a pooling of resources which may not hold and has disadvantages when used with dwelling-based measures, such as overcrowding.

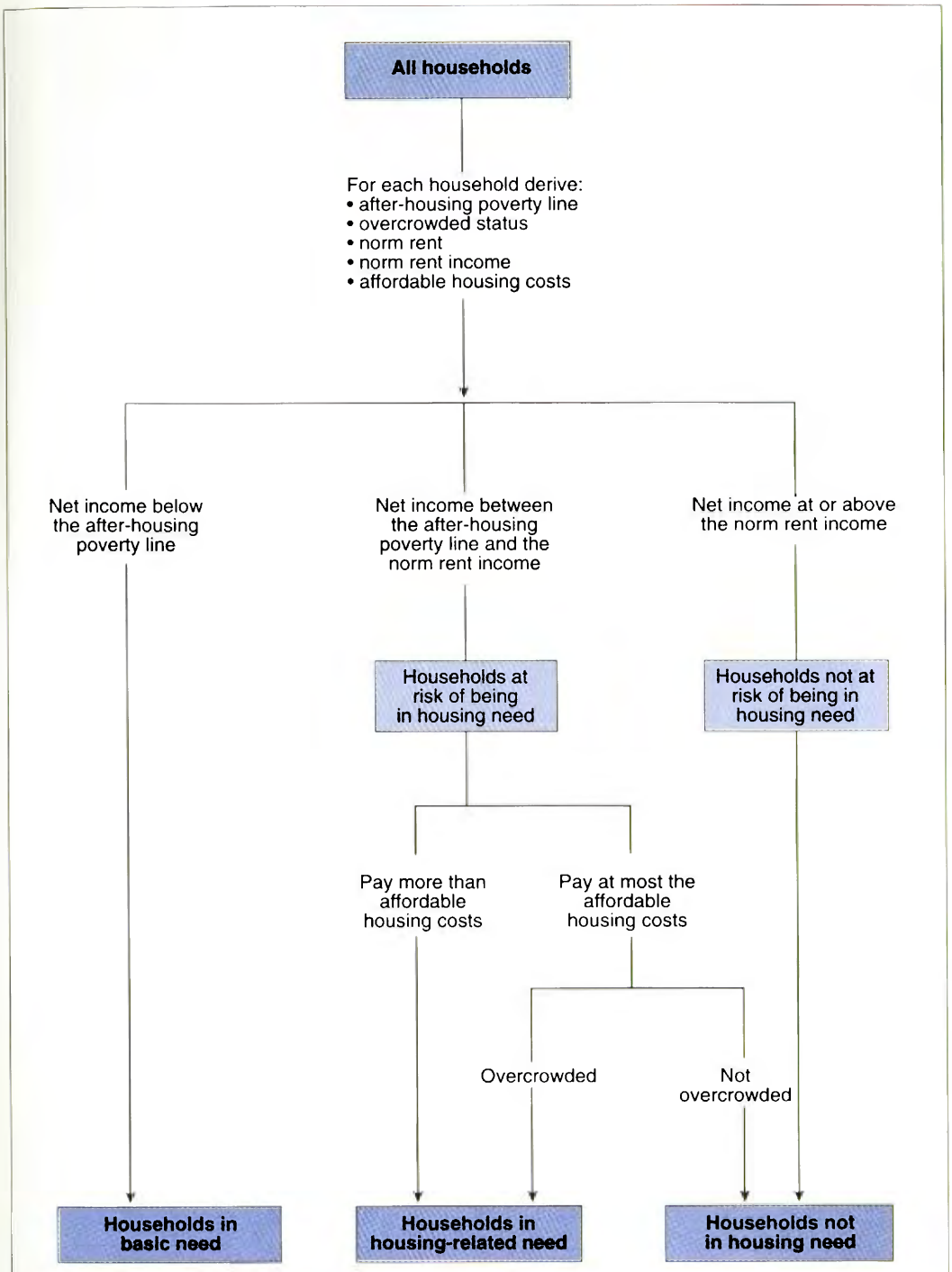


Figure 3.4: ***AIHW housing need model***

The number of households experiencing housing need discussed below is derived using the Institute's method and final unit record data from the 1991 Census of Population and Housing.[13] Importantly, census data do not include details of home maintenance or rates and thus these housing costs are excluded from the analysis. Nor do census data distinguish between the interest and principal components of mortgage repayments—both components are included here. These two shortcomings have opposing effects; the first lowers estimates of need and the second increases any estimate. Further, self-enumerated data from the census may slightly overstate actual rents and mortgage payments which, in turn, may inflate estimates of housing need although overall the ABS (1995a:24) concluded that housing census data were 'of good quality'. The ABS did not assess the quality of 1991 census income data; however, a forthcoming Institute report compares the distribution of imputed weekly incomes for households from the census with that from the ABS 1990 income survey. It shows very similar results although census data would appear to slightly understate incomes received (Foard et al. forthcoming). Any under-reporting of incomes could result in an overestimate of the incidence of housing need.

Finally, overcrowding among households living in caravans or improvised dwellings may be underestimated as the number of bedrooms in approximately 15% of these dwellings was not reported in the 1991 census and hence they have been excluded from the analysis. The Northern Territory, in particular, had a significant proportion (20%) of households that lived in caravans or improvised dwellings (ABS 1993a).

Estimates of housing need using the approach advocated by the NHS are also presented. To facilitate comparison with the Institute's method, the NHS definition of need has been applied to households using census data and the incidence of overcrowding has been added to results derived using the NHS approach.

Table 3.5: ***Properties of the AIHW housing need model and the NHS affordability measure***

Property	AIHW model	NHS affordability measure
Identifies *at risk* population	yes	yes
Low-income benchmark varies with		
• household size and composition	yes	no
• area of residence	yes	no
Affordable housing costs as a proportion of income	increase with income	fixed proportion of income for those *at risk*
Identifies those with no capacity to pay	yes	no
Affordable housing costs vary with household size and composition	yes	no
Income measure used	net income	gross income
Non-financial measures of adequacy of dwelling incorporated into the measure	overcrowding	none
Unit of analysis	household	income unit

13 The use of census data avoids the sampling error associated with survey data, and gives more detailed information about household composition than ABS income and housing surveys. However, income and housing cost data were recorded in ranges for the census, rather than precise amounts, and dollar values were therefore imputed within the reported ranges.

Box 3.4: Illustrative examples of the AIHW housing need model

The AIHW model of housing need is illustrated here with reference to four (hypothetical) households. Two households are considered to be in need and two are not, although the net income and housing costs ($350 and $80 per week respectively) are identical for each household.

Household 1 consists of one person only. An income of $350 is above the norm rent income for this household. Accordingly, household 1 is not considered to be a low-income household and, therefore, not in housing need. The net incomes of households 2 and 3 fall between the after-housing poverty lines and norm rent incomes for these households—both households are considered at risk of being in housing need. At $80, the housing costs for household 2 are below the assessed affordable housing costs of $84, and since this household is living in a dwelling with a sufficient number of bedrooms, it is not in housing need. However, household 3 is spending more than is considered affordable on housing and so is deemed to be in housing-related need, although living in a dwelling of adequate size. Household 4 has a net income below the after-housing poverty line and so is considered to be in basic need—to have insufficient income to maintain a minimal (or basic) standard of living. Additionally, the household is overcrowded; it requires four bedrooms but lives in a three-bedroom dwelling.

Household characteristics	**Household 1**	**Household 2**	**Household 3**	**Household 4**
Composition	1 worker	1 worker, at-home spouse, 1 child aged 13	1 non-worker, boy aged 13 and girl 15	Couple (both workers) boy aged 2, girl 4, girl 13 and boy 15
Net income	$350	$350	$350	$350
Housing costs	$80	$80	$80	$80
Number of bedrooms in current dwelling	1	2	3	3
Parameters determing housing need				
Number of bedrooms required	1	2	3	4
Norm rent for dwelling of required size in area of residence	$80	$115	$150	$190
Estimated after-housing poverty line for household (1991)	$131	$218	$213	$424
Norm rent income (norm rent/.3)	$267	$383	$500	$633
Affordable housing costs				
– amount	no limit	$84	$50	$0
– per cent of net income	no limit	24.0	14.3	0.0
Housing need status	not low-income	low-income, not in need	in housing-related need, not overcrowded	in basic need and overcrowded

Estimates of housing need

Some 395,000 Australian households had very low incomes and were in basic need in 1991, as defined by the Institute model. An additional 511,000 low-income households experienced housing-related need. In total, 905,000 households—17% of all households or 2.6 million people—experienced some level of housing need (Table 3.6).

Approximately 2% of households were overcrowded and in housing need. A further 4% of households experienced overcrowding, but were assumed to do so by choice rather than necessity since they were not low-income households.

Estimates of the prevalence of housing need derived using the approach adopted by the NHS, even when combined with the prevalence of overcrowding, were lower: 10.5% compared with 16.7% (Table 3.6). The large difference reflects the failure of the NHS model to take account of household composition and wide-ranging housing costs in different areas of Australia. The NHS measure excludes many large households from its definition of housing stress[14] and assumes that households with very low incomes can afford to pay the same fixed percentage of income on housing as those on higher incomes. As indicated above, the Institute approach is based on a different normative standard: affordable housing costs are determined by a sliding scale whereby the percentage of income that may reasonably be devoted to housing increases as income increases.

For some small (predominantly single-person) households, the Institute's approach is more stringent than that advocated by the NHS. Such households, although falling within the bottom 40% of the income distribution, had incomes that were considered sufficient to afford housing costs in their current geographical location.

It is noteworthy that 2% of households were considered to be in need using the NHS model, but could afford appropriate housing as defined by the Institute's model. This was equal to nearly one-fifth of households considered to be in need using the NHS approach (Table A3.4).

The prevalence of housing need did not vary much between States and Territories in 1991; estimates ranged from 15% in Victoria to 18% in New South Wales (Table 3.7). Apart from the Australian Capital Territory, around 7%–8% of households were in basic need in each jurisdiction. In the Australian Capital Territory only 4% of households experienced basic need, although, at 11%, the incidence of housing-related need was relatively high. Overcrowding was not a large problem in most places. Nevertheless, it is notable that in the Northern Territory nearly 5% of households were overcrowded and in need—more than twice the national average.

14 In 1990, the before-housing poverty line for many income units of four or more people was above the NHS definition of low-income. Therefore, such income units could not be considered at risk of having affordability problems even though their income was insufficient to escape poverty (Karmel 1995:3).

Table 3.6: *Estimates of housing need using the AIHW and NHS models, Australia, 1991*

Type of housing need	AIHW housing need model	NHS affordability model, with overcrowding
	% households	
In need		
Basic need and overcrowded	0.8	**n.a.**
Basic need, not overcrowded	6.5	**n.a.**
Total in basic need	*7.3*	***n.a.***
Overcrowded	0.5	**0.4**
Housing-related need and overcrowded	0.8	**0.6**
Housing-related need, not overcrowded	8.1	**9.4**
Total in housing-related need	*9.4*	***10.5***
Total in housing need	**16.7**	**10.5**
Not in need		
Low income, not in housing need	11.6	**25.5**
Overcrowded, not low income	3.6	**4.5**
Not overcrowded and not low income	68.1	**59.5**
Total not in housing need	**83.3**	**89.5**
Total households in housing need ('000)	*905.3*	*564.7*
Total households not in housing need ('000)	*4,519.2*	*4,834.0*
Total households ('000)	**5,424.5**	**5,398.7**

Notes

1. Excludes 217,835 households from the AIHW model and 243,575 households from the NHS model due to missing data. Households not living in their place of usual residence on census night and persons living in non-private dwellings are also excluded.
2. The NHS determined that income units in the bottom 40% of the income distribution with housing costs of 25% or more of gross income are living in (financial) housing need (see also AIHW 1993). In 1991, 40% of households had weekly incomes below $447.
3. Under the NHS measure of affordability, no distinction is made between categories of housing need. NHS estimates have, therefore, been described here as housing-related need.
4. Under the NHS model, it is possible for a household to be classified as low-income and overcrowded but still able to afford appropriate housing. Only 0.2% of households were in this group and these have been included in 'low-income, not in housing need' in this table.
5. The database used in this analysis was the ABS 1991 Census of Population and Housing, final unit record file.

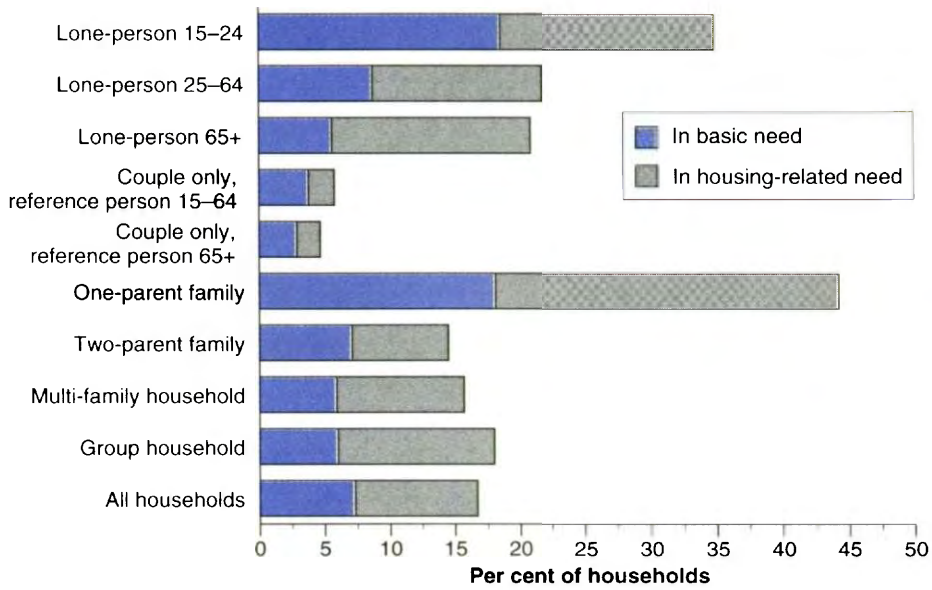
Table 3.7: *Type of housing need by State/Territory, Australia 1991*

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Type of housing need	% households								
In need									
Basic need and overcrowded	0.9	0.8	0.9	0.7	0.6	0.8	0.3	2.8	0.8
Basic need, not overcrowded	6.0	6.4	6.9	7.1	7.2	7.7	4.1	5.0	6.5
Total in basic need	*6.9*	*7.2*	*7.7*	*7.7*	*7.8*	*8.4*	*4.4*	*7.7*	*7.3*
Overcrowded	0.7	0.4	0.4	0.2	0.3	0.3	0.3	0.8	0.5
Housing-related need and overcrowded	1.2	0.7	0.7	0.4	0.4	0.5	0.5	1.1	0.8
Housing-related need, not overcrowded	9.5	7.1	7.7	7.2	7.1	7.7	10.4	7.0	8.1
Total in housing-related need	*11.4*	*8.3*	*8.8*	*7.8*	*7.8*	*8.4*	*11.3*	*8.9*	*9.4*
Total in housing need	**18.3**	**15.4**	**16.5**	**15.5**	**15.6**	**16.9**	**15.7**	**16.6**	**16.7**
Not in need									
Low-income, not in housing need	14.5	11.9	11.3	7.5	7.0	9.7	7.3	3.6	11.6
Not low-income	67.1	72.7	72.1	76.9	77.4	73.5	77.0	79.7	71.7
Total not in need	**81.7**	**84.6**	**83.5**	**84.5**	**84.4**	**83.1**	**84.3**	**83.4**	**83.3**
Total households in housing need ('000)	*338.0*	*213.8*	*152.9*	*78.4*	*75.8*	*25.9*	*13.6*	*6.9*	*905.3*
Total households not in need ('000)	*1,505.6*	*1,170.9*	*771.3*	*426.0*	*410.3*	*127.6*	*73.0*	*34.5*	*4,519.2*
Total households ('000)	**1,843.6**	**1,384.7**	**924.2**	**504.4**	**486.1**	**153.5**	**86.6**	**41.4**	**5,424.5**

Notes

1. Excludes 217,835 households due to missing data. Households not living in their place of usual residence on census night and persons living in non-private dwellings are also excluded.
2. The database used in this analysis was the ABS 1991 Census of Population and Housing, final unit record file.

The prevalence of housing need varies greatly with household type[15] (Figure 3.5). One-parent households experienced the greatest incidence of housing need (44%) and more than one-third of young lone-person households (35%) were in need in 1991. A large proportion (some 18%) of these two household types were on incomes below the after-housing poverty line, and so were deemed to be in basic need. Couple-only households had the smallest prevalence of housing need (5%–6%); however, over half of these households were in basic need.



Notes

1. Because it was not possible to distinguish between bed-sitter accommodation and single-bedroom dwellings in the 1991 census, lone-person and couple-only households are assumed not to be overcrowded.
2. 217,835 households had missing data. Households not living in their place of usual residence on census night and persons living in non-private dwellings are also excluded.

Source: Table A3.5.

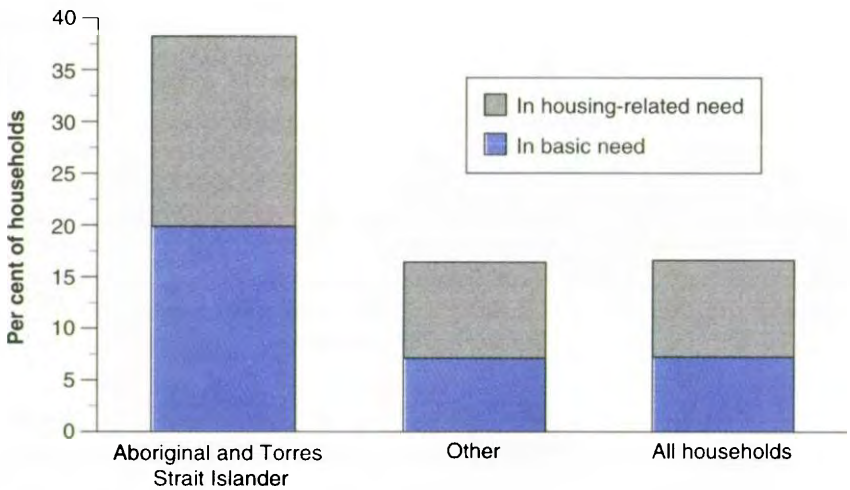
Figure 3.5: ***Housing need by household type, Australia, 1991***

15 The household-type classification used here differs from the standard ABS classification. One-parent family households, couple-only households and two-parent family households identified here consist of households containing only primary families with no other related or unrelated individuals. This classification is adopted to enable sensible household type by size cross-tabulations. For example, households containing a couple-only family and an unrelated individual would have been classified as a couple-only household of three people using the ABS classification.

Two-parent families experienced relatively low levels of housing need (14%). However, in absolute terms, they constituted the largest group in need in 1991—almost 300,000 of the 905,000 households in need were two-parent families (Table A3.5). One-parent families, despite constituting only a relatively small proportion of the population (see Section 3.2), were the second-largest group in need, numbering some 200,000 households. Lone-person households aged 25–64 had a moderately high prevalence of housing need and accounted for 128,000 of all households in need.

Among those in housing need, overcrowding was a particular problem for one-parent families and multi-family households—6% of the former and 8% of the latter were overcrowded and in need compared to 2% of all households.

Aboriginal or Torres Strait Islander households[16] also experienced a very high level of housing need (Figure 3.6). In 1991, 38% of indigenous households were in need. Notably, almost 20% lived in basic need. Overcrowded conditions were also prevalent among indigenous households in housing need—12% compared with 2% of non-indigenous households (Table A3.6).



Note: 321,699 households had missing data. Households not living in their place of usual residence on census night and persons living in non-private dwellings are also excluded.

Source: Table A3.6.

Figure 3.6: ***Housing need by aboriginality of household reference person, Australia, 1991***

16 Aboriginal and Torres Strait Islander households in this analysis are defined as households in which the reference person identifies as an Aboriginal or Torres Strait Islander person. This definition varies from that used by Gray (1989) and reported in Section 3.2. However, in numerical terms, both definitions produce very similar results. Data from the ABS 1991 Census of Population and Housing 1% sample file show that the proportions of Aboriginal and Torres Strait Islander households identified by the definitions are 1.0% and 1.1% respectively.

3.4 Housing assistance and services

To assist those in housing need, governments provide housing assistance and services in various forms. Government funding of community organisations to provide services to meet the needs of homeless persons occurs principally through the Crisis Accommodation Program (CAP) and SAAP. Assistance provided under the CSHA is directed towards meeting longer-term housing needs, predominantly through public rental housing and home purchase assistance for low- to moderate-income earners seeking to buy a home. A cash payment—rent assistance—is provided to low-income private renters by DSS and DVA, and the Aboriginal and Torres Strait Islander Commission administers housing programs aimed at alleviating the housing needs of Aboriginal and Torres Strait Islander peoples. Each of these forms of assistance, together with funding arrangements, are detailed in this section.

Supported accommodation services for the homeless

In 1994, services for the homeless provided via SAAP were reviewed as part of a quinquennial evaluation and the legal basis for the program was redrafted. The resulting *Supported Accommodation Assistance Act 1994* (Cwlth) provides a new basis for the Federal Government and State and Territory governments to fund services over the coming five years. Under the new legislation, the program aims to provide transitional supported accommodation and related services, to help people who are homeless, in crisis, or at imminent risk of being homeless, achieve the highest possible degree of self-reliance and independence. In addition to the existing target groups established by the *Supported Accommodation Assistance Act 1989*—young people, women (and children) who are homeless and escaping domestic violence, families, single men and single women—the new act also provides for services to be directed to meet the special needs of indigenous Australians and people from non-English-speaking backgrounds.

The November 1994 National SAAP Client One-Night Census indicates that accommodation is provided to over 6,800 homeless people and more than 3,300 accompanying children each night.[17] In addition to accommodation, support services including meals, information referral and advocacy, counselling, transport assistance, material and financial assistance, recreational activities and programs, personal care and outreach services are provided. However, national data on the number of SAAP support services provided are not available.

Capital funding for dwellings used to accommodate people who are homeless or in crisis are provided by the Commonwealth (via State housing authorities) through CAP. In 1994–95 the Commonwealth provided $42.2 million to the States for the acquisition of crisis and transitional accommodation dwellings (DHRD unpublished

17 These are not exact counts of the number of homeless people and accompanying children accommodated on the night of 3 November 1994. An unknown number of agencies did not participate in the One-Night Census and thus it is not possible to calculate response rates. Therefore, these figures are an undercount.

data). To date, the distribution of CAP funds has occurred on a per capita basis. In the past, substantial unspent program funds have accumulated, peaking at $68.2 million in 1991–92 (AIHW 1993:79). In 1992–93 a new cash management system was introduced in order to reduce the level of unspent funds, and Commonwealth outlays were substantially reduced in that year. Since then, underspending has fallen considerably and at the end of 1993–94 totalled $12.8 million (DHRD 1995a:40). Outlays in 1993–94 represented a decline of around 23% in real terms on 1989–90 figures (Table 3.8).

Table 3.8: ***Crisis Accommodation Program, Commonwealth outlays to States/Territories, Australia, 1989–90 to 1993–94***

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
	(1989–90 constant $'000)								
1989–90	13,656	10,212	6,598	3,717	3,372	1,072	655	373	39,655
1990–91	13,035	9,762	6,403	3,599	3,220	1,020	628	354	38,020
1991–92	12,674	9,527	6,353	3,567	3,130	992	614	342	37,200
1992–93	0	4,928	0	0	0	0	0	0	4,928
1993–94	5,592	10,138	7,540	3,115	2,168	1,175	480	236	30,445

Notes

1. Figures have been adjusted using the Domestic Final Demand Price Deflator (ABS 1994c).
2. Data used in this analysis are adapted from unpublished DHRD data.

There has been considerable debate about CAP (see, for example, Industry Commission 1993; Lindsay 1993) and a program review was initiated by Commonwealth and State housing ministers in June 1993. The resulting report was completed in March 1995. Recommendations of the report included proposals to develop an outcomes-focused program and maintain tied funding arrangements.

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 through SAAP. Program funding is comprised of base funds, growth funds and indexation funds. At the inception of SAAP in 1985, State and Commonwealth funding of all existing programs for homeless persons was used to determine the respective contributions to base funding amounts.

In 1994–95, the Commonwealth and States allocated a total of $186.6 million to the program (DHRD unpublished data). Since the inception of SAAP, the Commonwealth has provided almost 60% of funding (AIHW 1993:79).

In recent years, program funding has increased in real terms. Between 1989–90 and 1993–94, Commonwealth and State outlays increased by 32% (Table 3.9).

Table 3.9: *Supported Accommodation Assistance Program, Commonwealth and State allocation by funding source, Australia, 1989–90 to 1993–94*

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
	(1989–90 constant $'000)								
1989–90									
Commonwealth	26,359	15,257	10,911	6,733	6,277	3,185	2,287	1,804	72,813
State/Territory	18,353	9,328	7,120	4,798	3,541	2,354	1,752	1,080	48,326
Total allocation	*44,712*	*24,585*	*18,031*	*11,531*	*9,818*	*5,539*	*4,039*	*2,884*	*121,139*
1990–91									
Commonwealth	27,009	16,714	11,699	7,176	6,790	3,199	2,440	1,954	76,980
State/Territory	23,241	10,758	7,891	5,233	4,043	2,238	1,902	1,228	56,533
Total allocation	*50,250*	*27,471*	*19,589*	*12,409*	*10,833*	*5,436*	*4,342*	*3,183*	*133,513*
1991–92									
Commonwealth	26,422	21,482	12,541	6,832	7,343	3,091	2,605	2,113	82,429
State/Territory	24,918	14,938	8,689	5,306	4,565	2,415	2,350	1,379	64,560
Total allocation	*51,340*	*36,420*	*21,230*	*12,138*	*11,909*	*5,506*	*4,954*	*3,492*	*146,989*
1992–93									
Commonwealth	28,443	19,245	13,567	7,566	7,764	3,103	2,712	2,156	84,555
State/Territory	25,190	13,303	9,149	5,616	4,548	2,310	2,451	1,406	63,973
Total allocation	*53,633*	*32,547*	*22,716*	*13,182*	*12,313*	*5,413*	*5,163*	*3,563*	*148,529*
1993–94									
Commonwealth	31,790	20,437	13,827	7,709	7,611	3,325	2,801	2,246	89,746
State/Territory	28,267	14,501	9,411	5,746	5,192	2,526	2,541	1,498	69,681
Total allocation	*60,056*	*34,938*	*23,238*	*13,455*	*12,802*	*5,851*	*5,342*	*3,744*	*159,427*

Notes

1. Figures have been adjusted using the Government Final Consumption Expenditure Price Deflator (ABS 1994c).
2. Data used in this analysis are adapted from unpublished DHRD data.

An increasing amount of SAAP funds have been directed towards services for women escaping domestic violence and youth. In 1993–94, over $48.2 million (in 1989–90 dollars) was assigned for youth services and $43.3 million towards women escaping domestic violence—more than one-half of total available funds (Table 3.10). An increase of 28% in total funding was earmarked for agencies with multiple target groups from 1991–92 to 1993–94.

Table 3.10: *Supported Accommodation Assistance Program, allocation of Commonwealth and State/Territory funds by target group, Australia, 1991–92 to 1993–94*

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
	(1989–90 constant $'000)								
1991–92									
Youth	15,984	8,379	6,429	2,848	4,154	1,916	1,352	405	41,468
Women escaping domestic violence	15,157	7,101	6,362	4,132	3,388	1,186	2,017	1,283	40,627
One- and two-parent families	3,191	911	1,705	1,147	1,014	469	365	415	9,216
Single women	2,143	1,072	153	913	160	369	351	61	5,223
Single men	6,287	3,327	1,965	1,551	1,253	553	95	513	15,544
Multiple	2,809	6,870	3,454	785	2	705	612	34	15,271
Total 1991–92	*45,571*	*27,660*	*20,068*	*11,377*	*9,971*	*5,199*	*4,792*	*2,711*	*127,350*
1992–93									
Youth	16,690	8,613	6,721	3,889	5,282	1,978	1,375	580	45,129
Women escaping domestic violence	15,231	6,981	6,874	4,609	3,390	1,212	2,051	1,559	41,907
One- and two-parent families	3,216	872	1,932	528	1,008	488	368	384	8,796
Single women	2,141	1,025	324	797	163	377	357	75	5,259
Single men	6,741	3,245	2,033	510	1,244	568	96	567	15,004
Multiple	3,555	6,685	3,912	2,527	2	796	619	30	18,125
Total 1992–93	*47,575*	*27,421*	*21,796*	*12,860*	*11,088*	*5,417*	*4,866*	*3,196*	*134,219*
1993–94									
Youth	17,189	10,577	6,720	3,943	5,691	1,974	1,372	780	48,246
Women escaping domestic violence	15,866	7,520	6,873	4,672	3,418	1,211	2,048	1,616	43,223
One- and two-parent families	3,381	1,629	1,936	475	1,201	485	366	349	9,823
Single women	2,231	1,197	324	613	162	376	356	63	5,321
Single men	8,402	3,111	2,043	1,455	1,468	567	95	628	17,770
Multiple	4,330	8,210	3,922	1,680	2	794	622	28	19,590
Total 1993–94	*51,399*	*32,244*	*21,819*	*12,838*	*11,943*	*5,407*	*4,860*	*3,464*	*143,974*

Notes

1. Figures have been adjusted using the Government Final Consumption Expenditure Price Deflator (ABS 1994c).
2. These figures exclude non-service items such as administration, training, surveys, evaluation, consultancies and research which, in 1993–94, accounted for around 10% of total funding.
3. Data used in this analysis are adapted from unpublished DHRD data.

The CSHA and long-term housing assistance

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 subsidies, and programs to aid renters through the provision of public rental housing. 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 as well as tied funds directed to the Mortgage and Rent Assistance Program. The CSHA does not require States to match Commonwealth funds provided for other specific-purpose housing assistance programs.

Since the introduction of the 1989 agreement, Commonwealth funds have been provided solely in the form of grants (rather than grants and loans) and at least one-half of any State's matching funds are required to be provided in the form of grants. The agreement permits States to use the value of home loans advanced to meet the remaining matching requirements (see also AIHW 1993). However, the decline of State administered home loans schemes necessitated further changes to matching requirements. These changes were included in the March 1994 amendments to the *Housing Assistance Act 1989* (Cwlth). The amendment enables the Commonwealth housing minister to determine in writing that a State has fulfilled its obligation to provide matching funds. Variations to funding for various programs under the CSHA for the years 1993 to 1996 were also introduced in 1994.

In 1992–93, total funds provided for housing assistance under the CSHA, from all sources, were $2,887.9 million (Table 3.11).[18] Notwithstanding the fact that Commonwealth grants are made on a per capita basis, total funds in Queensland exceeded those in more populous States as a result of substantial levels of internal and private sector funds.

Table 3.11: ***Total CSHA funding for housing assistance by source and State/Territory, Australia, 1992–93***

State/ Territory	Commonwealth grants	Internal funds	State funds	Private sector funds	Total
	(current $ million prices)				
NSW	301.5	-3.3	145.5	258.1	701.8
Vic	248.3	-13.5	117.2	90.2	442.2
Qld	170.8	153.0	105.3	340.4	769.5
WA	106.9	90.8	39.1	220.3	457.1
SA	92.9	77.1	59.8	116.9	346.7
Tas	27.1	25.6	13.8	0.2	**66.7**
ACT	17.1	35.4	**8.6**	0.0	**61.1**
NT	30.0	5.8	7.0	0.0	42.8
Australia	**994.6**	**371.0**	**496.3**	**1,026.1**	**2,887.9**

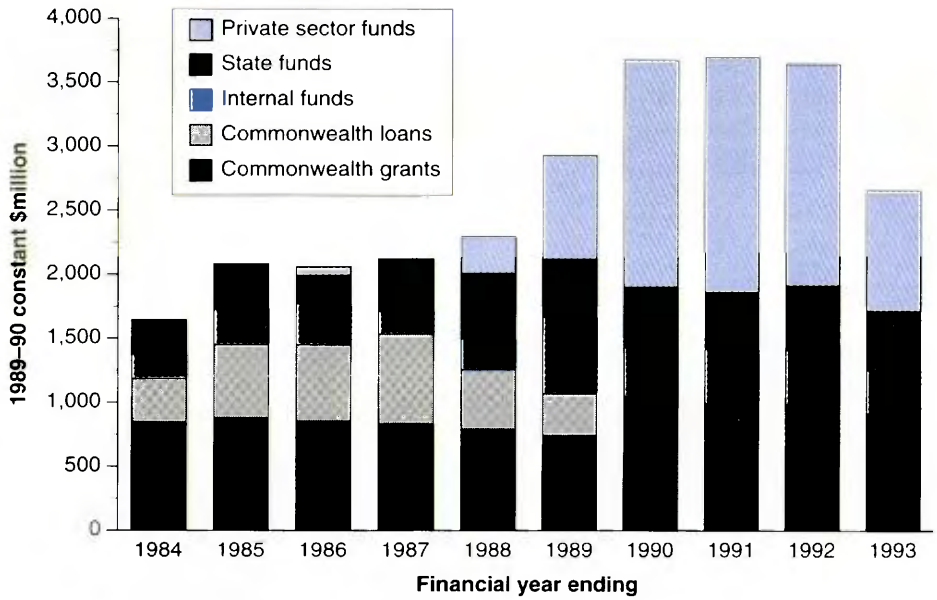
Notes

1. Commonwealth grants are net of funds provided under the terms of the *State Grants (Housing) Act 1971*.
2. State and Commonwealth funding is net of other housing program funds which are not part of the CSHA.
3. Funds by source may not add to the total owing to rounding.
4. In 1989, Commonwealth funding moved from a system of grants and loans to grants only. Accordingly, no Commonwealth loans were made during 1992–93.

Source: DHRD 1994.

18 This amount does not include funds allocated to housing programs outside the CSHA.

Total real funding for housing assistance (in 1989–90 dollars) in the 10-year period 1983–84 to 1992–93, including funds relating to the ACT which became a party to the CSHA in 1989–90, increased from $1,643.6 million to $2,659.2 million—an average increase of 62%. However, following a gradual increase in funds, accelerated by the large influx of private sector funds evident from 1988–89, total CSHA funding for housing assistance fell in 1991–92 and 1992–93 (Figure 3.7).



Notes

1. Commonwealth grants are net of funds provided under the terms of the *State Grants (Housing) Act 1971*.
2. State and Commonwealth funding is net of other housing program funds which are not part of the CSHA.
3. The ACT formally became a party to the CSHA in 1989.
4. Figures have been adjusted using the Domestic Final Demand Price Deflator (ABS 1994c).

Source: Table A3.7.

Figure 3.7: ***Total CSHA related funding for housing assistance, Australia, 1983–84 to 1992–93***

The drop in available funds in 1992–93 is particularly marked—Commonwealth funding decreased by 7% over the previous year while State and internal funding fell by 9% and 19.5% respectively. More dramatic still was the fall in private sector funding which dropped some 46% in the 12-month period 1991–92 to 1992–93 due to the highly publicised problems of State sponsored home loan schemes, notably, Homefund in New South Wales.

It is also of interest to examine funding trends in States and Territories. In the 10-year period examined here, differences are marked (although some are simply the result of the cessation of Commonwealth loans following the 1989 agreement). In Queensland and Western Australia total available funding has increased threefold since 1983–84 (Table 3.12). This increase has largely been the result of additional private sector funds although financial contributions from State sources also increased significantly—Commonwealth funds rose only slightly. In South Australia, Commonwealth funds actually declined by two-thirds. And in Tasmania and the Northern Territory, funds from all sources fell sharply over the decade.

Table 3.12: ***Total CSHA related funding for housing assistance by source and State/Territory, Australia, 1983–84 and 1992–93***

State/ Territory	Cwlth grants	Cwlth loans	Internal funds	State funds	Private sector funds	Total
	(1989–90 constant $ million)					
1983–84						
NSW	273.4	29.9	82.6	117.9	**0.0**	503.7
Vic	204.9	66.4	44.4	16.1	**0.0**	331.8
Qld	102.0	14.9	44.5	45.8	**0.0**	207.1
WA	78.8	10.4	8.0	27.9	**0.0**	125.1
SA	103.8	190.4	-6.7	4.4	**0.0**	292.0
Tas	39.3	26.9	0.7	25.0	**0.0**	91.9
NT	43.9	0.0	18.0	30.1	**0.0**	92.0
Australia	**846.0**	**339.0**	**191.5**	**267.2**	**0.0**	**1,643.6**
1992–93						
NSW	277.6	0.0	-3.0	134.0	237.6	646.2
Vic	228.7	0.0	-12.4	107.9	83.0	407.2
Qld	157.3	0.0	140.9	97.0	313.4	708.5
WA	98.5	0.0	83.6	36.0	202.9	420.9
SA	85.5	0.0	71.0	55.0	107.7	319.2
Tas	24.9	0.0	23.6	12.7	**0.2**	61.4
ACT	15.8	0.0	32.6	7.9	**0.0**	56.3
NT	27.6	0.0	5.4	6.5	**0.0**	39.4
Australia	**915.8**	**0.0**	**341.6**	**457.0**	**944.9**	**2,659.2**

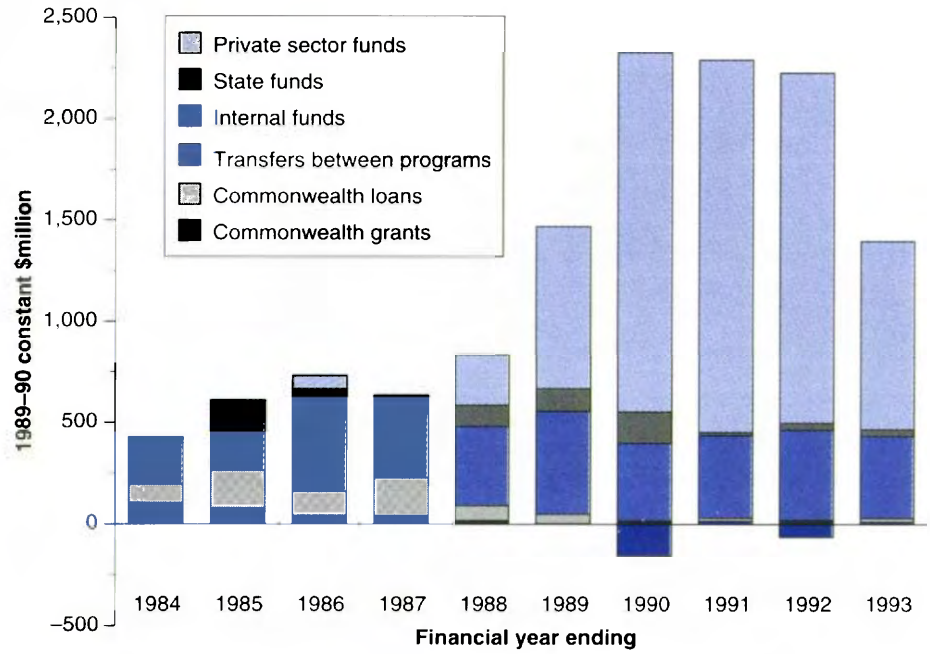
Notes

1. Commonwealth grants are net of funds provided under the terms of the *State Grants (Housing) Act 1971.*
2. State and Commonwealth funding is net of other housing program funds which are not part of the CSHA.
3. The ACT formally became a party to the CSHA in 1989.
4. Funds by source may not add to the total owing to rounding.
5. Figures have been adjusted using the Domestic Final Demand Price Deflator (ABS 1994c).
6. Data used in this analysis are adapted from unpublished DHRD data.

CSHA home purchase assistance

There have been considerable changes in the composition of CSHA funds for home purchase assistance since 1983–84. Notably, Commonwealth funding measured in real terms was $195.4 million in 1983–84, but by 1992–93 stood at only $11 million (Figure 3.8). In recent years, private sector loans have been by far the largest source of home purchase assistance funds accounting for some 67% of funds in 1992–93. Internally generated funds accounted for a further 29% and Commonwealth and State grants contributed the remaining 5% in that year.

Total home purchase assistance funds reached a peak in 1990–91, but fell in the following two years. The drop of 35% in funding between 1991–92 and 1992–93, due primarily to the contraction or cessation of low-start home loan schemes discussed above with respect to total CSHA funds, is clearly illustrated in Figure 3.8.



Notes

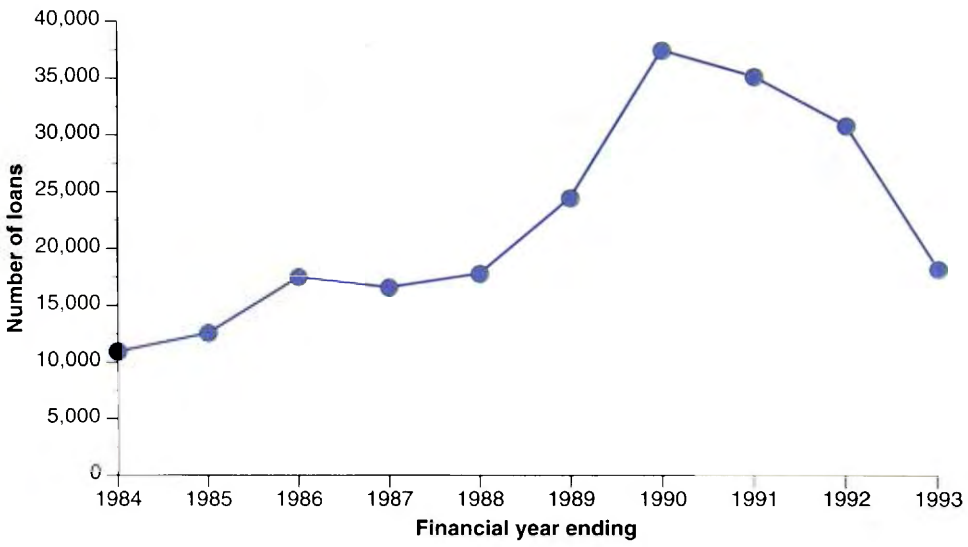
1. Commonwealth grants are net of funds provided under the terms of the *State Grants (Housing) Act 1971*.
2. State and Commonwealth funding is net of other housing program funds which are not part of the CSHA.
3. The ACT formally became a party to the CSHA in 1989.
4. Figures have been adjusted using the Domestic Final Demand Price Deflator (ABS 1994c).

Source: Table A3.8.

Figure 3.8: ***CSHA home purchase assistance, Australia, 1983–84 to 1992–93***

The drop in funds available for home purchase assistance is also evident in the decreasing number of loans made by housing authorities in recent years. In 1989–90, some 37,400 loans were approved whereas in 1992–93, the number had fallen by more than one half to 18,200 (Figure 3.9). This decline in activity resulted mainly from problems with home purchase arrangements in some States and the greater attractiveness of private sector loan products in a low interest rate environment.

Apart from the low-start schemes mentioned above, housing authorities also provide loans through a variety of schemes. For example, loans can be obtained 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).



Source: Table A3.9.

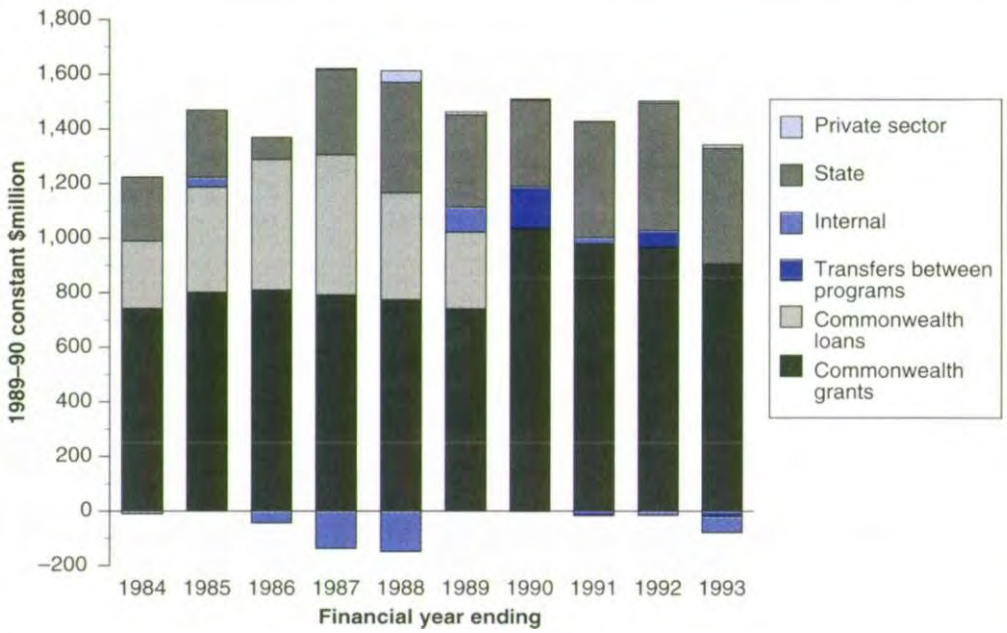
Figure 3.9: ***CSHA housing loans approved, Australia, 1983–84 to 1992–93***

CSHA rental housing assistance

Total funding for rental housing, in real terms, fluctuated between $1,200 million and $1,500 million during the 10-year period 1983–84 to 1992–93 (Figure 3.10). Yet this narrow range belies major changes in the composition of funding. After reaching a peak of $1,305 million in 1986–87, the Commonwealth contribution, in 1992–93, returned to the levels of a decade earlier. Significantly, Commonwealth funds fell by some $400 million between 1986–87 and 1992–93.[19]

19 The effect of this drop is mitigated somewhat by the fact that contributions after 1989 were made exclusively in the form of grants rather than a combination of grants and loans.

Conversely, contributions from States increased by $189.9 million during the 10-year period—a real increase of 81%. In constant 1989–90 dollars, State funding for rental housing assistance rose from a very low trough of $81 million in 1986 to a peak of $466.9 million in 1992 and then fell to $424.4 million in 1993. Private sector funding has remained negligible.



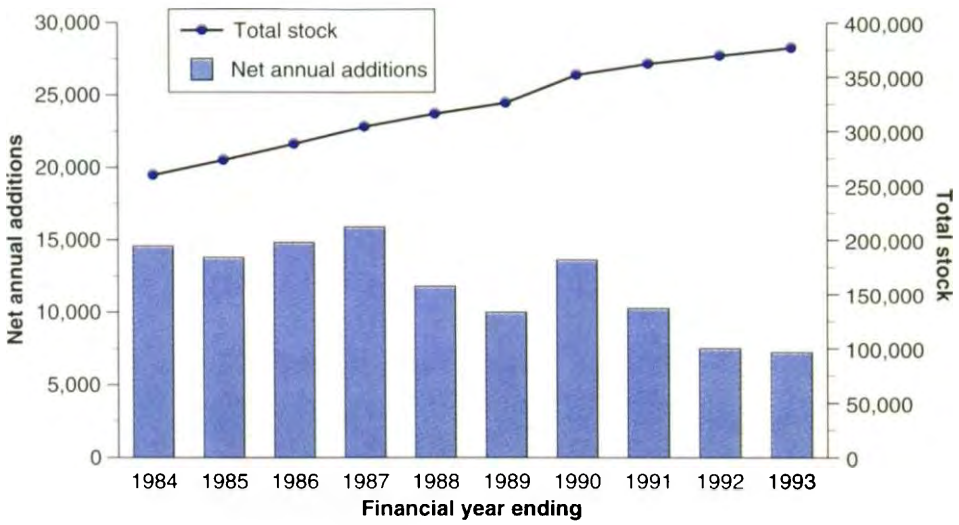
Notes

1. Commonwealth grants are net of funds provided under the terms of the *State Grants (Housing) Act 1971*.
2. State and Commonwealth funding is net of other housing program funds which are not part of the CSHA.
3. The ACT formally became a party to the CSHA in 1989.
4. Figures have been adjusted using the Domestic Final Demand Price Deflator (ABS 1994c).

Source: Table A3.10.

Figure 3.10: ***CSHA funding for rental housing assistance, Australia, 1983–84 to 1992–93***

The principal means of providing CSHA rental housing assistance is through the acquisition of public housing—housing owned and managed by State housing authorities—and rebated (reduced) rents. Over the last decade, the total number of public housing dwellings has increased by 45%, from approximately 260,000 to 377,000 (Figure 3.11). The number of annual net additions to public housing stock peaked at 15,889 in 1986–87. Notably, however, in recent years net additions have been less than half that number. In 1992–93, only 7,244 dwellings were added to CSHA stock.



Note: The Australian Capital Territory formally joined the CSHA in 1989. ACT stock changes and stock totals have been included from this year on. The relatively small size of the ACT CSHA stock (12,071 in June 1989) means that this inclusion has little effect on the graph.

Source: Table A3.11.

Figure 3.11: ***CSHA stock, net annual additions and total stock, Australia, 1983–84 to 1992–93***

Specific purpose programs

In addition to public rental housing and home purchase loans, the CSHA provides assistance and services through specific purpose or 'tied programs'. The Mortgage and Rent Assistance Program provides assistance to home purchasers experiencing financial difficulty in various forms 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 purchase a dwelling. 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. Again, eligibility criteria vary according to the form of assistance and the policies of State housing authorities.

Mortgage and Rent Assistance Program 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 1992–93, funds allocated by the Commonwealth Government and State and Territory governments to the program totalled $61.2 million (DHRD 1994).

The 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 1992–93, 155 projects were approved with a value of $32.6 million (DHRD 1995b).

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 previously, provides dwellings for accommodating homeless people.

The Aboriginal and Torres Strait Islander Housing Program is also a tied CSHA program, and is discussed below in the context of housing assistance for indigenous Australians.

Rent assistance

Rent assistance was introduced as a supplementary payment for single pensioners in 1958. Since then, coverage has been extended to include all pensioners, beneficiaries and recipients of additional family payments who pay rent in the private rental market above certain thresholds. Rent assistance is also available for site fees or rent for relocatable accommodation such as a caravan, vehicle or vessel. Residents in nursing homes and retirement villages may also be eligible for rent assistance. Payments are administered through DSS and DVA.

The *Social Security Amendment Act 1992*, (Cwlth) introduced a number of new initiatives which came into effect in March 1993. These measures targeted rent assistance to low-income people facing housing affordability problems. The uniform $25 per week rent threshold[20] was replaced with a number of thresholds dependent upon family size and composition.

Legislative amendments in 1993 also increased the rate of rent supplementation from 50% to 75% of rent paid above the threshold. Thus for every dollar spent on rent above the threshold an eligible recipient receives 75 cents in rent assistance up to a maximum amount. Since 1991, both the threshold and the maximum levels of assistance have been increased twice yearly in accordance with movements in the Consumer Price Index.

Over the last decade, nominal DSS outlays on rent assistance increased over six-fold from $225 million in 1984–85 to $1,401 million in 1993–94. In real terms (constant 1989–90 prices), this represents an increase of 300% over the 9-year period (Table 3.13). The increased level of expenditure reflects both higher levels of payments and an expanded range of recipients.

20 A threshold refers to the amount of rent paid before being eligible for rent assistance.

Table 3.13: *Department of Social Security outlays on rent assistance, Australia, 1984–85 to 1993–94*

Financial year	Pensions	Allowances	Family Allowance Supplement	Total
	(1989–90 constant $ million)			
1984–85	294.8	22.6	0.0	317.3
1985–86	310.8	35.0	0.0	345.8
1986–87	275.8	97.2	0.0	373.0
1987–88	356.7	110.0	8.0	474.7
1988–89	342.9	97.7	23.3	463.9
1989–90	363.7	104.1	36.9	504.7
1990–91	488.3	163.2	58.3	709.8
1991–92	518.9	259.0	72.5	850.5
1992–93	497.3	348.3	257.9	1103.6
1993–94	465.9	366.9	439.6	1272.5

Notes

1. Figures have been adjusted using the Domestic Final Demand Price Deflator (ABS 1994c).
2. Rent assistance is paid as a supplement to recipients of pensions, allowances and the family allowance supplement (now referred to as the additional family payment).
3. Data used in this analysis are adapted from DSS 1993 and unpublished DSS data.

As indicated above, DVA payments are additional to those made by DSS. In 1991–92 (when rent assistance was first recorded as a separate expenditure item), DVA outlays on rent assistance in constant prices were $23.4 million, in the following year $24.6 million, and in 1993–94 $26.6 million (DVA unpublished data).

Aboriginal and Torres Strait Islander peoples housing programs

The Commonwealth–State Housing Agreement

As indicated, one of the CSHA tied programs is the Aboriginal and Torres Strait Islander Rental Housing Program. Funding for the program has been used primarily to construct and acquire dwellings owned and managed by State housing authorities and rented to indigenous Australians (Table 3.14). In recent years, however, funds have also been used to construct and acquire dwellings owned and managed by community-based indigenous housing organisations. Accordingly, there is a lack of clarity regarding the precise number of program dwellings. The ABS (1995b:32) has estimated on the basis of the National Aboriginal and Torres Strait Islander Survey that 25,400 indigenous households lived in State housing authority dwellings in 1994. However, DHRD estimated that some 17,000 dwellings had been acquired through this program to June 1993, 11,300 of which remained under State housing authority ownership and management. The department noted that this latter figure represented some 3% of

total public housing dwelling stock, but that 4.5% of public housing was in fact occupied by Aboriginal or Torres Strait Islander households (DHRD 1995b:19; DHRD 1994:26). This reflects the fact that indigenous Australians are also eligible for public housing not funded by this tied program.

Table 3.14: ***Funding and activity levels of the CSHA Aboriginal and Torres Strait Islander Rental Housing Program, Australia, 1984–85 to 1993–94***

Financial year	Funding level (1989–90 constant $ million)	Dwellings added to State housing authority stock
1984–85	73.6	769
1985–86	70.9	934
1986–87	69.5	830
1987–88	67.7	757
1988–89	74.2	691
1989–90	91.0	966
1990–91	87.2	858
1991–92	85.4	677
1992–93	83.8	428
1993–94	82.7	n.a.

Notes

1. The reduction in dwellings added to State housing authority stock in recent years reflects the fact that more funds have begun to be passed from the program to Aboriginal community organisations.
2. Figures have been adjusted using the Domestic Final Demand Price Deflator (ABS 1994c).

Sources: Housing Assistance Act annual reports (various years).

The Aboriginal and Torres Strait Islander Commission's programs

ATSIC directly administers two housing programs and has substantial links with a third program administered by Aboriginal Hostels Limited. The largest of these programs is ATSIC's Community Housing and Infrastructure Program which provides funds for the construction or acquisition of housing owned and managed by Aboriginal and Torres Strait Islander community organisations, and infrastructure for Aboriginal communities inadequately serviced by other government agencies. The objectives of the housing element of the program are to promote a better quality of life for Aboriginal and Torres Strait Islander peoples by:

- ensuring that they have access to secure, adequate and appropriate housing at an affordable price, and
- maximising Aboriginal and Torres Strait Islander ownership and control of housing while recognising that State, Territory and local governments have the prime responsibility for providing housing and infrastructure to their Aboriginal and Torres Strait Islander residents (ATSIC 1995:130).

Funding for the housing element of the Community Housing and Infrastructure Program in 1993–94 was $81 million (in current prices). This provided for the acquisition or construction of 750 new dwellings and the renovation or modification of 540 others, through projects undertaken by 350 indigenous housing organisations.[21] This level of activity represents a significant increase from earlier years (Table 3.15). Funds are divided between States and Territories and ATSIC regions on the basis of past assessments of indigenous housing need. Beyond this, allocation is primarily 'submission driven'—indigenous housing organisations submit proposals and ATSIC regional councils assess competing claims.

Ownership of dwellings constructed or acquired under the Community Housing and Infrastructure Program passes to indigenous housing organisations; however, ATSIC determines guidelines for their ongoing management. The vast majority of program funds is for stock acquisition purposes, but some recurrent funding is also made available (Table 3.15). Data from the National Aboriginal and Torres Strait Islander Survey (ABS 1995b:32) suggest that 12,500 'community rental' dwellings existed in 1994.

Table 3.15: ***Funding and activity levels of the housing component of ATSIC's Community Housing and Infrastructure Program, Australia, 1989–90 to 1993–94***

	1989–90	1990–91	1991–92	1992–93	1993–94
	(1989–90 constant prices)				
Total funding ($ million)	43.7	51.7	54.7	46.6	73.6
Indigenous housing organisations funded	219	225	307	313	354
Capital funding ($ million)	35.6	45.9	47.3	38.8	67.7
Dwellings acquired	362	479	468	460	754
Dwellings renovated/upgraded	662	612	453	335	543
Recurrent funding ($ million)	7.0	3.7	6.9	3.2	4.1

Notes

1. Total funding also includes small program elements relating to land acquisition and community staff housing. Hence the sum of capital and recurrent funding is often slightly less than total program funding.
2. Figures have been adjusted using the Domestic Final Demand Price Deflator (ABS 1994c).
3. Data used in this analysis are adapted from ATSIC 1991, 1992, 1993, 1994a, 1995.

21 Although 'indigenous housing organisations' is used as convenient shorthand for referring to the community organisations funded under the housing element of the Community Housing and Infrastructure Program, it should be recognised that some of the organisations funded have a far broader servicing role than just housing provision.

A home ownership program under which low-interest loans are provided to Aboriginal and Torres Strait Islander home buyers is also administered by ATSIC. The program aims to reduce the disparity between home ownership rates among indigenous and non-indigenous Australians and to assist Aboriginal and Torres Strait Islander home owners who might otherwise be forced to sell their homes due to unforseen financial difficulties (ATSIC 1995:127).

Since the program's inception in 1974, over 6,800 loans have been made, almost 3,800 of which were still current in 1994.[22] Outlays up to and including 1993–94 total $338 million, but have been partially offset by income from repayments of $215 million. The portfolio of loans remaining current in 1994 was valued by ATSIC at $195 million (ATSIC 1995:128–9). Activity levels in the program over recent years have averaged around 340 new loans per year at an average value per loan of approximately $75,000 (Table 3.16).

Table 3.16: ***Funding and activity levels of ATSIC's home ownership program, Australia, 1989–90 to 1993–94***

	1989–90	1990–91	1991–92	1992–93	1993–94
	(1989–90 constant prices)				
Expenditure on new loans ($ million)	17.1	21.8	26.5	33.6	26.2
Number of new loans	235	316	359	441	336
Average amount of new loans ($'000)	66.3	70.1	73.8	75.8	76.1
Loan repayment income ($ million)	20.8	22.1	22.4	26.2	30.3

Notes
1. Figures have been adjusted using the Domestic Final Demand Price Deflator (ABS 1994c).
2. Data used in this analysis are adapted from ATSIC 1991, 1992, 1993, 1994a, 1995.

The third housing program within the Aboriginal and Torres Strait Islander Affairs portfolio is administered by Aboriginal Hostels Limited, a government-owned company established in 1973 which both funds and provides low-cost temporary hostel accommodation for Aboriginal and Torres Strait Islander peoples. Aboriginal Hostels Limited funds some 170 hostels, approximately 50 of which are owned and managed by the company directly; the remainder are owned and managed by community organisations. Together these hostels offer almost 3,500 beds (Table 3.17).

22 Information from ATSIC suggests that only some 5% of the 3,000 discharged loans involved mortgagee repossession (personal communication).

Table 3.17: *Funding and activity levels of Aboriginal Hostels Limited, Australia, 1989–90 to 1993–94*

	1989–90	1990–91	1991–92	1992–93	1993–94
	(1989–90 constant prices)				
Income					
Total income ($ million)	25.5	25.6	27.0	30.4	34.0
ATSIC contribution ($ million)	20.6	21.4	23.2	23.8	26.5
Tariff income ($ million)	2.9	3.1	2.8	2.8	2.8
Expenditure					
Direct company expenditure ($ million)	19.6	19.8	20.5	21.4	21.7
Payments to community hostels ($ million)	5.6	5.8	6.0	5.8	6.7
Total expenditure ($ million)	*25.2*	*25.6*	*26.5*	*27.2*	*28.4*
Funded hostels					
Company hostels	53	54	49	52	51
Community hostels	103	103	109	108	116
Total number of hostels funded	*156*	*157*	*158*	*160*	*167*
Number of available beds					
Company hostels	1,361	1,351	1,267	1,317	1,349
Community hostels	1,749	1,789	1,754	1,729	2,138
Total number of beds available	*3,110*	*3,140*	*3,021*	*3,046*	*3,487*

Notes

1. Total income also includes other small sources not listed, therefore the sum of ATSIC contribution and tariff income is not equal to total income.
2. Figures have been adjusted using the Domestic Final Demand Price Deflator (ABS 1994c).

Source: Aboriginal Hostels Ltd 1995:12.

3.5 The recipients of housing assistance

The characteristics of the recipients of various forms of housing assistance are, not surprisingly, different. Housing programs have distinct target groups and divergent eligibility criteria. Accordingly, the recipients of the four broad categories of assistance detailed in the chapter—SAAP services, assistance under CSHA programs, rent assistance, and ATSIC housing programs—are discussed separately in this section.

Supported accommodation service users

The biannual National SAAP One-Night Census provides a profile of users *accommodated* under the program, but reliable data on homeless people using support services *only*, such as meals or counselling services, are unavailable on a national level. Thus, the profile of SAAP service users presented here is limited to those who are accommodated.

Supported accommodation has been provided to six principal groups. In accordance with the distribution of funding (see Section 3.4), the largest proportion of service users in 1994 (28%) was accommodated by agencies targeting young people (Table 3.18). Notably, almost half the number of accommodated service users in Victoria received assistance from youth agencies. Australia-wide, one in four service users were accominodated in outlets targeted to single men although in the Northern Territory 56% of service users were accommodated in single men's outlets. In New South Wales, Western Australia, South Australia and Tasmania the comparable figure was over 30%. Queensland, South Australia and the Northern Territory had higher proportions of service users accommodated at outlets for families than the national average.

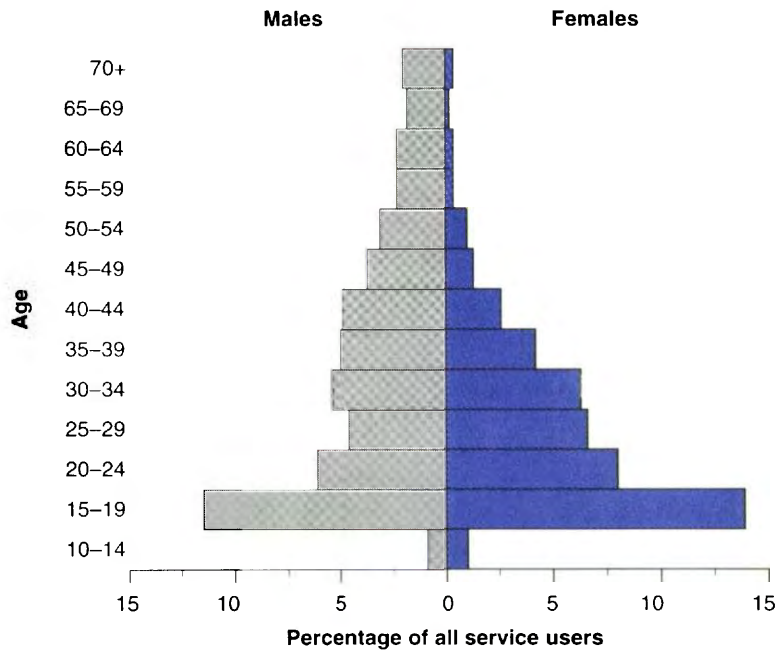
Table 3.18: *Accommodated service users, target group by State, Australia, November 1994 (%)*

Service user target group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Young people	25.4	45.3	25.8	21.9	20.4	27.6	12.6	14.8	28.3
Women escaping domestic violence	16.0	7.2	9.3	12.4	14.0	18.1	15.1	6.4	12.2
One- and two-parent families	9.3	5.4	24.0	12.4	29.6	11.4	4.5	16.9	12.7
Single women	6.3	2.7	2.2	7.0	5.7	8.3	4.2	6.4	4.8
Single men	30.9	15.0	17.2	35.6	30.2	31.5	0.6	55.6	24.5
Multiple	12.1	24.4	21.6	10.9	0.0	3.2	63.0	0.0	17.5
Total	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Total number	**2,291**	**1,494**	**1,208**	**599**	**470**	**254**	**357**	**189**	**6,862**

Notes

1. Excludes three cases due to missing data.
2. The database used in this analysis was the National SAAP One-Night Census, November 1994, unit record file.

The demographic characteristics of service users are also of interest. The largest number of accommodated service users in 1994—approximately one-quarter—were aged 15–19 years (Figure 3.12). This is not altogether surprising since the number of SAAP agencies targeting homeless youth was significantly larger than the number targeting other homeless groups. Some 54% of SAAP service users were male and 46% were female. Females accommodated by SAAP agencies were nearly all less than 50 years of age; indeed, nearly two-thirds were aged under 30 years. In contrast, a significant number of older men were accommodated in SAAP services—almost 40% of male service users were aged over 40 years, in contrast to only 14% of females.



Note: Excludes 120 cases due to missing data.

Source: Table A3.12.

Figure 3.12: ***SAAP accommodation service users by age and sex, Australia, November 1994***

Over three-quarters of SAAP service users were from an English-speaking (non-Aboriginal) background (Table 3.19). Aboriginal and Torres Strait Islander service users represented approximately 14% of all service users accommodated in 1994. At the 1991

census Aboriginal and Torres Strait Islander peoples constituted less than 2% of the Australian population, thus the proportion of service users was considerably higher than might be expected on the basis of population numbers alone. Conversely, people from non-English-speaking backgrounds constituted some 13% of all accommodated service users in 1994, equivalent to the proportion of the Australian population who speak a language other than English at home (ABS 1993a). Aboriginal and Torres Strait Islander service users and service users from non-English-speaking backgrounds were almost twice as likely as other service users to be accommodated at refuges for women escaping domestic violence (Table 3.19).

Table 3.19: ***SAAP accommodation service users, target group by cultural background, Australia, November 1994 (%)***

Service user target group	Aboriginal and Torres Strait Islander	Non-English-speaking background	English-speaking (non-Aboriginal) background
Young people	18.2	22.3	26.7
Women escaping domestic violence	21.7	20.7	11.2
One- and two-parent families	21.9	14.2	13.5
Single women	**8.7**	7.4	4.6
Single men	**11.8**	16.2	29.6
Multiple	17.7	19.3	14.5
Total	*100.0*	*100.0*	*100.0*
Total number	**736**	**678**	**4,055**
Per cent of all service users	**14.0**	**12.9**	77.2

Notes

1. The cultural background categories used here are not mutually exclusive. Twenty-two Aboriginal or Torres Strait Islanders are also from non-English-speaking backgrounds.
2. Aboriginal and Torres Strait Islander peoples were previously reported (AIHW 1993) as constituting 8% of SAAP service users. It is not possible to say with certainty, however, that there has been an increase in service use by indigenous peoples because of varying response rates to the One-Night Census. Unfortunately it is not possible to calculate response rates due to data limitations (see Merlo et al. 1994a). Similarly, people from non-English-speaking backgrounds were reported as constituting 7% of service users. This proportion, too, may not represent an actual increase.
3. The One-Night Census asks whether recipients speak English or another language at home, rather than requiring an indication of cultural background.
4. Excludes 1,610 cases due to missing data.
5. The database used in this analysis was the National SAAP One-Night Census, November 1994, unit record file.

Recipients of assistance under CSHA programs

One in three households accommodated in public housing in 1992–93 were one-parent families (33.5%), with single-person households and two-parent families accounting for some 30% and 20% of new public tenant households, respectively. The distribution of household types among all existing households renting government-owned dwellings was similar—in 1994 one-parent families accounted for 28% of existing public-renter households, with single-person households making up 34% of households and two-parent families accounting for 21%. On the other hand, the private rental sector had quite a different profile, with one-parent families making up only 11% of private renters while multi-family or group households accounted for 22% of households, compared to 7% in the public sector (Table 3.20).

Table 3.20: *Household type by tenure, Australia, 1992–93 and 1994 (%)*

	Proportion of households accommodated		
Household type	**New public housing tenants 1992–93**	**All public housing tenants 1994**	**Households renting privately 1994**
Lone-person	31.2	34.1	25.5
Couple only	7.1	10.3	16.5
One-parent family	33.5	27.7	11.4
Two-parent family	19.7	20.6	24.6
Multiple family or group	8.4	7.4	22.0
Total	100.0	100.0	100.0
Total households ('000)	**52.5**	**367.4**	**1,280.2**

Notes

1. New public housing tenants in 1992–93 exclude 1,683 Northern Territory tenants for whom data were not supplied.
2. Figures for all public housing renters and households renting privately are weighted population estimates and therefore subject to sampling error. Sampling errors are relatively large for estimates based on a small number of respondents.
3. Columns may not add to 100 owing to rounding.
4. The databases used in this analysis were the ABS 1994 Rental Tenants Survey, unit record file, and DHRD 1994.

Over 60% of public renters were women in 1994—women outnumbered men in each five-year age cohort (Table A3.13). Although the largest five-year age cohort was the group aged 30–34 (11%), it is also noteworthy in terms of the provision of aged care services that 21% of public renters were aged over 64 years and 8% were over 74 years of age. These figures are considerably higher than the proportion of aged people in the general population (see Chapter 5).

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. Data supplied by housing authorities under the CSHA show that the median household income of all households in public housing in 1994 was $301 per week compared with $529 for households in the private rental sector (Table 3.21).

Table 3.21: *Household income by tenure, Australia, 1994 (%)*

Gross weekly household income		Renters	
$	% AWE	Public housing tenants	Households renting privately
<100	<19	1.8	1.1
100–199	19–37	28.4	8.7
200–299	37–56	24.4	11.4
300–399	56–75	17.1	12.9
400–499	75–94	9.3	12.2
500–599	94–112	7.4	9.6
600 and over	>112	11.6	44.1
Total		*100.0*	*100.0*
Total households ('000)		**364.1**	**1,252.8**
Median weekly income ($)		301	529

Notes

1. Figures are weighted population estimates and therefore subject to sampling error. Sampling errors are relatively large for estimates based on a small number of respondents.
2. Columns may not add to 100 owing to rounding error.
3. The average weekly earnings (AWE) of all employees (persons) was $531.80 in May 1994.
4. The databases used in this analysis were the ABS 1994 Rental Tenants Survey, unit record file; DHRD 1994 and ABS 1994d.

The low incomes of public renters reflect the high unemployment levels and the low labour force participation rates among those living in public housing. Unemployment in 1994 was particularly high among young people living in public housing. Over one-half of all young people living alone (56%) were unemployed. A similar proportion of reference persons of young couple-only households (51%) were also unemployed[23] (Table 3.22).

23 Because a proportion of reference persons are not in the labour force, the unemployment rate among reference persons is greater than the percentage of reference persons unemployed.

Arguably, the long-term unemployed represent one of the most disadvantaged groups in society (see Junankar and Kapuscinski 1991). Among young couple-only households living in public housing, 46% of reference persons had been unemployed for more than one year. The comparative figure for two-parent households was also substantial (17%). Overall, 8% of public renter households included reference persons who had been unemployed for at least a year.

Table 3.22: *Public renter households by labour force status of household reference person, Australia, 1994 (%)*

Labour force status	Lone-person 15–24	Lone-person 25+	Couple only, reference person 15–24	Couple only, reference person 25+	One-parent family	Two-parent family	Other	All types	Total ('000)
Unemployed (< 1 year)	30.4	1.9	5.7	2.4	8.5	11.2	7.2	6.3	23.2
LTU	25.4	3.4	45.5	5.4	5.1	17.0	6.4	7.5	27.4
Employed	35.8	8.0	43.5	14.6	23.5	48.1	26.5	22.9	84.3
NILF	8.3	86.7	5.4	77.7	63.0	23.7	60.0	63.3	232.5
Total	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	
Total ('000)	**3.2**	**122.0**	**1.6**	**36.1**	**101.8**	**75.6**	**27.0**		**367.4**

Notes

1. Long-term unemployment (LTU) is defined as being unemployed for 12 months or longer.
2. NILF denotes a person not in the labour force.
3. Figures are weighted population estimates and therefore subject to sampling error. Sampling errors are relatively large for estimates based on a small number of respondents.
4. The labour force status figures refer to the subpopulation of household reference persons living in public housing. The unemployment rate for this subpopulation is 37.5% which compares with general unemployment rate of 10.1% in April 1994 (ABS 1994e).
5. The database used in this analysis was the ABS 1994 Rental Tenants Survey, unit record file.

Data on household type were not supplied by housing authorities to the Commonwealth for over one-half of home loan recipients. Information regarding household income is also incomplete making it difficult to compile a comprehensive profile of recipients of this form of assistance. Nevertheless, available data indicate that assistance in the form of home loans in 1992–93 was more commonly provided to two-parent households than any other type (Table 3.23).

As expected, the incomes of households receiving home loans under the CSHA were substantially higher than those of public housing tenants. In 1992–93, almost two-thirds of loan recipients for whom data are available had household incomes above $400 per week, and less than 15% had incomes below $300 per week (Table 3.23).

Table 3.23: *Home loan recipients, selected characteristics, Australia, 1992–93*

	Number	%
Household type		
Lone-person household	1,374	15.8
Couple only	1,396	16.0
One-parent household	1,514	17.4
Two-parent household	3,148	36.2
Other/ not stated	1,268	14.6
Total	*8,700*	*100.0*
Gross weekly household income		
Under $100	2	0.0
$100–$199	311	3.6
$200–$299	987	11.3
$300–$399	1,288	14.8
$400–$499	1,348	15.5
$500–$599	1,521	17.5
$600 or more	2,669	30.7
Not stated	574	6.6
Total	*8,700*	*100.0*

Notes

1. Excludes 5,225 Queensland, 3,657 Western Australia, 225 Northern Territory, and 368 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 re-financing cases in South Australia.

Source: DHRD 1994.

Recipients of rent assistance

In June 1984, 480,000 people were eligible for rent assistance. This figure had grown to 940,000 by June 1993 and to over 1 million by March 1995. DSS rent assistance recipients numbered some 975,000 and DVA recipients approximately 39,000. Half of the married rate of rent assistance is paid to each spouse unless the couple have children in which case DSS pays the full amount to the female spouse. In May 1995 there were 22,200 singles and 8,300 couples who received rent assistance from DVA. Single people without children were the largest group of DSS recipients (60%) and two-parent families were the smallest cohort of recipients (7%) (Table 3.24).

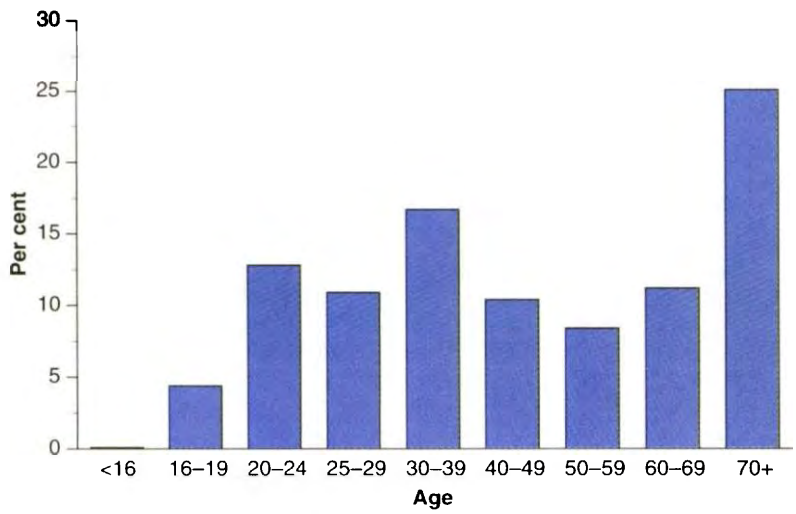
Table 3.24: *Recipients of DSS rent assistance by family type and State/Territory, Australia, March 1995 (%)*

Family type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Lone-person	60.3	61.9	57.2	59.2	63.4	60.8	66.8	70.0	60.3
Couple only	16.2	15.3	16.6	15.3	15.3	15.2	9.8	7.8	15.8
One-parent family	16.3	15.9	17.6	18.2	15.9	17.4	17.1	16.0	16.7
Two-parent family	7.2	6.9	8.5	7.2	5.4	6.5	6.3	6.1	7.2
Total	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Total ('000)	**328.6**	**219.2**	**204.5**	**78.7**	**67.6**	**21.4**	**8.2**	**5.7**	**934**

Note: Excludes 41,134 two-parent families not detailed in the original data.

Source: DSS, unpublished data.

Older rent assistance recipients predominate—people over 70 years of age constitute one-quarter of all recipients. Those recipients aged 30–39 also constitute a numerically significant group (17%) (Figure 3.13).



Notes

1. This figure excludes 594 DVA recipients aged under 50 years.
2. Data on the age of the 66,751 DSS recipients who receive Additional Family Payment and 41,134 two-parent families were unavailable and these recipients have not been included. There are three missing cases from the DVA data.

Source: Table A3.14.

Figure 3.13: *Rent assistance recipients by age, Australia, 1995*

Like public renters, the income of rent assistance recipients is quite low. In 1994 some 92% of DSS rent assistance recipients received an income less than $399 per week, or 75% of AWE at that time. Further, one-half of DSS rent assistance recipients had a weekly income below $199 (Table 3.25).

Table 3.25: *Weekly household income of DSS rent assistance recipients, Australia, May 1994 (%)*

Gross income categories ($)	% AWE	% recipients
<100	<19	0.4
100–199	19–37	**52.8**
200–299	37–56	**25.4**
300–399	56–75	**12.9**
400+	>75	**8.5**
Total		*100.0*
Total households ('000)		**890.2**
Median income		193

Note: The average weekly earnings (AWE) of all employees was $531.80 in May 1994.

Sources: DSS, unpublished data; ABS 1994d.

Recipients of Aboriginal and Torres Strait Islander housing programs

Data about the characteristics of indigenous Australians receiving housing assistance via programs discussed in Section 3.4 are of variable quality and availability. Notably, the most recent published information about the recipients of assistance provided through the Aboriginal and Torres Strait Islander Rental Housing Program does not include data from Queensland and the Northern Territory and so is of limited use. However, it is evident that households renting program dwellings received low incomes—over 80% were social security beneficiaries—and predominantly comprised one-parent and two-parent families (see DHHLGCS 1993:81).

ATSIC is not directly involved in the ongoing management of Community Housing and Infrastructure Program housing as the ownership of properties rests with indigenous housing organisations; thus, very little administrative data are collated at a national level. In 1994, however, ATSIC commissioned a survey of over 60 indigenous housing organisations and their tenants in 12 regions. Of the 492 households surveyed, 55% were headed by a female, 58% had at least one household member in employment, 79% had at least one household member who received a government pension, benefit or allowance, and 39% of this latter group received rent assistance from DSS. The mean size of all households surveyed was 5.1 persons, but averaged 7.5 persons in some remote northern regions and 3.7 persons in Victoria (ATSIC 1994b).

Recipients of ATSIC's home ownership assistance are classified for administrative purposes by State/Territory and by income (expressed as a ratio of the gross income of the household's main income earner to national average weekly male earnings). Surprisingly, only 4% of loans approved went to Aboriginal households living in the Northern

Territory whereas some 15% of Australia's indigenous population live in the Territory (Table 3.26). This may result from primarily targeting home ownership assistance to those in regular employment with low to moderate rather than very low incomes. Such recipients are more likely to live in southern or urban areas rather than the remote, northern regions that characterise the Northern Territory.

Table 3.26: *Recipients of ATSIC home ownership loans by State/Territory, Australia, 1993–94*

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Approvals									
Number	103	14	112	52	35	4	2	14	336
Per cent	30.7	4.2	33.3	15.5	10.4	1.2	0.6	4.2	100.0
1991 census population									
Number ('000)	70.0	16.7	70.1	41.8	16.2	8.9	1.8	39.9	265.5
Per cent	26.4	6.3	26.4	15.7	6.1	3.4	0.7	15.0	100.0

Sources: ATSIC 1995; ABS 1993b.

Recent changes to ATSIC's eligibility rules are aimed at providing home ownership assistance to lower income households. In 1993–94, 52% of main income earners in recipient households had incomes below 80% of average weekly earnings (ATSIC 1995).

Recipients of assistance from Aboriginal Hostels Limited are largely determined by company policy about which hostels to fund and in what locations. By far the largest numbers of beds and hostels are provided for students living away from home. Significant numbers of beds and hostels are also provided for transient visitors to urban and regional centres, substance abuse rehabilitees and aged persons. Lesser numbers are provided for homeless people, people visiting for medical treatment and for recently released prisoners (Table 3.27).

Table 3.27: *Aboriginal Hostels Limited hostel and bed numbers by hostel type, Australia, 1993–94*

Hostel type	Hostels	Beds
Student	64	1,350
Transient	**42**	1,221
Substance abuse rehabilitation	**28**	**464**
Aged care	**23**	**354**
Homeless	**4**	**56**
Medical transient	3	**27**
Prison release and diversion	**2**	**15**
Total	**167**	**3,487**

Note: The number of hostels does not total correctly due to an error in the original source.

Source: Aboriginal Hostels Limited 1995.

3.6 Housing assistance outcomes

To meet housing needs, various forms of housing assistance are provided (see Section 3.4). In this section, outcomes for individuals and households receiving assistance are assessed using a range of measures. In particular, the comparative housing outcomes for households renting in the public sector, and households renting in the private sector and receiving rent assistance are discussed.

Importantly, however, some individuals in housing need do not receive assistance. Accordingly, the accessibility of assistance is also considered and the section begins by detailing the extent of unmet demand for housing assistance.

Accessibility—unmet demand for assistance and services

The National SAAP Two-Week Census is designed to enumerate the met and unmet demand for SAAP accommodation services and is carried out over a two-week period twice each year. As emphasised in a previous Institute study, the data are imperfect (see Merlo et al. 1994b). The most obvious deficiency of the data is the potential for double-counting; that is, enumerating more than one request from the same individual made at different agencies. The effect of such double-counting is to over-state demand for accommodation services by an unknown amount.[24] Proposals to overcome this deficiency in the SAAP data collection are discussed in Chapter 7. Compounding this problem is the snapshot nature of the data. The census is carried out at a fixed time each year which may potentially bias findings if the period under investigation coincides with an unusual level of demand for assistance. However, the analysis here detailing trends over time uses data from the same month each year (September) to limit the effect of any seasonal fluctuations.

In September 1994, an average 1,176 requests for accommodation (from an unknown number of individuals) were received at SAAP agencies each day. Just less than half (43%) of the requests made were met; 34% could not be met because no accommodation places were available, and 23% could not be met for 'other' reasons (Table 3.28).

'Turn-away' rates differed markedly according to service user target group. Some 84% of single men's requests[25] were able to be met, but only about 17% of accommodation requests from young people were able to be met at the location where requests were made. The comparable figure of 19% for two other target groups (one- and two-parent families and single women) was also very low. Notably, more than one-half of the requests for assistance from one- and two-parent families, and from single women were not met because no accommodation places were available, suggesting a possible shortage of agencies targeted towards these groups. A considerable proportion of young people's requests (43%) were not met for 'other' (unspecified) reasons.

24 Fopp (1989:358–59), however, argues that this double-counting effect may be offset by other factors which tend to deflate survey findings.

25 More precisely, these requests were from people seeking to access services targeted to single men.

Table 3.28: *Met and unmet demand for SAAP accommodation among new arrivals by service user target group, Australia, September 1994*

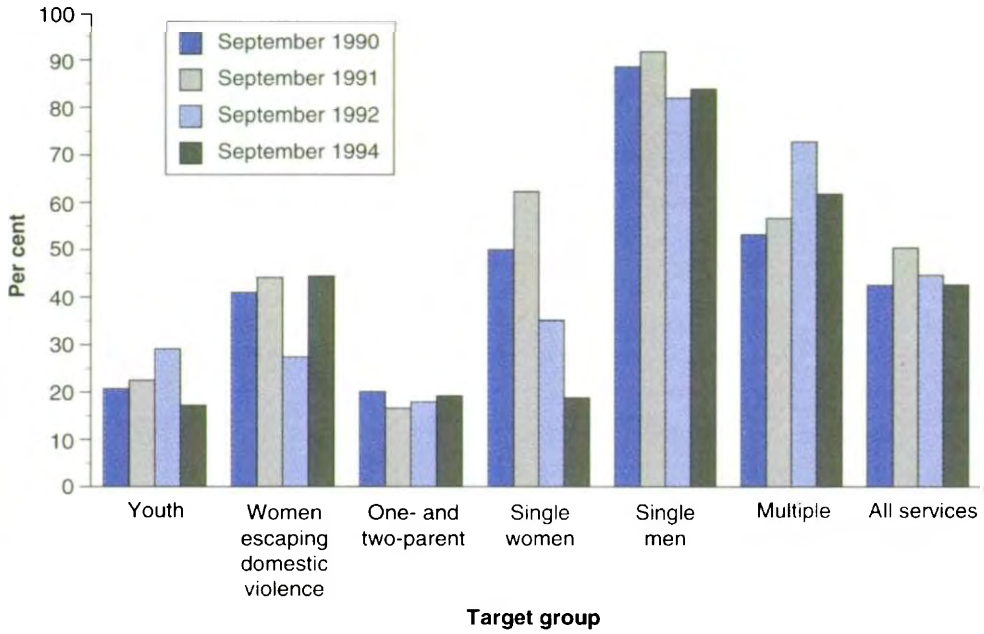
Service user target group	Average new arrivals per day	New arrivals accommodated	New arrivals not accommodated—full house	New arrivals not accommodated—other reason
	Number	%	%	%
Young people	215	17.2	40.0	42.8
Women escaping domestic violence	250	44.4	27.2	28.4
One- and two-parent families	203	19.2	54.7	26.1
Single women	101	18.8	63.4	17.8
Single men	199	83.9	8.5	**7.5**
Multiple	207	61.8	26.1	12.1
All services	**1,176**	**42.6**	**34.0**	**23.4**

Notes

1. Some single men's agencies re-register clients each day and therefore the proportion of service users accommodated may be inflated.
2. The 'all services' total includes one new arrival for which information on target group was not recorded.
3. The database used in this analysis was the National SAAP Two-Week Census, September 1994, unit record file.

Overall, unmet demand for SAAP accommodation has remained relatively stable over time. In the period 1990 to 1994, the proportion of accommodation requests met by the program has ranged between 43% and 50% (Figure 3.14). In contrast, the situation for two target groups has changed significantly. Met requests for single women fell considerably from a high of 62% in 1991 to only 19% in 1994. Although the cause of this shift is not readily apparent, it does accord with the experiences of some agencies. For example, the Homeless Persons Information Centre has reported that the number of requests to assist single women in the inner city of Sydney increased almost threefold between 1992 and 1994 (personal communication), and the Sydney City Mission stated in an October 1994 news release that it turned away up to 120 women each month. More encouraging is the fact that the proportion of requests met by agencies targeting multiple groups increased from 53% in 1990 to 62% in 1994 (reaching a high of 73% in 1992). The proportion of requests met by agencies providing accommodation to women escaping domestic violence has also increased slightly from 41% in 1990 to 44% in 1994. Overall, however, the level of unmet demand must be considered significant even though it is not certain whether those

making requests do not receive accommodation, or whether people are eventually accommodated after making several requests at different agencies. The picture regarding demand for accommodation will become clearer with the introduction of a new SAAP data collection in 1996.



Notes

1. The National SAAP Two-Week Census was not conducted in September 1993; thus data are not available.
2. The September 1992 census includes three new arrivals and the September 1994 census includes one new arrival for which no information was recorded on target group.

Source: Table A3.15.

Figure 3.14: ***Met demand for SAAP accommodation among new arrivals by service user target group, Australia, September 1990–94***

The situation with respect to the demand for support services is quite different. Although recent data are not available, a DHHLGCS survey carried out in 1992 suggests that well over 90% of requests for support are met by the program (AIHW 1993:104).

Unmet demand for public housing is assessed here using waiting list data. Typically, eligible applicants for assistance are added to waiting lists and are allocated a dwelling some time later—perhaps after one, two or even several years. However, as discussed

in a previous Institute report (see Foard et al. 1994), waiting lists are an inadequate indicator of the demand for housing assistance:

- waiting lists often do not accurately reflect the numbers of families seeking housing assistance because they may contain many applications from households who are either no longer eligible for public housing assistance or who no longer wish to pursue their applications;
- there is a large group of people in the community eligible for housing assistance under the CSHA who are not registered with housing authorities—they may not expect to be housed, may not wish to live in public housing, or may be unaware of the public housing program; and
- not all those in housing need are eligible for public housing and, accordingly, waiting lists do not represent potential demand resulting from housing need.

The number of recent eligible applicants is a more conservative measure of the demand for public housing than the total size of the waiting list. It overcomes to a large extent the problem of applications made by households that are no longer eligible or that no longer require assistance—new applications are much less likely to be out of date than long-standing applications though, for the reasons discussed above, they will almost certainly underestimate actual and potential demand. However, in the absence of other measures, the number of applicants added to waiting lists over a financial year is used in the following discussion to examine unmet demand for public housing.

In the 10 years 1984–85 to 1993–94, the number of applicants added to public housing waiting lists annually throughout Australia tended to increase, rising overall by 32% from 82,400 to 108,800 (Table 3.29). This increase has not been linear, reaching a peak in 1987–88 before falling to current levels (Figure 3.15). The capacity of State housing authorities to meet this demand has been somewhat mixed, both over time and across States. Although the number of dwellings in the public housing sector has increased by 45% in the last decade (see Section 3.4), the number of new households accommodated in the corresponding period increased by only 32%. This suggests that the capacity of housing authorities to accommodate new tenants is dependent on both the growth of public housing stock and the rate at which existing tenants leave public housing.

Notwithstanding the fact that recent additions represent only a base-line estimate of demand, the data show a substantial level of demand remains unmet. Since 1984–85, the number of households applying for public housing exceeded the number newly accommodated in every year (except for the Australian Capital Territory in 1985–86). In the decade from 1984–85, for Australia as a whole, the ratio of the number of households applying for accommodation to the number newly accommodated (referred to here as the housing ratio) was between two and three, that is, for every household accommodated, at least two more applied for housing (Table 3.29). However, the housing ratio for a number of States fell below two in 1993–94 indicating an improved capacity to meet existing demand. In Queensland, for example, the housing ratio fell to a 10-year low of 1.5. In that State, the number of applicants accommodated in 1993–94 was more than double the number accommodated in 1984–85. The Australian Capital Territory had the highest ratio at 2.7.

Table 3.29: *Public housing applicants waiting as at the end of the year, and housed during the year, Australia, 1984–85 to 1993–94*

	1984–85	1985–86	1986–87	1987–88	1988–89	1989–90	1990–91	1991–92	1992–93	1993–94
NSW										
Applicants on waiting list	58,501	57,437	60,771	85,972	83,429	75,520	64,895	71,458	81,833	87,171
Applicants accommodated	9,586	10,827	12,176	10,809	11,009	14,289	14,383	13,045	13,312	11,803
Applicants added to list	16,620	31,763	32,729	57,930	30,891	28,494	27,464	30,090	29,998	27,572
Housing ratio	1.7	2.9	2.7	5.4	2.8	2.0	1.9	2.3	2.3	2.3
Vic										
Applicants on waiting list	23,729	28,722	30,076	33,000	31,806	33,130	38,935	45,791	47,535	49,259
Applicants accommodated	6,882	8,100	9,254	8,686	8,881	8,844	8,802	8,762	9,379	10,220
Applicants added to list	16,778	21,268	21,026	21,900	21,903	22,928	25,844	22,364	23,517	21,833
Housing ratio	2.4	2.6	2.3	2.5	2.5	2.6	2.9	2.6	2.5	2.1
Qld										
Applicants on waiting list	8,826	9,328	9,208	11,984	15,843	19,168	22,507	24,498	23,200	27,699
Applicants accommodated	4,938	5,331	6,203	6,032	6,355	7,684	7,774	8,490	10,218	10,877
Applicants added to list	8,526	10,087	12,033	14,309	17,314	18,087	18,419	20,777	21,803	16,462
Housing ratio	1.7	1.9	1.9	2.4	2.7	2.4	2.4	2.4	2.1	1.5
WA										
Applicants on waiting list	8,543	11,190	13,485	13,173	15,552	15,143	17,784	14,694	17,775	14,348
Applicants accommodated	6,720	7,000	6,444	6,292	6,773	7,186	7,705	6,270	7,333	7,484
Applicants added to list	12,650	15,121	17,533	14,419	17,591	12,974	13,106	12,456	11,997	13,462
Housing ratio	1.9	2.2	2.7	2.3	2.6	1.8	1.7	2.0	1.6	1.8
SA										
Applicants on waiting list	35,000	39,600	44,430	43,760	42,143	41,291	43,520	41,892	41,866	40,205
Applicants accommodated	7,562	7,816	8,376	8,432	9,019	8,613	8,053	8,095	7,993	8,138
Applicants added to list	16,389	17,487	17,371	16,340	16,175	15,449	14,133	16,807	16,369	14,864
Housing ratio	2.2	2.2	2.1	1.9	1.8	1.8	1.8	2.1	2.0	1.8

(continued)

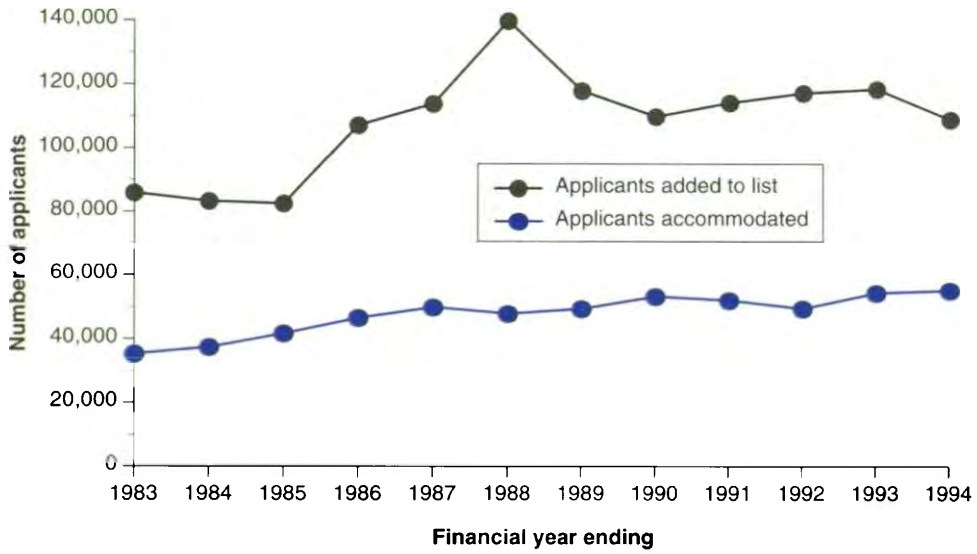
Table 3.29 (continued): *Public housing applicants waiting as at the end of the year, and housed during the year, Australia, 1984–85 to 1993–94*

Tas										
Applicants on waiting list	4,346	4,398	4,206	4,031	4,302	4,226	4,659	4,539	4,966	3,834
Applicants accommodated	2,374	1,964	1,872	2,151	2,125	1,991	1,704	1,576	2,058	2,567
Applicants added to list	4,636	4,076	4,169	4,389	4,729	4,787	4,762	4,538	4,685	5,436
Housing ratio	2.0	2.1	2.2	2.0	2.2	2.4	2.8	2.9	2.3	2.1
ACT										
Applicants on waiting list	2,318	1,781	3,019	2,693	3,534	2,271	3,882	6,615	8,885	7,072
Applicants accommodated	1,409	2,185	2,451	2,251	2,134	2,117	1,533	1,443	2,241	2,238
Applicants added to list	1,947	1,951	2,783	3,614	2,744	2,277	4,150	5,998	6,399	6,071
Housing ratio	1.4	0.9	1.1	1.6	1.3	1.1	2.7	4.2	2.9	2.7
NT										
Applicants on waiting list	3,344	3,744	3,457	3,450	4,332	4,270	6,167	6,852	6,147	5,784
Applicants accommodated	2,212	3,263	3,013	3,137	3,003	2,376	1,933	1,666	1,683	1,621
Applicants added to list	4,901	5,313	6,120	6,779	6,448	4,740	6,180	4,060	3,569	3,113
Housing ratio	2.2	1.6	2.0	2.2	2.1	2.0	3.2	2.4	2.1	1.9
Australia										
Applicants on waiting list	144,607	156,200	168,652	198,063	200,941	195,019	202,349	216,339	232,208	235,372
Applicants accommodated	41,683	46,486	49,789	47,790	49,299	53,100	51,887	49,347	54,217	54,948
Applicants added to list	82,447	107,066	113,764	139,680	117,795	109,736	114,058	117,090	118,337	108,813
Housing ratio	2.0	2.3	2.3	2.9	2.4	2.1	2.2	2.4	2.2	2.0

Notes

1. New South Wales figures include applications awaiting review and Victorian, South Australian, Tasmanian and Western Australian figures before 1987–88 include people awaiting assistance under CSHA Aboriginal Rental Housing Program.
2. Victorian figures in 1983–84 include applicants for shared accommodation (estimated to be less than 300).
3. From 1985–86 the Northern Territory public rental housing program included public service employees' housing.
4. Housing ratio = applicants added to waiting list/applicants accommodated.
5. 'Applicants on the waiting list' cannot be derived by deducting 'Applicants accommodated' from the previous year's waiting list and adding 'Applicants added to list'. Housing authorities cull waiting lists if applicants cannot be contacted or are not eligible for assistance, and applicants offered housing may no longer require public housing due to changed circumstances.
6. The figure for Australian 'applicants on waiting list' 1990–91 does not total due to an error in the original source.
7. Data used in this analysis are adapted from unpublished DHRD data and Housing Assistance Act annual reports 1984–85 to 1993–94.

Progress in meeting demand for public housing assistance can be illustrated by plotting the number of applicants accommodated and the number added to the waiting list each year (Figure 3.15). The number of applicants provided with accommodation has risen by 32% over the decade 1985–94 and the capacity to meet demand has also been aided by a fall of 8% in the number of applicants added to the waiting list in 1993–94. At the end of the year 1987–88 the difference between the number of applicants added to waiting lists and the number accommodated was some 92,000 whereas at the end of 1993–94 this number had been reduced to approximately 54,000.



Sources: Table 3.29; Table A3.16.

Figure 3.15: ***Applicants added to public housing waiting lists and applicants accommodated during each financial year, Australia, 1982–83 to 1993–94***

Given that economic circumstances are likely to have a significant effect on demand for public housing, it is interesting to observe trends following recent recessions. It is clear that the number of applicants seeking accommodation each year has increased since the 1982 recession. And although the size of the waiting lists decreased during the recovery from the 1974 recession by about 25%, the recoveries from the 1982, 1987 and 1992 recessions produced almost uninterrupted increases in the waiting lists of more than 100% over the past 12 years. At the same time, the number of applicants accommodated rose over 30% between the 1982 and 1987 recessions, but increased only by about 15% after the 1987 recession.

Meeting program objectives

The Supported Accommodation Assistance Program

The major objective of SAAP has been to assist homeless people move towards independent living. Unfortunately, current national data are not suitable for determining the extent to which this program objective is met. However, changes in client circumstances following access to the program can be assessed using Victorian data from 1990 onwards. Findings from the analysis of these data were reported in a joint study by the Institute and the Victorian Department of Health and Community Services (see Merlo et al. 1994b). They are summarised here to give an insight into SAAP client outcomes.[26]

Service user outcomes in the Victorian study were assessed in relation to two important aspects of independent living: changes in income status and post-SAAP housing arrangements. Improvements in the income status of program service users were achieved primarily when clients who previously had no income received some income (typically a social security pension or benefit). The percentage of service users achieving an improvement in income status decreased marginally from 16% in 1990[27] to 13% in 1992–93 due to the greater incidence of arrivals with an existing income source (Table 3.30). It is significant that negative outcomes—consisting primarily of service users arriving and departing with no form of financial support—declined by a half over the three-year period from a high of 19% in 1990 to 10% in 1992–93.

Positive income status changes were more commonly achieved by service users accommodated at transitional (longer term) outlets. Women escaping domestic violence fared well in terms of improvements in income while service users at youth outlets experienced the highest rate of departures without any income (Merlo et al. 1994b).

Income status improvements increased with the length of residency at SAAP accommodation agencies. Positive outcomes were more frequently achieved by women, younger service users, service users from non-English-speaking backgrounds and sole-parent service users. However, these groups also had the highest incidence of departure without any form of income support.

26 Client outcomes will frequently depend on other factors apart from assistance provided by SAAP agencies. The availability of public housing and access to social security pensions and benefits are obvious examples of such factors.

27 Data were available only from March 1990 onwards.

Table 3.30: *Income status outcomes, Victoria, March–June 1990 to 1992–93 (%)*

Outcome	March–June 1990	1990–91	1991–92	1992–93
Positive outcome				
No income to some income	11.3	10.7	**11.2**	10.0
Other positive outcome	4.1	**2.3**	**2.9**	2.8
Total positive outcome	*15.8*	*13.0*	***14.1***	*12.8*
No substantive change	*65.4*	*70.9*	***75.0***	*77.4*
Negative outcome				
No income on arrival and departure	17.9	15.1	**10.1**	**9.1**
Other negative outcome	1.3	10.1	**0.9**	0.7
Total negative outcome	*19.2*	*16.2*	***10.9***	*9.9*
Total number	**2,392**	**7,872**	**8,351**	**8,198**

Notes

1. 'Other positive outcome' includes movement from social security or other income source to wages or salary, movement from social security without Young Homeless Allowance to social security with Young Homeless Allowance, and movement from dependence on spouse to independent income source. 'Other negative outcome' includes movement from any income source to no income source and movement from wages to social security. 'No substantive change' includes movement between different types of social security payments.
2. Excludes 4,103 cases whose income source at arrival or departure from SAAP was not specified and 99 cases with indeterminate income source changes.

Source: Merlo et al. 1994b.

Access to independent housing on departure from SAAP accommodation has increased steadily since March 1990. Fifty-nine per cent of service users accommodated in 1992–93 obtained independent housing upon leaving SAAP accommodation (Table 3.31). The majority of this group (37% of all clients) moved to housing in the private rental market—relatively few SAAP clients (8%) gained access to public housing. The incidence of negative housing outcomes decreased from 29% in 1990 to 23% in 1992–93.

Service users from transitional outlets experienced higher levels of positive housing outcomes than those from crisis centres. The likelihood of movement to independent housing also increased with age. Service users from Aboriginal and Torres Strait Islander or non-English-speaking backgrounds were less likely than other service users to obtain independent housing. Positive outcomes increased with the length of stay of service users, except among those staying for periods in excess of 26 weeks

(Merlo et al. 1994b). Not surprisingly, the importance of an income for obtaining independent housing was very evident. Positive outcomes were also related to service users' previous housing situations.

Table 3.31: *Housing circumstances on departure from SAAP accommodation, Victoria, March–June 1990 to 1992–93 (%)*

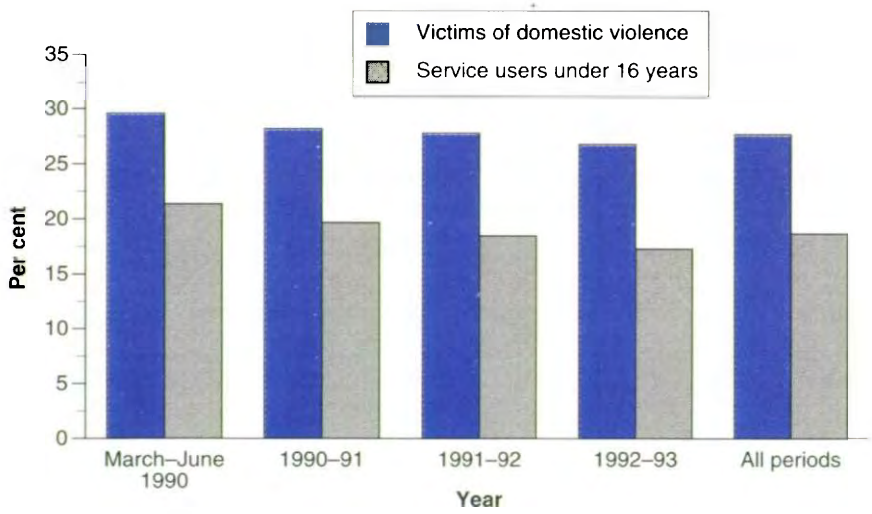
Housing circumstances	March–June 1990	1990–91	1991–92	1992–93
Independent housing				
Private rental	**24.9**	26.3	34.7	36.6
Owner-occupied housing	**3.6**	3.7	3.6	**3.7**
Public housing	**8.2**	8.4	8.6	**8.2**
Boarding house/hostel	**9.7**	7.7	6.9	**6.2**
Caravan	**3.9**	5.6	3.7	**3.9**
Total independent housing	***50.3***	*51.7*	*57.5*	***58.6***
Non-independent housing				
SAAP	**7.1**	8.7	9.6	**9.6**
Other non-independent housing	**22.2**	21.5	13.7	**13.1**
Total non-independent housing	***29.3***	*30.2*	*23.3*	***22.7***
Other	*20.3*	*18.1*	*19.2*	*18.7*
Total number	**2,189**	**7,246**	**7,717**	**7,412**

Notes

1. 'Other non-independent housing' includes government institution or residential arrangement, hospital and psychiatric unit, prison and detention centre, unsupported emergency housing, no permanent fixed address, squat, car, park, tent or street. 'Other' includes parental home, domestic violence victims returning to partner, and other not elsewhere identified.
2. Excludes 5,373 cases whose housing circumstances on departure from SAAP were unknown and 1,078 cases whose housing circumstances on departure from SAAP were unspecified.

Source: Merlo et al. 1994b.

The incidence of women escaping domestic violence and service users aged under 16 years returning to the family home fell marginally during the three-year period. In 1992–93, 27% of survivors of domestic violence returned to live with their partners and 17% of under 16-year-olds returned to the parental home on departure from SAAP accommodation (Figure 3.16).



Note: Domestic violence cases exclude 162 cases due to missing data on either pre- or post-SAAP living arrangements, and service users under 16 years exclude 104 cases due to missing data on post-SAAP accommodation.

Source: Table A3.17.

Figure 3.16: ***Incidence of return home for victims of domestic violence and service users aged under 16 years, Victoria, March–June 1990 to 1992–93***

Assistance to renters

The assessment of outcomes presented here for public renters, and for private renters who receive Commonwealth rent assistance payments, also focuses on program objectives. The stated 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 (*Housing Assistance Act 1989—Schedule 1*). Rent assistance provided by DSS and DVA aims to supplement individuals' income to improve the affordability of housing in the private rental market. Data used to assess outcomes come from the ABS survey of renters carried out nationally in April 1994.

The Institute's approach to measuring housing need (see Section 3.3) can also be used to estimate the extent to which recipients of assistance live in affordable and appropriate housing. However, it should be noted that the Institute model will treat public and private renters in similar circumstances slightly differently. Survey data include rent assistance as income, and thus private renters are less likely than their public housing counterparts to be categorised as low-income households. Public housing tenants identified as low-income households are less likely to be considered in housing-related need than private renters as the survey recorded the rebated (reduced) rents paid which lowers the rent to income ratio used to assess whether housing costs are affordable.

In 1994, almost two-thirds of public renters experienced housing need—23% had very low incomes and no capacity to pay housing costs (basic need) and 42% of households had some capacity to pay housing costs, but paid rents that were not considered affordable (housing-related need). The comparable figures for private renters receiving rent assistance were similar: 22% and 49% respectively (Table 3.32).

Table 3.32: ***Renter households receiving assistance by housing need and type of assistance, Australia, 1994 (%)***

Type of need	Lone-person 15–24	Lone-person 25–64	Lone-person 65+	Couple only, reference person 15–64	Couple only, reference person 65+	One-parent family	Two-parent family	Other	All house-holds	Total ('000)
					Public renters					
Basic need	61.7	17.2	7.8	7.1	5.5	39.7	28.3	7.4	22.5	82.3
Housing-related need	28.0	55.7	61.9	24.8	27.4	39.2	30.9	27.4	41.8	152.6
Not in need	10.3	27.1	30.3	68.1	67.1	21.0	40.8	65.2	35.7	130.5
Total	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	
Total ('000)	**3.2**	**52.1**	**68.5**	**19.3**	**18.5**	**101.4**	**75.4**	**27.0**		**365.4**
					Private renters receiving rent assistance					
Basic need	45.1	13.2	1.8	21.9	6.6	31.6	35.1	11.5	22.3	94.4
Housing-related need	49.5	67.5	66.6	33.7	34.5	53.7	41.5	36.5	48.9	206.8
Not in need	5.4	19.3	31.6	44.5	58.9	14.6	23.4	52.0	28.8	121.7
Total	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	
Total ('000)	**14.3**	**58.0**	**36.6**	**27.5**	**15.2**	**107.4**	**83.7**	**80.4**		**423.0**

Notes

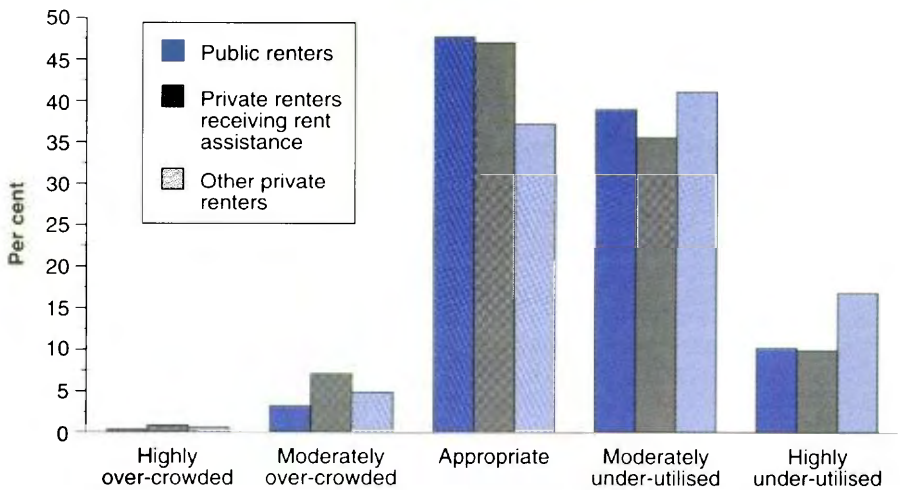
1. Households classified as experiencing basic need had incomes below the after-housing poverty line and therefore had no capacity to pay housing costs. Households in this category may also be overcrowded.
2. Households classified as experiencing housing-related need had some capacity to pay housing costs, but had insufficient income to afford appropriate and adequate housing. Households in this category may also be overcrowded.
3. Figures are weighted population estimates and therefore subject to sampling error. Sampling errors are relatively large for estimates based on a small number of respondents.
4. Excludes six cases due to missing data.
5. The database used in this analysis was the ABS 1994 Rental Tenants Survey, unit record file.

Given that both public tenants and private tenants receiving assistance typically earn only low incomes (see Section 3.5), it is not surprising that both groups experienced high levels of housing need and that, for many, housing costs were not affordable. This is not to suggest that assistance received does not alleviate the financial difficulties of these households. Clearly, households must benefit from the receipt of assistance, even if the objective of providing affordable housing is not fully met.

Young people living alone and one-parent families were the household types most likely to be in need, irrespective of the type of assistance received. However, childless-couple households with reference persons less than 65 years of age and two-parent families living in public housing were significantly less likely to be in housing need than such household types receiving rent assistance.

An additional important objective of housing assistance is to provide appropriate housing—to match housing to the needs of tenants. Over the years, various alternative and complementary measures of housing appropriateness have been proposed (see, for example, Burgess and Skeltys 1992, and Foard et al. 1994). The Institute's approach to measuring housing need discussed in Section 3.3 uses a normative standard to determine the size of a dwelling required on the basis of household type and the age and sex of household members (see also Box 3.3). The standard provides an easily interpretable categorisation of housing utilisation spanning the extremes of over-crowding and under-utilisation. A dwelling is considered moderately overcrowded if one extra bedroom is required to house the members of the household adequately. A shortage of two or more bedrooms signifies extreme overcrowding. Similarly, a dwelling is considered to be moderately under-utilised if it contains one bedroom in excess of the minimum household requirements and highly under-utilised if it has two or more bedrooms in excess of the requirements.

In 1994, an estimated 3% of public renter households and 8% of households renting privately and receiving rent assistance lived in overcrowded conditions. The comparable figure for households living in the private rental sector but not receiving rent assistance was 5% (Figure 3.17).



Source: Table A3.18.

Figure 3.17: ***Appropriateness of rental housing by tenure and assistance received, Australia, 1994***

The incidence of public tenants (49%) and private tenants receiving rent assistance (45%) living in under-utilised dwellings was less than that for non-assisted private renters (58%). In addition, both public renter households (48%) and households receiving rent assistance (47%) were more likely to live in appropriate housing—housing that exactly matched their requirements—than other private renters (37%). Such findings are positive although appropriateness, like the objective of providing affordable housing, is not achieved in all cases. The relatively high level of overcrowding among households receiving rent assistance is noteworthy.

Table 3.33: ***Appropriateness of rental housing by household type and assistance received, Australia, 1994 (%)***

Utilisation level	Lone-person 15–24	Lone-person 25–64	Lone-person 65+	Couple only, reference person 15–64	Couple only, reference person 65+	One-parent family	Two-parent family	Other	All house-holds	Total ('000)
					Public renters					
Overcrowded	0.0	0.0	0.0	0.0	0.0	3.7	9.1	5.5	3.3	12.1
Appropriate	32.6	42.0	69.7	7.7	22.2	52.9	45.3	37.3	47.7	175.3
Moderately under-utilised	49.4	35.3	23.2	42.2	46.5	42.1	45.4	46.9	38.9	142.8
Highly under-utilised	18.0	22.7	7.1	50.1	31.4	1.2	0.3	10.3	10.1	37.1
Total	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	
Total number ('000)	**3.2**	**52.4**	**69.6**	**19.3**	**18.5**	**101.8**	**75.6**	**27.0**		**367.4**
					Private renters receiving rent assistance					
Overcrowded	0.0	0.0	0.0	0.0	0.0	12.2	15.6	8.3	7.8	32.8
Appropriate	41.3	42.1	51.3	11.7	21.9	53.3	48.2	56.1	46.9	198.3
Moderately under-utilised	47.9	39.1	40.4	52.9	44.6	31.9	32.2	29.2	35.5	150.3
Highly under-utilised	10.9	18.8	8.3	35.5	33.5	2.7	4.0	6.3	9.8	41.6
Total	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	
Total number ('000)	**14.2**	**58.0**	**36.6**	**27.5**	**15.2**	**107.4**	**83.7**	**80.4**		**423.0**

Notes

1. 'Other' includes group households and multi-family households.
2. Figures are weighted population estimates and therefore subject to sampling error. Sampling errors are relatively large for estimates based on a small number of respondents.
3. The database used in this analysis was the ABS 1994 Rental Tenants Survey, unit record file.

Significantly smaller proportions of one-parent and two-parent households living in public housing are overcrowded compared with such households living in the private rental sector (Table 3.33). Institute research (see Foard et al. 1994) has suggested that private renter households with children trade off dwellings of an appropriate size for lower housing costs. Findings here provide some support for this view. In particular, the proportion of overcrowded one-parent households renting privately and receiving rent assistance was 12%—three times the comparable figure for one-parent families in public housing (4%). In addition, while 9% of two-parent households renting publicly were living in overcrowded conditions, 16% of such households renting privately and receiving rent assistance were overcrowded.

A large majority of couples without children receiving rent assistance lived in moderately or highly under-utilised dwellings. This was also true of public housing couple-only households. The finding may reflect the departure of children from the family home, and the desire of parents to continue living in that dwelling.

A comparison of appropriateness outcomes across States shows that the incidence of overcrowding among recipients of rent assistance in the two most populous states was above that in other jurisdictions. Notably, in New South Wales one in 10 households receiving rent assistance (11%) lived in overcrowded dwellings in 1994 (Table 3.34). Conversely, the prevalence of under-utilisation in New South Wales among rent assistance recipients was the lowest of any State or Territory. Both findings reflect the higher housing costs paid by private renters in New South Wales. In the public rental sector, 5% of households in Queensland, Tasmania and the Northern Territory lived in overcrowded dwellings. South Australia (2%) and Western Australia (2%) had the lowest prevalence of overcrowding.

Although under-utilisation may be regarded as a less critical aspect of appropriateness than overcrowding, and reducing under-utilisation may impact on the objective of providing security of tenure to public renters, State housing authorities aim to provide housing that matches the needs of public renters. However, in South Australia (69%) and Western Australia (58%) the incidence of under-utilised public housing dwellings was considerable—well above the national average (49%). The incidence of highly under-utilised public housing dwellings in South Australia (21%) was double that in public housing throughout Australia (10%).

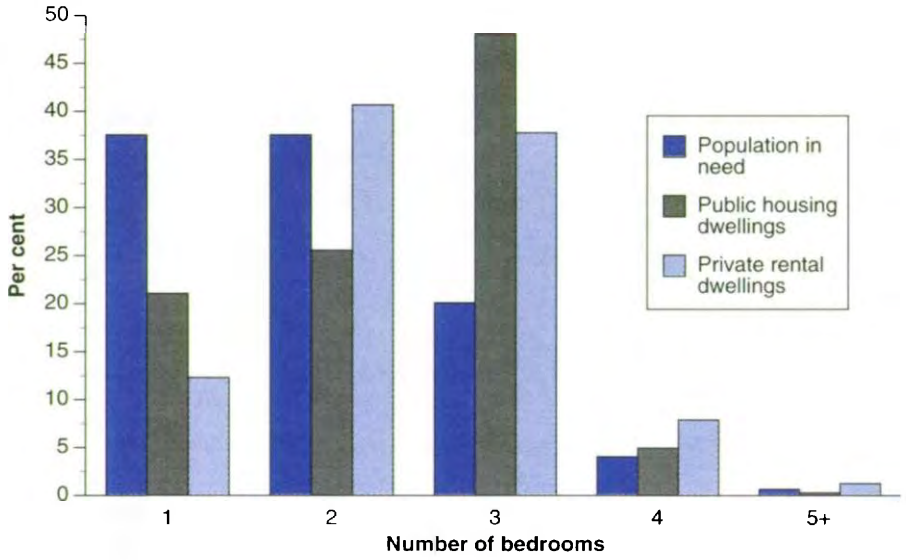
Table 3.34: *Appropriateness of rental accommodation by State/Territory and assistance received, Australia, 1994 (%)*

Utilisation level	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia	Total number ('000)
						Public renters				
Overcrowded	3.5	3.6	4.6	2.0	1.7	4.7	2.8	4.5	3.3	12.1
Appropriate	53.4	55.2	52.0	39.6	28.9	41.4	50.0	43.2	47.7	175.3
Moderately under-utilised	37.1	34.2	34.7	45.8	48.3	41.2	34.8	38.7	38.9	142.8
Highly under-utilised	6.0	7.0	8.7	12.6	21.1	12.7	12.5	13.6	10.1	37.1
Total	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	
Total number ('000)	**141.8**	**53.3**	**50.6**	**27.3**	**59.1**	**12.6**	**13.4**	**9.5**		**367.4**
						Private renters receiving rent assistance				
Overcrowded	10.6	9.0	4.5	6.1	5.5	4.8	5.7	0.0	7.8	32.8
Appropriate	49.0	47.4	47.0	39.1	45.2	46.7	46.6	51.4	46.9	198.3
Moderately under-utilised	31.7	36.2	36.6	40.4	39.5	35.8	41.0	41.8	35.5	150.3
Highly under-utilised	8.7	7.5	12.0	14.5	9.8	12.7	6.8	6.8	9.8	41.6
Total	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	
Total number ('000)	**135.1**	**104.4**	**96.1**	**38.0**	**33.5**	**11.1**	**3.6**	**1.3**		**423.0**

Notes

1. Figures are weighted population estimates and therefore subject to sampling error. Sampling errors are relatively large for estimates based on a small number of respondents.
2. The database used in this analysis was the ABS 1994 Rental Tenants Survey, unit record file.

The pattern of under-utilisation becomes clearer when the available stock of rental dwellings is compared with the size of dwellings required by the population in housing need (Figure 3.18). At a national level, the proportion of one-bedroom dwellings in both public (21%) and private rental housing (12%) is significantly short of the requirements of the population in need (38%). The proportion of two-bedroom dwellings required (38%) is also less than that available in the public housing sector (26%) but not in the private sector (40%). It is also interesting to note that whereas there is an apparent excess of three- and four-bedroom dwellings in both the public and private rental sectors, the requirement for five or more bedroom dwellings (0.7% of households in housing need) is more likely to be met in the private sector. Such dwellings constitute 0.3% of public housing stock, but 1.3% of private rental dwellings.



Source: Table A3.19.

Figure 3.18: ***Distribution of population in need by size of dwelling occupied and stock of public and private housing by size of dwelling, Australia, 1994***

The objective of providing adequate housing is discussed here with respect to physical problems with dwellings experienced by renter households. Sixty-three per cent of households living in public housing reported one or more problems with the dwelling they occupied in 1994 (Table 3.35). The corresponding figure for private renter households receiving rent assistance was 55%. Depending on the severity of the situation, a single problem may not result in a dwelling being considered inadequate; insufficient data were collected in the survey to establish an objective standard of adequacy.

A greater proportion of those living in public housing (51%) also reported *multiple* problems with their dwelling compared with their private sector counterparts (45%). This was the case for all but one of the household types examined here. Notably, 63% of young people 15–24 years of age living alone in public housing experienced multiple problems compared with 24% of young people receiving rent assistance.[28]

Two-parent family households frequently reported more than five problems with their dwellings. Approximately one in three two-parent families living in public housing reported more than five problems. The comparable figure for two-parent families receiving rent assistance was one in five.

28 These two estimates are characterised by large standard errors and care should be exercised in their use.

Table 3.35: *Dwelling problems by household type, Australia, 1994 (%)*

Number of problems	Lone-person 15–24	Lone-person 25–64	Lone-person 65+	Couple only, reference person 15–64	Couple only, reference person 65+	One-parent family	Two-parent family	Other	All house-holds	Total ('000)
					Public renters					
No problems	20.4	44.1	54.1	43.0	53.8	27.2	24.0	33.9	36.7	134.7
One problem	16.6	23.7	25.1	6.8	0.5	11.5	1.3	3.2	12.3	45.3
Two to five problems	46.3	29.7	20.1	34.7	34.0	44.5	36.4	24.1	33.6	123.3
More than five problems	16.8	2.5	0.8	15.5	11.7	16.8	38.3	38.9	17.4	64.0
Total	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	
Total number ('000)	**3.2**	**52.4**	**69.6**	**19.3**	**18.5**	**101.8**	**75.6**	**27.0**		**367.4**
					Private renters receiving rent assistance					
No problems	55.3	43.6	64.8	49.4	62.5	39.5	39.0	42.4	44.7	189.1
One problem	20.5	21.4	19.9	5.2	5.7	14.7	2.6	2.5	10.6	44.8
Two to five problems	22.4	33.0	15.1	29.9	23.6	34.5	37.0	28.6	30.9	130.6
More than five problems	1.8	2.0	0.2	15.6	8.2	11.4	21.5	26.6	13.8	58.5
Total	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	
Total number ('000)	**14.3**	**58.0**	**36.6**	**27.5**	**15.2**	**107.4**	**83.7**	**80.4**		**423.0**

Notes

1. 'Other' includes group households and multi-family households.
2. Figures are weighted population estimates and therefore subject to sampling error. Sampling errors are relatively large for estimates based on a small number of respondents.
3. The database used in this analysis was the ABS 1994 Rental Tenants Survey, unit record file.

Not surprisingly, households living in newer dwellings reported fewer problems—56% of public renters living in dwellings less than one year old and 62% of private renters receiving rent assistance living in comparable dwellings reported no problems (Table 3.36). Overall, public renters reported higher prevalences of problems of all types than private renters receiving rent assistance. This may reflect higher expectations regarding the adequacy of dwellings on the part of public tenants or lower quality stock in the public sector. While structural problems and problems with amenities were more prevalent in older dwellings, pests appeared to be a problem in new dwellings for both renter groups. It is also worth noting that the prevalence of problems increased more rapidly with the age of dwellings for public housing tenants than for private tenants receiving rent assistance.

Table 3.36: *Dwelling problems by age of dwelling, Australia, 1994 (%)*

Type of problem	Age of dwelling: Less than 1 year	2–5 years	More than 5 years	All dwellings	Total ('000)
			Public renters		
Structural	19.5	28.5	33.4	32.2	117.2
Amenities	30.1	35.2	50.6	48.2	175.0
Security	3.7	8.9	15.6	14.4	52.2
Pests	19.6	22.4	24.2	23.8	86.6
No problems	56.4	48.6	34.3	36.8	133.6
Total ('000)	**16.9**	**36.0**	**310.6**	**363.5**	
			Private renters receiving rent assistance		
Structural	10.9	8.2	29.4	27.5	115.0
Amenities	30.5	19.8	42.0	40.2	168.1
Security	5.0	2.3	9.9	9.3	38.8
Pests	14.6	19.2	20.0	19.8	82.9
No problems	61.5	63.0	43.2	45.0	188.5
Total ('000)	**12.2**	**27.6**	**378.8**	**418.6**	

Notes

1. Structural problems include problems with roof, walls, floors, windows, doors and foundations.
2. Amenities problems include problems with hot water service, plumbing, heating or cooling, bathroom and kitchen and any electrical problems.
3. Security problems include general security as well as problems with fence.
4. Pests problems include problems with white ants and infestations from other pests.
5. Excludes 17 cases due to missing data.
6. Figures are weighted population estimates and therefore subject to sampling error. Sampling errors are relatively large for estimates based on a small number of respondents.
7. The database used in this analysis was the ABS 1994 Rental Tenants Survey, unit record file.

Aboriginal and Torres Strait Islander housing programs

Assessing the effectiveness of Aboriginal and Torres Strait Islander assistance programs, including housing programs, is no easy task (Dillon 1992). However, as previously discussed, the objective of the ATSIC home ownership program is to reduce the disparity between the home ownership rates among indigenous and non-indigenous Australians. Accordingly, an indicator of effectiveness is the change in the housing tenure of Aboriginal and Torres Strait Islander peoples over the last 20 years. Additionally, the 1994 National Aboriginal and Torres Strait Islander Survey provides an assessment by indigenous Australians of the adequacy of their housing conditions and data on housing affordability.

Although recent censuses have not always defined Aboriginal households and dwellings consistently, by drawing on the work of Gray (1989) and data from the most recent census it is possible to estimate the distribution of Aboriginal family households across tenures between 1971 and 1991 (Table 3.37). Notably, the proportion of indigenous households renting government-owned dwellings has doubled over the two decades

and in 1991 stood at 31%, suggesting that access to this form of housing assistance has improved considerably. However, owner occupation among indigenous Australians has not increased in percentage terms, but has increased in absolute terms from around 10,000 to around 16,000. This increase roughly equates with the number of home loans made via ATSIC's (and its predecessors') home ownership program over the period.

The 'other rental' tenure category in Table 3.37 includes households living in both the private rental sector and those renting housing managed by community organisations. Accordingly, it is not easy to discern shifts within this census classification. Nevertheless, given that there have been at least 12,000 community-owned dwellings available for rent to Aboriginal people in recent years (see Section 3.4), and that there were very few community-owned dwellings in the early 1970s, it is likely that the proportion of indigenous households renting privately has decreased substantially, while households living in community rental dwellings has grown significantly from a very small base to around 15% of dwellings. Findings from the 1994 national survey of Aboriginal and Torres Strait Islander peoples support this conclusion and indicate that 12,500 indigenous households[29] live in community rental dwellings.

Table 3.37: ***Aboriginal and Torres Strait Islander family households by tenure, Australia, 1971 to 1991***

	1971		1976		1981		1986		1991	
Tenure	**('000)**	**%**	**('000)**	**%**	**('000)**	**%**	**('000)**	**%**	**('000)**	**%**
Owned			5.4	14.6	5.0	12.1	5.4	10.7	6.4	11.0
Being purchased	10.5	30.4	5.0	13.6	6.2	15.0	8.2	16.2	9.8	16.8
Government rental	4.7	13.6	6.8	18.4	13.8	33.3	19.7	38.9	18.1	31.1
Other rental	11.8	34.2	14.1	38.2	12.8	30.9	15.5	30.6	19.4	33.3
Other/not stated	7.5	21.7	5.7	15.4	3.6	8.7	1.8	3.6	4.5	7.7
Total	34.5	**100.0**	**36.9**	**100.0**	41.4	**100.0**	**50.6**	**100.0**	**58.2**	**100.0**

Notes

1. Excludes indigenous people living in non-private dwellings and those living in non-family households which at the 1991 census accounted for 29,000 or 11% of indigenous Australians.
2. The 1971 census aggregates 'owned' and 'being purchased'.

Sources: Gray 1989; ABS 1993b.

The growth in community housing is particularly significant in the context of affordability outcomes. The national survey indicates clearly that rents paid for community housing were considerably lower than rents for public housing or private sector dwellings (Table 3.38). Rent paid for community dwellings was below $77 per week in 85% of cases and

29 Households were defined more broadly in this survey to include one-person households in addition to 'family' households.

below $43 for 50% of dwellings. Public housing rents were slightly more expensive, but 70% of dwellings had rents below $77 per week. Half of all private rental dwellings, however, had rents above $121 per week. Thus the increased provision of community housing through ATSIC's Community Housing and Infrastructure Program has enhanced the provision of affordable housing for Aboriginal and Torres Strait Islander peoples.

Table 3.38: *Weekly rent of Aboriginal and Torres Strait Islander dwellings by rental type, Australia, 1994 (%)*

Weekly rent ($)	Government rental	Private rental	Community rental
0–47	27.1	5.8	55.2
48–77	43.0	17.1	29.3
78–107	16.8	15.2	8.6
108–137	7.5	27.3	4.2
138–167	2.3	22.2	0.6
168+	3.2	12.4	2.1
Total	*100.0*	*100.0*	*100.0*
Total number ('000)	**25.4**	**15.6**	**12.5**
Median rent ($)	64	121	43

Source: ABS 1995b:32.

There appears to have been some trade-off between the provision of affordable housing and adequate housing within the program. The national survey also gathered data regarding indigenous households' satisfaction with current dwellings and existing problems identified by those not satisfied. Households in community rental dwellings report by far the highest levels of dissatisfaction (Table 3.39).

Table 3.39: *Aboriginal and Torres Strait Islander household satisfaction with current dwelling and problems identified, by tenure, Australia, 1994 (%)*

	Government rental	Private rental	Community rental	Purchaser	Owner
Satisfied	75.0	86.1	62.1	91.1	94.5
Dissatisfied	24.8	13.9	37.7	8.9	5.4
Total	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Total number ('000)	**27.7**	**15.6**	**12.5**	**10.8**	**10.8**
% identifying problem					
Needs repair	13.5	7.1	27.8	3.1	2.1
Inadequate bathing facilities	4.2	4.0	15.7	3.0	2.1
Better insulation/ventilation needed	6.9	3.8	13.2	1.9	0.9
Not enough bedrooms	11.4	7.2	23.9	6.5	1.9
Not enough living area	10.2	6.8	20.6	5.5	1.3

Source: ABS 1995b; ABS, unpublished data.

The dwelling problems most commonly identified by households living in community rental housing were the need for repair (28%) and insufficient bedrooms (24%). The former problem may reflect the low rents paid and the consequent financial incapacity of indigenous housing organisations to maintain houses adequately. The levels of dissatisfaction among households renting government-owned dwellings (25%) and renting privately (14%) were also significant, but dissatisfaction and problem identification among Aboriginal and Torres Strait Islander purchasers and owners were lower.

The differences in levels of household satisfaction across tenures may also reflect the different geographic location of households in tenures. Over half (58%) of community rental dwellings were located in rural and remote areas whereas the comparable figures for government-owned dwellings (8%) and private rental dwellings (12%) were considerably lower (Table 3.40).

Table 3.40: ***Location of Aboriginal and Torres Strait Islander private dwellings by tenure, Australia, 1994 (%)***

Location	Government rental	Private rental	Community rental	Purchaser	Owner
Capital city	33.6	49.4	6.4	54.6	35.2
Other urban	58.1	39.1	34.4	32.4	39.8
Rural	8.3	11.5	58.4	13.0	25.0
Total	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Total number ('000)	**27.7**	**15.6**	**12.5**	**10.8**	**10.8**

Source: ABS 1995b.

3.7 Conclusion

Governments and non-government organisations provide housing assistance and services through a number of different means. This national overview has emphasised assistance provided via the CSHA, SAAP, rent assistance and through the various housing programs directed towards alleviating the disadvantage suffered by indigenous Australians. At the outset, the chapter discussed the changing nature of Australia's population and the significance of recent demographic trends for the provision of assistance. The shift towards smaller households, and the rapid growth of one-parent and Aboriginal households are particularly significant.

Assistance is provided to meet housing needs. Accordingly, the chapter highlighted the prevalence of housing need in Australia. The new approach to measuring housing need detailed in Section 3.3 suggests that 17% of Australian households experienced housing need at the time of the most recent census (August 1991). Some 7% of households experienced basic need and a further 9% were in housing-related need. One-parent households (44%), Aboriginal and Torres Strait Islander peoples (38%), and young single-person households (35%) experienced the highest prevalences of housing need.

Government responses to housing need have resulted in some positive outcomes. For example, very few requests by homeless people for support services are not met by SAAP and more than 50% of SAAP clients in Victoria (data are not available for other States) secured independent housing on departure from the program. Additionally, data presented suggest that public housing is very well targeted—72% of households living in public housing had incomes which were less than three-quarters of Average Weekly Earnings. Similarly, rent assistance is also well targeted. The comparable figure for private renters receiving assistance was over 90%. Among those renting government-owned dwellings, only 3% lived in overcrowded conditions and the growth in community housing for indigenous Australians is also significant in the context of providing affordable housing. Rents paid for community housing provided through ATSIC's Community Housing and Infrastructure Program were considerably more affordable than rents for private sector dwellings.

Less positive, however, are data indicating that a high proportion (57%) of requests by homeless people for accommodation is not met by SAAP. The level of unmet demand for assistance under the CSHA, albeit only crudely measured by new additions to waiting lists, is also substantial—for every one household accommodated, two more apply for assistance. Nevertheless, the capacity of State housing authorities to provide assistance has improved over recent years. This improvement has occurred despite an overall reduction in funds available for rental housing assistance (in real terms) since 1990–91. The improvement may reflect the benefit of receiving funds as Commonwealth and State grants rather than as either subsidised or commercial loans.

Despite receiving housing assistance, a very large proportion of public and private renters remain in housing need. In addition, the appropriateness of dwellings rented privately by one- and two-parent families who received rent assistance is brought into question by the finding that both household types experienced relatively high incidences of overcrowding—12% and 16% respectively. It is also of some concern that 51% of public renter households and 45% of private renter households receiving rent assistance report two or more problems with their dwellings. The fact that almost two-thirds of public renters and over one-half of private renters receiving rent assistance reported problems with their dwellings in 1994 casts doubt about the provision of adequate housing to these groups. Similarly, Aboriginal and Torres Strait Islander peoples report a high level of dissatisfaction (38%) with the appropriateness and adequacy of community housing.

Improving national data

Better data on the provision of housing assistance can undoubtedly aid understanding, planning and policy development as well as enhancing 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 are unavailable at a national level. Thus, the profile of SAAP service users is limited to those accessing accommodation services. Similarly, there is limited information available about those who currently live in public housing. Even less information is available regarding recipients of home purchase assistance and assistance under the Mortgage and Rent Assistance Program and

the Community Housing Program. Consequently, it is not possible to investigate in any detail housing outcomes for these recipients.

Standard definitions of counting units are not in place nationally which further hinders the compilation of a national overview and limits the utility of interstate comparisons. There are marked differences among the Commonwealth Government and State and Territory governments with respect to how SAAP service delivery locations are counted. Such problems have been highlighted in two Institute reports (see Merlo et al. 1994a and Merlo et al. 1994b). Among State housing authorities, different approaches to counting housing stock, housing loans and the number of applicants for assistance exist and shortcomings in this area have also been reported by the Institute (see Foard et al. 1994).

There are, however, important initiatives under way aimed at improving available data. Governments at the Federal and State level are working to improve SAAP information collected by service providers, and the Institute is contributing to the development of a new national data collection due to be introduced in 1996. Data from this source will permit a much more comprehensive assessment of program outcomes.

The Commonwealth Government and State and Territory governments in conjunction with the Institute have also moved to develop performance indicators and related data items to aid in an assessment of program objectives under the CSHA. Such indicators are likely to form the basis for enhanced reporting arrangements under the new CSHA planned to start on 1 July 1996. These recent data developments are discussed in more detail in Chapter 7 of this report.

References

Aboriginal and Torres Strait Islander Commission (ATSIC) (1991). Annual report March–June 1990. Canberra: AGPS.

Aboriginal and Torres Strait Islander Commission (ATSIC) (1992). Annual report 1990–91. Canberra: AGPS.

Aboriginal and Torres Strait Islander Commission (ATSIC) (1993). Annual report 1991–92. Canberra: AGPS.

Aboriginal and Torres Strait Islander Commission (ATSIC) (1994a). Annual report 1992–93. Canberra: AGPS.

Aboriginal and Torres Strait Islander Commission (ATSIC) (1994b). Review of the Aboriginal and Torres Strait Islander housing organisations: data collection project: draft final report, KPMG Management Consulting.

Aboriginal and Torres Strait Islander Commission (ATSIC) (1995). Annual report 1993–94. Canberra: AGPS.

Aboriginal Hostels Limited (AHL) (1995). Annual report 1993–94, Aboriginal Hostels Limited. Canberra: AGPS.

Australian Bureau of Statistics (ABS) (1972a). Year book Australia 1972 (No. 58), ABS Cat. No. 1301.0. Canberra: ABS.

Australian Bureau of Statistics (ABS) (1972b). Census of population and housing, 30 June 1971: summary of dwellings, Australia, bulletin 2 (ref. No. 2.84.9). Canberra: Commonwealth Bureau of Census and Statistics.

Australian Bureau of Statistics (ABS) (1973). 1971 Census—population and dwelling characteristics sheet 4. Canberra, microfiche.

Australian Bureau of Statistics (ABS) (1977). Year book Australia 1977 (No. 61), ABS Cat. No. 1301.0. Canberra: AGPS.

Australian Bureau of Statistics (ABS) (1979). Census of population and housing, 30 June 1976: population and dwellings: summary tables, Australia, ABS Cat. No. 2417.0. Canberra: ABS.

Australian Bureau of Statistics (ABS) (1982a). Year book Australia 1982 (No. 66), ABS Cat. No. 1301.0. Canberra: ABS.

Australian Bureau of Statistics (ABS) (1982b). Census of population and housing, counts of Aboriginals and Torres Strait Islanders: Australia, States and Territories 30 June 1971, 1976, 1981, ABS Cat. No. 2164.0. Canberra: ABS.

Australian Bureau of Statistics (ABS) (1982c). Making sense of Census 81, ABS Cat. No. 2140.0. Canberra: ABS.

Australian Bureau of Statistics (ABS) (1983). Census of population and housing, 30 June 1981: cross-classified characteristics of persons and dwellings, Australia, ABS Cat. No. 2452.0. Canberra: ABS.

Australian Bureau of Statistics (ABS) (1986). Year book Australia 1986 (No. 70), ABS Cat. No. 1301.0. Canberra: ABS.

Australian Bureau of Statistics (ABS) (1987). Census of population and housing, 30 June 1986: Census 86—Aboriginals and Torres Strait Islanders, Australia, States and Territories, ABS Cat. No. 2499.0. Canberra: ABS.

Australian Bureau of Statistics (ABS) (1988). Census of population and housing, 30 June 1986, Census 86—understanding family data, ABS Cat. No. 2178.0. Canberra: ABS.

Australian Bureau of Statistics (ABS) (1989). Census of population and housing, 30 June 1986: Census 86, cross-classified characteristics of persons and dwellings, Australia, ABS Cat. No. 2498.0. Canberra: ABS.

Australian Bureau of Statistics (ABS) (1991a). Year book Australia 1991 (No. 74), ABS Cat. No. 1301.0. Canberra: ABS.

Australian Bureau of Statistics (ABS) (1991b). Census 86: data quality—families, ABS Cat. No. 2604.0. Canberra: ABS.

Australian Bureau of Statistics (ABS) (1991c). Australia's one parent families, ABS Cat. No. 2511.0. Canberra: ABS.

Australian Bureau of Statistics (ABS) (1993a). 1991 Census of population and housing, basic community profiles, ABS Cat. No. 2722.0. Canberra: ABS.

Australian Bureau of Statistics (ABS) (1993b). Census of population and housing, 6 August 1991: Australia's Aboriginal and Torres Strait Islander population, ABS Cat. No. 2740.0. Canberra: ABS.

Australian Bureau of Statistics (ABS) (1993c). Year book Australia 1992 (No. 76), ABS Cat. No. 1301.0. Canberra: ABS.

Australian Bureau of Statistics (ABS) (1994a). Government finance statistics, Australia, ABS Cat. No. 5512.0. Canberra: ABS.

Australian Bureau of Statistics (ABS) (1994b). Year book Australia 1993 (No. 75), ABS Cat. No. 1301.0. Canberra: ABS.

Australian Bureau of Statistics (ABS) (1994c). National income, expenditure and product: Australian national accounts: September quarter 1994, ABS Cat. No. 5206.0. Canberra: ABS.

Australian Bureau of Statistics (ABS) (1994d). Average weekly earnings States and Australia, ABS Cat. No. 6302.0. Canberra: ABS.

Australian Bureau of Statistics (ABS) (1994e). The labour force, Australia, ABS Cat. No. 6203.0. Canberra: ABS.

Australian Bureau of Statistics (ABS) (1995a). Census working paper 95/1—1991 census data quality: housing. Canberra: ABS.

Australian Bureau of Statistics (ABS) (1995b). National Aboriginal and Torres Strait Islander survey 1994: detailed findings, ABS Cat. No. 4190.0. Canberra: ABS.

Australian Institute of Health and Welfare (AIHW) (1993). Australia's welfare 1993: services and assistance. Canberra: AGPS.

Bell DNF, Rimmer RJ & Rimmer SM (1991). Poverty in Australia: a study of the implications of education, household formation and the labour market experience of the young; Discussion Paper 5/91, Department of Economics, School of Economics and Commerce. Melbourne: La Trobe University.

Burgess R & Skeltys N (1992). The findings of the housing and location choice survey: an overview. Sydney: AGPS.

Burke T, Hancock L & Newton P (1984). A roof over their heads: housing issues and families in Australia. Melbourne: Australian Institute of Family Studies.

Chamberlain C & MacKenzie D (1993). 'Understanding contemporary homelessness: issues of definition and meaning', Australian Journal of Social Issues, 27(4):274–97.

Cornish J (1993). Population changes and housing demand, Australian economic indicators, 1993 feature articles, ABS Cat. No. 1350.0. Canberra: ABS.

Department of Community Services and Health (DCSH) (1988). 1984 CSHA background information and statistics. Canberra: DCSH.

Department of Community Services and Health (DCSH) (1989). Annual report 1987–88, Housing Assistance Act 1984. Canberra: AGPS.

Department of Community Services and Health (DCSH) (1990). Annual report 1988–89, Housing Assistance Act 1984. Canberra: AGPS.

Department of Health, Housing and Community Services (DHHCS) (1991). Annual report 1989–90, Housing Assistance Act 1989. Canberra: AGPS.

Department of Health, Housing and Community Services (DHHCS) (1992). Annual report 1990–91, Housing Assistance Act 1989. Canberra: AGPS.

Department of Health, Housing, Local Government and Community Services (DHHLGCS) (1993). Annual report 1991–92, Housing Assistance Act 1989. Canberra: AGPS.

Department of Housing and Construction (1986). Annual Report 1984–85, *Housing Assistance Act 1984*. Canberra: AGPS.

Department of Housing and Construction (1987). Annual Report 1985–86, *Housing Assistance Act 1984*. Canberra: AGPS.

Department of Housing and Regional Development (DHRD) (1994). Annual report 1992–93, Housing Assistance Act 1989. Canberra: AGPS.

Department of Housing and Regional Development (DHRD) (1995a). CAP review—report to Department of Housing and Regional Development, Purdon Associates Pty Ltd, ACT.

Department of Housing and Regional Development (DHRD) (1995b). Annual report 1993–94. Canberra: AGPS.

Department of Social Security (DSS) (1993). Income support and housing assistance: submission to the inquiry into public housing by the Industry Commission, Social Policy Division, Policy Research paper No. 64. Canberra: DSS.

Dillon MC (1992). 'Program evaluation and monitoring in Aboriginal and Torres Strait Islander affairs: a strategic overview', in C O'Faircheallaigh and B Ryan (eds), Program evaluation and performance monitoring: an Australian perspective. Melbourne: Macmillan.

Foard G, Karmel R, Collett S, Bosworth E & Hulmes D (1994). Public housing in Australia. Canberra: AIHW.

Foard G, Karmel R, Merlo A, Phibbs, P. forthcoming. Housing needs assessment in the ACT. Final report to ACT Housing.

Fopp R (1989). 'Homeless young people in Australia: estimating numbers and incidence' in Human Rights and Equal Opportunity Commission (eds); Our homeless children: report of the national inquiry into homeless children. Canberra: AGPS.

Gray A (1989). 20 years of Aboriginal housing: reflections and prospects. Mimeo, National Centre for Epidemiology and Population Health. Canberra: ANU.

House of Representatives Standing Committee on Community Affairs (1995). A report on aspects of youth homelessness. Canberra: AGPS.

Howe AL (1992). Housing for older Australians: affordability, adjustments and care, The National Housing Strategy, Background paper No. 8. Canberra: AGPS.

Hugo G (1986). Australia's changing population: trends and implications. Melbourne: Oxford University Press.

Indicative Planning Council for the Housing Industry (1993). Long-term projections report. Canberra: AGPS.

Industry Commission (1993). Public housing, volume 1. Canberra: AGPS.

Jones R (1994). The housing need of indigenous Australians, 1991, Research Monograph No. 8, Centre for Aboriginal Economic Policy Research. Canberra: ANU.

Junankar PN & Kapuscinski CA (1991). 'The incidence of long term unemployment in Australia', Australian Bulletin of Labour, 17(4):325–52.

Karmel R (1995). Measuring financial housing stress. Welfare Division Working Paper No. 8. Canberra: AIHW.

King A (1994). Towards indicators of housing stress. Department of Housing and Regional Development, Housing and Social Policy Group, Monograph series No. 2. Canberra: AGPS.

Lindsay M (1993). Moving forward: national evaluation of the Supported Accommodation Assistance Program, prepared for the Steering Committee. Canberra: AGPS.

MacKenzie D and Chamberlain C (1994). The national census of homeless school students; paper presented at the International Year of the Family National conference, Adelaide, 20–23 November 1994.

McDonald P (1995). Families in Australia: a socio-demographic perspective. Melbourne: Australian Institute of Family Studies.

Merlo R, Anderton N, Foard G, & Cresswick G (1994a). Services for the homeless 1990–92: a statistical profile. Canberra: AGPS.

Merlo R, Foard G, Tregenza J & Collett S (1994b). From services to outcomes: The Supported Accommodation Assistance Program in Victoria 1990–93. Canberra: AIHW.

National Committee for the United Nations International Conference on Population and Development (1994). Australia: National report on population for the United Nations international conference on population and development Cairo 1994. Canberra: AGPS.

National Housing Strategy (1991). The affordability of Australian housing. Canberra: AGPS.

O'Reilly JB (1994). 'Demographic implications of Aboriginal out-marriage'. Journal of the Australian Population Association, 11(2):149–57.

Paul S & Podder N (1992). 'Measuring the risk of poverty in Australia', Economic Papers, 11(3):23–31.

Queensland Department of Housing, Local Government and Planning (1993). Annual report 1992–93. Brisbane: Queensland Department of Housing, Local Government and Planning.

Storey L, Wilson P, Kendig H (1994) Home equity conversion in Australia, Australian Housing Research Council. Canberra: AGPS.

Taylor J (1993). Regional change in the economic status of indigenous Australians, 1986–91, Research Monograph No. 6, Centre for Aboriginal Economic Policy Research. Canberra: ANU.

Tesfaghiorghis H & Altman JC (1991). Aboriginal socio-economic status: are there any evident changes? Discussion Paper No. 3, Centre for Aboriginal Economic Policy Research. Canberra: ANU.

Yates J (1994). Housing and Taxation: An overview. Working papers in economics No. 196, Department of Economics. Sydney: University of Sydney.

4 Services for children

4.1 Introduction

In Australia, governments provide support to families with children through income support and through services. Services for families and children can be classified into three major types—supportive, preventative and crisis intervention—and any one service may have each of these elements in varying degrees.

Children's services are a broad range of care and/or education services for children under school age, and care services for primary school-aged children, and are mainly supportive in nature (Box 4.1). For instance, long day care services enable parents of below school-aged children to participate in the labour force or in education and training, as well as contributing to children's social and emotional development. However, these services may also be used in a preventative way by providing 'respite' care for parents not in the labour force where families are under stress.

Child welfare services are services which attempt to overcome or alleviate the problems of families who are perceived as unable to provide appropriate care for their children (Box 4.2). This orientation has formed the basis for the provision of child protection services, substitute (or out-of-home) care services (such as adoptions, foster care and residential placements) and family and individual support services designed to support parenting and family functioning (for example, crisis care, youth services, child guidance and family counselling). Services such as child protection services, which aim to protect children from abuse and neglect, are mainly interventionist. However, as an outcome of a child protection investigation, families may be provided with services that are supportive and preventative, such as family support services which teach parenting skills and link families into ongoing community support in order to avoid placing children in substitute care.

The Commonwealth provides income support to families with children through the social security system, supports custodial parents through the Child Support Scheme, and promotes preventative child protection strategies through the National Child Protection Council. It also funds child care services through the Children's Services Program (CSP); funds youth and family accommodation through the Supported Accommodation Assistance Program (SAAP); and funds non-government organisations to provide family support services, such as marriage and family counselling and youth mediation, through the Family and Community Services Program of the Attorney-General's Department.[1]

1 Information on the Supported Accommodation Assistance Program can be found in Chapter 3.

Box 4.1: Children's services—types and definitions

- ***Long day care centres*** *are open for at least 8 hours a day during normal working days and operate for at least 48 weeks of the year. These services provide care mostly for children under school age, although some centres also provide care outside school hours for primary school-aged children. Long day care centres mainly cater for children whose parents are in the paid workforce, are looking for work or are in education or training. The main types of long day care services are: community-based services, which are non-profit services incorporating parents onto their management committees; private-for-profit services; employer-sponsored services, which are generally run on a non-profit basis; and other non-profit services, such as child care centres at TAFE colleges.*
- ***Family day care*** *services consist of networks of providers who care for children aged 0–12 years in the provider's own home. Each network has a central coordination unit responsible for recruiting and supporting the providers and for administering the scheme.*
- ***Outside school hours care*** *services are programs provided for primary school-aged children before and/or after school. Outside school hours care services which also provide vacation care programs are called 'year round outside school hours care services'. Other services provide vacation care programs only. Youth Activity Services provide outside school hours care for 11–16 year olds in disadvantaged areas.*
- ***Occasional care*** *services provide care for children under school age for short periods of time. A proportion of occasional care services operate from neighbourhood houses.*
- ***Preschools or kindergartens*** *provide programs to prepare children for their first year at school. Thus, most children who attend these services do so for one or two years before they start school. Preschools, or 'kindergartens' as they are known in some States, generally operate on a short day sessional basis and are closed during school holidays. There are important differences in the way in which preschools operate in the various States and Territories.*
- ***Playgroups*** *are groups of children under school age who meet for sessions of play under parental or a caregiver's supervision. Playgroups are often set up through local government or community agencies.*
- ***Multifunctional centres*** *provide a range of services in one centre for children 0–12 years of age in rural and remote areas. This range of services generally includes full and part day care, occasional care, outside school hours care and playgroups.*
- ***Multifunctional Aboriginal children's services*** *provide services to Aboriginal communities which are appropriate to the children's cultural and developmental needs. Services include child care, playgroups and nutrition and enrichment programs.*
- ***Mobile services*** *take services such as child care, playgroups, older children's activities, toy and book library services and parental support and advice services, to families living in rural and remote areas.*

Sources: Brennan 1994: 11–12; DHHLGCS 1994: 255–257; Law Reform Commission 1994: 18–22.

State and Territory governments provide some children's services, such as child care services, in partnership with the Commonwealth, while they have sole responsibility for providing other children's services, for instance, preschools. Throughout Australia, State and Territory child welfare Acts give governments extensive powers to provide child welfare services.

Box 4.2: Child welfare services—types and definitions

Child welfare services can be grouped under three broad headings: child protection services, substitute care services and family support services. Some children receive one or more of these services, sometimes simultaneously. Many children placed in substitute care were so placed following assessment as being 'at risk' or found to be neglected following a child protection investigation (Thorpe 1994:60). Family support services are provided, among others, to children and families receiving care and protection services or substitute care services.

***Child protection services** are designed to protect children from child abuse and neglect, and 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 and families to support and counselling, monitoring and funding service provision by non-government organisations, and the provision of education and community awareness programs.*

***Substitute (or out-of-home) care services** are those that place children, who are unable to live with their own parents, in alternative 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. Some of these children may be placed under guardianship orders, supervision orders or other care and protection orders. Services provided include adoptions, foster care, respite care and residential care in hostels and group homes.*

***Family support services** are designed to support parenting and family functioning, and include services such as material and financial assistance, parenting support and education, counselling and family mediation services, respite care, crisis accommodation, services and programs to prevent domestic violence, and specifically targeted assistance programs, such as support to farm families affected by the drought, and support for problem gamblers and their families.*

A detailed account of the historical development of children's services and child welfare services can be found in *Australia's Welfare 1993* (AIHW 1993: Chapter 4).

The first part of this chapter in this edition is concerned with children's services, mainly child care services. This section discusses the need for services, government expenditure on services, provision of services, use of services, and the affordability and quality of these services. The second part of the chapter is concerned with child welfare services, and focuses on three main aspects of child welfare: child abuse and neglect, children under care and protection orders, and adoptions.

Population data on children and families

The Australian Bureau of Statistics (ABS) defines a family as 'two or more persons, one of whom is at least 15 years of age, who are related by blood, marriage (registered or de facto), adoption, step or fostering, and who are usually resident in the same household' (ABS 1992a:1). The 1991 Census of Population and Housing identified nearly 4.3 million such families in Australia, of which 85% were 'couple families', 13% were 'one-parent families', and 2% were classified as 'other families', for instance, two siblings living together. Just over half (52%) of the 3.67 million couple families contained 'dependent children', that is, a family member under age 15 years, or aged 15–24 years and attending an educational institution full-time. Over two-thirds (68%) of the 550,000 one-parent families had dependent children. One-parent families have gradually increased as a proportion of all families with dependent children, from 9% in 1974 to 17% in 1991 (McDonald 1994:1–2).

For the purposes of this chapter, 'children' are defined as persons less than 18 years of age. They are the group for which child welfare services are available. There were 4.6 million children in 1994, comprising just over one-quarter (25.8%) of the Australian population (Table 4.1). Children can be further classified into those under 12 years—the group targeted for child care services—and those under 5 years—the group below school age. In 1994 there were nearly 3.1 million children under 12, which was 17.3% of the total population of Australia, and almost 1.3 million under 5, or 7.2% of the total.

Table 4.1: ***Estimated number of children ('000), by age and State/Territory, 1994 (preliminary)***

Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia[(a)]
0–4	437.6	319.4	234.9	125.6	99.5	34.3	22.6	17.1	1,291.3
0–11	1,037.1	755.6	565.5	307.9	241.9	85.0	53.5	39.2	3,086.5
0–17	1,539.4	1,126.1	849.7	459.0	360.0	127.4	80.3	55.2	4,598.2
Total population	**6,051.4**	**4,476.1**	**3,196.9**	**1,701.9**	**1,469.8**	**472.4**	**300.9**	**171.1**	**17,843.3**
As percentage of total population									
0–4	7.2	7.1	7.3	7.4	6.8	7.3	7.5	10.0	7.2
0–11	17.1	16.9	17.7	18.1	16.5	18.0	17.8	22.9	17.3
0–17	25.4	25.2	26.6	27.0	24.5	27.0	26.7	32.3	25.8

(a) Australia includes 'other territories'.

Source: ABS 1995a:13–14.

The distribution of children across States and Territories is roughly in proportion to the distribution of the total population, with a few exceptions. Children are slightly under-represented in South Australia (24.5%) and over-represented in the Northern Territory's population (32.3%). In smaller geographic areas, however, age distributions may be highly variable, and thus some areas, such as outer suburbs, often have high proportions of children in their populations.

4.2 Children's services

The nature of children's services

Data sources

Because there is currently no integrated set of national statistics for children's services (Box 4.1), this discussion will concentrate on child care services, with some reference to preschool services where data are available. The main sources of data used here are the Children's Services Program's set of 'Censuses of Child Care Services' (DHHLGCS 1994; HSH 1995a) and the ABS Child Care Surveys (ABS 1992b; ABS 1994a). The Children's Services Program (CSP) conducts a 'rolling census' of all its services, that is, it has two groups of service types, each of which is surveyed every second year[2] (AIHW 1993:137). The ABS Child Care Surveys are conducted every three years, the most recent being undertaken in 1993. These surveys cover all formal child care services, preschools and informal care services, that is, care provided by friends, relatives and paid babysitters.

Child care services

The child care industry is extremely complex in terms of funding and administration (Law Reform Commission 1993:6–12).

The *Commonwealth*, through the Children's Services Program, funds the majority of child care services in partnership with either the States and Territories, local government or community organisations. Funding is provided in the following forms:

- Capital funding (building and equipment) and operational funding is provided to community-based long day care centres; family day care coordination units run by local governments or by community groups on a non-profit basis; community-managed and non-profit outside school hours services, including 'year-round' models; and community-managed occasional care services run on a non-profit basis. The Commonwealth also provides block grants to State and Territory governments for distribution to vacation care services.
- Childcare Assistance (long day rate) is provided to reduce fees for low- and middle-income families using federally funded community-based long day care services, family day care services and occasional care services. Parents using approved private-for-profit, employer-sponsored and other non-profit long day care centres are also eligible to receive long day Childcare Assistance. Long day Childcare Assistance is means-tested on family income (HSH 1994a:3). A lower, more tightly targeted rate of Childcare Assistance is available for federally funded outside school hours care services although, because of difficulties in administration, many services do not offer this assistance (Law Reform Commission 1994:47).
- The Childcare Cash Rebate can be claimed for part of the costs of work-related child care in formal children's services, including preschools, and of informal care, such as that provided by paid babysitters. The Childcare Cash Rebate is a non-means tested payment which is payable, up to a limit, over and above Childcare Assistance (HSH 1994a:4).

2 The CSP Census in 1993 covered centre-based long day care and family day care services. The most recent year for which data are available for all other CSP-funded services, such as occasional care and outside school hours care, is 1992.

Recent policies relating to child care are listed in Box 4.3, and 1995–96 Budget strategies are summarised in Box 4.4.

State and Territory governments provide some capital funding for centre-based long day care places established under joint Commonwealth–State National Child Care Strategies. Most State and Territory governments also make some contribution towards the operational costs of some federally funded community-based long day care centres, outside school hours care and occasional care services under these agreements. Some school-age programs and occasional care services are funded by States and Territories without any Commonwealth involvement (Law Reform Commission 1994:14). State and Territory governments are solely responsible for regulating and licensing child care services; they may also administer child care services.

Box 4.3: Changes in Commonwealth child care policies—1993 onwards

In February 1993, the Commonwealth made a commitment to meet the work-related demand for child care based on a target of 354,500 places by 2001 (Staples 1993). The Federal Government announced a Commonwealth-only initiative, now called the New Growth Strategy, to operate from 1 July 1994 (Department of Human Services and Health, unpublished). Under this strategy, the Commonwealth would directly fund local governments and community groups through grants and loans to provide the necessary places to assist in meeting these targets. Loans were also made available to employers.

Due to the delays in signing the cost-sharing agreements in New South Wales and Victoria, the Commonwealth implemented an interim strategy to meet the growing child care needs in those States. This involved the Commonwealth fully funding a number of places that had been earmarked for joint Commonwealth–State funding under the 1992–96 National Child Care Strategy (Commonwealth of Australia 1993:3.111).

In February 1994, the COAG (Council of Australian Governments) agreed that it would review the respective State and Commonwealth roles and responsibilities within the general area of child care (Law Reform Commission 1994:5–6).

In the 1994–95 Budget, the Commonwealth confirmed that it would introduce a Childcare Cash Rebate of up to $1,466 a year for one child and $3,182 for two or more children from 1 July 1994 (Commonwealth of Australia 1994:3.101). Parents would be able to claim a rebate of 30% of work-related child care expenses (net of Childcare Assistance) for children aged 0–12 years above a minimum fee of $16 up to a ceiling fee of $110. (See page 120.)

In 1994–95, it was decided to focus on a home-based approach to the care of sick children of working parents. This decision was made as a consequence of the evaluation of a pilot program for the care of sick children in five family day care schemes and five long day care centres and through consultations with parents, service providers and peak health and childcare groups (HSH 1994b:193). In November 1994, the Federal Industrial Relations Commission made a decision that workers under federal awards could use 5 days of their paid leave entitlement a year to care for sick family members (Age 1994).

In early 1995, Victoria and New South Wales both signed cost-sharing agreements with the Commonwealth, with the consequence that 5,254 long day care places and 9,223 year round care places will be established in these States between 1995 and 1998.

Local governments, community organisations, employers and commercial (private-for-profit) enterprises all set up and administer child care services. Employers also purchase places in existing child care services for the children of their employees.

At June 1994, the involvement of the different levels of government and of non-government organisations in the administration of Commonwealth-funded child care services varied among the different types of services (Table 4.2). Nearly half of family day care schemes were administered by local government bodies, while non-profit organisations were responsible for administering around half of community-based long day care services and about two-thirds of occasional care and outside school hours care services. State and Territory governments were responsible for administering only a small proportion of child care services, the highest proportion being the 'other non-profit' long day care centres, for instance long day care centres at TAFE colleges. The Commonwealth was responsible for administering a very small minority of services.

Table 4.2: *Child care services funded under the Commonwealth Children's Services Program by type of administrator, 30 June 1994 (%)*

	Long day care centres					
Type of administrator	**Community-based**	**Private-for- profit**	**Employer and other non-profit**	**Family day care[a]**	**Occasional care/other centres[b]**	**Outside school hours care[c]**
Local government	40.7	0.0	6.3	48.4	18.8	18.1
Non-profit	46.6	0.0	55.4	31.3	65.2	**64.3**
Religious/charitable	12.3	0.0	9.9	14.3	**4.4**	**11.8**
Privately owned	**0.0**	100.0	13.0	0.0	**0.0**	**0.0**
State/Territory government	**0.5**	0.0	14.6	6.0	11.6	**5.8**
Commonwealth Government	0.0	0.0	0.8	0.0	0.0	**0.0**
Total (%)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total (numbers)	**1,061**	**1,705**	**249**	**363**	**619**	**2,494**

(a) Total number of family day care services refers to family day care coordination units.

(b) Includes multifunctional Aboriginal children's services, other multifunctional services and State government administered neighbourhood model centres.

(c) Includes year round care.

Source: HSH 1995b:127, 136.

Preschools

All States and Territories in Australia provide twelve years of education for children, beginning with Year 1 in primary school for children about age 6. All States and Territories except Queensland and Western Australia offer a full-time (five days per week, approximately six hours per day) pre-Year 1 program within primary schools, while Queensland and Western Australia offer part-time programs. Some States and Territories also offer part-time (usually four half-days per week) programs in the year before

the pre-Year 1 program. These latter programs are run by education departments or departments responsible for children's services or by non-government or community organisations with funding from these departments. They have different names in the various jurisdictions and different ages at entry (see Table A4.1).

'Preschool' services are classified by the Australian Bureau of Statistics as 'formal child care services' (ABS 1994a). However, in most States and Territories, children can only attend 'preschools' for a few hours in a limited number of sessions per week during school terms, so that these services do not generally meet the child care needs of working parents (Brennan 1994:12). The distinction between preschools and child care centres is becoming increasingly blurred, however, as many long day care centres run preschool programs as part of their service, and multi-purpose centres are being built that incorporate preschools and child care services.

Box 4.4: 1995–96 Budget strategies

A number of changes to child care provisions were announced in the 1995–96 Budget, (Commonwealth of Australia 1995a, b, c, d). The major changes are as follows:

- *A further expansion of family day care places will be achieved by converting 4,250 planned community-based long day care centre places to family day care places between 1995–96 and 1998–99, by providing an additional 3,500 family day care places earlier than planned and by removing the limit on the number of employer-sponsored family day care places.*
- *Another 500 planned community-based long day care centre places will be converted into places in innovative services to be established in remote areas.*
- *2,000 places will be created in pilot programs for outside school hours care.*
- *There will be an improvement in funding grants for the equipment and establishment of new community services from 1 July 1995, particularly to assist family day care services and outside school hours programs to equip their services.*
- *$14.4 million in capital funding will be provided over three years to assist older community-based long day care centres to be upgraded and smaller centres to be relocated and/or amalgamated with other services.*
- *Additional funding was allocated to the Supplementary Services Program (SUPS) to assist child care services to care for children with additional needs and a new model for delivering the program was introduced.*
- *Additional funding was allocated to provide additional places for sole parents participating in the Jobs, Education and Training (JET) scheme.*
- *From April 1996, where formal care is used by families where one or both parents are outside the labour force, the payment of Childcare Assistance will be limited to 12 hours per child per week. Children at risk of abuse or neglect formally referred to child care services and children in other special circumstances are excluded from this proviso.*
- *The minimum fee for both Childcare Assistance and for the Childcare Cash Rebate will be increased by $2 above indexation from 1 April 1996.*
- *The assessment and application processes for Childcare Assistance and Family Payments will be simplified and combined.*
- *The 'Care for Sick Children Pilot Program' is to be withdrawn.*

The need for children's services

One of the main causes of the growing demand for child care in Australia has been the increasing participation by mothers in the labour force, as illustrated in Table 4.3. In 1994, nearly half of the 843,500 mothers in couple families with a child below school age (0–4 years) were in the labour force, an increase from one-third of the 797,900 mothers in couple families a decade earlier. In the 845,500 couple families where the youngest child was of school age (5–14 years) in 1994, over two-thirds of the mothers were in the labour force. Sole mothers were also increasingly likely to be in the labour force, with 31% of the 126,700 sole mothers with a child aged 0–4, and over half of the 187,700 with the youngest child aged 5–14, being in the labour force in 1994. It is interesting to note, however, that the proportion of employed mothers with a child 0–4 years and working full-time has fallen over the decade, indicating a growing need for part-time child care. In 1994, the potential number of children aged 0–4 needing child care (where both parents, or a sole parent, were in the labour force) was estimated to be 565,500 (ABS unpublished data).

Table 4.3: ***Female labour force participation rates and percentage of employed women working full-time, by family type and age of youngest dependant, 1984 and 1994 (%)***

	Labour force participation rate		Employed full-time	
	1984	**1994**	**1984**	**1994**
Couple families with youngest child aged:				
0–4	34.3	48.3	37.1	**33.9**
5–9	55.9	67.0	40.1	**40.2**
10–14	57.8	72.1	48.5	**49.6**
One-parent families with youngest child aged:				
0–4	24.3	31.2	45.8	39.0
5–9	42.8	55.8	52.0	48.8
10–14	49.0	62.8	60.4	**55.6**

Source: ABS 1985:18, 28; ABS 1994b:15, 26.

In the 1987 ABS Child Care Survey, parents of 8% of children below 12 years of age (242,000 out of 2,887,900) reported that they needed either some formal child care or more formal child care than they already had (ABS 1992b:18). This figure rose to 17% in 1990 (514,100 out of 3,003,700) but then fell slightly to 16% (489,200 out of 3,085,800) in 1993 (Table 4.4)[3]. The reported need for some or more formal care was greater for children in the younger ages before they begin school—about 22% (279,100 out of 1,293,500), compared to 12% (210,000 out of 1,792,200) for children of school age in 1993.

3 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) (AIHW 1993:171).

Table 4.4: *Number of children under 12 years requiring some or more formal care by age of child and main type of care required, 1990 and 1993 ('000)*

	Age 0–2		Age 3–4		Age 5–11		Total (0–11)	
Main type of (additional) formal care required	**1990**	**1993**	**1990**	**1993**	**1990**	**1993**	**1990**	**1993**
Before and after school care	1.3	0.7	3.7	2.2	123.9	122.2	128.8	125.1
Long day care centre	44.9	35.2	29.3	21.2	15.0	7.4	89.3	63.8
Family day care	36.0	27.7	17.1	14.2	22.6	18.2	75.7	60.2
Occasional care and other	72.2	96.3	43.0	53.8	50.9	60.0	166.0	210.1
Preschool	10.7	4.5	38.9	23.4	4.7	2.2	54.3	30.0
Total	**165.0**	**164.4**	**131.9**	**114.7**	**217.2**	**210.0**	**514.1**	**489.2**
Number of children in age group	**752.8**	**778.6**	**498.3**	**514.9**	**1,752.6**	**1,792.2**	**3,003.7**	**3,085.8**

Source: ABS 1992b:20, 58; ABS 1994a:17.

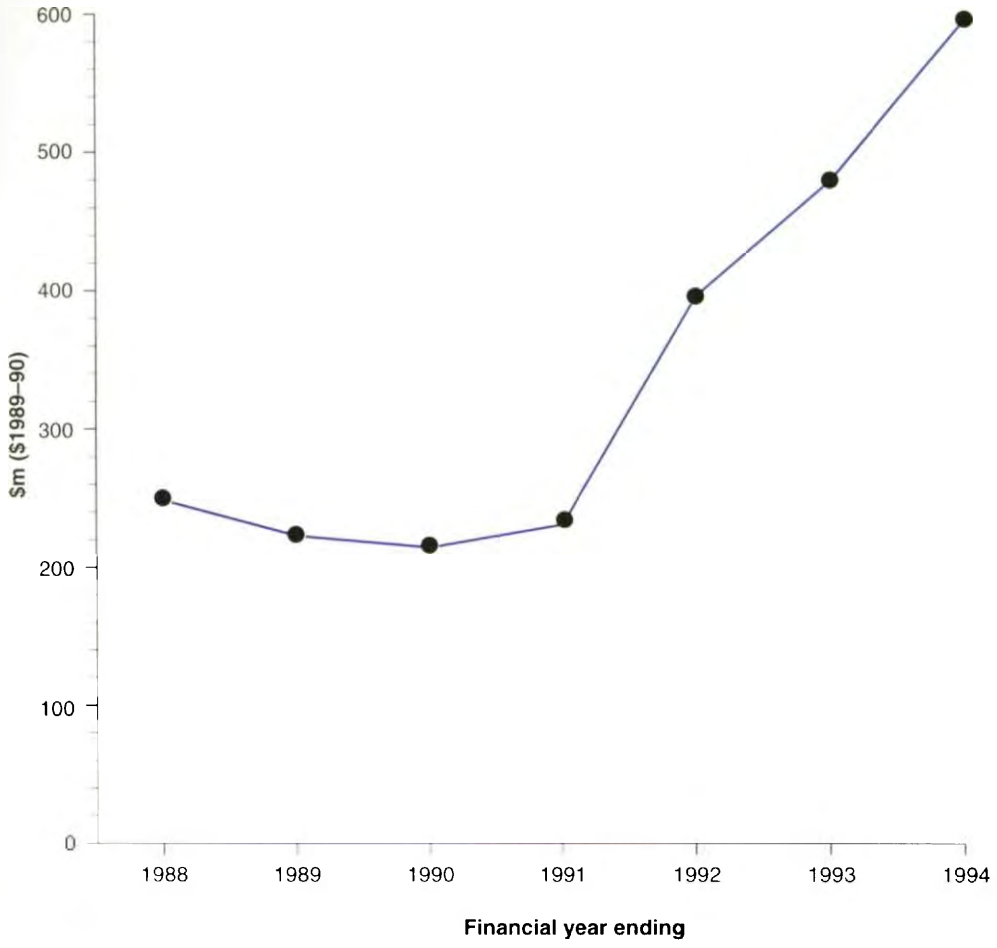
The type of formal care that parents indicated they needed for their children varied with the age of the child, with some forms of care (before and after school, preschool) being clearly related to the age of the child (Table 4.4). The need for long day care services (long day care centres and family day care) and for occasional care was greatest for children below age 3, but was also considerable for those aged 3 years and above. The fall in the numbers reporting a need for some or more care from 1990 to 1993 appears to be due mainly to falls in the numbers needing long day care and preschool services. The fall in the reported need for additional long day care may be due to the increased supply of places in these services in the past few years (see Table A4.2). These falls were offset somewhat by an increase in the reported need for occasional care, from 166,000 to 210,000 children, an increase that was evident in all three age groups of children.

The need for additional formal child care is greater for families where both parents (or the sole parent, in the case of one-parent families) were in the labour force. The 1993 ABS Child Care Survey found that of the 489,000 children needing some or more formal child care, 56% were in families where both parents (or the sole parent) were in the labour force, while 44% were in families where at least one parent was not in the labour force (ABS 1994a:17).

The Commonwealth Government, as a part of its 'needs-based planning' system, estimated that, at December 1994, Commonwealth-funded services met 76% of the work-related demand for long day care for children aged 0–4 years and 42% of the work-related demand for care for children 5–12 years (Department of Human Services and Health unpublished data). One shortcoming of the 'needs based planning' system—soon to be addressed—is that it does not identify the need for places for very young children, including babies (Auditor-General 1994:26–27). This need was highlighted by the recent Law Reform Commission Review, as was the need for more flexible forms of care for children of parents working part-time, employed as casual workers, shift workers or seasonal workers (Law Reform Commission 1994:37, 56).

Government expenditure on children's services

Total Commonwealth expenditure on children's services more than doubled in real terms ($1989–90 constant prices) from $249.1 million in 1987–88 to $597 million in 1993–94 (Figure 4.1, Table A4.3). This represents both a large increase in the number of child care places, and an increase in the number of different types of children's services funded under the Children's Services Program.



Note: The Government Final Consumption Expenditure deflator has been used to adjust expenditure.

Source: Table A4.3.

Figure 4.1: ***Growth in Commonwealth expenditure on children's services, 1988–1994 (in $1989–90 constant prices)***

In 1993–94, total Commonwealth expenditure on children's services in current prices was $676.4 million, of which $497.4 million was spent on Childcare Assistance, almost three-quarters of the total. Operational subsidies accounted for a further 17% ($112.3 million), while only $4.2 million was spent on capital grants. Expenditure on vacation care was $5.1 million. The remaining $57.4 million was spent on special services, supplementary services, program support, child care places under the Jobs, Education and Training (JET) scheme for sole parents, and other services, such as family resource centres, youth activities services, accreditation and work and child care units (Department of Human Services and Health, unpublished data).

Average Commonwealth expenditure per child in child care in 1993–94 was approximately $1,700 (Table 4.5), although the range of expenditure per child would be highly variable, depending on factors such as the number of hours in care and eligibility for Childcare Assistance. Expenditure was distributed across the States and Territories roughly in proportion to the distribution of children attending Commonwealth-funded child care services (Table 4.5). This reflects the fact that the majority of child care funding is provided in the form of Childcare Assistance and operational funding, both of which are paid on a per child basis.

Table 4.5: ***Commonwealth child care expenditure and estimated number of children attending Commonwealth-funded child care services by State/Territory, 1993–94***

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust[(a)]
Expenditure on child care by Commonwealth ($m)	197.1	150.6	178.4	58.9	49.6	14.9	13.6	10.9	676.4
Proportion (%)	29.1	22.3	26.4	8.7	7.3	2.2	2.0	1.6	100.0
Number of children attending Commonwealth-funded child care services	129,530	83,900	98,050	30,890	29,230	11,450	9,900	3,770	396,720
Proportion (%)	32.7	21.1	24.7	7.8	7.4	2.9	2.5	1.0	100.0

(a) The total for Australia does not equal the sum of State and Territory expenditures as HSH Central Office expenditure of $2.4m is included in the total.

Notes

1. Total expenditure includes a small proportion of expenditure on services such as Youth Activities Services, while children attending these services are not included in the total numbers of children attending child care services.
2. Number of children excludes those attending neighbourhood models of occasional care services.
3. Totals of children are indicative only, as children who attend more than one service type are counted in each.

Source: HSH unpublished data; HSH 1995b:130.

Childcare Assistance as a proportion of total expenditure on child care has grown substantially in recent years, from 58% in 1990–91 to 74% in 1993–94 (Table 4.6). This growth has mainly been due to the extension of Childcare Assistance in January 1991 to long day care centres other than community-based services, particularly to private-for-profit services. Not only were existing private-for-profit services eligible for Commonwealth funding from 1991 onwards, but the initiative encouraged considerable growth in the private-for-profit sector (Auditor-General 1994:23).

Table 4.6: ***Commonwealth expenditure on Childcare Assistance and total Commonwealth expenditure on child care 1990–91 to 1993–94***

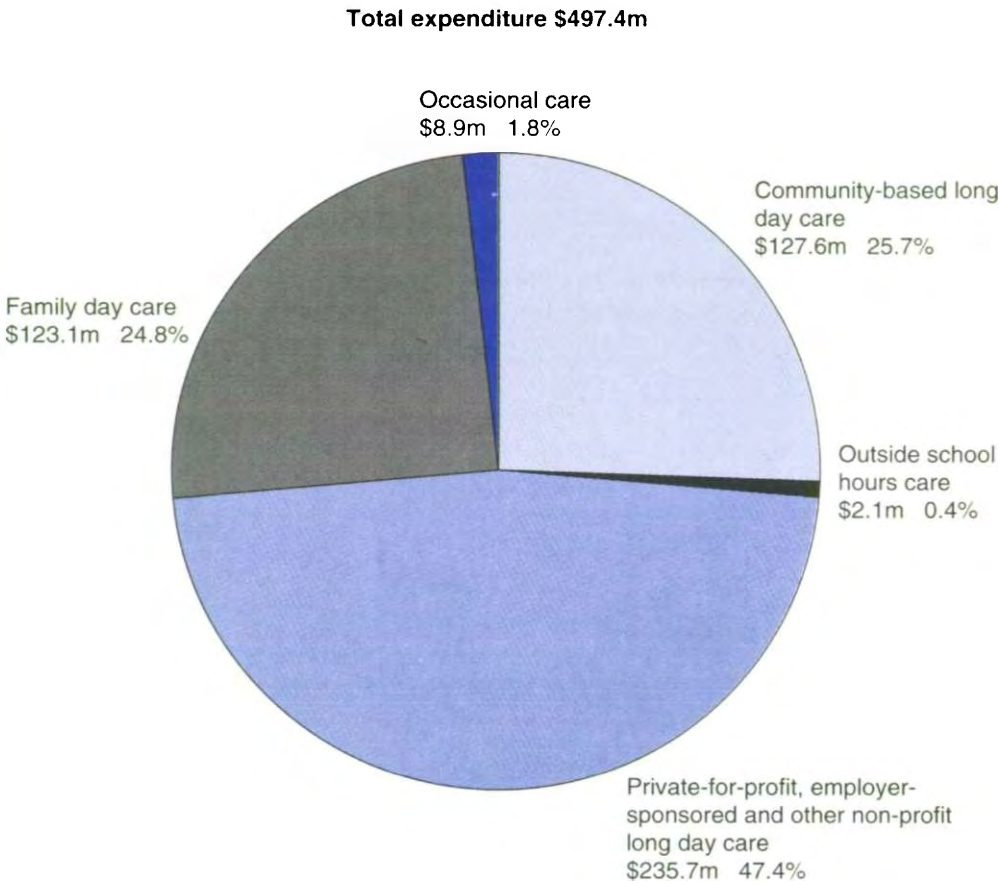
Expenditure	1990–91	1991–92	1992–93	1993–94
			$m	
Childcare Assistance:	**143**	**289**	**384**	**497**
Community-based long day care centres and family day care	**109**	188	218	251
Private-for-profit and employer-sponsored and other non-profit long day care centres	**28**	**94**	158	236
Occasional care and outside school hours care	**5**	**8**	**8**	**11**
Other	**102**	150	**162**	**179**
Total expenditure on child care	**246**	**440**	**546**	**676**

Note: Totals may not add exactly due to rounding.

Source: Commonwealth of Australia 1991,1992, 1993, HSH unpublished data.

In 1993–94, almost half of Childcare Assistance expenditure went to private-for-profit and employer-sponsored and other non-profit long day care centres, with around a quarter of expenditure going to community-based long day care centres and a quarter to family day care services (Figure 4.2). Only a very small proportion of Childcare Assistance expenditure went to outside school hours services, reflecting the more tightly targeted nature of Childcare Assistance for this program and the difficulties services experience in administering the payment (Law Reform Commission 1993:24). The proportion of Childcare Assistance going to private-for-profit and employer-sponsored and other non-profit long day care centres increased from 20% in 1990–91 to 47% in 1993–94 (Table 4.6).

There is currently no nationally comparable data on expenditure by States and Territories on children's services (AIHW 1993:147; Auditor-General 1994:12).



Source: HSH unpublished data.

Figure 4.2: ***Childcare Assistance by service type, 1993–94***

Child care services

Provision of child care places

The Commonwealth Government has now made a commitment to meet the projected demand for work-related child care of 354,500 places by 2001, with an interim target of 300,000 places by 1996–97 (Commonwealth of Australia 1995d:7). The overall strategy for meeting these commitments consists of the following elements:

The *National Child Care Strategy* is a joint Commonwealth–State growth strategy involving cost-sharing agreements with all States and Territories (AIHW 1993:132). At the end of the 1993–94 financial year, considerable progress had been made towards

meeting the 1988 and 1992–96 targets of the strategy. Of the 29,000 places[4] promised under the 1988 National Child Care Strategy, 28,000 had been established, while 19,000 of the 50,000 places promised under the 1992–96 Strategy had also been established (HSH 1995b:131). Although 65% of the total number of places promised under the two strategies had been approved by June 1994, the proportion of long day care centre places approved compared to those targeted was much lower (37%) than for other services (Table 4.7).

The 1994 *New Growth Strategy* is a Commonwealth-only strategy which will deliver an additional 60,000 community-based and employer-sponsored places (HSH 1995c).

The Commonwealth also has other strategies to facilitate the growth of child care services, such as exemptions of goods used in most types of services from sales tax and exemptions from fringe benefits taxes for employer-sponsored services (HSH 1994b:188–190).

Table 4.7: ***Number of new child care places established under the 1988 and 1992–96 National Child Care Strategies to 30 June 1994***

	Community-based long day care centres	Family day care	Occasional care	Outside school hours care[(a)]	Total
Operational	2,628	12,110	1,473	30,880	47,091
Approved (including operational)	4,046	12,460	1,670	33,279	51,455
Total places allocated	**10,810**	**16,200**	**2,000**	**50,000**	**79,010**

(a) Includes year round care.

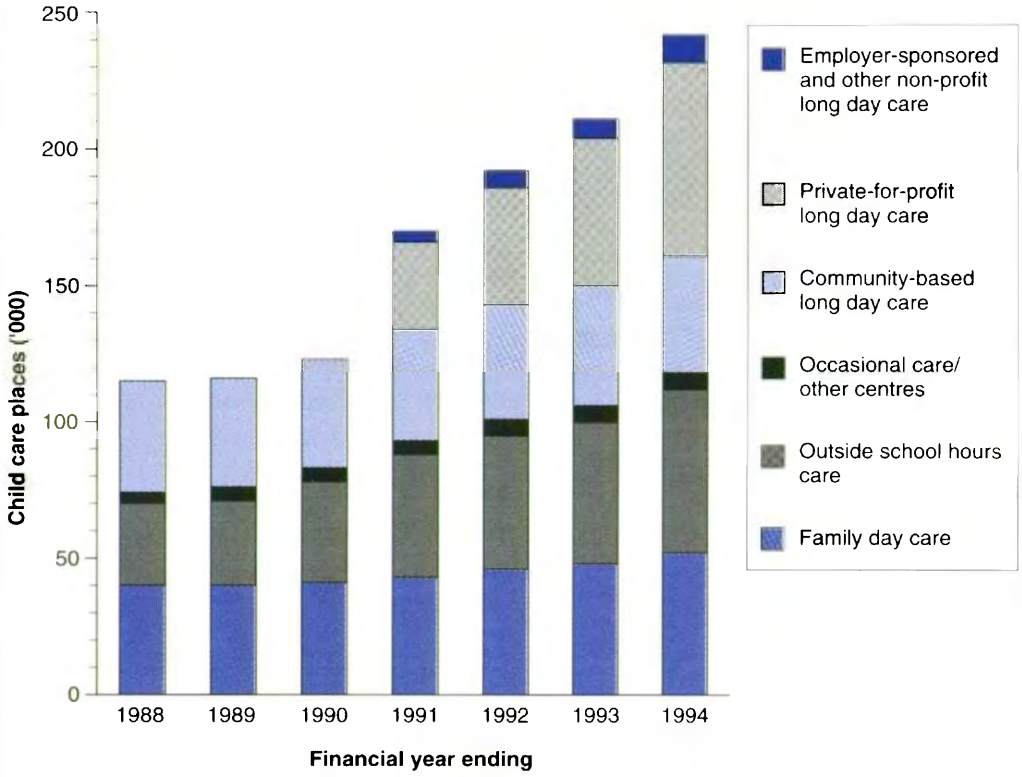
Notes

1. In addition, 1,000 long day care centre places were reserved for the Industry Initiative.
2. Approved places are places where a firm commitment has been given to establish a service, but some of the places may not yet be operating.

Source: HSH 1995b:131.

Under these Commonwealth strategies, the number of child care places approved under the Children's Services Program doubled from 113,933 in June 1988 to 245,881 in June 1994 (Table A4.2, Figure 4.3). However, the number of approved places in long day care centres increased around three-fold over the period. The near doubling of long day care centre places from 39,601 places in June 1990 to 77,786 places in June 1991 was mainly due to existing private-for-profit and employer-sponsored and other non-profit services becoming eligible for Childcare Assistance from 1 January 1991.

4 This total excludes 1,000 places reserved for the Industry Initiative.



Source: Table A4.2.

Figure 4.3: ***Growth in Commonwealth-funded approved child care places, 1988–94***

Between June 1991 and June 1994, the nature of long day care centre places approved for funding by the Commonwealth changed considerably due to increases in the number of places in private-for-profit and employer-sponsored services compared with community-based services. This was due both to increased coverage of existing services and to a growth in new services. Despite the growth in long day care centre places, capital expenditure on long day care centres has been relatively low in recent years ($2.25 million in 1993–94), partly because new private-for-profit centres provide their own capital funding.

Over the period June 1991 to June 1994, the number of approved places in private-for-profit centres and employer and other non-profit centres more than doubled, while the number of places in community-based centres increased by only 9%. Thus, while in 1991 the largest group of long day care centre places (53%) were in community-based services, by June 1994, private-for-profit services accounted for the largest share of places (56%). The Commonwealth Government has clearly been successful in its 1990 initiative

to encourage the provision of an additional 28,000 places in private-for-profit and employer-sponsored long day care centres by 1995–96, since by June 1994 the number of approved places in private-for-profit long day care centres had increased by 38,406 places. In recent years, family day care services have expanded more rapidly than community-based long day care centres. While the numbers of places in each were roughly equal in 1988, by June 1994 there were 17% more places in family day care services than in community-based centres. Under the 1995–96 Budget initiatives (see Box 4.4), the distribution of places between the various service types will continue to change, although it is difficult to predict the rate of growth of the private-for-profit sector.

The distribution of operational child care places by service type varied considerably between the States and Territories (Table A4.4). For instance, in Queensland 79% of places in long day care centres were in private-for-profit centres compared with 15% in Tasmania, and there were almost the same number of family day care places in the ACT as there were long day care centre places, while in Queensland the ratio was one to four.

Use of child care services

Between 1988 and 1994, the number of children attending Commonwealth-funded child care services is estimated to have increased three-fold from 137,100 to 396,700 (Table 4.8).

Table 4.8: ***Estimated number of children attending services funded by the Children's Services Program by type of service, 1988, 1992, 1993, 1994***

Type of service	1988	1992	1993	1994
Long day care centres	55,300	158,400	190,600	227,300
Family day care	51,300	66,100	78,800	88,700
Outside school hours care[a]	25,700	50,800	53,500	63,900
Other formal care[b]	4,900	26,500	15,800	16,800
Total children[c]	**137,100**	**301,700**	**338,600**	**396,700**

(a) Includes year round care in 1993 and 1994.
(b) Progressively includes occasional care, multifunctional children's services and multifunctional Aboriginal children's services over the 1984–91 period as these service types were introduced. Also includes children in neighbourhood model occasional care in 1993 and 1994.
(c) 1993 data adjusted to exclude 5,200 children in mobile services, toy library services and Aboriginal playgroups.

Note: Data are estimates only and are rounded to the nearest 100. Individual columns may not add to the total because of rounding.

Source: AIHW 1993:133; DHHLGCS 1993:78; HSH 1995b:130.

In June 1994, about one-third of the children attending child care services funded under the Children's Services Program were attending private-for-profit long day care centres (Table 4.9). Generally, there were many more children attending services than there were places, indicating that a proportion of children attended services—including long day care services—part-time. Not surprisingly, the differences between States and Territories in patterns of attendance across services reflected differences in the provision of service types.

Table 4.9: *Estimated number of children attending Commonwealth-funded child care services, by service type and State/Territory, 30 June 1994*

Service type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Long day care centres:									
Community-based	26,300	18,500	11,200	7,200	8,100	3,600	1,500	1,300	77,700
Private-for-profit	49,900	15,900	52,500	9,800	3,200	800	1,200	200	133,500
Employer and other non-profit	4,800	4,800	1,500	1,600	1,300	500	1,200	400	16,100
Family day care	24,500	23,800	18,100	5,500	8,400	4,100	3,300	1,000	88,700
Occasional care centres[a]	4,200	3,900	2,300	1,900	700	500	500	0	14,000
Multifunctional services	110	250	220	230	120	0	0	140	1,070
MACS[b]	820	350	130	160	110	50	0	130	1,750
Outside school hours care[c]	18,900	16,400	12,100	4,500	7,300	1,900	2,200	600	63,900
Total[d]	**129,530**	**83,900**	**98,050**	**30,890**	**29,230**	**11,450**	**9,900**	**3,770**	**396,720**

(a) Excludes neighbourhood models.
(b) Multifunctional Aboriginal children's services.
(c) Includes year round care.
(d) Totals are indicative only as children who attend more than one service type are counted in each.

Source: HSH 1995b:130.

Children using different types of child care services varied by age and school stage (Tables 4.10, 4.11). Some of these differences relate to the purposes for which these services were set up.

Services differed in the extent to which they were used to care for young children. The proportion of children under 3 years being cared for in private-for-profit long day care centres was considerably lower than in other types of long day care centres or in family day care services (Table 4.10). For instance, of children being cared for in Commonwealth-funded services in 1993, 24% of those attending private-for-profit long day care centres were 2 years or younger compared with 39% of children in community-based centres. Family day care services and employer-sponsored and other non-profit long day care centres were somewhat more likely than community-based and private-for-profit long day care centres to care for the youngest children, that is, children 1 year or younger. Twenty-two per cent of children in family day care services, for example, were 1 year or younger compared with 17% of children attending community-based long day care centres (Table 4.10). One rationale for current strategies to increase the number of family day care places is that these services provide a 'significant proportion of the care for babies' (Commonwealth of Australia 1995c:18). Family day care is also considered to be a more flexible model of care, thus suiting the needs of parents who do not work standard hours.

Table 4.10: *Children attending Commonwealth-funded child care services by age and by service type, 1992 or 1993 (%)*

Age of children (years)	Long day care centres			Family day care	Occasional care	Outside school hours care
	Community-based	Private-for-profit	Employer and other non-profit			
Under 1	4	2	6	6	5	0
1	13	6	16	16	16	0
2	22	16	23	19	29	0
3–4	54	63	49	30	48	<1
5	6	9	5	8	2	10
6 and older	<1	4	1	21	0	90
Total (%)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total children	**75,172**	**94,177**	**11,822**	**76,356**	**13,445**	**49,808**

Note: The CSP Census in 1993 only covered long day care centres and family day care services. The most recent year for which data on occasional care and outside school hours care services are available is 1992.

Source: DHHLGCS 1994:27; HSH 1995a:22–23; HSH 1995b:136.

The majority of children in long day care centres and in family day care services were less than 5 years, although a substantial minority of children in family day care services (29%) and a smaller minority of children in private-for-profit long day care centres (13%) were 5 years or older (Table 4.10). There are distinct financial advantages for low- and middle-income families in using long day care services for school-aged children rather than outside school hours programs, because parents receive the higher rate of Childcare Assistance for child care in long day care centres and family day care services (see page 121).

The 1993 ABS Child Care Survey estimated that there were 596,200 children under 12 years attending formal child care services,[5] with 236,900 of these children attending preschools (Table 4.11). Almost double that number—1,166,200—were in informal care, 61% of these children being cared for by 'other relatives'. A little over half of all children under 12 years (1,581,000 out of 3,085,900) were in neither formal nor informal

5 The 1993 ABS Child Care Survey, like the CSP Census, has a one-week reference period. Contrary to expectations, the number of children estimated by the 1993 ABS Child Care Survey attending long day care centres is considerably lower than the estimate for the CSP Census for the same period (Table A4.5). It is possible, because some long day care centres use the word 'preschool' in their name, that parents have mistakenly categorised them as such when responding to the ABS survey.

care during the period. Almost all children in outside school hours care and most children in the care of a sibling were 'attending school'; whereas most children using occasional care, long day care centres and family day care services and all children at preschool were 'not yet at school'.

Table 4.11: ***Children under 12 years of age using child care by type of care and whether or not attending school, June 1993 (%)***

Type of care	Children not yet at school	Children attending school	Total	Total children ('000)
Formal care				
Before and after school care program	0.2[a]	99.8	100.0	85.8
Long day care centre	96.4	3.6	100.0	146.7
Family day care	78.6	21.4	100.0	80.7
Occasional care	92.4	7.6[a]	100.0	50.0
Preschool	100.0	0.0	100.0	236.9
Other formal care	92.7	7.0[a]	100.0	30.0
Informal care				
Sibling care	14.6	85.4	100.0	159.1
Other relative	55.5	44.5	100.0	707.1
Other person	44.4	55.6	100.0	389.1
Totals				
Formal care only	80.9	19.0	100.0	338.7
Informal care only	37.6	62.4	100.0	908.7
Both formal and informal	81.7	18.3	100.0	257.5
Children who used neither formal nor informal care	32.3	67.7	100.0	1,581.0
Total children who used care	**54.9**	**45.1**	**100.0**	**1,504.9**
Total children	**43.3**	**56.7**	**100.0**	**3,085.9**

(a) This figure was derived from an estimate which was subject to relative standard error in excess of 25% and should be treated with caution.

Notes

1. Figures may not add exactly due to rounding.
2. Children not yet at school include children less than 4 years old and those aged 4–5 years who are not attending school. Children start school at 4 or 5 years of age depending on State/Territory arrangements.
3. Because children may use more than one type of child care, the total number of children using any combination of types of child care may be less than the sum of children using each type of care.

Source: ABS 1994a:6.

Although the aims of the Commonwealth's Children's Services Program do not distinguish between work-related and non-work-related care (HSH 1994b:183), because demand for services exceeds supply, the Commonwealth has set priority of access guidelines for all services, except occasional care services and Multifunctional Aboriginal children's services (Box 4.5).

Box 4.5: Priority of access guidelines and special services for priority groups

Services are required to give preference (in the following order) to:

- *children in families where both parents are (or a sole parent is) in the labour force or studying;*
- *children who have a disability or whose parents have a disability;*
- *children at risk of abuse or neglect;*
- *children of parents at home with more than one child under school age, and sole parents at home.*

Within these four groups, services are required to assess priority in relation to lower-income families, Aboriginal and Torres Strait Islander families, parents or children with a disability, families with a non-English speaking background, sole parents and families who are socially isolated. In employer-sponsored child care, employers may give first priority to their own employees.

Source: *Law Reform Commission 1994:30.*

The majority of children attending Commonwealth-funded child care services covered by priority of access guidelines have parents in the labour force, or studying or training for employment (DHHLGCS 1994:14; HSH 1995a:14–17). These parents are classified by the Census as using Commonwealth-funded services for 'work-related reasons'. Most children in outside school hours care (91%) in 1992 and in family day care services in 1993 (87%) were in 'work-related care'. In 1993, around three-quarters of children in community-based and employer and non-profit long day care centres were in work-related care compared to 61% of children in private centres.[6] The use of long day care centres for care that is not work-related will probably fall with the introduction of the new Childcare Assistance initiatives in April 1996.

6 Examining the proportion of total attendance hours used for work-related care provides a slightly different picture, since children in care for work-related reasons spend longer in care than other children. Thus work-related reasons accounted for 93% of total attendance hours in outside school hours care and 40% in occasional care services in 1992, and in 1993, 91% of total attendance hours in family day care, 86% in community-based long day care centres, 84% in employer-sponsored and other non-profit centres and 70% in private-for-profit centres (Department of Human Services and Health unpublished data).

Almost one-third of children in Commonwealth-funded occasional care services (29%) in 1992 had both parents or a sole parent in the labour force and were classified as being in care for 'work-related' reasons. However, parents working part-time may use services such as occasional care when they are not working—for instance, for personal reasons. Similarly, although 66% of children using informal care had both parents or a sole parent in the labour force (ABS 1994a:7), parents may use informal care for work-related reasons, for non-work-related reasons or for both.

In the 1993 ABS Child Care Survey, parents were asked for the 'main reason' they used a particular type of child care arrangement in the week before the survey (Table 4.12). Work-related reasons predominated for use of long day care centres, family day care services and outside school hours care services. The vast majority of children were attending preschool services mainly because it was seen as 'beneficial for the child'. It is important to note, however, that parents may use a particular service for many reasons; for instance, they may use informal care while they are working, and also for recreational purposes.[7]

Table 4.12: ***Children under 12 years of age who used formal or informal care by main reason for use of care, June 1993 (%)***

Type of care	Work-related	Personal	Beneficial for child	Other	Total	Total ('000)
Formal care						
Before and after school care program	91.5	4.8	2.3	1.5	100.0	85.8
Long day care centre	62.5	11.7	24.9	0.8	100.0	146.7
Family day care	78.1	12.9	8.1	0.9	100.0	80.7
Occasional care	26.2	36.4	35.8	1.4	100.0	50.0
Preschool	9.1	4.2	85.1	1.5	100.0	236.9
Other formal care	12.3	69.0	16.0	2.3	100.0	30.0
Informal care						
Sibling care	53.1	40.0	2.3	4.6	100.0	159.1
Other relative	43.3	43.1	4.7	8.9	100.0	707.1
Other person	51.2	37.8	6.2	4.8	100.0	389.1

Notes

1. Figures may not add exactly due to rounding.
2. Because children may use more than one type of child care, the total number of children using any combination of types of child care may be less than the sum of children using each type of care.

Source: ABS 1994a:12.

7 Because the ABS Survey collects information from the point of view of 'what child care services do parents use' rather than 'when parents are engaged in particular activities, what child care arrangements do parents use ', it is not possible to ascertain directly the extent to which parents use services such as preschools or informal care arrangements to care for children while they are working.

It is worth noting that 39% of children with both parents or a sole parent in the labour force used neither formal nor informal child care services (ABS 1994a:7). A 1991–92 survey of families in four areas of Melbourne found that up to one-quarter of households in which both parents or a sole parent worked used neither formal nor informal child care arrangements for children not yet at school (McDonald 1993:26). This was mainly because one or both parents worked at home, or—in two-parent families—parents' work hours did not overlap. For primary school-aged children, at least one parent worked only during school hours and so was home when the child was not at school, while a small proportion of children with working parents cared for themselves for short periods after school (DHCS 1994a:38).

Child care for parents and children with additional needs

Under the Children's Services Program (CSP), special services and programs are provided for parents and children who have additional needs and who fall into the following priority groups for these services (HSH 1994a; Law Reform Commission 1994:23).

- Under the Jobs, Education and Training scheme, sole parents wanting to enter or return to the labour force are assisted to find a place in a Commonwealth-funded child care service.

- Supplementary Services Program grants are provided to CSP services to assist staff with children who have a disability, children from a non-English speaking background, and Aboriginal and Torres Strait Islander children.

- Special services, such as mobile and toy library services and multifunctional Aboriginal children's services, are funded to assist children with a disability, children from a non-English speaking background, Aboriginal and Torres Strait Islander children and children living in rural and remote areas.

- Special Childcare Assistance is payable on a short-term basis for children from families experiencing unexpected financial difficulties, or children who are at risk of abuse or neglect where parents are unable or unwilling to pay child care fees.

Children in one-parent families were over-represented in child care services generally used for work-related reasons. While 14% of children under 12 were estimated to be in one-parent families (ABS 1994a:9), according to the CSP Census, 19% of children in long day care centres, 29% of children in family day care and 24% of children in outside school hours care came from this type of family (Table 4.13). The ABS 1993 Child Care Survey shows that overall, children in one-parent families were more likely than children in two-parent families to have used some form of child care—58% of the 429,200 children in one-parent families compared with 47% of the 2,656,700 children in two-parent families having used some form of child care in June 1993 (ABS 1994a:9). This is hardly surprising given that there is only one parent available to care for children. The Jobs, Education and Training program would also have an impact on the numbers of sole parents using formal child care services.

Table 4.13: *Children attending Commonwealth-funded child care services by family type, 1992 or 1993*

	Children in one-parent families		Children in couple families		Children in all families	
	Total	%	Total	%	Total	%
Long day care centres:						
Community-based	14,143	19	61,027	81	75,170	100
Private-for-profit	17,373	18	76,804	82	94,177	100
Employer and other non-profit	2,282	19	9,540	81	11,822	100
Family day care	22,513	29	53,843	71	76,356	100
Outside school hours care	11,973	24	37,557	76	49,530	100

Note: The Children's Services Program Census in 1993 only covered long day care centres and family day care services. The most recent year for which data on outside school hours care services are available is 1992. Data relating to family type were not collected for children attending occasional care services.

Source: DHHLGCS 1994:14; HSH 1995a:14–17.

Children with a disability were apparently under-represented in CSP services.[8] While 4.4% of children aged 0–4 years and 8.3% of children aged 5–14 years were estimated to have a disability or handicap (ABS 1993), children with a disability accounted for 2.2% of children in CSP-funded services (Table 4.14). Children whose parents had a disability—another of the priority groups for CSP-funded services—comprised less than 1% of all children in these services (Table 4.14). It is not possible to assess the extent to which such children are represented in these services from published national population data.

Children of a non-English speaking background were under-represented in child care services, according to the CSP Census and to the 1993 ABS Survey. In the CSP Census, children with one or both parents born in a country where English is not the main language are classified as being from a 'non-English speaking background' — according to the 1991 Census of Population and Housing, 22% of all children under 12 fell into this category (Department of Human Services and Health personal communication). However, the CSP Census recorded that 12% of children in long day care centres, 11% in outside school hours programs, but only 6% in family day care and in other formal care services had this background (Table 4.14). The 1993 ABS Child Care Survey, using a different definition of 'non-English speaking background', also found that such children

8 While different surveys may not use identical classifications for 'disability', 'Aboriginal and Torres Strait Islander background' and 'non-English speaking background', it is possible to gain some assessment of the extent to which these groups are represented among children using child care services.

were under-represented among children using formal services. For instance, while 12% of children under 12 were from a 'non-English speaking background', that is, came from families where the main language spoken at home was not English, 9% of children attending long day care centres, 10% of children in occasional care services and 8% of children in preschools fell into this category (ABS 1994a:9). Overall, the survey found that children from a non-English speaking background were less likely than other children to have been in any type of care, with 63% of children from a non-English speaking background having used neither formal nor informal care compared with 50% of children from an English speaking background (ABS 1994a:9).

Table 4.14: *Children with additional needs by type of service, 1992 or 1993*

Type of care	Children with disability	Parent with disability	At risk of abuse or neglect	Aboriginal and Torres Strait Islander	Non-English speaking background	Total additional needs	Total attending type of care
				Number			
Long day care centres	4,261	1,224	949	1,836	22,099	30,369	181,171
Family day care	1,344	362	532	654	4,615	7,507	76,356
Outside school hours care	1,108	154	171	759	5,545	7,737	49,808
Other formal care	412	136	76	2,768	1,106	4,497	19,740
Total formal care	**7,125**	1,875	**1,728**	**6,017**	**33,360**	50,110	**327,075**
				Per cent			
Long day care centres	2.4	0.7	0.5	1.0	12.2	16.8	100.0
Family day care	1.8	0.5	0.7	0.9	6.0	9.8	100.0
Outside school hours care	2.2	0.3	0.3	1.5	11.1	15.5	100.0
Other formal care	2.1	0.7	0.4	14.0	5.6	22.8	100.0
Total formal care	**2.2**	**0.6**	**0.5**	**1.8**	**10.2**	**15.3**	**100.0**

Note: The CSP Census in 1993 only covered long day care centres and family day care services. The most recent year for which data on other CSP-funded services are available is 1992.

1. Some children may be included in more than one additional needs category.
2. Percentages may not add exactly due to rounding.
3. Other formal care includes occasional care services, multifunctional children's services, multifunctional Aboriginal children's services and mobile and toy library services.

Source: DHHLGCS 1994:20–24; HSH 1995a:18–21.

Children from an Aboriginal and Torres Strait Islander background were also generally under-represented in formal child care services. For instance, children from this background were estimated to comprise 3.5% of the total population 0–4 years and 3.0% of

the total population 5–11 years,[9] but accounted for 1.8% of children attending Commonwealth-funded child care services (Table 4.14). However, Aboriginal and Torres Strait Islander children comprised 14% of children in 'other formal care services', which include multifunctional Aboriginal children's services. Aboriginal and Torres Strait Islander children were more likely to be cared for by family and friends than in formal care services, including preschools. The 1994 ABS National Aboriginal and Torres Strait Islander Survey showed that while 54% of the 105,600 children aged 0–12 years were using some child care arrangements, 85% of these children had been cared for only by family and friends (ABS 1995b:7). In the same survey, it was reported that there were 11,800 children (11% of all children) for whom parents would have liked to have used formal child care services in the previous four weeks.

Although no published data are available on the use of child care services by *children in rural and remote areas*, information on the provision of places by geographic location shows that at June 1994 there was a lower level of supply of long day care places per child in the target population in rural and remote areas than in major urban areas or capital cities (Table 4.15).

Table 4.15: ***Commonwealth-funded long day care centre places by service type and geographic location, June 1994***

Service type	Capital city		Major urban		Rural		Remote		Total	
	Places	%	Places	%	Places	%	Places	%	Places	%
Community-based long day care centres	32,636	75.2	3,732	8.6	5,859	13.5	1,172	2.7	43,399	100.0
Private-for-profit and employer and other non-profit centres	56,664	70.5	12,136	15.1	11,092	13.8	482	0.6	80,374	100.0
Family day care	31,765	61.5	3,771	7.3	14,824	28.7	1,291	2.5	51,651	100.0
Total	**121,065**	**69.0**	**19,639**	**11.2**	**31,775**	**18.1**	**2,945**	**1.7**	**175,424**	**100.0**
Target population[(a)]	363,906	62.3	47,085	8.1	150,314	25.8	22,443	3.8	583,748	100.0
Places per 100 children	33		42		21		13		30	

(a) Number of children aged 0–4 with both parents or sole parent in the labour force or studying.

Source: HSH 1995b:133.

9 Estimates of the Aboriginal and Torres Strait Islander population in June 1994 were prepared by the Australian Bureau of Statistics according to assumptions agreed to by the Australian Institute of Health and Welfare. The total population figures were obtained from ABS 1995a:13.

Children 'at risk of abuse or neglect' accounted for less than 1% of all children in Commonwealth-funded services (Table 4.14). No population data are available to assess the extent to which these children are represented among those attending Commonwealth-funded child care services.

There are several reasons why children with a disability, children from a non-English speaking background and Aboriginal and Torres Strait Islander children are under-represented among children attending formal child care services. Parents of children with these additional needs are less likely to be in the labour force (Committee on Employment Opportunities 1993), may not know about the availability of child care or may not feel that they need child care services. In addition, child care services may not be available in appropriate locations to assist children with additional needs. This problem has been noted in relation to children with a disability (Auditor-General 1994:81). Similarly, the relatively low level of supply of places in rural and remote areas will affect the many Aboriginal and Torres Strait Islander children living there. These problems will be addressed to some extent by the 1995–96 Budget initiatives (see Box 4.4).

Affordability of child care services

The Commonwealth aims to improve the affordability of child care services through the provision of Childcare Assistance and the Childcare Cash Rebate (see page 121). Eligibility for Childcare Assistance[10] is assessed by the Department of Social Security. Families eligible for assistance pay reduced fees for approved child care services and the Department of Human Services and Health reimburses the service providers. The Childcare Cash Rebate is administered by the Health Insurance Commission (HIC) and is paid to parents through Medicare offices on receipt of claims for child care expenses.

The proportion of families with children in long day care who received Childcare Assistance increased from 65% in June 1992 to 76% in June 1994 (Table 4.16; DHHCS 1992:86). The growth was entirely in the proportion of families receiving the full rate, from 30% in 1992 to 42% in 1994. Over the same period the number of families with children in long day care who received Childcare Assistance increased from 126,581 to 209,300, while the number who received the full rate increased from 57,699 to 114,500. The highest proportion of families receiving the full rate of Childcare Assistance at June 1994 was in private-for-profit centres. The highest growth in the receipt of Childcare Assistance was among families using private-for-profit and employer-sponsored and non-profit centres—from 62% to 77% between 1992 and 1994. It has been estimated that only 18% of families using outside school hours care services funded under the CSP receive any of the relevant Childcare Assistance payment (Law Reform Commission 1994:20).

10 Unless otherwise specified, the following discussion refers to the long day rate of Childcare Assistance.

Table 4.16: *Families with children in long day care services by level of Childcare Assistance and type of service, June 1994*

Level of assistance	Community-based centres		Private-for-profit centres		Employer and other non-profit centres		Family day care		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
Maximum assistance	26,000	39	57,300	44	5,300	39	25,900	40	114,500	42
Partial assistance	23,300	35	43,400	34	3,900	28	24,200	37	94,800	34
Total receiving assistance	**49,300**	**74**	**100,700**	**78**	**9,200**	**67**	**50,100**	**77**	**209,300**	**76**
No assistance	17,600	26	28,900	22	4,600	33	15,300	23	66,400	24
Total families	**66,900**	**100**	**129,600**	**100**	**13,800**	**100**	**65,400**	**100**	**275,700**	**100**

Source: HSH 1995b:139.

Families and their caregivers are required to register with the Health Insurance Commission in order to establish their eligibility for the Childcare Cash Rebate. At May 1995, 241,485 families with 415,932 children and 36,976 caregivers were registered (HIC, personal communication). Around 80% of families had claimed the rebate by this date—199,323 families with 343,643 children.

Childcare Assistance for one child is provided at the maximum rate of 85.33% of a set 'ceiling fee' which is indexed annually.[11] Families receiving maximum assistance are thus required to pay a minimum fee, plus the difference between the 'ceiling fee' and the amount charged by the child care service—the 'gap fee'. The CSP Census shows that in June 1993 the average full-time weekly fee for different types of long day care services in the States and Territories varied considerably and was often substantially above the 'ceiling fee', then $108.50 (Table 4.17).

Table 4.17: *Average full-time fees per week by service type and State/Territory, June 1993 ($)*

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Long day care centres:									
Community-based	122	132	109	128	145	140	132	123	126
Private-for-profit	122	127	122	125	135	135	146	115	124
Employer and other non-profit	133	128	115	123	131	133	138	117	129
Family day care (a)	122	112	113	112	117	124	109	113	116

(a) Includes administration levy.

Source: HSH 1995b:137.

11 Higher rates for Childcare Assistance apply where more than one child is in care. The 'minimum fee' and the 'ceiling fee' are the same for Childcare Assistance and the Childcare Cash Rebate.

At that time, only parents using community-based long day care centres in Queensland or family day care services in the Australian Capital Territory were, on average, charged almost no 'gap fee'. Parents using community-based long day care centres in South Australia and Tasmania and private-for-profit long day care centres in the Australian Capital Territory had, on average, a 'gap fee' of $30 or more per child for full-time weekly care. Family day care services were cheaper than all types of centre-based long day care except in New South Wales and Queensland. Fees in long day care centres were highest in Tasmania, South Australia and the Australian Capital Territory. Family day care fees were also highest in Tasmania but lowest in the Australian Capital Territory.

It has been argued that where services charge gap fees as high as $30 a week per child, formal child care services may not be affordable for low income families—for instance, sole parent pensioners who are studying so that they can return to the workforce (Auditor-General 1994:43). While the introduction of the Childcare Cash Rebate will improve the situation for low-income families receiving Childcare Assistance, the rebate may only be claimed for 30% of the gap fee. The procedures for parents claiming both Childcare Assistance and the Childcare Cash Rebate are administratively cumbersome since parents have to apply to the Department of Social Security to establish eligibility for Childcare Assistance and to the Health Insurance Commission to claim the Childcare Cash Rebate.

It is not possible to examine parents' relative expenditure on different types of child care services from the 1993 ABS Child Care Survey published tables, since the average numbers of hours for which parents use different types of care are extremely variable. However, it is worth noting that almost all care provided by siblings and other relatives costs nothing, even though one-fifth of children cared for by 'other relatives' are in these care arrangements for substantial periods of time. In 1993, of 707,100 children cared for by 'other relatives', 95% were cared for at no cost, although 22% were in this type of care for 20 hours or more a week (ABS 1994a:11–12).

Quality of child care services

The rapid expansion of child care in Australia has led to concerns regarding the quality of these services. Two specific aspects of quality in child care services have been addressed by the Federal Government—standards and accreditation.

Standards refer to 'quantifiable inputs' (Brennan 1994:201), such as the physical environment of the facility, health and safety features, the program of activities, the administration of the service, and the number and qualifications of the staff. Nationwide standards for long day care centres, family day care and outside school hours care have now been endorsed by the Council of Community Services Ministers (CSWM 1993; CCSM 1995a, b). These standards are designed to assist the States and Territories in their roles as the licensing agents for child care services, and to make such licensing arrangements more uniform in Australia (Law Reform Commission 1993:27).

One of the more contentious standards issues has been staffing levels, as measured by the ratio of children to staff. The current regulations for this ratio in long day care services in each of the States and Territories are shown in Table 4.18. For children over the age of 3 years, the ratio ranges from seven children per staff in Tasmania to 15 in

Victoria. Younger children (those under age 3) require more supervision, and this is reflected in the lower children per staff regulations, from three babies (under 1 year of age) per staff in Tasmania to eight 2-year-olds per staff in New South Wales. The national standards specify that in long day care centres there should be no more than five children under the age of 3 per staff, and eleven children aged 3 and over per staff (CSWM 1993:52). The standards further stipulate that by the year 2000 at least half of the staff should have qualifications from either a two-year post-secondary course in child care or a three-year tertiary course in early child care or education. In recognition of the current levels of trained staff, the standards set a target to have at least one-third of staff trained to these levels 'in the short term' (CSWM 1993:54).

Table 4.18: ***Regulation number of children by age per worker in long day care centres, by State/Territory, 1992***

Age of child	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
Less than 1 year	5	5	4	4	5	3	5	5
1 year	5	5	5	4	5	5	5	5
2 years	8	5	6	5	5	7	7	5
3 years and over	10	15	12	10	11	7	11	10

Source: McNeice et al. 1995:36.

Accreditation, the second quality issue, has been addressed by the Federal Government through the Quality Improvement and Accreditation System. The focus of accreditation is the interaction of children with staff and the educational programs in the service (Brennan 1994:201). From the beginning of 1994, long day care centres have been required—as a condition of continued Childcare Assistance funding—to register with the National Childcare Accreditation Council (NCAC) by 30 June 1995. As part of the accreditation process, each centre is required to provide the Council with a self-assessment of the quality of the care it provides, as measured by 52 specific criteria or 'principles' (NCAC 1993). This assessment is validated by an external peer reviewer appointed by the Council. The Council then awards accreditation to the centre and specifies that another review should occur after 1, 2, or 3 years, according to the centre's assessment in the first review. The Council reports that 99% of the estimated 3,500 long day care centres in Australia had registered for accreditation by the 30 June deadline and that most of these had completed or were in the process of completing their self-study reports. As of 27 June 1995, 161 centres had received accreditation (NCAC, personal communication).

This section of the chapter has focused on the substantial improvements that have occurred in the supply and affordability of child care and the attention currently being paid to monitoring and improving the quality of child care. The next section of the chapter discusses trends in, and characteristics of, child welfare services.

4.3 Child welfare services

Provision of child welfare services

State and Territory governments have the major responsibility for child welfare services, that is, child protection services, substitute care services (including adoptions) and family support services. State and Territory governments provide substitute care services and family support services themselves or they fund non-government organisations to provide these services. One emerging issue in regard to State welfare services is the 'increasing emphasis on crisis services as opposed to broader support services' (Cashmore 1995:10).

In conjunction with State and Territory governments, the *Commonwealth* has responsibility in the child welfare area as a signatory of the United Nation's Convention on the Rights of the Child (NCPC 1993). The Commonwealth Government is involved in child protection through the National Child Protection Council, which was established in 1991 and comprises representatives from the State and Territory governments and the community, including the Aboriginal community. The Council's role is to promote and commission research on the prevention of child abuse and neglect and to promote 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 Clearing House was relocated to the Australian Institute of Family Studies in January 1995. In consultation with the State and Territory governments, the Council has developed a National Prevention Strategy for Child Abuse and Neglect which provides a coordinated approach to preventing child abuse and neglect. The National Council is concerned with developing three types of prevention strategies: primary prevention strategies which are directed at the general population; secondary prevention strategies which are directed at groups where there is considered to be a high risk of abuse or neglect; and tertiary prevention programs which are targeted at families where abuse has already occurred (NCPC 1993). The Commonwealth Government is currently working with the States and Territories to implement the national strategy.

This section of the chapter on services for children describes and discusses findings from the three national child welfare collections for which the Institute is responsible: child abuse and neglect, children under care and protection orders, and adoptions. Currently, there is no national collection of substitute care data, apart from adoptions, nor is there a national family support services data collection.

Government expenditure on child welfare services

It is not possible to present comparable State and Territory expenditure figures or to derive a total national expenditure figure on child welfare. This is because the structure of child welfare programs varies considerably across States and Territories, and because some States and Territories include related welfare programs with child-centred programs. Nevertheless, child welfare services constitute a significant proportion of State and Territory expenditures on community services. For instance, in 1993–94, 12% of New South Wales Department of Community Services (DCS) expenditure was

on child welfare services ($105.6 million out of a total expenditure of $918.7 million). Of the expenditure on child welfare, 35% ($37.3 million) was spent on child protection (child abuse investigation, prevention and education) and 65% ($68.3 million) on substitute care. Another $60.3 million was spent on family and children's support services (NSW DCS 1994).

Child abuse and neglect

The States and Territories have primary responsibility for the investigation of suspected cases of child abuse and neglect and for consequential action, such as placing a child in substitute care and/or applying for a protective order. There are significant differences in legislation, terminology, procedures and processes among the States and Territories—whether or not behaviour is defined as child abuse and neglect depends on community standards, and these standards may change over time. Although child abuse and neglect is variously defined by different State and Territory statutes, the State and Territory departments have agreed upon the following common definition:

> 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 (Angus & Woodward 1995).

In general, allegations of child abuse and neglect may be made directly to State and Territory departments responsible for child welfare, or indirectly through other agencies, for instance, the police or hospitals, or to both the department and to another agency. In certain States, reports to some of these agencies, such as the police, are not included in the national statistics compiled by the Australian Institute of Health and Welfare (Angus & Woodward 1995:3).

Legislation regarding the reporting of child abuse and neglect varies considerably across the States and Territories of Australia (Zabar & Angus 1994:4). A summary of the provisions for mandatory reporting is shown in Box 4.6.

An investigation of child abuse and neglect may be carried out by the welfare department alone, by another agency (for example, hospital, police) or by both. After a case has been investigated, the departmental officer responsible for the case determines an assessment outcome. The possible assessment outcomes vary between the States and Territories.

Where there are reasonable grounds to believe that the child has been abused or neglected, a case is designated as 'substantiated'. This does not imply that there is a need for case management or intervention by the department or that court action is warranted. A case may be substantiated without there being sufficient evidence to bring the matter to court or a need for such action. Only a minority of cases go to court; some States and Territories actively seek to bring about a suitable resolution to the case without involving the court.

Box 4.6: Mandatory reporting

All States and Territories except Western Australia and the Australian Capital Territory have systems of compulsory reporting of child abuse. Family court staff are also required to report all suspected cases under the Commonwealth Family Law Act 1975.

New South Wales

Medical practitioners have been required by law, since 1977, to report physical and sexual abuse. Under the Children (Care and Protection) Act 1987, *teaching staff (including principals, deputy principals, teachers, school social workers and school counsellors) are required to report suspected cases of child sexual abuse. Teachers are also required by Department of School Education policy to notify suspected physical and emotional abuse and neglect. Members of the police service and Department of Health workers are also required, under their own departmental guidelines, to report abuse.*

Victoria

In June 1993 the Victorian Government legislated for mandatory reporting of child abuse by particular professional groups including doctors, primary and secondary school teachers, police officers, youth and care workers, social workers, welfare workers and other workers in the health, education, community and welfare services fields. Doctors, nurses and police were mandated from late 1993, primary and secondary school teachers from July 1994, and the other groups will be mandated progressively in the future.

Queensland

Doctors are required by law to notify the Department of Family and Community Services of all suspected cases of child abuse under the Health Act Amendment Act 1980. *Queensland Education Department guidelines state that teachers are required to advise their principal of suspected cases of child abuse, but there is no legislation or policy that requires reporting to child protection authorities.*

Western Australia

In Western Australia, referrals concerning possible harm to children are facilitated, not by mandatory reporting, but by a series of reciprocal protocols that have been negotiated with key government and non-government agencies. Community awareness programs and education of professional groups also contribute to identification of possible maltreatment and action to prevent further harm from occurring.

South Australia

Under the Children's Protection Act 1993, *the following persons are required to notify the Department for Family and Community Services when they suspect on reasonable grounds that a child is being abused or neglected: medical practitioners, nurses, dentists, psychologists, police, probation officers, social workers, teachers, family day care providers; an employee of, or volunteer in, a government department, agency, or a local government or non-government agency, that provides health, welfare, education, child care or residential services wholly or partly for children. Training for mandated notifiers has been in place since 1989.*

(*continued*)

Box 4.6 (continued): Mandatory reporting

Tasmania

In Tasmania it is mandatory for the following professionals to report suspected cases of child abuse to the Child Protection Board: medical practitioners, registered nurses, probation officers, child welfare officers, school principals, kindergarten teachers, welfare officers appointed under the Alcohol and Drug Dependency Act 1968, *guidance officers and psychologists.*

Australian Capital Territory

There is currently no mandatory reporting of child abuse in the Australian Capital Territory. The Children's Services Act 1986 *contains a provision that certain specified professionals (including medical practitioners, dentists, registered nurses, police officers and others) be required to report suspected cases of child abuse. However, this provision did not take effect when the Act came into operation. The ACT Community Law Reform Committee, which published its findings in November 1993, was requested by the Australian Capital Territory Government to consider enacting the provision. The government, elected in March 1995, is considering its position on mandatory reporting.*

Northern Territory

It is mandatory for any person who believes that a child is being, or has been, abused or neglected to make a report either to a Family, Youth and Children's Services office of the Department of Health and Community Services or to the police, who will then notify Family, Youth and Children's Services.

In Queensland, Western Australia, Tasmania and the Australian Capital Territory the departments have the option of determining the outcome of a case 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.

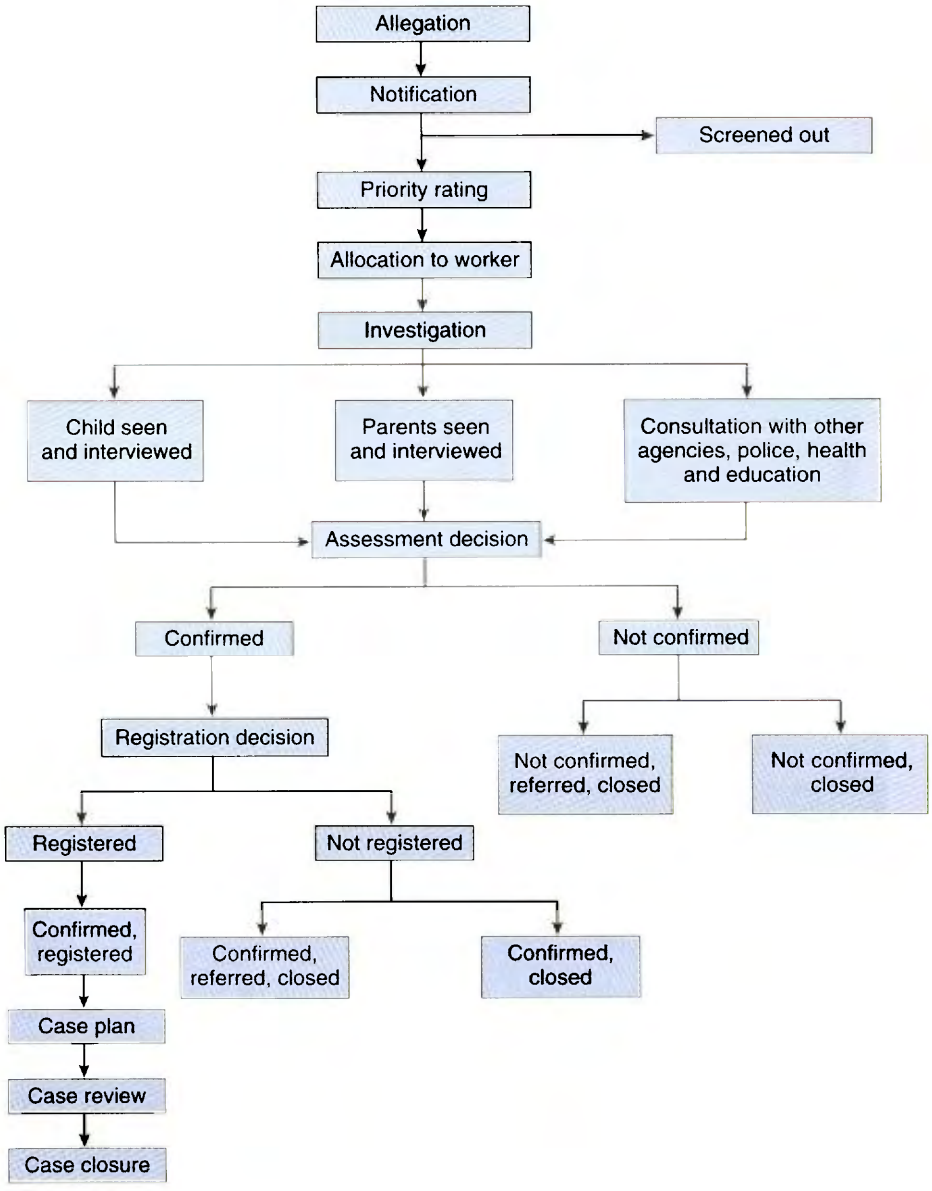
All States and Territories identify those cases where it has been determined that 'no abuse or neglect has occurred' or where 'no further action is possible' (such as where the family has moved to an unknown address).

Substantiated cases are assigned to one of four categories:

- physical abuse (any non-accidental physical injury);
- emotional abuse (any kind of psychologically damaging adult–child relationship);
- 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).[12]

12 Where more than one type of abuse or neglect has occurred, the case should be classified to that 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.

Although the legislation relating to child abuse and neglect differs between States and Territories, the processes used in handling cases are somewhat similar. A schematic diagram showing the procedure used in New South Wales is shown in Figure 4.4.



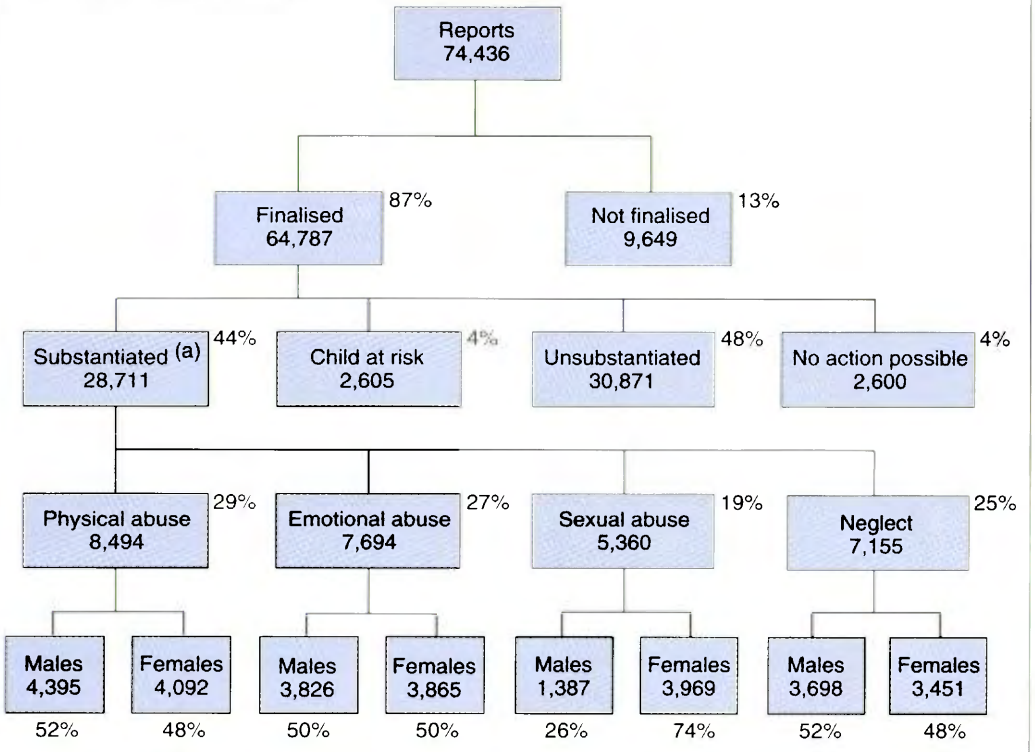
Source: Zabar & Angus 1994:8.

Figure 4.4: ***Reporting and investigation process flow chart, child abuse and neglect, New South Wales, 1994***

Child abuse and neglect 1993–94

During 1993–94 State and Territory welfare departments received 74,436 reports of child abuse and neglect—an increase of 26% over 1992–93. (A report is defined as an allegation that warrants investigation.) Of these, the assessment of 64,787 cases was finalised.[13] There were 9,649 cases—a much higher number than in past years—which had not been finalised by the close-off date for these statistics, 31 August 1994.

The broad pattern of child abuse and neglect cases in Australia in 1993–94 is set out in Figure 4.5.



(a) Includes eight cases where the type of abuse or neglect is not known.

Note: Figures by sex exclude cases where the sex of the child is not known.

Source: Angus & Woodward 1995:9.

Figure 4.5: ***Number of reports by assessment outcome, type of abuse and sex of child, Australia, 1993–94***

Of the 64,787 cases of child abuse and neglect finalised during the year, 28,711 cases were substantiated (44% of finalised cases). A further 2,605 cases (4%) were not substantiated but

13 A case is finalised following a child abuse and neglect report being investigated and an assessment outcome determined.

the child was assessed as being at risk. There were 30,871 cases (48%) in which no abuse or neglect was found, and a further 2,600 cases (4%) where no action was possible. The 28,711 cases of child abuse and neglect substantiated during 1993–94 involved 24,845 children and represents an increase of 12% from 1992–93 (Table 4.19) (Angus & Woodward 1995:8).

Table 4.19: ***Child abuse and neglect cases: assessment outcome of case by State/Territory, 1993–94***

Outcome	NSW	Vic[a]	Qld	WA	SA	Tas	ACT	NT	Australia
Finalised									
Substantiated	15,128	5,253	3,127	1,830	2,077	424	495	377	28,711
Child at risk	[b]	[b]	1,336	943	[b]	154	172	[b]	2,605
No abuse or neglect found	12,015	7,360	3,580	2,890	3,308	903	445	370	30,871
No action possible	956	505	546	390	144	0	35	24	2,600
Total finalised	*28,099*	*13,118*	*8,589*	*6,053*	*5,529*	*1,481*	*1,147*	*771*	*64,787*
Not finalised	4,136	2,026	2,083	556	629	158	61	0	9,649
Total cases reported	**32,235**	**15,144**	**10,672**	**6,609**	**6,158**	**1,639**	**1,208**	**771**	**74,436**

(a) The definition of 'Case' in Victoria is more restricted than that used for other States as 'investigation' in Victoria refers to a more detailed face-to-face interview.

(b) New South Wales, Victoria, South Australia and the Northern Territory do not assign children to the 'Child at risk' category.

Source: Angus & Woodward 1995:20.

Source of reports

In 1993–94 the highest number of reports of finalised cases of child abuse and neglect came from friends and neighbours (16%), followed by parents and guardians (14%), school personnel and the police (each 12%). Friends and neighbours were clearly the highest reporters of cases assessed as 'Child at risk' (17% of such cases), 'No abuse or neglect found' (20%) and 'No action possible' (19%), while they were the source of only 10% of substantiated cases (Table A4.6).

Reports of abuse and neglect from the subject child and from social workers had the highest rates of substantiation (each 58%), followed by the police (57%), health workers other than a medical practitioner (56%) and hospital and health centre staff (54%). Reports from anonymous persons (24%), friends and neighbours (30%) and siblings (31%) showed the lowest rates of substantiation. Friends and neighbours, the largest source of reporting, had one of the lowest rates of substantiation, whereas the subject child, one of the sources reporting least often, had one of the highest rates of substantiation. Professionals, including medical and health staff, social workers and school personnel, had a very consistent substantiation rate of between 49% and 58% (Table A4.6).

Age of children and type of abuse

Children of both sexes were represented almost equally in substantiated cases of neglect, physical abuse and emotional abuse, while females were the victims in the majority (74%) of sexual abuse cases. More boys than girls aged 0–9 years were the subject of substantiated cases, while girls were in the majority in other age groups (Table 4.20).

Table 4.20: *Substantiated cases: age of child by type of abuse and neglect and sex, Australia, 1993–94*

Age of child (years)	Physical			Emotional			Sexual			Neglect			Total		
	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
Under 5	1,266	1,009	2,276	1,511	1,334	2,846	303	499	803	1,644	1,581	3,228	4,726	4,424	9,156
5–9	1,338	915	2,255	1,083	1,004	2,089	593	1,107	1,702	1,146	985	2,133	4,162	4,011	8,181
10–14	1,480	1,605	3,089	1,063	1,180	2,243	366	1,767	2,134	771	720	1,492	3,682	5,273	8,961
15–17[(a)]	231	493	724	101	252	353	86	503	589	77	95	172	495	1,343	1,838
Not stated	80	70	150	68	95	163	39	93	132	60	70	130	247	328	575
Total	**4,395**	**4,092**	**8,494**	**3,826**	**3,865**	**7,694**	**1,387**	**3,969**	**5,360**	**3,698**	**3,451**	**7,155**	**13,312**	**15,379**	**28,711**

(a) Includes 21 cases involving persons aged over 17 years.

Notes

1. Totals include eight cases where the type of abuse is not known and twenty cases where the sex of the child is not known.
2. M = males F = females P = persons

Source: Angus & Woodward 1995:23.

Relationship to the child of the person believed responsible for the abuse or neglect

Information on the relationship to the child of the person believed responsible for the abuse or neglect is seriously affected by having this data item not coded for 39% of records. When these cases are excluded, natural parents (including a few but unknown number of adoptive parents) were identified as being responsible for the abuse or neglect in 72% of substantiated cases and step-parents, de facto parents, foster parents and guardians were identified as being responsible in 12% of cases (see Table A4.7).

Other persons were identified as being responsible in only a small minority of cases: siblings and other relatives in 7%, and friends or neighbours in 6% of substantiated cases. In 4% of cases, the person was someone other than a parent or guardian, sibling, other relative or friend or neighbour (most of these were cases of sexual abuse).

Abuse of Aboriginal and Torres Strait Islander children

Aboriginal and Torres Strait Islander children were over-represented in substantiated cases of abuse and neglect, particularly in cases of neglect and among children at the youngest ages.

Eight per cent of children in substantiated cases of abuse and neglect were Aboriginal and Torres Strait Islander children, a much higher proportion than they represent in the population aged 0–16 (3%). The rate of abuse and neglect for Aboriginal and Torres Strait Islander children was 15.2 per 1,000 children 0–16 years compared to 5.7 for all children. The difference was greatest for neglect, with the rate for Aboriginal and Torres Strait Islander children being more than four times the rate for all children (Table 4.21).

Table 4.21: ***Children aged 0–16 years in substantiated cases per 1,000 children aged 0–16 years, by type of abuse and neglect, 1993–94***

	Type of abuse and neglect				
	Physical	**Emotional**	**Sexual**	**Neglect**	**Total**
Aboriginal and Torres Strait Islander children	3.6	3.8	2.0	5.8	15.2
All children	1.7	1.5	1.1	1.4	5.7

Note: Rates are calculated by dividing the number of children in substantiated cases by the estimated resident population for each age group at 30 June 1994, multiplied by 1,000.

Source: Angus & Woodward 1995:14.

The rate of abuse and neglect for Aboriginal and Torres Strait Islander children aged 0–16 years was highest in the 0–4 years age group (16.3 per 1,000 children). This compares with a rate of 6.0 for all children aged 0–4 years. This age group showed the greatest difference in rate between Aboriginal and Torres Strait Islander children and all children. This reflects in part the higher rate of neglect cases involving young Aboriginal and Torres Strait Islander children (Table 4.22).

Table 4.22: *Children aged 0–16 years in substantiated cases per 1,000 children aged 0–16 years, by age group, 1993–94*

	Age (years)				
	0–4	5–9	10–14	15–16	Total
Aboriginal and Torres Strait Islander children	16.3	15.4	15.6	5.0	15.2
All children	6.0	5.5	6.1	3.2	5.7

Note: Rates are calculated by dividing the number of children in substantiated cases by the estimated resident population for each age group at 30 June 1994, multiplied by 1,000.

Source: Angus & Woodward 1995:14.

Changes over time

There has been a sharp increase in reported cases of child abuse and neglect in Australia in recent years, particularly since 1989–90—the increase in cases averaging approximately 15% per year since 1988–89. An important factor in this substantial increase has been the rise in public awareness of child abuse and neglect, which has been given impetus by a number of highly publicised cases of child abuse, and by the publicity surrounding the introduction of mandatory reporting in Victoria over the past few years.

The number of cases assessed as 'substantiated' and 'child at risk' increased from 21,447 to 31,316 between 1988–89 and 1993–94—an average increase of approximately 9% per year. The number of substantiated and 'at risk' cases of abuse and neglect in 1993–94 has been boosted by a change in the basis of compiling data on substantiated cases in Victoria (see note to Table 4.23). Without this factor the number of substantiated and 'at risk' cases would have increased at a somewhat lower rate than the increase in reports—the increase averaging approximately 7% per year since 1988–89.

The number of cases not finalised in 1993–94 (9,649) was much higher than in previous years, reflecting the increased workloads of welfare department staff resulting from the sharp increase in reports (Table 4.23).

Table 4.23: *Reported cases: assessment outcome, 1987–88 to 1993–94*

	Finalised						
Year	Substantiated	Child at risk[a]	No maltreatment	No action possible	Total finalised	Not finalised	Total
1987–88[b]	19,860	2,979	15,548	1,342	39,729	2,387	42,116
1988–89	18,816	2,631	14,305	1,545	37,297	5,171	42,468
1989–90[c]	18,333	2,572	17,267	1,454	39,626	3,069	42,695
1990–91	20,868	3,043	21,288	1,570	46,769	2,952	49,721
1991–92	21,371	2,718	23,409	1,644	49,142	4,154	53,296
1992–93	25,630	2,543	25,483	2,239	55,895	3,227	59,122
1993–94	28,711	2,605	30,871	2,600	64,787	9,649	74,436

(a) New South Wales, Victoria and South Australia do not assign children to the 'Child at risk' category. The Northern Territory did not assign children to the 'Child at risk' category in 1993–94.
(b) Data for Western Australia were not available.
(c) Data for Tasmania and the Australian Capital Territory were not available.

Note: Figures for Victoria prior to 1992–93 relate to cases 'Registered' and are underestimates of the number of cases substantiated.

Source: Angus & Woodward 1995:38.

Measuring the incidence of child abuse and neglect

In 1993–94, 5.7 per 1,000 children Australia-wide were involved in substantiated cases of abuse and neglect. Significant variation across the States and Territories underlies this national figure, with New South Wales having the highest rate (8.6 per 1,000 children) and Tasmania (3.0 per 1,000 children) and Queensland (3.1 per 1,000 children) having the lowest rates. The rates per 1,000 children in the population are shown in Table 4.24.

Table 4.24: *Children aged 0–16 years in substantiated cases per 1,000 children aged 0–16 years by age group, and State/Territory, 1993–94*

State/Territory	0–4	5–9	10–14	15–16	Total[(a)]
New South Wales	8.6	8.5	9.5	4.8	8.6
Victoria	5.7	4.4	5.1	2.7	4.8
Queensland	3.4	2.8	3.5	1.6	3.1
Western Australia	4.3	3.9	3.6	1.9	3.7
South Australia	4.5	5.9	5.3	3.6	5.4
Tasmania	1.9	2.4	3.2	3.3	3.0
Australian Capital Territory	7.3	5.6	5.2	2.0	5.7
Northern Territory	7.5	5.5	7.8	1.8	6.5
Australia	**6.0**	**5.5**	**6.1**	**3.2**	**5.7**

(a) Includes 527 children of unknown age but excludes 117 children aged over 16 years.

Note: Rates are calculated by dividing the number of children in substantiated cases by the estimated resident population for each age group at 30 June 1994, multiplied by 1,000.

Source: Angus & Woodward 1995:13.

It is important to note that substantiated cases of child abuse and neglect compiled nationally are not measures of the *incidence* of abuse and neglect.

Cases reported to departments responsible for child welfare represent only a proportion of child abuse and neglect cases in the community. In some States and Territories, reports can be made to other agencies, and data relating to these reports are not included in the national statistics. For instance, in Queensland, State data do not include cases of child abuse by a person not living in the child's home, since the police are responsible for investigating these reports. Also, many cases of child abuse and neglect go unreported. Persons 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 be reluctant, because 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 person responsible for the abuse or neglect and the child being abused or neglected.

Enhancing child abuse and neglect data

It has been argued by Thorpe that a number of child abuse and neglect cases (particularly those classified as emotional abuse or neglect) do not involve *deliberate* acts of commission (physical and sexual abuse) or omission (neglect and emotional abuse) by the persons responsible for the child (Thorpe 1994). Thorpe considers that these cases should not be classified as 'child protection' cases, but more appropriately regarded as situations where the family needs support and assistance in caring for the child—what he terms 'child welfare' cases. This argument is based on Thorpe's detailed study of child protection cases referred to the Department of Community Services in Western Australia in a three-month period in 1987 and a similar study of case records in Wales (UK) in 1990 (Thorpe 1994:51). However, in a recent critique of Thorpe's book, Cashmore warns of the dangers in accepting his findings uncritically and expresses concerns about Thorpe's assumptions relating to severity of physical and sexual abuse and his 'apparent trivialisation of neglect and emotional abuse' (Cashmore 1995:11).

Additional national data on child abuse and neglect cases would provide some information on such issues. These data might include, for instance, the type of injury or harm experienced by children, the number of children placed under a care and protection order, the number of children placed in substitute care, the type and duration of such placements, the number of children or families receiving services and rates of re-abuse. At the present time, such measures cannot be compiled nationally as these data are either not recorded by the State and Territory welfare departments or else the definitions differ. Appendix Table A4.8 provides some indicative data on the range of injury and harm sustained in cases of abuse and neglect in Queensland in 1993–94.

The lack of such data for child abuse and neglect cases has been an issue of concern for a number of years and the Institute is currently investigating the feasibility of collecting these data nationally (see Chapter 8).

Children under care and protection orders

As noted above, a child who is the subject of a substantiated case of child abuse or neglect may be placed under a 'care and protection order', placed in substitute care, or both. At present there is no national information on the proportion of children under 'care and protection orders' who are under orders as a consequence of substantiated cases of child abuse or neglect. Although there is no national data collection on substitute care, there are national data on the proportion of children under care and protection orders who are in substitute care with details of types of placements.

In Australia, each State and Territory has legislation defining what constitutes a child 'in need of care and protection'. The legislation also provides for action that can be taken if a child is found to be in need of care and protection, such as removing the child from the family home or requiring the child to undergo a medical examination.

A child is deemed to be in need of care and protection if the child is being, or is likely to be, abused or neglected; if the child has been abandoned; if adequate provision is not being made for the child's care; or if there is an irretrievable breakdown in the relationship between the child and the child's parents.

A child found to be in need of care or protection may be placed under an order issued by a court, a children's panel, a Minister of the Crown or an authorised welfare department officer. Depending on the circumstances, the authority may determine that the child be made a ward of the State or Territory, or be placed under another type of order, or the authority may request that the parents undertake to provide proper care. There are various types of orders, which may be classified as either:

- *a guardianship order,* where a child becomes a ward of the State or Territory and his or her 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; or
- *a non-guardianship order,* where 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.

A guardianship order is usually issued when the family has not provided, or is unable to provide adequate care and/or protection and the child is found to be in danger of abuse or serious neglect. Guardianship orders may also be issued in circumstances where there are irreconcilable differences between children and their parents, where the child has been abandoned, or where a supervision order has been breached.

Non-guardianship orders give a welfare department responsibility for a child's care (usually as a result of a family crisis) or protection (for instance, from abuse or neglect). These orders generally result in children being placed under the short-term supervision of a welfare department. As a consequence of this, a child may be placed away from his or her family until circumstances permit the child's return. The types of orders available vary across States and Territories.

The reasons why children might need substitute care services are many and varied. Substitute care options are provided 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. Substitute care placements may also be required as the result of the death or permanent incapacity of parents or irretrievable family breakdown. A variety of long-term and short-term placement options are used, including respite care, short- and long-term foster care, shared family care, group home care, residential care and, for adolescents, semi-independent living arrangements. It is generally the stated practice of State and Territory departments to keep children in their own home wherever possible and to put children in substitute care only if there is no feasible alternative (NSW DCS 1994:15).

A large proportion of children in substitute care are under an order for their care and protection. A 1994 census of children in substitute care in Victoria showed that 58% were under a care and protection order (DHCS 1994b).

Children under care and protection orders 1993–94

At 30 June 1994 there were 12,750 children under care and protection orders. About two-thirds of these children (8,794 or 69%) were under guardianship orders and around one-third (3,956 or 31%) were under other orders for care and protection. There were more boys (6,557) than girls (6,193) under care and protection orders, and this was so in all the States but not the Territories.

Of the 12,750 children under care and protection orders, 12,549 were aged 0–17 years. This represents a rate of 2.8 per 1,000 children aged 0–17 years for Australia, and comprises rates of 1.9 and 0.9 for children under guardianship and non-guardianship orders respectively. Tasmania (4.9) had the highest rate and Western Australia (1.4) and the Australian Capital Territory (1.4) the lowest (Table 4.25).

Table 4.25: ***Children under care and protection orders per 1,000 children: type of order by State/Territory, at 30 June 1994***

Type of order	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Guardianship orders									
Children 0–17 under orders	2,161	1,676	2,610	643	1,048	346	26	119	8,629
Orders per 1,000 children 0–17	1.4	1.5	3.1	1.4	2.9	2.7	0.3	2.2	1.9
Non-guardianship orders									
Children 0–17 under orders	1,592	1,441	293[a]	[b]	232	273[c]	85	4	3,920
Orders per 1,000 children 0–17	1.0	1.3	0.3	[b]	0.6	2.1	1.1	0.1	0.9
Total orders									
Children 0–17 under orders	3,753	3,117	2,903	643	1,280	619	111	123	12,549
Orders per 1,000 children 0–17	2.4	2.8	3.4	1.4	3.6	4.9	1.4	2.2	2.8

(a) Excludes 58 children (29 males and 29 females) who were also under guardianship orders.
(b) Western Australia generally does not place children under non-guardianship orders for care and protection.
(c) Includes children under voluntary respite care orders and non-custodial supervision orders.

Notes
1. Includes 130 children of unknown ages but excludes 201 persons aged 18 and over who remain under orders.
2. Rates are calculated by dividing the number of children under care and protection orders by the estimated resident population aged 0–17 at 30 June 1994, multiplied by 1,000.

Source: Angus & Golley 1995:7.

The majority of children under care and protection orders were placed in foster care (6,690 or 52%) or were living with parents or relatives (3,315 or 26%) (Table 4.26). Over three-quarters of children under guardianship orders were in the two main types of substitute care (foster care and residential child care), particularly foster care, and only 14% lived with parents or relatives. In contrast, only 41% of children under non-guardianship orders were in the two main types of substitute care, while over 50% lived with parents or relatives.

Table 4.26: *Children under care and protection orders: placement type by type of order and sex, at 30 June 1994*

Placement	Guardianship orders			Non-guardianship orders[a]			Total[a]		
	Males	Females	Persons	Males	Females	Persons	Males	Females	Persons
Foster care	2,714	2,758	5,472	618	600	1,218	3,332	3,358	6,690
Parent/relative	659	586	1,245	1,041	1,029	2,070	1,700	1,615	3,315
Residential child care	723	531	1,254	214	175	389	937	706	1,643
Residential care	8	12	20	20	7	27	28	19	47
Corrective establishment	43	3	46	19	2	21	62	5	67
Other	381	376	757	117	114	231	498	490	988
Total	**4,528**	**4,266**	**8,794**	**2,029**	**1,927**	**3,956**	**6,557**	**6,193**	**12,750**

(a) Excludes 58 Queensland children (29 males and 29 females) who were also under guardianship orders.

Source: Angus & Golley 1995:7.

The rate of Aboriginal and Torres Strait Islander children under care and protection orders is considerably greater than that for all children—15.2 per 1,000 Aboriginal and Torres Strait Islander children compared with 2.8 per 1,000 children overall.[14] Aboriginal and Torres Strait Islander children are placed under guardianship orders at a rate of 10.8 per 1,000 and under non-guardianship orders at a rate of 4.4 per 1,000, both rates more than five times those for all children aged 0–17. In terms of guardianship orders, Queensland (19.8) and South Australia (16.6) had the highest rates for Aboriginal and Torres Strait Islander children and New South Wales (4.4) the lowest.[15] In contrast, New South Wales (9.8) had the highest rate of Aboriginal and Torres Strait Islander children placed under non-guardianship orders and Queensland the lowest (1.4) [16] (Table 4.27).

14 Excludes the Australian Capital Territory and Northern Territory for which data were not available.

15 The Northern Territory with only 119 guardianship orders for all children, and the Australian Capital Territory with only 26 guardianship orders for all children would have very low rates for Aboriginal and Torres Strait Islander children.

16 The Northern Territory with only four non-guardianship orders for all children would have the next lowest rate behind Western Australia if data for Aboriginal and Torres Strait Islander children were available.

Table 4.27: *Children under care and protection orders: orders per 1,000 children aged 0–17 years by type of order by State,[(a)] 1993–94*

	NSW	Vic	Qld	WA	SA	Tas	Total States
Guardianship							
Aboriginal and Torres Strait Islander children	4.4	5.9	19.8	7.2	16.6	5.7	10.8
All children	1.4	1.5	3.1	1.4	2.9	2.7	1.8
Non-guardianship							
Aboriginal and Torres Strait Islander children	9.8	7.2	1.4	(b)	2.8	5.3	4.4
All children	1.0	1.3	0.3	(b)	0.6	2.1	0.8
Total orders							
Aboriginal and Torres Strait Islander children	14.2	13.0	21.1	7.2	19.4	10.9	15.2
All children	2.4	2.8	3.4	1.4	3.6	4.9	2.7

(a) Excludes the Australian Capital Territory and the Northern Territory for which data are not available.

(b) Western Australia generally does not place children under non-guardianship orders for care and protection.

Note: Rates are calculated by dividing the number of children under care and protection orders by the estimated resident population aged 0–17 at 30 June 1994, multiplied by 1,000.

Source: Angus & Golley 1995:13.

The number of children under care and protection orders in Australia increased by 618 orders (or 5%) during 1993–94 after declining over the previous two years. Over the period 1993–94, there was a large increase in the number of children under non-guardianship orders—3,308 to 3,956—but the number of children under guardianship orders fell slightly—8,824 to 8,794.

The overall increase in children under care and protection orders is largely due to a rise in the number of both guardianship (147 or 7%) and non-guardianship (347 or 28%) orders issued in New South Wales. In addition, in Victoria, the number of children under care and protection orders increased by 7% (192 orders) over the period, a rise in non-guardianship orders (434 orders) more than offsetting a substantial fall in guardianship orders (242 orders). In contrast, Tasmania experienced a decrease of 83 orders over the period, mostly due to a fall in the number of non-guardianship orders (73) issued (see Table A4.9).

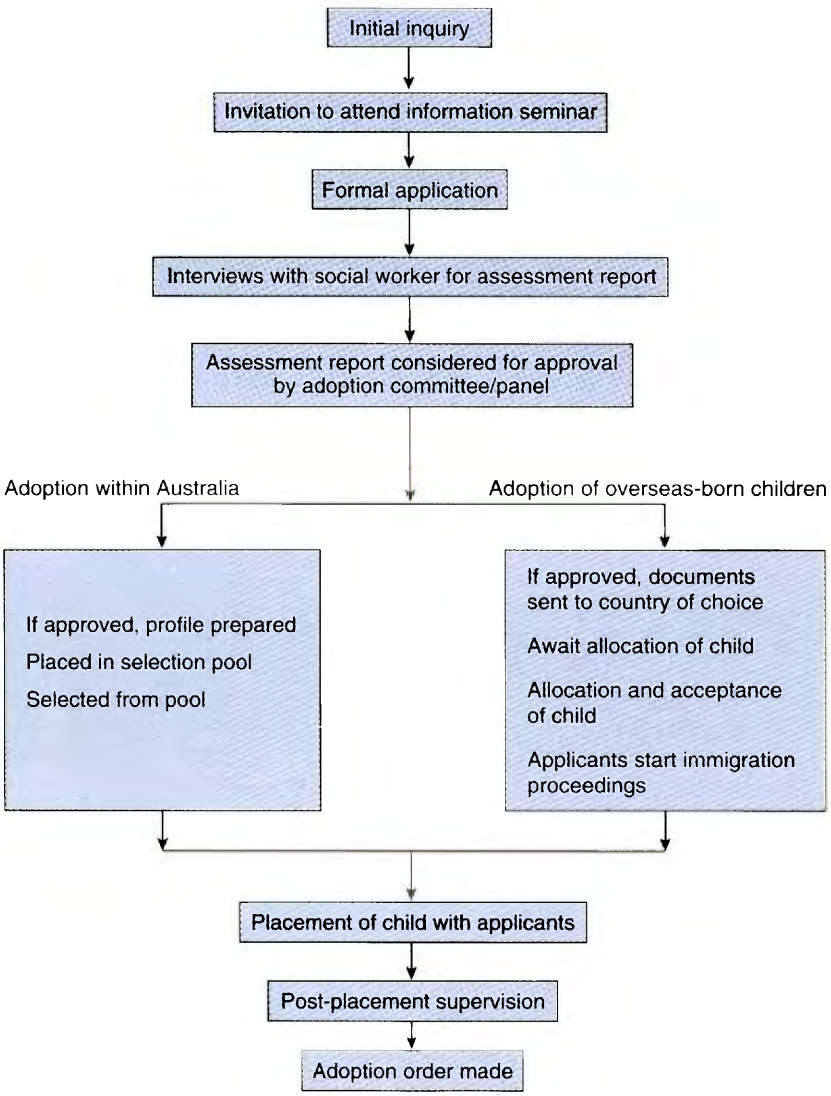
Complete data on children under care and protection orders have only been available since June 1991. The number of children under care and protection orders increased by only 0.6% between June 1991 and June 1994, the fall in the number of children under guardianship orders (9,309 to 8,794 or 6%) being offset by an increase in the number of children under non-guardianship orders (3,371 to 3,956 or 17%). Since 1985, the number of children under care and protection orders has increased by 8% from 11,803 to 12,750 (Angus & Golley 1995:14).

Adoptions

Adoption is essentially a process of finding parents for children. Once an adoption order is granted, the adopted child becomes the child of the adoptive parents as if he or she had been born to them. The adoption order severs the legal relationship between the biological parents and the child, and the child assumes the legal relationship of his or her new family (Boss 1992). While most adoptions are by non-relatives, a substantial minority of adoptions are by relatives, mainly step-parents wishing to incorporate children in the new family.

Each State and Territory in Australia has responsibility for all aspects of adoption within its jurisdiction, although the parties involved in arranging an adoption vary between the States and Territories.

Each State and Territory has its own legislation relating to adoption, so the process may vary between the States and Territories and may also differ between agencies within a particular State or Territory. In addition to these variations, the process of adopting an overseas-born child may also vary according to the requirements of different source countries. The main steps involved in adopting a child by a non-relative are shown in Figure 4.6.



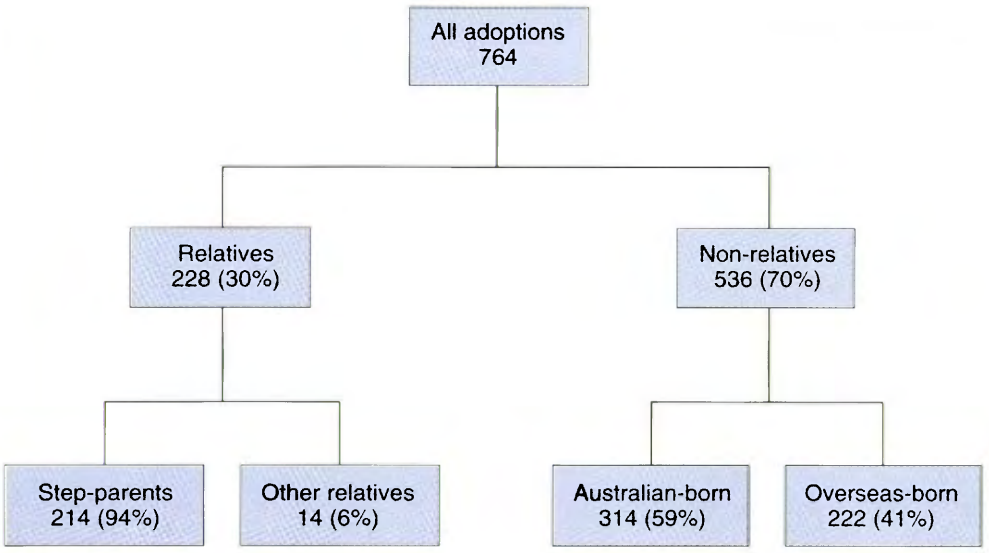
Source: Zabar & Angus 1995:19, 20.

Figure 4.6: ***Children adopted by non-relatives: summary of process***

Adoptions 1993–94

The number of children available for adoption in Australia has declined dramatically in the past decade. Most adoptions were by people who were not related to the child, but over a quarter of all adoptions during 1993–94 involved a change in the legal situation of a child following re-marriage of the child's natural parent.

During 1993–94 there were 764 adoption orders made in Australia. The majority of adoptions (536 or 70%) were by non-relatives, with adoptions by step-parents accounting for 214 (28%) and adoptions by other relatives 14 (2%) (Figure 4.7, Table 4.28). In Victoria, Tasmania and the Northern Territory there were no adoptions by relatives other than by step-parents.



Source: Zabar & Angus 1995:8.

Figure 4.7: ***Children adopted, by relationship to adoptive parents***

Most adoptions (80%) were arranged through State and Territory welfare departments, with all adoptions in Queensland, the Australian Capital Territory and the Northern Territory being arranged in this way. All adoptions arranged by non-government organisations were those by non-relatives.

Children adopted by non-relatives were generally younger than those adopted by relatives, with 264 out of 536 children (49%) adopted by non-relatives being aged under one year and 80% under five years. In contrast, only two children adopted by relatives were aged under one year, the majority (71%) being aged between 5 and 14 years (Table 4.28).

Table 4.28: *Children adopted: age, by relationship to adoptive parents, and sex, 1993–94*

Age	Adopted by relatives [a] [b]			Adopted by non-relatives			Total		
	Males	Females	Persons	Males	Females	Persons	Males	Females	Persons
Under 1 year	0	2	2	131	133	264	131	135	266
1–4 years	16	10	26	90	73	163	106	83	189
5–9 years	34	49	83	37	32	69	71	81	152
10–14 years	38	41	79	16	18	34	54	59	113
15 years and over	16	19	35	0	6	6	16	25	41
Unknown	2	1	3	0	0	0	2	1	3
Total	**106**	**122**	**228**	**274**	**262**	**536**	**380**	**384**	**764**

(a) Data on adoptions by step-parents not available for New South Wales.
(b) All except seven males and seven females were adopted by step-parents; six aged 1–4 years, four 5–9 years and four 10–14 years.

Source: Zabar & Angus 1995:23.

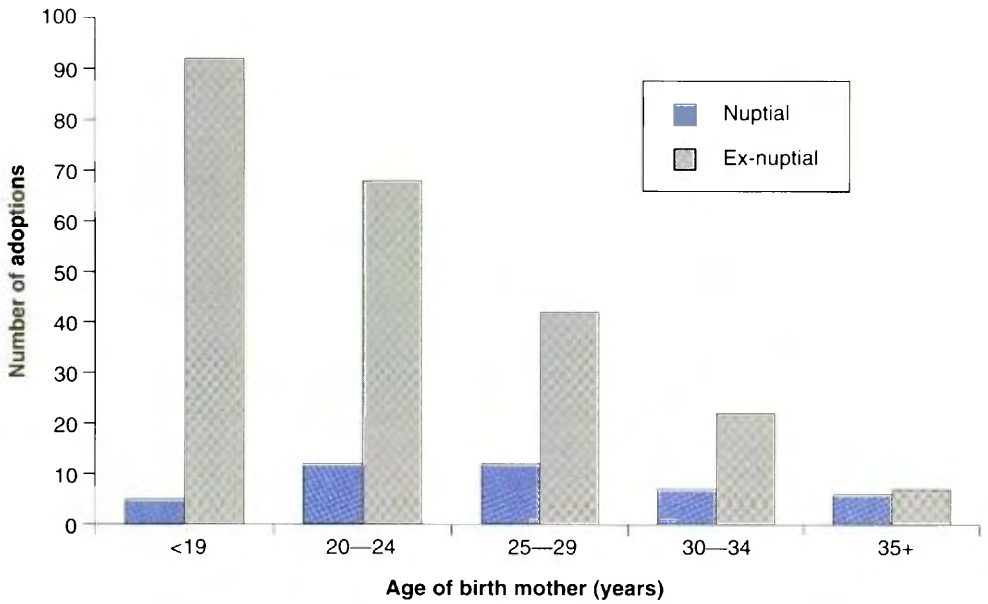
Of the 536 children adopted by non-relatives in 1993–94, 41% (222) were born overseas. Overall, of children adopted from overseas, 29% (64) were born in South Korea, 15% (33) in Sri Lanka and 10% (22) were born in Colombia and India (Table A4.10). Of children adopted by non-relatives, the proportion who were born overseas varied markedly between States and Territories (see Table A4.10).

The 314 Australian-born children adopted by non-relatives in 1993–94 represented an increase of 3% from the previous year but a decrease of 48% since the recent peak in 1988–89.

Nuptiality of Australian-born adoptees

The majority of adoptions of Australian-born children by non-relatives involved an ex-nuptial child (82%, or 259 out of 314). The number of adoptions by non-relatives involving an ex-nuptial child remained the same as in the previous year but has decreased by 51% from the recent peak in 1988–89. In less than half the adoptions by non-relatives involving an ex-nuptial child (40% or 93), the child was relinquished by a mother aged less than 19 years (Figure 4.8). However, the rate of such adoptions to ex-nuptial births for mothers under 20 years was three times that for mothers 20 years and older, that is, 0.9% compared with 0.3%.[17]

17 Using data on births in 1993 (ABS 1994c).



Source: Zabar & Angus 1995:12.

Figure 4.8: ***Nuptiality of Australian-born children adopted by non-relatives, by age of birth mother, 1993–94***

Access to information

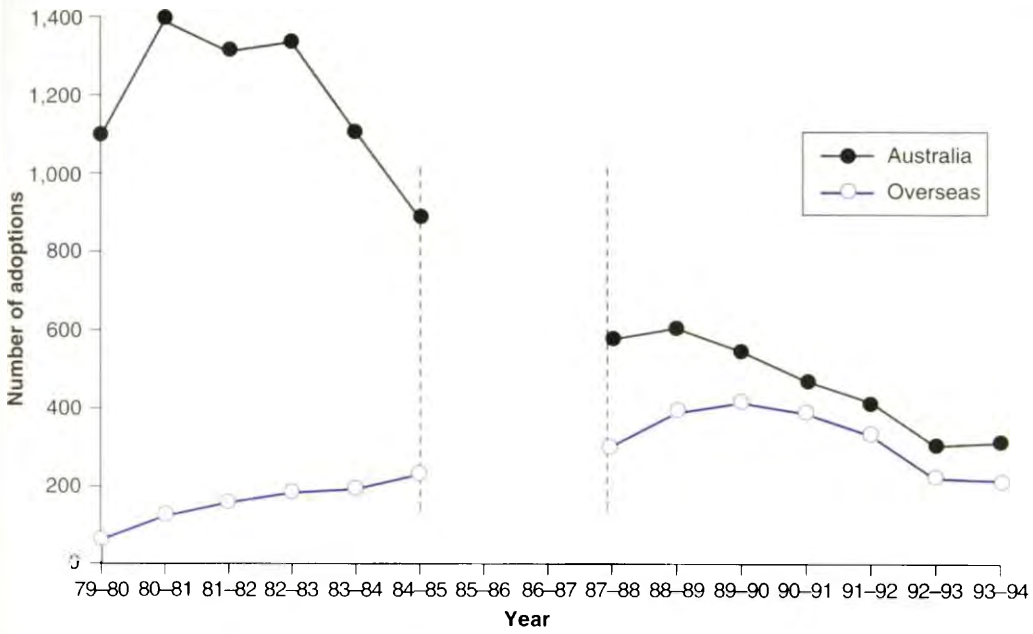
Adoption law in Australia has undergone significant change in the past decade, particularly in the area of access to information. Victoria led the way with the *Adoptions Act 1984*, and all States and Territories have now legislated to grant rights to information to adopted people over 18 years and their birth parents. However, the extent of these rights and the protection of privacy of all parties varies among States and Territories (Stonehouse 1992).

In an attempt to achieve a balance between the right to information and the right to privacy, most States and Territories have limited the right to information by requiring the consent of the person identified or by giving that person the opportunity to apply for an information veto or a contact veto to prevent disclosure of information or contact.

In 1993–94 there were 6,135 applications made for adoption information, the majority being lodged by adopted people. In the same period 185 contact vetoes and 174 identifying information vetoes were lodged, the majority in each category being lodged by adopted people (see Table A4.11).

Changes over time

The number of adoptions in 1993–94, 764, represented a decrease of 19 (2%) from the previous year and a decrease of 92% since 1971–72. Although the fall in the number of adoptions in 1993–94 is considerably smaller than annual decreases in recent years, it continues the fall evident since the number of adoptions peaked in 1971–72 at 9,798. The omission of adoptions by step-parents from the New South Wales figures since 1987–88 does, however, exaggerate the decline. (There were 254 adoptions by step-parents and other relatives in New South Wales in 1984–85, the most recent year for which data are available.) Between 1979–80 and 1989–90 the number of overseas-born children adopted rose to a peak of 420, and has fallen each year since then (Figure 4.9).



Note: No data on adoptions were collated nationally for 1985–86 and 1986–87.

Source: Table A4.12

Figure 4.9: ***Birthplace of children adopted by non-relatives, 1979–80 to 1993–94***

4.4 Conclusion

Child care services have grown in number and in complexity in the past decade. The Commonwealth, through its Children's Services Program, funds the majority of formal child care services. Preschool services, which are sessional in nature and do not generally meet the child care needs of working parents, are funded by the States and Territories.

In June 1994, nearly 400,000 children attended some form of child care service receiving funding from the Commonwealth's CSP, which is targeted specifically at improving access to child care for working parents and for children and parents with additional needs. According to the ABS Child Care Survey, in June 1993, around 1,500,000 children under 12 years of age (nearly half of all children of this age) were using some form of child care, that is, 'formal' services such as long day care or outside school hours care, 'informal services' such as care by siblings or other relatives, or both 'formal' and 'informal' services.

Expenditure by the Commonwealth on children's services in 1993–94 was $676.4 million, an average of $1,700 per child using funded services. Almost three-quarters of this total was in the form of Childcare Assistance, a subsidy paid mainly to long day care service providers who then reduce fees to eligible families. About three-quarters of all families with children in long day care services received this assistance in 1994. Private-for-profit long day care centres have grown rapidly since 1991, and now account for about one-third of all children in CSP-funded services and (together with employer-sponsored and other non-profit centres) receive half of Childcare Assistance funding.

Family day care services have grown more rapidly than community-based long day care centres since the late 1980s. The current strategy for increasing the supply of long day care places has diverted some funding from community-based long day care centres to family day care services, which require less capital expenditure and provide a more flexible form of service for families. Funding to upgrade the facilities in older community-based centres and to assist smaller ones to amalgamate with other services was announced in the 1995–96 Budget.

A recent initiative to improve the affordability of child care services has been the Childcare Cash Rebate which is paid directly to parents and is not means tested. This rebate is payable not only to families using formal services, but also to those using the services of 'informal' caregivers, such as paid babysitters and relatives. By May 1995 nearly 200,000 families had begun receiving this rebate. Despite the availability of financial assistance for families using child care services, however, there are concerns about the affordability of these services for the lowest income families because of the high 'gap' fees charged by some services.

There is a noticeable trend, encouraged by the Commonwealth and some State governments, towards the integration of various types of services in a single provider. In particular, child care services are being encouraged to incorporate preschool programs into their services to better meet the needs of working parents who want their children to have access to this experience.

With the rapid expansion of child care services, there have been concerns about the quality of care. Two specific aspects of quality have been addressed—standards and accreditation. Nationwide standards for long day care centres, family day care and outside school hours care have been endorsed by the Council of Community Services Ministers. In relation to accreditation, long day care centres were required to register with the National Childcare Accreditation Council by 30 June 1995. A centre's first task after registration is to undertake a self-assessment of the quality of care it provides.

In the child welfare area since the beginning of the 1990s there has been a growth in child protection services, little change in the number of children under care and protection

orders, and a continuing fall in the number of adoptions. Although the number of care and protection orders remained relatively static over the period, there was a fall in the number of children under guardianship orders, which was offset by an increase in the number of children under other types of care and protection orders.

There has been a sharp increase in reported cases of child abuse and neglect in recent years—the increase in reported cases averaging approximately 15% per year since 1988–89. One of the reasons for this increase is the greater public awareness of child abuse and neglect. In 1993–94 there were 74,436 reports of child abuse and neglect, of which the assessment of 64,787 cases was finalised. Forty-four per cent of these finalised cases (28,711) were substantiated, representing an increase of 12% in the number of substantiated cases from 1992–93.

In 1993–94, physical abuse was the main type of abuse and neglect in 29% of substantiated cases, emotional abuse in 27%, neglect in 25%, and sexual abuse in 19%. Children of both sexes were represented almost equally in substantiated cases of neglect, physical abuse and emotional abuse, while females were the victims in the majority of sexual abuse cases. Friends and neighbours, the largest source of reporting of child abuse and neglect, had one of the lowest rates of substantiation, whereas the subject child, one of the sources reporting least often, had one of the highest rates. Natural parents were responsible for the abuse or neglect in 72% of substantiated cases, step-parents, de facto parents, foster parents and guardians in 12%. Aboriginal and Torres Strait Islander children were over-represented in substantiated cases of abuse and neglect, particularly in cases of neglect and among children at the youngest ages.

It is important to note that these national statistics are not measures of the incidence of child abuse and neglect, partly because some State and Territory statistics do not include reports made to other agencies and partly because an unknown number of cases are not reported.

There is an important need to collect additional information on child abuse and neglect cases, particularly in the light of current concerns about the seriousness of such cases.

Possible actions in substantiated cases of child abuse and neglect include placing a child under a care and protection order, putting a child in substitute care, or both. At 30 June 1994, there were 12,750 children under care and protection orders, and around two-thirds under guardianship orders, the other third under other orders for care and protection. Two-thirds of children under care and protection orders, particularly children under guardianship orders, were in the two main types of substitute care, that is, foster care or residential child care.

The number of adoptions fell by 2% in 1993–94, and by 92% since 1971–72. The majority of the 764 adoptions in 1993–94 were by non-relatives, with 40% of the 536 children adopted by non-relatives being born overseas. Most adoptions by relatives were adoptions by step-parents. Changes to State and Territory adoption legislation led to over 6,000 applications being made for adoption information in 1993–94.

While the three national data collections provide very useful information in the child welfare area, there is a need to expand and enhance these collections. The Institute is currently investigating the feasibility of collecting additional material for child abuse and neglect cases and setting up a national data collection on substitute care.

References

Age (1994). 'IRC approves workers' right to family leave'. Melbourne: November 30.

Angus G & Golley L (1995). Children under care and protection orders Australia 1993–94. Australian Institute of Health and Welfare: Child Welfare Series No. 12. Canberra: AGPS.

Angus G & Woodward S (1995). Child abuse and neglect Australia, 1993–94: Australian Institute of Health and Welfare: Child Welfare Series No. 13. Canberra: AGPS.

Auditor-General (1994). Mind the children: the management of children's services: Department of Human Services and Health, Audit Report No. 42, 1993–94, Efficiency Audit. Canberra: AGPS.

Australian Bureau of Statistics (ABS) (1985). Labour force status and other characteristics of families, Australia, July 1984. Cat. No. 6224.0. Canberra: ABS.

Australian Bureau of Statistics (ABS) (1992a). Facts on families. Canberra: ABS.

Australian Bureau of Statistics (ABS) (1992b). Child care Australia November 1990. Cat. No. 4402.0. Canberra: ABS.

Australian Bureau of Statistics (ABS) (1993). Survey of ageing, disability and carers (unpublished data).

Australian Bureau of Statistics (ABS) (1994a). Child care Australia, June 1993. Cat. No. 4402.0. Canberra: ABS.

Australian Bureau of Statistics (ABS) (1994b). Labour force status and other characteristics of families, Australia, June 1994. Cat. No. 6224.0. Canberra: AGPS.

Australian Bureau of Statistics (ABS) (1994c). Births Australia 1993. Cat. No. 3301.0. Canberra: AGPS.

Australian Bureau of Statistics (ABS) (1995a). Estimated resident population by sex and age, States and Territories of Australia, June 1993 and Preliminary June 1994. Cat. No. 3201.0. Canberra: AGPS.

Australian Bureau of Statistics (ABS) (1995b). National Aboriginal and Torres Strait Islander Survey 1994; detailed findings. Cat. No. 4190.0. Canberra: AGPS.

Australian Institute of Health and Welfare (AIHW) (1993). Australia's welfare 1993—services and assistance. Canberra: AGPS.

Brennan D (1994). The politics of Australian child care: from philanthropy to feminism. Melbourne: Cambridge University Press.

Boss P (1992). Adoption Australia: a comparative study of Australian adoption legislation and policy. Notting Hill, Victoria: National Children's Bureau of Australia.

Cashmore J (1995). Book review: Evaluating child protection by David Thorpe: Social Policy Research Centre Newsletter No. 57, June. Sydney: Social Policy Research Centre.

Committee on Employment Opportunities (1993). Restoring full employment. Background papers: Commonwealth of Australia. Canberra: AGPS.

Commonwealth of Australia (1991). Budget statements 1991–92: Budget paper No. 1. Canberra: AGPS.

Commonwealth of Australia (1992). Budget statements 1992–93: Budget paper No. 1. Canberra: AGPS.

Commonwealth of Australia (1993). Budget statements 1993–94: Budget paper No. 1. Canberra: AGPS.

Commonwealth of Australia (1994). Budget statements 1994–95: Budget paper No. 1. Canberra: AGPS.

Commonwealth of Australia (1995a). Agenda for families. Canberra: AGPS.

Commonwealth of Australia (1995b). Budget statements 1995–96: Budget paper No. 1. Canberra: AGPS.

Commonwealth of Australia (1995c). Social justice statement 1995–96. Canberra: AGPS.

Commonwealth of Australia (1995d). Women's budget statement 1995–96: Budget-related paper No. 3. Canberra: AGPS.

Council of Community Services Ministers (CCSM) (1995a). Standards for family day care.

Council of Community Services Ministers (CCSM) (1995b). Standards for outside school hours care.

Council of Social Welfare Ministers (CSWM) (1993). Standards for centre-based long day care.

Department of Community Services and Health (DCSH) (1990). Annual report 1989–90. Canberra: AGPS.

Department of Health and Community Services (DHCS) Victoria (1994a). Children's services in Victoria: what parents think, Part three: report from the Australian Living Standards Study. Melbourne: DHCS.

Department of Health and Community Services (DHCS) Victoria (1994b). Placement and support client census 1994. First count preliminary information, November 1994, Ref. No. 94/0139.

Department of Health, Housing and Community Services (DHHCS) (1992). Annual report 1991–92. Canberra: AGPS.

Department of Health, Housing, Local Government and Community Services (DHHLGCS) (1993). Annual report 1992–93. Canberra: AGPS.

Department of Health, Housing, Local Government and Community Services (DHHLGCS) (1994). 1992 Census of child care services. Family and Children's Services Program. Canberra: AGPS.

Department of Human Services and Health (HSH) (1994a). Program overview brief. Canberra: AGPS.

Department of Human Services and Health (HSH) (1994b). Annual report 1993–94. Canberra: AGPS.

Department of Human Services and Health (HSH) (1995a). 1993 Census of child care services. Canberra: AGPS.

Department of Human Services and Health (HSH) (1995b). Statistical overview 1993–94. Canberra: AGPS.

Department of Human Services and Health (HSH) (1995c). Facts sheet, Budget 95–96: improving the supply of flexible child care.

Law Reform Commission (1993). Child care. Review of legislation administered by Department of Health, Housing, Local Government and Community Services, Discussion paper 55. Canberra: Commonwealth of Australia.

Law Reform Commission (1994). Child care for kids. Review of legislation administered by Department of Human Services and Health, Report No. 70, Interim. Canberra: Commonwealth of Australia.

McDonald P (1993). 'Work-related child care: four Melbourne localities'. Family Matters No. 35, August, pp. 25–27.

McDonald P (1994). Family trends and structure in Australia, Australian family briefings No. 3. Melbourne: Australian Institute of Family Studies.

McNeice K, Moyle H & Meyer P (1995). Workers in the child care industry. Australian Institute of Health and Welfare: Children's services series No. 1. Canberra: Australian Institute of Health and Welfare.

National Childcare Accreditation Council (NCAC) (1993). Putting children first: quality improvement and accreditation system handbook. First edition. Sydney: NCAC.

National Child Protection Council (NCPC) (1993). Governments and the community co–operating to prevent child abuse and neglect. Information kit. Canberra: NCPC.

National Clearing House for Information and Research on the Prevention of Child Abuse and Neglect (1993). Child abuse prevention 1 (1).

New South Wales Department of Community Services (NSW DCS) (1994). Annual report 1993–94. Sydney: NSW DCS.

Staples, P (1993). Child care demand to be met. Media release by Minister for Aged, Family and Health Services, 9 February.

Stonehouse B (1992). Adoption law in Australia. Australian family briefings No. 1. Melbourne: Australian Institute of Family Studies.

Thorpe D (1994). Evaluating child protection. Buckingham: Open University Press.

Zabar P & Angus G (1994). Child abuse and neglect: reporting and investigating procedures in Australia 1994. Australian Institute of Health and Welfare: Child welfare series No. 8. Canberra: AGPS.

Zabar P & Angus G (1995). Adoptions Australia 1993–94. Australian Institute of Health and Welfare: Child welfare series No. 11. Canberra: AGPS.

5 Aged care

5.1 Introduction

The last decade has seen substantial policy developments in the community and institutional sectors of aged care service delivery in Australia. The system which had emerged by the early 1980s was a consequence of incremental change which took little account of the inter-relationships between different sectors of provision.[1] In common with many other Western countries in recent years, Australia has come to recognise the importance of a more holistic approach to service delivery, which takes into account the impacts of changes in one sector of care on the functioning of related sectors. This interaction has been increasingly recognised and incorporated into the planning and evaluation process. In addition, questions as to what constitutes the best balance of care among domiciliary services, long-term intensive residential care, supported accommodation, short-term respite services, support for carers, and cash assistance have emerged as central policy issues.

These attempts to identify and develop the most appropriate and effective mix of services and assistance are taking place in a context where the need for care is itself the subject of significant demographic and social changes. The ageing of the Australian population is an ongoing trend, but one which is more marked among the very old. From 1991 to 2006, the annual rate of increase among people aged 80 and over is projected to be about 4% per year, while that for the population aged 65 and over is less than 2%. It is among this older group that severe handicap and formal service use is concentrated; hence the need for services and assistance is likely to grow more rapidly than would be predicted simply on the basis of growth in the total aged population.

A number of social changes are also occurring. These include the increased participation of women in the work force, higher rates of divorce and family breakdown, high youth unemployment, greater affluence among some older people in society, increases in the proportion of single-person households, and the ageing of a number of major immigrant groups. These and other related trends have impacts on the availability of informal assistance from family and friends, and on the volunteer labour which underpins much of the private-not-for-profit sector. The difficult task of identifying likely future levels of need for formal services is thus complicated by various social trends. Changes in lifestyle and disease patterns, coupled with scientific and technological advances in medical and health care systems, may also intervene to modify patterns of disability and reduce the need for personal care and assistance.

1 A detailed account of these changes to the aged care system was provided in *Australia's Welfare 1993* (1993: Chapter 5).

The goal of the Australian aged care system is to 'provide a coherent framework of community and residential care, which makes available high quality and cost-effective services appropriate to assessed need' (DHHLGCS 1993:55). Accordingly, this chapter on Australia's aged care services focuses on three sets of information essential to reviewing progress toward that goal:

- the need for services and assistance
- the amount and type of services and assistance being provided
- the outcomes of those services and assistance.

Reporting on each of these elements is not without its difficulties. The definition and measurement of need has traditionally been a contentious area, and remains so to date. In this chapter, general population data on age and levels of handicap, together with data provided by aged care assessment teams on those seeking access to residential assistance and community aged care packages, are used as indicators of need for assistance.

Describing the level and kinds of services is relatively straightforward; for residential care the data holdings are extensive and reliable. For community services, however, the task is complicated by the absence of good quality client-based data; present data systems cannot, for example, provide information on how many people in Australia are receiving Home and Community Care (HACC) services.

The third and final aspect, service outcomes, remains the most problematic issue. Measuring health and welfare outcomes is almost invariably a difficult enterprise. It is particularly complex, however, in fields such as the care of the frail aged or the chronically ill, where the best outcome for an individual may well be a slowing of a degenerative process, the successful management of pain, or a dignified death, rather than a specified cure or a speedy post-operative recovery. Nonetheless, some important outcome indicators are included in this chapter. They relate to accessibility, appropriateness and quality.

The range of services and assistance available to older people in Australia is extensive, and not all such provisions are included in this chapter. For example, programs concerned with income support, hospital care, medical benefits and services, pharmaceutical benefits and housing are not included, although the last is discussed in Chapter 3 of this book. Although the present chapter focuses on aged care in terms of the services and provisions aimed specifically at frail and disabled older people, it is important to recognise at the outset that older people are also eligible for, and use, services and benefits available to the general population.

This chapter takes as its focus services for the ongoing care of frail and disabled people aged 65 and over. In so doing, it includes services provided in domiciliary and residential contexts, and the assessment provisions and regulatory practices associated with those services. This necessarily involves the activities of Commonwealth, State or Territory, and local governments, the private-not-for-profit sector and the private-for-profit sector. In presenting information on formal services, however, the extensive role played by family and friends in caring for frail older people in both domiciliary and residential settings must be kept firmly in view.

5.2 The need for care

The vast majority of older Australians are neither frail nor in need of long-term care and assistance. Of those who are in need of assistance, the majority will receive most of that care from family and friends. Yet a significant minority of old people will use government-funded services for a period of ongoing care. The likelihood of needing such assistance is related to age and sex, to handicap levels, and to the availability of alternative forms of assistance, particularly from informal carers.

Because most older people neither use nor need formal services, the size of the population aged 65 and over is a comparatively poor indicator of need. Less than 10% of people aged 65 to 69 are profoundly or severely handicapped (Table 5.4) for example, and less than 1% are resident in nursing homes or hostels (Appendix Table A5.1). Age becomes a better indicator at older ages. Among those 85 and over, over half are profoundly or severely handicapped (Table 5.4), and 31% are in nursing homes or hostels (Appendix Table A5.1).[2] As both handicap levels and patterns of service use tend to differ significantly for men and women, gender is an important variable to take into account in estimating need for service.

The more accurate strategy for estimating that group of older persons likely to be in need of assistance at present and in the future combines population estimates and projections with age and gender specific prevalence rates for severe handicap. In the discussion which follows, information on age and sex profiles, and the prevalence of profound and severe handicap, is presented. The final set of tables focuses on people who have sought assistance from an aged care assessment team. Aged care assessment teams assess eligibility for residential care and community aged care packages; they also act as sources of advice and referral to community care services.

Before reviewing these indicators of need, however, it must be emphasised that the likelihood of older persons who require assistance actually seeking help from formal services is less easily calculated. In terms of demand, patterns of service use are influenced by a range of factors in addition to need, including personal preferences, knowledge of what is available, and the existence of alternative sources of help. Equally important, on the supply side of the equation, patterns of service use are heavily determined by patterns of service provision, including aspects such as their nature, quality, availability, and accessibility. Information concerning patterns of service use and provision are considered later in this chapter.

2 Profoundly or severely handicapped refers to the population so defined by the Australian Bureau of Statistics; see footnotes 4 and 5 for further details.

Age and sex profiles

At present

As at 30 June 1994, the Australian Bureau of Statistics estimated that there were 2.1 million persons aged 65 years and over in Australia, representing 12% of the total population. Of these, 33 % were aged from 65 to 69, 27% from 70 to 74, 19% from 75 to 79, 13% from 80 to 84 and 9% were aged 85 and over. Thus, while a third of the older population is under 70, and over three-quarters are under 80, there exists a substantial minority (21%) of almost half a million people aged 80 and over (Table 5.1).

Table 5.1: *Persons aged 65 and over; sex by age, Australia, 1994*

	Males		Females		Persons	
Age group	**('000)**	**%**	**('000)**	**%**	**('000)**	**%**
65–69	333.4	36.5	356.4	29.8	689.8	32.7
70–74	263.2	28.8	315.4	26.4	578.6	27.4
75–79	164.5	18.0	230.8	19.3	395.4	18.7
80–84	98.1	10.7	165.2	13.8	263.2	12.5
85+	54.1	5.9	127.9	10.7	182.0	8.6
Total aged persons	**913.4**	**100.0**	**1,195.7**	**100.0**	**2,109.1**	**100.0**
Total population	**8,887.0**		**8,956.3**		**17,843.3**	

Source: ABS 1994b:11.

The majority (57%) of older people are women; this predominance becomes progressively more evident in the older age categories. In the 65–69 year age group only 52% were women, increasing to 70% among those 85 and over. In absolute numbers, there are 282,300 more women than there are men in the 65 and over age groups. Men, however, predominate among the non-aged population. When the entire Australian population is considered, women retain their numerical dominance by 69,300.

In the future

The Australian population is ageing, and this trend is expected to continue for at least the next half-century. In the period from 1991 to 2001, the projected average annual growth rate for the 65 and over age group is 1.9%, compared with 1.0% for the population as a whole.[3] These higher rates of annual increase among older age groups are expected to continue for the next 40 years, with growth rates for the 65 and over population ranging between 1.2 and 3.0%, while those for the population as a whole range between only 0.4 and 1.0% (Table 5.2).

3 Annual increase rates are calculated using the exponential rate of growth formula below:

$P_t = P_o (1 + r)^t$

where r = growth rate, t = number of years, P_o = initial population, P_t = population after t years.

In 1991, people aged 65 and over comprised 11% of the Australian population; by 2001 that is projected to increase to 12%, and by 2011 to 14%. The more significant increases in the proportion of the population aged 65 and over occur durmg the subsequent three decades, reaching 22%, and almost five and a half million people, by 2041.

Table 5.2: ***Baseline and projected populations for the population aged 65 and over; year by age group, Australia, 1991 to 2041***

	Age group			
Year	**65+**	**70+**	**80+**	**Total population**
Population ('000)				
1991	1,950.7	1,279.3	384.1	17,284.0
2001	2,359.3	1,699.1	571.8	19,169.5
2011	2,889.3	1,964.4	760.1	20,952.4
2021	3,887.6	2,672.9	879.6	22,528.0
2031	4,843.9	3,500.4	1,308.2	23,874.0
2041	5,477.7	4,081.5	1,722.7	24,858.4
Annual increase rate (%)				
1991–2001	1.9	2.9	4.1	1.0
2001–2011	2.0	1.5	2.9	0.9
2011–2021	3.0	3.1	1.5	0.7
2021–2031	2.2	2.7	4.1	0.6
2031–2041	1.2	1.5	2.8	0.4

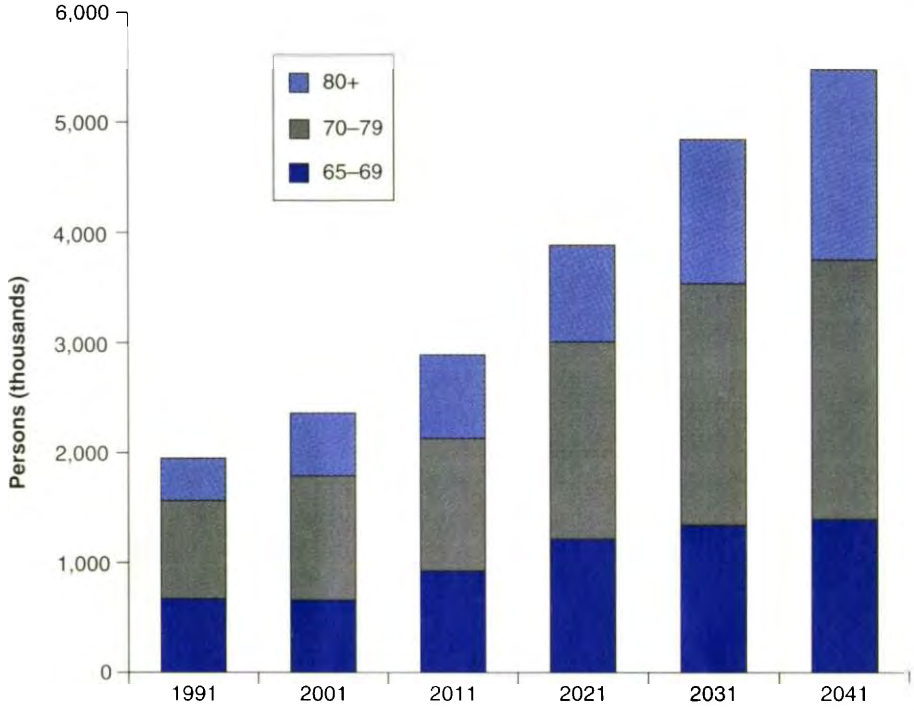
Notes:

1. The databases used in this analysis were ABS 1993b:32, 1994d:49.
2. Projections (series A and B) as at 30 June in each year.

Of particular interest in terms of the potential need for aged care services, however, is the relative size of older age groups within the older population. Table 5.2 includes projections for people aged 65 and over, people aged 70 and over, and people aged 80 and over. The 65 and over projections provide baseline trends for the entire older population. The 70 and over group are the basis of the planning formula used in Australia to establish benchmarks for levels of residential care. The 80 and over population is included because, as will become evident later in this chapter, it is at this point that levels of frailty and formal service use become substantial.

The population aged 80 and over has particularly high growth rates during the current decade, with an annual rate of increase of 4.1% compared to 1.9% and 2.9% for the 65 and over and 70 and over groups respectively. The 80 and over age group is projected to continue to have higher rates of growth throughout this 50-year period, excepting

the period from 2011 to 2021 when the rate of increase is highest among the younger age categories. This temporary trend is associated with the peak of the baby boom generations reaching retirement age, while those in the 80 and over category are members of the smaller birth cohorts resulting from lower fertility rates in Australia during the 1920s and '30s.



Source: Table A5.2.

Figure 5.1: ***The changing structure of the Australian population aged 65 to 69, 70 to 79 and 80 and over between 1991 and 2041***

The relative increases in the proportions of very old people in the older population continue throughout the period, however, as do their absolute numbers. In 1991, one in five older people were aged 80 and over. By 2011 it will be one in four, and by 2041 one in three. From 1991 to 2041, the proportion of the Australian population who are aged 65 and over is projected to double (from 11 to 22%), but the proportion aged 80 and over will more than triple (from 2 to 7%). These shifts in the structure of the older population are represented graphically in Figure 5.1, which illustrates the absolute and relative growth in the 65–69, 70–79 and 80 and over age groups during the period under review. (More detailed projections by five year age groups are included in Appendix Table A5.3.)

Disability and ageing

At present

The proportion of people affected by disability and handicap increases with age, as does the likelihood that assistance and care will be required. While advanced age provides one useful indicator of need for services and assistance, the 1993 Survey of Disability, Ageing and Carers provides more direct information. This sample survey, the third in a series undertaken by the Australian Bureau of Statistics since 1981, collected information on the incidence and severity of handicap based on an individual's self-reported ability to perform a range of tasks.[4]

The data reported here are drawn from this survey, and focus on persons defined as having a profound or severe handicap in the three survey areas of relevance to establishing need for assistance among older people—self-care, mobility and verbal communication.[5] In 1993 it was estimated that there were 352,800 persons with a profound or severe handicap aged 65 years or more in Australia, representing 49% of all persons with a profound or severe handicap (see Chapter 6).

Table 5.3: *Persons aged 65 and over with a profound or severe handicap; area of handicap by sex, Australia, 1993*

	Males		Females		Persons	
Area of handicap	**Number**	**%**	**Number**	**%**	**Number**	**%**
Self-care	71,100	63.9	130,200	53.9	201,300	57.1
Mobility	91,700	82.4	220,000	91.1	311,600	88.3
Verbal communication	24,300	21.8	47,500	19.7	71,800	20.3
Total with profound/severe handicap	**111,300**		**241,500**		**352,800**	

Notes

1. The database used in this analysis was the ABS 1993 Survey of Disability, Ageing and Carers.
2. Total with profound/severe handicap may be less than sum of components since persons may have a handicap or limitation in more than one area.

Of all persons with a profound or severe handicap aged 65 years and over, 311,600 (or 88%) reported a mobility handicap, 201,300 (57%) a self-care handicap and 71,800 (20%) a verbal communication handicap (Table 5.3). Women were more likely to report problems with mobility (91%) than were men (82%), while men were more likely to

4 See, for example, ABS 1984, ABS 1990a, ABS 1993a.

5 Employment and schooling-related handicaps were not included. The profound and severe handicap categories were chosen because they reflect those groups who always (profound handicap) or sometimes (severe handicap) require personal help or supervision with the relevant task. The moderate and mild handicap categories, which refer to persons who have difficulty performing a task, but do not require assistance, or who use an aid, or have a mild mobility handicap or cannot easily pick an object up from the floor, are thus excluded. For further details, see ABS (1993a:65–66).

report self care problems (64%) than women (54%). The proportions of severely or profoundly handicapped men and women reporting verbal communication handicaps were quite similar (22% and 20% respectively). Women predominate among older persons with a profound or severe handicap (68%); this is associated with both their numerical predominance (particularly among the very old) and a higher prevalence rate of profound and severe handicap among women. (Appendix Table A5.4 contains a further breakdown of these data on area of handicap by several age groupings.)

Table 5.4 demonstrates how handicap prevalence rates vary with age and sex. The presence of a profound or severe handicap increases with age, with this trend becoming particularly marked among the very old. Between the 75–79 age group and the 80–84 age group, the prevalence rates essentially double. Profound and severe levels of handicap were more common among women than men across all age groups. The differences are most marked, however, in the 70–84 age groups, where men have only two-thirds the prevalence rates of profound and severe handicap reported by women.

Table 5.4: *Percentage of persons with a profound or severe handicap aged 65 and over; sex by age, Australia, 1993*

Age group	Males	Females
65–69	6.2	8.4
70–74	9.0	14.4
75–79	12.0	18.8
80–84	25.5	35.4
85+	50.8	59.1

Note: The database used in this analysis was the ABS 1993 Survey of Disability, Ageing and Carers.

In the future

Comparative analyses of three ABS surveys suggest that rates of profound and severe handicap have remained relatively constant in the aged population, with the age standardised prevalence rates varying from 17.8% in 1981, to 18.8% in 1988, and to 16.9% in 1993 (Wen et al. 1995). Such consistency over time increases the confidence with which these measures can be employed for policy and planning purposes, although the possibility of future changes in handicap rates must be kept in mind when undertaking projections. The projections presented here are based on the 1993 data, and the calculations were undertaken using age and sex specific handicap rates (Table 5.5 and Figure 5.2).

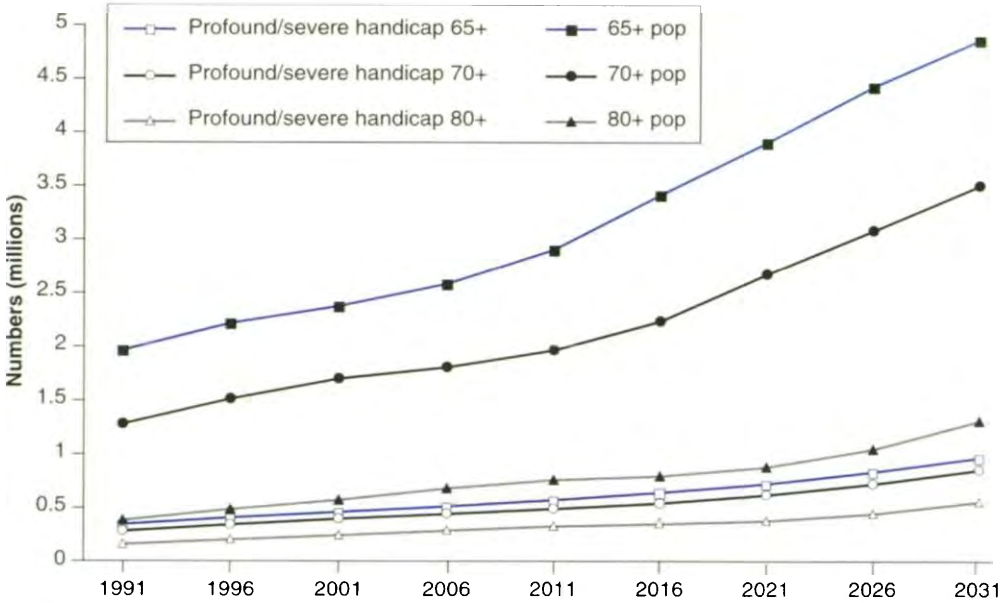
Given that handicap levels increase with age, the higher rate of increase in the very old population will lead to substantial increases in the numbers of aged people with a profound and severe handicap over the next quarter of a century. So, while the proportion of older people who fall into this category of profound and severe handicap increases only marginally from 17% in 1993 to 18% in 2021, the actual numbers involved double, from 352,800 to 709,600. These increases, and the particular points in time at which they are most pronounced, have important implications for aged care service providers, planners, and policy analysts.

Table 5.5: *Projected population of persons with a profound or severe handicap aged 65 and over; sex by age, Australia, 2001 to 2021*

Year	Age group			Total aged persons
	65–69	70–79	80+	
			Males	
2001	20,000	52,800	71,200	144,100
2011	28,400	57,700	101,400	187,400
2021	36,500	85,800	120,400	242,700
			Females	
2001	28,400	100,800	173,000	302,200
2011	39,400	104,300	227,700	371,400
2021	52,800	154,000	260,200	466,900
			Persons	
2001	48,400	153,600	244,200	446,200
2011	67,700	162,000	329,100	558,800
2021	89,200	239,800	380,600	709,600

Notes

1. The databases used in this analysis were the ABS 1993 Survey of Disability, Ageing and Carers and ABS 1994d:49.
2. Projections (series A and B) as at 30 June in each year.



Source: Table A5.5.

Figure 5.2: *Patterns of growth for different groups of the aged population between 1991 and 2031*

Figure 5.2 illustrates the growth in absolute numbers for various groups of older people over a 40-year period. The 80 and over profoundly and severely handicapped population, the 70 and over profoundly and severely handicapped population, the 65 and over profoundly and severely handicapped population, and the 80 and over age group all involve progressively larger and somewhat more divergent numbers of people over the period. The 70 and over and 65 and over age groups are, of course, larger, and diverge to a greater extent over the period. For planning purposes, the four former measures more closely represent the likely need for aged care services, with the 65 and over profoundly and severely handicapped having the advantage of being the most inclusive measure.

Assessing the need for care

The material presented up to this point has examined indicators of need based on age and handicap profiles derived from national population surveys and census data. As such, they provide an indication of overall need, but not of the need for assistance from the formal service sector, given that a large amount of assistance is provided through the informal networks of family, friends and neighbours. Tables 5.6 and 5.7 focus more directly on the likely need for formal services, being based on data generated by the national system of aged care assessment teams (ACATS).[6]

Aged care assessment teams are responsible for determining eligibility for admission to nursing homes (high dependency residential care), hostels (the less intensive residential care facilities) and for community aged care packages (an intensive form of domiciliary support available to people assessed as being of similar levels of dependency to those in hostels, or less commonly, in nursing homes). Aged care assessment teams may also recommend a range of HACC services, including the community options program, although they do not determine eligibility for these latter services. The clients seen by aged care assessment teams thus include a number of people requiring general advice, referral or some form of assistance in managing their ongoing care in the community.

In the nine years since their inception, aged care assessment teams (formerly geriatric assessment teams) have assumed an increasingly central role within the Australian aged care system; the data which they collect as part of the assessment procedure thus have the potential to provide an increasingly useful set of indicators concerning the need for aged care services in years to come. For the present, however, these data must be interpreted with caution. In 1994, the national minimum data set for aged care assessment services became fully operational, and the data reported here are the first available for the period January to June 1994. The data are presented on a State by State basis (Table 5.6). The national averages should be viewed with some caution because of definitional inconsistencies. The major limitation is the absence of a standard definition of what constitutes an assessment; thus

6 These data are compiled and provided by State-based aged care assessment team evaluation units.

the unit of analysis (assessments) employed in these tables is not always consistent across State boundaries.[7]

Table 5.6: *ACAT clients aged 65 and over as a proportion of aged population; sex by age, Australia, January–June 1994*

	NSW/ACT	Vic	Qld	SA	WA	Tas	NT	Australia[a]
				Males				
65–79	3,869	3,391	1,505	829	1,372	279	76	11,321
estimated pop	277,856	192,812	132,335	63,220	71,412	21,152	2,379	761,196
%	1.4	1.8	1.1	1.3	1.9	1.3	3.2	1.5
80+	3,716	3,696	1,756	876	1,311	357	27	11,739
estimated pop	53,311	39,877	26,656	13,354	14,392	4,327	292	152,218
%	7.0	9.3	6.6	6.6	9.1	8.3	9.2	7.7
65+	7,585	7,087	3,261	1,705	2,683	636	103	23,060
estimated pop	331,167	232,689	158,991	76,574	85,804	25,479	2,671	913,414
%	2.3	3.0	2.1	2.2	3.1	2.5	3.9	2.5
				Females				
65–79	5,837	5,053	2,020	1,162	2,020	453	75	16,620
estimated pop	333,248	232,890	150,881	73,120	84,994	25,302	2,159	902,620
%	1.8	2.2	1.3	1.6	2.4	1.8	3.5	1.8
80+	8,575	8,561	3,639	2,120	2,977	774	50	26,696
estimated pop	106,368	77,829.0	47,732	24,491	28,377	7,883	388	293,075
%	8.1	11.0	7.6	8.7	10.5	9.8	12.9	9.1
65+	14,412	13,614	5,659	3,282	4,997	1,227	125	43,316
estimated pop	439,616	310,719	198,613	97,611	113,371	33,185	2,547	1,195,695
%	3.3	4.4	2.8	3.4	4.4	3.7	4.9	3.6
				Persons				
65–79	9,706	8,444	3,525	1,991	3,392	732	151	27,941
estimated pop	611,104	425,702	283,216	136,340	156,406	46,454	4,538	1,663,816
%	1.6	2.0	1.2	1.5	2.2	1.6	3.3	1.7
80+	12,291	12,257	5,395	2,996	4,288	1,131	77	38,435
estimated pop	159,679	117,706	74,388	37,845	42,769	12,210	680	445,293
%	7.7	10.4	7.3	7.9	10.0	9.3	11.3	8.6
65+	21,997	20,701	8,920	4,987	7,680	1,863	228	66,376
estimated pop	770,783	543,408	357,604	174,185	199,175	58,664	5,218	2,109,109
%	2.9	3.8	2.5	2.9	3.9	3.2	4.4	3.1

(a) Jervis Bay included in Australia and not in the States/Territories.

Note: The data used in this analysis were provided by the State ACAT evaluation units.

7 Assessments can range from a thorough physical, mental and social examination carried out by a multi-disciplinary team to the routine handling of a request for information. Even for similar activities, State-based comparisons are confounded by the fact that, in rural and remote areas, assessments may involve many hours of travel in comparison with urban services. It must be emphasised, therefore, that assessment rates in the various States and Territories should not be taken as a comparative indicator of levels of service provision.

The national minimum data set comprises only twenty-two items, and there is very little information on disability or dependency which would provide a useful basis for comparison with the population data on profound and severe handicap examined in the preceding section (Rickwood 1994). The discussion which follows therefore focuses on age and sex profiles, together with the outcome (i.e. the recommendation) of the assessment process.

Between 1 and 4% of the population aged 65–79 were assessed by aged care assessment teams in the six-month period under review. Among people aged 80 and over, between 7 and 12% of people were assessed. Those aged 80 and over, and women in both age groups, were more likely to be assessed across all States and Territories.[8]

Table 5.7 shows the recommendations that emerge from these assessments. It is important to recognise that these data refer not to all older persons but only to that subset who have contacted or been referred to an aged care assessment team as persons potentially in need of care.

Looking at the national averages, of men who were assessed, 26% were classed as requiring nursing home level care, with a further 19% requiring hostel level care. For women, the comparable figures are 23 and 24% respectively. Thus, slightly less than half of all aged care assessment team clients were recommended as requiring either hostel or nursing home care in the six month period under review. When the proportions assessed as requiring either form of residential care are combined, there is little difference between men and women.

For both men and women, the likelihood that residential care of some form will be recommended rises steadily across the three age groups. For women, the proportions range from 16 through 19 to 26% for nursing homes, and from 16 through 21 to 27% for hostels. For men, the rates vary from 20 to 24 and then 28% for nursing homes, and from 16 through 17 to 21% for those aged 80 and over for hostels. Overall, women are less likely than men to be assessed as requiring nursing home care, although the difference is quite small in the oldest age group. The proportion of hostel recommendations is similar among men and women aged 65–69, but in the two older age groups it is higher for women than for men.

Only a small proportion of clients (around 3%) were recommended for the intensive levels of managed community-based care (community aged care packages and community options). In large part, these findings reflect the relatively small numbers of community aged care packages available (Table 5.16), and presumably, with regard to community options, the fact that aged care assessment teams do not necessarily determine eligibility; a variable pattern of both recommendations and the recording of recommendations could well result across regions and State boundaries. Although not shown in Table 5.7, aged care assessment teams are also engaged in a range of other activities, including recommendations for HACC services and respite care, and other forms of advice and support.

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8 Comparisons relating to the Northern Territory should be undertaken with caution. The Northern Territory has a relatively small proportion of people in older age groups, and the numbers involved in these and other tables are quite small. In addition, the situation is further complicated with regard to age-based comparisons by the high proportion of Aboriginal and Torres Strait Islander people (see Appendix Table A5.9), whose eligibility for old age services and provisions is generally deemed to begin at 55 rather than at 65, owing to their significantly shorter lifespan in comparison with non-indigenous people.

Table 5.7: *ACAT clients aged 65 and over, recommendations and assessments; sex by age, Australia, January–June 1994*

Age group	NSW/ACT	Vic[a]	Qld	SA	WA	Tas	NT	Australia
				Males				
65–69								
%nursing homes	17.9	14.2	18.7	42.5	20.4	22.9	33.3	20.4
%hostels	12.0	15.9	25.2	19.2	15.3	10.4	21.2	15.8
%CACP,COP	2.7	2.3	4.0	4.2	1.3	0.0	0.0	2.5
Assessments	767	302	278	167	550	48	33	2,145
70–79								
%nursing homes	21.3	17.5	29.1	35.8	21.4	31.2	27.9	23.6
%hostels	13.3	15.7	23.9	20.7	15.4	15.6	32.6	16.6
%CACP,COP	4.0	2.8	2.9	2.3	2.0	2.6	2.3	3.2
Assessments	3,102	1,209	1,227	662	898	231	43	7,372
80+								
%nursing homes	28.1	23.9	29.7	38.8	24.9	34.7	29.6	28.4
%hostels	18.5	20.8	27.7	25.8	18.2	21.6	22.2	21.3
%CACP,COP	3.9	3.1	3.9	3.3	2.7	2.8	3.7	3.5
Assessments	3,716	1,860	1,756	876	1,338	357	27	9,930
Total males								
%nursing homes	*24.3*	*20.8*	*28.5*	*38.0*	*22.9*	*32.5*	*30.1*	*25.7*
%hostels	*15.7*	*18.5*	*26.0*	*23.2*	*16.7*	*18.6*	*26.2*	*18.9*
%CACP,COP	*3.8*	*2.9*	*3.5*	*3.0*	*2.2*	*2.5*	*1.9*	*3.3*
Assessments	*7,585*	*3,371*	*3,261*	*1,705*	*2,786*	*636*	*103*	*19,447*
				Females				
65–69								
%nursing homes	12.7	12.0	21.5	29.0	15.2	18.3	20.0	15.6
%hostels	13.8	11.7	24.2	24.7	14.5	12.7	20.0	15.7
%CACP,COP	4.0	2.9	2.8	2.5	1.9	4.2	0.0	3.1
Assessments	952	349	289	162	573	71	25	2,421
70–79								
%nursing homes	16.7	15.4	21.7	31.5	15.6	29.3	26.0	18.8
%hostels	17.7	18.8	32.6	26.9	17.3	18.8	6.0	20.8
%CACP,COP	3.7	3.5	3.5	3.1	3.0	1.8	2.0	3.4
Assessments	4,885	2,031	1,731	1,000	1,522	382	50	11,601
80+								
%nursing homes	25.6	21.7	30.4	34.1	23.2	29.3	34.0	26.3
%hostels	23.8	26.7	31.3	29.7	26.9	23.9	12.0	26.5
%CACP,COP	4.0	3.1	3.4	2.6	2.3	3.1	4.0	3.3
Assessments	8,575	4,092	3,639	2,120	3,027	774	50	22,277
Total females								
%nursing homes	*21.7*	*19.2*	*27.3*	*33.1*	*20.0*	*28.7*	*28.0*	*23.2*
%hostels	*21.1*	*23.4*	*31.4*	*28.6*	*22.7*	*21.7*	*11.2*	*24.0*
%CACP,COP	*3.9*	*3.2*	*3.4*	*2.8*	*2.5*	*2.8*	*2.4*	*3.4*
Assessments	*14,412*	*6,472*	*5,659*	*3,282*	*5,122*	*1,227*	*125*	*36,299*

(continued)

Table 5.7 (continued): *ACAT clients aged 65 and over, recommendations and assessments; sex by age, Australia, January–June 1994*

					Persons			
65–69								
%nursing homes	15.0	13.1	20.1	35.9	17.7	20.2	27.6	17.8
%hostels	13.0	13.7	24.7	21.9	14.9	11.8	20.7	15.7
%CACP,COP	3.4	2.6	3.4	3.3	1.6	2.5	0	2.8
Assessments	1,719	651	567	329	1,123	119	58	4,566
70–79								
%nursing homes	18.5	16.2	24.7	33.2	17.7	30.0	26.9	20.7
%hostels	16.0	17.6	29.0	24.4	16.6	17.6	18.3	19.2
%CACP,COP	3.9	3.3	3.2	2.8	2.6	2.1	2.2	3.3
Assessments	7,987	3,240	2,958	1,662	2,420	613	93	18,973
80+								
%nursing homes	26.3	22.4	30.2	35.5	23.7	31.0	32.5	26.9
%hostels	22.2	24.8	30.1	28.6	24.3	23.2	15.6	24.9
%CACP,COP	4.0	3.1	3.6	2.8	2.5	3.0	3.9	3.4
Assessments	12,291	5,952	5,395	2,996	4,365	1,131	77	32,207
Total persons								
%nursing homes	**22.6**	**19.8**	**27.7**	**34.8**	**21.0**	**30.0**	**28.9**	**24.1**
%hostels	**19.2**	**21.7**	**29.4**	**26.7**	**20.6**	**20.6**	**18.0**	**22.2**
%CACP,COP	**3.9**	**3.1**	**3.4**	**2.8**	**2.4**	**2.7**	**2.2**	**3.3**
Assessments	**21,997**	**9,843**	**8,920**	**4,987**	**7,908**	**1, 863**	**228**	**55,746**

(a) Nine of the nineteen Victorian aged care assessment teams are not included in this collection, as they did not come 'onstream' with the minimum data set until July 1994.

Notes

1. The data used in this analysis were provided by the State ACAT evaluation units.
2. CACP = Community Aged Care Packages; COP = Community Options Project.

The use of national averages in providing an overview of these data is acceptable, despite the constraints described earlier, as the age and sex-based patterns appear relatively consistent across States. The assessment rates do vary, however, from State to State, as indeed do other aspects of the system, including the supply of residential care (Table 5.16). For the total population of aged care assessment team clients, the proportion recommended for nursing home entry varied from 20% in Victoria to 35% in South Australia (the national average being 24%). For hostels, the range was somewhat smaller, varying from 18% in the Northern Territory to 29% in Queensland, with the national average being 22%.

Apart from the variability already outlined in what constitutes an assessment, there is the possibility that these State differences reflect the availability of services, as well as other elements such as differences in assessment practice and differences in the need for care. Aged care assessment team members are necessarily aware of the level and type of services available in their region, and tend to work within those constraints. A recommendation for a particular level of care, therefore, should not be interpreted solely as a characteristic of a particular client, but also as an assessment undertaken within the context of a particular regional pattern of supply and utilisation.

5.3 Service provision

In Australia, formal services for the ongoing care of the frail aged include assessment and advice services, residential care, domiciliary care, and regulatory and user rights strategies.[9] Assessment services are largely provided by aged care assessment teams, which vary in their make-up but generally include the services of a medical practitioner, a nurse and a social worker, frequently with access to other specialist services such as therapists and specialist medical practitioners. These services, already discussed with regard to need for assistance, are an important component of the aged care system, particularly with regard to targeting services on those with higher levels of need, and avoiding the inappropriate use of high-cost residential care.

The residential care system is a two-tiered one, with high dependency residents located in nursing homes, and less dependent frail aged persons in hostels. Most admissions are for ongoing care, but a number of strategies are in place to ensure and further improve access to respite care for persons being cared for at home. Both nursing homes and hostels cater to people who, as a consequence of physical and mental disabilities, need regular assistance with personal care; the distinction between the two sets of residents is largely one of the degree of dependency and the presence of conditions that require trained nursing care. Both service types also receive several different levels of government funding, with higher rates being paid for more dependent residents. In nursing homes, there are five funding levels determined by the resident's score on the Resident Classification Instrument (RCI); increasingly in recent years nursing home services have been concentrated on persons in the three higher dependency categories (RCI 1, 2 and 3). In hostels, there are three funding levels for Personal Care (high, medium and low), and one additional payment rate for financially disadvantaged residents who do not require personal care services, called Hostel Care. These residents do receive a government subsidy, but this has been means-tested since 1991. Capital grants from government are also available for certain purposes and under certain conditions.

Domiciliary services are largely provided under the Home and Community Care program, which includes home nursing, delivered meals, home help and home maintenance services, transport and shopping assistance, paramedical services, home and centre-based respite care, and advice and assistance of various kinds. There are also provisions for the supply of aids and equipment, home modifications, a (means-tested) carer's pension payable to persons caring full-time for a person with a disability, a non-means tested benefit (Domiciliary Nursing Care Benefit) paid to carers of people who would otherwise require nursing home care, and various support and information services aimed at the carers of people with disabilities.

9 As noted at the beginning of this chapter, there is also a range of other provisions including pharmaceutical, medical and hospital services, and various income support programs such as the aged pension and concession arrangements (for example for rates, public transport) which are not considered here.

Box 5.1: Recent key policy developments in aged care, 1992 to 1995

1992

Community Aged Care Packages (incorporating Hostel Options Projects) implemented with aim of five packages per 1000 persons 70+

Residential care planning ratios revised to 55 hostel places and 40 nursing home beds per 1000 persons 70+

Revisions to nursing home recurrent funding (CAM and SAM) implemented

Freeze on State nursing home benefits removed, State nursing homes to come under Federal regulatory provisions

Five-year National Action Plan for dementia implemented

Expansion of carer provisions, including respite services, conditions governing DNCB, and development of carers' kits.

1993

Residential care planning ratios revised to 52.5 hostel places, 40 nursing home beds and 7.5 community aged care packages per 1000 persons 70+

Transition Care Packages implemented under aged care assessment teams

Pilot study for Nursing Home Options project and intermixed residential services (hostel and nursing home level care) announced

Capital grants to nursing home industry for upgrading existing beds

1994

Funds allocated to improve the appropriateness, viability and self-sufficiency of aged care services for Aboriginal and Torres Strait Islander communities

Specialist psycho-geriatric units established within ACATs

Nursing Home Consultative Committee (Keys Committee) reports

Further funds committed for upgrading hostel and nursing home and replacement projects

Multi-purpose services expanded

1995

Residential care planning ratios revised to 50 hostel places, 40 nursing home beds and 10 community aged care packages per 1000 persons 70+

Tiered SAM introduced to support nursing home infrastructure

Intermixed residential services (hostel and nursing home level care) and nursing home options (now nursing home care packages) pilot projects expanded.

Regulatory and user rights programs have undergone substantial development in Australia in the last eight years (Braithwaite et al. 1993; Gibson et al. 1992), and are concerned primarily with the quality of services provided to recipients. These include user rights documentation in both the residential and domiciliary programs, resident/proprietor agreements in nursing homes and hostels, an outcome standards monitoring program for both nursing homes and hostels, complaints units, and advocacy services.

There is also a variety of arrangements aimed at the special needs of particular groups of frail aged persons. Most notably, these include Aboriginal and Torres Strait Islander peoples, aged people of non-English speaking backgrounds, and those people

suffering from dementia. An account of recent policy changes is presented in Box 5.1; detailed review of the development of the Australian aged care system may be found in Chapter 5 of *Australia's Welfare 1993: Services and Assistance* (AIHW 1993). A summary table of types of services, together with the funding source and the body actually providing the service, is included in Appendix 5B.

The balance of care

One of the most important policy developments during this decade has been the decision to reduce what was perceived by a number of commentators and government inquiries to be an over-supply of nursing home beds, while expanding the less intensive hostel level care and domiciliary care. The decision-making and implementation processes have been the subject of a number of articles, government reports and parliamentary inquiries.[10] Data from the 1993 ABS Survey of Disability, Ageing and Carers provide a useful basis on which to examine the current location of profoundly and severely handicapped older people, and to consider the effects of the changing balance of care on service use by frail and disabled older people. These data provide the opportunity to look at people living in the community, in residential care and in acute care facilities.

Table 5.8 shows that in 1993 the majority of even those older persons classified as profoundly or severely handicapped were living in the community, and not in residential care. In the 65–79 age group, 81% of men and 85% of women lived in the community. In the 80 and over group, the proportions were 66% of men and 56% of women. The data are indicative of the critical role played by friends and relatives, and the activities of frail older people themselves, in maintaining older people in the community.

The informal network is particularly important with regard to personal care, transport, shopping and general household help (i.e. excluding services such as health care and home maintenance which are often provided by the formal sector for most members of the general population). While a substantial proportion (35%) of the 227,400 older people with a profound or severe handicap living in the community received some formal (government, not-for-profit or private-for-profit) assistance in these areas, only 4% received only formal services. In contrast, 59% were receiving only informal help. In total, 94% were receiving assistance from either the informal sector, or both the informal and formal sectors (Appendix Table A5.6). Formal service use by persons living in the community is explored in further detail later in this section.

Table 5.8 also shows that the proportion of frail older persons living in the community has increased in recent years. This is to be expected, given the current government policy to reduce reliance on residential care in favour of community care. If the data on health establishments are examined in finer detail, it is clear that the reduction has occurred in both acute care (hospitals) and chronic care facilities, although the evidence suggests that the trend has been even more marked in acute care facilities. This too, is consistent with moves towards day surgery and other strategies to reduce the length of stay in hospitals. However, the difficulties attendant on sample construction in the acute care sector mean that this interpretation should be viewed with some caution.

10 For an account of some of these processes, see *Australia's Welfare 1993: Services and Assistance* (AIHW 1993:207–215).

Table 5.8: *Location of persons with a profound or severe handicap aged 65 and over; sex by age, Australia, 1988 and 1993 (%)*

	1988		1993	
Location	**65–79**	**80+**	**65–79**	**80+**
		Males		
Households	79.4	61.0	81.2	65.9
Health establishments	20.6	39.0	18.8	34.1
Total (Number)	*64,500*	*34,600*	*64,700*	*48,500*
		Females		
Households	79.5	46.5	85.1	56.4
Health establishments	20.5	53.5	14.9	43.6
Total (Number)	*114,400*	*117,300*	*120,800*	*129,200*
		Persons		
Households	79.4	49.8	83.7	59.0
Health establishments	20.6	50.2	16.3	41.0
Total (Number)	**178,900**	**151,900**	**185,500**	**177,700**

Notes

1. The databases used in this analysis were the ABS 1988 Survey of Disabled and Aged Persons, and the ABS 1993 Survey of Disability, Ageing and Carers.
2. 1993 data based on screening questions and handicap definitions used in the 1988 survey.

The increase in the proportion of profoundly and severely handicapped people living in the community is not evenly distributed among age and sex groups. Interestingly, the increase is most marked among women and the very old. This may mean that the very old and women have been adversely affected in terms of access to nursing home care. Another plausible interpretation is that the very old and old women were more prone to be placed in residential care as a consequence of their age, as distinct from their capacity to manage independently. A related interpretation is that it is these groups that have most benefited from the increased availability (and expanded range) of community care services.

Between 1988 and 1993 the proportion of persons aged 80 and over living in the community increased from 50 to 59%; while the comparable increase in the 65–79 year age group was from 79 to 84%. For women aged 80 and over the shift was from 47 to 56%, for men the comparable figure was from 61 to 66%. For the younger age group, the increase was again more marked for women than for men. These patterns are reinforced by the findings of an earlier Institute analysis concerning changes in the age and sex structure of nursing home populations over this period (Gibson, Liu & Choi 1995).

Domiciliary care

The Survey of Disability, Ageing and Carers also provides the most informative source of national data on the broad range of assistance used by older people with disabilities living in the community. Administrative by-product data, while useful for more detailed information on some aspects of government-funded services, do not provide information on the informal care network, nor on services purchased on the private market.

Table 5.9 provides data on persons who had limitations in performing certain tasks associated with everyday living, and the assistance received in relation to their limitation. For the vast majority, most of the help received came from the informal network, and most commonly from a co-resident.

Table 5.9: *All persons with a profound or severe handicap aged 65 years or more living in households who need help; activities for which help was received by main provider of assistance, Australia, 1993*

	Type of provider of assistance			No provider of assistance	Total
	Source of informal help		Formal provider		
Activities for which help was needed	Usual resident	Non-usual resident			
	Number of persons ('000)				
Self-care	98.6	5.6	15.7	4.9	124.8
Mobility	115.5	62.1	12.8	23.7	214.1
Verbal communication	19.9	0.8	0	5.1	25.9
Health care	76.2	13.8	64.3	7.7	161.9
Home help	119.5	17.2	47.1	4.6	188.4
Home maintenance	108.7	53.0	54.1	3.9	219.7
Meals	65.9	3.7	7.5	4.0	81.1
Personal affairs	60.8	22.4	0.9	1.4	85.4
Transport	108.9	73.0	18.6	8.8	209.3
	Per cent of persons of each activity type				
Self-care	79.0	4.5	12.6	3.9	100.0
Mobility	53.9	29.0	6.0	11.1	100.0
Verbal communication	77.0	3.2	0	19.9	100.0
Health care	47.1	8.5	39.7	4.7	100.0
Home help	63.4	9.1	25.0	2.5	100.0
Home maintenance	49.5	24.1	24.6	1.8	100.0
Meals	81.2	4.5	9.3	5.0	100.0
Personal affairs	71.2	26.2	1.0	1.6	100.0
Transport	52.0	34.9	8.9	4.2	100.0

Note: The database used in this analysis was the ABS 1993 Survey of Disability, Ageing and Carers.

According to the 1993 ABS Survey of Disability, Ageing and Carers there were 248,200 persons with a profound or severe handicap aged 65 years and over, living in households, who reported a need for help in at least one activity. This represents 70% of people in that age group with a profound or severe handicap. Home maintenance was the most frequently reported activity where help was required (219,700), followed by mobility (214,100) and transport (209,300). A need for assistance was also reported by a substantial number of profoundly and severely handicapped aged people in the areas of home help (188,400), health care (161,900) and self-care activities (124,800).

At least 80% of persons with a profound or severe handicap aged 65 years and over who needed help with the activities of self-care, mobility, verbal communication, meal preparation, personal affairs and public transport reported that their main source of help was the informal network, in particular help provided by co-residents. Between 70 and 80% reported a similar pattern with regard to home help and home maintenance. Even for assistance with health care, 56% of respondents cited the informal network rather than formal services as their main provider of assistance.

Formal providers of assistance were most prominent in health care assistance, hardly a surprising finding given that this presumably refers frequently to professional assistance. The next most frequently reported kinds of formal assistance were in the areas of home help and home maintenance, both of which were mentioned by 25% of respondents, followed by self-care (13%). For all other categories of assistance, formal providers (as the main source of assistance) were mentioned by less than 10% of respondents.

Mobility (11%) and verbal communication (20%) were the areas where respondents were most likely to report that they needed but were not receiving help. In terms of absolute numbers of people, however, the most common areas of unmet need for assistance were mobility (23,700), transport (8,800) and health care (7,700).

HACC clients

Tables 5.10 and 5.11 provide information on the services received by HACC clients. Table 5.10 provides information on all clients seen by all HACC service providers in a one-month period (the HACC Service Provision Data Collection), and Table 5.11 provides information from the HACC User Characteristics Survey conducted in 1993–94.

The Service Provision Data Collection is completed by the service providers, and collated by State and Territory government departments. Each service provider details the services provided and the number of clients serviced; there is, however, no way of identifying shared clients, and the majority of HACC clients use more than one type of service. The data from this collection cannot therefore be aggregated to establish a total client population for the Home and Community Care program.

Table 5.10: *HACC clients (HACC Service Provision Data Collection); service type by State and Territory, 1993*

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Australia
Home help	40,650	34,631	15,054	9,114	13,594	5,893	1,830	637	121,403
Personal care	6,776	1,544	1,457	2,508	8,656	276	78	55	21,350
Home nursing	21,931	16,381	13,519	5,148	7,440	3,911	1,170	0	69,500
Paramedical	5,255	5,288	3,101	3,931	4,402	359	591	10	22,937
Home respite	7,665	2,422	1,829	617	849	207	264	89	13,942
Centre day care	13,026	5,281	5,108	2,791	3,064	300	341	23	29,934
Home meals	18,097	16,480	10,959	5,269	5,120	2,353	424	299	59,001
Centre meals	6,641	n.a.	3,448	1,466	6,004	263	111	75	18,008
Home maintenance	7,201	7,660	1,463	362	2,947	743	449	82	20,907
Transport	34,551	n.a.	29,159	3,428	7,201	2,152	639	388	77,518
Other	6,866	1,397	5,113	9,610	10,424	487	497	318	34,712

Note: n.a. = not available.

Source: HSH, 1995b:150.

Table 5.11: *HACC clients aged 65 and over (User Characteristics Survey); service type by State and Territory, 1993–94 (%)*

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Australia
Home help	63.8	78.0	65.0	37.9	55.9	80.7	64.0	56.2	63.5
Home nursing	33.2	29.6	58.8	26.0[c]	51.4	57.6	29.7	31.6	37.0
Home paramedical	5.2	15.7	9.7	56.6[c]	3.6	4.4	5.3	2.2	16.1
Centre paramedical	5.8	[a]	10.4	9.1	3.2	3.6	9.4	5.4	5.4
Home respite	6.1	4.7	9.6	3.7	3.7	6.0	6.1	7.0	5.7
Centre day care	20.5	18.9	25.4	14.5	7.8	11.6	12.4	16.8	18.4
Home meals	33.3	32.8	26.1	12.7	9.9	21.0	33.4	27.0	26.8
Centre meals	6.3	[b]	11.1	4.4	2.4	4.8	8.5	6.4	4.9
Home maintenance	15.1	31.3	10.7	6.9	7.7	17.3	16.9	24.5	17.0
Transport	40.5	n.r.	23.7	18.8	13.6	15.7	40.5	30.4	21.9
Other	12.3	10.0	12.1	49.0	3.9	4.1	27.7	14.4	16.9
Total clients (N)	**10,300**	**8,125**	**4,768**	**5,183**	**2,181**	**1,506**	**716**	**929**	**33,708**

(a) Included with home paramedical.
(b) Included with home meals.
(c) For SA the home nursing category is deflated and the home paramedical category inflated, because what is recorded as home nursing in other States is often recorded as home paramedical for SA.

Notes
1. The database used in this analysis was the HSH, HACC User Characteristics Survey 1993–94.
2. Persons may receive more than one service type.
3. n.r. = not recorded.

The HACC User Characteristic Survey is a sample survey involving virtually all provider agencies, who provide unit record data on a sample of their clients.[11] Information on the use of multiple services is recorded by the service provider on behalf of the client, giving some indication of overall patterns of service use. The data quality is, however, limited by the accuracy and relative recency of the information held by that agency on other services being used by their clients. Moreover, there is again no identification of instances where different agencies report on the same shared client. There are also limitations imposed by the nature of the sampling strategy; different States do not consistently employ the same sampling fraction, and this may vary across agency types, depending on the nature of the service, and also on the adequacy of their databases.[12]

Home help is clearly the most utilised home and community care service, with 64% of clients surveyed in the HACC User Characteristics Survey obtaining home help (Table 5.11). This is followed by home nursing (37%), home delivered meals (27%), and transport (22%). The same pattern is reflected in the data drawn from the Service Provision Data Collection (Table 5.10).

Centre-based day care services, paramedical services, and home maintenance services are also used by a substantial minority of clients. The apparent differences in relative frequency of use observed between the two data sets in relation to home maintenance services may be explained by its sporadic nature, and the divergent methods employed in the two data collections. For the User Characteristics Survey, all services being used by a client selected for inclusion are listed, thus increasing the likelihood that low-frequency services such as home maintenance will be included. For the Service Provision Collection, only clients seen by the service in that month are listed, reducing the likelihood that low-frequency services will be included.

The proportion of clients using different services varies considerably across the States and Territories, but the patterns reported above remain predominant. Given reported variations in sampling strategies, State differences are difficult to interpret with reliability. Other variations also occur between States, for example the high level of paramedical services in South Australia (Table 5.11) is reported to derive from a difference in categorisation of service types rather than a difference in services delivered.[13]

It is unknown how many HACC clients there are overall, but the Department of Human Services and Health estimates that there are approximately 220,000 on the basis of a combination of data from the two surveys described here.[14] Data from the User Characteristics Survey can be used to describe patterns of multiple service use for the clients sampled, although the constraints on data quality described above should be kept in mind. These data are presented in Table 5.12, and show that around

11 No published version of the 1993–94 data is yet available from the Department of Human Services and Health, although one is planned for in the near future.

12 A more detailed account of the kinds of sampling problems that occur was given in *Australia's Welfare 1993* (AIHW 1993:231–234).

13 Information supplied by the Department of Human Services and Health.

14 For a brief account of how this is done, see *Australia's Welfare 1993* (AIHW 1993:234).

one-third of HACC clients receive only one service (34%). This varies considerably across the States and Territories, however, with 64% of clients in Western Australia but only 19% of clients in the Northern Territory receiving one service. Another 25% of clients receive two services, 18% receive three services and 21% receive between four and six services. Very few (3%) receive seven or more HACC services.

Table 5.12: *HACC clients aged 65 and over; number of services received by State and Territory, 1993–94 (%)*

Number of services	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Australia
1	35.7	29.7	28.1	27.9	63.5	34.7	19.3	45.2	33.6
2	23.0	27.2	22.8	29.2	18.6	27.6	24.0	17.2	24.7
3	16.0	19.6	16.4	22.4	7.1	19.5	19.8	12.4	17.5
4–6	22.0	20.7	25.9	18.3	9.9	17.3	33.4	22.1	20.9
7+	3.3	2.8	6.8	2.3	0.9	0.9	3.5	3.1	3.2
Total clients (N)	**10,300**	**8,125**	**4,768**	**5,183**	**2,181**	**1,506**	**716**	**929**	**33,708**

Note: The database used in this analysis was the HSH HACC User Characteristics Survey 1993–94.

Intensive community care clients

There are currently two types of intensive community care services in operation in Australia, the community options projects and community aged care packages. The community options projects were the first Commonwealth Government-led initiative aimed at providing a more intensive form of community-based support, and were focused on persons at risk of premature admission to a nursing home. They function on a brokerage model, with a central coordinator combining existing HACC services with additional funding to put together an appropriate package of care.[15] The more recent community aged care packages (incorporating what were previously called hostel options) are intended to provide personal care services at the level provided in a hostel, but in the recipient's own home.

Both programs are aimed at providing a higher intensity of service to people who would otherwise be admitted, or be at risk of admission, to residential care. Neither program caters for a large number of people. Across Australia, less than 5,000 aged people were served by community options in 1994, and another 2,381 by community aged care packages. Data are as yet unavailable on patterns of service provision in relation to community aged care packages, which are a relatively recent innovation in aged care services, and only beginning to develop toward the substantial role planned for them in future years. National data are, however, available on the community options program, based on a census of community options clients undertaken in 1993 over a two-week period.

15 A pilot program, entitled nursing home options has also been implemented but is as yet in its infancy. It aims to provide nursing home level care to clients in their own homes. A preliminary discussion of the program may be found in Hall (1994).

More community options clients (86%) than HACC clients (66%) received multiple services; 40% of community options clients received between four and six services and 6% received seven or more services (Table 5.13). As community options projects are targeted at higher-need clients who would otherwise require residential care, this more intensive pattern of service use is consistent with the nature of the program and its client group. It may also partly reflect better quality of data concerning multiple service use consistent with the brokerage function of the community options projects.

Table 5.13: *Community options clients; number of services received by State and Territory, 1993–94 (%)*

Number of services	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Australia
1	11.9	7.3	21.3	18.3	13.1	25.6	9.4	0	14.4
2	17.5	9.9	26.0	23.0	10.4	27.1	31.3	0	18.8
3	21.8	14.5	23.3	13.7	23.2	18.6	15.6	0	20.2
4-6	43.0	57.1	27.3	39.9	37.9	26.4	37.5	33.3	40.4
7+	5.8	11.1	2.1	5.1	15.4	2.3	6.3	66.7	6.2
Total clients (N)	**1,966**	**818**	**1,223**	**431**	**298**	**129**	**64**	12	**4,929**

Notes

1. The databases used in this analysis were the HSH Community Options Projects Census 1993, and the HSH Community Options Projects Census 1992 (for the ACT only).
2. The Australian average includes only those States and Territories that have data for 1993, so does not include the ACT.

For community options clients, like HACC clients, home help (68%), home meals (32%) and home nursing and transport (31%) were the most used services (Table 5.14). Personal care was also a frequently used service (30%).[16] Home-based respite was much more heavily used by community options clients than those receiving basic HACC services. Case management services are a characteristic of community options services, and were provided to 69% of community options clients. Of those not accessing case management services, the vast majority were receiving only one service.

16 The personal care category is not used in the HACC User Characteristics survey, thereby reducing the comparability of service use patterns between the two groups.

Table 5.14: *Community options clients; service type by State and Territory, 1993 (%)*

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Australia
Personal care	37.4	39.1	11.7	32.9	39.3	20.2	15.6	75.0	30.3
Home help	64.6	75.1	74.0	55.9	79.9	57.4	42.2	75.0	68.4
Home nursing	32.6	55.7	18.2	20.9	14.4	23.3	34.4	91.7	30.5
Paramedical	8.2	10.0	7.0	9.3	19.5	2.3	26.6	58.3	9.1
Home respite	22.2	17.8	10.8	26.0	16.4	3.9	10.9	41.7	18.0
Residential respite	4.3	7.2	1.9	5.6	4.0	0.8	1.6	16.7	4.1
Centre day care	21.5	33.0	12.3	21.1	19.5	7.0	40.6	50.0	20.8
Home maintenance	10.7	16.1	18.4	16.9	25.5	41.9	7.8	25.0	15.7
Meals	32.2	42.1	24.8	26.5	37.6	19.4	31.3	58.3	31.5
Transport	28.7	31.5	28.3	36.7	40.9	25.6	56.3	33.3	30.8
Case management	71.8	78.9	65.9	50.1	79.9	62.8	32.8	100.0	69.4
Purchase goods	7.4	13.2	1.6	2.8	2.7	0.8	9.4	25.0	6.1
Other	10.5	3.8	3.6	16.2	15.8	0	45.3	16.7	8.7
Total clients (N)	**1,966**	**818**	**1,223**	**431**	**298**	**129**	**64**	**12**	**4,929**

Notes

1. The databases used in this analysis were the HSH Community Options Projects Census 1993 and the HSH Community Options Projects Census 1992 (for the ACT only).
2. The Australian average is based on those States and Territories for which 1993 data are available; the ACT is therefore excluded.
3. Persons may receive more than one service type.

Domiciliary nursing care benefits

The Domiciliary Nursing Care Benefit is paid to carers who provide care in the home to people requiring intensive care and who would otherwise be eligible for nursing home admission. Table 5.15 presents data on the people for whom care is being provided. In 1994 there were 37,991 people whose carer received the Domiciliary Nursing Care Benefit. The proportions of men and women being cared for were approximately equal. Overall, 63% of the recipients were aged 70 and over. Persons aged 70–79 were the most common age grouping although, as is evident from the table, a substantial number of people aged 90 and over at this advanced level of frailty were being cared for in the community (7%). The age distribution of domiciliary nursing care recipients was similar across the States and Territories, except for the Northern Territory, where over a third were aged under 60, in comparison to less than a quarter in the other States and Territories. This reflects both the age structure of the Northern Territory population and the higher than average proportion of Aboriginal and Torres Strait Islander persons in the population.[17]

17 See earlier footnote 8 and Appendix Table A5.9.

Table 5.15: *Domiciliary nursing care recipients; age by State and Territory, June 1994 (%)*

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Australia
Age group									
Under 60	18.5	19.3	21.8	19.9	20.2	23.7	34.1	21.1	19.7
60–69	17.7	17.5	16.3	19.5	16.7	18.7	18.5	19.0	17.5
70–79	30.5	29.6	28.3	29.5	29.6	28.8	24.4	32.0	29.7
80–89	26.1	25.3	26.1	24.7	26.3	22.4	19.3	22.9	25.7
90+	7.2	8.3	7.6	6.4	7.2	6.3	3.7	5.0	7.4
Sex									
Male	50.0	49.0	50.0	51.0	52.0	53.0	48.0	48.0	50.0
Female	50.0	51.0	50.0	49.0	48.0	47.0	52.0	52.0	50.0
Total (N)	**15,146**	**8,462**	**6,619**	**2,561**	**3,493**	**1,134**	**135**	**441**	**37,991**

Source: HSH 1995b:144.

Carer's pension

The carer's pension is a means-tested flat rate non-contributory benefit payable to persons who are responsible for the daily care of a highly dependent person, and originally required the carer to be co-resident. The co-residency requirement has been progressively relaxed since January 1991 to include persons living near-by, and from July 1996 will be eliminated altogether. In 1993–94 there were 17,699 people receiving a carer's pension, of whom 7,441 were caring for frail aged persons. The majority of these pensioners were men (57%); reflecting Australian social security provisions rather than gender differences in actual patterns of care. Female carers frequently receive benefits as 'dependants' of their spouse; for example, a recent Department of Social Security survey revealed that 25% of 'wife pensioners' (9,000 women) also met the eligibility criteria for a carer's pension (DSS 1994).[18]

In addition to the financial support provided by the carer's pension and the domiciliary nursing care benefit, recent years have seen an expansion of resources for carers in the form of information and support services, and the improvement of access to in-home, centre-based and residential respite services.

18 From July 1995 no new grants are being made under the wife pensioner provisions. These are payments to women not otherwise eligible for a pension or benefit, but whose husbands are in receipt of an aged or disability pension. Other eligibility criteria also apply.

Residential care

Level of supply

While a minority of even frail aged people are in residential care, there is no doubt that care in nursing homes and hostels is critically important for those people in need of such care. As already noted, Australia is in the midst of a process of reducing the level of nursing home care, and expanding the hostel sector. The planned provision level of 40 nursing home beds per thousand persons aged 70 and over, and 50 hostel places, is to be in place by the year 2011.[19] These residential care places are to be supplemented by the availability of 10 community aged care packages per thousand persons aged 70 and over (HSH 1995c). Community aged care packages provide an intensive form of community-based support up to the cost equivalent of a Personal Care (low dependency) payment in a hostel ($25.30 per day in November 1994).

In 1985 there were 67 nursing home beds per thousand persons aged 70 and over; by 1994 this figure had been reduced to 52 beds per thousand persons aged 70 and over (Table 5.16). Nationally, in 1994 there were 74,257 beds, representing for the first time a reduction in the absolute number of nursing home beds, down by 208 on the number of beds available in 1993. (See Appendix Tables A5.7 and A5.8 for detailed annual data on nursing home and hostel provision.)

For hostels, the level of provision had increased from 33 places per thousand persons aged 70 and over in 1985 to 40 places in 1994. The absolute numbers of hostel places continued to increase throughout the period from 34,885 to reach 57,104 in 1994.

In 1994, the community aged care packages provision ratio stood at 2 places per thousand persons aged 70 and over. There were none in 1985, having been introduced initially as hostel options, and only in 1992 being established under the rubric of community aged care packages.

Taken together, the national availability of residential care in 1994 stood at 93 places per thousand persons aged 70 and over, in contrast to the 1985 figure of 99 places per thousand (Table 5.16). The total residential care level is thus already close to the target of 90 places set for achievement by 2011, although the balance between nursing home care and hostel care still requires substantial adjustment. If community aged care packages are added, as seems reasonable as they are intended to function as a direct alternative to residential care, the total figure of 94 presently lies some distance below the planned total level of provision of 100 places per thousand persons aged 70 and over.[20]

19 When the projected bed ratios were initially announced, the ratio was set at 40 nursing home beds, and 60 hostel places, per thousand persons aged 70 and over. The number of hostel places has subsequently been revised downward, first to 55, then 52.5, and in the 1995–96 budget to 50.

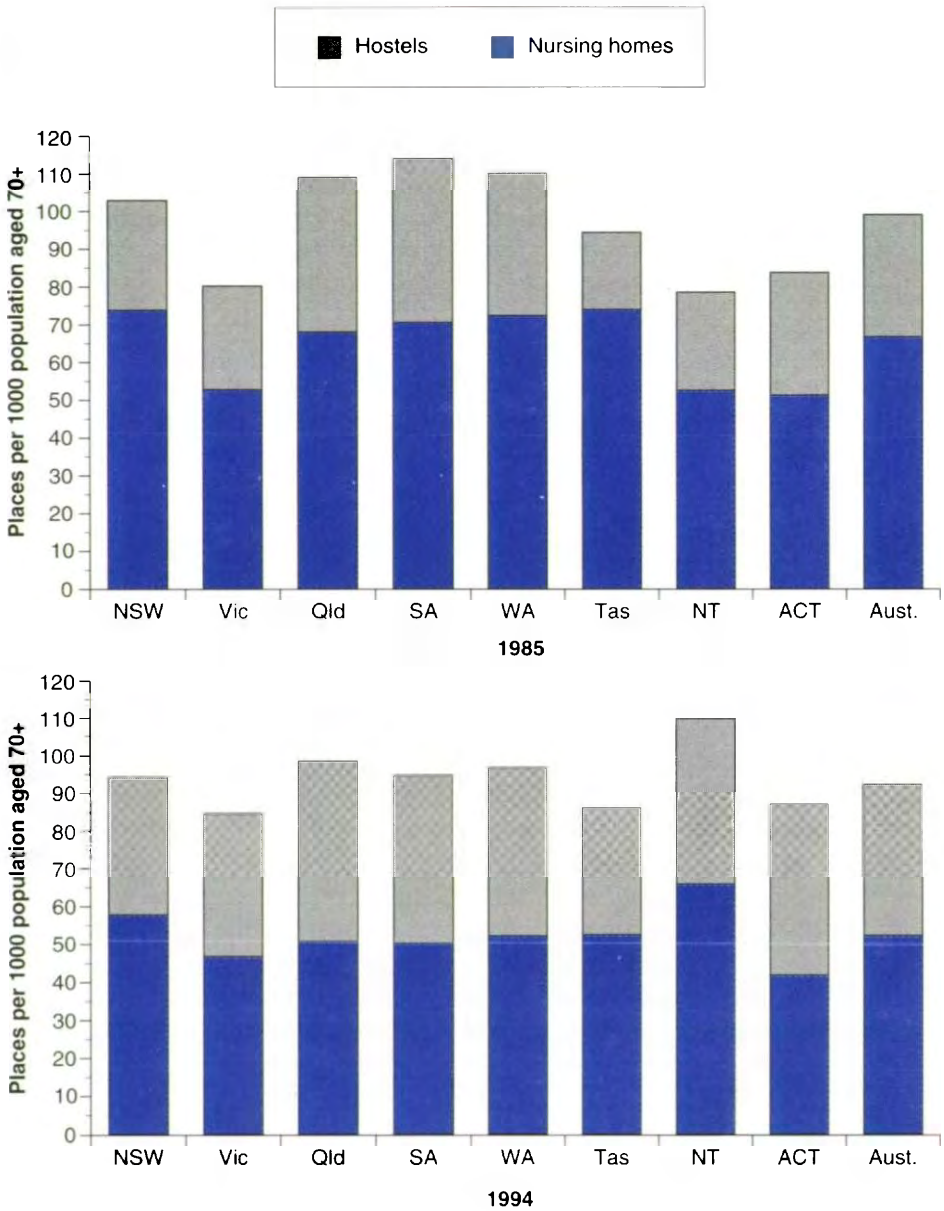
20 The role played by the category of nursing home type patient (NHTP) in the hospital system is also of relevance, although data availability and comparability make a detailed account difficult. In 1993–94, there were 9,622 admissions to hospitals classified as NHTP, accounting for 1,291,301 bed days, and with an average length of stay of 134 days. (These data include all age groups.) Available evidence suggests that although the number of admissions and bed days has declined substantially since 1989–90, the length of stay has increased (HSH 1995: Hospital Utilisation Statistics unpublished data). The level of overlap between the NHTP and nursing home databases on these patients has, however, proved difficult to establish, although such an overlap could only involve the minority of NHTPs who have an NH5 classification. In any case, the NHTP beds represent an important source of nursing home type care in Australia, and one that requires ongoing scrutiny as better data become available.

Table 5.16: *Residential care places; State by type of residential facility, 30 June 1985 and 1994*

	Number of beds/places		Ratio of beds/places per 1,000 population aged 70+	
	1985	1994	1985	1994
		Nursing home beds		
NSW	28,322	29,189	73.8	57.8
Vic	15,296	17,101	52.7	46.8
Qld	11,538	12,230	68.0	50.8
SA	7,298	6,812	70.5	50.3
WA	6,245	6,082	72.3	52.2
Tas	2,312	2,094	73.9	52.5
NT	95	192	52.5	65.9
ACT	397	557	51.2	41.9
Australia	71,503	74,257	66.6	52.3
		Hostel places		
NSW	11,158	18,409	29.1	36.5
Vic	7,998	13,861	27.5	37.9
Qld	6,985	11,534	41.2	47.9
SA	4,523	6,030	43.7	44.5
WA	3,282	5,192	38.0	44.6
Tas	640	1,347	20.5	33.8
NT	47	128	26.0	43.9
ACT	252	603	32.5	45.4
Australia	34,885	57,104	32.5	40.2
		Nursing home beds and hostel places		
NSW	39,480	47,598	102.9	94.2
Vic	23,294	30,962	80.2	84.7
Qld	18,523	23,764	109.2	98.8
SA	11,821	12,842	114.1	94.8
WA	9,527	11,274	110.2	96.8
Tas	2,952	3,441	94.4	86.2
NT	142	320	78.5	109.8
ACT	649	1,160	83.6	87.3
Australia	106,388	131,361	99.0	92.6
		Community aged care packages		
NSW	0	844	0	**1.7**
Vic	**0**	535	**0**	**1.5**
Qld	**0**	410	**0**	**1.7**
SA	**0**	285	**0**	**2.1**
WA	**0**	197	**0**	**1.7**
Tas	**0**	61	**0**	**1.5**
NT	**0**	**29**	**0**	**9.9**
ACT	**0**	20	**0**	**1.5**
Australia	0	2,381	0	1.7

Note: The databases used in this analysis were the HSH ACCSIS system 1995; ABS 1994b:10; AIHW 1993:223; HSH 1995b:152.

There is a significant level of variability in supply across States and Territories, as is evident from both Table 5.16 and the two bar graphs in Figure 5.3. The level of variability has been reduced since 1985, however, particularly if the Northern Territory is



Source: Table 5.16.

Figure 5.3: ***Nursing home and hostel places by State and Territory, 30 June 1985 and 1994***

excluded from the comparison (see footnote 8). In 1985, nursing home bed provision ranged from a high of 74 beds per thousand persons aged 70 and over in Tasmania, to a low of 51 in the Australian Capital Territory. In 1994 the comparable figures were 58 in New South Wales and 42 in the Australian Capital Territory. For hostels, the number of places available per thousand persons 70 and over ranged from 21 in Tasmania to 44 in South Australia; in 1994 the comparable figures were 34 in Tasmania and 48 in Queensland.

Thus, States or Territories can be identified as high, medium and low-level providers of nursing home care, and indeed of residential care in general; a categorisation which may prove useful in interpreting other data on need and outcomes in aged care services. The Northern Territory is excluded from this discussion, however, due to the small size of the aged population, the sparsity of its population, and the significantly larger than average proportion of Aboriginal and Torres Strait Islander people in the population (see Appendix Table A5.9).

For nursing home care, New South Wales could be characterised as a high provider (58 beds per thousand), Tasmania, Western Australia, Queensland and South Australia as medium providers (50 to 53 beds per thousand), and Victoria and the Australian Capital Territory as low-level providers (42 to 47 beds per thousand). In terms of total residential care, the high-level providers are Queensland, Western Australia, South Australia and New South Wales (94 to 99 places per thousand), the Australian Capital Territory as a medium provider (87 places per thousand) and Tasmania and Victoria as low-level providers (85 to 86 places per thousand).

Sector

While residential care services are heavily government funded in Australia, they are actually delivered by the Government, private-not-for-profit and private-for-profit sectors (Table 5.17). A minority (16%) of nursing home beds are provided by State governments, with the largest concentration of such beds being in Victoria. The for-profit sector operates almost half (47%) of all Australian nursing home beds, with the remainder being operated by the private-not-for-profit sector (36%). The relative size of the private-not-for-profit and for-profit sectors varies from State to State, with New South Wales having a particularly dominant private-for-profit sector, and Tasmania, South Australia and the Northern Territory having a larger than average proportion of their beds in the private-not-for-profit sector. Recent years have seen a reduction in some States in the proportion of nursing home beds owned and run by the State, with most of the corresponding increases occurring in the private-not-for-profit, rather than in the private-for-profit, sector.

For hostels, over 90% of places are operated by the private-not-for-profit sector. Prior to 1991, the private-for-profit sector was not eligible for the payment of government benefits on behalf of hostel residents. By 1992, less than 1% of hostel places were owned by the private-for-profit sector; in 1994 the figure was 2%. The changes in eligibility, undertaken to stimulate the growth of the hostel sector and increase its attractiveness to the private-for-profit sector, have yet to have a significant effect on the pattern of hostel ownership.

Table 5.17: *Nursing home beds and hostel places; sector by State and Territory, 30 June 1994 (%)*

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Australia
Nursing homes									
Government	8.7	31.0	17.5	4.7	22.0	19.4	12.5	22.6	16.4
PFP	56.0	45.3	37.2	44.5	47.8	17.7	20.8	38.1	47.4
PNFP	35.3	23.6	45.3	50.8	30.1	62.9	66.7	39.3	36.2
Total beds (N)	**29,189**	**17,101**	**12,230**	**6,812**	**6,082**	**2,094**	**192**	**557**	**74,257**
Hostels									
Government	3.1	11.0	2.5	4.8	5.6	2.4	0	0	5.3
PFP	0	5.2	2.0	0.4	0.6	0.5	0	0	1.8
PNFP	96.9	83.8	95.5	94.8	93.8	97.0	100.0	100.0	93.0
Total places (N)	**18,409**	**13,861**	**11,534**	**6,030**	**5,192**	**1,347**	**128**	**603**	**57,104**

Notes

1. The database used in this analysis was the HSH ACCSIS system 1995.
2. PFP = Private-for-profit, PNFP = Private-not-for-profit.

Expenditure

Total recurrent expenditure on services for the frail aged increased from $1,261.3 million in 1985–86 to $2,677.4 million in 1993–94. Table 5.18 presents recurrent expenditure data for assessment, nursing homes, hostels, community aged care packages and the HACC program from 1985–86 to 1993–94.[21] In constant price terms, recurrent expenditure on HACC increased by 134%, on hostels by 283%, on nursing homes by 22%, and on all sectors (including assessment and community aged care packages) by 54%. HACC continued to increase its share of aged care expenditure, from 15% in 1985–86, to 20% in 1989–90, and now to 23% in 1993–94. Hostels also accounted for an increased share of expenditure (from 5 to 12%), while assessment remained at 1% of total expenditure. Nursing homes, while still by far the most expensive component, accounted for a smaller proportion of expenditure than they did in 1985–86.

Table 5.19 examines these expenditures in relation to the growing numbers of aged people in the target population. Two sets of data are given: expenditure in constant prices per person aged 65 and over, and expenditure, again in constant prices, per profoundly and severely handicapped aged person 65 and over. As is evident from the

21 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.

table, expenditure has kept pace with increases in the size of the target population, regardless of which of the two definitions is employed. The rates of increase have moderated in recent years, in keeping with the expressed government intention to restrain increased expenditure on aged care.

Table 5.18: *Aged care recurrent funding in current and constant prices by program, Australia 1985–86 to 1993–94*

Program	1985–86	1987–88	1989–90	1991–92	1993–94
			Current price ($m)		
Assessment	0	0	19.3	29.0	34.5
HACC	192.2	296.3	407.9	521.5	619.6
CACP	0	0	0	0	7.4
Hostel	59.0	93.4	156.3	234.3	311.9
Nursing home	1,010.1	1,246.5	1,429.6	1,605.5	1,704.0
Total	**1,261.3**	**1,636.2**	**2,013.1**	**2,390.3**	**2,677.4**
			Constant prices on GFCE deflator ($m)		
Assessment	0	0	19.3	26.5	30.5
HACC	233.8	328.1	407.9	476.3	546.9
CACP	0	0	0	0	6.5
Hostel	71.8	103.4	156.3	214.0	275.3
Nursing home	1,228.8	1,380.4	1,429.6	1,466.2	1,504.0
Total	**1,534.4**	**1,812.0**	**2,013.1**	**2,183.0**	**2,363.1**

Notes

1. The data used in this analysis were drawn from DCSH 1990a:20; DHHCS 1992b:22; HSH 1994b:142, 146, 152, 160, 162, AIHW 1993:242; ABS unpublished data (GFCE deflator).
2. Data include Commonwealth funding for nursing homes, hostels, Community Aged Care Package (CACP) and HACC, and State funding on HACC. The 1993/1994 HACC data include the Commonwealth Respite for Carers Program.
3. Since this is the general government expenditure only, the Government Final Consumption Expenditure (GFCE) deflator is used rather than the Consumers' Price Index (CPI) to calculate constant prices (see Saunders and Klau, 1985 for discussion on the use of the deflators).
4. Available data suggest that between 20 and 25% of HACC clients are aged under 65, and that this has been constant over the period in question. A small proportion of expenditure in nursing homes and hostels involves younger residents. Total expenditure (i.e. all ages) is used in this table for all program areas.

Thus while the overall increase in expenditure per profoundly and severely handicapped aged person averaged 5% per year from 1985–86 to 1987–88, that rate of increase dropped to only 2% per year in the two-year period following, and less than 1% in the subsequent periods. Similarly, while expenditure on HACC services

increased (in constant prices) by 16% per year from 1985–86 to 1987–88, this reduced to 9% per year in the two years to 1989–90, and then to 4% per year in subsequent years. Nursing homes were the only area in which expenditure per profoundly and severely handicapped persons aged 65 and over actually declined; this trend was consistent over the last six years.[22]

Table 5.19: *Recurrent expenditure per person aged 65 and over and per profoundly or severely handicapped person aged 65 and over in 1989–90 constant prices, Australia, 1985–86 to 1993–94*

Program	1985–86	1987–88	1989–90	1991–92	1993–94
			Expenditure per aged person ($)		
Assessment	0	0	10.2	13.2	14.5
HACC	139.0	183.2	215.4	237.5	259.3
CACP	0	0	0	0	3.1
Hostel	42.7	57.7	82.6	106.7	130.5
Nursing home	730.5	770.6	755.1	731.1	713.1
Total	**912.2**	**1,011.5**	**1,063.3**	**1,088.5**	**1,120.4**
			Average annual growth rates (%)		
Assessment	0	0	0	14.7	4.7
HACC	0	15.9	8.8	5.1	4.6
CACP	0	0	0	0	0
Hostel	0	17.7	21.5	14.6	11.2
Nursing home	0	2.8	-1.0	-1.6	-1.3
Total	**0**	**5.5**	**2.6**	**1.2**	**1.5**
			Expenditure per estimated profoundly or severely handicapped aged person ($)		
Assessment	0	0	60.3	76.8	82.6
HACC	825.7	1,086.7	1,272.0	1,380.1	1,480.9
CACP	0	0	0	0	20.0
Hostel	253.5	342.6	487.4	620.1	745.5
Nursing home	4,339.4	4,571.8	4,458.2	4,248.9	4,072.8
Total	**5,418.5**	**6,001.1**	**6,278.0**	**6,325.9**	**6,399.5**

(*continued*)

22 The growth figures given here are based on constant prices calculated using the Government Final Consumption Expenditure deflator. HSH until 1995 has generally employed the Non-Farm Gross Domestic Product deflator, leading to modest differences between reported growth figures calculated by AIHW and HSH. Thus, for example, the growth series reported in Table 5.19 yields annual rates of 16%, 9%, 5% and 4.5%; compared with 17%, 9.5%, 5% and 3.8% using the Non-Farm Gross Domestic Product deflator employed by HSH.

Table 5.19 (continued): *Recurrent expenditure per person aged 65 and over and per profoundly or severely handicapped person aged 65 and over in 1989–90 constant prices, Australia, 1985–86 to 1993–94*

	Average annual growth rates (%)				
Assessment	0	0	0	13.7	3.7
HACC	0	15.8	8.6	4.3	3.7
CACP	0	0	0	0	0
Hostel	0	17.6	21.2	13.6	10.1
Nursing home	0	2.7	-1.3	-2.4	-2.1
Total	**0**	**5.4**	**2.3**	**0.4**	**0.6**

Notes

1. The databases used in this analysis were the 1993 ABS Survey of Disability, Ageing and Carers; DCSH 1990a:20; DHHCS 1992b:22; HSH 1994b: 142, 146, 152, 160, 162, AIHW 1993:242; ABS unpublished data (deflator); ABS 1988:22, 1993b:14, 26, 38, 1994b:11.
2. Data include Commonwealth funding for nursing homes, hostels, Community Aged Care Packages (CACP) and HACC, and State funding on HACC. The 1993/1994 HACC data includes the Commonwealth Respite for Carers Program.
3. Since this is the general government expenditure only, the Government Final Consumption Expenditure (GFCE) deflator is used rather than the Consumers' Price Index (CPI) to calculate constant prices (see Saunders and Klau, 1985 for discussion on the use of the deflators).
4. Available data suggest that between 20 and 25 per cent of HACC clients are aged under 65, and that this has been constant over the period in question. A small proportion of expenditure in nursing homes and hostels involves younger residents. Total expenditure (i.e. all ages) is used in this table for all program areas.

5.4 Outcomes

The problems and difficulties inherent in establishing agreed outcome measures in the health and welfare fields are widely acknowledged. In assessing outcomes for aged care services, however, the general difficulties are compounded by the complex amalgam of chronic, episodic and acute conditions frequently experienced by clients, the composite of medical, psychological, personal and social assistance required to deal with these conditions, and the variable and unpredictable nature of individual trajectories.

Despite these difficulties, there are some data which are readily available, the importance of which in assessing outcomes for chronic and continuing care services for frail and disabled older people is generally agreed. Three such areas—availability and accessibility, appropriateness and quality—form the core of the material presented in this final section.

The analyses of availability and accessibility focus on the quantity and use of services, and include data on existing and likely future service provision levels. The material on appropriateness reviews the extent to which available services are targeted on particular client populations, in terms of age and sex profiles but also the dependency profiles of service recipients across the range of services. The discussion of quality draws on the results of the outcome standards monitoring process now in place in the Australian residential care sector, thereby reporting on the extent to which Australian nursing homes and hostels are meeting national standards.

Availability and accessibility

In the 1980s, few would have argued with the need to reduce residential aged care by expanding and broadening the range of services available in the community. There is ample evidence to support the contention that most older frail people prefer to remain in their own homes where possible, and to maintain as much of their independence as possible (Davison et al. 1993; Russell 1994). What constitutes the best balance between the two, and what constitutes an adequate level of provision remains a vexed issue, however, and one compounded by the fact that most care of frail and disabled older people is undertaken by the informal sector. The capacity of that sector to expand and accommodate reductions in formal services is as difficult to assess as is the quality of care being provided, and the levels of human suffering and deprivation which may or may not be involved. Indicators such as the size of population cohorts, family structures, intergenerational mobility, labour market participation factors and so forth may go part of the way, but they cannot provide the whole story. Many of the stresses and issues involved in maintaining highly dependent people in the community have been explored (Russell et al. 1995; Braithwaite 1990). Yet there is little by way of national information which would allow the quantification of the extent to which the alternative to formal services is simply doing without, or coping with remarkably little assistance, or damaging a carer's mental or physical health, or, alternatively, a well-managed system of high-quality ongoing care provided by family and friends.

It is possible, however, to track the availability and accessibility of formal services in recent years. Where possible, this discussion links data across sectors of care, in an attempt to establish whether or not the overall level of services being provided under this shifting balance of care is increasing or decreasing. However, the absence of an identifiable unit of service for HACC services, or a known number of clients, precludes a definitive statement on such trends across sectors.

Table 5.20 provides annual data on the level of residential care provision since June 1988, both in relation to the number of people aged 70 and over, and in relation to the total number of profoundly and severely handicapped aged people aged 65 and over.[23] In terms of the official planning ratio, the current average level of provision is, as was noted earlier, 52 nursing home beds per thousand persons aged 70 and over. Since 1988, when it stood at 62 beds per thousand, the nursing home bed ratio has been reduced each year by between one and two beds per thousand persons aged 70 and over. Hostel places have increased, however, from 37 to 40 places per thousand persons 70 and over, and, in 1994, there were also two community aged care packages per thousand persons 70 and over. Overall, if community aged care packages are included as an equivalent service, this represents a 4% reduction in the supply of residential care over the period in terms of the ratio of places to the total population aged 70 and over.

23 A minority of nursing home beds and hostel places are, of course, occupied by non-aged disabled persons. Usage rates by this group have remained quite stable over the period. For nursing home residents, the proportions were 3.6% in 1988 (DCSH 1988b) and 3.2% in 1994 (HSH unpublished data generated by the ACCSIS system in 1995). For hostel residents, data are only available from 1991 when the proportion was 2% (DHHCS 1991c); in 1994 it was 1.8% (HSH 1995a).

Table 5.20: *Residential care provision in relation to both the 70 and over planning ratio as well as dependent aged population estimates, 30 June 1988 to 30 June 1994, Australia*

	Beds/places per 1,000 persons aged 70 and over			Beds/places per 1,000 profoundly/severely handicapped people aged 65 and over		
	Nursing homes	Hostels	Nursing homes and hostels	Nursing homes	Hostels	Nursing homes and hostels
1988	61.6	36.8	98.4	238.8	142.4	381.3
1989	60.8	36.4	97.1	233.2	139.6	372.9
1990	59.0	36.1	95.1	226.5	138.7	365.1
1991	57.2	36.8	94.0	220.3	141.6	361.9
1992	55.8	38.4	94.1	214.6	147.6	362.1
1993	54.3	39.7	94.0	208.6	152.7	361.3
1994	52.3	40.2	92.6	201.1	154.6	355.7

Note: The databases used in this analysis were the 1993 ABS Survey of Disability, Ageing and Carers; the HSH ACCSIS system 1995; ABS 1993b:10, 12, 16, 18, 22, 24, 28, 30, 34, 36, 1994a:8, 1994b:10; AIHW 1993:223; DCSH 1988b:21, 1990b:10.

In terms of the number of profoundly and severely handicapped persons aged 65 and over, however, the current level of provision is 201 nursing home beds per thousand. In 1988, there were 239 such beds. An additional 155 places per thousand are currently available in hostels. In total, that constitutes 356 residential care places per thousand profoundly and severely handicapped aged people in 1994, down by 26 from the level of residential care provision available six years ago. In 1994, however, there were also seven community aged care packages available per thousand profoundly and severely handicapped aged persons, compared with 1987–88 when there were none. If these are included as equivalent to residential care, then the reduction over the six-year period is 19 places per thousand profoundly and severely handicapped persons aged 65 and over. For that population base, this is equivalent to a 5% decrease in the overall level of supply of residential care.

There has been a 35% increase in HACC expenditure per profoundly and severely handicapped aged person over that time. The absence of accurate information on numbers of HACC clients, and the level of services which clients receive, preclude a direct comparison of HACC services over time. Whether a 35% increase (in real terms) constitutes a 35% increase in the number of clients served, or an increase in the intensity of services provided, or some combination of the two, is essentially unknown. What is also unknown is the extent to which the GFCE deflator used here to calculate real dollar values over the period in question accurately captures price movements in the HACC sector. In the hostel sector, for example, the 117% increase in real dollar terms per profoundly and severely handicapped aged person equated to only a 9% increase in the bed-provision ratios over this period. The hostel sector experienced increases in the dependency levels of its client population over this period, and increases in the level of benefits paid to hostel operators. Arguably, however, the home and community care sector would have experienced similar increases in the dependency levels of its clients, as a smaller

proportion of dependent aged people are now in residential accommodation. If price movements in the two sectors were even remotely comparable, then the 35% increase in real expenditure could have amounted to a quite limited expansion of HACC services.

Some alternative future scenarios

Likely patterns of residential care use in future years are a function of levels of individual frailty (need), individual and family service preferences (demand), the pattern of service use (turnover) and the availability of residential services (supply). In recent Institute work exploring likely future trends, known patterns of service use were projected against proposed patterns of supply (Gibson & Liu 1995). These projections were based on current intentions to reduce levels of nursing home provision to 40 beds per thousand by around 2011, to expand hostel provision to 50 places per thousand, and to expand community aged care packages (currently at two places per thousand) to ten per thousand. They take 1993 patterns of nursing home and hostel use, and project those rates of age- and sex-specific usage forward using the growth rates for the aged population estimated by the Australian Bureau of Statistics (1994d). The projections do not incorporate potential changes in turnover and admission rates, although these trends are dealt with in some detail later in this chapter.

Table 5.21: *Projections of current utilisation rates and planned supply for nursing home and hostel residents, Australia, 1996–2021*

	1996	2001	2006	2011	2016	2021
Planned supply for:						
Nursing homes	75,200	76,300	77,400	78,600	89,300	106,900
Hostels	62,500	76,000	89,600	98,200	111,600	133,600
Community aged care packages*	15,100	17,000	18,100	19,600	22,300	26,700
Projections based on 1993 utilisation rates for:						
Nursing homes (RCI 1–3)	59,900	70,600	80,700	91,100	100,200	110,700
Hostels (A) (HC, PC, RCI 4–5)	74,000	87,000	99,500	112,400	123,400	136,300
Hostels (B) (PC, RCI 4–5)	49,835	58,627	67,115	75,966	83,533	92,103
Differences between planned supply and projections for:						
Nursing homes	15,300	5,700	-3,300	-12,500	-10,900	-3,800
Hostels (A)	-11,500	-11,000	-9,900	-14,200	-11,800	-2,700
Hostels (B)	12,665	17,373	22,485	22,234	28,067	41,497
Nursing homes + hostels (A)	3,800	-5,300	-13,200	-26,700	-22,700	-6,500
Nursing homes + hostels (B)	27,965	23,073	19,185	9,734	17,167	37,697

* There were two community aged care packages per 1,000 people aged 70 and over in 1994. The figures in the table represent the number of packages which should be made available based on the current government policy.

Notes

1. The databases used in this analysis were HSH ACCSIS system 1994; ABS 1994d:49; adapted from Gibson & Liu 1995:58, 59.
2. HC = Hostel Care residents; PC = Personal Care residents; RCI = Resident Classification Instrument.

Table 5.21 presents some of the findings from that projection work, which has been published in detail elsewhere (Gibson & Liu 1995). The first part of the table gives the planned supply for nursing homes, hostels and community aged care packages.

The second part contains three projections based on 1993 usage rates—those for nursing home residents in the higher dependency RCI 1–3 categories, those for all hostel residents (Personal Care and Hostel Care) plus nursing home residents in the lower dependency RCI 4–5 categories, and those for only Personal Care level hostel residents plus nursing home residents in the RCI 4–5 categories.

With regard to nursing homes, the projections suggest that the planned level of supply for nursing home care would easily accommodate 1993 patterns of use by RCI category 1–3 residents until early in the next century, but from 2006 to 2016, an increasing number of these residents would have to be accommodated in hostels or the community.

There are two projections concerning hostels. They illustrate two different scenarios, based on two different assumptions concerning the range of residents to be accommodated in hostels in the future.

The more inclusive projection model (A) assumes that hostels will continue to cater to persons with both personal care needs (Personal Care hostel residents and RCI 4–5 nursing home residents) and social or accommodation needs (Hostel Care hostel residents).

This model is best discussed in relation to the availability of nursing home beds, and also taking into account community aged care packages. Thus, while there is an apparent shortfall of some 11,500 hostel places in 1996, this is more than compensated for by the availability of 15,300 nursing home beds—a simple short-term consequence in the projection of immediately allocating all RCI 4–5 residents to hostels, rather than nursing homes. By 2001, however, the planned supply would fail to meet demand in the residential sector, and some 5,300 of these residents would have to be accommodated in the community, possibly by community aged care packages or by HACC, perhaps in combination with some form of public housing provision. The number of people who would require alternative services in this projection peaks at 26,700 in 2011, dropping to 6,500 by 2021. The proposed numbers of community aged care packages, if taken as an equivalent service to residential care, could accommodate that demand for most of this period.

The more targeted hostel projection model (B) assumes that people who were Hostel Care level residents in 1993 could be successfully accommodated in the community, and that hostels will be focused in the future on only older people with personal care needs of various kinds (Personal Care hostel residents and RCI 4–5 nursing home residents). According to this projection, there will be a more than ample level of supply. It must be emphasised, however, that neither the viability nor the desirability of accommodating people in the community who are currently Hostel Care level hostel residents has been established.

Provision would presumably have to be made for a substantial proportion of Hostel Care level hostel residents within the public housing and community care systems. For many of these residents, given their relatively low dependency levels, lack of appropriate housing may indeed have been a determining factor in their decision to seek hostel accommodation. If this is the case, public housing could be expected to face an increased demand.

Moreover, it is not certain that community aged care packages will exclusively, or even mainly, absorb clients from the residential care sector, rather than high dependency clients currently in the community. The ageing of the aged population means that in the community care sector, as in the residential care sector, the proportion of very old and very disabled people is increasing. The majority of even the severely disabled aged are cared for in the community. Demographic evidence suggests that the period to 2021 may well see a reduction in the numbers of carers available, possibly in addition to a reduced capacity or willingness to care, owing to both increased labour market participation, and the older ages of the potential carers themselves (Rowland 1991).

The demand on community-based services by those currently accommodated at home is thus likely to expand with concomitant demands on program areas such as community aged care packages and, more generally, the Home and Community Care program. Recent and ongoing government initiatives to expand support for disabled older people living in the community (community aged care packages, support for carers, improved access to respite care and so forth) may require even greater expansion if they are to deal with the expected increased level of need for care in the community and the consequences of a reduced level of provision in the residential care sector.

Occupancy, turnover and gross utilisation

These analyses of patterns of residential care use, both past and projected, have focused on the interplay of population ageing, rates of institutionalisation, and existing and likely future levels of supply. In analysing patterns of use at a particular point in time, they do not provide an account of use over a period of time.

Occupancy indicates the extent to which the available accommodation is being used. Low occupancy rates may, for example, be taken as an indicator of oversupply, whereas high occupancy rates may indicate an appropriate level of provision, a shortage of provision, or inappropriate use of the service due to financial incentives to fill beds. Occupancy rates are, in turn, affected by eligibility as determined by aged care assessment teams, which further complicates the interpretation of trends in occupancy rates.

The movement of residents through nursing homes and hostels is another key component of service use, and is reflected in admission rates, and the corresponding turnover rates. So, for example, higher admission rates mean increased numbers of people using the service over the specified period.

Indicators such as turnover must, however, be interpreted cautiously when analysing use of chronic care facilities. The recent increased use of nursing home and hostel beds for respite purposes, for example, has led to an increase in turnover which has little to do with the use patterns of more permanent residents (see pages 214 to 217). In acute care settings, higher turnover tends to be associated with greater efficiency (although often as a result of transferring the need for continuing care to the community). However, the meaning in chronic care settings is not quite so clear. Higher turnover may mean

that persons are being admitted in a more advanced stage of frailty, and hence exiting the institution (via death or admission to an acute care facility) more quickly. In an extreme case, it might mean that nursing homes were functioning more as a hospice for the dying than as a chronic care facility. Thus although higher turnover in chronic care settings may be associated with narrower targeting on a higher risk group, it does not necessarily represent the most adequate level or appropriate use of aged care services.

Occupancy rates

It is only relatively recently that the Department of Human Services and Health databases on nursing homes and hostels have reached a stage of development where it is possible to calculate whole year occupancy rates (Table 5.22). More commonly, occupancy rates for a particular point in time have been given; the data presented here, however, are calculated on the basis of all occupied bed days over the course of each year in relation to the number of nursing home beds and hostel places.

Table 5.22: *Occupancy rates for nursing homes and hostels based on whole year occupancy by State and Territory (%)*

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Australia
					Nursing homes				
1989–90	97.3	97.4	98.2	98.2	94.7	96.7	95.8	100.0	97.4
1990–91	97.8	97.2	98.3	97.5	96.1	95.5	98.9	99.1	97.5
1991–92	98.2	97.8	98.9	96.3	96.2	97.1	99.6	99.7	97.9
1992–93	98.1	96.8	99.2	95.5	95.9	98.3	99.5	100.0	97.6
1993–94	97.9	96.3	98.3	96.0	95.8	98.8	98.8	100.0	97.3
					Hostels				
1991–92	92.0	92.6	95.6	94.2	92.4	92.8	88.9	90.7	93.2
1992–93	91.7	90.8	94.5	91.6	92.3	91.9	84.2	87.6	92.0
1993–94	92.9	93.4	95.3	91.3	94.1	96.1	88.3	90.9	93.5

Notes

1. The databases used in this analysis were the HSH ACCSIS system 1995; AIHW 1993:223; DCSH 1988b:21, 1990b:10.
2. Hostel data not available prior to 1991.

Since 1989–90, the occupancy rates for nursing homes have been stable at the national level, remaining between 97–98%. While time series data for hostels are only available from 1991–92, occupancy rates again appear relatively stable in the vicinity of 92–94%. While there is some State variation, the differences are quite small. Moreover, they do not appear to consistently reflect comparable trends in the level of supply; while Victoria and the ACT have the lowest level of nursing home provision, for example, nursing home occupancy rates are very high in the ACT, but marginally lower than the average in Victoria.

Turnover and gross utilisation

Table 5.23 provides a detailed set of data concerning admission and turnover rates for nursing homes for the period for which reliable data are available (1989–90 to 1993–94). In the data used here, transfers (that is, moves from one home to another) have been excluded from the admissions data, as they reflect a movement within the system rather than moves into the system. The transfer data are included as a separate item, however, as transfers are sometimes used as an indicator of the degree of difficulty being experienced in gaining admission to the nursing home of choice on first being admitted to the system. Transfers have been relatively stable over the period, with the higher level in 1992–93 being an artefact of the 'book' transfer of some State government nursing home beds to adjusted State government nursing home beds as a consequence of a shift in their funding arrangements.

Table 5.23: *Nursing home, admissions and turnover, Australia, 1989–90 to 1993–94*

	1989–90	1990–91	1991–92	1992–93	1993–94
No. of admissions	39,177 *(40,498)*	37,740 *(39,608)*	40,065 *(39,579)*	41,481	42,774
Turnover (admissions per bed)	.54 *(.56)*	.52 *(.54)*	.54 *(.54)*	.56	.58
No. of transfers	5,749	6,308	6,894	10,314	6,537
Transfers per bed	.08	.09	.09	.14	.09
No. of re-admissions	5,026	4,945	5,457	6,095	6,116
Re-admissions/admissions	12.8%	13.1%	13.6%	14.7%	14.3%
Re-admissions per bed	.07	.07	.07	.08	.08
No. of respite admissions	1,697	2,035	3,307	4,364	6,284
Respite admissions/admissions *	4.3%	5.4%	8.3%	10.5%	14.7%
Respite admissions per bed	.02	.03	.05	.06	.09
Non-respite admissions per bed	.52	.49	.50	.50	.49

Note: The databases used in this analysis were the HSH NHPS system 1994; the HSH ACCSIS system 1995; AIHW 1993:223; DHHCS 1991c:18*, 1992d:18*; DHHLGCS 1993:20*. Italicised figures are from published sources (see *), remaining data are from the NHPS and ACCSIS systems.

The number of admissions per year has increased; there is, however, some inconsistency between different sources on the extent of this increase.[24] This absolute increase in admissions is, of course, partly due to the increase in numbers of beds over the

24 The divergences are noted on the table. This interpretation focuses on the more recently released data obtained directly from the Department of Human Services and Health, rather than the previously published data (included in the table in italics, and bracketed).

period. The ratio of admissions to total number of beds (commonly referred to as turnover) provides an indication of increases in the number of people accessing available beds. As is evident from the table, turnover increased on the most recently available data from .54 admissions per bed in 1989–90 to .58 in 1993–94.

A more detailed scrutiny of these data reveals that this modest increase in turnover is part of a substantial shift in patterns of nursing home usage. In 1989–90, re-admissions and respite admissions accounted for 17% of total admissions; by 1993–94 the comparable figure was 29%. The growth is largely accounted for by increases in respite care admissions; the emergence of a pattern of movement between community care and the nursing home. Re-admissions, which have increased marginally, are likely to represent movement from and between both the acute and community care sectors. The increase in respite care usage has been encouraged by the Federal Government in a variety of ways, and is a valuable support service for those caring for frail elderly people in the community.

Given that an increasing proportion of admissions are for respite care, it follows that permanent (non-respite) admissions constitute a smaller proportion. If turnover is examined in relation to permanent admissions, there is no increase in rates of bed use since 1989–90, rather a small decline. The increased turnover reported in the second line of the table is entirely a function of increasing numbers of respite care admissions.

For hostels, turnover has increased slightly in the period from 1991–92 to 1993–94 for which national data are available (Table 5.24). So, too, have the proportion of transfers, re-admissions and respite admissions, although the changes have been relatively modest. When only permanent (non-respite) admissions are considered, the turnover rate has remained stable.

Table 5.24: ***Hostels, admissions and turnover, Australia, 1991–92 to 1993–94***

	1991–92	1992–93	1993–94
No. of admissions	27,438	30,436	32,781
Turnover (admissions per bed)	.56	.58	.59
No. of transfers	3045	3735	4305
Transfers per bed	.06	.07	.08
No. of re-admissions	4620	5413	6418
Re-admissions/admissions	16.8%	17.8%	19.6%
Re-admissions per bed	.09	.10	.12
No. of respite admissions	14,003	15,862	17,877
Respite admissions/admissions	51.0%	52.1%	54.5%
Respite admissions per bed	.29	.30	.32
Non-respite admissions per bed	.27	.28	.27

Note: The databases used in this analysis were the HSH NHPS system 1994; the HSH ACCSIS system 1995; AIHW 1993:223.

Table 5.25: *Nursing homes, accessibility and gross utilisation, Australia, 1989–90 to 1993–94*

	1989–90	1990–91	1991–92	1992–93	1993–94
Accessibility (per 1,000 persons 70+)	32.3 *(33.4)*	30.1 *(31.6)*	30.7 *(30.4)*	30.7	30.6
Respite care accessibility (per 1,000 persons 70+)	1.4	1.6	2.5	3.2	4.5
Non-respite care accessibility (per 1,000 persons 70+)	30.9	28.4	28.2	27.5	26.1
Gross utilisation	108,847 *(111,383)*	108,512 *(110,595)*	111,479 *(111,019)*	113,426	115,064
Gross utilisation rate (per 1,000 persons 70+)	89.7 *(91.8)*	86.5 *(88.1)*	85.5 *(85.2)*	84.0	82.4

Notes

1. The databases used in this analysis were the HSH NHPS system 1994; the HSH ACCSIS system 1995; ABS 1993b:20, 26, 32, 38, 1994a:8, 1994b:10; AIHW 1993:223; DCSH 1990b:13, 18*; DHHCS 1991c:13, 18*, 1992d:13, 18*; DHHLGCS 1993:13, 20*. Italicised figures are from published sources (see *), remaining data are from the NHPS and ACCSIS system.
2. Average population in a financial year was used for calculating the accessibility and utilisation rates.

Table 5.25 presents information on nursing homes concerning accessibility and gross utilisation in terms of the total population aged 70 and over. Accessibility in this table is measured by the number of admissions per thousand persons aged 70 and over. This figure was relatively steady during the period, ranging between 30 and 33 admissions per thousand persons aged 70 and over. An increasing proportion of admissions were for respite care. In terms of permanent (non-respite) care, therefore, accessibility declined during the period, from 31 to 26 admissions per thousand persons aged 70 and over.

Gross utilisation is a measure of the total number of persons who had a period of residence in a nursing home during the year in question.[25] It therefore provides a useful indication of changes in the number of persons gaining access to nursing home care, particularly if it is hypothesised that the number of short-stay usages are increasing, and hence a larger number of people are using the available beds. Gross utilisation has increased over the period, with 108,847 people using nursing home care in 1989–90 compared with 115,064 in 1993–94. When the increasing numbers of aged people are taken into account, however, it is evident that there has been a decline in the gross utilisation rate for nursing home care, from 90 persons per thousand aged 70 and over in 1989–90, to 82 in 1993–94.

For hostels, overall accessibility (measured in terms of the number of admissions per thousand persons aged 70 and over) has increased since 1991–92 (Table 5.26). This increase is essentially accounted for by respite care admissions, however, with accessibility to permanent (non-respite) care being stable. In terms of gross utilisation, the

25 Gross utilisation is calculated as the sum of the number of residents at the start of the financial year and the number of admissions in the financial year.

total number of persons accommodated and the gross utilisation rate per thousand persons aged 70 and over have both increased. Since 1991–92, this increase has offset the decrease in the gross utilisation rate for nursing homes, giving a net increase in the total proportion of the aged population receiving residential care in the last two years. As already noted, this is due to an increase in persons admitted for respite care.

Table 5.26: *Hostels, accessibility and gross utilisation, Australia, 1991–92 to 1993–94*

	1991–92	1992–93	1993–94
Accessibility (per 1,000 persons 70+)	21.0	22.5	23.5
Respite care accessibility (per 1,000 persons 70+)	10.7	11.8	12.8
Non-respite care accessibility (per 1,000 persons 70+)	10.3	10.8	10.7
Gross utilisation	71,351	77,094	82,952
Gross utilisation rate (per 1,000 persons 70+)	54.7	57.1	59.4

Notes

1. The databases used in this analysis were the HSH NHPS system 1994; the HSH ACCSIS system 1995; ABS 1993b:32, 38, 1994a:8, 1994b:10; DHHCS 1991c:28, 1992a, HSH 1994a:14.
2. Average population in a financial year was used for calculating the accessibility and utilisation rates.

Length of stay

The increased numbers of people using nursing home beds in recent years is reflected in a reduced length of stay among recent admission cohorts, although it should be noted that this change appears to have been driven by increases in the proportion of very short-stay residents, and presumably by respite admissions. Table 5.27 shows that the proportion of new admissions discharged within 30 days increased from 27 to 32% between 1988–89 and 1992–93. The proportion in each of the medium-term categories also increased marginally, while the longest stay category (180 days or more) showed a reduction. Since 1989–90, over half the residents admitted in each calendar year have stayed for less than 6 months.

Table 5.27: *Nursing homes, length of stay for recent admission cohorts, Australia, 1988–89 to 1992–93 (%)*

Length of stay	1988–89	1989–90	1990–91	1991–92	1992–93
0–29 days	26.7	28.7	30.2	31.6	32.4
1–2 months	7.0	9.0	8.8	8.9	9.3
2–3 months	3.6	4.7	4.5	4.7	4.6
3–6 months	6.5	8.1	7.7	7.9	7.7
6 months +	56.2	49.4	48.8	46.9	45.9

Note: The database used in this analysis was the HSH NHPS system 1994.

Length of stay trends tend to be strongly affected by the longer stay residents, most of whom were, by definition, admitted prior to or in the early years of the Aged Care Reform Strategy. Thus while length of stay in total shows a small reduction (AIHW 1993: Chapter 5), the trends among recent admission cohorts provide a more sensitive indication of the impact of recent policy changes. These data suggest that modifications to the system are indeed having an important effect on length of stay.

Table 5.28 provides the comparable data for length of stay trends among recent admission cohorts to hostels. These data show a relatively stable pattern, with marginal increases in the proportion of short-stay (less than 30 days) residents.

Table 5.28: ***Hostels, length of stay for recent admission cohorts, Australia, 1990–91 to 1993–94 (%)***

Length of stay	1990–91	1991–92	1992–93	1993–94
0–29 days	36.7	37.8	38.1	39.3
1–2 months	9.6	8.8	8.7	8.6
2–3 months	3.8	3.7	4.1	4.3
3–6 months	4.4	4.4	4.4	4.6
6 months +	45.5	45.3	44.6	43.3

Note: The database used in this analysis was the HSH ACCSIS system 1995.

Table 5.29 presents the result of a life table analysis to show how bed days are used among members of an admission cohort. The life table method simulates completed stays on the basis of current patterns of use, thereby avoiding the problem of truncation in length of stay data. The table shows remarkably little change in the pattern of use over recent years. The percentages indicate the proportion of total bed-days used by residents discharged within a particular period of time. In 1993, only 1% of total bed-days were used by short-stay residents (those staying less than 60 days) who, as is evident from Table 5.27, account for almost half (42%) of the admissions. At the other end of the spectrum, over half the total bed-days are used by those who stay for over five years. This group of long stayers make up only 10% of the original admission cohort (Liu, forthcoming). In essence, a small proportion of admissions (the long-stay group) are using a large proportion of bed-days.

Finally, the increased number of separations within 30 days of admission deserves some further scrutiny (Table 5.30). The percentage of separations within 30 days of admission also increased in the period to 1992–93, although the trend alters in the 1993–94 data.[26] The death indicator in the nursing home database is generally held to underestimate total deaths due to hospital transfers and subsequent incompleteness of records. Available data show an increase in the proportion of deaths among short-stay residents in 1993–94, following a period of relative stability in previous years. This may suggest that part of the explanation for the increasing number of separations with a length of stay

26 The 1993–94 data are drawn from the new HSH computing system (ACCSIS); previous years data are drawn from the original (NHPS) database. The marginal reversal of this and other reported trends in this table may therefore be artifactual; observed trends in future years will clarify this point.

less than 30 days is indeed the greater frailty of nursing home residents on admission, although an alternative explanation may also be an improvement in data quality on the death indicator. The proportion of total separations which were respite care admissions also increased threefold during this period, however, suggesting that separations for people admitted for respite care also played an important role in the overall increase. Unfortunately, data on discharges for short-stay respite residents were not available.

Table 5.29: *Nursing homes, percentage of bed days used by length of stay, Australia, 1989–90 to 1992–93 (life table method)*

Length of stay	1989–90	1990–91	1991–92	1992–93
0	0.0	0.0	0.0	0.0
30 days	0.6	0.6	0.7	0.8
2 months	1.3	1.2	1.3	1.4
3 months	1.9	1.7	1.9	2.0
4 months	2.4	2.2	2.4	2.6
6 months	3.6	3.1	3.5	3.7
8 months	4.8	4.2	4.6	4.8
1 year	6.8	6.0	6.8	7.0
1.5 years	10.7	10.0	10.7	10.7
2 years	14.9	13.9	14.5	14.9
3 years	25.8	24.4	25.1	25.0
5 years	46.3	44.4	45.7	46.5
7 years	63.6	60.9	62.2	64.0
10 years	82.0	78.5	79.4	81.5

Note: The database used in this analysis was the HSH NHPS system 1994.

Table 5.30: *Nursing home separations with length of stay less than 30 days, Australia, 1989–90 to 1993–94*

	1989–90	1990–91	1991–92	1992–93	1993–94
No. separations with length of stay < 30 days	11,158	11,328	12,550	13,455	13,767
% discharges with length of stay < 30 days among all separations	29.3	30.5	31.7	32.7	29.9
% of deaths among separations with length of stay < 30 days	25.5	24.3	24.0	22.7	33.4
% of respite admissions* among separations with length of stay < 30 days	15.2	18.0	26.4	32.4	45.6

* Respite care admissions for all lengths of stay are used in the numerator instead of for those discharged within 30 days, due to the unavailability of data.

Notes

1. The databases used in this analysis were the HSH NHPS system 1994; the HSH ACCSIS system 1995.
2. Both the death and respite indicators may underestimate actual trends due to incomplete information on these two variables in the data set.

Appropriateness of care—meeting needs

The assessment of dependency is essential to the provision of aged care; it is used to allocate scarce resources and to target funding and programs toward providing appropriate forms of care. The previous section has demonstrated the results of government policy in shifting the balance of care away from nursing homes and toward hostel and, particularly, community-based care.

To determine how well the different sectors of aged care have adapted to these changes, however, it is useful to examine the current dependency profiles of clients within each sector. If the changes set in train under the Aged Care Reform Strategy have been effective, we should expect to see the following pattern. All nursing home residents should be highly dependent; aged persons should not be entering nursing homes unless they have high dependency needs that can only be met by such intensive care. The majority of clients of community options projects and community aged care packages could also be expected to be relatively dependent, because these programs are aimed at people at risk of admission to nursing home care or eligible for Personal Care levels of hostel accommodation. These clients may differ on other factors, such as having a carer, home ownership (factors that also affect the need for residential care), but should demonstrate dependency profiles similar to those of nursing home, or at least Personal Care level hostel, residents.

The role of hostels, as distinct from nursing home care, is somewhat less clear in the changes taking place under the Aged Care Reform Strategy. However, the expectation of many aged care analysts has been that hostels increasingly will be used by those who would previously have been admitted to nursing homes at RCI levels 4 and 5. If hostels are increasingly admitting residents equivalent to RCI 4 and 5 nursing home clients, we might expect to find a proportion of quite dependent clients in hostels.

Hostels also provide care for a different type of aged person—those with social and housing needs. Currently, 44% of hostel residents have very few, if any, personal care needs. These residents are classified as Hostel Care (rather than Personal Care), and are provided with housing, as well as help with heavier chores, such as cleaning and laundry, and their meals are provided. The hostel also provides opportunities for social interaction. Thus, hostels at the present time cater for some older persons with housing and social needs, as well as those with a need for personal care.

Aged care assessment team clients and HACC clients could be expected to be relatively diverse populations. Because aged care assessment teams are increasingly an entry point to all aged care services, a profile of these clients should reflect an average dependency level across all sectors of care, although weighted more toward residential care as ACAT assessments are compulsory to determine eligibility for residential services. Generally, mainstream HACC clients could be expected to show the lowest proportion of highly dependent clients across all sectors of care.

Table 5.31: *Physical function in ACAT, nursing home, hostel, COP, and HACC clients, Australia, 1993, 1994 (%)*

	ACAT	Nursing homes	Hostels[a]	COP	HACC
			Mobility problems		
Males					
65–79	10.4–52.0	87.7	45.9	31.0	36.9
80+	13.9–50.7	91.1	51.2	26.9	30.7
Females					
65–79	9.9–46.7	89.6	47.8	24.0	36.4
80+	12.8–49.6	93.8	58.7	23.3	33.3
Total aged persons	**11.8–49.2**	**92.0**	**54.8**	**25.3**	**33.4**
			Continence problems		
Males					
65–79	26.4–52.0	76.5	24.6	24.1	17.9
80+	33.3–55.9	79.6	27.6	26.5	18.6
Females					
65–79	21.3–45.5	78.4	25.6	19.3	12.0
80+	26.2–49.2	81.0	27.5	25.7	15.9
Total aged persons	**28.6–50.0**	**79.8**	**26.9**	**23.5**	**15.2**
			Personal care needs		
Males					
65–79	n.c.	99.0	80.2	64.3	45.9
80+	n.c.	99.3	80.6	67.3	49.2
Females					
65–79	n.c.	99.1	78.3	55.6	35.8
80+	n.c.	99.6	81.9	68.8	43.7
Total aged persons	**n.c.**	**99.4**	**81.0**	**63.6**	**42.1**

(a) Only Personal Care hostel residents included.

Notes

1. The databases used in this analysis were the HSH ACCSIS system 1995; ACAT evaluation unit systems; HSH Community Options Project Census 1993; HSH HACC User Characteristics Survey 1993–94.
2. ACAT data are reported in terms of the range of findings across States and Territories.
3. n.c. = not collected.

Table 5.32: *Mental function in ACAT, nursing home, hostel, COP, and HACC clients, Australia, 1993, 1994 (%)*

	ACAT	Nursing homes	Hostels[a]	COP	HACC
			Orientation problems		
Males					
65–79	22.6–51.3	n.c.	7.6	25.5	21.4
80+	25.8–44.4	n.c.	9.0	30.7	22.5
Females					
65–79	23.1–37.8	n.c.	10.3	21.7	14.1
80+	25.1–50.0	n.c.	8.9	30.3	17.8
Total aged persons	**25.4–45.2**	**n.c.**	**9.1**	**26.8**	**17.7**
			Communication problems		
Males					
65–79	n.c.	78.2	55.4	30.5	17.7
80+	n.c.	76.2	62.1	22.9	14.4
Females					
65–79	n.c.	74.6	42.2	19.9	8.2
80+	n.c.	73.4	53.4	19.9	8.5
Total aged persons	**n.c.**	**74.6**	**52.9**	**22.1**	**10.7**
			Dementia		
Males					
65–79	13.3–22.4	n.c.	n.c.	25.0	n.c.
80+	13.2–63.0	n.c.	n.c.	32.3	n.c.
Females					
65–79	16.0–34.7	n.c.	n.c.	21.3	n.c.
80+	14.1–24.5	n.c.	n.c.	34.8	n.c.
Total aged persons	**15.0–29.8**	**n.c..**	**n.c..**	**28.5**	**n.c..**

(a) Only Personal Care hostel residents included.

Notes

1. The databases used in this analysis were the HSH ACCSIS system 1995; ACAT evaluation unit systems; HSH Community Options Project Census 1993; HSH HACC User Characteristics Survey 1993–94.
2. ACAT data are reported in terms of the range of findings across States and Territories.
3. n.c. = not collected.

Data on the level of dependency characteristic of clients in these various sectors of care would generate a useful basis from which to explore the appropriateness of existing patterns of service use. There are, however, several difficulties involved in examining these trends. Foremost, comparison of dependency indicators between sectors of care is problematic because of the absence of consistent measures of dependency (see Rickwood 1994).[27] Furthermore, without access to comparable time series indicators across sectors, it was not possible to undertake the preferred analysis of examining comparable changes in dependency over time.

Despite these limitations, some comparable indicators of dependency across the sectors of care have been identified and are presented in Tables 5.31, 5.32 and 5.33.[28] These data support some, but not all, the trends which could be expected to have emerged from recent policy directions.

Aged care assessment team clients have a wide range of needs; aged care assessment teams recommend services ranging from full-time residential care to a single HACC service. Consequently, the profile of aged care assessment team clients appears to be somewhere in the middle of the range of dependency levels, with nursing home residents being shown to be the most dependent and HACC clients the least dependent.

The data on aged care assessment team clients is extremely variable, however, as indicated by presentation of the range of lowest and highest proportions across the States and Territories. Presentation of national averages for aged care assessment team clients would be misleading, given this wide range. Such variance may reflect differences in interpretation of the dependency measures, as well as real differences in client profiles across the States and Territories. These are the first data generated by the new aged care assessment team minimum data set, and data quality and consistency can be expected to increase with time and practice.

Fully supporting the expected trend, nursing home residents were characterised by the highest levels of physical and mental dependency. Overall, 92% of nursing home residents needed help with their mobility, 80% needed continence care, and virtually all residents (99%) required assistance with personal care. The only indicator of mental function available for nursing home residents is communication, and three-quarters (75%) of residents required some assistance to communicate. Furthermore, there is little variation by age or sex in the dependency indicators, suggesting that nursing home care is provided to highly dependent persons, regardless of these factors.

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27 Mobility and continence are the only items that are included in all the data collections and, like all indicators, these are measured in quite different ways across collections. For example, in the assessment team data, mobility is defined as walking, in the Home and Community Care and nursing home data, as walking and transfers, and in the community options data as ability to get around the house independently. Furthermore, while the assessment team data measure prevalence of the conditions, the other data sets measure need for assistance in relation to each condition.

28 Detailed information on the items used in Tables 5.31, 5.32 and 5.33, together with an indication of problems in comparability, are given in Rickwood (1994).

Table 5.33: *Social characteristics in ACAT, nursing home, hostel, COP, and HACC clients, Australia, 1993, 1994 (%)*

	ACAT	Nursing homes	Hostels[a]	COP	HACC
			Lives alone		
Males					
65–79	16.2–46.8	16.7	46.2	33.5	39.1
80+	22.2–53.6	20.0	54.5	38.7	43.3
Females					
65–79	16.0–85.1	22.1	55.0	49.5	54.7
80+	28.0–86.7	26.5	50.3	59.5	62.4
Total aged persons	**24.1–73.9**	**23.6**	**51.4**	**48.9**	**53.5**
Missing data	0	28.5	30.4	0.5	5.3
			Has carer		
Males					
65–79	n.c.	n.c.	n.c.	72.6	57.7
80+	n.c.	n.c.	n.c.	74.7	58.5
Females					
65–79	n.c.	n.c.	n.c.	66.2	46.0
80+	n.c.	n.c.	n.c.	68.9	49.4
Total aged persons	**n.c.**	**n.c.**	**n.c.**	**69.5**	**50.7**
Missing data	0	0	0	0.6	10.3
			Receives pension		
Males					
65–79	56.6–97.5	73.4	65.3	92.0	83.7
80+	59.1–93.0	75.1	65.4	90.5	82.7
Females					
65–79	54.9–96.2	73.2	68.0	92.1	85.7
80+	60.5–96.3	76.8	62.8	91.5	84.8
Total aged persons	**58.3–95.8**	**75.5**	**64.3**	**91.6**	**84.7**
Missing data	1.8–33.8	19.9	35.8	2.9	10.9

(a) Only Personal Care hostel residents included.

Notes

1. The databases used in this analysis were the HSH ACCSIS system 1995; HSH unpublished data; ACAT evaluation unit systems; HSH Community Options Project Census 1993; HSH HACC User Characteristics Survey 1993–94.
2. ACAT data are reported in terms of the range of findings across States and Territories.
3. Missing data proportions are included in this table because for nursing homes and hostels, these items comprise non-mandatory fields, and consequently contain large proportions of missing data.
4. n.c. = not collected.

In terms of social risk factors, most nursing home residents (76%) were pensioners and 24% lived alone prior to their move into a home. This is a lower proportion previously living alone compared with the other sectors of care, and may result from many nursing home clients coming into the nursing home, not directly from home, but from another institutional setting, such as an acute-care hospital or a hostel.

Substantially fewer hostel residents are dependent compared with nursing home residents. Proportions presented here are only for those hostel residents who are assessed as requiring personal care, and in receipt of a Personal Care subsidy, which accounts for 57% of hostel residents. The remaining 43% of Hostel Care level residents have not been included, as by definition they should not have mental or physical handicaps of the kind discussed here. If the percentages reported in these tables were to be based on the entire hostel population, rather than those in receipt of personal care, hostels would be the sector that caters for the lowest proportion of dependent aged persons.

It would seem, therefore, that hostels are not simply providing alternative care for highly dependent aged persons who may previously have entered a nursing home (RCI levels 4–5). Almost half of the current hostel residents appear to be people with a generally low level of need for personal assistance; and who require help predominantly in terms of heavy housework, home maintenance and meals. Housing and social needs may be paramount for many of this group presently entering hostels.

For those hostel residents who are deemed to require personal care, the pattern is somewhat different. Personal Care level residents are characterised by personal care needs (81%) and communication problems (53%). Interestingly, they have the lowest rate of disorientation of all the sectors of care (9%). This supports the frequently cited anecdotal view that hostels generally are not geared to support residents who require constant supervision because of behavioural problems and confusion.

Personal Care hostel clients were more likely than nursing home clients to have previously lived alone, indicating that they usually move from their own accommodation to a hostel, rather than from another institution. No conclusions can be drawn regarding their economic status due to the high proportion of missing data, which makes information on the pension status of hostel residents particularly unreliable.

The most unexpected trend in these data is evident for clients of community options projects. The proportion of highly dependent community options clients was expected to be similar to that for either nursing homes or at least the Personal Care component of the hostel population. However, this is not the case. In contrast, community options clients appear to be more similar to mainstream HACC clients. In fact, the mobility indicator shows that more HACC clients are judged to be dependent (33%) than community options clients (25%). The other physical function indicators show, however, that somewhat more community options clients require assistance with incontinence (24%) and personal care (64%) than HACC clients (15% incontinent, 42% personal care).

In terms of mental function, about a quarter of community options clients require assistance because of cognitive problems: 27% for disorientation and 22% for communication difficulties. The corresponding figures for HACC clients are 18% and 11%. However, again the community options client profile is closer to the HACC than the nursing home profile; a full three-quarters of nursing home clients have cognitive problems, as

indicated by need for help with communication. As already noted, hostel residents had a very low level of difficulty with disorientation; both HACC and community options clients were substantially more likely to be experiencing difficulty in this area.

As expected, the social risk indicators show that highly dependent clients are most likely to be maintained in the community when they have a carer and do not live alone. Community options clients are somewhat more likely to have a carer than HACC clients (70% compared with 51%) and are somewhat less likely to live alone (49% compared with 54%). In terms of economic dependence, virtually all community options and HACC clients are pensioners.

In summary, although there are difficulties due to data limitations with getting a thorough profile of the dependency of clients across the different sectors of aged care, some trends are evident. Nursing homes now cater to a very dependent clientele. Virtually all nursing home clients are shown to be highly dependent on the physical function measures examined here. In contrast, fewer hostel clients and community options projects clients are so dependent. This poses questions, such as whether these programs are really intended to target highly dependent aged persons; or whether, in their present form, these services can actually support highly dependent aged persons. More intensive analyses of the dependency profiles of hostel and community options clients are required to address these issues; access to the data on clients receiving community aged care packages will also be of considerable interest. It is similarly difficult to determine whether HACC programs are appropriately targeted without an indicator of unmet need within the community (see HSH 1994c). Finally, from the data available, aged care assessment teams do appear to be functioning as the gateway to the entire range of clients served by the different aged care programs.

Quality of care

Prior to 1987, arrangements for monitoring quality of care in Australian nursing homes involved local, and State governments and the Federal Government in a variety of roles, but all primarily were concerned with assessing inputs to service provision. Growing out of concerns at both the public and political levels with the quality of care being provided, the Nursing Homes and Hostels Review (DCS 1986) recommended that a new system of federally based standards be introduced. The new standards were implemented in Australian nursing homes in 1987; they comprised 31 standards grouped under seven broad objectives, and they were focused on outcomes as they affected residents, rather than on inputs. The standards are concerned not only with quality of care in the traditional sense, but also with quality of life. The broad groupings of standards, referred to as objectives, are given in Box 5.2 for both nursing homes and hostels. (See Appendix 5C for details of the standards for both nursing homes and hostels.)

The outcomes standards monitoring program was the subject of an extensive formative evaluation from its initial implementation until 1993—a research project that included cross-national comparisons, cross-sectional and longitudinal surveys, and numerous qualitative interviews with key players. The standards monitoring program was progressively modified as relevant findings emerged from the evaluation and, by 1993, was being hailed as at the forefront of regulatory strategies for nursing homes in an international context (Braithwaite et al. 1993). In 1992, the program was modified for implementation in aged persons' hostels, with 25 standards grouped under six broad objectives.

In 1991, guidelines for seven National Service Standards were agreed to and published for the Home and Community Care program (HACC 1991). These function as guidelines, however, and unlike the nursing home and hostel standards, do not include a monitoring component. There are, therefore, no data available on the achievements of HACC services in terms of the national standards.

The outcome standards monitoring program for hostels and nursing homes is regulatory in function—that is, it is concerned with maintaining and improving the quality of care being delivered via a process of site visits in combination with education and consultative strategies. In instances where homes persistently fail to meet the standards, there are also a series of sanctions that can be progressively applied, ultimately (although not frequently) leading to closure of the home. The data generated by this regulatory process can, however, also be used to explore the extent to which homes are improving (or failing to improve) their performance in terms of the national standards.

Box 5.2: Nursing home outcome standards

Objective 1: *Health care: Residents' health will be maintained at the optimum level possible.*

Objective 2: *Social independence: Residents will be enabled to achieve a maximum degree of independence as members of society.*

Objective 3: *Freedom of choice: Each resident's right to exercise freedom of choice will be recognised and respected whenever this does not infringe on the rights of other people.*

Objective 4: *Home-like environment: The design, furnishings and routines of the nursing home will resemble the individual's home as far as reasonably possible.*

Objective 5: *Privacy and dignity: The dignity and privacy of nursing home residents will be respected.*

Objective 6: *Variety of experience: Residents will be encouraged and enabled to participate in a wide variety of experiences appropriate to their needs and interests.*

Objective 7: *Safety: The nursing home environment and practices will ensure the safety of residents, visitors and staff.*

Hostel outcome standards

Objective 1: *Freedom of choice and exercising rights: Each resident is to have active control of his or her life*

Objective 2: *Care needs: The care needs of each resident to be identified and met.*

Objective 3: *Dignity and privacy: The dignity and privacy of each resident is to be respected.*

Objective 4: *Social independence: Each resident should exercise maximum social independence.*

Objective 5: *Variety of experience: Residents must have the opportunity to participate in a variety of activities and experiences of interest to them.*

Objective 6: *Home-like environment: A hostel is to provide a home-like environment for the comfort, safety and well-being of residents.*

Sources: Commonwealth/State Working Party (1987); DHHLGCS (1990).

There are caveats that must be considered in interpreting these data, particularly with regard to changes over time. The standards monitoring process itself was progressively modified during its implementation. In addition, after the first year or two there was evidence to suggest that the standards monitors became more stringent in their ratings of homes against the standards. Furthermore, as part of the implementation processes which characterised the early years, training programs were undertaken to increase national comparability in ratings against the standards. However, the overall findings of the national evaluation referred to earlier suggests that the outcome standards emerged from these developments as both reliable and valid indicators of standards of care, and moreover that they compare favourably in these terms with regulatory programs in place overseas (Braithwaite et al. 1991; Braithwaite & Braithwaite 1995).

On the basis of these data, the overall standards of quality of care in Australian nursing homes have improved since the implementation of the national outcome standards. In 1989, the average total compliance score at the team's initial visit was 52.5, out of a possible total of 62. For the next three years, the national average stabilised at around 51 (51.3, 51.0, 51.3 for each of the three years). In 1993, the average score had increased to 52.9, and, in 1994, increased again to 54.7.

In terms of the individual standards, there was general improvement on all standards over the period. Figure 5.4 shows the percentage of homes meeting each of the standards from 1989–90 to 1993–94. As is evident from this graph, the proportions of homes meeting each standard has increased, in some cases quite substantially. Those standards on which that proportion of homes meeting the standard has increased by at least 20% are as follows:

Four standards (1.1, 1.2, 1.5, 1.6) pertaining to objective 1, focused on maintaining residents' health at the optimum level possible. These involve the right to receive appropriate medical care from a medical practitioner of their choice, to be informed and involved concerning their own care plans, and being enabled to maintain or improve continence, mobility and dexterity.

One standard (2.1) pertaining to objective 2 concerning social independence, specifically being enabled and encouraged to have visitors of their own choice, and maintain personal contacts.

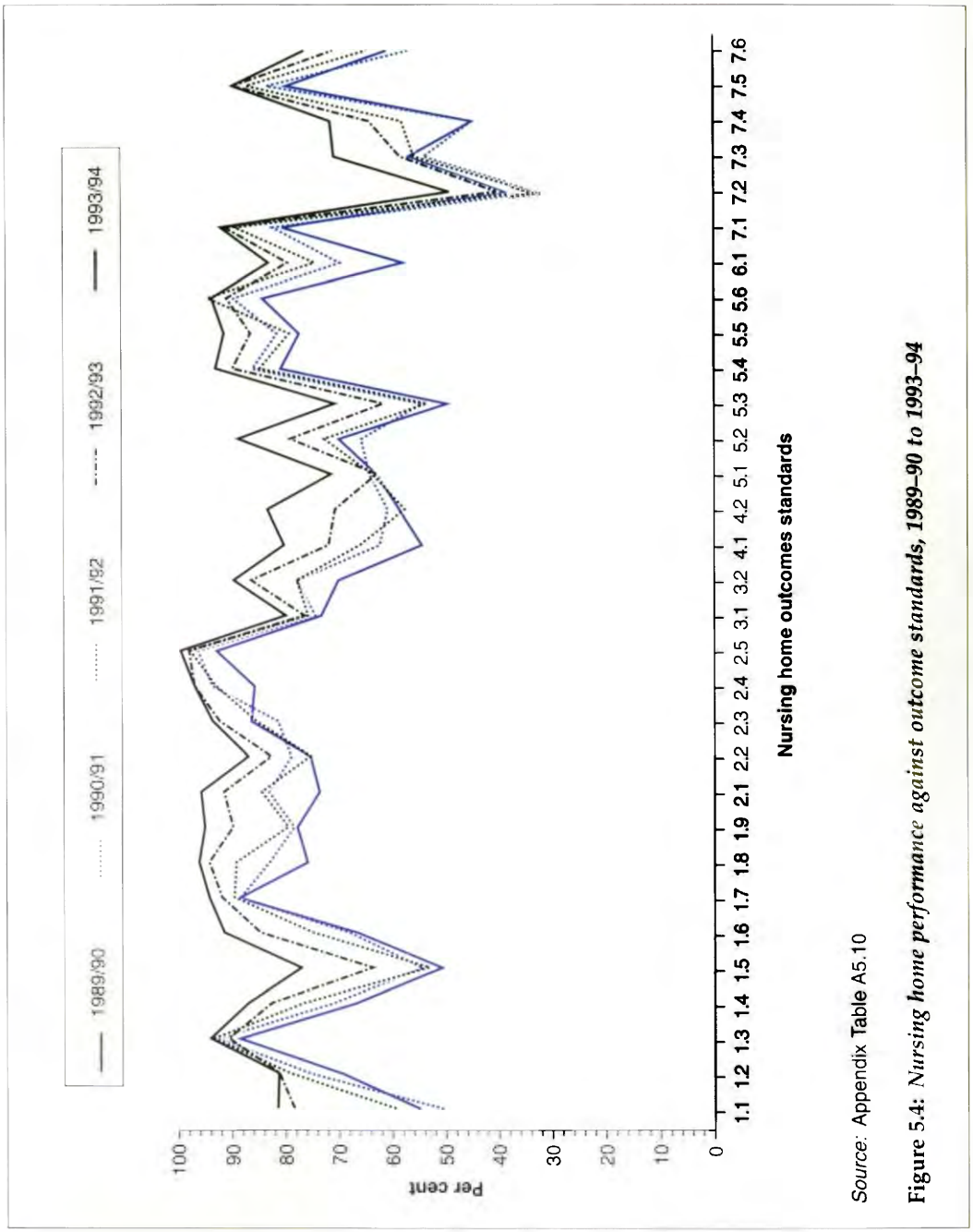
Both standards (4.1, 4.2) comprising objective 4, concerning the maintenance of a home-like environment, more specifically the creation of a home-like environment and a sense of security for residents.

One standard (5.3) pertaining to objective 5 concerning privacy and dignity, specifically bathing, toileting and dressing in private.

The one standard (6.1) pertaining to objective 6 concerning enabling residents to participate in a variety of experiences appropriate to their age and interests.

One standard (7.4) pertaining to objective 7 concerning the safety of the nursing home environment, in particular the standard concerning fire safety.

In 1989–90, three standards (5.3, 7.2, 7.4) were met by less than half the nursing homes; in 1993–94 only one (7.2) remained in this category. Standard 7.2 concerns nursing home design, equipment and practices and their contribution to a safe environment for residents, staff and visitors. On all other objectives, the minimum proportion of homes meeting individual standards in 1993–94 was 70%.



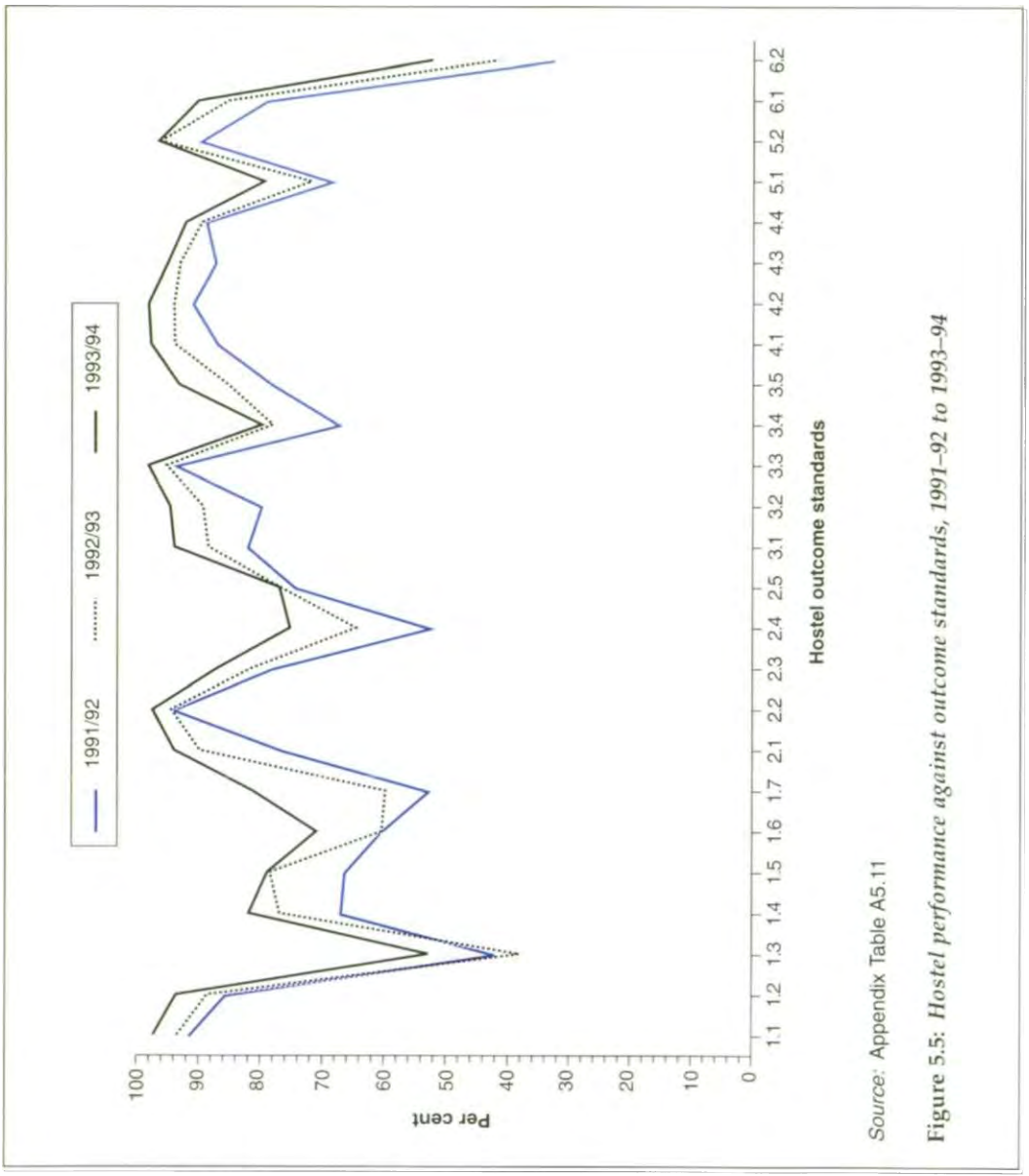
Source: Appendix Table A5.10

Figure 5.4: *Nursing home performance against outcome standards, 1989–90 to 1993–94*

For hostels, the standards have only been fully in place since 1991, and data are therefore available from 1991–92 onward. In the first year, the general standard of performance was already quite good (Figure 5.5). Only two standards were not being met by the majority of hostels:

One standard (1.3) pertaining to objective 1 concerning the Formal Agreement on residents' rights, including termination provisions between residents and the hostel.

One standard (6.2) pertaining to objective 6 concerning the provision of a clean and safe environment.



Source: Appendix Table A5.11

Figure 5.5: *Hostel performance against outcome standards, 1991–92 to 1993–94*

Two years later, all standards are met by the majority of hostels, and 22 of the 25 standards are met by at least three-quarters of the hostels. The three standards that appear to be giving hostels most difficulty are 1.3 (the Formal Agreement and associated provisions concerning residents' rights), 1.6 (concerning the provision of written and verbal explanations of the hostels' policies concerning fees and charges) and 6.2 (concerning the provision of a clean and safe environment).

Overall, the evidence supports the view that the standards monitoring program in both nursing homes and hostels has been successful in improving the standards of care provided in the Australian residential care sector, and that this improvement is continuing. At present, 14 of the 25 hostel standards, and 13 of the 31 nursing home standards are met by at least 90% of homes.

5.5 Conclusions

The Australian aged care system continues to undergo a program of reform and development, but one characterised by more emphasis on consolidation and refinement of earlier changes, rather than the implementation and innovation which dominated the late 1980s. In particular, the reduction of nursing home level care in favour of hostels and community-based care has continued, as have attempts to increase the flexibility of the system to more closely meet the varied needs of older people with disabilities and their carers. In reporting on the Australian aged care system, this chapter has focused on the need for services and assistance, the amount and type of assistance being provided and, where possible, on the outcomes of those programs. The analyses undertaken in this chapter have been made possible by the increased availability of data on all sectors of care from administrative systems of the Department of Human Services and Health and the State and Territory governments. Although some limitations have been identified where relevant to the interpretation of these various data sets, the level of availability and the improving quality of national data on aged care services have allowed a number of important analyses to be undertaken which would simply not have been possible even five years ago.

Likely increases in demand

From 1991 to 2041, the proportion of the Australian population aged 65 and over is expected to double, from 11% to 22% of the total population. Yet such figures are an unreliable guide to likely increases in demand for aged care services. Service use among the younger aged is low—less than 1% of people aged between 65 and 69 are in hostels and nursing homes. The population aged 80 and over is a better predictor of likely demand, and the period to the year 2041 is characterised by a quite rapid growth in that population. In 1991, one in five older people were aged 80 and over, by 2011 it will be one in four, and by 2041 one in three. The proportion of highly physically and mentally dependent aged is likely to increase commensurately during this period, as profound and severe handicap rates rise rapidly with advancing age. If current trends continue, the number of profoundly and severely handicapped aged people will double between 1993 and 2021, from 352,800 to 709,600. While much of the assistance required by these people will undoubtedly continue to be provided by the informal sector, the likelihood of quite strong growth in demand on formal services is also evident.

The changing balance of care

The policy aim to reduce the availability of nursing home care in favour of hostel and community-based care has resulted in an increasing proportion of profoundly and severely handicapped aged persons living in the community over the last decade. The shift appears to have been particularly strong among the very old and among women. Although it is difficult to establish the total quantum of HACC services and clients with any degree of accuracy, there has certainly been a shift in overall funding of aged care services, with the HACC share of the aged care budget increasing from 15% in 1985–86 to 23% in 1993–94. The level of nursing home care has been reduced, from 62 beds per thousand persons aged 70 and over in 1988 to 52 beds in 1994. If this is measured against a baseline of the numbers of profoundly and severely handicapped aged persons, the reduction in nursing home bed supply would be from 239 beds per thousand profoundly and severely handicapped persons, to 201. The number of hostel places has increased, but not sufficiently to equal the loss in nursing home beds, moving from 37 places per thousand persons aged 70 and over in 1988 (or 142 per thousand profoundly and severely handicapped aged persons) to 40 places per thousand persons aged 70 and over in 1994 (or 155 per thousand profoundly and severely handicapped aged persons). In addition, this period has seen the creation of community aged care packages, aimed at providing the equivalent of hostel Personal Care services to persons living in the community; in 1994 there were two such places available per thousand persons aged 70 and over.

A series of projections presented in this chapter, based on constant patterns of turnover and using 1993 age and sex specific utilisation rates, suggests that the current planned level of nursing home provision would not accommodate 1993 rates of use by RCI 1–3 residents from the year 2006. The projections of hostel demand and supply illustrate a potential imbalance, the actual consequences of which will depend on the policy developments which emerge around intensive levels of community-based care (such as that provided under community aged care packages), housing and accommodation initiatives, and ongoing government support for the substantial expansion of the community care sector more generally. The analyses assumed that the current policy aims of 40 nursing home beds, 50 hostel places and 10 aged care packages would be in place by around 2011. Current levels of provision are 52, 40 and two respectively.

Recent pilot projects, such as those providing nursing home level services in hostels, may lead to further modifications in the planned system of aged care services at the turn of the century. Ongoing monitoring of the changing levels of supply, and the consequences in terms of patterns of service use and levels of client dependency, will continue to be an important part of that policy and planning process.

Importance of establishing a unit of HACC service

While the data described here point to a clear reduction in the reliance of the Australian aged care system on residential care, and a real expansion of services provided under HACC (in keeping with government policy), it is much more difficult to establish whether or not the expansion of HACC services is commensurate with the reduced level of supply in the residential care sector. The amount of funding has certainly increased in real terms, so too has the proportion of aged care dollars directed to HACC services. However, in the absence of an identifiable and agreed unit of HACC

service, it is not possible to accurately establish whether or not the quantum of service per client being delivered or the number of clients being served has really increased, or decreased, in relation to the size of the target population.

This problem has not gone unnoticed, and several recent government research contracts have been concentrated on problems surrounding the development of a HACC unit cost framework and a system of national benchmarking for HACC. Unfortunately, the HACC national data systems cannot, in the absence of some capacity to record linkage, provide the kind of client-based data that would inform further work in this area.

Turnover and gross utilisation

Recent data suggest that there has been a modest increase (less than 5%) in turnover in both nursing homes and hostels in recent years, dating from 1989–90 and 1991–92 respectively (the limits of good-quality data holdings in these data sets). These modest increases, however, are actually part of a substantial shift in the usage patterns of nursing homes and hostels, with a quite dramatic increase in nursing homes in particular in the proportion of respite admissions, from less than 1% in 1988–89 to 15% in 1993–94. This usage of nursing homes by elderly persons normally resident in the community is essentially a support service for carers, and may therefore in some ways be more accurately regarded as part of the domiciliary, rather than the residential, care program. In terms of admissions for permanent (non-respite) care, the turnover figures for the period remain relatively unchanged, as do those for gross utilisation, with some evidence of a slight downward trend for nursing homes in terms of accessibility to the population at large.

Appropriateness of care

While there are difficulties in establishing comparable data items, an analysis of dependency levels suggests that virtually all nursing home residents are indeed highly dependent, with a substantially less dependent profile emerging for hostel and community options clients. HACC services have the lowest proportions of clients who appear dependent on the items indicative of high dependency; however there is more overlap than might have been expected between HACC and community options clients. Only those hostel residents in receipt of Personal Care benefits were included in the analysis; data are not recorded on the dependency profiles of the 44% of hostel residents not receiving Personal Care benefits. It is reasonable to assume that their dependency levels would be quite low.

Quality of care

National data now available from the outcome standards monitoring process suggest that there has been general improvement in the quality of care provided in Australian nursing homes and hostels in recent years. The outcome standards monitoring process has been in place in Australian nursing homes since 1987, and in hostels since 1991. A large-scale evaluation of the program has placed it at the forefront of international attempts to regulate and improve quality of care in the nursing home industry. All standards are met by the majority of hostels, and 22 of the 25 standards are met by at least three-quarters of hostels. For nursing homes, 30 of the 31 standards were met by at least 70% of homes.

Planning aged care services

The use of the standard planning ratio of services per thousand persons aged 70 and over to describe changes in the level of supply over time has some significant shortcomings. In particular, the 70 and over planning ratio is not sensitive to the changing internal structure of the population over 70, and hence to likely changes in demand. The policy aim of 40 nursing home beds per thousand persons aged 70 and over was determined on the basis of 1983 data, at a time when only 11% of people 70 and over were aged 85 and over.[29] In the year 2021 that proportion will be 16%. Assuming that age and sex specific handicap rates remain constant, then, it is clear that 40 nursing home beds per thousand persons aged 70 and over would not represent an equal level of supply in 1983 and 2021, as these two populations have quite disparate age structures, and hence quite different likely levels of need for residential care. Although still subject to debate, available evidence does appear to suggest that severe disability rates are remaining relatively stable (Robine et al. 1993). Over the next 25 years, the numbers of profoundly and severely handicapped people aged 65 and over would appear to constitute a better targeted base against which to measure the changing adequacy of supply over time.

29 The 40 nursing home beds per thousand persons aged 70 and over was first publicly announced in the report of the Nursing Homes and Hostels Review (DCS 1986:25, 44).

References

Alt Statis & Associates (1993). Home and community care program units costs study. Canberra: AGPS. Aged and community care service development and evaluation reports: No. 7.

Australian Bureau of Statistics (ABS) (1984). Handicapped persons, Australia, 1981. Cat. No. 4343.0. Canberra: AGPS.

Australian Bureau of Statistics (ABS) (1988). Estimated resident population by sex and age: States and Territories of Australia, June 1981 to June 1987. Cat. No. 3201.0. Canberra: AGPS.

Australian Bureau of Statistics (ABS) (1990a). Carers of the handicapped at home, Australia, 1988. Cat. No. 4122.0. Canberra: AGPS.

Australian Bureau of Statistics (ABS) (1990b). Projections of the populations of Australian States and Territories 1989 to 2031. Cat. No. 3222.0. Canberra: AGPS.

Australian Bureau of Statistics (ABS) (1993a). Disability, ageing and carers user guide: Australia 1993. Cat. No. 4431.0. Canberra: AGPS.

Australian Bureau of Statistics (ABS) (1993b). June 1987 to June 1992, estimated resident population by sex and age: States and Territories of Australia. Cat. No. 3201.0. Canberra: AGPS.

Australian Bureau of Statistics (ABS) (1994a). Australian demographic statistics: March quarter 1994. Cat. No. 3101.0. Canberra: AGPS.

Australian Bureau of Statistics (ABS) (1994b). Australian demographic statistics: June quarter 1994. Cat. No. 3101.0. Canberra: AGPS.

Australian Bureau of Statistics (ABS) (1994c). Experimental estimates of the Aboriginal and Torres Strait Islander population: June 1986 to June 1991. Cat. No. 3230.0. Canberra: AGPS.

Australian Bureau of Statistics (ABS) (1994d). Projections of the populations of Australia: States and Territories 1993 to 2041. Cat. No. 3222.0. Canberra: AGPS.

Australian Institute of Health and Welfare (AIHW) (1993). Australia's Welfare 1993: services and assistance. Canberra: AGPS.

Australian Institute of Health and Welfare (AIHW) (1995). Welfare Services Expenditure Bulletin, No. 1, May 1995. Canberra: AGPS.

Braithwaite V (1990). Bound to care. Sydney: Allen & Unwin.

Braithwaite J & Braithwaite V (1995). The politics of legalism: rules versus standards in nursing home regulation. Social and Legal Studies Vol. 4:307–41.

Braithwaite J, Makkai T, Braithwaite V & Gibson D (1993). Raising the standard, resident centred nursing home regulation in Australia. Aged and community care service development and evaluation reports: No. 10. Canberra: AGPS.

Commonwealth/State Working Party (1987). Living in a nursing home. Canberra: AGPS.

Davison B, Kendig H, Stephens F & Merrill V (1993). It's my place; older people talk about their homes. Canberra: AGPS.

Department of Community Services and Health (DCSH) (1988a). Annual report 1987–1988. Canberra: AGPS.

Department of Community Services and Health (DCSH) (1988b). Nursing homes for the aged: a statistical overview 30 June 1988. Canberra: DCSH.

Department of Community Services and Health (DCSH) (1989). Annual report 1988–1989. Canberra: AGPS.

Department of Community Services and Health (DCSH) (1990a). Annual report 1989–1990. Canberra: AGPS.

Department of Community Services and Health (DCSH) (1990b). Nursing homes for the aged: a statistical overview 1988–89. Canberra: DCSH.

Department of Community Services (DCS) (1986). Nursing homes and hostels review. Canberra: AGPS.

Department of Community Services (DCS) (1987). Annual report 1986–1987. Canberra: AGPS.

Department of Health, Housing & Community Services (DHHCS) (1991a). Aged care reform strategy mid-term review 1990–91: report. Canberra: AGPS.

Department of Health, Housing & Community Services (DHHCS) (1991b). Aged care reform strategy mid-term review 1990–91: discussion papers. Canberra: AGPS.

Department of Health, Housing & Community Services (DHHCS) (1991c). Annual report 1990–1991. Canberra: AGPS.

Department of Health, Housing & Community Services (DHHCS) (1991d). Nursing homes for the aged: a statistical overview 1989–1990. Canberra: HHCS.

Department of Health, Housing & Community Services (DHHCS) (1992a). Aged persons hostels: a statistical overview 1991–1992. Canberra: HHCS.

Department of Health, Housing & Community Services (DHHCS) (1992b). Annual report 1991–1992. Canberra: AGPS.

Department of Health, Housing & Community Services (DHHCS) (1992c). It's your choice: national evaluation of community options projects, Aged and community care service development and evaluation reports: No. 2. Canberra: AGPS.

Department of Health, Housing & Community Services (DHHCS) (1992d). Nursing homes for the aged: a statistical overview 1990–1991. Canberra: HHCS.

Department of Health, Housing & Community Services (DHHCS) (1992e). Putting the pieces together: a national action plan for dementia care. Canberra: AGPS.

Department of Health, Housing & Community Services (DHHCS) (1993). Annual report 1992–1993. Canberra: HHCS.

Department of Health, Housing, Local Government & Community Services (DHHLGCS) (1990). Keeping the Quality in Hostel Life. Canberra: DHHLGCS.

Department of Health, Housing, Local Government & Community Services (DHHLGCS) (1993). Nursing homes for the aged: a statistical overview 1991–1992. Canberra: DHHLGCS.

Department of Human Services & Health (HSH) (1994a). Aged persons hostels: a statistical overview 1992–1993. Canberra: HSH.

Department of Human Services & Health (HSH) (1994b). Annual report 1993–1994. Canberra: HSH.

Department of Human Services & Health (HSH) (1994c). Service provision targets. A report for the home and community care program. Canberra: HSH. Aged and community care service development and evaluation reports: No. 15.

Department of Human Services & Health (HSH) (1995a). Aged persons' hostels: a statistical overview, June 1994. Canberra: HSH.

Department of Human Services & Health (HSH) (1995b). Department of Human Services and Health: statistical overview 1993–1994. Canberra: HSH.

Department of Human Services & Health (HSH) (1995c). Department of Human Services and Health budget statement 1995–1996: Canberra: HSH. Budget paper No. 1.

Department of Social Security (DSS) (1994). Annual report 1993–1994. Canberra: DSS.

Gibson D, Braithwaite J, Braithwaite V & Makkai T (1992). Evaluating quality of care in Australian nursing homes. Australian Journal on Ageing. Vol. 11:3–9.

Gibson D, Liu Z & Choi C (1995). The changing availability of residential aged care in Australia. Health Policy. Vol. 32:211–224.

Gibson D & Liu Z (1995). Planning ratios and population growth: will there be a shortfall in residential aged care by 2021? Australian Journal on Ageing. Vol 14:57–62.

Hall J (1994). Nursing home care in the home, paper presented at 7th National Conference Aged Care Australia, Adelaide. September 18–22.

Home & Community Care (HACC) (1991). Getting it right: guidelines for the home and community care program. National service standards. Canberra: AGPS.

Liu Z (forthcoming). Nursing home utilisation. Canberra: AIHW.

Rickwood DJ (1994). Dependency in the aged: measurement and client profiles for aged care. Canberra: AIHW. Welfare Division working paper No. 5.

Robine J, Mathers C & Brouard N (1993). Trends and difficulties in disability: free life expectancy. Paper presented at the International Union for Scientific Study of Population, Sendai, Japan, June 1993.

Rowland DT (1991). Ageing in Australia. Melbourne: Longman Cheshire.

Russell C (1994). Older people's constructions of dependency: some implications for aged care policy, in Sarah Graham (ed.). Dependency, the life course and social policy. University of New South Wales. Social Policy Research Centre: reports and proceedings: No. 118.

Russell C, Hill B & Basser M (1995). Identifying needs among 'at risk' older people: does anyone here speak health promotion? Paper presented at the International Sociological Association Research on Ageing Intercongress Meeting, Melbourne, April 24–26.

Wen, X, Madden R & Black K (1995). Population indicators of needs for disability services: an exploration. Canberra: AIHW. Welfare Division working paper No. 9.

6 Disability services

6.1 Introduction

Disability and handicap result from a combination of biomedical, demographic and personal factors, interacting with environmental and social conditions. In addition to medical and rehabilitation services, people with a disability may require other assistance to participate in the society of which they are members. This chapter provides information on the services and assistance now available in Australia for people with a disability, focusing particularly on people aged under 65. Chapter 5, on aged care, focuses on services and provisions for people aged 65 and over.

Until quite recently there were few national data on disability services available in Australia. These data are now being developed rapidly, however, with the involvement and support of many organisations. The Commonwealth Government and State and Territory governments have worked with the Australian Institute of Health and Welfare to develop specifications for a minimum data set for support services provided under the Commonwealth–State Disability Agreement. Non-government service providers have worked with the Commonwealth Government and the Institute to devise a new national collection on open employment services. The Australian Bureau of Statistics is preparing to consult widely in the design of its fourth national survey on disability in the Australian population, to be conducted in 1998.

At the centre of many of these national data developments lies an ongoing concern with the basic definitions of disability and disability services. Several major reports have found the planning and evaluation of national programs hampered by the lack of relatability of various data sources (for instance, Senate Standing Committee on Community Affairs 1992; Baume & Kay 1995; Office of Disability 1994). These reports have urged greater consistency in basic definitions, and have recognised the role of the Institute in addressing this pivotal problem. This chapter thus begins with an outline of the international definitions and their relationship to Australian terminology and services. A data framework is proposed, relating the need for disability services, the provision of these services, and the outcomes achieved for clients.

The next three sections focus in turn on each of these three areas. Section 6.2 presents population data which, at a national level, can be used to explore the need for disability services. In Section 6.3 a range of data on disability services and their users is presented, including newly available data from collections developed by the Institute in cooperation with other organisations. Outcomes from disability services are considered in Section 6.4. Section 6.5 summarises key features of the chapter, reviews progress in data development in the last two years and outlines directions for future work.

Definitions of disability

The most widely accepted international definitions are those provided by the 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).

Impairment is thus considered to occur at the level of organ or system function; disability is concerned with functional performance or activity, affecting the whole person; handicap reflects the interaction with, and adaptation to, the person's surroundings. As well as providing a basic classification of these concepts, the ICIDH contains supplementary 'gradings' relating to severity of disability and outlook scales.

There is a considerable critical literature on the ICIDH[1], and the World Health Organization and its collaborating centres, including the Institute, are working to refine the existing draft classifications. This work is designed to provide a more coherent and widely applicable set of classifications for the next version of the ICIDH, due to be published in 1999.

A data framework for the consideration of disability services

These international definitions provide a useful starting point for a framework in which to situate the Australian definitions now in use. The three concepts—impairment, disability and handicap—are quite widely recognised in Australia and can be related to major service definitions (AIHW 1994a; Madden, Black & Wen 1995).

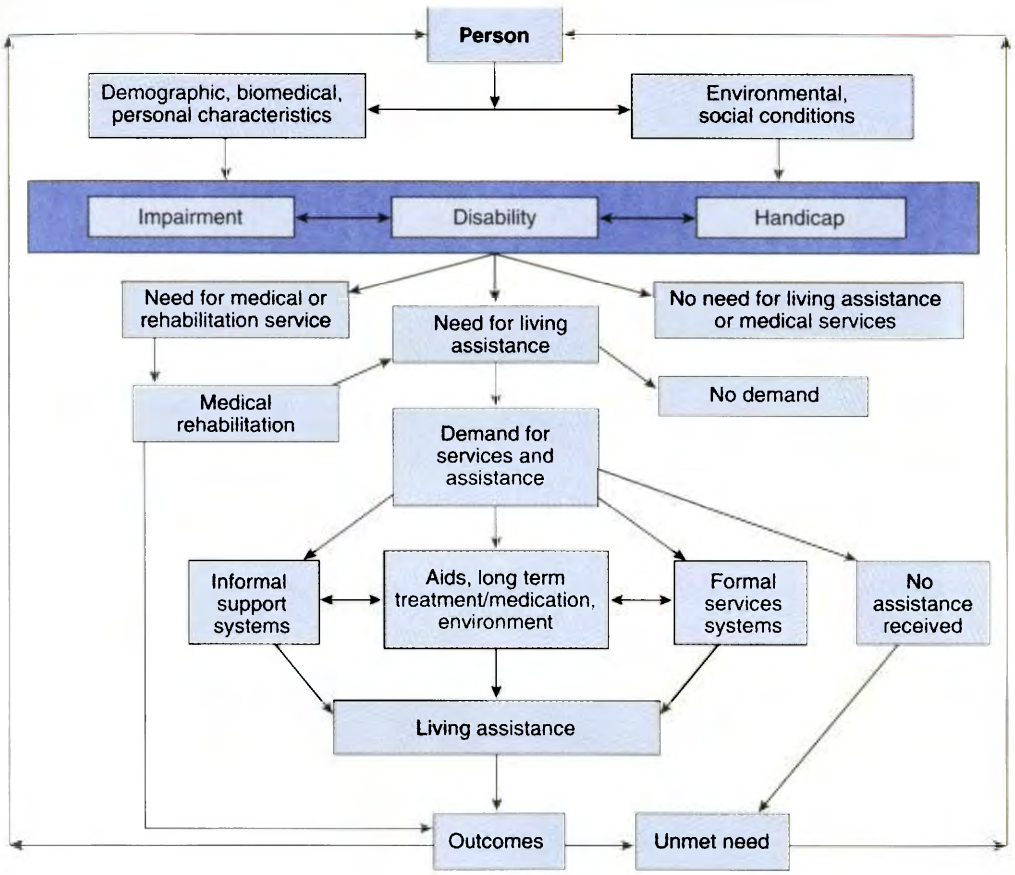
Many of the important questions relating to disability services can be grouped into three broad areas: the need and demand for services; the type and extent of services provided and the characteristics of service users; and the various outcomes from services. Figure 6.1 represents the relationships between needs, services and outcomes, and their relationship with social or environmental conditions.

Environmental and social conditions may combine with individual biomedical, demographic and other factors to create a certain level of disability and handicap. Measures of disability and handicap at this point in the model should indicate the severity of disability and handicap with no assistance—for instance, the degree of difficulty in performing tasks (disability), or the level of support needed to participate in the activities of society (handicap).

This need for assistance with activities of living may then translate into a demand for services or assistance—for instance by a request for a service or by joining a waiting list. The diagram (Figure 6.1) distinguishes between health services, such as medical or rehabilitation services, and those services which provide assistance to enable people

1 See for instance Badley 1987 a, b, c, 1993; Chamie 1990; Minaire 1992; WCC 1994; AIHW 1994a; de Kleijn-de Vrankrijker 1995.

with a disability to participate more fully in all aspects of community life. The assistance given may be broadly in the form of informal support, formal support, aids, ongoing medication or environmental modification; no distinction is made in the diagram between formal services specifically designed for people with a disability and 'mainstream' services accessed by people with a disability.



Source: Madden, Black & Wen 1995.

Figure 6.1: ***A framework for disability data***

The provision of assistance with activities of living is designed to diminish the level of handicap in particular, and may also affect the level of disability or impairment. Unmet need for living assistance may still exist, even where positive outcomes are achieved, as well as in cases where no assistance has been given. These outcomes and unmet needs feed back into the system, affecting the person, the environment and social conditions.

This framework for disability data derives from a more general framework for welfare services, which has been adapted to incorporate ideas from work on the 'disablement process' (Minaire 1992) and more general ideas on 'need' (Gough & Thomas 1994). Minaire

combines three approaches to 'the disablement process': a biomedical model, which is concerned with the creation of impairment; the ICIDH model, linking impairment to disability and handicap; and a 'situational' model emphasising the importance of environmental and social conditions in their effect on disability and handicap. Gough and Thomas argue that physical health and opportunities for social participation are universal prerequisites to well-being. Disability is thus seen as a universal indicator of need—as well as being originally envisaged as a health outcome. Handicap—in the ICIDH, an indicator of ability to carry out a 'normal' role—corresponds to the notion of ability to participate in society. Handicap is thus potentially both an indicator of need for assistance, and also an indicator of outcome or well-being. Gough and Thomas view autonomy as crucial to social participation, hence the separation in Figure 6.1 of aids, long-term treatment or medication, and environmental modifications. While many forms of services and assistance may promote autonomy, these do so in the special sense that they may altogether remove reliance on other people for day-to-day assistance and services. (A more detailed explanation of the framework is set out in Madden, Black & Wen 1995.) The ICIDH concepts of disability and handicap can thus be situated in a broader framework for universal needs and well-being.

6.2 Population data: disability and handicap in Australia

The primary sources of national population data on disability are the three Australian Bureau of Statistics (ABS) surveys on disability and ageing. This section first describes the patterns of prevalence of disability in Australia, as revealed in the ABS 1993 Survey of Disability, Ageing and Carers. Variations in the reported prevalence of disability and handicap over a period of 12 years are then analysed, and the relative contributions of changes in population age structure and reported age-specific prevalence rates to these variations are reviewed.

Definitions used in the ABS disability surveys

In the ABS surveys, disability is defined as the presence of one or more of a list of limitations, restrictions or impairments which had lasted, or were likely to last, for 6 months or more. Handicap is identified where a person with a disability also has a limitation or restriction in performing certain specific tasks associated with daily living, due to their disability (ABS 1993a). The limitation must be due to a disability and relate to one or more of five activity areas (self care, mobility, verbal communication, schooling and employment).

In the 1981 and 1988 surveys, three levels of severity of handicap (severe, moderate and mild) were determined on the basis of the person's ability to perform tasks relevant to three areas (self care, mobility and verbal communication) and on the amount and type of assistance required. In the 1993 survey the severe handicap category was further divided into profound handicap and severe handicap. People may have a reported[2] handicap in more than one area but the highest level of severity in any of the

2 Strictly, people did not 'report' disability and handicap in the ABS survey. They reported activity limitations, restrictions or impairments from which they were classified as having a disability or handicap. The term 'report' is used, nevertheless, both for brevity and to emphasise the self-reported nature of the data.

areas of self care, mobility and verbal communication determined the severity of total handicap. The level of severity of handicap was not determined for children under the age of 5 years or for people with only an employment or schooling limitation (ABS 1993a).

The ABS definition of disability has been geared to ensuring that all eligible people are included in the survey. While this is a desirable purpose for survey screening questions, it has been suggested that the resulting estimates may need a further filter so that the definition of disability does not, in practice, become broader than the ICIDH definition and the notion of restriction or limitation (Madden, Black & Wen 1995). Further discussion is needed to resolve this issue; in the meantime, this section will present ABS data on the basis of the ABS disability definitions and groupings.

Disability, handicap and other population characteristics

There were an estimated 3,176,700 people or 18% of the Australian population with one or more disabilities, as defined by the ABS 1993 disability survey (Table 6.1). The total number and proportion of males reporting disability were slightly higher than those for females. This sex difference was mainly attributable to people under age 65; for those aged 65 and over, more females than males reported a disability (Table 6.1), the result of the higher female survival rates at older ages.

Table 6.1: *People with a disability: main disabling condition by sex and age as a percentage of the Australian population of that sex and age, Australia, 1993*[a]

	Age group (years)									All ages	Total ('000)
	0–4	5–14	15–24	25–29	30–44	45–59	60–64	65+	0–64		
Males											
Psychiatric[b]	0.0	0.0	0.1	0.4	0.4	0.4	0.3	1.3	0.2	0.4	31.1
Intellectual & 'Other mental'[c]	0.2	3.3	1.5	0.9	1.0	1.4	1.9	1.2	1.5	1.5	129.5
Diseases of the eye	0.1	0.2	0.3	0.4	0.5	0.9	1.0	2.1	0.5	0.7	57.1
Diseases of the ear	0.3	1.0	1.1	1.2	2.7	4.5	6.3	11.5	2.3	3.2	282.3
Nervous system diseases	0.4	0.5	0.6	0.9	1.1	1.3	0.9	2.3	0.8	1.0	86.9
Circulatory diseases	0.0	0.2	0.0	0.1	0.4	2.2	8.0	9.1	0.9	1.7	150.6
Respiratory diseases	1.4	2.3	1.0	1.2	0.6	1.6	2.9	4.7	1.3	1.7	148.3
Arthritis	0.0	0.0	0.3	0.3	1.1	3.6	6.5	10.2	1.3	2.2	191.9
Other musculoskeletal disorders	0.0	0.4	0.7	1.5	2.6	4.0	5.3	4.0	2.0	2.2	190.3
Head injury, stroke, any other brain damage	0.2	0.0	0.3	0.3	0.3	0.3	1.6	1.0	0.3	0.4	33.1
All other diseases and conditions	2.2	2.2	1.5	1.8	2.6	4.6	8.4	10.7	2.8	3.6	318.3
Total ('000)	**31.7**	**131.2**	**103.1**	**61.6**	**271.1**	**353.0**	**154.4**	**513.2**	**1,106.2**	**18.4**	**1,619.3**

(*continued*)

Table 6.1 (continued): *People with a disability: main disabling condition by sex and age as a percentage of the Australian population of that sex and age, Australia, 1993*[a]

	Age group (years)									All ages	Total ('000)
	0–4	5–14	15–24	25–29	30–44	45–59	60–64	65+	0–64		
Females											
Psychiatric[b]	0.0	0.0	0.1	0.4	0.2	0.4	0.4	2.0	0.2	0.4	39.4
Intellectual & 'Other mental'[c]	0.4	1.3	1.6	1.4	2.0	2.2	2.4	2.0	1.7	1.7	153.5
Diseases of the eye	0.2	0.2	0.1	0.2	0.3	0.4	0.8	3.7	0.3	0.7	64.9
Diseases of the ear	0.4	0.9	0.9	1.1	1.7	2.0	2.3	5.5	1.4	1.9	167.6
Nervous system diseases	0.3	0.6	0.7	0.9	0.8	1.2	1.3	2.4	0.8	1.0	90.1
Circulatory diseases	0.0	0.0	0.2	0.5	0.4	0.9	4.1	7.2	0.5	1.4	126.1
Respiratory diseases	0.9	2.1	1.6	1.2	1.1	1.7	1.8	2.6	1.5	1.6	142.1
Arthritis	0.0	0.0	0.4	0.8	1.2	4.3	8.6	16.0	1.6	3.5	312.4
Other musculo-skeletal disorders	0.3	0.2	0.5	0.8	2.1	4.0	3.2	3.6	1.6	1.9	168.7
Head injury, stroke, any other brain damage	0.0	0.1	0.1	0.2	0.3	0.2	0.3	1.0	0.2	0.3	26.5
All other diseases and conditions	1.4	1.0	1.3	1.8	2.1	4.5	4.4	8.1	2.2	3.0	266.1
Total ('000)	**24.8**	**80.0**	**101.6**	**63.4**	**249.9**	**299.6**	**106.5**	**631.7**	**925.7**	**17.6**	**1,557.4**
Persons											
Psychiatric[b]	0.0	0.0	0.1	0.4	0.3	0.4	0.4	1.7	0.2	0.4	70.5
Intellectual & 'Other mental'[c]	0.3	2.3	1.6	1.2	1.5	1.8	2.2	1.7	1.6	1.6	283.0
Diseases of the eye	0.2	0.2	0.2	0.3	0.4	0.6	0.9	3.0	0.4	0.7	122.0
Diseases of the ear	0.4	1.0	1.0	1.1	2.2	3.3	4.3	8.1	1.8	2.6	450.0
Nervous system diseases	0.4	0.5	0.6	0.9	0.9	1.2	1.1	2.4	0.8	1.0	177.0
Circulatory diseases	0.0	0.1	0.1	0.3	0.4	1.6	6.0	8.0	0.7	1.6	276.7
Respiratory diseases	1.2	2.2	1.3	1.2	0.8	1.6	2.4	3.5	1.4	1.6	290.4
Arthritis	0.0	0.0	0.3	0.5	1.1	4.0	7.6	13.5	1.5	2.9	504.3
Other musculo-skeletal disorders	0.2	0.3	0.6	1.1	2.3	4.0	4.3	3.8	1.8	2.0	359.0
Head injury, stroke, any other brain damage	0.1	0.1	0.2	0.2	0.3	0.3	1.0	1.0	0.3	0.3	59.6
All other diseases and conditions	1.8	1.6	1.4	1.8	2.3	4.5	6.4	9.2	2.5	3.3	584.4
Total ('000)	**56.4**	**211.2**	**204.7**	**125.0**	**521.0**	**652.6**	**260.9**	**1,144.8**	**2,031.9**	**18.0**	**3,176.7**

(a) Estimates of 1,900 or less have a relative standard error (RSE) of 50% or more. Estimates of 8,000 or less have an RSE of 25% or more. These estimates should be interpreted accordingly.

(b) This group is the same as the group entitled 'Mental psychoses' in ABS publications.

(c) This group is the same as the group entitled 'Other mental disorders' in ABS publications.

Source: Appendix Table A6.1.

Of the people reporting a disability, an estimated 2,500,200 (14.2% of the total population) also reported a 'handicap' as defined by the ABS (Table 6.2). For people aged under 65 there were few age and sex differences in the rates of handicap, with the exception of the higher rates of moderate and mild handicap for males in the 5–14 and 60–64 age groups. Females aged 65 and over had much higher rates of profound and severe handicap. (More detailed information on the 65 and over population is included in Chapter 5.)

The total number of people reporting a profound or severe handicap was 721,000, (slightly over 4% of the total population aged 5 and above), of whom 368,300 were people aged 5 to 64 (2.6% of people in that age group; Table A6.3). According to ABS survey definitions, people with a profound or severe handicap are those who sometimes, or always, require personal assistance or supervision in one or more of the activity areas (of self care, mobility or verbal communication). These people are thus a major target population group for many types of support service provision.

The most prevalent disabling conditions were also those more likely to occur at older ages, such as arthritis or other musculoskeletal conditions, diseases of the ear and circulatory diseases. As Tables 6.1 and A6.1 indicate, arthritis and other musculoskeletal disorders were the most commonly reported main disabling conditions (863,300 people or 4.9% of total population and 509,400 people or 3.3% of the population aged under 65 respectively). Diseases of the ear were the second most frequently reported main disabling condition for people with a disability (450,000 people or 2.6%). Respiratory diseases were reported as a main disabling condition by an estimated 290,400 people, more commonly among people aged 5–14 and 60 and over. An estimated 283,000 people (1.6%) reported an intellectual disability or 'other mental condition' and 70,500 people (0.4%) had psychiatric conditions.

Table 6.2: *People with a handicap: severity of handicap by sex and age as a percentage of the Australian population of that sex and age, Australia, 1993*[a]

	Profound	Severe	Moderate	Mild	Not determined[b]	All ages	Total ('000)
Males				%			
0–4[c]	0	0	0	0	4.8	4.8	31.7
5–14	1.7	1.2	0.9	1.9	2.2	7.9	103.5
15–24	0.9	0.4	0.4	1.7	1.7	5.0	70.6
25–29	0.6	1.0	0.8	1.9	1.7	6.0	41.3
30–44	0.8	1.5	1.7	3.0	1.8	8.7	180.3
45–59	1.3	2.4	3.7	7.7	3.2	18.3	260.5
60–64	2.3	2.3	7.1	16.5	6.0	34.2	122.0
65+	8.8	3.8	10.2	21.5	2.8	47.2	416.9
0–64	1.0	1.3	1.7	3.7	2.5	10.3	809.9
Total	**1.8**	**1.5**	**2.6**	**5.5**	**2.6**	**14.0**	**1,226.7**
Total ('000)	160.0	133.5	226.2	482.1	224.8	1,226.7	
Females				%			
0–4[c]	0	0	0	0	3.9	3.9	24.8
5–14	1.4	0.7	0.7	1.1	1.4	5.1	63.3
15–24	0.8	0.6	0.6	2.3	1.0	5.4	72.5
25–29	0.6	1.2	1.1	2.5	0.6	6.0	40.9
30–44	0.6	1.8	1.4	3.4	1.5	8.7	180.1
45–59	1.5	2.9	3.6	6.6	2.9	17.6	241.3
60–64	2.5	2.3	5.4	11.4	2.5	24.0	86.3
65+	15.9	4.8	9.3	16.9	1.5	48.5	564.4
0–64	1.0	1.4	1.6	3.4	1.8	9.2	709.1
Total	**2.9**	**1.9**	**2.6**	5.2	**1.8**	**14.4**	**1,273.5**
Total ('000)	**259.9**	**167.6**	**229.2**	**459.6**	**157.1**	**1,273.5**	
Persons				%			
0–4[c]	0	0	0	0	4.4	4.4	56.4
5–14	1.5	0.9	0.8	1.5	1.8	6.6	166.8
15–24	0.9	0.5	0.5	2.0	1.4	5.2	143.2
25–29	0.6	1.1	0.9	2.2	1.1	6.0	82.1
30–44	0.7	1.6	1.6	3.2	1.7	8.7	360.4
45–59	1.4	2.7	3.7	7.2	3.0	18.0	501.8
60–64	2.4	2.3	6.3	13.9	4.2	29.1	208.3
65+	12.8	4.4	9.7	18.9	2.1	47.9	981.3
0–64	1.0	1.4	1.7	3.6	2.2	9.7	1,519.0
Total	**2.4**	**1.7**	**2.6**	**5.3**	**2.2**	**14.2**	**2,500.2**
Total ('000)	**419.9**	**301.1**	**455.5**	**941.8**	**382.0**	**2,500.2**	

(a) Estimates of 1,900 or less have a relative standard error (RSE) of 50% or more. Estimates of 8,000 or less have an RSE of 25% or more. These estimates should be interpreted accordingly.
(b) This group comprises all children with a disability aged 0–4 years and people who had a schooling or employment limitation only.
(c) Severity of handicap was not determined for children with a disabiliity aged 0–4 years. Some totals include people aged 5–64 only.

Source: Refer to Appendix Table A6.3.

The most common disabling conditions among people aged 0–64 years were diseases of the ear (1.8%), other musculoskeletal disorders (1.8%), and intellectual and 'other mental' conditions (1.6%).

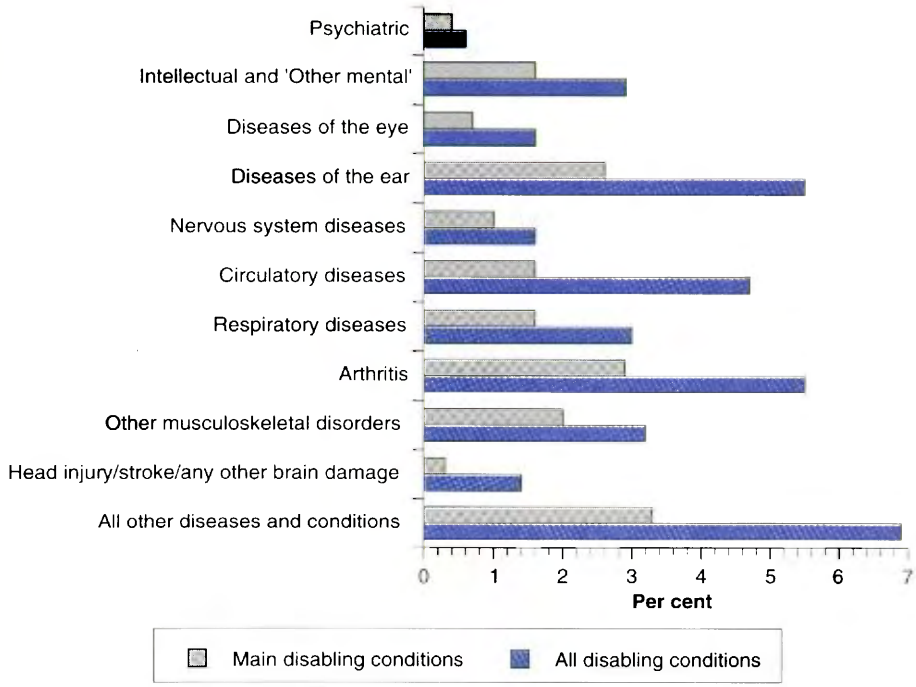
These figures may differ from prevalence estimates derived from other methods, for instance those based on clinical assessments of people located via service or administrative sources. Using such methods in a Sydney health region, for instance, Beange and Taplin (1995) found prevalence rates of 3.31 per thousand for intellectual disability among adults aged 20 to 50 years, defined as IQ below 70, with little difference between males and females. They cited similar studies which had arrived at similar rates, although noting that estimates for 'mild disability' or 'mild retardation' varied more than did rates of 'severe disability'. The apparently higher rates from the ABS survey are probably related to a range of factors, including:

- the self-reporting in the survey rather than clinical diagnosis;
- the reliance in the survey on screening questions relating to disability broadly, rather than self-referral and diagnosis based on IQ or any other clinical or medical assessment;
- the difficulty in allocating people reliably in the ABS survey, as now constructed, to the 'intellectual disability' category rather than the 'other mental' category, and also the reliance on 'main disabling condition' in Table 6.1.

For similar reasons, estimates of the prevalence of 'mental health' problems may differ from the ABS survey estimates. It has been estimated, for instance, that at any one time some 3–4% of all Australians experience 'severe mental disorders' (Australian Health Ministers 1992) and estimates of milder conditions can be higher. This figure is considerably higher than the figure of 0.4% in Table 6.1. Again, the reasons for these differences could include the reliance of the ABS survey on self-reporting and the focus on ongoing disability rather than clinical diagnosis. Further, the focus in Table 6.1 on 'main disabling condition' as well as the reliance on screening questions has been identified as a source of underestimation of prevalence of psychiatric disability (Madden, Black and Wen 1995). The lack of reliable Australian data on mental health (AIHW 1994c) is being addressed by the current plans for a national mental health survey in 1996.

These comparisons illustrate the importance of examining closely the definitions, purposes, sampling and collection methods, as well as the geographic and time location of data sources, in deciding which sources provide the most suitable estimates for particular purposes. The ABS surveys, with their focus on ongoing disability and their wide range of related questions, provide the single most relevant current source of national data on the population needing disability services.

Figure 6.2 and Appendix Table A6.4 compare the prevalence of various conditions, according to whether they were reported as main conditions or among a number of disabling conditions. All conditions were reported at higher rates than indicated by their presence as a main condition, suggesting the common occurrence of multiple conditions in the population. Head injury, for instance, was frequently reported as occurring in combination with other conditions, whereas psychiatric conditions were much less likely to be.



Source: Appendix Table A6.4.

Figure 6.2: ***Comparison of prevalences of main and all disabling conditions***

Mobility was the most commonly reported area of handicap, being reported by 73.1% (1,827,500 people) of people with a handicap (Tables 6.3, A6.5). It was the most common area of handicap for people with all kinds of main disabling conditions, except for those with hearing loss, for whom communication was the most common handicap, and those with 'other musculoskeletal' conditions, for whom employment was the most common area of handicap.

Employment limitations were the next most common area of difficulty, affecting 59.9% of people reporting a handicap, followed by self care difficulties (39.6%). Communication difficulties were reported by 19.2% of those with a handicap. Schooling was the least likely area of handicap to be reported, presumably because the information on schooling limitation was only collected for people aged 5–14 years and those aged 15 years or more still attending school (Tables 6.3, A6.5).

People with psychiatric, nervous system, head or brain injury as a main disabling condition were the most likely to report associated profound or severe handicap and also the most likely to report multiple areas of handicap (Tables 6.3, A6.5). People with diseases of the ear as their main disabling condition were the least likely to report a handicap, less than half of them doing so.

Table 6.3: *People with a handicap: area of handicap and severity of handicap by main disabling condition type as a percentage of the Australian population with a handicap in each condition type, Australia 1993*[a]

		Sensory			Physical							
	Psychiatric[b]	Intellectual and 'Other mental'[c]	Diseases of the eye	Diseases of the ear	Nervous system[d]	Circulatory	Respiratory	Arthritis	Other musculo-skeletal	Head or brain injury	All other diseases & conditions	Total physical	Total
Area of handicap						%							
Self care	64.1	26.1	29.4	9.9	58.6	32.5	30.0	49.6	48.5	54.8	42.7	44.2	39.6
Mobility	81.7	62.3	76.6	40.0	78.5	85.5	73.1	83.9	77.0	81.1	70.0	77.6	73.1
Communication	48.9	17.6	23.6	62.2	25.5	12.6	8.3	13.2	8.3	20.9	14.7	13.3	19.2
Schooling	0.2	26.6	4.7	7.9	7.8	0.8	12.9	0.3	1.6	4.0	5.5	4.1	6.4
Employment	51.1	48.7	64.2	38.2	62.1	68.1	48.5	60.8	77.5	69.9	62.1	63.8	59.9
Severity of handicap													
Profound	60.8	18.2	27.0	5.3	42.3	13.7	11.0	12.8	9.4	31.7	16.2	15.9	16.8
Severe	7.4	11.7	13.9	4.6	13.8	10.5	11.0	14.0	17.0	14.9	11.0	13.0	12.0
Moderate	9.8	14.7	8.7	7.3	10.5	17.0	14.0	24.4	26.1	16.0	21.9	20.6	18.2
Mild	10.6	27.3	34.9	65.2	18.2	48.7	42.6	41.7	33.8	24.6	33.5	36.9	37.7
Not determined[e]	11.4	28.2	15.5	17.6	15.2	10.0	21.4	7.0	13.7	12.8	17.3	13.6	15.3
No handicap[f]	10.3	24.5	33.6	111.6	15.0	17.6	34.5	14.6	13.5	12.5	19.1	18.2	27.1

(a) Area of handicap percentages for each condition type do not add to 100% since a person may have a handicap or limitation in more than one area.
(b) This condition type is the same as the group entitled 'Mental psychoses' in ABS publications.
(c) This condition type is the same as the group entitled 'Other mental disorders' in ABS publications.
(d) This condition type includes people with motor neuron disease, ataxia, multiple sclerosis, quadriplegia and paraplegia. While these diagnoses may arise from a sensory impairment they are generally perceived to be a physical disability.
(e) This group comprises all children with a disability aged 0–4 years and people who had a schooling or employment limitation only.
(f) This group comprises people with a disability but not a handicap.

Source: Refer to Appendix Table A6.5.

Table 6.4 presents data on some social and economic characteristics of working age people with a disability living in households. People with a disability were less likely to be in the labour force and more likely to be recipients of government pensions or benefits than the general population. This pattern was particularly true among people with a profound or severe handicap.

Table 6.4: ***People aged 15 to 64 years living in households: nature of occupancy, living arrangement, main source of income and employment status by severity of handicap and disability status (percentage distribution) Australia 1993***

	Severity of handicap							
	Profound	Severe	Moderate	Mild	Not determined[a]	Total with a handicap	Total with a disability	Total with & without a disability
Nature of occupancy								
Owners/purchasers	44.6	57.4	64.8	63.3	57.6	60.2	61.8	60.9
Renters	27.3	30.3	26.6	25.8	29.2	27.4	26.7	24.1
Boarders	18.5	5.6	4.5	5.7	6.0	6.5	5.7	7.1
Lives here rent free	9.5	4.8	2.7	3.3	6.1	4.4	4.3	6.8
Total[b]	**100.0**	**98.0**	**98.7**	**98.1**	**98.9**	**98.5**	**98.6**	**98.8**
Living arrangement								
Lives alone	5.7	9.8	17.8	14.9	17.6	14.5	13.6	6.8
Lives with other people	94.3	90.2	82.2	85.1	82.4	85.5	86.4	93.2
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Main source of income								
Wages and salary	5.9	14.9	16.3	21.4	21.6	18.3	23.7	48.2
Own business/ partnership	2.3	3.8	6.7	7.3	5.8	6.0	7.2	11.2
Govt. pension/ cash benefit	73.7	58.4	53.4	49.2	47.9	53.0	46.0	22.9
Other regular income	3.9	8.5	10.9	10.1	8.9	9.3	11.0	5.8
Superannuation	2.1	2.5	2.8	2.6	2.0	2.4	2.3	0.8
Workers compensation	4.4	3.6	2.4	2.3	2.5	2.7	2.0	0.3
Total[c]	**92.2**	**91.7**	**92.4**	**93.0**	**88.7**	**91.8**	**92.2**	**89.4**
Employment status								
Employed	15.8	31.0	35.2	41.8	40.7	36.8	45.1	64.3
Unemployed	4.2	8.8	7.7	9.5	15.5	9.8	9.8	9.3
Not in labour force	80.1	60.1	57.1	48.7	43.8	53.5	45.1	26.4
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) This group comprises all people who had a schooling or employment limitation only.

(b) Totals are less than 100% as questions on nature of occupancy were not asked of people in 'special dwellings'.

(c) Totals are less than 100% as some people had no income source that could be identified.

Note: The database used in this analysis was the ABS Survey of Disability, Ageing and Carers 1993.

Overall, people with a disability appeared to have an equal chance of being home owners or purchasers as the general population (Table 6.4), although age may be a confounding factor here. However, people with a profound or severe handicap were much less likely to own or be buying their home, and those who had a profound handicap were more likely to be boarders than were the general population. Almost 14% of people with a disability were living alone, approximately twice the rate of the general working age population.

It is difficult to obtain reliable statistical information about disability among particular groups—such as people of non-English speaking background or of Aboriginal and Torres Strait Islander origin—because of sampling errors which arise for small estimates. Gething (1995) discusses the triple disadvantage experienced by Aboriginal or Torres Strait Islander people with a disability living in rural and remote parts of Australia, and the associated difficulties of obtaining meaningful disability data. He identifies cultural differences in the concepts as well as collection difficulties in some parts of Australia. In 1995 the Australian Bureau of Statistics released the results of a national survey of Aboriginal and Torres Strait Islander people, showing 2.8% of those aged 25–44 and 1% of those aged 15–24 reporting severe or profound handicap in 1994 (ABS 1995b). While these figures appear similar to those for the overall population, the two collections may not be strictly comparable. A study in one region of New South Wales using the ABS approach suggested rates of severe handicap among Aboriginal people were about 2.4 times higher than the total Australian population (Thomson and Snow, 1994).

Changes in prevalence of disability and handicap

Reported prevalence rates rose continuously over the 12 years of the three ABS surveys, from 13.3% to 18.0% for disability, 8.6% to 14.2% for handicap and 3.8% to 4.4% for severe handicap (Table 6.5). However, when the 1993 data are recoded using categories identical to those used in previous surveys, the rate is 16.6% for disability, and the rates for handicap and severe handicap are almost the same as those for 1988. These changes appear to demonstrate the sensitivities of the reported prevalence rates of disability to the variations in specific definitions and screening questions which were used in the surveys. The more inclusive screening questions in the 1993 survey thus appear to have contributed to reported increases in both disability and handicap, between 1988 and 1993, of 1.4 percentage points (Wen, Madden & Black 1995).

Trends in reported prevalence of disability and handicap in Australia are also affected by factors other than the changes in population age structure. Two main groups of other factors are levels of long-term morbidity and changes in perceptions of disability (Otis & Howe 1991; Mathers 1991); these issues are not explored in this report.

A comparison of age-standardised rates shows that, after removing the influence of changes in age structure, the differences between the standardised rates of **disability** among all three surveys were slightly reduced, but the general pattern of steady increase remained the same (Table 6.5). The rates for males have exceeded those for females in each of the three surveys.

Table 6.5: *Prevalence rates of disability and handicap by sex as a percentage of the Australian population of that sex, Australia 1981, 1988 and 1993*[a]

	Disability			Handicap			Severe handicap[b]		
	Males	Females	Persons	Males	Females	Persons	Males	Females	Persons
Reported rates									
1981 actual data	13.7	12.8	13.3	8.5	8.8	8.6	3.2	4.4	3.8
1988 actual data	16.0	15.2	15.6	13.0	13.0	13.0	3.4	5.3	4.3
1993 actual data	18.4	17.6	18.0	14.0	14.4	14.2	3.6	5.2	4.4
1993 data using 1988 categories[c]	17.4	15.8	16.6	12.9	12.8	12.8	3.5	5.0	4.3
Age standardised rates									
1981 data using 1993 age structure	14.5	13.8	14.1	9.0	9.6	9.3	3.5	5.0	4.2
1988 data using 1993 age structure	16.3	15.6	15.9	13.3	13.4	13.3	3.6	5.5	4.5
1993 data using 1993 age structure and 1988 categories[c]	17.4	15.8	16.6	12.9	12.8	12.8	3.5	5.0	4.3

(a) These rates are estimates derived from surveys where people report their disability status from a list of conditions.
(b) Severe handicap rates for 1993 data refer to people with profound and severe handicaps.
(c) These adjusted rates are used as the basis for comparisons since they are more comparable with 1981 and 1988 data.

Source: Wen, Madden & Black 1995:5.

The age-standardised prevalence rate of **handicap** rose markedly between 1981 and 1988 but fell slightly between 1988 and 1993 (Table 6.5). Again, the use of age standardisation diminished the extent of changes between the rates of the three surveys, but did not change the general trend. The rates of handicap in 1988 and 1993 for males and females were similar, though the rate for females was slightly higher than that for males in 1981.

In contrast, the age-standardised prevalence rates of **severe handicap** were quite stable during the 1980s and early 1990s, remaining at a level of slightly over 4% for the population overall and 2.5% for people aged 15–64 (Tables 6.5 and 6.6). The rates were consistently higher among females than those among males.[3]

3 An examination of age patterns gives further insights into the sex differentials in prevalence rates. The consistently higher overall rates of severe handicap for females compared with males were mainly attributable to the differences occurring among people aged 65 and over, where the rates for females were about 8 percentage points higher than those for males (Table 6.6). See also Chapter 5.

Table 6.6: *Prevalence rates of disability and handicap by sex and age, as a percentage of the Australian population of that sex and age, Australia 1981, 1988 and 1993*[a]

	Males				Females				Persons			
	0–14	15–64	65+	All ages	0–14	15–64	65+	All ages	0–14	15–64	65+	All ages
Reported rates						**Disability**						
1981 actual data	6.3	13.1	41.2	**13.7**	4.3	11.0	41.9	**12.8**	5.3	12.1	41.6	**13.2**
1988 actual data	7.0	14.0	52.8	**16.0**	5.1	11.8	50.8	**15.2**	6.0	12.9	51.7	**15.6**
1993 data using 1988 categories	7.5	14.9	56.1	**17.4**	5.1	12.2	50.4	**15.7**	6.3	13.6	52.8	**16.6**
Age standardised rates												
1981 data using 1993 age structure	6.2	13.2	41.9	**14.5**	4.2	11.0	42.8	**13.7**	5.2	12.1	42.4	**14.1**
1988 data using 1993 age structure	6.9	13.9	53.1	**16.3**	5.1	11.8	51.3	**15.6**	6.0	12.9	52.1	**15.9**
1993 data using 1993 age structure and 1988 categories	7.5	14.9	56.1	**17.4**	5.1	12.2	50.4	**15.7**	6.3	13.6	52.8	**16.6**
Reported rates						**Handicap**						
1981 actual data	4.5	7.5	28.5	**8.5**	2.8	6.7	33.8	**8.8**	3.7	7.1	31.6	**8.6**
1988 actual data	6.1	11.2	42.7	**13.0**	4.3	9.8	44.8	**13.0**	5.2	10.5	43.9	**13.0**
1993 data using 1988 categories	6.3	10.6	43.4	**12.9**	4.3	9.3	43.8	**12.7**	5.3	9.9	43.6	**12.8**
Age standardised rates												
1981 data using 1993 age structure	4.5	7.5	29.4	**9.0**	2.8	6.7	34.9	**9.6**	3.7	7.1	32.5	**9.3**
1988 data using 1993 age structure	6.1	11.2	43.1	**13.2**	4.2	9.9	45.3	**13.4**	5.2	10.6	44.3	**13.3**
1993 data using 1993 age structure and 1988 categories	6.3	10.6	43.4	**12.9**	4.3	9.3	43.8	**12.7**	5.3	9.9	43.6	**12.8**
Reported rates						**Severe handicap**[b]						
1981 actual data	2.0	2.3	12.3	**3.2**	1.2	2.5	20.4	**4.4**	1.6	2.4	17.0	**3.8**
1988 actual data	2.6	2.3	13.1	**3.4**	1.9	2.7	22.6	**5.3**	2.3	2.5	18.6	**4.3**
1993 data using 1988 categories	2.6	2.4	12.4	**3.5**	2.0	2.6	20.3	**5.0**	2.3	2.5	16.9	**4.2**
Age standardised rates												
1981 data using 1993 age structure	2.0	2.4	13.1	**3.5**	1.2	2.5	21.4	**5.0**	1.6	2.4	17.8	**4.2**
1988 data using 1993 age structure	2.6	2.3	13.6	**3.6**	1.9	2.7	22.8	**5.5**	2.3	2.5	18.8	**4.5**
1993 data using 1993 age structure and 1988 categories	2.6	2.4	12.4	**3.5**	2.0	2.6	20.3	**5.0**	2.3	2.5	16.9	**4.2**

(a) These rates are estimates derived from surveys where people report their disability status from a list of conditions.
(b) Severe handicap rates for 1993 data refer to people with profound and severe handicaps.

Source: Wen, Madden & Black 1995:6.

Prevalence rates of disability and handicap are higher among older people. In the two most recent surveys (1988 and 1993), more than 50% of people aged 65 and over reported a disability, over 40% reported a handicap, and approximately 17–19% reported a severe handicap (Table 6.6). For people aged 65 and over, the rates of disability were about three to four times those for people of working age (Table 6.6). The same comparison for handicap rates shows differences of over four times. The rates of severe handicap for people aged 65 and over were approximately seven times those for younger people.

Demographic decomposition techniques enable the separation of the changes in the reported overall prevalence rates into three components: changes in age structure; changes in age-specific reported prevalence rate; interactions and residuals (Wen, Madden & Black 1995). The decomposition reveals that between 1981 and 1988, changing age-specific prevalence rates contributed more than did changing age structure to the increase in the reported overall prevalence rates of disability and handicap (Appendix Table A6.6); this was also true of the longer period (1981–1993).

Comparison of the most recent surveys, 1988 to 1993, provides a striking contrast—the contribution of changing age structure increased, to account for over 40% of the total increase in **disability** rate. The **handicap** rate actually declined slightly because the decline in age-specific prevalence rates totally counter-balanced the effect of changes in the age structure of the population (Appendix Table A6.6).

Looking at the full 12-year period between 1981 and 1993 it appears that the increase in the reported overall prevalence rate of severe handicap was largely accounted for by the ageing of the population rather than by changes in age-specific prevalence rates (Appendix Table A6.6).

This finding also suggests that people's perceptions of severe handicap—as distinct from disability and less severe handicap—have been fairly constant over this time, and less likely to be subject to the possible effects of increasing awareness of disabling conditions and of changing social attitudes to people with a disability. The decomposition analysis is thus consistent with the previous finding, that age standardised rates of severe handicap have been fairly constant over the period 1981–1993.

Need for disability services

The findings that the age-standardised prevalence rates of severe handicap have remained fairly steady since 1981, and that reported prevalence of severe handicap has increased in line with the ageing of the population, have potential implications for disability service planners and providers considering the overall need for services (Wen, Madden & Black 1995).

For existing disability services which target people with support needs corresponding to ABS definitions of severe or profound handicap (people needing help with self care, mobility and verbal communication) some indication of the overall levels of service provision needed is given by survey data on currently met and unmet need, and by the future projected level and age- and sex-specific structure of the population. At this stage there is no evidence that further allowances need to be made for increases or

decreases in age-specific prevalence rates, as these appear to be relatively stable. Other clinical information or morbidity trends[4] will need to be reviewed from time to time, as well as emerging survey evidence, to review this tentative conclusion.

For those existing or proposed disability services whose target population includes people with less severe levels of handicap, the estimation of need is more complex. There is greater variability across the three surveys, and across the disability types within the surveys, for people with levels of handicap lower than severe. Moreover, other factors are relevant to the estimation of need for disability services. The need for formal services depends, for example, on trends in the provision of informal support and of aids, treatment, medication and environmental modification (Figure 6.1).

The types of disability support services needed are indicated by the types of activities in which people need support. Table 6.7 indicates the age distribution of people with a disability living in households and reporting the need for help in various types of activities. Help was most often reported to be needed with home maintenance (5.9% of people aged 5 and over), transport (4.4%) and home help (4.0%). For all types of activities, the reported need for help rose steadily with age; people aged 65 and over were much more likely to report the need for help in all types of activities than were people aged under 65.

4 Public health measures, injury prevention programs and advances in medicine can result in the reduction of incidence of impairment and disability in the population, or may result in the extension of life expectancy for people with a disability. Also relevant are trends in specific congenital abnormalities such as Down syndrome and spina bifida (Lancaster & Pedisich 1995). Other unpublished data from the National Perinatal Statistics Unit revealed that in 1991 there was a total of 195.9 congenital malformations per 10,000 male births and 154.7 per 10,000 female births.

Table 6.7: *People with a disability aged 5 or more years who need help and live in households: activities in which help needed by age, as thousands and as a percentage of the Australian population of that age, Australia 1993*

	Age group (years)								
	5–14	15–24	25–34	35–44	45–54	55–64	65+	5–64	All ages
Self-care	47.7 (1.9)	18.7 (0.7)	21.8 (0.8)	39.5 (1.5)	42.6 (2.1)	36.0 (2.5)	124.8 (6.5)	206.3 (1.4)	**331.1 (2.0)**
Mobility	43.1 (1.7)	30.6 (1.1)	39.3 (1.4)	53.6 (2.0)	58.6 (2.9)	54.9 (3.8)	214.2 (11.2)	280.1 (2.0)	**494.3 (3.1)**
Verbal communication	38.7 (1.5)	15.9 (0.6)	7.6 (0.3)	4.3 (0.2)	5.0 (0.2)	6.2 (0.4)	30.1 (1.6)	77.7 (0.5)	**107.8 (0.7)**
Health care	n.a.	18.8 (0.7)	27.5 (1.0)	31.0 (1.2)	48.8 (2.4)	53.2 (3.6)	299.4 (15.7)	179.3 (1.3)	**478.7 (3.0)**
Home help	n.a.	23.5 (0.9)	36.4 (1.3)	62.2 (2.3)	79.6 (3.9)	96.5 (6.6)	346.3 (18.2)	298.1 (2.1)	**644.4 (4.0)**
Home maintenance	n.a.	29.6 (1.1)	50.3 (1.8)	74.8 (2.8)	113.5 (5.6)	153.7 (10.5)	532.9 (27.9)	426.0 (3.0)	**958.9 (5.9)**
Meal preparation	n.a.	12.6 (0.5)	16.5 (0.6)	16.3 (0.6)	14.4 (0.7)	14.3 (1.0)	95.6 (5.0)	74.5 (0.5)	**170.4 (1.1)**
Personal affairs	n.a.	39.4 (1.4)	32.5 (1.2)	26.7 (1.0)	29.3 (1.4)	28.3 (1.9)	127.7 (6.7)	156.2 (1.1)	**283.9 (1.8)**
Transport	31.7 (1.3)	40.6 (1.5)	42.2 (1.5)	40.8 (1.5)	59.5 (2.9)	87.8 (6.0)	405.5 (21.3)	302.6 (2.1)	**708.1 (4.4)**
Total	**78.6 (3.1)**	**79.9 (2.9)**	**99.2 (3.5)**	**135.4 (5.1)**	**176.9 (8.7)**	**226.4 (15.5)**	**683.5 (35.8)**	**796.4 (5.6)**	**1,479.9 (9.2)**

Notes

1. For data at the Australian level, estimates of 1,900 or less have an relative standard error (RSE) of 50% or more. Estimates of 8,000 or less have an RSE of 25% or more. These estimates should be interpreted accordingly.
2. Figures in brackets are percentages.
3. Needs help with at least one activity. Total may be less than sum of activities since persons may need help with more than one activity.
4. n.a. = not applicable.

Source: ABS 1993b:23 (as revised by ABS)

6.3 Disability services and assistance

This section provides data on services and assistance to people with a disability. Most data relate to the 'formal service systems' element of Figure 6.1, but some data are included on aids, treatment and informal support.

The present combination of formal services has evolved both from national initiatives in vocational rehabilitation for returned service personnel and other injured people with ongoing disability, as well as from family and community efforts to provide support for people with an intellectual disability and their families. Disability services have been shaped further by the developing framework of community service models in both the government and non-government sectors (AIHW 1993:266–279). In the 1960s and 1970s further catalysts for change included the growing international interest in human rights, and specifically, in the rights of people with a disability to participate in society and to lead 'culturally valued lives' (Wolfensberger 1980).

In the years following the International Year of Disabled Persons (1981), significant initiatives in the provision of disability services were undertaken, including:

- moves in the States away from institutional models of service provision towards community-based accommodation and other services;
- in 1986, the introduction of the *Commonwealth Disability Services Act*, focusing on consumer outcomes and introducing new service models intended to be community-based and consumer driven;
- in 1991, the Disability Reform Package, introduced at Commonwealth level, with the aim of more effectively integrating people receiving the Disability Support Pension into the labour market;
- in 1991, the signing of the Commonwealth/State Disability Agreement which represented a major attempt to rationalise Commonwealth and State responsibilities for disability services, broadly giving the Commonwealth responsibility for employment services and the States for accommodation and other support services; and
- the *Disability Discrimination Act 1992* and the Commonwealth Disability Strategy (Office of Disability 1994), reflecting a concern to remove possible sources of discrimination against people with a disability and barriers to their access to mainstream services and opportunities for full participation in society; States and Territories have enacted similar legislation to protect the rights of people with a disability.

The mid-1990s are perhaps characterised by reviews and evaluations of a number of these national initiatives. A detailed evaluation of the Disability Reform Package was carried out between 1993 and 1995 (Disability Task Force 1995), and some of its findings are summarised in the discussion of income support in this section. A major evaluation of the Commonwealth–State Disability Agreement is being carried out in 1995–96, leading up to the renegotiation of disability support service arrangements among all Australian jurisdictions in 1997. The Baume review of the Disability Services Program resulted in recommendations to clarify service goals and eligibility criteria, to improve assessment methods, and to develop a new funding framework more focused on individual needs and unified service outcomes, enabling individuals to transfer

more readily between different service types (Baume & Kay 1995). The Commonwealth Government has flagged its response to these recommendations in the 1995–96 budget, setting aside $12.1 million for a restructure involving clearer definitions of the client group, independent assessment of need, and unit cost funding based on assessed need and outcomes achieved (HSH 1995c). Support for the emergence of new service styles focusing on individuals and the coordination of their care may receive high-level impetus from recent directions in health and community services proposed by the Council of Australian Governments (COAG 1995).

Service framework

There is a complex array of services available to people with a disability. The interest in new service models, more focused on overall needs or coordinated care, recognises the complexity created for individual people by what is sometimes called the 'service maze'. If individually focused funding arrangements emerge, there will be the need and opportunity to give national data also a more person-centred focus. At present this is not feasible at the national level, and the data in this section are presented along service and program lines.

Services and assistance to people with a disability are provided through disability-specific programs and also through mainstream programs. The range of formal services of relevance to people with a disability may be broadly categorised as:

- disability-specific income support;
- disability support services; and
- mainstream services, some of which may contain components targeted specifically towards people with a disability.

Table 6.8 outlines the scope of formal services in these broad categories, and also reflects that these services may be delivered or funded by non-government organisations and by the Commonwealth Government and State and Territory governments.

Income support

Nearly half of all people with a disability receive government pensions or cash benefits as their main source of income, compared with less than one-quarter of all Australians (Table 6.4). Generally, as severity of handicap increases, wages and salary and other regular income decrease in importance as a main income source, and government pensions or benefits increase in importance.

Table 6.8: *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 DHSH	Injury compensation schemes	Rate concessions	Emergency relief (non-specific)
	Concessions, fringe benefits	Concessions, fringe benefits		
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		
	Nursing homes and hostels: funding	Nursing homes and hostels—funding and provision		Nursing homes and hostels: funding and provision
	AHS: provision	Program of Aids for Disabled People		
	CRS: 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		
	Funding of child care services, including disability specific	Funding of child care services, including disability specific	Provision and co-ordination of child care services	Provision of child care services
	Funding of health services	Funding and provision of health services		
	Other, e.g. sport, library and information	Other, e.g. sport, library and information	Other, e.g. sport, library	
		Transport, including disability specific		

Note: No distinction is made between for-profit and not-for-profit sectors.

Commonwealth income-support programs

Major disability related payments made by the Commonwealth are shown in Table 6.9. The most common government pension or benefit for people with a disability under 65 years is the Disability Support Pension. Eligibility is based on a minimum level of impairment and the inability to work full-time in open employment at full award wages, or be retrained for work, within two years. Work ability tables are being trialled for assessing a person's inability to work. They attempt to measure functions essential for employment and, in conjunction with the Department of Social Security's Tables for Assessment of Impairment for the Disability Support Pension 1993, will measure the impact of impairment on ability to work.

Rent assistance is paid to 26% of Disability Support Pension recipients and 98% have a pensioner health benefit card (DSS, unpublished tables).

Table 6.9: ***Commonwealth disability-related income support payments: recipients as at June 1994, expenditure on recipient payments and total outlays, Australia, 1993–94***

	Recipients	Expenditure ($M)	Outlays ($M)	Department
Disability Support Pension	437,497	3,141.9	3,238.4	DSS
Child Disability Allowance	78,798	159.9	162.9	DSS
Mobility Allowance	approx. 21,000	26.4	26.8	DSS
Rehabilitation Allowance	198	2.5	na[a]	DSS
Sickness Allowance	47,067	426.4	484.7	DSS
Wife Pension (DSP)[b]	116,036	1,125.5	1,146.1	DSS
Carer Pension (DSP)[b]	9,450	121.3	124.3	DSS
Carer Pension (AP)[b]	7,441	n.a.[c]	n.a.[c]	DSS
Carer Pension (other)[b]	808	n.a.[c]	n.a.[c]	DSS
Domiciliary Nursing Care Benefit	37,179[d]	49.9	n.a.	DHSH
Continence Aids Assistance Program	6,000	n.a.	n.a.	DHSH
Veterans' Service Pension	352,977	2,382.3	4,024.4	DVA
Veterans' Disability Pension	156,286	1,507.3[e]	2,415.8	DVA

(a) Included under total outlays for Disability Support Pension and Wife Pension (DSP).
(b) Wives or carers of people receiving Disability Support Pension or Age Pension or any other form of payment.
(c) Included under expenditure or outlays for Carer Pension (DSP).
(d) 37,991 people with disabilities were cared for by these carers. All were aged 16 years or more.
(e) This figure includes expenditure on 85,207 War Widows'/Widowers' Pensions.

Note: n.a. = not available.

Sources: DSS 1994; DSS unpublished data; DHSH 1994; DVA 1994.

The Child Disability Allowance is paid to parents of children with disabilities in recognition of the extra costs, including carers' loss of income, required to bring up a child needing substantial additional daily care at home. A Department of Social Security study of the feasibility of developing child ability tables is under way. The tables would assess a child's level of disability and the type and amount of care and treatment required, to assist in determining eligibility for the allowance.

Carers of people with disabilities also receive payments through the Departments of Social Security and of Human Services and Health (Table 6.9). Carers receiving the Domiciliary Nursing Care Benefit provide care at home for people who would be eligible for entry to a nursing home. Of these, 7,498 were people aged 16–59 years; this involved 7,339 carers and $9.8 million of 1993–94 program expenditure (HSH 1995b).

People receiving the Veteran's Service Pension are generally 60 years or over if male, or 55 or over if female, although younger people may be in receipt if they are permanently incapacitated for work. People receiving Veterans' Disability Pension and War Widows'/Widowers' Pension included about 21% and 9% respectively who were aged under 65. An Extreme Disablement Adjustment was paid to 3,070 veteran pensioners in June 1994 (DVA 1994).

Significant changes in social security income support arrangements have occurred since the introduction of the Disability Reform Package in November 1991. The package, in introducing the Disability Support Pension, changed eligibility criteria to attempt to target payments more towards those with significant disabilities and to encourage labour market participation. It introduced a more active employment assistance, rehabilitation and training strategy, including more places and a structured approach to placement referrals through panels involving DSS, DEET and the Commonwealth Rehabilitation Service.

At the same time, Sickness Allowance replaced the former Sickness Benefit as a payment for short-term illness or disability. Current Sickness Allowance recipients have lower levels of disability than previous Sickness Benefit recipients (Disability Task Force 1995:126).

Table 6.10: *Recipients of disability-related income support payments by sex and age, Australia, June 1994*[a]

	Age group (years)								
	<16	16–19	20–29	30–39	40–49	50–59	60–64	65+	All ages
Males									
Disability Support Pension	9	5,387	23,370	37,568	53,724	96,009	89,531	3,525	309,123
Child Disability Allowance[b]	45,565	2,538	14	0	0	0	0	0	48,117
Mobility Allowance	n.o.	n.o.	n.o.	n.o.	n.o.	n.o.	n.o.	n.o.	11,916
Rehabilitation Allowance[c]	0	0	32	37	28	5	0	0	102
Sickness Allowance	n.o.	n.o.	n.o.	n.o.	n.o.	5,355	1,554	1	30,422
Carer Pension (DSP)	2	43	309	910	1,605	2,470	1,117	54	6,510
Carer Pension (other)	0	2	38	63	67	48	12	8	238
Females									
Disability Support Pension	8	3,998	15,925	21,686	34,779	49,843	542	330	127,111
Child Disability Allowance[b]	27,725	613	6	0	0	0	0	0	28,344
Mobility Allowance	n.o.	n.o.	n.o.	n.o.	n.o.	n.o.	n.o.	n.o.	8,879
Rehabilitation Allowance[c]	0	2	24	38	21	11	0	0	96
Sickness Allowance	n.o.	n.o.	n.o.	n.o.	n.o.	2,710	0	0	15,426
Wife Pension (DSP)	11	103	3,815	14,376	32,022	63,840	1,510	359	116,036
Carer Pension (DSP)	1	86	265	350	1,196	1,010	25	7	2,940
Carer Pension (other)	0	13	64	90	230	145	11	17	570
Persons									
Disability Support Pension	17	9,385	39,295	59,254	88,503	145,852	90,073	3,855	436,234
Child Disability Allowance[b]	72,136	4,299	26	0	0	0	0	0	76,461
Mobility Allowance	n.o.	n.o.	n.o.	n.o.	n.o.	n.o.	n.o.	n.o.	20,795
Rehabilitation Allowance[c]	0	2	56	75	49	16	0	0	198
Sickness Allowance[d]	7	2,405	11,584	11,358	10,874	8,065	1,554	1	45,848
Wife Pension (DSP)	11	103	3,815	14,376	32,022	63,840	1,510	359	116,036
Carer Pension (DSP)	3	129	574	1,260	2,801	3,480	1,142	61	9,450
Carer Pension (other)	0	15	102	153	297	193	23	25	808

(a) Data are as at 17 June 1994, except CDA (24 June 1994), MA (21 June 1994), SA (20 May 1994) and CAAS (1993–94).
(b) No recipients were aged 25 or more.
(c) Includes spouses.
(d) 14,519 of these allowees had been recipients for over six months, with 354 of those for over two years.

Note: n.o. = not obtained.

Source: DSS unpublished data, 1995.

Numbers of recipients of all disability-related pensions provided by DSS increased between 1992 and 1994, with the exception of the Rehabilitation Allowance (Table 6.10 *cf.* AIHW 1993: Table A6.7). Numbers of recipients of the Child Disability Allowance increased substantially from 33,858 to 76,461 over the two years. Disability Support Pension recipients increased in numbers from 378,558 to 436,234[5] (Table 6.11); increasing claim rates have not been offset by falls in the rate at which claims are granted. The growth in claims and consequently in numbers can be explained by:

- changes to Disability Support Pension eligibility criteria involving some transfers by people previously receiving Sickness Allowance, greater access by people with psychiatric and drug and alcohol conditions, fewer cancellations of Disability Support Pension due to people working over 30 hours a week relative to cancellations experienced under the previous Invalid Pension;
- the abolition of the Sheltered Employment Allowance;
- reduced use of the Rehabilitation Allowance, Widow B and Sole Parent Pensions and veterans' pensions;
- population ageing and an increase in the population of single women; and
- the level of economic activity, affecting the number of claims granted, particularly for men over 55 years (Disability Reform Package Evaluation Report, 1995:108–119).

Table 6.11: ***Recipients of disability-related income support payments as at June each year, Australia, 1987–1994***

	1987	1988	1989	1990	1991	1992	1993	1994
Disability Support Pension	**na**	**na**	**na**	**na**	na	378,558	406,572	436,234
Invalid Pension	289,050	296,913	307,795	316,713	334,234	na	na	na
Shelt. Employment Allowance	10,555	10,669	10,435	10,124	10,148	na	na	na
Rehabilitation Allowance	2,887	2,143	2,063	2,792	4,638	2,500	745	198
Sickness Allowance	na	na	na	na	na	43,640	45,226	45,848
Sickness Benefit	70,200	75,200	79,000	79,851	72,651	na	na	na
Total	**372,690**	**384,925**	**399,290**	**409,480**	**421,670**	**424,700**	**452,540**	**482,280**

Note: na = not applicable.

Source: Disability Task Force, 1995:110.

5 The figure of 78,798 Child Disability Allowance recipients (Table 6.9) compares with a figure of 102,200 people aged 0–14 years with any handicap in 1993 (Table A6.3). Similarly the figure of 437,497 Disability Support Pension recipients in 1994 under 65 years compares with an estimated 368,300 people aged 5–64 years with a profound or severe handicap. The age boundaries of these comparisons are not strictly aligned and, as noted previously, this comparison masks discrepancies in sex distributions (AIHW 1993:295).

The Disability Reform Package has been subject to a major evaluation, recently completed. Some of its major findings are outlined in Box 6.1.

Box 6.1: Key findings of the Disability Reform Package Evaluation

The Disability Reform Package initiated an increase in the earnings threshold allowed before a medical review is required, and this has stimulated increased earnings among Disability Support Pension recipients, particularly among those who were formerly Invalid Pension recipients, relative to the 3.8% of invalid pensioners who previously earned an income. Six per cent of Disability Support Pension recipients earn something—7.6% if they were formerly Invalid Pension recipients and 2.9% if they were not, as at June 1994. The level of earnings is clustered just below the threshold. Department of Social Security client surveys suggest that there has been an increase in recipients undertaking unpaid employment.

Programs provided through the Disability Reform Package have resulted in positive employment outcomes. Those who participated in programs provided by the Commonwealth Rehabilitation Service, the Department of Employment, Education and Training, or the specialist employment services funded by Human Services and Health, were more likely to be employed. Nearly half of those completing programs obtained work. However, demand for places has exceeded supply.

From November 1991 to June 1994, the Commonwealth Rehabilitation Service provided 30,399 programs for individuals of which 14,085 were completed and 7,882 not completed. Of the 7,557 people undertaking programs during 1992–93 (completed or not completed) 2,494 were employed at the end of the program and 597 were employed 18 months later. Employment outcomes included open or supported employment or undertaking a program funded by the Department of Employment, Education and Training (DEET).

For those undertaking Department of Employment Education and Training programs, employment outcomes include open or supported employment not subsidised by a departmental labour market program. For 1993, 6,905 people referred or endorsed by a Disability Reform Package panel registered as unemployed with the Commonwealth Employment Service. In that year, 43% of reform package program recipients achieved an employment outcome three months after ceasing a labour market program.

For those undertaking Human Services and Health programs, employment outcomes include open or supported employment, possibly by a program provider, at full or pro-rata rates. On 27 October 1993, 566 reform package clients were being assisted and about 46% of Disability Reform Package clients were placed in employment.

Source: Disability Task Force, 1995:2, 59, 72–6, 85, 88, 122.

The Disability Wage Supplement was introduced on 1 July 1994 and is open to people who are unable to earn award wages in the competitive work force owing to a substantial physical, intellectual or psychiatric disability. To qualify for this payment the person must be enrolled in the Supported Wages System administered by the Department of Human Services and Health. Under this program, a person with a disability is assessed to determine their working capacity in a particular job and a pro-rata wage level is set, provided the relevant award has had a clause inserted to enable the Supported Wages System to operate. The Disability Wage Supplement is paid taking the pro-rata wage into account via the associated income test. The amount paid varies with the set wage level. This new arrangement has the potential to enable increasing numbers of people with a disability to work in open employment with the agreement of unions and employers.

Other income support

Many States and Territories also provide income support to people with a disability in the form of concessions for transport (for instance taxi schemes), rates, rent rebates, subsidies for some aids or home modifications. A common 'gateway' for access to these concessions is possession of a pensioner health card from the Department of Social Security. It is often not possible to obtain data on these programs specific to people with a disability, since schemes often cover both aged and disabled pensioners.

State- and Territory-based compensation schemes operate for work- and some transport-related injury, although provisions vary. They may include insurance contributions and provide payments commensurate with previous earnings, as well as rehabilitation and safety programs.[6]

Concessions (including tax concessions), fringe benefits and subsidies provide other forms of income support and 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. Outlays of $5.4 million for postal services provided to blind people by Australia Post were reimbursed by the Department of Social Security in 1993–94 (DSS 1994).

Disability support services provided under the Commonwealth/State Disability Agreement

The Commonwealth/State Disability Agreement (CSDA) sets out the types of disability support services to be provided or funded by Australian governments, and outlines how responsibilities are shared between the Commonwealth Government and the State and Territory governments. Broadly, the Commonwealth is responsible for employment services, with the States and Territories assuming responsibility for

6 The most recent national data on occupational injury and disease and the cost of workers compensation claims are available from the National Occupational Health and Safety Commission (Worksafe Australia 1993, outlined in AIHW 1993).

accommodation and other support services; both levels of government share responsibility for funding CSDA services and retain some administrative responsibility for advocacy, information and research. CSDA services provide specialised support for people with a disability, and form a major component of this dimension of Table 6.8, which depicts the full array of services relevant to people with a disability.

Under the CSDA, governments undertook to share data on the services provided and funded under the Agreement. The Institute has been working since late 1992, with the Commonwealth, States and Territories, to develop specifications for a Minimum Data Set for these services, to facilitate the collation of national data from all jurisdictions. The data development work carried out is outlined in Box 6.2.

Box 6.2: The development of the Minimum Data Set for disability support services provided under the Commonwealth/State Disability Agreement

Following consultations to agree on a small number of items for inclusion in a draft data set, these items and associated collection materials were developed, and a first pilot test was conducted in February 1994. A full-scale pilot test of the Minimum Data Set was conducted in all States and Territories in 1994. Service types covered included accommodation, accommodation support, respite care, advocacy, recreation and information, print disability, research, independent living training, activity therapy, early childhood development, and case management. The pilot test took place in Western Australia on 30 June 1994, in Victoria and Queensland in October 1994, and in the other States and Territories on 17 August 1994. Forms were sent by State and Territory government agencies to services funded or provided by them, and these services took responsibility for providing data on services and consumers, collected on a single 'snapshot day'. Information was returned to the government agencies, who forwarded edited and collated data to the Institute for national collation.

The pilot test was designed to enable the fine tuning of data items and definitions, and of the overall system of collection, checking and national collation. It also enabled the first collation of data on disability support services, funded under the umbrella of the CSDA, by State and Territory governments, and a partial collection of data on direct services provided by State and Territory governments.

It has been decided that data collection based on the MDS is to be undertaken on an annual basis. The first collection occurred in September 1995.

More information on the data development process and additional data from the pilot test are included in a recent Institute publication (Black and Madden 1995).

Although the pilot test did not provide completely representative national data, it constitutes major progress towards that goal. Data from it are used in Tables 6.12 to 6.16 to provide a picture of CSDA services. In interpreting these data, several caveats should be kept in mind:

- There is some variation in the scope of the services which the different jurisdictions interpret as falling within the terms of the CSDA. These differences are complex, and are being actively investigated not only by the people developing the MDS data, but also during the evaluation of the CSDA itself.
- The omission from the pilot test of direct services provided by the NSW, Victorian and Queensland State governments also significantly limits interpretation of the data at this stage (some NSW direct service data were more recently made available and are included where possible). The Commonwealth did not participate in the 1994 pilot test; data consistent with the MDS, collected by the Department of Human Services and Health on employment services funded in late 1993, are included in the discussion where possible.
- Where consumer data are presented, great care must be exercised when interpreting the data. Because there was no individual consumer identifier contained in the information collected, there is no way of identifying the extent to which individual consumers appear in more than one 'service type' category on the 'snapshot' day of collection. As a result of the unknown level of duplication of individuals across service types, only data on consumers within specific service types can be treated as representing separate people.
- Care is also needed in interpreting 'service numbers', as a 'service' may be a single outlet, or a number of outlets aggregated for an organisation.

State and Territory CSDA services

Table 6.12 sets out the types of the 2,341 disability support services funded or provided in late 1994 in Australian States and Territories under the CSDA.

By far the most common service types reported in this collection were the 1,089 services in the accommodation services category, predominantly group homes (670) or private homes (68 attendant care and 137 other support in private home). The comparatively low number of group homes in Victoria and Queensland possibly reflects the large contribution of direct service provision (not included) in these States for this service type. A further 233 services provide respite care, either centre-based or home-based.

The large number of early childhood intervention services funded in NSW reflects the variation in the scope of CSDA services (the CSDA base) among the States and Territories.

Table 6.12: *Numbers of services funded under the CSDA: by service type, States and Territories 1994 and Commonwealth 1993*[a]

	NSW[b]	Vic	Qld	WA	SA	Tas	NT	ACT	Total
State and Territory services									
Attendant care	6 (0)	26	10	3	13	3	2	5	68
Other support in private home	33 (0)	15	53	22	10	2	1	1	137
Group homes	86 (237)	66	123	102	18	27	3	8	433 (670)
Nursing homes	5 (0)	1	4	1	1	3	0	0	15
Hostel	21 (5)	11	0	33	1	5	2	1	74 (79)
Other accommodation service	21 (49)	39	3	0	5	2	0	1	71 (120)
Total accommodation	**172 (291)**	**158**	**193**	**161**	**48**	**42**	**8**	**16**	**798 (1,089)**
Respite—own home/host family	17 (0)	19	24	16	2	6	0	1	85
Respite—centre cottage	7 (35)	21	18	10	6	2	0	2	66 (101)
Respite—other	15 (0)	13	12	0	2	0	5	0	47
Total respite	**39 (35)**	**53**	**54**	**26**	**10**	**8**	**5**	**3**	**198 (233)**
Print disability	2 (0)	0	3	0	1	0	0	0	6
Research and development	1 (0)	4	0	0	0	0	0	0	5
Advocacy	2 (0)	19	1	6	3	7	2	1	41
Recreation	19 (0)	53	15	13	6	5	1	3	115
Information/referral/advisory	22 (0)	33	14	2	6	2	2	2	83
Independent living training/ community access	47 (52)	169	24	14	14	23	4	8	303 (355)
Activity therapy centre	14 (27)	20	29	1	2	1	0	0	67 (94)
Early childhood intervention	46 (4)	0	0	2	1	0	1	0	50 (54)
Case management/direct funding[c]	6 (114)	15	0	20	4	0	0	0	45 (159)
Other	15 (13)	44	12	1	1	5	0	2	80 (93)
Non-MDS codes[d]	0 (0)	10	0	4	0	0	0	0	14
Total	**385 (536)**	**578**	**345**	**250**	**96**	**93**	**23**	**35**	**1,805 (2,341)**
							NT and ACT		
Commonwealth services[e]									
Competitive employment training and placement	34	30	18	16	2	3		3	106
Supported employment	43	56	17	7	12	3		7	145
Sheltered employment	194	101	56	36	50	14		6	457
Total	**271**	**187**	**91**	**59**	**64**	**20**		**16**	**708**

(a) The tables do not include services provided directly by the Queensland Government or the Victorian Government (other than Victorian direct services for people with psychiatric disability).
(b) Bracketed figures represent NSW direct services, and totals are inclusive of NSW direct services.
(c) NSW direct figure represents 'resource teams' providing a mix of case management, therapy, early intervention, etc.
(d) Some psychiatric services providing employment support or self-help were coded separately.
(e) Data on services funded by the Commonwealth were obtained from the Commonwealth Disability Service Program Service Consumer Profile Census, October 1993.

Sources: Black & Madden 1995; HSH 1994b.

A range of other support services is provided under the CSDA. Of the 355 independent living training or community access services, 169 were located in Victoria. The inclusion of psychiatric services in the Victorian data collection contributes to the large number of services in this service type. It can be anticipated that the relatively small number of 'case management' services will increase, with the growing interest in more flexible arrangements to meet individuals' needs.

Of the 2,341 services from which data were collected, 830 were provided directly by State or Territory governments, and 1,511 were provided by non-government organisations receiving funding from State or Territory governments under the CSDA umbrella (Table 6.13). The government sector was relatively more likely to provide attendant care, group homes, hostels and recreation services than the non-government sector. The relative contribution would have been even higher had the direct services for Victoria and Queensland been included. Local government in particular is proportionally more strongly represented than other levels of government in the provision of attendant care, respite care and recreation service types.

In contrast, the non-government sector is proportionally more strongly represented in the service types of: other support in private home; print disability; information and independent living training or community access. The charitable and/or religious organisations are relatively more involved in group homes and other accommodation services than are other non-government auspicing bodies.

Income of services

Table 6.13 shows the reported total service income from all sources for different service types; such sources could include government funding, fees for service, donations, investments or fundraising. The bulk of service income was received by services in the area of accommodation, followed by independent living training or community access and respite care. Total reported service income of $784.4 million is understated because of the omission of direct service data from Victoria and Queensland.[7]

Accommodation and accommodation support services have the highest ratio of total service income to annual consumer numbers (Table 6.14), with the categories of 'nursing home' and 'group home' being the highest overall. Recreation services, in contrast, had by far the lowest ratio of service income to annual consumer numbers. The relatively high overheads, for infrastructure and staffing, of the accommodation services would be contributing factors, as would the relatively high consumer turnover of the other services.

7 It is therefore also not possible to compare these data with apparently similar data published in AIHW 1993 (Tables 6.12 and 6.13). The first full collection in 1995 should enable complete national data to be collated.

Table 6.13: *Numbers of services funded under the CSDA: auspicing sector by service type, and total reported service income, States and Territories, 1994*[a]

	Government direct					Funded non-government					
Service type	Cwlth	State[b]	Local	n.s.[c]	Total govt	Charitable /religious	Other non govt	n.s.[c]	Total non govt	Total number	Total service income[d] ($'000)
Attendant care	0	9	8	0	17	21	27	3	51	68	14,945
Other support in private home	0	4	3	0	7	65	43	22	130	137	26,028
Group homes	0	36 (237)	5	59	337	147	143	43	333	670	187,027
Nursing homes	0	1	0	0	1	6	7	1	14	15	49,735
Hostels	0	4(5)	0	15	24	5	32	18	55	79	54,774
Other accommodation	0	9 (49)	0	0	58	16	46	0	62	120	202,888
Print disability	0	0	0	0	0	4	2	0	6	6	506
Respite care	0	18 (35)	14	0	67	65	75	26	166	233	44,669
Research and development	0	0	0	0	0	1	4	0	5	5	348
Advocacy	0	5	0	0	5	8	22	6	36	41	2,706
Recreation	0	14	17	0	31	29	42	13	84	115	11,159
Information referral advisory	0	5	3	0	8	28	45	2	75	83	8,193
Independent living training/ community access	2	28 (52)	6	0	88	76	177	14	267	355	86,878
Activity therapy centre	0	9 (27)	1	0	37	38	18	1	57	94	33,286
Early childhood intervention	0	0(4)	0	0	4	3	45	2	50	54	7,262
Case management/ direct funding[e]	0	4 (114)	1	1	120	9	11	19	39	159	36,782
Other	0	11 (13)	0	0	24	20	48	1	69	93	16,018
Non MDS codes[f]	0	2	0	0	2	2	6	4	12	14	1,181
Total	**2**	**159 (536)**	**58**	**75**	**830**	**543**	**793**	**175**	**1,511**	**2,341**	**784,386**

(a) The table does not include services provided directly by the Queensland Government or the Victorian Government (other than Victorian direct services for people with psychiatric disability).
(b) Bracketed figures represent NSW direct services, and totals are inclusive of NSW direct services.
(c) Western Australian data coded to 'government'/'non government'.
(d) There was some non-response to the question on service income, particularly in WA.
(e) NSW direct figure represents 'resource teams' providing a mix of case management, therapy, early intervention, etc.
(f) Some psychiatric services providing employment support or self-help were coded separately.

Note: n.s. = not stated.

Source: Black & Madden 1995.

Table 6.14: *Income ($) of services funded under the CSDA: service type by income as CSDA grants, total income and total income per consumer by auspicing sector, States and Territories, 1994*

	Government direct			Funded non-government		
	CSDA grants	Total income	$/consumer	CSDA grants	Total income	$/consumer
Attendant care	2,719,650	2,836,225	10,663	11,132,174	12,108,313	16,363
Other support in private home	1,990,962	2,327,548	23,750	17,853,190	23,700,003	3,779
Group homes	21,549,538	33,146,977	25,656	62,244,860	89,330,823	15,998
Nursing homes	22,676,655	30,875,928	99,600	11,733,377	18,859,282	10,728
Hostels	3,033,191	16,816,435	11,271	13,420,470	35,058,253	15,157
Other accommodation	53,726,961	67,084,411	23,984	27,328,376	34,764,385	6,678
Respite care	4,443,519	5,385,575	1,100	17,722,751	37,807,514	3,020
Recreation	1,621,300	2,706,584	463	5,382,999	8,452,776	508
Independent living training/community access	4,279,528	4,912,673	3,871	56,339,819	73,788,699	1,269
Activity therapy centre	788,577	1,272,097	1,090	17,717,267	28,589,209	3,060
Early childhood intervention	0	0	0	4,049,011	7,161,418	1,659
Case management/ individual funding	8,903,964	9,739,907	3,338	3,098,500	8,084,305	744
Other	3,569,134	3,543,05	1,717	11,188,380	11,417,887	13,287
Non MDS codes[(a)]	41,287	41,287	4,587	494,662	1,139,945	1,232
Sub total	129,344,266	180,689,252	7,497	259,705,836	390,262,812	2,638
Print disability, research, advocacy and information	1,393,86	1,823,299	n.a.	5,915,578	9,929,544	n.a.
Total	**130,737,652**	**182,512,551**	**n.a.**	**265,621,414**	**400,192,356**	**n.a.**

(a) Some psychiatric services providing employment support or self help were coded separately.

Notes

1. The table does not include service provided directly by the New South Wales, Queensland or Victorian governments (other than Victorian direct services for people with psychiatric disability).
2. Estimated annual consumer numbers are used for the calculation of income per consumer.
3. There was some non-response to the question on service income, particularly in WA.
4. n.a. = not available; MDS means minimum data set.

Source: Black & Madden 1995.

Service consumers: disability type, age, sex and level of support needed

Table 6.15 presents data on the primary disability type, sex and age of service recipients on the snapshot day. The data relate to the 1,805 services for whom consumer data were available (that is, excluding direct services provided by the Victorian, Queensland

and NSW governments). Overall there were 15,482 males (54% of total persons) and 12,755 females (45%) receiving services; females outnumbered males only in the 60+ age group. Intellectual disability was the most frequently reported 'primary disability type' for both sexes (63.4% for males and 63.6% for females). Overall, there was a fairly similar distribution of disability types across the sexes.

Table 6.15: *Numbers of consumers of services funded under the CSDA: sex by age by primary disability type, States and Territories, 1994*

	Age group (years)								
	0–4	5–14	15–24	25–44	45–59	60+	n.s.	Total	%
Males									
Intellectual/learning	410	1,037	2,126	4,541	1,337	335	33	9,819	63.4
Psychiatric	1	4	127	748	206	74	5	1,165	7.5
Acquired brain injury	15	49	80	314	138	66	4	666	4.3
Deaf and blind[(a)]	0	10	9	13	1	1	2	36	0.2
Vision	9	60	47	76	51	145	2	390	2.5
Hearing	41	27	18	38	22	33	1	180	1.2
Speech[(a)]	67	30	3	8	5	1	0	114	0.7
Physical	154	428	391	871	371	212	17	2,444	15.8
Neurological	55	169	89	145	88	57	1	604	3.9
Not stated	10	7	5	14	8	8	12	64	0.4
Total males	**762**	**1,821**	**2,895**	**6,768**	**2,227**	**932**	**77**	**15,482**	**100.0**
% in age group	*4.9*	*11.8*	*18.7*	*43.7*	*14.4*	*6.0*	*0.5*		
Females									
Intellectual/learning	264	767	1,581	3,941	1,187	353	27	8,120	63.6
Psychiatric	0	5	82	389	144	75	6	701	5.5
Acquired brain injury	6	37	78	125	82	53	3	384	3.0
Deaf and blind[(a)]	1	6	12	8	3	5	8	43	0.3
Vision	6	51	57	72	49	246	2	483	3.8
Hearing	33	17	24	39	30	61	7	211	1.7
Speech[(a)]	17	11	2	4	1	0	0	35	0.3
Physical	104	331	411	731	402	297	11	2,287	17.9
Neurological	36	61	86	122	78	69	1	453	3.6
Not stated	4	4	2	16	6	3	3	38	0.3
Total females	**471**	**1,290**	**2,335**	**5,447**	**1,982**	**1,162**	**68**	**12,755**	**100.0**
% in age group	*3.7*	*10.1*	*18.3*	*42.7*	*15.6*	*9.1*	*0.5*		
Sex not stated									
Total sex not stated	24	23	40	94	34	19	112	346	
Total	**1,257**	**3,134**	**5,270**	**12,309**	**4,243**	**2,113**	**257**	**28,583**	

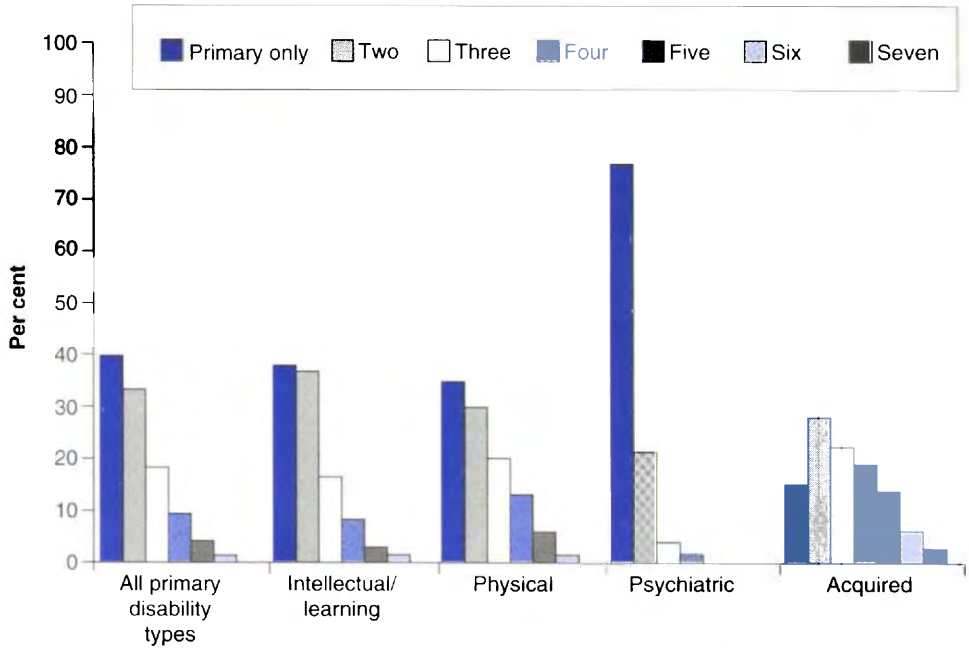
(a) Not collected as a separate category in Western Australia.

Notes

1. The table does not include service provided directly by the New South Wales, Queensland or Victorian governments (other than Victorian direct services for people with psychiatric disability). Services funded by the Commonwealth are also not included.
2. An individual may be counted more than once if more than one 'service type' was accessed on the snapshot day.
3. n.s. = not specified.

Source: Black & Madden 1995.

Figure 6.3 presents data on the average number of disability types reported for each primary disability type among service users. Psychiatric disability (4% reporting three or more disability types) and acquired brain injury (60% reporting three or more disability types) stand out as the two extremes. The presence of multiple, interacting disability types resulting from acquired brain injury was among the reasons put forward for separate recognition of this category in disability policy.



Notes

1. An individual may be counted more than once if more than one 'service type' was accessed on the snapshot day.
2. Figures exclude Western Australia as response was optional for 'other significant disability type'.

Source: Commonwealth State Disability Agreement National Minimum Data Set Pilot Survey, August 1994.

Figure 6.3: Consumers of services funded under the CSDA: number of disability types reported by selected primary disability types

The lowest recorded levels of need for help or supervision, in the areas of self care, mobility or verbal communication (Table 6.16), were for people with 'psychiatric disability' as the primary disability type, with 1,101 out of a total of 1,840 (60%) having no need for help or supervision, and only 248 (13%) having a frequent or continuous

need.[8] This was followed by people with 'hearing disability', with 114 out of a total of 375 (30%) recording no need for help or supervision and 155 (40%) having a frequent or continuous need.

Table 6.16: *Numbers of consumers of services funded under the CSDA: primary disability type by level of functional support required*[(a)]*, States and Territories, 1994*[(b)(c)]

	Functional support required					
	Not at all	Occasional	Frequent	Continual	Not stated	Total
Intellectual/learning	1,818	4,130	3,910	3,295	105	13,258
Psychiatric	1,101	449	199	49	42	1,840
Acquired brain injury	108	198	245	411	14	976
Deaf and blind	2	16	21	41	0	80
Vision	128	457	158	124	7	874
Hearing	114	98	71	84	8	375
Speech	15	56	58	23	0	152
Physical	250	600	1,086	2,634	63	4,633
Neurological	66	134	197	385	10	792
Not stated	23	9	10	7	93	142
Total	**3,625**	**6,148**	**5,955**	**7,053**	**341**	**23,122**

(a) In the areas of self-care, mobility and verbal communication only.
(b) An individual may be counted more than once if more than one 'service type' was accessed on the snapshot day.
(c) Excludes Western Australia due to high non-response for level of support.

Source: Black & Madden 1995.

In contrast, consumers with a primary disability type of 'deaf and blind' or 'physical' had the highest recorded levels of need for help or supervision in the above areas—62 out of 80 (78%) and 3,720 out of 4,633 (80%) respectively requiring either frequent or continuous help or supervision.

Commonwealth CSDA services

The Commonwealth's Disability Services Program funds two sub-programs in meeting its obligations under the CSDA—community access and participation (providing print disability, and research and development projects) and support for individuals (providing advocacy, information and a range of employment, training and

8 One of the refinements of the MDS following the pilot test will be the expansion of the notion of 'level of support' to include indicators more relevant to these disability types, relating to the need for support or assistance in self-confidence, managing emotions, social relationships, problem solving and planning, and understanding the disability.

activity services). Table 6.17 indicates the expenditure by the Department of Human Services and Health in the Disability Services Program. The largest component is CSDA expenditure, paid to the States for services transferred to the States since the commencement of the CSDA.

Table 6.17: ***Expenditure on Disability Services Program, HSH 1993–94***

Sub-program	Expenditure ($000)
Support for individuals	176,990
Community access and participation	7,214
Program management	1,720
Commonwealth/State Disability Agreement	250,316
Total	**436,240**

Source: HSH 1995b:168.

In late 1993 the Commonwealth Department of Human Services and Health funded a total of 708 employment services, of which 457 or 64.5% were 'sheltered employment' services (Table 6.12).

Table 6.18 provides some further data from the Commonwealth's Service Consumer Profile data collection of October 1993, covering employment services funded under the Disability Services Program. Males (62% of total) were slightly more predominant than in the other MDS service types, and the primary disability type of intellectual (73%) was also higher. The age profile differed, also mainly as a result of the focus on people of employment age.

Table 6.18: ***Clients of Commonwealth Disability Services Program funded employment services: primary disability type, age and sex, Australia, 1993***

Primary disability type	Intellectual	Psychiatric	Acquired brain injury	Sensory	Physical	Other	Total
	18,975 (73)	1,697 (7)	582 (2)	1,485 (6)	2,653 (10)	623 (2)	26,015 (100)

Age group	16–19	20–24	25–49	50–64	65+	Total
	2,624 (10)	5,837 (22)	15,750 (61)	1,700 (7)	104 (1)	26,015 (100)

Sex	Males	Females	Total
	16,027 (62)	9,988 (38)	26,015 (100)

Note: Figures in brackets are percentages of total.

Source: HSH 1994b:13–14.

An initiative by open employment service providers, supported by the Department of Human Services and Health, has resulted in the development of a new style of data collection for open employment services funded by the Department. Box 6.3 outlines this development.

Box 6.3: The development of the National Information Management System for open employment services

System development was initiated by service providers wishing to enhance their own information management systems, to be able to exchange data with each other and to satisfy national statistical reporting requirements. The Department of Human Services and Health supported a feasibility study, and in mid-1994 the Institute was invited to become involved with the implementation of the new National Information Management System for open employment services. After a cycle of development, testing and training, the system commenced operation on 1 January 1995, with the Institute as Data Manager, and an independent Industry Development Manager representing service providers in the ongoing use and development of the system.

The system was installed at 245 sites by the end of the first quarter of 1995. Agencies were provided with a computerised system comprising software, standardised definitions and data items relating to clients (demographic, disabilities, current job, job history), agencies (location, number of staff, staff activities), and employers (location, type of industry) (AIHW 1994b). The data items include those specified in the CSDA MDS. The system tracks service users through the service, monitoring their progression through different phases (applicant, job seeker, worker, independent worker). Data are entered into the system by the agency on a regular basis (weekly), as opposed to a point-in-time census or sample. Anonymised data are sent to the Institute on a quarterly basis and uploaded into a central data-base. When the data are collated nationally by the Institute, they can be analysed with either a cross-sectional or longitudinal perspective. Data analysis is to focus on the service goal of improving employment service outcomes, which can be examined over time, and trends analysed.

There are plans for the extension of the new system to cover all employment services—supported as well as open—funded under the Disability Services Program. It is via this data collection that HSH intends to fulfil its ongoing data collection responsibilities under the CSDA.

Data from the first quarter of this new collection are presented in Tables 6.19 and 6.20. The 187 agencies represented in the database at that time employed an average of 5.3 equivalent full-time paid staff, whose job it was to provide support to people with a disability to find and retain jobs in open employment. On average, an additional 1.9 administrative staff and 0.7 unpaid staff also worked at these agencies.

Table 6.19: *Numbers of clients of open employment services funded under the CSDA: sex by age by primary disability type, Australia, January to March quarter 1995*

	Age group (years)					
	15–24	25–29	30–44	45–59	60–64	Total
Males						
Intellectual/ learning	2,815	866	1,114	165	3	4,963
Psychiatric	205	263	649	180	3	1,300
Acquired brain injury	101	72	147	45	0	365
Deaf and blind	3	0	4	1	0	8
Vision	90	54	101	67	1	313
Hearing	146	51	96	35	1	329
Speech	11	8	8	0	0	27
Physical	385	178	410	182	11	1,166
Neurological	114	47	81	21	0	263
Other	2	2	2	0	0	6
Total	**3,872**	**1,541**	**2,612**	**696**	**19**	**8,740**
Females						
Intellectual/ learning	1,728	526	612	93	2	2,961
Psychiatric	100	114	291	91	0	596
Acquired brain injury	31	22	26	7	0	86
Deaf and blind	2	0	2	0	0	4
Vision	54	27	64	40	1	186
Hearing	108	50	50	31	0	239
Speech	7	1	5	2	0	15
Physical	251	76	206	82	1	616
Neurological	65	22	29	8	0	124
Other	2	1	1	1	0	5
Total	**2,348**	**839**	**1,286**	**355**	**4**	**4,832**

Notes

1. People with recorded ages of 65 and over were excluded from this table.
2. The database used in this analysis was the AIHW National Information Management System for open employment services, 1995.

There were 8,740 males (64.3% of the total) and 4,832 females who were clients of the 187 open employment services participating in the system between January and March 1995 (Table 6.19). More than half of all clients—56.8% of males and 61.3% of females—had an intellectual disability as their primary disability. Psychiatric disability was the next most frequent primary disability type—reported for 14.9% of males and 12.3% of females. A relatively high proportion (45.8%) of the clients were aged between 15 and 24 years. The distributions of age, sex and primary disability type for clients of open employment services were therefore somewhat different from those reported across the spectrum of CSDA services (Table 6.15). Clients of open employment services were more likely to be male and to be younger. While clients of all services were most likely to have an intellectual disability as their primary disability, open employment service clients were more likely to have a psychiatric disability as their primary disability (the above figures comparing to 7.5% of males and 5.5% of females in Table 6.15).

There was a total of 6,106 jobs held by the clients of open employment services during the period between January and March 1995. Of these jobs, 4,273 (70%) were permanent regular jobs; 2,792 (46%) involved more than 30 hours work per week; and 4,392 (72%) were being paid full award wages.

Table 6.20 shows the occupations of the people in jobs at the end of the March 1995 and the duration of their employment. Many of the jobs (1,395 or 29%) had actually started in that quarter and were of less than three months duration. Nevertheless, 1,015 or 21% had lasted for over two years. The most common occupation was labourer/worker, with sizeable numbers also working in clerical jobs, as machine operators or drivers, in sales or personal service, and as tradespersons.

Table 6.20: ***Numbers of clients of open employment services funded under the CSDA: occupation type by duration of job in months, Australia, January to March quarter 1995***

	0–3	4–6	7–12	13–18	19–24	25–36	> 36	Total
Clerks	181	1	113	53	36	54	105	543
Labourers and workers	902	64	597	304	234	230	368	2,699
Machine operators and drivers	21	495	16	5	5	8	9	559
Managers	5	4	1	2	2	1	4	19
Para professionals	17	7	8	5	5	2	3	47
Professionals	22	16	6	7	3	3	11	68
Sales and personal service staff	162	93	75	59	31	39	61	520
Trade persons	78	42	68	54	32	38	44	356
Total	**1,395 (29)**	**727 (15)**	**892 (18)**	**493 (10)**	**354 (7)**	**383 (8)**	**632 (13)**	**4,876 (100)**

Notes

1. Figures in brackets are percentages.
2. The database used in this analysis was the AIHW National Information Management System for open employment services, 1995.

Other services of relevance to people with a disability

A range of other services of a more generic nature are relevant to people with a disability (Table 6.8).

Health services may be of importance 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. The Institute's report on *Australia's Health 1994* provides data on the health status of Australians and on the health services provided nationally (AIHW 1994c).

Special measures taken in the child care field to provide assistance to families of children with a disability are described in Chapter 4, along with data on children with a disability receiving services under the Commonwealth Children's Services Program.

Accessible transport is vital to full participation in community life. In April 1995 the Australian Transport Council, comprising transport ministers from all jurisdictions, endorsed a task force report entitled *Accessible Transport—The Way Forward*, setting out strategies to make public transport fully accessible within 15–20 years. National standards under the Disability Discrimination Act have now been drafted, and are to be finalised at the end of 1995 after public consultation.

The remainder of this section provides information on more of these generic or mainstream services that may have special relevance to people with a disability—accommodation and housing; education; employment; rehabilitation; aids and appliances. Some data on informal care are also presented.

Accommodation

People with a disability may require assistance both to obtain and retain accommodation, which is of special importance in the present era of de-institutionalisation for people with intellectual and psychiatric disability. While specialist disability programs remain of importance in providing housing and accommodation as well as accommodation support services, there is an increasing expectation from people with a disability that mainstream housing and accommodation programs will be able to be adapted to their needs.

Housing and accommodation

People with a disability live in the same range of housing and accommodation as do other Australians, as well as in some specific locations, notably institutions catering for the needs of people who may have severe or profound handicaps. They have similar 'household' occupancy to that of other Australians. About three-fifths own or are buying their homes, one-quarter rent, less than one-tenth board, and less than one-tenth live rent free in a home occupied by others (Table 6.4).

Providers of housing and accommodation for people with a disability are more varied than for other Australians. Accommodation may be provided by either government or non-government sources and funding may be jointly provided by government and non-government sources, for instance, through housing cooperatives. It can also be privately self-funded, for instance by individuals obtaining a mortgage for their own home; it may be funded privately for profit, for instance boarding houses; or it may be funded by not-for-profit organisations, including some specialised institutions. Government providers are usually States and Territories rather than the Commonwealth or local governments.

National data from mainstream services provided by housing authorities, under the Commonwealth–State Housing Agreement are unexpectedly sparse considering the size of the program and an emphasis on catering for special-needs groups. Some data are collected on modifications made to housing stock to accommodate people with disabilities, notably with mobility handicaps. Home modifications have been made by about 240,000 people with handicaps; about 46% of these people are aged under 65 years and 55% have profound or severe handicaps (ABS 1993 Disability, Ageing and Carers Survey, unpublished data).

There are few data collected about people with disabilities living in public housing tenancies. ABS data indicate that people with a handicap aged 15–64 years, who were on waiting lists for State or Territory government housing, numbered 17,160, of whom 5,015 had a profound or severe handicap (ABS Disability, Aging & Carers Survey 1993 unpublished data; these data are subject to a high relative standard error).

The national collection relating to children under care and protection orders reveals that in 1993–94, 61 children under orders were living in 'institutions for the handicapped' (Angus & Golley 1995). The collection is unable to identify children with a disability living in other forms of foster care accommodation.

Accommodation support

Formal accommodation support services may or may not be linked with the housing or accommodation in which they are delivered. These services encompass a broad range of types, including home help, domiciliary nursing care, home maintenance, aids and appliances, rates concessions, meal preparation, attendant care, carer support, respite care and independent living training. (Support services provided under the CSDA are outlined earlier in this section.)

Recent policy trends generally prefer the providers of accommodation to be separate from support service providers, for individuals living 'in the community'. Most State and Territory governments have recognised a need to separate service provision and funding so that housing authorities are responsible for 'bricks and mortar' and tenancy arrangements, and disability services authorities are responsible for 'support services'—and a need to enhance linkages between them and ensure adequacy. Some States are developing accommodation packages that emphasise greater choice and flexibility in addressing individual needs. The trend towards de-institutionalisation, notably of people with psychiatric and intellectual disabilities, has resulted in some concern regarding the quantity and quality of accommodation support services (Sach & Associates 1991; AHRC, unpublished). Data sources at national level are patchy for most of these service types.

The Home and Community Care program (HACC) is a major source of support services to people with a disability to enable them to remain in their own home. Approximately 20% of HACC service recipients are aged under 65 years. Younger people with a disability use the full range of HACC services, including home help, respite care, transport and health care services (AIHW 1993:313–314). Home respite care is also provided under HACC, and covered 13,942 clients in 1993 (Chapter 5). ABS data indicate that about 23,000 people with a profound or severe handicap used respite care services within the three months prior to the 1993 Disability, Ageing and Carers Survey. About 68% of these people were under 65 years and about 37% were using in-home respite care. The HACC program is described in greater detail in Chapter 5 on aged care.

Education

Access to education is a vital concern for people with a disability and their families. School education, vocational education and programs enabling people to explore and prepare for post-school options—all are of importance to improving educational and employment outcomes for people with a disability. The accessibility of, and outcomes from, the educational system are affected by the nature and flexibility of programs offered, the supports available and the accessibility of physical learning environments.

Box 6.4 gives some details of education programs provided by the Department of Employment, Education and Training (DEET) for people with disabilities.

Box 6.4: Disability specific components of DEET education programs

School	*1993 expenditure $77.9m. The Special Education element was composed of:* • *$26.3m to government schools and $23.8m to non-government schools for specialised teaching, teacher aids, equipment, therapy and minor capital works;* • *$3.9m to assist non-government schools in the provision of capital facilities integral to programs for students with a disability; and $16.7m 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;* • *recurrent funding of $7.2m provided to schools and school systems for students with a disability assessed as meeting the requirements for enrolment in special education programs.*
Vocational education and training	*1993–94 expenditure on the Disabled Apprentice Wage Subsidy was $2.8m.* *Other services provided to increase access to vocational education and training for people with disabilities include: counselling (both pre-course and ongoing); tutorial and other support for students in mainstream courses; and examination of modifications required.*
Higher education	*No disability specific components. However, the Open Learning Initiative, funded in the 1992–93 budget, had the aim of increasing access to higher learning and some people with a disability may have benefited from this.*
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 benefits from the Assistance for Isolated Children Scheme.*

Source: DEET 1994

School

There is an ongoing debate both in Australia and overseas about the most appropriate educational settings and programs for students with disabilities. Integration of students with a disability into the mainstream school system is now common policy in most States. Separate schools and classrooms, however, remain an option used by a large number of students, especially where mainstream schools do not have appropriate programs or are inaccessible. In recognition of this, most States and Territories provide, for students with disabilities, options such as special schools, special classes or units attached to primary and secondary schools (de Lemos 1994).

Some States do not collect information on the number of school enrolments of students with disabilities, though data on full-time equivalent students is given in Table 6.21. Differences also exist between States in the definition of disability and the criteria for access to specific services. These factors make it difficult to collect consistent data on a national level.

Table 6.21: ***Numbers of students with disabilities: sector and type of school by State or Territory, Australia 1994*** [a]

	Government		Non-government			
	Primary	Secondary	Regular primary	Regular secondary	Special	Total
New South Wales	11,768.0	6,967.0	2,276.6	1,415.2	828.8	23,255.6
Victoria	5,162.1	4,600.6	1,287.4	592.0	453.5	12,095.6
Queensland	7,732.0	3,771.4	997.9	474.9	102.6	13,078.8
Western Australia	3,458.0	1,380.0	730.2	281.0	92.5	5,941.7
South Australia	n.a.[b]	n.a.[b]	585.1	345.9	154.2	1,085.2
Tasmania	1,562.1	753.3	81.8	71.0	0[c]	2,468.2
Australian Capital Territory	928.0	534.0	108.9	64.1	0[c]	1,635.0
Northern Territory	1,499.0	390.0	194.0	55.0	0[c]	2,138.0
Total	**32,109.2**	**18,396.3**	**6,261.9**	**3,299.1**	**1,631.6**	**61,698.1**

(a) Figures are full-time equivalents and hence enrolled student numbers are higher.
(b) Not finalised as at 20 June 1995.
(c) No non-government special school in this State/Territory.

Source: DEET: Unpublished data from the 1994 Non-government Schools Census and from annual returns provided by State/Territory governments.

In 1994, enrolments of school students with disabilities in Australia totalled 61,698, not including South Australian government school students (Table 6.21). The government sector enrolled 81.9% of students with disabilities. Primary school enrolments were 62.2%. Data on special school and special class or unit enrolments were not available.

Data collected for 1992 (de Lemos 1994) indicate that, among enrolments of students with disabilities, 26.3% were in special schools, 23.1% were in special classes or units; and 50.6% were in regular classes.

These students have disabilities to an extent that entitles them to special services. Students with disabilities make up 2.0% of the total student population—2.3% of students enrolled in government schools and 1.1% of students enrolled in non-government schools (de Lemos 1994). Enrolments of students with a disability are much lower than the 211,200 children aged 5–14 who have a disability (Table A6.1), indicating the degree of targeting of children needing special services, or an under-identification of students with a disability, or both. Intellectual disability was by far the most common form of disability recorded, followed by physical disabilities and hearing impairment. Sixty-one per cent of students recorded as having a disability were male.

Technical and further education

A number of strategies and plans exist within the State vocational education systems to identify the needs of students with a disability and provide appropriate support. There is no national system for monitoring these plans or reporting on the outcomes. Vocational education for people with a disability has further challenges to address, with entry to jobs to be based on certain 'core competencies' under the Australian Vocational Training System.

Table 6.22 provides some national data on one sector of activity, showing that 693 trainees and apprentices, or about 0.5% of all trainees and apprentices, had a disability. For individuals who indicated that they had a disability, the following disability types were given: 16.4% had a visual/sight/seeing disability, 9.8% a hearing disability, 3.8% a physical disability, 20.5% an intellectual disability, and 49.5% an unspecified or other type of disability. The large proportion of 'not specified' data suggest caution with the use of this table.

Table 6.22: ***Trainees and apprentices undertaking employment based training: disability status*** [a] ***by State/Territory, Australia, 1995***

	With a disability		Without a disability		Not specified		
	Males	Females	Males	Females	Males	Females	Total
New South Wales	128	49	n.a.[c]	n.a.[c]	34,984	7,144	42,305
Victoria[b]	n.a.	n.a.	n.a.	n.a.	26,780	4,435	31,215
Queensland	234	54	n.a.[c]	n.a.[c]	21,077	4,306	25,671
Western Australia	55	9	n.a.[c]	n.a.[c]	11,271	2,225	13,560
South Australia	109	20	3,734	822	3,624	1,012	9,321
Tasmania	23	4	n.a.[c]	n.a.[c]	2,962	811	3,800
Australian Captial Territory	3	0	n.a.[c]	n.a.[c]	1,571	471	2,045
Northern Territory	1	4	n.a.[c]	n.a.[c]	1,005	257	1,267
Total	**553**	**140**	**3,734**	**822**	**103,274**	**20,661**	**129,184**

(a) As indicated on a Training Agreement form lodged with State training authorities under a contract of training at 31 March 1995.
(b) Victoria did not provide information on persons with disabilities.
(c) In these cases a question on disability was either not asked or not answered.

Note: n.a. = not available.

Source: National Centre for Vocational Education Research Limited, unpublished data.

University education

Most universities ask students questions about, at least, their physical disabilities, in order to plan support services. However, there is no standardisation of questions on enrolment forms across institutions and some institutions ask questions in other surveys. Nationally, the data collections available are incomplete and underestimate the numbers of people with a disability commencing or attending higher education institutions (Martin 1994). Clearly there is a need to identify students with disabilities at enrolment, since the support services or special academic dispensations have associated resource implications for institutions.

In 1995, DEET considered how to define a student with a disability for the purposes of its national Student Statistical Collection. The recommended definition is that a person responds positively to the following questions:

- Do you have a disability, impairment or long-term medical condition which may affect your studies?
- Would you like to receive advice on support services, equipment and facilities which may assist you?

Areas of impairment to be identified are: hearing, learning, mobility, vision, medical, or other impairment.

Limited data from two institutions only indicate that about 1.6% of their students would respond positively to these questions (Martin 1994).

Some of the barriers to participation in higher education for students with disabilities are discussed in 'A fair chance for all' (DEET 1990).

Transition and post-school options programs

Transition and post-school options programs have been introduced in many States over the last decade. They are processes specifically, and often individually, planned to enhance educational outcomes, post-school adjustment into community independence through work experience, vocational training, employment, community living skills, developing social support options or establishing residential options. Traditionally, the emphasis has been on vocational training and this continues as a significant component of these programs, involving vocationally oriented courses, apprenticeships and job coaching services. There is recognition of the need to coordinate involvement of individuals concerned with various aspects of the life of a person with a disability undergoing transition adjustment. Programs may commence shortly after entry to secondary schooling.

Service models for these programs are still developing and, although there is a recognition of the need to maintain service provision data, client- and outcome-oriented data for them, data at a national level are not available.

Employment services

Employment services embrace both support services and mainstream services, in terms of the framework of Table 6.8. Support services are funded by the Commonwealth Government under the CSDA, and have been discussed earlier in this chapter. Mainstream employment services also provide generic and targeted services of relevance to people with a disability.

The Commonwealth Department of Employment, Education and Training (DEET) administers an active labour market program, 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 HSH, and those who have self-identified with no formal assessment.

The labour market program can be divided into three broad categories:

1. 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.
2. A range of programs to assist 'job ready' job seekers in securing employment: JOB-START, Job Clubs, Mobility Assistance, and Self-Employment Assistance.
3. Programs such as National Skill Shortage, and the Office of Labour Market Adjustment industry and regional packages which seek to address the demand for skills in particular industries.

People with a disability, the long-term unemployed (registered unemployed for 12 months or more), 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 to programs such as JOBTRAIN, JOBSTART, SkillShare, Jobclubs, and Special Intervention. Individual case management is also provided to people in these 'key' groups.

People receiving a Disability Support Pension can access two programs specifically developed for them—Post Placement Support for People with a Disability, and Work Experience for People with a Disability.

Apart from Post Placement Support for People with a Disability, Work Experience for People with a Disability and the Disabled Apprentice Wage Scheme, which are accessible only by people with a disability, it is Contracted Placement, JOBTRAIN and Special Intervention which have a higher than average proportion of people with a disability (Table 6.23).

Expenditure on DEET's employment program totalled $1,817.0 million in 1993–94 (DEET 1994). During 1993–94 a total of 528,660 people commenced the DEET labour market programs, of whom 14.0% had a disability. This represents a large increase from the 280,222 people starting DEET labour market programs in 1991–92, but a fall in the proportion with a disability—16.7% in 1991–92 (AIHW 1993:319).

Since the commencement of the Disability Reform Package 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 Disability Reform Package referrals.

For all programs there are increasing proportions of people with a disability with increasing ages between 15 and 59 years. There is also a higher proportion of males than females with a disability among service users of all ages. These tendencies reflect the distribution of disability in the population by age and sex (see Section 6.2). 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 1994).

Table 6.23: *Clients commencing DEET labour market programs: program type by sex and age for people with a disability as a percentage of all clients, Australia 1993–94*[a]

	Age group (years)						Age group (years)						Age group (years)					
	15–29	30–44	45–59	60–64	Total	Total[b] number	15–29	30–44	45–59	60–64	Total	Total[b] number	15–29	30–44	45–59	60–64	Total	Total[b] number
	Males						Females						Persons					
Job clubs	12.4	18.6	21.1	21.2	16.1	24,086	9.5	13.0	19.4	0	11.6	18,780	11.0	16.5	20.5	20.5	14.1	42,866
Mobility assistance	11.5	15.6	21.2	23.1	14.3	6,408	7.8	10.6	18.3	0	9.2	1,859	10.4	14.9	20.8	23.1	13.1	8,267
JOBTRAIN	14.7	22.9	26.4	20.9	19.4	40,759	11.4	13.8	23.2	0	13.6	32,739	13.1	19.0	25.1	20.5	16.8	73,498
Special intervention	16.7	18.7	24.3	15.0	18.9	27,898	12.1	9.8	20.5	6.7	12.4	19,013	14.7	15.1	22.9	14.5	16.3	46,911
JOBSTART	13.0	18.7	22.6	22.2	15.6	101,270	9.8	13.1	22.2	0	11.5	45,065	11.9	17.2	22.5	22.0	14.3	146,335
Post placement support	35.1	32.1	33.3	0	33.8	68	7.1	28.6	50.0	0	20.0	25	27.5	31.4	42.9	0	30.1	93
Contracted placement	13.7	18.7	21.4	36.4	17.0	4,593	13.9	20.8	20.4	0	16.6	1,524	13.8	19.0	21.2	36.4	16.9	6,117
SkillShare	11.9	16.2	17.3	13.4	14.4	73,078	8.7	10.1	13.9	7.6	10.0	74,527	10.2	13.1	15.7	12.9	12.2	147,605
NEIS	1.1	1.0	1.0	0	1.0	3,683	0.4	0.6	2.0	0	0.7	1,204	0.9	0.9	1.2	0	0.9	4,887
Jobskills	10.9	17.3	20.5	28.6	14.2	5,726	8.9	13.4	19.3	0	11.5	4,963	9.9	15.7	19.9	28.6	13.0	10,689
Training for Aboriginals	6.0	12.7	14.4	16.7	7.8	5,521	4.7	7.7	17.5	0	5.8	2,687	5.5	11.1	15.6	15.4	7.2	8,208
OLMA	5.2	7.4	14.3	10.2	9.4	2,768	2.4	6.3	11.0	0	7.8	5,809	3.4	6.7	11.8	8.2	8.3	8,577
DRP Post Placement Support	100.0	100.0	100.0	100.0	100.0	109	96.4	100.0	100.0	0	98.1	54	99.0	100.0	100.0	100.0	99.4	163
DRP Work Experience	99.0	100.0	99.1	100.0	99.4	1,433	98.5	98.9	100.0	100.0	98.8	647	98.9	99.7	99.4	100.0	99.2	2,080
Accredited Training for Youth	9.4	0	0	0	9.4	6,066	8.1	0	0	0	8.1	6,011	8.8	0	0	0	8.8	12,077
Community activity	–	–	–	–	–	2	100.0	33.3	–	–	40.0	5	50.0	33.3	–	–	28.6	7
Total	13.0	18.4	21.2	17.1	15.9	310,762	9.8	11.5	17.5	6.2	11.3	217,898	11.6	15.6	19.7	16.4	14.0	528,660

(a) Other than for DRP referrals, clients are coded as a person with a disability purely on the basis of self-identification.
(b) Figures are for all clients with and without a disability.

Note: – = value too low for reliable calculation.

Source: DEET Program and Administrative Statistical System, unpublished data.

For the 12 months ended February 1994 positive outcomes across the employment access components averaged 49.2%, with people with a disability averaging 43.2%. Positive outcomes are non-DEET education, training or employment 3 months after participation. JOBSTART (which has an employer subsidy) had the highest positive outcomes, 59.3% generally and 69.5% for people with a disability (DEET 1994).

Rehabilitation: Commonwealth Rehabilitation Service

The Commonwealth Rehabilitation Service provides direct vocational and social rehabilitation services through a national network of 162 locations.

To be eligible, a person must be aged between 14 and 64 years; be an Australian citizen or have unrestricted residency rights; have a physical, sensory, intellectual or psychiatric disability; prove the disability would significantly impact on their job prospects and/or capacity to live an independent life in the community; and prove rehabilitation assistance would be of benefit.

Particular emphasis is placed on individuals eligible for Commonwealth income support. Programs are also directed to people injured as a result of motor vehicle or workplace accidents. The Commonwealth Rehabilitation Service assisted 18,466 people in 1994, of whom 12,217 (66.1%) were male. The emphasis on injury is revealed in the distribution of primary disability type for clients (Table 6.24), with physical disability predominant (51.0%), compared to the distribution of CSDA-funded service recipients (Table 6.15) with intellectual disability predominant (63.2%).

Table 6.24: ***Clients ending programs with the Commonwealth Rehabilitation Service: primary disability type, Australia, 1994***

Intellectual	Psychiatric	Acquired brain injury	Sensory	Physical	Neurological	Total
1,156 (6.3)	3,553 (19.2)	1,637 (8.9)	1,290 (7.0)	9,423 (51.0)	1,407 (7.6)	**18,466 (100.0)**

Note: Figures in brackets are percentages.

Source: HSH 1995a: attachment D.

There are, however, eleven specialist psychiatric teams who assisted 1,435 clients in 1993–94, 79% of whom obtained a vocational outcome (HSH 1994a).

The Commonwealth Rehabilitation Service represents only a small proportion of national effort on rehabilitation; spinal units, hospitals, private providers and injury compensation authorities are also important providers of rehabilitation services.

Aids and appliances

Provision of appropriate equipment assists people with a disability to participate in the community and employment. Providing aids and appliances is an important way to overcome or ameliorate handicap.

The Commonwealth Disability Strategy identifies State governments as responsible for support for the provision of aids and appliances (Office of Disability 1994:39). State governments deliver assistance under a wide variety of different program and administrative arrangements. Equipment may be made available for purchase, hire or loan, or subsidies may be provided for the purchase of certain aids and appliances. The most significant State equipment programs have developed from the Program of Aids for Disabled People, administered by the Commonwealth prior to 1987.

There are also a number of current Commonwealth programs which provide aids and appliances. As part of their broader program responsibility, the Department of Veterans' Affairs helps returned service personnel and their families to obtain aids and appliances. In 1993–94, $8.1 million was expended through Repatriation Artificial Limb and Appliance Centres (excluding Queensland and SA), and a further $5.2 million expended on payments to commercial limb manufacturers. The Commonwealth Rehabilitation Service provides equipment to their clients as needed as part of an integrated rehabilitation program. In 1994, the Service assisted 1,486 clients. The Australian Hearing Services fitted 139,800 people with a hearing aid in 1993–94. In 1993–94, the Continence Aids Assistance Scheme assisted 6,496 people with a permanent continence condition as a result of a permanent disability. People with a disability in some States may receive some limited assistance with aids and appliances through agencies funded under the Home and Community Care Program.

Some national estimates of use of aids and appliances are available from the 1993 ABS Survey of Disability, Ageing and Carers. These data indicated that, for people with a disability aged between 5 and 64 and living in households, about 21% used one or more aids (Table 6.25). Use was more common for people with a handicap, with nearly 395,000, or over 27%, using aids.

Table 6.25: ***People aged 5–64 years who live in households: use of aids and receipt of financial assistance by age and disability status ('000) and as a percentage of people of that age and disability status, Australia 1993***

	Age group (years)				
	5–14	15–24	25–44	45–64	Total
People with a handicap	**165.6**	**141.3**	**433.6**	**699.8**	**1,440.3**
Using aids	35.0	29.2	120.1	210.3	394.6
(Percentage using aids)	(21.1)	(20.7)	(28.0)	(30.1)	(27.4)
Using aids and receiving financial assistance	11.8	10.4	33.6	63.3	119.1
(Percentage[(a)])	(33.7)	(35.6)	(28.0)	(30.1)	(30.2)
Using aids and receiving no financial assistance	23.2	18.8	86.5	146.9	275.5
People with a disability	**209.5**	**202.0**	**635.5**	**901.9**	**1,948.9**
Using aids	39.1	32.3	122.3	211.4	405.1
(Percentage using aids)	(18.7)	(16.0)	(19.2)	(23.4)	(20.8)
Using aids and receiving financial assistance	11.8	10.8	34.1	63.9	120.5
(Percentage[(a)])	(30.2)	(33.4)	(27.9)	(30.2)	(29.7)
Using aids and receiving no financial assistance	27.3	21.5	88.2	147.6	284.6

(a) The percentage of those using aids who receive financial assistance.

Notes

1. Figures in brackets are percentages.
2. The database used in this analysis was the ABS Survey of Disability, Ageing and Carers 1993.

Approximately 30% of people with a handicap or a disability who used aids reported that they received some financial assistance to obtain their aids (Table 6.25). The most commonly used aids were mobility, communication or self-care equipment (Table 6.26).

Although it is not currently possible to compile national data on program expenditure and client numbers, this data gap may be addressed in future negotiations between the Commonwealth and the States. The Commonwealth Disability Strategy has recommended 'developing a national strategy to deliver affordable, accessible and technologically advanced aids and appliances for people with a disability' (Office of Disability 1994:39).

Table 6.26: *People aged 5–64 years with a handicap: use of aids and type of aids used by severity of handicap ('000), Australia, 1993*

	Profound	Severe	Moderate	Mild	n.d.	Total
Self-care	43.9	36.2	25.9	26.1		132.1
Mobility	50.8	42.1	40.7	57.0		190.7
Communication	22.2	21.3	16.5	74.7	1.6	136.6
Medical care	4.8	6.2	5.1	8.6	2.8	34.8
Car modifications	2.5	1.9	1.7	2.2	0.5	9.5
Other aids and appliances	3.4	6.0	5.4	7.2	1.2	25.6
People using one or more aids	**76.7**	**85.8**	**74.4**	**159.8**	**6.1**	**402.8**
People not using an aid	80.5	125.2	182.9	394.6	276.4	1,059.6
People with a handicap	**157.3**	**211.0**	**257.3**	**554.4**	**282.5**	**1,462.5**

Notes

1. n.d. means not determined and comprises people with a schooling or employment limitation only and people whose only limitation was 'does not use the toilet'.
2. The database used in this analysis was the ABS Survey of Disability, Ageing and Carers 1993.

Informal care

People with a disability receive significant assistance from family and friends, in the activities outlined in Table 6.7. Informal care complements and helps shape the formal sector; changes in family structure and the roles of different family members have significant effects on the structure of formal services.

Of the estimated 2,500,200 people of all ages who had a handicap at the time of the ABS 1993 survey, 2,357,200, or 94.3%, lived in households (ABS 1995a). Of the people reporting a handicap and living in households, 1,334,100, or 56.6%, received some kind of assistance. Of those receiving assistance, 60.2% relied solely on informal assistance; 8.1% relied solely on formal services; and 31.7% received both (ABS 1995a:9).

In other words, a total of 91.9% of people living in a household, reporting handicap and receiving assistance, received some assistance on an informal basis from family and friends; 39.8% of this group received formal services. Much of the informal care is actually provided by family members—91.7% of these people receiving assistance from a family member with 18.7% receiving help from a friend (ABS 1995a:9)—and this pattern holding for all types of activities in which assistance was given. From these figures it would appear that most people receiving help from friends are receiving it in addition to help from family members.

The importance of informal assistance is vividly illustrated in Table 6.27. Even people with a severe or profound handicap living in households relied predominantly on family and friends for assistance. Of those with a profound handicap, 77.8% received informal assistance from people usually living with them, and 31.2% received informal assistance from people not usually resident in that household.

Table 6.27: *People with a profound, severe or moderate handicap who need help who live in households: source of support by severity of handicap, Australia 1993*

	Profound	Severe	Moderate	Total
		'000s		
Informal help from person:				
usually resident in household	230.8	222.1	163.4	616.3
not usually resident in household	92.5	79.3	75.0	246.8
Formal help from:				
Home help	31.9	12.8	16.2	60.9
Home nursing	20.5	13.1	2.1	35.7
Private/commercial service	41.2	38.7	46.5	126.4
Meals on wheels	5.0	0.0	2.2	8.7
Voluntary community assistance	3.9	2.9	2.8	9.6
Chiropodist/podiatrist	24.9	20.1	36.2	81.2
Other	13.9	13.2	9.9	37.0
People receiving help	**294.2**	**287.8**	**262.1**	**844.8**
People receiving no help	2.1	13.2	37.1	51.7
People needing help	**296.3**	**301.0**	**299.2**	**896.5**
	Per cent distribution by source of support			
Informal help from person:				
usually resident in household	77.9	73.8	54.6	68.7
not usually resident in household	31.2	26.3	25.1	27.5
Formal help from:				
Home help	10.8	4.3	5.4	6.8
Home nursing	6.9	4.4	0.7	4.0
Private/commercial service	13.9	12.9	15.5	14.1
Meals on wheels	1.7	0.0	0.7	1.0
Voluntary community assistance	1.3	1.0	0.9	1.1
Chiropodist/podiatrist	8.4	6.7	12.1	9.1
Other	4.7	4.4	3.3	4.1
People receiving help[a]	**99.3**	**95.6**	**87.6**	**94.2**
People receiving no help	0.7	4.4	12.4	5.8
People needing help	**100.0**	**100.0**	**100.0**	**100.0**

(continued)

Table 6.27 (continued): *People with a profound, severe or moderate handicap who need help who live in households: source of support by severity of handicap, Australia 1993*

	Per cent distribution by severity of handicap			
Informal help from person:				
usually resident in household	37.4	36.0	26.5	100.0
not usually resident in household	37.5	32.1	30.4	100.0
Formal help from:				
Home help	52.4	21.0	26.6	100.0
Home nursing	57.4	36.7	5.9	100.0
Private/commercial service	32.6	30.6	36.8	100.0
Meals on wheels	57.5	0.0	25.3	100.0
Voluntary community assistance	40.6	30.2	29.2	100.0
Chiropodist/podiatrist	30.7	24.8	44.6	100.0
Other	37.6	35.7	26.8	100.0
People receiving help	**34.8**	**34.1**	**31.0**	**100.0**
People receiving no help	4.1	25.5	71.8	100.0
People needing help	**33.1**	**33.6**	**33.4**	**100.0**

(a) Many people require support in more than one area so the total is less than the sum of its components.

Note: The database used in this analysis was the ABS Survey of Disability, Ageing and Carers 1993.

Table 6.28 also illustrates the relative importance of informal care, and also the types of activities which carers provide assistance with. For 81.9% of people with profound or severe handicap reporting the need for help, the main provider of assistance with self care activities was an informal carer usually resident in the same household. Home maintenance was the activity most likely to require formal assistance as the main source, but only 14% of people needing help with this activity received formal assistance. Perhaps most striking, however, is the number of people with profound or severe handicap who received no help with activities for which they needed help. This issue will be discussed further in Section 6.4.

The caring role affects the lives of the people involved. Carers interviewed in the course of the ABS 1993 survey reported lower levels of labour force participation and income than the general population. They experienced frequent sleep interruptions, and social effects such as losing touch with friends, strain on family relationships, and on their ability to go out during the day (ABS 1995a).

Table 6.28: *People aged 5–64 years with a profound or severe handicap who need help and who live in households: activity type in which help needed by type of main provider, as thousands and as a percentage of people needing each activity type by type of main provider, Australia 1993*

	Informal: usual resident	Informal: usual non-resident	Formal provider	No provider for this activity[a]	Total
			'000s		
Self-care	169.1	9.2	13.8	14.3	206.3
Mobility	215.1	29.1	11.7	24.3	280.2
Verbal communication	44.3	1.1	6.7	6.9	59.0
Health care	81.2	4.7	18.1	3.1	107.1
Home help	112.9	6.4	12.5	17.5	149.2
Home maintenance	125.8	18.9	24.9	8.2	177.7
Meals	45.9	0.6	4.5	6.8	57.8
Personal affairs	66.5	7.5	7.5	2.4	83.9
Transport	111.8	19.1	17.2	15.0	163.2
			Per cent		
Self-care	81.9	4.5	6.7	6.9	100.0
Mobility	76.8	10.4	4.2	8.7	100.0
Verbal communication	75.1	1.9	11.3	11.7	100.0
Health care	75.8	4.4	16.9	2.9	100.0
Home help	75.6	4.3	8.4	11.7	100.0
Home maintenance	70.8	10.6	14.0	4.6	100.0
Meals	79.4	1.1	7.7	11.8	100.0
Personal affairs	79.2	9.0	9.0	2.8	100.0
Transport	68.5	11.7	10.6	9.2	100.0

(a) Some of the numbers in this column are larger than the figure in Table 6.27, of 15,300 people receiving no help with any activity. It is possible for a person to have no help with mobility, for instance, but to receive help with self-care.

Notes

1. Estimates of 1,900 or less have a relative standard error (RSE) of 50% or more. Estimates of 8,000 or less have an RSE of 25% or more. These estimates should be interpreted accordingly.
2. The database used in this analysis was the ABS Survey of Disability, Ageing and Carers 1993.

People who have cared for a family member with a disability for many years experience special anxiety as they age. They find the caring role more difficult and wish to see alternative arrangements put in place for the future care of the person involved. Table 6.29 shows the ages of parents who are principal carers and the age of the person with the disability for whom they are caring. The table shows the age of the principal carer rising with the age of the person with a disability. There are 14,432 parents aged 55 and over who are the principal carer for a person with a severe or profound handicap with whom they reside, including 7,724 aged 65 and over.

Table 6.29: *Numbers of people with a profound or severe handicap who live in households with a usual resident principal carer: age by age of principal carer by relationship of principal carer to the recipient*

Age of recipient	Relationship of carer to the recipient			Total
	Parent	Other family	Friend	
		Carer aged under 55 years		
5–14	50,520	1,182	0	51,702
15–29	18,018	12,700	1,619	32,337
30–44	638	48,208	1,241	50,087
45–64	0	52,462	2,328	54,790
65+	0	29,056	645	29,701
Total	**69,176**	**143,608**	**5,833**	**218,617**
		Carer aged 55–64 years		
5–14	0	0	0	0
15–29	4,637	0	0	4,637
30–44	2,071	638	0	2,709
45–64	0	32,748	1,061	33,809
65+	0	26,617	313	26,930
Total	**6,708**	**60,003**	**1,374**	**68,085**
		Carer aged 65 or more years		
5–14	0	**0**	**0**	0
15–29	1,547	0	0	1,547
30–44	3,193	0	0	3,193
45–64	2,984	5,646	618	9,248
65+	0	82,269	166	82,435
Total	**7,724**	**87,915**	**784**	**96,423**
		Carer of any age		
5–14	50,520	1,182	0	51,702
15–29	24,202	12,700	1,619	38,521
30–44	5,902	48,846	1,241	55,989
45–64	2,984	90,856	4,007	97,847
65+	0	137,942	1,124	139,066
Total	**83,608**	**291,526**	**7,991**	**383,125**

Notes

1. Estimates of 1,900 or less have a relative standard error (RSE) of 50% or more, estimates of 8,000 or less have an RSE of 25% or more, and should be interpreted accordingly.
2. Children aged 0–4 years with a handicap have not been included as having a principal carer due to difficulty in distinguishing the routine care parents give children of this age from care due to handicap.
3. The database used in this analysis was the ABS Survey of Disability, Ageing and Carers 1993.

6.4 Outcomes

Outcome indicators which are of agreed national value are yet to be developed in the disability services field. Challenges to their development include the diversity and rapid evolution of services and the still developing status of the major data collections—as well as the difficulties attendant on outcome measures generally in the community services field.

This section outlines some work relevant to the development of outcome indicators in the disability services field; describes some outcome measures soon to be routinely available in the specific area of employment support services; and presents some broad outcome data, in the context of the framework represented in Figure 6.1 and Table 6.8.

Outcome measures and their development

The results of services may appear different from different perspectives, and may have a number of different dimensions. They may:

- *arise from* various agents—people, aids, medication, informal assistance, services and programs—and may be influenced by a range of personal, biomedical and environmental factors; ensuring that an outcome is actually attributable to a particular agent, or intervention is a critical but difficult part of evaluation;
- *occur for* any of the participants in the disability and service process—people with a disability, their families, carers or helpers, for services and programs, and for society at large;
- *relate to* different dimensions or types of costs and benefits, for instance social costs and benefits (e.g. community participation, unemployment rates); economic (e.g. growth, wage levels); and social justice (e.g. access and equity measures).

Results which are favourable from one of these perspectives may be unfavourable from another. Any broad, multi-dimensional service evaluation must therefore ask the questions: Results from what? Results for whom? What types of results?

Service evaluations may examine results from a number of these perspectives, for instance:

- evaluation of throughput—where the interest is in input, output and efficiency measures;
- evaluation of process—where aspects of the way services are delivered may be scrutinised to see, for instance, whether the rights of individuals are protected in the course of receiving a service;
- evaluation of effectiveness—often by determining outcome-related performance indicators, which have been defined as 'a statistic or other unit of information which reflects, directly or indirectly, the performance of a health or welfare intervention, facility, service or system in contributing to optimal wellbeing in its target population' (Armstrong 1995).

'Outcomes', according to this approach, relate most particularly to the effect on people for whom the service is designed. This definition seems particularly useful in the disability services field with a proclaimed national emphasis on consumer outcomes.

Figure 6.1 reflects this focus, illustrating the circular relationship between needs, assistance and outcomes, mainly from the perspective of the person with a disability. The adequate measurement of 'need' is critical in evaluating the equity 'outcome' of a service (Jan, Wiseman & Mooney 1995), further tightening this relationship between need and outcome.

While no national outcome-related performance indicators yet exist for disability services, there are categories of literature which point the way to their development: specific service evaluations; person-based status measures; and program outcome measures.

Evaluation of individual service types against specific goals

In these studies, outcome measures relating to *people* (handicap outcomes, employment outcomes, access or participation outcomes, measurable social and cultural integration goals), may be set beside throughput measures focused on *services* (resources input, efficiency, waiting lists, the presence and type of quality control measures).[9]

Generic, person-based status or assessment measures

These include health status measures such as the SF36 (see, for example, Ware & Sherbourne 1992), quality of life measures such as the ComQol scale of Cummins (1993), and the ICIDH notions of disability and handicap. These measures appear to be useful for overall population monitoring and as components of specific evaluations. Their use may verify not only that a series of specific goals may have been met but that, overall, the person's quality of life has been enhanced (provided that change in status can be attributed to the service that is being evaluated).

While such general measures may not be specific or attributable enough to be stand-alone outcome measures, they may, in being applicable to a range of service types, nevertheless offer some capacity for outcome comparison across service types.[10]

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9 Among the fairly extensive Australian literature are:
- evaluation studies using PASS (Program Analysis of Service Systems—e.g. Berry et al. n.d.);
- Clark and Faragher (1986) who used a range of criteria and measures to evaluate attendant care services;.
- Clear and Mank (1990) and Jeltes (1991) who evaluated a number of outcomes for employment support services in Australia;
- Taplin's (1994) discussion of the effects of change on people with developmental disability, including the generally positive effects of de-institutionalisation;
- a range of other studies reviewed by Parmenter et al. (1994), in summarising the effect of changes in Australian policy and legislation.

10 A number of authors:
- emphasise the importance of obtaining outcome measures from several viewpoints, for instance Cummins and Baxter (1993), who point out the possibly different perspectives of individuals with a disability and their carers;
- point out the need for quality of life measures to combine 'biomedical concepts and techniques with psychosocial aspects normally studied by the behavioural and social sciences' (Parmenter 1994);
- give special consideration to the methodological issues which must be considered when attempting to measure the quality of life for people with an intellectual disability (Heal & Sigelman 1990); and
- propose different outcome measures for different levels of disability (Borthwick-Duffy, 1990).

Sansoni (1995) outlines the methodological pitfalls in designing quality of life measures. Further, the purpose of quality of life measurement and the person assigning values to 'quality' are of importance. In the health field the purpose of assigning measures to 'quality of life' has often been to ration health services, and 'quantity of life' has in fact been a prime determinant of these measures (Parmenter 1995). These 'quality' judgements, often made by professionals, may place lower value on some years lived by people with a disability, who then fear that they may be given lower priority access to health-related services.

The literature reveals a growing number of scales and measures designed to be useful in assessing people's level of disability or need for service, as well as in evaluating outcomes from services. A valuable adjunct of the ICIDH revision is the planned development of severity of disability scales based on an extensive review of the many scales and measures already in existence.

These generic person-based measures lend themselves to aggregation, for instance to demographic or geographic groups, for the purpose of monitoring health or disability status, say, of particular groups, or for making geographic comparisons.

Program outcome measures

These measures indicate outcomes from groups of services. Such measures appear not to be well developed yet in Australia, nor capable of testing broad statements of program goals such as equity, accessibility, affordability and appropriateness.

While disability services legislation in Australia describes broad program goals and objectives, corresponding outcome measures have not been generally developed and agreed to. The CSDA, for instance, sets itself the goal of achieving 'better consumer outcomes' but indicators to measure these outcomes remain to be defined.

The Disability Services Standards also offer some agreed goals against which services can be judged (HSH 1993). There are eleven standards, some of which would lend themselves to the development of 'performance-related outcome indicators', for instance, Standard 1 on access: 'Each consumer seeking a service has access to a service on the basis of relative need and available resources'. The eleven standards have been endorsed by the Commonwealth Parliament and the eight of national relevance have been endorsed by the (former) Social Welfare ministers. The discussion of quality of aged care (Section 5.4) describes the outcomes standards monitoring program for hostels and nursing homes, and indicates the way in which standards can be used for a regulatory program.

The major evaluations of national programs which have reported or are under way are likely to affect the development of broad outcome measures for national programs in Australia (Baume & Kay 1995; Disability Task Force 1995; CSDA evaluation being conducted in 1995–96). The clarification of goals, eligibility criteria and assessment tools, recommended by Baume, will promote the development of more purposeful administrative data, and will possibly affect the administrative definitions of disability itself.

In a review of studies mainly directed to the evaluation of specific services, Parmenter et al. (1994) related the findings of these studies to broader policy goals, such as the

achievement of individual choice by people with a disability, personal competence and reliance, and opportunities for community participation including employment. This form of meta analysis holds promise for relating the more numerous specific service evaluations to assessing the attainment of broader, national level goals, and should provide meaningful results, particularly if many individual services have goals relevant to nationally agreed goals.

Outcome measures and approaches which are likely to be useable for national summary indicators are of special interest to the Institute because of its national focus. It is likely that such measures will be further developed as the major program reviews are finalised and as all three varieties of work described on the previous pages (specific service evaluations, generic person-based status measures, program outcome measures) are more fully researched, operationalised and accepted. The Institute hopes to contribute to this further development.

Outcome indicators for disability employment services: developments

The new National Information Management System for open employment services enables the ongoing collection of data indicating service outcomes relating to specific service goals such as helping people obtain and retain jobs.

A number of the statistics provided in Section 6.3 are outcome-related performance indicators. For instance, insofar as the goals of open employment services include 'real jobs for real wages', then the 70% of jobs which are permanent, the 46% involving work for more than 30 hours per week, the 72% earning award wages, and the 21% of clients who have been in their job for over two years—all are specific values of indicators which can be monitored. Not all such indicators can automatically be considered as 'successes'. For instance, refinements of these measures could indicate the degree of client satisfaction with jobs, the amount of support given to retain jobs, and the success in finding satisfactory jobs for people with higher support needs.

Unmet need as an outcome indicator for the disability services field

The availability and accessibility of services for people who need them are key indicators of outcome of any service. The fragmentation of the disability service field makes the accessibility of any one program quite complex to assess—people unable to access a particular service may seek another similar service, and people may have their needs met by a number of different services and only partially met by any one service. Population indicators can sometimes be used more readily than service data as broad indicators of the success of social programs.

In Figure 6.1, the relationship between need, services and outcomes was illustrated, with unmet need emerging as a residual outcome from the service system.

The ABS population survey of 1993 (ABS 1993a) asked questions on unmet need for assistance, and the resulting data can be used as one kind of outcome indicator for some of the disability-related services outlined in Table 6.8. For those disability services that

target people needing assistance with self care, verbal communication or mobility, the estimated numbers of people with severe or profound handicap give some indication of the need for disability support services (Section 6.2). The numbers of people reporting an unmet need for assistance then give some indication of the degree to which these disability services are inadequate or inaccessible.

The survey estimated, for instance, that there were some 2,100 people of all ages with a profound handicap (that is, always needing help with one or more of self care, mobility or verbal communication) who received no help at all, either from any formal service or any source of informal assistance. A further 13,200 people with severe handicap (frequently needing such help) received no help (Alt Statis & Associates 1995:128). It is not suggested that these 15,300 people represent the sum total of unmet need for assistance, but rather that this number probably represents a lower limit of an estimate of self-reported unmet need for disability support services in Australia. Further analysis of age, the severity of handicap, area of need for help, and the extent of unmet needs is required before an estimate could be refined. Table 6.28 revealed, for instance, that there were an estimated 14,300 people, aged 5–64 and with profound or severe handicap, who reported a need for help with self care, but were receiving no assistance; 24,300 people aged 5–64, with profound or severe handicap and needing help with mobility, were receiving none. Some further work on the area of unmet need is being carried out by the Institute as part of the evaluation of the CSDA.

6.5 Conclusion

In this chapter an overview of disability services in Australia has been presented in terms of population data providing information on the people potentially needing disability services; data on services of relevance to people with a disability; and a discussion of outcome measures for the disability field together with some possible examples.

The need for disability services

In 1993 there were an estimated 3,176,700 people in Australia experiencing disability—in terms of a broad list of limitations, restrictions or impairments. Of these, 2,500,200 reported handicap—that is, a limitation or restriction in performing certain tasks associated with daily living because of their disability.

Among the people reporting handicap there were 721,000 reporting profound or severe handicap, that is they always (in the case of profound handicap), or sometimes, required personal assistance or supervision in one or more of the activity areas. Among these people, 368,300 were aged 5–64, 2.5% of people in that age group thereby being estimated to have profound or severe handicap.

Analysis showed that the age-standardised rates of severe handicap have remained fairly steady since 1981, suggesting that the rise in reported prevalence is mainly due to the ageing of the population. This finding may have an application in planning the many CSDA services which are targeted to people who need living assistance.

Disability services

Services of relevance to people with a disability include income support, disability support or mainstream services.

The major income support program for people with a disability is the Disability Support Pension. In 1993–94 there were 437,497 recipients of this pension, involving an expenditure by the Department of Social Security of $3,141.9 million. Together with other pensions and allowances directed to supporting the families of people with a disability, the total disability-related expenditure by Social Security was just over $5 billion.

A national pilot data collection in late 1994, on disability support services delivered under the Commonwealth/State Disability Agreement (CSDA), provided data on 2,341 services, representing all services either funded or provided by the States and Territories under the CSDA, apart from services provided directly by Victoria and Queensland. Most (1,089) of these services were accommodation services. On the snapshot day of the survey, 1,805 of these services were able to provide a profile of service consumers, and reported providing services to 15,482 males (54% of consumers) and 12,755 females; 63% of service consumers had an intellectual disability.[11]

In late 1993 a collection by the Commonwealth Department of Human Services and Health provided some similar data on the 708 employment support services it funded at that time. A total of 28,583 consumers received a service on the snapshot day, 54.1% of whom were male and 63.2% of whom had an intellectual disability as their primary disability. That department's expenditure on directly funded programs in 1993–94 totalled $184.2 million with a further $250.2 million going to the States and Territories in recognition of the services for which they took over responsibility following the CSDA.

Other programs provide key aspects of living assistance to people with a disability. Approximately 20% of the clients of the Home and Community Care program are aged under 65 years. Aids and appliances were used by 395,000 people (27%) of those reporting a handicap in the 1993 ABS survey; 30% of those people received financial assistance to obtain these aids.

As well as the employment support services offered through the Commonwealth's Disability Services Program, the mainstream employment programs of DEET are of importance to people with a disability; 14% of 528,660 people who commenced DEET labour market programs in 1993–94 had a disability.

Informal assistance remains of enormous significance to people of all ages with a disability. Of people living in a household, reporting handicap and receiving assistance, 60.2% relied solely on informal assistance, 8.1% relied solely on formal assistance and 31.7% relied on both.

Over 15,000 people of all ages, reporting profound or severe handicap and needing assistance with a range of activities, receive no help. This number gives a minimal and preliminary indication that there are significant numbers of people with significant needs not met by the current array of services in Australia for people with a disability.

11 The consumer numbers possibly contain some double-counting because a person may receive a service from more than one service type on the day.

Data developments

Disability services in Australia have evolved significantly in the 1980s and 1990s. The need for better data to gauge the success of these reforms is reflected in a series of recent reviews of national significance, and also in a number of initiatives inspired by service providers and administrators as well as statistical agencies.

In *Australia's Welfare 1993*, the disability chapter concluded with an outline of work needing to be done to develop disability data in Australia. There has been significant progress in the last two years, achieved by effort and cooperation throughout the field. The need for data is well recognised by consumers, non-government services providers and the Commonwealth Government and State and Territory governments. Initiatives from a number of these sources have been supported by others.

Developments in which the Institute has been involved include:

- significant progress with the minimum data set for CSDA services, resulting in the full scale national pilot test of the collection in 1994; this development has occurred under the umbrella of the CSDA and has been achieved with a considerable level of intergovernmental cooperation and effort;
- the further analysis of population data, made possible by new arrangements with the Australian Bureau of Statistics, enabling a more detailed analysis of trends and an exploration of their implications for developing indicators of need for disability services (Wen, Madden & Black 1995);
- further work toward the use of common concepts and definitions in Australia, in order to be able to relate data more effectively, for instance: the workshop on the measurement of disability (AIHW 1994a); the Institute's becoming a WHO collaborating centre on the further development of the ICIDH; the work on definitions and classification in Australia, including the attempt to relate two major collections in the disability field—the ABS population surveys and the new national data collection on CSDA services (Madden, Black & Wen 1995);
- the development and implementation of the new National Information Management System for open employment services, initiated by the providers of open employment services, supported by the Department of Human Services and Health, and involving the Institute, since mid-1994, as data manager of the system.

The development of the CSDA minimum data set and the National Information Management System for open employment services provide interesting contrasts, each having advantages and risks as models of data development and collection. What both developments have depended on is the cooperation among service providers, funding departments and the Institute. National peak organisations have provided valuable input.

The new information system for open employment services was initiated by agencies to satisfy their own needs for information, and was designed in such a way as to facilitate the transfer and collation of national data electronically, without separate collection. The cooperative development of the system, and its ongoing enhancement and use by an active user group, also promote the development of a consistent collegiate approach to the analysis of data for management purposes at agency level or at Commonwealth level. The potential is there for partnership in the development of

benchmarks and outcome measures. The challenge with this system is the complexity of its design, to accommodate differing service models, and the implementation and support of the system in a diverse national field.

The CSDA minimum data set development, which could be characterised as a 'top down' development of a largely paper and manual collection, has different advantages and disadvantages. The collection covers a wider range of services; in view of the diversity in the field the number of data items was kept to a minimum and scrutinised closely by governments. The technical design of the collection instruments was less complex, thereby enabling the lead time to include more pilot testing. The involvement of funding departments in collecting the data before transmitting it to the Institute reflects more accurately their relationship as contractors of the non-government services and the accountability relationship which exists between them. While this collection is, in many respects, simpler to understand than the electronic system developed for open employment services, it has resource intensive aspects for agencies, especially for larger services, and usually sits beside other recording systems in agencies. It provides snapshot data rather than longitudinal data. The National Information Management System for open employment services is an interesting development in a relatively homogeneous group of services. The CSDA minimum data set collection has delivered national data on a large and diverse group of services where no such data previously existed.

Towards 1999: the vision

In 1999 the revision of the International Classification of Impairments, Disabilities and Handicaps is scheduled to be published. This is also a possible time frame for achieving significant improvements in the field of disability data in Australia.

The progress achieved over the last two years is likely to be sustained with a continuation of the vital ingredients—shared vision, commitment and cooperation. Australia has the combination of people, services and statistical organisations to achieve further major improvements in two more years, and to see a good national array of disability information by 1999, when the revision of the ICIDH is due to be published.

These achievements should arise from:

- continued effort with greater consistency in terminology, definitions and classifications, via the ongoing work of the CSDA minimum data set network, the proposed establishment of a Disability Data Reference Group, and work in individual jurisdictions such as that at Commonwealth level as a result of the Baume review;
- the commitment of the Australian Bureau of Statistics to consult widely in the lead-up to its 1998 disability survey, and the possibility that this five-yearly survey can be made more relatable to the developing service collections;
- continued effort to relate data from different sources, including information on the prevalence of conditions and information on ongoing disability;
- the further development of service collections including the consolidation of the CSDA minimum data set collection; the expansion of the National Information Management System to include a larger range of employment services; the improvement of data on people accessing mainstream services; and the adaptation of service data systems to suit emerging service types focusing more strongly on individual needs.

References

Alt Statis & Associates (1995). Service provision targets: a report for the Home and Community Care Program. Department of Human Services and Health (unpublished).

Angus G & Golley L (1995). Children under care and protection orders Australia 1993–94. Australian Institute of Health and Welfare. Child welfare series No. 12. Canberra: AGPS.

Armstrong B (1995). Getting health outcomes into a state and national health policy: a national perspective. Health outcomes bulletin No. 4. Canberra: AIHW.

Australian Bureau of Statistics (ABS) (1982). Handicapped persons Australia 1981. Cat. No. 4343.0. Canberra: AGPS.

Australian Bureau of Statistics (ABS) (1989). Disabled and aged persons Australia 1988. Cat. No. 4118.0. Canberra: AGPS.

Australian Bureau of Statistics (ABS) (1990a). Carers of the handicapped at home Australia 1988. Cat. No. 4122.0. Canberra: AGPS.

Australian Bureau of Statistics (ABS) (1990b). Disability and handicap Australia 1988. Cat. No. 4120.0. Canberra: AGPS.

Australian Bureau of Statistics (ABS) (1993a). Disability, ageing and carers: data reference package. Cat. No. 4432.0. Canberra: AGPS.

Australian Bureau of Statistics (ABS) (1993b). Disability, ageing and carers: summary of findings. Cat. No. 4430.0. Canberra: AGPS.

Australian Bureau of Statistics (ABS) (1995a). Caring in families: support for persons who are older or have disabilities. Cat. No. 4423.0. Canberra: AGPS.

Australian Bureau of Statistics (ABS) (1995b). National Aboriginal and Torres Strait Islander Survey 1994. Cat. No. 4190.0. Canberra: AGPS.

Australian Health Ministers (1992). National mental health policy. Canberra: AGPS.

Australian Housing Research Council (AHRC) (no date). Housing impacts of deinstitutionalisation policies. Amended draft final report by Neilson Associates Pty. Ltd. (AHRC Project No. 162) (unpublished).

Australian Institute of Health and Welfare (AIHW) (1993). Australia's welfare 1993: services and assistance. Canberra: AGPS.

Australian Institute of Health and Welfare (AIHW) (1994a). Measurement of disability: workshop proceedings, Canberra, Australia, 21–22 February 1994. Canberra: AGPS.

Australian Institute of Health and Welfare (AIHW) (1994b). NIMS user documentation. Canberra: (unpublished).

Australian Institute of Health and Welfare (AIHW) (1994c). Australia's health 1994. Canberra: AGPS.

Badley EM (1987a). Impairment, disability and the ICIDH (International Classification of Impairments, Disabilities, and Handicaps) model. II: The nature of the underlying conditions and patterns of impairment. Int Rehabil Med 8(3):118–24.

Badley EM (1987b). Impairment, disability and the ICIDH model. III: Underlying disease, impairment, and disability. Int Rehabil Med 8(4):174–81.

Badley EM (1987c). The ICIDH: format, application in different settings, and distinction between disability and handicap. A critique of papers on the application of the International Classification of Impairments, Disabilities, and Handicaps. Int Disabil Stud 9(3):122–25.

Badley EM (1993). An introduction to the concepts and classifications of the International Classification of Impairments, Disabilities, and Handicaps. Disability and Rehabilitation 15(4):161–78.

Baume P & Kay K (1995). Working solution: report of the Strategic Review of the Commonwealth Disability Services Program. Canberra: AGPS.

Beange H & Taplin JE (in press). Prevalence of intellectual disability in northern Sydney adults. Journal of Intellectual Disability Research.

Berry PB, Andrews RJ & Elkins J (no date). An evaluative study of educational, vocational and residential programs for the moderately to severely mentally handicapped in three States. Brisbane: Fred and Eleanor Schonell Educational Research Centre, University of Queensland (unpublished).

Black K & Madden R (1995). Commonwealth/State Disability Agreement National Minimum Data Set: report on the 1994 full-scale pilot test. Australian Institute of Health and Welfare (in press).

Borthwick-Duffy SA (1990). Quality of life of persons with severe and profound mental retardation. Washington, DC, in Schalock RL & Begab MJ (eds). Quality of life: perspectives and issues. American Association on Mental Retardation.

Chamie M (1990). The status and use of the International Classification of Impairments, Disabilities and Handicaps (ICIDH). Wld Hlth Stat. Quart. 43.

Clark A & Faragher J (1986). Evaluation of the Attendant Care Pilot Project: final report to the Department of Community Services. Sydney: Department of Community Medicine, University of Sydney (unpublished).

Clear ME & Mank DM (1990). Supported and competitive employment outcomes and sources of support for individuals with disabilities in integrated jobs in NSW. Aust & NZ J of Developmental Disabilities 16(3):245–57.

Council of Australian Governments (1995). Health and Community Services: meeting people's needs better—A Discussion Paper. January 1995. (unpublished).

Cummins RA (1993). Comprehensive quality of life scale for adults. Fourth Edition (ComQol-4). Melbourne: School of Psychology, Deakin University (unpublished).

Cummins RA & Baxter C (1993). A case for the inclusion of subjective quality of life data in service delivery evaluations. Australasian Evaluation Society International Conference 1993.

de Kleijn-de Vrankrijker MW (ed.) 1995. The International Classification of Impairments, Disabilities and Handicaps (ICIDH): perspectives and development (Part I). Disability and Rehabilitation 17 (3/4) Special issue.

de Lemos MM (1994). Schooling for students with disabilities. Canberra: AGPS.

Department of Community Services and Health (1990). Disability Services Program: reviews of prescribed services—outcomes guide, October 1990. Canberra: (unpublished).

Department of Employment, Education and Training (DEET) (1990). A fair chance for all: National and institutional planning for equity in higher education, a discussion paper. (With the National Board of Employment, Education and Training).

Department of Employment, Education and Training (DEET) (1994). Annual Report 1993–94. Canberra: AGPS.

Department of Health, Housing and Community Services (1992). It's your choice: national evaluation of community options projects. Canberra: AGPS.

Department of Human Services and Health (DHSH) (1993). Disability services standards handbook for services funded under the Commonwealth Disability Services Act. Canberra: AGPS.

Department of Human Services and Health (DHSH) (1994a). Annual Report of the Department of Human Services and Health 1993–94. Canberra: AGPS.

Department of Human Services and Health (DHSH) (1994b). Service Consumer Profile Report 1993. Canberra: AGPS.

Department of Human Services and Health (DHSH) (1995a). Commonwealth Rehabilitation Service Case Classification Project Workshop 19th–20th April: background information. March. (unpublished).

Department of Human Services and Health (DHSH) (1995b). Statistical overview 1993–94. Canberra: AGPS.

Department of Human Services and Health (DHSH) (1995c). Portfolio Budget Statements 1995–96: budget initiatives and explanations of appropriations 1995–96. Budget paper No. 4.9. Canberra: AGPS.

Department of Social Security (DSS) (1994). Annual Report of the Department of Social Security 1993–94. Canberra: AGPS.

Department of Veterans' Affairs (DVA) (1994). Annual Reports of the Repatriation Commission and the Department of Veterans' Affairs 1993–94. Canberra: AGPS.

Disability Task Force (1995). Evaluation of the Disability Reform Package: main report, March 1995. A joint initiative of the Departments of Social Security, Human Services and Health, Employment, Education and Training. Canberra: AGPS.

Gething L (1995). A case study of Australian Aboriginal people with disabilities. Australian Disability Review 2–95.

Gough I & Thomas T (1994). Need satisfaction and welfare outcomes: theory and explanations. Social Policy and Administration 28(1): March.

Heal LW & Sigelman CK (1990). Methodological issues in measuring the quality of life of individuals with mental retardation. Washington, DC; in Schalock RL & Begab MJ (eds). Quality of life: perspectives and issues. American Association on Mental Retardation.

Health, Housing and Community Services (HHCS) (1992). HACC User Characteristics Survey 1990. Canberra: AGPS.

Howe, The Hon Brian, MP (1992). Disability Discrimination Bill 1992, Second Reading Speech, 26 May 1992, Australia, House of Representatives. Canberra: HR, Vol. H. of R. 184, pp. 2750–55.

Jan S, Wiseman V & Mooney G (1995). Equity, resource allocation and health gain, Health outcomes bulletin No. 5. Canberra: AIHW.

Jeltes GM (1991). An analysis of financial and employment outcomes of people with an intellectual disability provided in a community-based employment service. Aust Dis. Rev. 1:29–34.

Lancaster P & Pedisich E (1995). Congenital malformations: Australia 1981–1992, AIHW National Perinatal Statistics Unit. Birth defects series No. 1. Sydney: AIHW.

Madden R, Black K & Wen X (1995). The definition and categorisation of disability in Australia. Canberra: Australian Institute of Health and Welfare.

Martin LM (1994). Equity and general performance indicators in higher education, Volume 1: Equity indicators. Canberra: AGPS.

Mathers C (1991). Health expectancies in Australia 1981 and 1988. Canberra: AGPS.

Minaire P (1992). Disease, illness and health: theoretical models of the disablement process. Bulletin of the World Health Organisation 70(3):373–79.

Office of Disability (1994). Commonwealth Disability Strategy: a ten-year framework for Commonwealth Departments and Agencies. Canberra: AGPS.

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):380–93.

Parmenter TR (1994). Quality of life as a concept and measurable entity. Social Indicators Research 33:9–46.

Parmenter TR, Cummins R, Shaddock A & Stancliffe R (1994). The view from Australia: Australian legislation, service delivery and quality of life, in Goode DA (ed.) (1994). Quality of life for persons with disabilities. Cambridge MA: Brookline Books.

Parmenter TR (1995). The utility of quality of life as a construct for social and health policy development, in Renwick R, Brown I & Nagler M (eds) (in press), Quality of life in health and rehabilitation: conceptual approach, issues and applications. New York: Sage.

Pollard A (1983). Demographic Techniques. Sydney: Pergamon Press.

Sach & Associates (1991). The housing needs of people with disabilities. Canberra: AGPS.

Sansoni J (1995). Quality of life: is it worth measuring? Paper presented to the CRS Case Classification Workshop, DHSH Canberra, April.

Senate Standing Committee on Community Affairs (1992). Employment of people with disabilities. Canberra: Senate Printing Unit.

Taplin JE (1994). Monitoring the effects of change on persons with developmental disabilities: the need for more environmental impact studies. Keynote address to the Annual Conference of the Association of Psychologists in Developmental Disability, Sydney.

Thomson N & Snow C (1994). Disability and handicap among Aborigines of the Taree area of New South Wales. Australian Institute of Health and Welfare, Aboriginal and Torres Strait Islander Health Series No. 9.

United Nations (1994). Standard rules on the equalisation of opportunities for persons with disabilities. New York: United Nations.

Ware JE & Sherbourne CD (1992). The MOS 36-Item Short-Form Survey(SF-36) 1, Conceptual framework and item selection. Medical Care 30(6):473–83.

WCC, Dutch Classification and Terminology Committee for Health (1994). A survey of criticism about the classification of impairments and the classification of disabilities of the International Classification of Impairments, Disabilities and Handicaps (ICIDH). Zoetermeer.

Wen X, Madden R & Black K (1995). Population indicators of needs for disability services: an exploration. Welfare Division Working Paper No. 9. Canberra: Australian Institute of Health and Welfare.

Wolfensberger W (1980). A brief overview of the principle of normalisation, in: Flynn RJ and Nitsch KE (eds), Normalisation, Social Integration and Community Services. University Park Press.

Worksafe Australia (1993). Occupational health and safety performance, Australia: best estimates. Sydney: National Occupational Health and Safety Commission.

World Health Organisation (WHO) (1980). International Classification of Impairments, Disabilities, and Handicaps: a manual of classification relating to the consequences of disease. Geneva: WHO.

7 Data development: achievements and directions

7.1 Introduction

The analyses presented in the previous chapters have in part been made possible by considerable efforts in the past few years towards the development of national data in the various areas of welfare services and housing assistance.

The push for improvements in national data has been evident for some years (AIHW 1993:31–39), and continues to receive increasing amounts of attention. Increasingly ambitious demands are being placed on national data. Summaries of funds spent, numbers of clients, types of services—difficult though these basic data can be to collect in some circumstances—are no longer generally considered adequate for the purpose of accountability to funding departments, parliaments and the general public. Greater emphasis is being put on performance measures: on collecting data that permit an assessment of the effectiveness and efficiency of service programs. Such data can contribute to the more efficient and cost-effective provision of services.

The Task Force on Health and Community Services of the Council of Australian Governments (COAG), for example, in its recent discussion paper on reforming health and community services, noted the patchiness of data and the fact that most currently available data are on inputs to services rather than outputs and outcomes for individuals. (COAG 1995:18).

The Industry Commission, in its inquiry into charitable organisations, responded to the lack of national data on charitable organisations by investigating various sources. It commissioned a study of 50 of the largest charitable organisations and a group of the smallest welfare organisations, and also undertook a survey of government reports to obtain indications of government assistance to charitable organisations (Industry Commission 1994:10–11). The Commission also chairs a Review of Commonwealth–State Service Provision which was established in 1993 by the Council of Australian Governments. This review will report on service provisions in the areas of education and training, health, community services, and law and order. Working parties have been formed for these tasks, and a report is expected by the end of 1995.

The Standing Committee of Community Services and Income Security Administrators (SCCSISA) also expressed concern at the lack of national information, and decided to support a national community services industry survey to be undertaken by the Australian Bureau of Statistics (ABS) in 1996–97. SCCSISA comprises heads of State and Territory departments of community services and the Commonwealth Departments of Human Services and Health and Social Security.

These activities illustrate the growing recognition of the importance of national data to support policy development and the monitoring of programs. The importance of

comparable national level data is particularly felt at this time when the respective responsibilities of the Commonwealth, the States and Territories, and non-government organisations are undergoing re-negotiation and change. There is also a growing demand placed by funding agencies on service providers for accountability. Increasingly, effectiveness and efficiency indicators are being introduced into formal monitoring of the performance of service providers.

These demands have begun to influence the directions of data development. The perceived usefulness of data for policy development and program management and the rapid advances and greatly improved affordability of computer technology facilitate more ambitious approaches to data development.

7.2 Government agencies and national welfare services statistics

Many Commonwealth Government agencies have interests in national welfare and community services statistics. The responsibility for developing national data rests largely on four Commonwealth agencies—the Australian Institute of Health and Welfare, the Australian Bureau of Statistics (ABS), the Department of Human Services and Health (HSH) and the Department of Housing and Regional Development (DHRD).

The Department of Social Security collects and maintains a wide range of data on income transfers and their recipients. The income transfer programs administered by that department have implications for the provision of community services. However, this chapter does not deal with developments in income transfer statistics.

Australian Institute of Health and Welfare

The Australian Institute of Health and Welfare is an independent Commonwealth statutory authority established in 1987 as the Australian Institute of Health with the functions to undertake statistical and research work in health. In May 1992, the role of the Institute was expanded to include the development of welfare services statistics. The main functions of the Institute in this area are to:

- collect, analyse and disseminate welfare-related information and statistics;
- coordinate or assist in the coordination of the collection and production of welfare-related information and statistics;
- develop statistical standards and classifications relevant to welfare services; and
- publish methodological and substantive reports on work carried out by, or in association with, the Institute.

Welfare services, as defined in the *Australian Institute of Health and Welfare Act 1987*, include aged care services, child care services (including services to encourage participation by parents in education, training and the labour force), services for people with disabilities, housing assistance (including both long-term and short-term assistance), and child welfare services (child protection and substitute care). The Institute is funded through an annual Commonwealth appropriation grant, receives financial assistance from State and Territory governments and undertakes work under contract with these agencies.

The Institute is contributing to the development of national data in several ways.

Work has started in developing a set of national classifications of community services and their associated data definitions for use in future data development. This development builds on earlier classification work undertaken by Health and Community Services Victoria (Community Services Victoria 1992), and is being undertaken in collaboration with the ABS, and relevant departments of the Commonwealth and States and Territories.

The Institute acts as a centre for the collation, analysis and publication of national data on State and Territory child welfare services and data on disability services funded under the Commonwealth State Disability Agreement. This responsibility includes the development and maintenance of standards acceptable to all jurisdictions. Enhancement of the data, in terms of usefulness and quality, is undertaken by the Institute in collaboration with the Commonwealth and States and Territories. The Institute analyses and publishes reports from these data collections and consults regularly with participating departments in the States and Territories to ensure the continuing relevance of the data to current policy directions.

In a role less directly involved in data collection, the Institute participates in steering groups which oversee the development of new data systems. Examples of these are the development of data on housing assistance offered under the Commonwealth–State Housing Agreement and the Supported Accommodation Assistance Program, and the proposed steering group to oversee the further development of the national minimum data set for aged care assessment teams. The Institute offers assistance in data definition and classification, and advises on data collection strategies.

The Institute also contributes to data development by identifying data deficiencies through its analytical work and advising the relevant data collection agencies of these deficiencies. For example, a detailed analysis of the items used for measuring dependency in eight aged care data collections (Rickwood 1995) formed the basis for a proposed rationalisation of forms currently under review by the Department of Human Services and Health.

To coordinate the work of the Institute with that of the ABS, meetings are held on a quarterly basis to discuss issues of mutual concern. The Institute serves on ABS user advisory committees for the development of surveys and censuses and makes extensive use of ABS data in its work.

Australian Bureau of Statistics

The role of the Australian Bureau of Statistics (ABS) as the national statistical service is to provide high quality and objective statistics to encourage informed decision making, discussion and research within governments and the community.

The ABS five-yearly population census provides essential data for the planning and resourcing of community services. In particular, census data help to identify population groups in need of services and their geographic location. The ABS indices of relative socioeconomic disadvantage compiled from census data are indicators of need and are important tools for planning resource allocation.

Many ABS surveys are important sources of data on welfare services. For example, in recent years the ABS has conducted the following surveys: Family Survey 1992; Survey of Disability, Ageing and Carers 1981, 1988, and 1993; Time Use Survey 1992; Child Care Survey 1987, 1990, and 1993; Survey of Voluntary Work 1995; Survey of Income and Housing Costs, 1989–90, and annual since June 1994; Housing Survey 1994; and Rental Tenants Survey 1994.

In other work, ABS analytical publications (for example, the *Focus on Families* series) draw together material from a number of household surveys to provide profiles and comparisons of sub-populations which are potential users of welfare services and to identify their need for services. ABS is also undertaking work to develop and document the 'family and community' area of social concern. This will provide a conceptual basis for future development of surveys dealing with care and support of particular members of society. Further work is also planned to identify and develop relationships and indicators of need between particular population groups (such as children, older people and people with disabilities) and areas of specific social concern (such as the family, work and housing).

Specification of standard classifications and standard survey modules has been a significant development in the ABS over the last two years. By introducing standard classifications across surveys, data are more relatable and conceptually compatible and the range of potential analyses is extended. Standard classifications of families and households are particularly important in relation to the work being carried out in the welfare area.

Standard modules are being developed (particularly for disability and child care) for use in other relevant surveys conducted by the ABS. This will extend the range of data available and enable further integration of these statistics. A disability module has been included in the Household Expenditure Survey, the Survey of Training and Education, the Time Use Survey, the National Aboriginal and Torres Strait Islander Survey and will be included in the forthcoming longitudinal Survey of Employment and Unemployment Patterns. A child care module is included in a number of the monthly supplementary surveys, particularly in those relating to flexible working arrangements as well as in the forthcoming longitudinal Survey of Employment and Unemployment Patterns.

Most social data collected by the ABS relate to characteristics of the Australian population and can be used to identify particular population groups of interest. Some survey information can be used to estimate likely levels of demand for and uses of services from government programs and to provide an indication of unmet need.

Department of Human Services and Health

The Department of Human Services and Health (HSH) maintains data collection systems across the broad range of community services programs it manages. While some of these systems originated from the need to meet funding and accounting requirements, increasingly more emphasis is being placed on the need for information systems that assist in program monitoring, planning and policy development activities. Data from these administrative sources have been used in the children's services, aged care and disability services chapters of this report. In recent years, an additional new emphasis on program evaluation and performance measurement has gained prominence. In response to these needs, further development of the Department's information systems will be undertaken.

A major effort at HSH is the development of data and methods to facilitate needs-based planning. A regional database was implemented in 1993 which supports the preparation of regional needs analysis reports for each HSH region. Improvements to this system, and the method for regional needs analyses, are being implemented progressively. This general data development project supports more program-specific needs-based planning activities.

In the children's services area, small area statistics on the supply of child care services and the population sizes of target populations are used to estimate levels of unmet demand in local areas. Ranking of areas in accordance with their levels of unmet need will be trialled in 1995. In the disability services area, there has been a major effort to develop small area estimates of demand for services. Estimates were developed by the use of a 'synthetic estimation' technique, in which data from ABS Disability, Ageing and Carer surveys were combined with intercensual population estimates and Department of Social Security statistics on pension and benefit recipients.

New national data collections have been developed jointly with the Institute in the disability services area to overcome the previous lack of data, and these include the national minimum data set on services funded under the Commonwealth/State Disability Agreement and data on employment services for people with a disability. These developments are described later in this chapter.

For existing data collections, efforts are being made to improve their usefulness in terms of the range of data items collected and the relatability between data collections while reducing respondent burden. Achieving consistency in data definitions and classification across collections is an important aim of these enhancements. Examples of these are the major review of the management information system of the Commonwealth Rehabilitation Service, the revision of forms used in the Home and Community Care User Characteristics data collection, and the trial of electronic transfer of child care assistance acquittal information.

The use of data from multiple sources is being explored in two major projects. The first is to investigate links between housing status and the propensity for institutional care, and to identify housing factors that influence admission to institutions. Data from the Commonwealth Hostel Information Payment System, aged care assessment teams, and the Assistance with Care and Housing for the Aged program are used jointly for this project. The second major project is the development of a child care model to chart the effects on families of a range of child care subsidies. This project is undertaken jointly with the National Centre for Social and Economic Modelling at the University of Canberra, and uses data from ABS surveys as well as from the Department's child care censuses.

The next two to three years will see some significant new directions in data collection activity. In particular, increasing attention is given to the need for improved reporting of program performance in terms of client and other outcome. An increased focus on evaluation activity and program performance monitoring is seen as essential and integral elements of HSH's Corporate Plan, and guidelines for performance reporting and indicators for each of the department's sub-programs are being developed. The achievement of improved performance measurement will require further development of methods for constructing performance indicators, improvements to existing data

collections, the collection of some additional data, and the derivation of indicators from external and internal sources. Because of their complexity, it is anticipated that it will take two to three years to fully implement these improvements.

In addition to the increased emphasis on monitoring program performance, new policy initiatives at HSH will influence future data collection and analysis. These include the Council of Australian Governments' reforms and other policy changes, which are discussed in Section 7.4.

Department of Housing and Regional Development

The Department of Housing and Regional Development (DHRD), established in 1994, is responsible for national policies on housing and urban and regional development, and funding programs in these areas. Two major programs funded by this department are central to the provision of housing and accommodation assistance. They are the Supported Accommodation Assistance Program (SAAP) and the Commonwealth–State Housing Agreement (CSHA). Under SAAP, Commonwealth funds are provided to the States and Territories for supported accommodation and associated support services for people who are homeless and in crisis. Under the CSHA, Commonwealth and State funds are used to provide various forms of public and community housing, and home purchase and private rental assistance to people in need. National data are collected by the department from State and Territory housing authorities on the outcome of the operation of the CSHA, and censuses and surveys are conducted by the department to obtain information on the provision of supported accommodation.

In both these areas, efforts are being made to improve the data collected to provide a basis for the development of outcome measures. A CSHA project team of Commonwealth, State and Territory officials has been in operation for the past year to develop new data collections to support a new CSHA which would include measures of accountability and performance by States and Territories. Similarly, a Commonwealth and State project team which includes non-government agency representation (Data and Research Advisory Committee) is planning to introduce an on-going collection of data on supported accommodation to replace the previous less useful SAAP censuses. The Institute is providing assistance to the DHRD in both these developments.

7.3 Developments in national data

National community services industry study

A proposal for a national survey of the community services industry was developed by the Institute and has received support from the Australian Council of Social Service, the ABS, the Commonwealth and the States and Territories. The survey, to be conducted by the ABS in 1996–97 in conjunction with the Institute, will be the first undertaken nationally, and will provide baseline data on the size, structure, funding, expenditure and service delivery of the industry. Results of the survey should enable assessment of the relative contributions of government, the private-for-profit and private-not-for-profit sectors, and comparison across States and Territories. The development of the survey will benefit from the experience of State surveys conducted earlier by Victoria (Community Services Victoria 1992) and by Western Australia (Western Australia Department for Community Development 1994).

To assist the development of this survey, the ABS is consulting widely on user requirements, and a user advisory group—comprising relevant government representatives, non-government agency representatives, and academic and community experts—is being formed.

Welfare services classification

The development of a national classification system for community services was initiated by the Institute in 1994 to support the proposed national survey of the community services industry. The development of welfare services classifications is a function of the Institute.

In addition to supporting the national survey, it is recognised that national classifications are required to provide a framework for the future development of administrative data in the community services field. These classifications are an essential step in developing nationally compatible data collections, and make possible the categorisation of services into like groups and the development of comparable efficiency and effectiveness measures for services in each group.

Work in this development includes the review of two groups of existing classifications which have relevance to welfare or community services. The first group concerns a broader subject matter with welfare or community services as a component. This group includes the Australian and New Zealand Standard Industry Classification (ABS 1993), the Government Purposes Classification (ABS 1989) and the classification of social programs developed by the Organisation for Economic Cooperation and Development (OECD 1993). The second group has community services as a major focus, and includes the Australian Standard Welfare Activities Classification (ABS 1984), the classification developed by the Social Welfare Research Centre (Milligan, Hardwick & Graycar 1984), and those developed and maintained by Health and Community Services Victoria (Community Services Victoria 1992).

After assessing the usefulness of the existing classifications and consulting with the relevant State and Territory departments and the Commonwealth, the Institute has begun to develop a national set of classifications which builds on the classifications developed by the then Department of Community Services Victoria. The Victorian classification is based on types of service, client characteristics and the setting in which the service is provided. A working party, consisting of representatives from the Commonwealth and State community service departments, the Australian Council of Social Service and the ABS, was formed to advise the Institute on this development. The Victorian classifications were modified and enhanced to give a draft set of national classifications. To maximise the usefulness of the national classifications in the development of administrative data, government community services departments were asked to map the services within their programs onto this first draft of the classifications. The national classifications are also expected to be compatible with the Australian and New Zealand Standard Industry Classification and the Australian Government Purposes Classification.

Definitions and descriptions of all categories of the classifications have been developed. The draft classifications will be published, and are expected to be used in the 1996–97 national survey of the community services industry.

Welfare services expenditure

The Institute initiated, in 1993–4, a review of existing data sources and an appraisal of the nature and quality of data currently available on welfare services expenditure. The aim of this review was to document as fully as possible what is known about welfare services expenditure and to identify areas in which improvements are needed for the preparation of more detailed estimates. A report of this work, documenting the quality of data available from the ABS and the Commonwealth Grants Commission was published in 1994 (Pinyopusarerk & Gibson 1994). Following this work, the first bulletin containing estimates of welfare services expenditure by the public sector for the years 1987–88 to 1992–93 was published in June 1995 (AIHW 1995a). Data from the ABS and the Commonwealth Grants Commission were supplemented by data from HSH and Commonwealth budget papers in the preparation of the estimates.

There are major deficiencies in the available data sources. One is the inability to disaggregate public sector estimates into finer categories. For example, at the current time, public sector expenditure on disability services is not separable from expenditure on aged care. The second is the lack of quality data on expenditure by the non-government sector. Given the large contribution from the private sector (private-for-profit, private-not-for-profit, the contribution of volunteers and the assistance provided in the informal sector), this deficiency will need to be overcome.

Welfare labour force

Work has started at the Institute on investigating the feasibility of collating national data on the welfare services labour force. Sources of information include ABS population censuses, community services industry surveys conducted by Victoria and Western Australia, and routine administration data collected from service administrators. The Commonwealth child care census, for example, collects considerable information on workers in services funded by the Children's Services Program.

The ABS has conducted household surveys of voluntary work in several States in the past, and conducted a national survey of volunteers in June 1995. This national survey covered workers who worked through formal organisations, and collected information on their socioeconomic characteristics, the activities they undertook and the organisations in which they worked. Preliminary results from this survey were released in September 1995. The ABS Family and Time Use Surveys also contain data on voluntary work, including informal work.

The forthcoming national community services industry survey in 1996–97 will also generate data on the contribution of voluntary, as well as paid, labour in community services organisations.

ABS data are classified by standard ABS industry and occupation classifications. The ABS classifications that relate to welfare services are broad, and finer classifications (such as those in the proposed national classifications of community services) will need to be developed and used if more detailed data are to be obtained.

Housing assistance

Major data development work is occurring in the housing assistance field. The routine data collections under the Supported Accommodation Assistance Program are being reviewed with a view to improving the data to enable performance indicators to be

derived for continuous monitoring and evaluation of the program. A Data and Research Advisory Committee, comprising representatives of the Commonwealth, States and Territories and the Institute, is developing a new strategy for data collection. The strategy includes recommendations on detailed data collection methods as well as on data definitions and classifications.

Similarly, performance indicators of effectiveness and efficiency are being developed and derived from administrative sources of housing authorities in a major effort to revamp the data collected under the Commonwealth–State Housing Agreement. A project team, reporting to housing chief executive officers, has been set up to develop the data and the performance indicators under a new Commonwealth–State Housing Agreement. The new Agreement will replace the current Agreement which ends in June 1996.

Child care services

The Department of Human Services and Health conducts an annual census of child care services through which information on the work force and on children using the services are collected. Before 1993, all services funded under the Children's Services Program were included in the annual survey. Since 1993, as an economy measure, a rotation system to survey certain types of services in alternate years was implemented. In 1993, long-day centre care and family day care services, and in 1994 the rest of the services, mainly short-stay services, were included. This has meant that detailed information on all services provided under the Children's Services Program in any one year is no longer available. However, information on funds provided to child care services and the number of staff and children receiving assistance are collected routinely by HSH.

While the Children's Services Program Census provides a comprehensive database for Commonwealth-funded services, there is a need to develop a national database incorporating services that receive no Commonwealth funding. Little is known nationally about preschool services, which are the responsibility of State and Territory governments. Currently there is no national register of all child care and preschool services throughout Australia. The Institute is currently preparing a directory outlining the different arrangements for child care and preschool services in all States and Territories. The next step will be to chart the data that may become available from these services.

The ABS triennial survey of child care provides useful information on the type of child care services used by parents. The usefulness of the data would be enhanced if data were collected on the purpose for which different types of service are used.

Child welfare services

State and Territory data on adoptions, child abuse and neglect, and children under care and protection orders, are collated by the Institute.

Improvements to the data on adoption since the 1992–93 collection include the publication of information on requests for contact and information by birth parents, adopted persons and relatives, together with the number of vetoes lodged in relation to contacts and identifying information. While the number of adoptions remains low and is declining, the number of requests for contact or information remains high.

To improve the data on child abuse and neglect, the Institute assessed, in 1994, the feasibility of collecting national data relating to the nature of injury or harm. While the data are not complete and definitions differ across States and Territories, limited data have been collated and published in the 1992–93 and 1993–94 issues of *Child abuse and neglect Australia* (Angus & Woodward 1995).

There has been a strong and growing demand for 'outcome' measures for child welfare services. In the area of child abuse information is required on events that follow from the investigation and substantiation of child abuse cases — for example, the type of services received by the families or the children involved, the placement of children under care and protection orders, the type and duration of such placements, and the nature and effect of services provided to affected children and families. At present, these measures cannot be compiled nationally as data are either recorded by only some States and Territories or the definitions or classifications differ substantially.

Aged and community care services

ABS survey of ageing, disability and carers

This survey was conducted under various names in 1981, 1988, and 1993. The survey gives important base-line data on the incidence and nature of disability, and the use of formal and informal services by older people and people with disabilities. Information is also collected on informal carers. Recognising its importance, the ABS plans to conduct this survey every five years so that time-series data are available. The next survey is scheduled for 1998.

Home and community care

The Home and Community Care (HACC) User Characteristics data collection collects descriptive data on HACC clients and the services received. This collection was expanded in 1993 to include data on post-acute and palliative care clients, and hours of service received by clients. A new data collection form was introduced in 1993 for use by all States and Territories.

The HACC Community Options Projects data collection was introduced in 1992 to collect descriptive data on around 7,000 clients in 140 Community Options projects. This collection gathers information on clients' need for assistance with activities of daily living, the extent of services received by clients, and the use of non-HACC service providers. This collection was also undertaken in 1993 and 1994.

Commonwealth, State and Territory officials agreed in July 1994 to review the data requirements for the Home and Community Care Program and the existing data collections. The future recommendations of the Efficiency and Effectiveness Review of the Home and Community Care Program (HSH 1995) will inform that review process.

Aged care assessment team national minimum data set

Progress continues to be made in the development of a national minimum data set for aged care assessment teams (ACATs). Data on clients assessed by the teams have always been collected by State and Territory ACAT Evaluation Units, but the national minimum data set was not implemented until January 1994. Aged care assessment teams have a critical role in the provision of aged care services, and their significance has increased

substantially in recent years. They are now responsible for admissions to nursing homes and hostels and access to community aged care packages. They also make recommendations concerning Home and Community Care Program services, and perform a range of advisory and information functions (see Chapter 5 on aged care services).

Disability services

Requirements for a national minimum data set were developed by the Institute in conjunction with the Commonwealth, and the States and Territories, covering disability services funded under the Commonwealth/State Disability Agreement. A full scale pilot test covering State and Territory services was conducted in mid-1994 and the first collection is expected to be implemented in August 1995. The development of disability data standards, including data definitions and classifications, has been a necessary part of this development. A data dictionary for this data set has been released.

In 1993, HSH conducted a census of Commonwealth funded services (mainly employment-related services) and obtained data about the socio-demographic characteristics and service use patterns of clients. This is the first occasion when comprehensive data about clients of the Commonwealth Disability Services Program has been collected and published (HSH 1993).

In parallel with this, a national system to collect agency and client information from open employment services funded under the Disability Services Program was developed jointly by the service providers, HSH and the Institute, and was implemented in January 1995. This system collects information to satisfy the requirements of the CSDA Minimum Data Set and also other more detailed information. The system will be expanded to cover all other Disability Services Program funded employment services. This development will mean that all Disability Services Program funded employment services have a consistent basis for performance measurement and recording from mid-1996. Data collected will also be consistent with those collected by the States and Territories using the minimum data set specifications.

A major review of data items collected in the Commonwealth Rehabilitation Service Management Information System has been conducted by HSH. The review has been carried out in close consultation with a number of major agencies including the Institute and the ABS. Users and uses of the information have been identified, and recommendations regarding the future use of each data item have been documented. Comparison with other data sets (for example, the CSDA Minimum Data Set, and data sets available from the Department of Social Security and the Department of Employment, Education and Training) were undertaken in terms of consistency of data across agencies. A minimum data set for the Commonwealth Rehabilitation Service is being developed in conjunction with the Institute.

To coordinate the various data development efforts being made, the Institute has proposed the establishment of an Australian Disability Data Reference Group. The functions of this group are to promote the development of a core set of relatable disability definitions and classifications, to harmonise disability data collections in Australia, and to contribute to the development by the World Health Organization (WHO) of the International Classification of Impairment, Disability and Handicap (ICIDH). The Institute is a WHO Collaborating Centre for the development of the ICIDH.

7.4 Progress and directions

Reflecting the structure and the complexity of the community services sector, the development of national data on community services has proceeded in a variety of ways.

Data on the operation of nursing homes and hostels and their residents are collected on an ongoing basis as part of their funding arrangements. Centrally designed annual censuses have been developed and introduced in the areas of supported accommodation, and child care. Data on housing assistance provided under the Commonwealth–State Housing Agreement are collected by the Commonwealth from the State and Territory housing authorities as a condition of funding, and improvements are being made to the data collection to ensure that the data collected are useful for measuring performance. These are the areas where there is strong direct Commonwealth funding to service providers. Centrally designed data collections have also been implemented by States and Territories for Home and Community Care services, which are jointly funded by the Commonwealth and the States and Territories.

In the area of disability services, where there is a clear delineation of responsibility between the States and Territories and the Commonwealth, data development has taken the form of formal cooperation between the two levels of government, and is supervised by the Disability Services Sub-Committee of the Standing Committee of Community Services and Income Security Administrators.

In the area of child welfare, where the State and Territory governments are responsible for the provision of services or for the funding of non-government agencies to provide services, an agreement was reached with the Institute for the Institute to be responsible for the standardisation, collection, publication and enhancement of the data.

There are also one-off large-scale surveys of the community services industry, such as the 1992 Community Services Victoria survey and the 1994 Western Australian Department for Community Development survey of agencies funded by these departments. These surveys were conducted in recognition that there was a lack of accurate information about the community services industry. In both cases classifications of community services were developed as part of the survey process.

New directions

Policy initiatives

Significant new policy initiatives involving a great breadth of long-term strategies will inevitably have important ramifications for future data collections. A good example is the recent endorsement by the Council of Australian Governments, at its February 1994 meeting, of the need for reform of health and community services so as to better meet people's care needs and provide better value for money for the taxpayer.

The discussion paper, *Health and community services: meeting people's needs better* (COAG 1995) presents a longer-term framework for reform of community and health services. In particular, it is a framework which seeks to improve the way services respond to the needs of individuals and is based on principles of equity and cost-effectiveness. The reforms outlined concentrate, in the first instance, on how health and community services are provided. An initial step will entail analysis of available data sources about the

coordinated care needs of individuals. The Commonwealth Government has proposed to develop trials of coordinated care in 1995–96. The trials include the identification of client needs, the packaging of services put together by a care coordinator and the resourcing of services to meet the identified needs. In the longer term, this initiative is likely to have a number of implications for the future data collection activities of Commonwealth, State and Territory agencies, and service providers. The COAG paper noted that improvements in policy and planning arrangements would have to be underpinned by improvements in the health and community services database (COAG 1995:24).

Specific policy initiatives, in the form of either the introduction of new programs or changes in emphasis of existing programs, also have important effects on data collection. Examples include: reforms to disability services programs in response to the Baume review of the Commonwealth Disability Services Program (Baume 1994) and the recently endorsed Commonwealth Disability Strategy; increasing attention to the needs of carers of persons with a disability; the provision of care in the community; and meeting the care needs of aged persons with dementia, homeless children, and children and families affected by violence and abuse.

Performance measures

The next two to three years will see some significant new directions in data collection activity in community services. In particular, increasing attention is being given to the need for improved reporting of program performance in terms of client and other outcomes. The Review of Commonwealth State Service Provision requested by the Council of Australian Governments involves the reporting of program effectiveness and efficiency through the use of objective indicators. An increased focus on evaluation activity and improved reporting of program performance are seen as essential and integral elements of continuous improvement initiatives of government services.

The achievement of improved performance measurement will require a number of actions to be taken, including further development of methods for constructing performance indicators; improvements to existing data collections and the collection of some additional information; and the derivation of performance indicators from external and internal sources.

In the Department of Human Services and Health, an important first step has been the specification of corporate guidelines for performance reporting. The development of performance indicators for each of the department's sub-programs has commenced. A working party has been set up, in conjunction with the Institute, to examine items for inclusion in a minimum data set for the Commonwealth Rehabilitation Service. This will include investigation into socio-demographic data and research into classification tools to measure impairment, disability, and handicap, employability and environmental factors.

The adoption of consistent data standards and cross-classifications has the potential to enhance the utility and comparability of data collections. The development of nationally recognised standards is an important step towards achieving these objectives.

A national health information model is being developed by the Institute to give a logical structure for the description and classification of health data. This model is being developed in such a way that it may be extendable to cover welfare services, and may in future develop into a national health and welfare information model to cover both health and welfare services. If successfully developed, the model will underpin the identification of priority areas for data development, the development of classification systems, and the development of national data dictionaries in the health and welfare areas.

Data dissemination

As the complexity of the demands on existing data systems expand and develop, data management and data dissemination are becoming increasingly important issues for central information sources such as the ABS, HSH and the Institute. The need for improved dissemination of data and related analytical work is acknowledged as an important contribution to more informed policy debate. The ABS has continued to review its publication timeliness and the way data are released. Apart from published bulletins, the ABS releases its data through requested special tabulations, on computer disks and tapes, and most recently through an Internet connection specially designed for immediate data access by researchers. The ABS also encourages users to submit interrogation programs for the ABS to run against ABS data files to extract specialised tables or perform specific analyses.

The Department of Human Services and Health intends to improve dissemination of data and related analytical work to more fully inform policy debate, and is currently reviewing its data dissemination practices. The Institute has reviewed its publishing procedures to improve the speed of publication of its analyses and research. The growth of analytical work at the Institute has put great demand on its publishing capacity. The Institute is also reviewing its data management functions to improve user access to its databases. A new Information Division has been created in 1995 to coordinate and facilitate data development, data management and data dissemination activities.

Data gaps and deficiencies

Although a great deal of data development has occurred in the past two to three years, there are still considerable gaps in the available data on welfare services.

Data on need for services

Generally, there is a lack of data identifying the level of need for services. The sizes of the various groups of people needing particular services are often unknown. This is particularly a problem with regard to small-area data, which are necessary for needs-based planning. For example, while there are national statistics on the number of cases of child abuse and neglect reported to authorities, there are no national statistics on the overall incidence of child abuse and neglect in the community so that the use of services cannot be related to the need for services. Similarly, data from ABS surveys on the incidence of disability in the population are not defined in a way consistent with the definitions used by providers of disability services, and the two data sets cannot be analysed together easily. Small-area data on people with a disability are required for

needs-based planning, but the data are not available directly and have to be estimated indirectly through synthetic means. Similar lack of data on need is also apparent in the areas of aged care services, child care services, services to the homeless, and housing assistance.

The important issues of equity and access to services cannot be adequately answered within the constraints imposed by the data currently available.

Understanding multiple service uses

Individuals often use more than a single service. However, data are not usually available to identify the services used by the same individuals, thus limiting the ability of the data to provide an overall picture of the experience of users within the welfare services system. Such data are essential to the understanding of the pattern of service being provided, and to the successful measurement of outcome for the users of these services.

An example of this deficiency in data is the difficulty in measuring the volume of services provided under the Home and Community Care Program. Eligible individuals can obtain services from multiple service providers. While data on the number of services provided and the amount of funds expended by all providers are available, no data are available on the number of persons receiving HACC services because of the multiple use by HACC clients and the lack of data linkage. It is thus not possible to ascertain reliably the proportion of eligible persons accessing these services, even if the size of the population in need and eligible for the service were known.

The need for unidentifiable linkage keys (which ensure individuals cannot be identified) is recognised in several new data development projects. The proposed new data collection for the Supported Accommodation Assistance Program proposes to include such data items to allow better measurement of the impact of services.

Other deficiencies

Data on welfare services expenditure and the welfare labour force are limited, as indicated earlier, and improvements are needed to develop the data to encompass the whole of the welfare services sector and to provide the level of detail required for meaningful analysis.

Data on services collected in different service fields are often incompatible with each other. This is largely a consequence of historical factors, and reflects the myriad of service agencies with various funding and administrative arrangements. Different timing for data collection, inconsistent data definitions and even varying counting rules exist in various data collections. There is no agreed set of core items that are included in all data collections, and there is no agreement on data definitions which cover the range of items collected. Efforts are being made separately in different service fields to collect consistent data, but there is no adequate coordination across these fields. A great deal of work is needed to provide a direction towards the standardisation of welfare services data. The development of data dictionaries, such as the National Health Data Dictionary (AIHW 1995b) currently in use in the health sector, which can provide a core set of data items and definitions, is one way of promoting compatibility among welfare data sets.

Coordination of data development

It would not be feasible to attempt immediate standardisation of all data pertaining to welfare needs and welfare services. Some priorities need to be identified so that developmental efforts can be directed in an orderly fashion.

The Institute is proposing to discuss these priorities in 1995–96 in a series of forums on data requirements for the purpose of developing national information plans for welfare data development. This activity will benefit from the Agreement on the provision of welfare services data which the Institute has already entered into with the Commonwealth and the States and Territories. The Agreement, which provides a basis for the Institute to gain access to welfare and housing information collected by the Commonwealth and the States and Territories, will be further developed in 1995–96 and beyond.

The development of a welfare services information plan and agreement will also benefit from previous work by the Institute on the development of the National Health Information Agreement signed by the Commonwealth, States and Territories and the ABS. A National Health Information Plan developed under this Agreement is expected to provide strategic directions over the next 5 to 10 years. Consultation leading to this Agreement and the Plan involved all relevant government agencies, peak health bodies, and research experts. The National Health Information Agreement identifies priority work areas and auspices the National Health Data Dictionary.

7.5 Conclusion

In the past few years, progress has been made in the development of data on welfare services in Australia. There is now a clear recognition of the need for statistically valid indicators to measure the level of need for services and the effectiveness and efficiency of government programs. Work is progressing to identify suitable indicators and to develop data for the construction of these indicators. The Institute is devoting increasing resources to the development of statistical standards and uniform definitions and classifications to assist in this process.

Driven by such requirements and increased attention to data collection, the next few years should see the availability of new data from national surveys such as the 1996–97 national community services industry survey, and improved data from administrative systems such as the Commonwealth—State Disability Agreement and the Supported Accommodation Assistance Program.

While data development can be expected to require a great deal of effort and at times be slow, these improvements will be facilitated by the increasing use of data for policy development and program evaluation and by the growing acceptance and use of computing technology.

References

Angus G & Woodward S (1995). Child abuse and neglect: Australia 1993–94. Australian Institute of Health and Welfare. Canberra.

Australian Bureau of Statistics (ABS) (1984). Australian standard welfare activities classification. Cat. No. 1213.0. Canberra: AGPS.

Australian Bureau of Statistics (ABS) (1989). Classifications manual for government finance statistics: Australia 1989. Cat. No. 1217.0. Canberra: AGPS.

Australian Bureau of Statistics (ABS) (1993). The Australian and New Zealand standard industrial classification first edition. Cat. No. 1292.0. Canberra: AGPS.

Australian Institute of Health and Welfare (AIHW) (1993). Australia's welfare 1993: services and assistance. Canberra: AGPS.

Australian Institute of Health and Welfare (AIHW) (1995a). Welfare services expenditure bulletin No. 1. Canberra.

Australian Institute of Health and Welfare (AIHW) (1995b). National health data dictionary: version 4.0. Canberra.

Community Services Victoria (1992). Welfare as an industry: a study of community services in Victoria. Melbourne.

Baume P & Kay K (1994). Strategic review of the Commonwealth disability services program: interim report.

Commonwealth of Australia (1995). The Commonwealth disability strategy. Canberra: AGPS.

Council of Australian Governments (COAG) (1995). Task force on health and community services. Health and community services: meeting people's needs better, a discussion paper. Canberra.

Department of Human Services and Health (HSH) (1993). Service consumer profile report.

Industry Commission (1994). Charitable organisations in Australia: an inquiry into community social welfare organisations, draft report. Melbourne.

Department of Human Services and Health (1995). The efficiency and effectiveness review of the home and community care program final report. Department of Human Services and Health Aged and Community Care Service Development and Evaluation Report, No 18, June 1995. Canberra: AGPS.

Milligan V, Hardwick J & Graycar A (1984). Non-government welfare organisations in Australia: a national classification. Social Welfare Research Centre reports and proceedings No. 51.

Organisation for Economic Cooperation and Development (OECD) (1993). The development of the social database. Paris.

Pinyopusarerk M & Gibson D (1994). Welfare services expenditure data in Australia: a review of existing data sources. Canberra.

Rickwood D (1995). Measuring disability in the Australian government aged care system. Australian journal on ageing: 14(1):12–18.

Western Australia Department for Community Development (1994). From crisis to prevention: a study of community services. Perth.

8 Conclusions

This biennial report on Australia's welfare services has drawn together a range of national data pertaining to welfare expenditure, housing assistance and services, services for children, services for older people, and services for people with a disability. These data have been used to explore the need for services, the patterns of service use, client characteristics, associated costs and expenditure, and service outcomes in terms of aspects such as affordability, accessibility, appropriateness and quality.

In the process, the data themselves have also come under scrutiny—the adequacy of national data in these areas, and the development and improvement of national data on welfare services, being a primary concern and legislative responsibility of the Australian Institute of Health and Welfare. This chapter provides a brief summary of the major findings and conclusions presented in the report.

Welfare expenditure

Welfare services expenditure averaged only 2.4% of total public sector outlays between 1987–88 and 1992–93. The budget allocation for welfare services has always been smaller than in other areas such as social security (19.1%), health (14.1%) education (12.7%) and defence (5.6%). In 1992–93, the public sector spent $4.4 billion, or $250 per person, on welfare services. If tax expenditures are included, public sector outlays increase to $4.8 billion.

These national welfare services expenditure data include services for people with a disability, for children and families, and some aspects of aged care; other aspects of services for older people are excluded, however (nursing homes for example are classified under health expenditure), as is most expenditure on housing. The patterns described here must be interpreted, therefore, within that framework.

Services are also provided by the private sector, including private-for-profit organisations, private-not-for-profit organisations, volunteers and individual members of informal networks. The Institute estimates that monetary and non-monetary expenditure by the private sector, volunteers and informal carers has four times the value of Government outlays in the welfare services area.

Over the six-year period from 1987–88 to 1992–93, the Commonwealth Government's contribution averaged 45% of total public sector outlays on welfare services. The State and Territory governments' share, though falling over time, still represented more than half (54%), with local governments accounting for only 1%.

As a proportion of total expenditure, recurrent expenditure averaged 94% and capital expenditure 6%. While State and Territory governments' contribution to total recurrent expenditure averaged 55% over the period, their contribution to total capital expenditure was only 40%. Nevertheless, they have, over time, become more responsible for expenditure on capital. Their contribution increased from 36% in 1987–88 to 60% in 1992–93.

Most of the public recurrent welfare services expenditure by the Commonwealth Government and State and Territory governments (57.8%) was concentrated on services for aged and disabled people; 28.7% was spent on family and child welfare services and 13.5% on other welfare services.

In the aged and disabled welfare services area, the Commonwealth Government's share increased from 44% in 1987–88 to 49% in 1992–93, averaging 46% over the six-year period. For family and child welfare services, the Commonwealth Government's share was 35%. The Commonwealth Government carried the greater responsibility for funding in the other welfare services category, accounting for 62% of total recurrent expenditure.

The level of recurrent expenditure on welfare services varies across States and Territories. Factors contributing to the variations include, among many, population size, sex and age structure, and government policies. Queensland spent the least from their own funds on welfare services per person ($75 in 1992–93) while Tasmania spent the highest per person ($200). All States except for the Northern Territory spent, on the average, about half of their total welfare services expenditure on aged and disabled people. The Northern Territory, on the other hand, spent more than half of its total recurrent outlays on family and child welfare services.

Housing

Governments and non-government organisations provide housing assistance and services through a number of different means. This national overview has emphasised assistance provided via the Commonwealth–State Housing Agreement (CSHA), the Supported Accommodation Assistance Program (SAAP), rent assistance and through the various housing programs directed towards alleviating the disadvantage suffered by indigenous Australians.

Housing assistance is provided to meet housing needs. Although there is no consensus on how best to measure housing need in Australia, there is little disagreement that the prevalence of need is considerable. The approach to measuring housing need used in this report suggests that 17% of Australian households experienced housing need at the time of the most recent national census (August 1991). Approximately 7% of households had insufficient income to maintain a basic standard of living and a further 9% experienced housing-related need. One-parent households (44%), Aboriginal and Torres Strait Islander peoples (38%), and young single-person households (35%) experienced the highest prevalences of housing need. In this context, the recent rapid growth of one-parent and Aboriginal households is significant.

Government responses to housing need have resulted in positive outcomes. For example, SAAP met most requests by homeless people for support services, and more than 50% of SAAP clients in Victoria (data are not available for other States) secured independent housing on departure from the program. Additionally, data suggest that public housing is very well targeted—72% of households living in public housing had incomes which were less than three-quarters of Average Weekly Earnings. Similarly, rent assistance is also well targeted.

Among those renting government-owned dwellings, only 3% lived in overcrowded conditions, and the growth in community housing for indigenous Australians is also

significant in the context of providing affordable housing. Rents paid for community housing provided through the Aboriginal and Torres Strait Islander Commission's Community Housing and Infrastructure Program were considerably more affordable than rents for private sector dwellings.

Less positive, however, are data indicating that a high proportion (57%) of requests by homeless people for accommodation, as opposed to support services, is not met by SAAP. The level of unmet demand for assistance under the CSHA, albeit only crudely measured by new additions to waiting lists, is also substantial—for every one household accommodated, two more apply for assistance. Nevertheless, the capacity of State housing authorities to provide assistance has improved over recent years. This improvement has occurred despite an overall reduction in funds available for rental housing assistance, in real terms, since 1990–91.

Despite receiving housing assistance, a very large proportion of public and private renters remained in housing need and paid housing costs that were considered unaffordable. In addition, one- and two-parent families who received rent assistance often experienced overcrowding—12% and 16% respectively in 1994. Further, 51% of public renter households and 45% of private renter households receiving rent assistance reported two or more problems with their dwellings, thus raising questions about the provision of adequate housing to these groups. Similarly, Aboriginal and Torres Strait Islander peoples reported a high level of dissatisfaction (38%) with the appropriateness and adequacy of community housing.

Services for children

Child care

There has been substantial growth in the provision of child care since the late 1980s. Between 1988 and 1994, the number of children attending services funded under the Commonwealth Children's Services Program (CSP), which funds the majority of child care services nationally, is estimated to have increased three-fold from 137,100 to 396,700. Between 1987–88 and 1993–94, program expenditure more than doubled in real terms from $249.1 million to $597 million ($1989–90 constant prices).

The number of places approved under the CSP doubled from 113,933 to 245,881 places between June 1988 and June 1994. This represents both an increase in the different service types funded under the program and the expansion of services within those types. Long day care services expanded more rapidly than other service types as a consequence of private-for-profit and employer sponsored and other non-profit long day care centres coming under Commonwealth funding at 1 January 1991.

Childcare Assistance, by which child care fees for low- and middle-income families are reduced (mainly in long day care services), has increased as a proportion of total Commonwealth expenditure from 58% in 1990–91 to 74% in 1993–94. The proportion of Childcare Assistance going to private-for-profit and employer-sponsored and other non-profit long day care centres increased from 20% in 1990–91 to 47% in 1993–94.

In relation to concerns about the quality of child care, national standards for long day care centres, family day care and outside school hours care have been established and an accreditation process for long day care centres is underway.

Child welfare services

There has been a sharp increase in the number of substantiated and 'at risk' cases of child abuse and neglect since 1988–89—averaging around 9% per year. In 1993–94, there were 28,711 substantiated cases of child abuse and neglect and 2,605 cases where the child was asssessed as being 'at risk' of abuse and neglect. Physical abuse was the main type of abuse and neglect in 29% of substantiated cases, emotional abuse in 27%, neglect in 25% and sexual abuse in 19%. It is important to note that these national statistics are not measures of the incidence of child abuse and neglect, because an unknown number of cases are not reported and because some State and Territory statistics do not include reports made to agencies such as the police and hospitals. There is a need to collect additional information on child abuse and neglect cases, particularly in relation to current concerns about the level of severity of such cases.

A child who is the subject of a substantiated case of child abuse and neglect may be placed under a care and protection order, put into substitute care, or both. A child may be placed under a care and protection order, or in substitute care, for a number of reasons other than child abuse and neglect. At June 30 1994, there were 12,750 children under care and protection orders, around two-thirds of whom were under guardianship orders, the remainder under other types of care and protection orders. Two-thirds of all children under care and protection orders were in foster care or in residential child care.

Adoptions are administered by State and Territory welfare departments. The number of adoptions continued to fall—by 2% in 1993–94 and by 92% since 1971–72. Of the 764 adoptions in 1993–94, 70% were adoptions by non-relatives, with 41% of children adopted by non-relatives being born overseas. Adoptions by relatives were mostly adoptions by step-parents. Over 6,000 applications for adoption information were made in 1993–94 following changes to State and Territory adoption laws over the past decade.

Aged care

The Australian aged care system continues to undergo reform and development; the process, however, is characterised more by the consolidation and refinement of earlier changes than by further innovation. The reduction of nursing home care in favour of hostel and community-based care has continued, as have attempts to increase the flexibility of the system to meet more appropriately the varied needs of older people with disabilities and the needs of their carers.

From 1991 to 2041, the proportion of the Australian population aged 65 and over is projected to double, from 11% to 22%. Such figures are, however, an unreliable guide to likely increases in the demand for aged care services. Service use among the younger aged is low—less than 1% of people aged between 65 and 69 are in hostels and nursing homes. The numbers of highly physically and mentally dependent older people is a better indicator. While a minority of the older population is so affected, the number of profoundly and severely handicapped aged people will double between 1993 and 2021, from 352,800 to 709,600.

An increasing proportion of profoundly and severely handicapped aged persons is now living in the community. Much assistance will undoubtedly continue to be provided by the informal sector; however there is likely to be continuing growth in the

demands placed on community-based formal services. There has been a shift in overall funding of aged care services, with the Home and Community Care (HACC) share of the aged care budget increasing from 15% in 1985–86 to 23% in 1993–94.

The level of nursing home care has been reduced, from 62 beds per thousand persons aged 70 and over in 1988 to 52 beds in 1994. The number of hostel places has increased, but not sufficiently to equal the reduction in nursing home beds, moving from 37 places per thousand persons 70 and over in 1988 to 40 places per thousand persons aged 70 and over in 1994. In addition, this period has seen the creation of community aged care packages, aimed at providing the equivalent of hostel personal care services to persons living in the community; in 1994 there were two such places available per thousand persons aged 70 and over.

There has been a modest increase (less than 5%) in turnover in both nursing homes and hostels in recent years. These apparently modest increases, however, are actually part of a quite substantial shift in the patterns of use of nursing homes and hostels. The proportion of respite admissions to nursing homes has increased from 4% in 1989–90 to 15% in 1993–94. This use of nursing homes by elderly persons normally resident in the community is essentially a support service for carers, and is thus as much a part of the domiciliary as the residential care program. In terms of admissions for permanent (non-respite) care, the turnover figures for the period remain relatively stable.

National data now available from the outcome standards monitoring process suggest that there has been general improvement in the quality of care provided in Australian nursing homes and hostels in recent years. The outcome standards monitoring process has been in place in Australian nursing homes since 1987, and in hostels since 1991. A large-scale evaluation of the outcome standards monitoring program placed it at the forefront of international attempts to regulate and improve quality of care in the nursing home industry. All standards are met by the majority of hostels, and 22 of the 25 standards are met by at least three-quarters of hostels. For nursing homes, 30 of the 31 standards were met by at least 70% of the homes visited.

Disability services

Services of relevance to people with a disability include income support, disability support and mainstream services. These services and their interrelationships are undergoing change, in particular with the recognition of the rights of people with a disability to access mainstream services and to have greater choice in the nature of services so that they can participate more fully in community life. Major evaluations of disability services now or recently conducted are likely to accelerate this evolution, and to sharpen the definitions of these services in terms of eligibility criteria, goals and outcomes.

In 1993 there were an estimated 3,176,700 people experiencing disability—defined in terms of a broad list of limitations, restrictions or impairments. Of these, 2,031,900 were aged under 65, of whom 1,519,000 reported handicap, that is, a limitation or restriction in performing certain tasks associated with daily living because of their disability. There were 368,300 people aged 5–64—2.6% of people in that age group—estimated to have a profound or severe handicap, indicating frequent or constant need for living assistance. Age-standardised rates of severe handicap have remained fairly

steady since 1981, suggesting that an observed rise in reported prevalence is mainly due to the ageing of the population. This finding should have an application in planning disability support services targeted to people who need living assistance.

The major income support program for people with a disability is the Disability Support Pension. In 1993–94 there were 437,497 DSP recipients, involving an expenditure by the Department of Social Security of $3,141.9 million. Together with other pensions and allowances supporting the families of people with a disability, the total annual disability-related expenditure by the Department of Social Security was just over $5 billion.

Important disability support services are provided by Australian governments under the Commonwealth/State Disability Agreement (CSDA). In 1994, States and Territories funded or provided 2,341 of these services under the CSDA (this number does not include services provided directly by Victoria and Queensland). Most (1,089) of these were accommodation services. Those 1,805 services, which were able to provide data on service consumers, reported providing services to 15,482 males (54% of consumers) and 12,755 females; 63% of service consumers had an intellectual disability.[1]

Under the CSDA the Commonwealth takes administrative responsibility for employment services for people with a disability. In 1993 there were 708 employment services funded under the CSDA by the Commonwealth. Expenditure by the Department of Human Services and Health on directly funded programs in 1993–94 totalled $184.2 million with a further $250.2 million going to the States and Territories for CSDA purposes.

Other programs provide key aspects of living assistance to people with a disability. Approximately 20% of HACC users are aged under 65 years. Aids and appliances were used by 395,000 people (27%) of those reporting a handicap in the 1993 ABS survey; 30% of those people received financial assistance to obtain these aids.

Mainstream employment programs are of importance to people with a disability who do not require ongoing support in a job; 14% of 528,660 people who began Department of Employment, Education and Training labour market programs in 1993–94 had a disability.

Informal assistance remains of enormous significance to people with a disability. Of people living in a household, reporting handicap and receiving assistance:

- 60.2% relied solely on informal assistance
- 8.1% relied solely on formal assistance
- 31.7% relied on a mixture of both.

There are an estimated 7,700 parents aged 65 and over who are the principal carer for a person with a severe or profound handicap with whom they reside. As these carers age, their capacity to fulfil this role will diminish. Over 15,000 people reporting profound or severe handicap in 1993 and needing assistance with a range of activities, received no help from either formal services or informal assistance—suggesting that there are already significant numbers of people with basic needs not met by the current array of services in Australia for people with a disability.

1 The consumer numbers possibly contain some double-counting because a person may receive a service from more than one service type on the day.

Data development

In the two years since the publication of *Australia's Welfare: Services and Assistance 1993*, data development has gathered pace. There has been an increasing recognition of the importance of consistent national data for the development of policies and the monitoring of programs, in particular data relating to output and outcome for individuals. Governments and the general public are increasingly concerned with accountability for the expenditure incurred and with the outcomes of these programs for individuals and for the wider community.

Development of indicators to measure the effectiveness and efficiency of services has started in many areas covered by this publication. These developments have involved the major Commonwealth government agencies (the Institute, the ABS, the Department of Human Services and Health and the Department of Housing and Regional Development) and State and Territory government agencies. Non-government welfare organisations are also supporting a nationally coordinated approach to data improvement and collection.

The next few years should see new and high-quality information coming out of initiatives such as the 1996–97 ABS national community services industry survey, the Institute's welfare services expenditure and labour force projects, the implementation of the agreed national minimum data set among all agencies funded under the Commonwealth/State Disability Agreement, improvements to data collections from Home and Community Care service providers and aged care assessment teams, and new data strategies of a re-negotiated Commonwealth–State Housing Agreement and a new Supported Accommodation Assistance Program.

These various data development activities require coordination so that nationally consistent and compatible data on welfare services can be achieved at the end of these currently separate efforts. The Institute's plan to develop a national data model to cover both health and welfare data and the development of a national classification of welfare services should assist in achieving such an objective. In the near future, the Institute is proposing to discuss coordination and priority issues in a series of forums on data requirements with a view to developing a national information agreement and plan for welfare services.

Appendix I: Lists of tables and figures

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Appendix II: Appendix tables

Chapter 2 Welfare services expenditure

Table A2.1: *Total outlays by selected purpose for Commonwealth, State, Territory and local governments combined, 1987–88 to 1992–93 ($ million)*

	1987–88	1988–89	1989–90	1990–91	1991–92	1992–93
Defence						
Amount	6,806	7,189	7,734	8,326	8,607	9,010
Proportion of total	5.8%	5.8%	5.5%	5.5%	5.4%	5.5%
Education						
Amount	14,592	15,965	17,445	18,879	20,364	21,465
Proportion of total	12.5%	12.8%	12.3%	12.5%	12.7%	13.1%
Health [(a)]						
Amount	16,398	17,968	19,652	21,151	22,692	23,470
Proportion of total	14.0%	14.4%	13.9%	14.0%	14.2%	14.4%
Social security benefits						
Amount	21,506	22,089	24,162	28,106	32,551	35,279
Proportion of total	18.4%	17.8%	17.1%	18.6%	20.3%	21.6%
Welfare services [(a)]						
Amount	2,562	2,932	3,124	3,383	3,943	4,400
Proportion of total	2.2%	2.4%	2.2%	2.2%	2.5%	2.7%
Housing and community amenities						
Amount	4,245	3,801	4,871	4,482	4,601	4,801
Proportion of total	3.6%	3.1%	3.4%	3.0%	2.9%	2.9%
Other purposes						
Amount	50,692	54,415	64,444	66,490	67,541	65,102
Proportion of total	43.4%	43.8%	45.6%	44.1%	42.1%	39.8%
Total	**116,801**	**124,359**	**141,432**	**150,817**	**160,299**	**163,527**

(a) AIHW estimates.

Note: Except for health and welfare services, the data used in this analysis were Australian Bureau of Statistics 1994a:16.

Table A2.2: *Commonwealth and State and Territory governments recurrent outlays on welfare services in current prices, 1987–88 to 1992–93 ($'000)*

		Commonwealth transfer payments					
	Cwlth direct outlays	to State and Territory govts	to local government	to non-govt organisations	Total Cwlth outlays	State expenditure net of Cwlth transfer payment	Total Cwlth and State and Territory outlays
Family and child welfare							
1987–88	15,349	24,095	73,712	90,029	203,185	486,062	689,247
1988–89	11,673	14,211	76,956	104,155	206,995	530,280	737,275
1989–90	15,151	14,994	79,123	116,833	226,101	582,828	808,929
1990–91	18,274	15,746	76,144	148,181	258,345	597,805	856,150
1991–92	20,352	25,038	124,904	277,948	448,242	639,569	1,087,811
1992–93	19,855	28,009	142,870	366,761	557,495	681,327	1,238,822
Average annual growth[(a)]	5.3%	3.1%	14.2%	32.4%	22.4%	7.0%	12.4%
Aged and disabled welfare							
1987–88	103,692	135,031	44,202	269,120	552,045	701,562	1,253,607
1988–89	55,765	195,599	51,382	369,184	671,930	847,631	1,519,561
1989–90	97,383	198,032	58,912	400,200	754,526	909,542	1,664,068
1990–91	143,086	225,010	71,163	443,532	882,791	992,084	1,874,875
1991–92	164,174	257,287	82,877	502,770	1,007,108	1,189,282	2,196,390
1992–93	187,143	439,695	88,878	478,678	1,194,394	1,260,811	2,455,205
Average annual growth[(a)]	12.5%	26.6%	15.0%	12.2%	16.7%	12.4%	14.4%
Other welfare services							
1987–88	67,137	94,046	7,932	16,564	185,679	127,484	313,163
1988–89	71,952	149,998	-3,091	20,988	239,847	144,931	384,778
1989–90	89,272	135,901	4,461	25,069	254,703	147,775	402,478
1990–91	112,483	126,043	1,361	38,203	278,090	181,613	459,703
1991–92	114,793	135,495	1,061	50,508	301,857	174,498	476,355
1992–93	111,781	105,488	1,867	73,449	292,585	194,194	486,779
Average annual growth[(a)]	10.7%	2.3%	-25.1%	34.7%	9.5%	8.8%	9.2%

(a) Average annual growth rates are calculated using exponential growth.

Note: The databases used in this analysis were DCSH 1988, 1989, 1990; DHHCS 1991, 1992; DHHLGCS 1993; Department of Immigration and Ethnic Affairs unpublished data; Department of Veterans' Affairs unpublished data and the Commonwealth Grants Commission expenditure database.

Table A2.3: *State and Territory total welfare services recurrent expenditure including Commonwealth money in current prices, 1987–88 to 1992–93 ($'000)*

	NSW	Vic	Qld	WA	SA	Tas	NT	ACT	Total
Family and child welfare									
1987–88	167,969	134,253	54,020	56,247	38,381	11,483	8,448	5,682	476,483
1988–89	167,506	156,029	52,664	74,750	43,910	14,115	11,133	9,889	529,996
1989–90	169,682	186,022	61,812	75,568	53,380	15,499	12,585	9,000	583,548
1990–91	181,269	177,939	58,549	82,621	62,255	11,343	13,369	10,602	597,947
1991–92	224,727	190,653	46,627	80,688	64,733	9,485	13,093	9,301	639,307
1992–93	228,978	202,605	51,126	94,498	65,477	16,369	13,254	9,020	681,327
Aged and disabled welfare									
1987–88	240,518	185,534	74,914	77,427	84,359	13,709	8,044	17,804	702,309
1988–89	282,909	226,430	100,592	89,385	104,943	26,209	5,838	10,731	847,037
1989–90	313,660	255,119	87,771	100,555	102,097	29,277	7,136	13,927	909,542
1990–91	349,350	276,927	90,388	108,821	109,402	34,730	8,632	13,196	991,446
1991–92	383,076	380,607	106,462	110,810	125,180	42,293	7,736	21,501	1,177,665
1992–93	424,952	406,560	122,719	110,212	107,133	60,107	11,324	19,782	1,262,789
Other welfare services									
1987–88	37,831	15,369	19,112	35,858	11,582	4,012	2,750	7,988	134,502
1988–89	33,974	26,040	27,967	37,324	13,143	3,433	4,071	5,004	150,956
1989–90	40,319	23,564	30,644	33,855	14,676	4,516	3,433	6,112	157,119
1990–91	44,154	30,236	47,365	35,166	15,003	2,544	4,572	12,488	191,528
1991–92	54,315	17,979	50,418	31,402	14,719	6,877	2,970	5,903	184,583
1992–93	60,356	16,366	51,145	22,943	16,102	17,024	3,774	6,004	193,714
Total welfare services									
1987–88	446,318	335,156	148,046	169,532	134,322	29,204	19,242	31,474	1,313,294
1988–89	484,389	408,499	181,223	201,459	161,996	43,757	21,042	25,624	1,527,989
1989–90	523,661	464,705	180,227	209,978	170,153	49,292	23,154	29,039	1,650,209
1990–91	574,773	485,102	196,302	226,608	186,660	48,617	26,573	36,286	1,780,921
1991–92	662,118	589,239	203,507	222,900	204,632	58,655	23,799	36,705	2,001,555
1992–93	714,286	625,531	224,990	227,653	188,712	93,500	28,352	34,806	2,137,830

Note: The database used in this analysis was the Commonwealth Grants Commission expenditure database.

Table A2.4: *Average weekly ordinary time hours and earnings*

State or Territory	Males			Females		
	Average weekly ordinary time earnings		Average weekly hours	Average weekly ordinary time earnings		Average weekly hours
	Junior	Adult		Junior	Adult	
NSW	299.00	582.60	37.6	295.80	537.90	37.2
Vic	296.10	577.00	38.1	284.50	517.20	37.9
Qld	289.70	564.60	38.3	278.90	507.00	37.7
WA	287.80	560.80	38.3	290.30	527.90	37.7
SA	303.80	592.00	38.1	284.90	518.00	37.7
Tas	290.30	565.70	37.7	296.50	539.00	37.7
ACT	320.10	623.70	37.9	307.30	558.70	36.2
NT	315.80	615.40	37.7	313.70	570.30	37.1
Australia	**296.50**	**577.80**	**37.9**	**289.60**	**526.50**	**37.5**

Note: The database used in this analysis was ABS 1993b.

Chapter 3 Housing assistance and services

Table A3.1: *Aboriginal and Torres Strait Islander population and growth rates, Australia, 1971–91*

Year	Number	Interval	Growth rate (%)
1971	115,953		
1976	160,915	1971–76	6.8
1981	159,897	1976–81	-0.1
1986	227,645	1981–86	7.3
1991	265,459	1986–91	3.1
		1971–91	4.2

Notes
1. Growth rates are geometric (compounding at regular intervals).
2. The Aboriginal and Torres Strait Islander population recorded in 1976 may be over-estimated and therefore may result in an inaccurate growth rate for the 1971–76 and 1976–81 periods.

Sources: ABS 1982b; ABS 1987; ABS 1993b.

Table A3.2: *Population and households in Australia, census counts and growth rates, 1971–91*

Year	Households		Persons in private dwellings		All persons (estimated residents)	
	Number	Growth rate (%)	Number	Growth rate (%)	Number	Growth rate (%)
1971	3,670,554		12,155,386		13,067,265	
1976	4,140,521	2.4	12,942,708	1.3	14,033,083	1.4
1981	4,668,909	2.4	13,918,445	1.5	14,923,260	1.2
1986	5,187,422	2.1	14,920,230	1.4	16,018,350	1.4
1991	5,825,518	2.3	16,259,948	1.7	17,292,044	1.5
Change from 1971–91	**2,154,964**	**2.3**	**4,104,562**	**1.5**	4,224,779	**1.4**

Notes

1. Growth rates are geometric (compounding at regular intervals).
2. Households and persons in private dwellings are census counts whereas all persons are estimated resident population.
3. Households exclude those in caravans, etc. in caravan parks.

Sources: ABS Year Book Australia (various years).

Table A3.3: *Changes in household and dwelling size, occupied private dwellings, Australia, 1971–91*

Number of bedrooms	Change between 1971–91		Household size	Change between 1971–91	
	Number	%		Number	%
0–1	-42,641	-12.1	1	604,893	121.5
2	334,894	34.6	2	767,443	78.9
3	988,194	54.1	3	296,719	44.8
4	520,860	130.6	4	348,843	50.9
5+	82,549	100.0	5	63,195	14.1
			6+	-165,449	-40.7
Total	**1,885,847**	**52.2**		**1,915,644**	**52.2**

Notes

1. The percentage change for one-bedroom dwellings includes bed-sits and the percentage change for five-bedroom dwellings includes dwellings with more than five bedrooms.
2. Excludes caravans, etc. in caravan parks and dwellings in which the number of bedrooms was not stated.

Sources: ABS 1972b, Table 14; ABS 1979, Table 51; ABS 1983, Table C75; ABS 1989, Table C79; ABS 1993a, Table B51; ABS 1993c, Table 6.4; ABS 1991a:123.

Table A3.4: *Comparing estimates of housing need using the AIHW and NHS models, Australia, 1991*

	NHS housing need measure									
	In need				Not in need					
AIHW housing need measure	Overcrowded, not currently in financial need but cannot afford appropriate housing	Not overcrowded, and in financial need	Overcrowded, and in financial need	Total in need	Overcrowded, low-income but can afford appropriate housing	Low income, not in need	Not low income	Total not in need	Total	Total households ('000)
In need				% households						
Basic need and overcrowded	0.2	n.a.	0.3	0.6	0.1	0.0	0.1	0.2	0.8	42
Basic need, not overcrowded	n.a.	2.7	n.a.	2.7	n.a.	3.5	0.1	3.7	6.3	342
Total in basic need	*0.2*	*2.7*	*0.3*	*3.2*	*0.1*	*3.5*	*0.3*	*3.9*	*7.1*	*385*
Overcrowded	0.1	n.a.	0.0	0.1	0.0	0.0	0.4	0.4	0.5	27
Housing-related need, not overcrowded	n.a.	4.8	n.a.	4.8	n.a.	1.9	1.5	3.3	8.1	439
Housing-related need and overcrowded	0.1	n.a.	0.3	0.4	0.0	0.0	0.4	0.5	0.8	44
Total in housing-related need	*0.2*	*4.8*	*0.3*	*5.3*	*0.1*	*1.9*	*2.3*	*4.2*	*9.5*	*511*
Total in need	*0.4*	*7.5*	*0.6*	*8.5*	*0.1*	*5.4*	*2.5*	*8.1*	*16.6*	*895*

(*continued*)

Table A3.4 (continued): *Comparing estimates of housing need using the AIHW and NHS models, Australia, 1991*

Not in need										
Low income, not in need	n.a.	0.0	n.a.	0.0	n.a.	10.0	1.7	11.7	11.7	632
Not low income	0.0	1.9	0.0	2.0	0.0	9.9	59.8	69.7	71.7	3,865
Total not in need	*0.0*	*1.9*	*0.0*	*2.0*	*0.0*	*19.9*	*61.5*	*81.4*	*83.4*	*4,497*
Total	**0.4**	**9.4**	**0.6**	**10.5**	**0.2**	**25.3**	**64.0**	**89.5**	**100.0**	**5,393**
Total households ('000)	**24**	**509**	**32**	**565**	**10**	**1,366**	**3,452**	**4,828**	**5,393**	

Notes

1. Households not living in their place of usual residence on census night and persons living in non-private dwellings are also excluded.
2. 249,618 households had missing data.
3. Under the NHS model households in housing need are those with income below $446.67 in 1991 experiencing affordability problems and/or overcrowding.
4. Under the AIHW model a household cannot be overcrowded and low-income but not in need.
5. The database used in this analysis was the ABS 1991 Census of Population and Housing, final unit record file.

Table A3.5: *Housing need by household type, Australia, 1991*

	Type of housing need						
	In basic housing need	In housing-related need	*Total in need*	*Total households in need*	Over-crowded and in need	Not in housing need	*Total households*
Household type	% households			*('000)*	% households		*('000)*
Lone-person 15–24	18.5	16.3	*34.8*	*25*	0.0	65.2	*71*
Lone-person 25–64	8.7	13.0	*21.8*	*128*	0.0	78.2	*586*
Lone-person 65+	5.6	15.2	*20.8*	*92*	0.0	79.2	*441*
Couple only, reference person 15–64	3.8	2.0	*5.8*	*47*	0.0	94.2	*815*
Couple only, reference person 65+	2.9	1.8	*4.6*	*19*	0.0	95.4	*405*
One-parent family	18.1	26.1	*44.2*	*200*	5.9	55.8	*452*
Two-parent family	7.1	7.4	*14.4*	*298*	2.4	85.6	*2,068*
Multi-family household	5.9	9.8	*15.7*	*57*	8.0	84.3	*361*
Group household	6.0	12.0	*18.0*	*41*	3.7	82.0	*225*
All households	**7.3**	**9.4**	***16.7***	***905***	**2.1**	**83.3**	***5,424***

Notes

1. Because it was not possible to distinguish between bedsitter accommodation and single-bedroom dwellings in the 1991 census, lone-person and couple-only households are assumed not to be overcrowded.
2. 217,835 households had missing data. Households not living in their place of usual residence on census night and persons living in non-private dwellings are also excluded.
3. The database used in this analysis was the ABS 1991 Census of Population and Housing, final unit record file.

Table A3.6: *Housing need by aboriginality of household reference person, Australia, 1991*

Type of housing need	Aboriginal and Torres Strait Islander	Other	All households
	% households		
In need			
Basic need and overcrowded	7.3	0.7	0.8
Basic need, not overcrowded	12.6	6.4	6.4
Total in basic need	*19.9*	*7.1*	*7.2*
Overcrowded	1.5	0.5	0.5
Housing-related need, not overcrowded	13.6	8.0	8.1
Housing-related need and overcrowded	3.3	0.8	0.8
Total in housing-related need	*18.3*	*9.3*	*9.4*
Total in housing need	**38.2**	**16.4**	**16.6**
Not in need			
Low-income but not in housing need	5.1	11.5	11.4
Not low income	56.7	72.1	72.0
Total not in housing need	**61.8**	**83.6**	**83.4**
Total households in need ('000s)	*19*	*866*	*885*
Total households not in housing need ('000s)	*31*	*4,405*	*4,436*
Total households ('000s)	**50**	**5,270**	**5,321**

Notes

1. Date were missing for 321,699 households. Households not living in their place of usual residence on census night and persons living in non-private dwellings are also excluded.
2. The database used in this analysis was the ABS 1991 Census of Population and Housing, final unit record file.

Table A3.7: *Total CSHA related funding for housing assistance, Australia, 1983–84 to 1992–93*

Financial year	Cwlth grants	Cwlth loans	Internal funds	State funds	Private sector funds	Total
	(1989–90 constant $ million)					
1983–84	846.0	339.0	191.5	267.2	0.0	1,643.6
1984–85	879.1	572.3	275.2	352.5	0.0	2,079.1
1985–86	851.0	597.5	322.4	218.5	67.1	2,056.4
1986–87	831.8	701.1	177.8	402.8	3.4	2,116.8
1987–88	790.1	467.3	238.8	508.0	291.3	2,295.5
1988–89	741.5	328.9	595.5	448.8	814.9	2,929.6
1989–90	1,050.6	0.0	378.4	470.9	1,776.9	3,676.8
1990–91	992.1	0.0	427.1	441.4	1,837.9	3,698.5
1991–92	985.7	0.0	424.4	502.0	1,735.8	3,647.9
1992–93	915.8	0.0	341.6	457.0	944.9	2,659.2

Notes

1. Commonwealth grants are net of funds provided under the terms of the *State Grants (Housing) Act 1971*.
2. State and Commonwealth funding is net of other housing program funds which are not part of the CSHA.
3. The ACT formally became a party to the CSHA in 1989.
4. Figures have been adjusted using the Domestic Final Demand Price Deflator (ABS 1994c).
5. Data used in this analysis are adapted from DCSH 1988 and Housing Assistance Act annual reports 1983–84 to 1992–93.

Table A3.8: *CSHA home purchase assistance, Australia, 1983–84 to 1992–93*

Financial year	Cwlth grants	Cwlth loans	Transfers between programs	Internal funds	State funds	Private sector funds	Total
	(1989–90 constant $ million)						
1983–84	104.4	91.0	0.0	201.6	32.6	0.0	429.6
1984–85	79.2	185.3	0.0	239.9	106.0	0.0	610.4
1985–86	42.8	117.4	0.0	366.1	137.5	67.1	731.0
1986–87	41.2	186.4	0.0	314.7	91.0	0.4	633.7
1987–88	17.7	74.1	0.0	387.1	104.1	248.4	831.5
1988–89	1.8	47.2	0.0	504.4	110.9	803.9	1,468.2
1989–90	16.7	0.0	-154.4	379.7	154.4	1,772.8	2,169.3
1990–91	14.9	0.0	16.5	403.2	15.9	1,837.1	2,287.5
1991–92	20.8	0.0	-62.5	439.7	35.1	1,728.1	2,161.1
1992–93	11.0	0.0	19.5	400.2	32.6	931.7	1,394.9

Notes

1. The Commonwealth grants are net of funds provided under the terms of the *State Grants (Housing) Act 1971*.
2. State and Commonwealth funding is net of other housing program funds which are not part of the CSHA.
3. The ACT formally became a party to the CSHA in 1989.
4. Figures have been adjusted using the Domestic Final Demand Price Deflator (ABS 1994c).
5. Data used in this analysis are adapted from DCSH 1988 and Housing Assistance Act annual reports 1983–84 to 1992–93.

Table A3.9: *CSHA housing loans approved, Australia, 1983–84 to 1992–93*

Financial year	Number
1983–84	10,971
1984–85	12,596
1985–86	17,503
1986–87	16,612
1987–88	17,808
1988–89	24,440
1989–90	37,398
1990–91	35,096
1991–92	30,781
1992–93	18,175

Sources: Housing Assistance Act annual reports (various years).

Table A3.10: *CSHA funding for rental housing assistance, Australia, 1983–84 to 1992–93*

Financial year	Cwlth grants	Cwlth loans	Transfers between programs	Internal funds	State funds	Private sector funds	Total
	(1989–90 constant $ million)						
1983–84	741.6	247.9	0.0	-10.1	234.5	0.0	1,214.0
1984–85	799.8	387.0	0.0	35.3	246.5	0.0	1,468.7
1985–86	808.2	480.1	0.0	-43.8	81.0	0.0	1,325.5
1986–87	790.5	514.8	0.0	-137.0	311.8	3.0	1,483.1
1987–88	772.3	393.2	0.0	-148.2	403.9	42.9	1,464.0
1988–89	739.8	281.7	0.0	91.1	337.9	11.0	1,461.4
1989–90	1,033.9	0.0	154.4	-1.3	316.5	4.1	1,507.5
1990–91	977.2	0.0	-16.5	24.0	425.5	0.8	1,411.0
1991–92	964.9	0.0	62.5	-15.3	466.9	7.7	1,486.7
1992–93	904.8	0.0	-19.5	-58.5	424.4	13.2	1,264.4

Notes

1. Commonwealth grants are net of funds provided under the terms of the *State Grants (Housing) Act 1971.*
2. State and Commonwealth funding is net of other housing program funds which are not part of the CSHA.
3. The ACT formally became a party to the CSHA in 1989.
4. Figures have been adjusted using the Domestic Final Demand Price Deflator (ABS 1994c).
5. Data used in this analysis are adapted from DHRD 1994b and DCSH 1988.

Table A3.11: *CSHA stock, net annual additions and total stock, Australia, 1982–83 to 1992–93*

Financial year ending	Net annual additions	Total stock
1983–84	14,577	259,664
1984–85	13,801	273,465
1985–86	14,820	288,285
1986–87	15,889	304,174
1987–88	11,814	315,988
1988–89	9,993	325,981
1989–90	13,638	351,690
1990–91	10,262	361,952
1991–92	7,507	369,459
1992–93	7,244	376,703

Note: The Australian Capital Territory formally joined the CSHA in 1989. ACT stock changes and stock totals have been included from 1989–90.

Sources: Housing Assistance Act annual reports (various years).

Table A3.12: *SAAP accommodated service users by age and sex, Australia, November 1994*

Age	Males	Females	Total persons	Males as a proportion of all service users (%)	Females as a proportion of all service users (%)
10–14	59	64	123	0.9	1.0
15–19	775	939	1,714	11.5	13.9
20–24	412	539	951	6.1	8.0
25–29	308	448	756	4.6	6.6
30–34	367	426	793	5.4	6.3
35–39	337	286	623	5.0	4.2
40–44	327	172	499	4.9	2.6
45–49	251	89	340	3.7	1.3
50–54	209	65	274	3.1	1.0
55–59	155	29	184	2.3	0.4
60–64	157	29	186	2.3	0.4
65–69	123	16	139	1.8	0.2
70+	134	29	163	2.0	0.4
Total	**3,614**	**3,131**	**6,745**	**53.6**	**46.4**

Notes
1. Excludes 120 cases due to missing data.
2. The database used in this analysis was the National SAAP One-Night Census, November 1994, unit record file.

Table A3.13: *Age and sex of public housing tenants, Australia, 1994*

Age	Males	Males as a proportion of all public housing tenants (%)	Females	Females as a proportion of all public housing tenants (%)	Total persons	Total per cent
15–19	9,902	1.7	12,918	2.3	22,819	4.0
20–24	23,851	4.2	32,276	5.6	56,126	9.8
25–29	20,087	3.5	36,297	6.3	56,384	9.8
30–34	25,656	4.5	39,219	6.9	64,875	11.3
35–39	20,960	3.7	35,232	6.2	56,192	9.8
40–44	19,954	3.5	28,938	5.1	48,892	8.5
45–49	20,405	3.6	26,597	4.6	47,003	8.2
50–54	13,797	2.4	21,068	3.7	34,865	6.1
55–59	11,272	2.0	19,449	3.4	30,722	5.4
60–64	15,443	2.7	18,510	3.2	33,953	5.9
65–69	15,012	2.6	18,196	3.2	33,208	5.8
70–74	16,623	2.9	24,679	4.3	41,303	7.2
75+	14,253	2.5	31,918	5.6	46,171	8.1
Total	**227,215**	**39.7**	**345,297**	**60.3**	**572,513**	100.0

Notes

1. Excludes children under 18 years of age.
2. Figures are weighted population estimates and therefore subject to sampling error. Sampling errors are relatively large for estimates based on a small number of respondents.
3. The database used in this analysis was the ABS 1994 Rental Tenants Survey, unit record file.

Table A3.14: *Age of rent assistance recipients by State/Territory, Australia, 1995*

Age	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
<16	178	84	153	63	42	22	4	9	555
16–19	12,571	8,195	10,179	3,435	3,285	1,231	603	359	39,858
20–24	37,446	27,214	26,905	10,152	8,636	2,921	1,776	1,031	116,081
25–29	33,268	24,696	20,797	8,546	7,146	2,292	1,078	799	98,622
30–39	53,953	36,010	31,683	12,875	10,633	3,576	1,239	1,208	151,177
40–49	33,420	22,145	21,800	7,651	6,003	2,156	591	750	94,516
50–59	27,973	17,483	18,284	5,853	4,150	1,620	375	471	76,209
60–69	39,063	22,637	22,934	7,947	6,003	1,992	481	383	101,440
70+	79,108	53,987	45,216	20,067	21,624	5,297	1,316	365	226,980
Total	**316,980**	**212,451**	**197,951**	**76,589**	**67,522**	**21,107**	**7,463**	**5,375**	**905,438**

Notes

1. This table excludes 594 DVA recipients aged under 50 years.
2. Data on the age of the 66,751 DSS recipients who receive Additional Family Payment and 41,134 two-parent families were unavailable and these recipients have not been included. There are three missing cases from the DVA data.

Sources: DSS, unpublished data; DVA, unpublished data.

Table A3.15: *Met demand for SAAP accommodation among new arrivals by service user target group, Australia, September 1990–94 (%)*

	New arrivals accommodated			
Target group	**September 1990**	**September 1991**	**September 1992**	**September 1994**
Youth	20.7	22.5	29.1	17.2
Women escaping domestic violence	40.9	44.1	27.4	44.4
One- and two-parent families	20.1	16.6	17.9	19.2
Single women	50.0	62.3	35.1	18.8
Single men	88.6	91.8	82.0	83.9
Multiple	53.2	56.7	72.9	61.8
All services	**42.5**	**50.4**	**44.6**	**42.6**

Notes

1. The National SAAP Two-Week Census was not conducted in September 1993 and therefore data are not available.
2. The September 1992 census includes three new arrivals and the September 1994 census includes one new arrival for which no information was recorded on the target group.
3. The databases used in this analysis were the National SAAP Two-Week Census, various years, unit record files.

Table A3.16: *Applicants added to public housing waiting lists and applicants accommodated during each financial year, Australia, 1982–83 and 1983–84*

Financial year	**Applicants added to list**	**Applicants accommodated**
1982–83	85,875	35,381
1983–84	83,229	37,451

Sources: Housing Assistance Act annual reports (various years).

Table A3.17: *Prevalence of return home for victims of domestic violence and service users aged under 16 years, Victoria, March–June 1990 to 1992–93*

	Victims of domestic violence		Service users under 16 years	
Period	**Number**	**%**	**Number**	**%**
March–June 1990	95	29.6	38	21.4
1990–91	306	28.2	115	19.7
1991–92	353	27.8	122	18.5
1992–93	335	26.8	108	17.3
All periods	**1,089**	**27.7**	383	**18.7**

Notes

1. Domestic violence cases exclude 162 cases due to missing data on either pre- or post-SAAP living arrangements, and service users under 16 years exclude 104 cases due to missing data on post-SAAP accommodation.
2. The database used in this analysis was the Victorian SAAP Accommodation Services Collection, 1990–93, unit record file.

Table A3.18: *Appropriateness of rental housing by tenure and assistance received, Australia, 1994 (%)*

	Public renters	Private renters receiving rent assistance	Other private renters
Highly overcrowded	0.3	0.8	0.5
Moderately overcrowded	3.1	7.0	4.8
Appropriate	47.7	46.9	37.1
Moderately under-utilised	38.9	35.5	41.0
Highly under-utilised	10.1	9.8	16.7
Total	*100.0*	*100.0*	*100.0*
Total number	**367.4**	**423.0**	**857.2**

Notes

1. Figures are weighted population estimates and therefore subject to sampling error. Sampling errors are relatively large for estimates based on a small number of respondents.
2. The database used in this analysis was the ABS 1994 Rental Tenants Survey, unit record file.

Table A3.19: *Distribution of population in need by size of dwelling occupied and stock of public and private housing by size of dwelling, Australia, 1994*

	Population in need		Public housing dwellings		Private rental dwellings	
Number of bedrooms	Number	%	Number	%	Number	%
1	261,913	37.6	77,456	21.1	157,661	12.3
2	262,032	37.6	94,004	25.6	521,028	40.7
3	140,216	20.1	176,618	48.1	483,952	37.8
4	28,313	4.1	18,206	5.0	101,350	7.9
5+	4,652	0.7	1,141	0.3	16,195	1.3
Total	**697,126**	**100.0**	**367,425**	**100.0**	**1,280,186**	**100.0**

Notes

1. Figures are weighted population estimates and therefore subject to sampling error. Sampling errors are relatively large for estimates based on a small number of respondents.
2. The database used in this analysis was the ABS 1994 Rental Tenants Survey, unit record file.

Table A3.20: *Time series of implicit price deflators*

Year	Government Final Consumption Expenditure	Domestic Final Demand
1981–82	62.2	56.7
1982–83	68.7	62.8
1983–84	72.8	67.0
1984–85	77.2	70.9
1985–86	82.2	76.9
1986–87	86.9	83.4
1987–88	90.3	88.6
1988–89	95.4	94.4
1989–90	100.0	100.0
1990–91	105.2	104.3
1991–92	109.5	106.6
1992–93	112.0	108.6
1993–94	113.3	110.1

Source: ABS 1994c.

Chapter 4 Services for children

Table A4.1: *Educational programs for children before entry to Year 1 by State/Territory, 1995*

State	Program	Full- or part-time[a]	Location	Age at entry[b]	Authority[c]
Pre-Year 1					
NSW	Kindergarten	Full-time	Primary school	5 by 31 July	Education department
Victoria	Preparatory	Full-time	Primary school	5 by 30 April	Education department
Queensland	Preschool	Part-time	Primary school	5 by 31 Dec.	Education department
	Kindergarten	Part-time	Community facility	5 by 31 Dec.	Education department
WA	Pre-primary	40% full, 60% part	Primary school	5 by 31 Dec.	Education department
	Preschool	40% full, 60% part	Local council facility	5 by 31 Dec.	Education department
SA	Reception	Full-time	Primary school	5 in previous school term	Education department
Tasmania	Preparatory	Full-time	Primary school	6 by 31 Dec.	Education department
ACT	Kindergarten	Full-time	Primary school	5 by 30 April	Education department
NT	Transition	Full-time	Primary school	5 by 30 June	Education department
Year prior to pre-Year 1					
NSW	Preschool	Varies	Community facility	Various	Community services
	Preschool	Part-time	Primary school	4 by 31 July	Education department
Victoria	Preschool	Part-time	Community facility	4 by 30 April	Community services
Queensland	Kindergarten	Part-time	Community facility	4 by 31 Dec.	Education department
WA	Kindergarten	Part-time	Primary school	4 by 31 Dec.	Education department
	Family Centre	Part-time	Community facility	4 by 31 Dec.	Community services
SA	Preschool	Part-time	Primary school	4 in previous school term	Education department
	Kindergarten	Part-time	Community facility	4 in previous school term	Education department
Tasmania	Kindergarten	Part-time	Primary school	5 by 31 Dec.	Education department
ACT	Preschool	Part-time	Preschool facility	4 by 30 April	Education department
NT	Preschool	Part-time	Primary school	After 4th birthday	Education department

(a) Part-time programs are often referred to as 'sessional'. This means that the same group of children attends the same sessions each week.

(b) 'Age at entry' refers to the age children should be when they enter the program in order for the program to receive funding. In all States and Territories except South Australia and the Northern Territory children begin these programs in February. In South Australia, children begin Preschool or Kindergarten in the term after their fourth birthday, and Reception in the term after their fifth birthday. In the Northern Territory, children begin Preschool after their fourth birthday; they begin Transition at the beginning of the following year if their fifth birthday is on or before 30 June, and a year later if their birthday is after 30 June.

(c) 'Authority' refers to the State or Territory government department which provides the funding for the program. Programs may be funded by one department, but licensed by another.

Source: Information provided by State and Territory education and community services departments.

Table A4.2: *Approved child care places by service type, June 1988 to June 1994*

Year (at 30 June)	Long day care centres: Community-based	Long day care centres: Private-for-profit	Long day care centres: Employer and other non-profit	Family day care	Occasional care/other services[a]	Outside school hours care[b]	Total
1988	40,555	0	0	39,510	3,674	30,194	113,933
1989	39,516	0	0	39,550	4,632	30,568	114,266
1990	39,601	0	0	40,974	4,797	37,212	122,584
1991	41,086	32,296	4,404	42,950	5,131	44,974	170,841
1992	41,699	42,743	5,721	45,714	5,930	48,757	190,564
1993	43,564[c]	53,920	7,480	48,200	5,973	52,127	211,264
1994	44,627	70,702	9,812	52,001	6,428	62,311	245,881

(a) Includes multifunctional Aboriginal children's services and other multifunctional services. Also includes places in the occasional care neighbourhood model in 1994.
(b) Includes year round care.
(c) Includes Victorian Day Nurseries transferred from 'other non-profit'.

Note: Approved places are places where a firm commitment has been given to establish a service, but some of the places may not yet be operating.

Sources: DHHLGCS 1993:77; HSH unpublished data.

Table A4.3: *Growth in expenditure on children's services, 1987–88 to 1993–94 ($m)*

Year	Total outlays	Adjusted outlays (1989–90 constant prices)
1987–88	224.9	249.1
1988–89	213.1	223.4
1989–90	215.0	215.0
1990–91[a]	243.6	231.6
1991–92	434.8	397.1
1992–93	538.2	480.5
1993–94[b]	676.4	597.0

(a) Introduction of subsidies for users of private-for-profit, employer-sponsored and other non-profit long day care centres.
(b) Small amount of Health Insurance Commission money included (in relation to the Childcare Cash Rebate Scheme introduced 1 July 1994).

Note: The Government Final Consumption Expenditure deflator has been used to adjust expenditure.

Sources: Brennan 1994:203; HSH unpublished data.

Table A4.4: *Operational child care places by State/Territory, 30 June 1994*

Service type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Long day care centres:									
Community-based	15,623	10,718	6,856	3,575	3,653	1,270	888	816	43,399
Private-for-profit	21,595	11,118	29,411	5,124	2,005	253	954	127	70,587
Employer and other non-profit	2,762	3,229	1,065	668	866	176	786	235	9,787
Family day care	16,378	14,524	8,972	3,019	4,134	1,622	2,250	752	51,651
Occasional care:									
Centres	1,014	717	497	387	284	133	102	26	3,160
Neighbourhood model	206	526	237	159	152	115	30	20	1,445
Multifunctional services	38	80	99	108	51	0	0	116	492
Multifunctional Aboriginal children's services	467	170	120	117	125	27	0	105	1,131
Outside school hours care [a]	21,632	15,162	9,787	4,386	5,336	1,431	1,566	540	59,840
Total	**79,715**	**56,244**	**57,044**	**17,543**	**16,606**	**5,027**	**6,576**	**2,737**	**241,492**

(a) Includes year round care.

Source: HSH 1995b:128.

Table A4.5: *Number of children attending long day care centres by State/Territory: according to ABS[a] and CSP[b] data, June 1993 ('000)*

	NSW	Vic	Qld	WA	SA	Tas	NT	ACT	Aust
CSP	65.3	37.3	51.0	16.0	11.5	4.2	1.8	3.5	190.6
ABS	42.5	33.1	40.8	11.3	10.5	3.8	2.4	2.3	146.7

(a) Australian Bureau of Statistics, survey estimates of children under 12 years attending long day care centres.

(b) Children's Services Program (CSP) data represent the estimated number of children of any age attending long day care centres which are funded under the CSP.

Sources: DHHLGCS 1993:78; ABS 1994a:4.

Child neglect

Table A4.6: *Finalised cases of child abuse and neglect: source of report by assessment outcome, Australia, 1993–94*

Source of report	Cases substantiated		Child at risk [a]		No abuse or neglect found		No action possible		Total cases finalised	
	No.	%	No.	%	No.	%	No.	%	No.	%
Subject child	766	58	92	7	404	31	59	4	1,321	100
Parent/guardian	4,068	44	351	4	4,447	49	301	3	9,167	100
Sibling	93	31	33	11	159	52	18	6	303	100
Other relative	1,976	35	300	5	3,006	54	313	6	5,595	100
Friend/neighbour	3,004	30	448	4	6,163	61	494	5	10,109	100
Medical practitioner	977	49	95	5	829	41	104	5	2,005	100
Other health [b]	826	56	20	1	598	40	39	3	1,483	100
Hospital/health centre	1,422	54	132	5	1,007	38	91	3	2,652	100
Social worker	2,414	58	113	3	1,443	35	205	5	4,175	100
School personnel	4,162	53	226	3	3,373	43	154	2	7,915	100
Day care	282	38	28	4	415	56	13	2	738	100
Police	4,529	57	241	3	2,932	37	254	3	7,956	100
Department officer	890	45	161	8	873	44	66	3	1,990	100
Non-government organisation	974	49	77	4	825	42	96	5	1,972	100
Anonymous	753	24	69	2	2,097	68	162	5	3,081	100
Other	1,068	36	198	7	1,537	52	174	6	2,977	100
Not stated	507	38	21	2	763	57	57	4	1,348	100
Total	**28,711**	**44**	**2,605**	4	**30,871**	**48**	**2,600**	**4**	**64,787**	**100**

(a) New South Wales, Victoria, South Australia and the Northern Territory do not assign children to the 'Child at risk' category.

(b) Includes nurses, paramedics, dentists, physiotherapists, pharmacists and infant health workers.

Source: Angus & Woodward 1995:31.

Table A4.7: *Substantiated cases of child abuse and neglect: relationship to the child of person believed responsible for abuse or neglect by assessment outcome and sex, 1993–94*

Relationship [a] to the child	Physical			Emotional			Sexual			Neglect			Total [b]		
	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
Natural/adoptive parent	1,966	1,831	3,798	1,658	1,692	3,350	127	456	583	2,101	1,876	3,978	5,854	5,855	11,711
Step-parent	263	218	481	93	100	193	20	211	231	40	19	59	416	548	964
De facto parent	246	193	439	77	88	165	37	133	170	21	25	46	381	439	820
Foster parent	17	10	27	7	5	12	3	7	10	7	7	14	34	29	63
Guardian	18	8	26	5	1	6	1	1	2	8	13	21	32	23	55
Sibling	42	50	92	8	9	17	48	130	178	9	9	18	107	198	305
Other relative	78	76	154	24	23	47	103	375	478	48	49	97	253	523	776
Friend/neighbour	40	45	85	10	17	27	217	577	794	13	14	27	280	653	933
Other	55	39	94	16	12	28	113	314	427	19	14	33	203	379	582
Not stated	1,243	1,252	2,495	1,793	1,771	3,564	570	1,344	1,915	1,227	1,218	2,445	4,837	5,587	10,425
Total	**3,968**	**3,722**	**7,691**	**3,691**	**3,718**	**7,409**	**1,239**	**3,548**	**4,788**	**3,493**	**3,244**	**6,738**	**12,397**	**14,234**	**26,634**

(a) Relationship to the child of the person believed responsible for the abuse or neglect.
(b) Total columns include eight cases where the type of abuse or neglect is not known (natural/adoptive parent—two male cases; not stated—four male and two female cases).

Notes
1. Table excludes data for South Australia, which are not available.
2. Table includes three cases where the sex of the child is not known (natural/adoptive parent: one case of physical abuse, and one case of neglect; not stated: one case of sexual abuse).
3. M = males F = females P = persons

Source: Angus & Woodward 1995:28.

Table A4.8: *Substantiated cases of child abuse and neglect: most serious type of abuse or neglect, Queensland, 1993–94*

Most serious type of abuse or neglect		Cases substantiated	
		No.	%
Physical			
	Bruising	551	44
	Cuts/abrasions	69	5
	Burns	18	1
	Skull fractures	6	<1
	Other fractures	22	2
	Internal injuries	3	<1
	Alcohol/drug administration	12	1
	Other physical	533	42
	At risk of physical abuse	42	3
	Total	*1,256*	*100*
Emotional abuse			
	Severe verbal abuse	88	18
	Scapegoating/rejection	101	20
	Chronic emotional deprivation	16	3
	Other emotional	287	58
	At risk of emotional abuse	4	1
	Total	*496*	*100*
Sexual abuse			
	Penetration with violence/coercion	37	18
	Penetration without violence	25	12
	Other sexual contact	123	59
	Other sexual	21	10
	At risk of sexual abuse	3	1
	Total	*209*	*100*
Neglect			
	Neglect of physical needs	215	18
	Inadequate living conditions	104	9
	Left unattended	356	31
	Abandoned	90	8
	Neglect of health care	51	4
	Neglect of education	11	1
	Other neglect	325	28
	At risk of being neglected	14	1
	Total	*1,166*	*100*
Total cases substantiated		3,127	

Source: Angus & Woodward 1995:41.

Table A4.9: *Children under care and protection orders: type of order by State/Territory, from 30 June 1991 to 30 June 1994*

At 30 June	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
1991									
Guardianship	2,174	2,238	2,706	706	995	373	29	88	9,309
Non-guardianship	927	1,572	321	(a)	280	225	38	8	3,371
Total	**3,101**	**3,810**	**3,027**	**706**	**1,275**	**598**	**67**	**96**	**12,680**
1992									
Guardianship	2,087	2,039	2,611	629	1,073	387	34	92	8,952
Non-guardianship	1,047	1,060	305	(a)	259	434	97	5	3,207
Total	**3,134**	**3,099**	**2,916**	**629**	**1,332**	**821**	**131**	**97**	**12,159**
1993									
Guardianship	2,149	1,927	2,641	623	1,009	357	31	87	8,824
Non-guardianship	1,261	1,014	310	(a)	256	356	107	4	3,308
Total	**3,410**	**2,941**	**2,951**	**623**	**1,265**	**713**	**138**	**91**	**12,132**
1994									
Guardianship	2,296	1,685	2,610	661	1,050	347	26	119	8,794
Non-guardianship	1,608	1,448	293(b)	(a)	233	283	86	5	3,956
Total	**3,904**	**3,133**	**2,903**	**661**	**1,283**	**630**	**112**	**124**	**12,750**

(a) WA generally does not place children under non-guardianship orders for care and protection.
(b) Queensland figures exclude 58 children who were also under guardianship orders.

Source: Angus & Golley 1995:23.

Table A4.10: *Children adopted by non-relatives: country of birth by State/Territory and sex, 1993–94*

	NSW		Vic		Qld		WA		SA		Tas		ACT		NT		Australia		
Country of birth	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**F**	**P**
Australia	58	40	37	35	42	35	7	12	10	12	11	6	4	4	1	0	170	144	314
Overseas																			
Brazil	1	1	0	2	0	0	0	0	0	0	1	2	0	0	0	0	2	5	7
Chile	3	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	3	6
Colombia	10	10	0	0	1	0	0	0	0	0	0	0	0	1	0	0	11	11	22
Fiji	0	0	0	2	0	0	0	0	1	1	1	1	0	1	0	0	2	5	7
India	1	6	0	4	2	2	2	1	0	0	1	2	0	1	0	0	6	16	22
South Korea	8	8	6	4	2	8	2	5	7	4	1	3	1	2	2	1	29	35	64
Philippines	2	0	2	1	0	1	0	0	4	2	1	0	1	0	0	0	10	4	14
Sri Lanka	8	10	2	2	6	1	0	1	0	3	0	0	0	0	0	0	16	17	33
Thailand	3	0	3	0	2	0	0	0	8	3	0	0	0	1	0	0	16	4	20
Other overseas	4	11	1	1	0	1	2	3	1	0	1	0	0	2	0	0	9	18	27
Total overseas	40	49	14	16	13	13	6	10	21	13	6	8	2	8	2	1	104	118	222
Total	**98**	**89**	**51**	**51**	**55**	**48**	**13**	**22**	**31**	**25**	**17**	**14**	**6**	**12**	**3**	**1**	**274**	**262**	**536**

Note: M = males F = females P = persons

Source: Zabar & Angus 1995:24.

Table A4.11: *Information applications and contact or identifying information vetoes lodged, 1993–94*

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Applications for information									
Adopted person	(b)	947	828	414	(d)	146	47	50	n.a.
Birth parents	(b)	240	248	153	(d)	36	35	24	n.a.
Other birth relative	(a)	166	36	69	(d)	18	9	0	n.a.
Total	2,186	1,353	1,112	636(c)	483	200	91	74	6,135
Contact vetoes lodged									
Adopted person	81	(e)	17	27	(f)	(e)	8	0	133
Birth parents	42	(e)	3	2	(f)	(e)	5	0	52
Other birth relative	(a)	(e)	0	0	(f)	(e)	0	0	0
Total	123	(e)	20	29	(f)	(e)	13	0	185
Identifying information vetoes lodged									
Adopted person	(g)	(e)	83	(h)	17	(e)	0	9	109
Birth parents	(g)	(e)	31	2	28	(e)	0	4	65
Other birth relative	(g)	(e)	0	(h)	0	(e)	0	0	0
Total	(g)	(e)	114	**2**	45	(e)	**0**	**13**	**174**

(a) In NSW only adopted persons and birth parents are able to lodge applications.
(b) Applications by adopted persons and birth parents were not recorded separately; the Department of Community Services estimated the ratio to be 3:1 (that is, three applications from adopted persons for every one application from birth parents).
(c) Total number of inquiries received.
(d) Applications by adopted persons, birth parents and other birth relatives were not recorded separately.
(e) No veto system operates in this State: the relevant Act does not provide for the release of identifying information.
(f) Identifying information vetoes only. There are no provisions for contact vetoes under South Australian legislation.
(g) In NSW there is no option of vetoing the release of identifying information.
(h) In WA prior to January 1995, only birth parents could veto release of identifying information.

Note: n.a. = not available

Source: Zabar & Angus 1995:17.

Table A4.12: *Children adopted by non-relatives: by birthplace, 1979–80 to 1993–94*

Year	Australia	Overseas	Unknown	Total
1979–80	1,094	66	540	1,700
1980–81	1,388	127	19	1,534
1981–82	1,311	162	4	1,477
1982–83	1,336	188	0	1,524
1983–84	1,108	197	13	1,318
1984–85	888	235	14	1,137
1985–86	(a)	(a)	(a)	(a)
1986–87	(a)	(a)	(a)	(a)
1987–88	578	308	0	886[b]
1988–89	606	394	0	1,000
1989–90	547	420	0	967
1990–91	472	393	0	865
1991–92	418	338	0	756
1992–93	306	227	0	533
1993–94	314	222	0	536

(a) No data on adoptions were collated nationally for 1985–86 and 1986–87.
(b) Excludes overseas-born adoptees for Victoria, for which data were not available.

Source: Zabar & Angus 1995:31.

Chapter 5 Aged care

Part A

Table A5.1: *Institutionalisation rates for nursing homes and hostels as at 30 June 1994*

Age group	Residents/1,000 persons for: Hostels	Nursing homes	Total
		Males	
65–69	2.8	5.2	8.0
70–74	5.5	10.7	16.1
75–79	12.4	23.2	35.7
80–84	32.4	47.4	79.8
85+	89.8	111.8	201.6
Total aged persons	*13.6*	*20.9*	*34.5*
		Females	
65–69	2.9	4.7	7.6
70–74	7.8	11.6	19.3
75–79	23.2	29.4	52.7
80–84	62.7	72.1	134.8
85+	148.0	208.6	356.6
Total aged persons	*31.9*	*42.4*	*74.3*
		Persons	
65–69	2.8	4.9	7.8
70–74	6.7	11.2	17.9
75–79	18.7	26.9	45.6
80–84	51.4	62.9	114.3
85+	130.7	179.8	310.5
Total aged persons	**24.0**	**33.1**	**57.1**

Note: The databases used in this analysis were the HSH ACCSIS system 1995; ABS 1994b:11; HSH 1995a:12.

Table A5.2: *The changing structure of the Australian population aged 65 to 69, 70–79 and 80 and over between 1991 and 2041*

Projected population ('000)	65–69	70–79	80+
1991	671.4	895.3	384.2
2001	660.2	1,127.3	571.8
2011	924.9	1,204.3	760.1
2021	1,214.7	1,793.3	879.6
2031	1,343.5	2,192.2	1,308.2
2041	1,396.2	2,358.8	1,722.7

Notes
1. The databases used in this analysis were ABS 1993b:32, 1994d:49.
2. Projections (series A and B) as at 30 June in each year.

Table A5.3: *Baseline and projected populations; year by age group, Australia, 1991 to 2041*

	Age group						
Year	65–69	70–74	75–79	80–84	85+	Total aged persons	Total population
Population ('000)							
1991	671.4	510.8	384.5	229.9	154.3	1,950.7	17,284.0
2001	660.2	622.6	504.7	316.5	255.3	2,359.3	19,169.5
2011	924.9	694.9	509.4	396.9	363.2	2,889.3	20,952.4
2021	1,214.7	1,067.1	726.2	457.2	422.4	3,887.6	22,528.0
2031	1,343.5	1,224.4	967.8	720.9	587.3	4,843.9	23,874.0
2041	1,396.2	1,273.4	1,085.4	851.7	871.0	5,477.7	24,858.4
Annual increase rate (%)							
1991–2001	-0.2	2.0	2.8	3.2	5.2	1.9	1.0
2001–2011	3.4	1.1	0.1	2.3	3.6	2.0	0.9
2011–2021	2.8	4.4	3.6	1.4	1.5	3.0	0.7
2021–2031	1.0	1.4	2.9	4.7	3.4	2.2	0.6
2031–2041	0.4	0.4	1.2	1.7	4.0	1.2	0.4

Notes
1. The databases used in this analysis were ABS 1993b:32, 1994d:49.
2. Projections (series A and B) as at 30 June in each year.

Table A5.4: *Persons with a profound or severe handicap; area of handicap by age by sex, Australia, 1993*

Area of handicap	65–69		70–79		80+	
	Number	%	Number	%	Number	%
			Males			
Self-care	12,700	17.9	28,500	40.0	29,900	42.1
Mobility	13,900	15.2	35,100	38.3	42,600	46.5
Verbal communication	3,000*	12.5	6,700*	27.7	14,500	59.8
Total with profound/severe handicap	*20,400*	*18.4*	*41,900*	*37.7*	*48,900*	*44.0*
			Females			
Self-care	13,800	10.6	38,500	29.5	78,000	59.9
Mobility	26,500	12.0	78,800	35.8	114,700	52.1
Verbal communication	2,900*	6.1	11,300	23.8	33,300	70.1
Total with profound/severe handicap	*29,900*	*12.4*	*86,400*	*35.8*	*125,200*	*51.8*
			Persons			
Self-care	26,500	13.1	67,000	33.3	107,900	53.6
Mobility	40,400	13.0	113,900	36.5	157,300	50.5
Verbal communication	6,000*	8.3	18,000	25.1	47,800	66.6
Total with profound/severe handicap	*50,300*	*14.3*	*128,400*	*36.4*	*174,100*	*49.4*

* Subject to relative standard error between 25–50%.

Notes

1. The database used in this analysis was the ABS 1993 Survey of Disability, Ageing and Carers.
2. Total with profound/severe handicap may be less than sum of components since persons may have a handicap or limitation in more than one area.

Table A5.5: *Patterns of growth for different groups of the aged population between 1991 and 2031*

	Profoundly/severely handicapped			Estimated resident population		
	65+	70+	80+	65+	70+	80+
1991	332,363	282,951	160,396	1,950,700	1,279,300	384,000
1996	394,158	343,609	204,419	2,201,100	1,512,300	486,200
2001	446,221	397,813	244,203	2,359,300	1,699,100	571,800
2006	498,757	442,923	289,268	2,567,900	1,805,300	680,100
2011	558,846	491,120	329,098	2,889,300	1,964,300	760,000
2016	628,274	542,819	350,141	3,398,700	2,233,200	794,500
2021	709,606	620,395	380,582	3,887,400	2,672,700	879,500
2026	820,021	722,418	445,916	4,409,200	3,080,200	1,044,300
2031	951,334	852,639	555,529	4,844,100	3,500,600	1,308,200

Note: The databases used in this analysis were the ABS 1993 Survey of Disability, Ageing and Carers; ABS 1988:5–7, 1993b:27–32, 1994d:49.

Table A5.6: *Aged persons with a profound or severe handicap living in the community; type of assistance received by sex, Australia, 1993*

	Males		Females		Persons	
	Number	%	Number	%	Number	%
Informal only	47,700	65.5	86,900	56.2	134,600	59.2
Formal only	700*	0.9	7,600	4.9	8,300	3.6
Informal and formal	22,300	30.6	56,900	36.8	79,200	34.8
No provider of assistance	2,100	2.9	3,300	2.1	5,400	2.4
Total	**72,800**	**100.0**	**154,700**	**100.0**	**227,400**	**100.0**

* Subject to sampling variability greater than 50%.

Notes

1. The database used in this analysis was the ABS 1993 Survey of Disability, Ageing and Carers.
2. Excludes health care and home maintenance activities.

Table A5.7: *Residential care places: State by type of residential facility 1988 to 1994*

	1988	1989	1990	1991	1992	1993	1994
				Nursing home beds			
NSW	28,475	28,569	28,578	28,810	29,160	29,131	29,189
Vic	15,764	16,158	16,259	16,427	16,821	16,986	17,101
Qld	11,779	11,889	11,847	11,958	11,930	12,145	12,230
SA	7,240	7,181	7,109	7,144	7,130	7,182	6,812
WA	6,163	6,197	6,030	6,087	6,156	6,087	6,082
Tas	2,113	2,119	2,096	2,100	2,144	2,210	2,094
NT	161	162	175	173	173	179	192
ACT	421	441	521	521	525	545	557
Australia	72,116	72,716	72,615	73,220	74,039	74,465	74,257
				Hostel places			
NSW	14,114	14,419	14,343	15,162	16,309	17,529	18,409
Vic	9,793	10,056	10,472	11,058	12,151	13,136	13,861
Qld	8,396	8,358	8,684	9,538	10,388	10,961	11,534
SA	5,349	5,252	5,373	5,334	5,774	6,043	6,030
WA	4,109	4,171	4,216	4,348	4,550	4,861	5,192
Tas	830	824	869	1,036	1,125	1,266	1,347
NT	61	73	88	117	120	124	128
ACT	352	376	425	487	507	573	603
Australia	43,004	43,529	44,470	47,080	50,924	54,493	57,104
				Nursing home beds and hostel places			
NSW	42,589	42,988	42,921	43,972	45,469	46,660	47,598
Vic	25,557	26,214	26,731	27,485	28,972	30,122	30,962
Qld	20,175	20,247	20,531	21,496	22,318	23,106	23,764
SA	12,589	12,433	12,482	12,478	12,904	13,225	12,842
WA	10,272	10,368	10,246	10,435	10,706	10,948	11,274
Tas	2,943	2,943	2,965	3,136	3,269	3,476	3,441
NT	222	235	263	290	293	303	320
ACT	773	817	946	1,008	1,032	1,118	1,160
Australia	115,120	116,245	117,085	120,300	124,963	128,958	131,361

Note: The databases used in this analysis were the HSH ACCSIS system 1995; AIHW 1993:223; DCSH 1988b:21, 1990b:10.

Table A5.8: *Residential care provision as at 30 June 1988 to 30 June 1994 in relation to both the 70 and over planning ratio as well as dependent aged population estimates by State and Territory*

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Australia[a]
					Nursing home beds per 1,000 people aged 70 and over				
1988	67.8	50.9	62.5	64.4	65.1	62.6	71.1	47.3	61.6
1989	66.5	51.4	60.9	62.4	64.1	61.6	70.3	47.1	60.8
1990	64.9	50.4	58.8	60.0	60.0	59.3	72.0	52.3	59.0
1991	62.9	49.2	56.9	58.0	58.3	57.4	71.7	48.1	57.2
1992	61.5	48.8	54.2	55.9	56.7	57.0	67.7	45.1	55.8
1993	59.6	47.9	52.8	54.6	54.1	57.1	65.8	43.5	54.3
1994	57.8	46.8	50.8	50.3	52.2	52.5	65.9	41.9	52.3
					Hostel places per 1,000 people aged 70 and over				
1988	33.6	31.7	44.5	47.6	43.4	24.6	27.0	39.5	36.8
1989	33.6	32.0	42.8	45.7	43.1	24.0	31.7	40.1	36.4
1990	32.6	32.5	43.1	45.4	41.9	24.6	36.2	42.7	36.1
1991	33.1	33.1	45.4	43.3	41.7	28.3	48.5	45.0	36.8
1992	34.4	35.2	47.2	45.3	41.9	29.9	46.9	43.6	38.4
1993	35.9	37.0	47.6	45.9	43.2	32.7	45.6	45.7	39.7
1994	36.5	37.9	47.9	44.5	44.6	33.8	43.9	45.4	40.2
					Nursing home beds and hostel places per 1,000 people aged 70 and over				
1988	101.5	82.6	107.0	112.0	108.4	87.2	98.1	86.8	98.4
1989	100.1	83.4	103.8	108.1	107.2	85.6	102.0	87.2	97.1
1990	97.5	82.9	101.9	105.4	101.9	83.8	108.3	94.9	95.1
1991	96.0	82.3	102.3	101.4	100.0	85.8	120.1	93.1	94.0
1992	95.8	84.0	101.4	101.2	98.5	86.8	114.6	88.7	94.1
1993	95.5	84.9	100.4	100.5	97.2	89.8	111.3	89.2	94.0
1994	94.2	84.7	98.8	94.8	96.8	86.2	109.8	87.3	92.6
					Nursing home beds per 1,000 profoundly/severely handicapped people aged 65 and over				
1988	263.8	195.3	243.5	249.4	252.2	247.4	281.7	181.9	238.8
1989	256.6	194.9	236.2	239.7	244.2	241.2	275.7	179.1	233.2
1990	250.6	191.0	227.9	230.7	228.4	231.3	284.2	199.5	226.5
1991	243.4	186.7	221.5	224.0	222.6	224.3	282.3	186.7	220.3
1992	237.7	184.9	211.0	215.5	215.6	222.1	267.8	176.2	214.6
1993	230.4	181.4	205.0	210.6	205.2	222.9	259.4	171.5	208.6
1994	223.4	177.6	197.1	193.6	197.9	205.0	261.4	166.6	201.1

(*continued*)

Table A5.8 (continued): *Residential care provision as at 30 June 1988 to 30 June 1994 in relation to both the 70 and over planning ratio as well as dependent aged population estimates by State and Territory*

Hostel places per 1,000 profoundly/severely handicapped people aged 65 and over									
1988	130.8	121.3	173.5	184.2	168.2	97.2	106.7	152.1	142.4
1989	129.5	121.3	166.1	175.3	164.3	93.8	124.2	152.7	139.6
1990	125.7	123.0	167.1	174.4	159.7	95.9	142.9	162.7	138.7
1991	128.1	125.7	176.6	167.2	159.0	110.6	190.9	174.6	141.6
1992	133.0	133.6	183.7	174.5	159.4	116.5	185.8	170.2	147.6
1993	138.6	140.3	185.0	177.2	163.9	127.7	179.7	180.3	152.7
1994	140.9	143.9	185.9	171.4	169.0	131.9	174.2	180.3	154.6
Nursing home beds and hostel places per 1,000 profoundly/severely handicapped people aged 65 and over									
1988	394.6	316.6	417.0	433.6	420.4	344.6	388.4	334.0	381.3
1989	386.1	316.1	402.3	415.0	408.5	335.0	400.0	331.7	372.9
1990	376.3	314.1	395.0	405.1	388.0	327.2	427.1	362.2	365.1
1991	371.5	312.3	398.1	391.2	381.6	334.9	473.2	361.3	361.9
1992	370.7	318.4	394.7	390.1	375.0	338.6	453.6	346.4	362.1
1993	369.0	321.6	390.0	387.8	369.1	350.6	439.0	351.8	361.3
1994	364.2	321.5	383.0	365.1	366.9	336.8	435.6	346.9	355.7

(a) Jervis Bay included in Australia and not in the States and Territories.

Note: The databases used in this analysis were the ABS 1993 Survey of Disability, Ageing and Carers; the HSH ACCSIS system 1995; ABS 1993b:10, 12, 16, 18, 22, 24, 28, 30, 34,36, 1994a:8, 1994b:10; AIHW 1993:223; DCSH 1988b:21, 1990b:10.

Table A5.9: *The Aborginal and Torres Strait Islander population aged 55 and over in each of the States and Territories, as at 30 June 1991*

States/Territories	Number	% of 1991 population
NSW	4,266	0.3
Vic	1,102	0.1
Qld	4,641	0.8
SA	1,026	0.3
WA	2,936	1.0
Tas	474	0.5
NT	2,604	22.4
ACT	29	0.1
Australia[(a)]	17,078	0.5

(a) Includes Jervis Bay Territory.

Note: The databases used in this analysis were ABS 1993b:32, 1994c:9.

Table A5.10: *Nursing homes meeting the outcome standards, Australia, 1989–90 to 1993–94 (%)*

Standards	1989–90	1990–91	1991–92	1992–93	1993–94
1.1	55.1	50.7	59.0	78.1	81.2
1.2	69.6	75.5	78.9	80.9	81.0
1.3	88.9	93.0	93.1	90.4	93.8
1.4	67.1	71.4	76.2	82.3	86.7
1.5	50.9	54.6	52.7	63.3	76.7
1.6	66.7	68.2	74.5	84.4	91.2
1.7	88.9	88.8	89.3	91.6	94.0
1.8	76.1	83.3	88.9	94.0	95.9
1.9	78.0	78.6	79.1	89.5	94.8
2.1	73.8	83.3	84.1	91.2	95.5
2.2	75.5	79.1	74.9	82.3	86.6
2.3	86.6	81.6	85.1	92.0	93.3
2.4	86.0	93.9	92.7	96.7	96.7
2.5	93.1	96.6	97.5	97.7	99.3
3.1	73.4	74.5	75.3	76.0	79.5
3.2	70.2	77.9	77.4	86.0	89.3
4.1	54.5	62.4	65.5	71.4	79.8
4.2	58.7	60.9	57.1	70.2	82.9
5.1	62.9	64.3	63.2	62.3	70.9
5.2	70.0	65.8	72.2	78.6	88.4
5.3	49.7	54.4	52.9	61.1	70.2
5.4	80.9	86.2	84.3	89.4	92.6
5.5	77.4	81.6	78.7	86.0	91.0
5.6	84.3	89.8	94.1	90.5	93.3
6.1	57.9	69.7	73.9	79.0	82.6
7.1	80.5	82.3	88.9	90.8	91.6
7.2	39.0	32.5	33.3	39.8	48.6
7.3	56.8	53.9	55.2	57.8	70.2
7.4	44.9	44.9	57.5	63.6	70.9
7.5	79.7	83.3	86.6	89.1	89.3
7.6	60.8	56.8	64.0	70.3	75.7
No. of visits	**477**	**n.a.**	**522**	**653**	**580**

Note: n.a. = not available.

Source: HSH 1995 unpublished data.

Table A5.11: *Hostels meeting the outcome standards, Australia, 1991–92 to 1993–94 (%)*

Standards	1991–92	1992–93	1993–94
1.1	91.7	93.5	97.3
1.2	85.8	88.6	93.6
1.3	42.2	38.1	52.8
1.4	67.1	76.9	81.9
1.5	66.5	78.5	78.9
1.6	60.6	60.4	71.0
1.7	52.9	59.8	81.3
2.1	76.6	89.9	94.0
2.2	94.2	94.5	97.5
2.3	78.3	81.6	87.1
2.4	52.6	64.6	75.3
2.5	74.5	76.9	77.0
3.1	82.2	88.5	94.0
3.2	80.0	89.4	94.7
3.3	93.8	95.3	98.2
3.4	67.4	78.1	79.9
3.5	78.2	85.4	93.3
4.1	87.1	94.0	97.8
4.2	91.1	94.1	98.2
4.3	87.4	93.1	95.1
4.4	88.9	89.6	92.2
5.1	68.6	71.9	79.5
5.2	89.8	96.3	96.6
6.1	79.1	85.3	90.2
6.2	32.6	41.7	52.3
No. of visits	**326**	**419**	**n.a.**

Note: n.a. = not available.

Source: HSH 1995 unpublished data.

Part B

Summary of services available for the care of the frail and disabled aged

Service type	Funding source	Provider
Residential care		
Ongoing care in nursing homes and hostels	Federal Govt State govt Not-for-profit Client	Not-for-profit Private-for-profit State govt
Respite care in nursing homes and hostels	Federal Govt State govt Client	Not-for-profit Private-for-profit State govt
Nursing home type places (NHTPs) in public hospital system	Federal Govt State govt	State govt
Regulation of quality of care in nursing homes and hostels	Federal Govt State govt	Federal Govt State govt
User rights documentation and agreements in nursing homes and hostels	Federal Govt	Not-for-profit Private-for-profit State govt
Ethno-specific hostels and nursing homes	Federal Govt	Not-for-Profit Private-for-profit
Clustering strategy for nursing homes and hostels	Federal Govt	Not-for-profit Private-for-profit State govt
Community visitors scheme in nursing homes	Federal Govt	Volunteers
Employment of Aboriginal and Torres Strait Islander people in nursing homes caring for Aboriginal and Torres Strait Islander people	Federal Govt	Not-for-profit Private-for-profit State govt
Special purpose hostels for Aboriginal and Torres Strait Islander persons	Federal Govt	Not-for-profit Private-for-profit
Dementia programs in hostels	Federal Govt	Not for Profit Private-for-profit
Domiciliary care		
Home nursing	Federal Govt State govt Non-govt-sector Clients Informal carers	Local govt Not-for-profit Private-for-profit Informal carers
Delivered meals	Federal Govt State govt Non-govt-sector Clients Informal carers	Not-for-profit Local govt Informal carers

(continued)

Summary of services available for the care of the frail and disabled aged (continued)

Home help and home maintenance services	Federal Govt State govt Non-govt-sector Clients Informal carers	State govt Local govt Not-for-profit Private-for-profit Informal carers
Transport and shopping assistance	Federal Govt State govt Non-govt-sector Clients Informal carers	State govt Local govt Not-for-profit Informal carers
Community paramedical services	Federal Govt State govt	State govt
Brokerage services (community options)	Federal Govt State govt	State govt Local govt Not-for-profit
Carers pension	Federal Govt	Federal Govt
Domiciliary nursing care benefit	Federal Govt	Federal Govt
Community aged care packages	Federal Govt	Federal Govt
Home and centre-based respite care	Federal Govt State govt Non-govt-sector Clients Informal carers	State govt Local govt Not-for-profit Private-for-profit Informal carers
Advice and supply re aids and equipment	Federal Govt State govt	State govt
Advice and financial assistance re home modifications	Federal Govt State govt	State govt
User rights documentation re HACC	Federal Govt	State govt
Multi-purpose centres	Federal Govt State govt	State govt Local govt Not-for-profit Private-for-profit
Residential and/or domiciliary services		
Assessment by aged care assessment teams	Federal Govt	State govt
Information services (pamphlets, videos, etc.) on services provided in a variety of languages	Federal Govt	Federal Govt
Advocacy services	Federal Govt	Not-for-profit
Complaints units	Federal Govt	Federal Govt

Part C

Nursing home and hostel outcome standards

Nursing home outcome standards

Objective 1: Health care: Residents' health will be maintained at the optimum level possible.

1.1 Residents are enabled to receive appropriate medical care by a medical practitioner of their choice when needed.

1.2 Residents are enabled and encouraged to make informed choices about their individual care plans.

1.3 All residents are as free from pain as possible.

1.4 All residents are adequately nourished and adequately hydrated.

1.5 Residents are enabled to maintain continence.

1.6 Residents are enabled to maintain, and if possible improve, their mobility and dexterity.

1.7 Residents have clean healthy skin consistent with their age and general health.

1.8 Residents are enabled to maintain oral and dental health.

1.9 Sensory losses are identified and corrected so that residents are able to communicate effectively.

Objective 2: Social independence: Residents will be enabled to achieve a maximum degree of independence as members of society.

2.1 Residents are enabled and encouraged to have visitors of their choice and to maintain personal contacts.

2.2 Residents are enabled and encouraged to maintain control of their financial affairs.

2.3 Residents have maximum freedom of movement within and from the nursing home, restricted only for safety reasons.

2.4 Provision is made for residents with different religious, personal and cultural customs.

2.5 Residents are enabled and encouraged to maintain their responsibilities and obligations as citizens.

Objective 3: Freedom of choice: Each resident's right to exercise freedom of choice will be recognised and respected whenever this does not infringe on the rights of other people.

3.1 The nursing home has policies which have been developed in consultation with residents and which enable residents to make decisions and exercise choices regarding their daily activities, provide an appropriate balance between residents' rights and effective management of the nursing home, are interpreted flexibly, taking into account individual resident needs.

3.2 Residents and their representatives are enabled to comment or complain about conditions in the nursing home.

Objective 4: Home-like environment: The design, furnishings and routines of the nursing home will resemble the individual's home as far as reasonably possible.

4.1 Management of the nursing home attempts to create and maintain a home-like environment.

4.2 The nursing home has policies which enable residents to feel secure in their accommodation.

Objective 5: Privacy and dignity: The dignity and privacy of nursing home residents will be respected.

5.1 The dignity of residents is respected by nursing home staff.

5.2 Private property is not taken, lent or given to other people without the owner's permission.

5.3 Residents are enabled to undertake personal activities, including bathing, toileting and dressing in private.

5.4 The nursing home is free from undue noise.

5.5 Information about residents is treated confidentially.

5.6 Nursing home practices support the resident's right to die with dignity.

Objective 6: Variety of experience: Residents will be encouraged and enabled to participate in a wide variety of experiences appropriate to their needs and interests.

6.1 Residents are enabled to participate in a wide range of activities appropriate to their interests and capacities.

Objective 7: Safety: The nursing home environment and practices will ensure the safety of residents, visitors and staff.

7.1 The resident's right to participate in activities that may involve a degree of risk is respected.

7.2 Nursing home design, equipment and practices contribute to a safe environment for residents, staff and visitors.

7.3 Residents, visitors and staff are protected from infection and infestation.

7.4 Residents and staff are protected from the hazards of fire and natural disasters.

7.5 The security of buildings, contents and people within the nursing home is safeguarded.

7.6 Physical and other forms of restraint are used correctly and appropriately.

Hostel outcome standards

Objective 1: Freedom of choice and exercising rights: Each resident is to have active control of his or her life

1.1 Before moving into the hostel, each resident must be given the opportunity to learn about the lifestyle of residents of the hostel.

1.2 Before moving into the hostel, each resident, or a representative of the resident, must be given full opportunity to discuss with a responsible hostel staff member the resident's rights and responsibilities.

1.3 Hostel management must ensure that:

(a) each resident has, or is offered, a formal agreement with the operator of the hostel that: (i) treats the parties as equals; (ii) sets out clearly the rights and obligations of each party; and (iii) includes equitable termination provisions

(b) each resident, either directly or through a representative, is: (i) informed of, and assisted to understand, the resident's rights; (ii) whenever necessary, able to talk to a responsible hostel staff member about any agreement between the resident and the hostel operator; and (iii) at liberty to seek the services of an interpreter, a translator or a legal practitioner for independent assistance.

1.4 Hostel management and staff must be available for discussion about a resident's freedom of choice sufficiently to enable each resident, or representative of the resident:

(a) to make informed decisions and choices about the resident's daily activities

(b) to participate in decision-making processes that affect the resident's lifestyle.

1.5 To ensure that the rights and responsibilities of each resident, as a member of Australian society and as a resident of the hostel, are observed:

(a) a balance must be obtained between the rights and responsibilities of each resident individually and the rights and responsibilities of residents as a group

(b) to the extent practicable, each resident must be assisted to exercise his or her rights and to fulfil his or her responsibilities

(c) each resident, either directly or through a representative, must be able to draw attention to, or comment on, unsatisfactory conditions in the hostel

(d) prompt action must be taken to identify the cause of any dissatisfaction and, if possible, to resolve the problem.

1.6 Each incoming resident, either directly or through a representative, must be assisted to understand the fees and other charges of the hostel and be given a written explanation of the services that are provided for those fees and charges.

1.7 Each resident must be given:

(a) at least once a year, a written schedule and explanation of the costs and fees and other charges of the hostel

(b) a reasonable period of time before the change is to occur — a written schedule and explanations of any changes in the fees and other charges.

Objective 2: Care needs: The care needs of each resident to be identified and met.

2.1 The care needs of each incoming resident must be identified.

2.2 Each incoming resident must be given support in adjusting to hostel living.

2.3 The care needs of each resident must be continually monitored, general care services being provided as necessary and each resident having access to professional health care as necessary.

2.4 The manner in which the resident's care and personal needs are fulfilled must comply with the following principles:

(a) the independence and dignity of the resident are to be upheld

(b) awareness of, and behaviour compatible with, the cultural and linguistic background of the resident are to be demonstrated

(c) the needs of the resident and the manner in which they are met are to be identified by communication and negotiation with the resident, either directly or through a representative

(d) regular review of services provided to the resident is to be undertaken with the resident, either directly or through a representative

(e) the resident is to be encouraged and assisted to make informed choices about the options available to him or her for his or her care in the hostel.

2.5 The individual care needs of people with dementia, recurrent confusion and cognitive impairment are identified, and that these residents participate in a program that enhances their quality of life and care.

Objective 3: Dignity and privacy: The dignity and privacy of each resident is to be respected.

3.1 Each resident must be treated with respect for his or her dignity.

3.2 Each resident must have personal space in which to display and securely store personal effects.

3.3. Personal effects of a resident must not be used by other persons without the consent of the resident.

3.4 Each resident must be free to carry out activities of a personal nature in private or, if necessary, with the discreet assistance of hostel staff.

3.5 Information about residents must be treated in confidence.

Objective 4: Social independence: Each resident should exercise maximum social independence.

4.1 Each resident must be able to receive guests of his or her choice in private and in other suitable areas of the hostel.

4.2 To provide continuity with each resident's lifestyle before becoming a resident, he or she must be allowed opportunity:

(a) to engage, to the extent practicable, in spiritual, cultural and leisure activities that are significant to him or her

(b) to participate in local community life

(c) to keep informed of current events and to vote in community elections.

4.3 Each resident must be assisted to the degree required to remain independent in the conduct of his or her financial dealings.

4.4 An appropriate balance must be maintained between the independence and the safety of each resident.

Objective 5: Variety of experience: Residents must have the opportunity to participate in a variety of activities and experiences of interest to them.

5.1 Each resident must have the opportunity to give expression to, and to engage in activities relevant to his or her various interests and cultural or linguistic background.

5.2 Each resident's right to participate in activities that may involve some personal risk must be respected.

Objective 6: Home-like environment: A hostel is to provide a home-like environment for the comfort, safety and well-being of residents.

6.1 Each resident must be provided with a comfortable and home-like environment.

6.2 The hostel must afford each resident a clean and safe environment.

Source: Commonwealth/State Working Party (1987) DHHLGCS, Aged and Community Care Division (1990)

Chapter 6 Disability services

Table A6.1: *People with a disability: main disabling condition type by sex and age ('000), Australia, 1993*

	Age group (years)									
	0–4	5–14	15–24	25–29	30–44	45–59	60–64	65+	0–64	Total
Males										
Psychiatric[a]	0.0	0.1	2.0	3.0	8.0	5.3	1.2	11.4	19.7	31.1
Intellectual & 'Other mental'[b]	1.1	42.6	21.5	6.4	20.2	20.5	6.8	10.5	119.0	129.5
Diseases of the eye	0.8	3.3	4.7	3.0	10.7	12.2	3.7	18.7	38.4	57.1
Diseases of the ear	1.8	13.2	14.8	8.2	55.5	64.6	22.6	101.6	180.8	282.3
Nervous system diseases	2.9	6.3	7.7	6.2	22.0	18.2	3.2	20.4	66.6	86.9
Circulatory diseases	0.0	2.0	0.1	0.9	7.6	30.9	28.5	80.7	69.9	150.6
Respiratory diseases	9.3	30.3	13.9	8.2	12.1	22.3	10.4	41.8	106.5	148.3
Arthritis	0.0	0.0	3.8	1.8	22.1	51.2	23.3	89.8	102.1	191.9
Other musculoskeletal disorders	0.1	4.6	10.2	10.0	53.5	57.5	19.0	35.3	155.0	190.3
Head injury/stroke/any other brain damage	1.2	0.4	3.9	1.8	6.6	4.9	5.9	8.5	24.6	33.1
All other diseases and conditions	14.5	28.3	20.5	12.1	52.8	65.5	29.9	94.5	223.7	318.3
All conditions	**31.7**	**131.2**	**103.1**	**61.6**	271.1	**353.0**	**154.4**	**513.2**	**1,106.2**	**1,619.3**
Females										
Psychiatric[a]	0.0	0.1	1.6	2.4	4.8	5.5	1.3	23.8	15.6	39.4
Intellectual & 'Other mental'[b]	2.2	16.4	21.5	9.6	40.7	30.5	8.8	23.8	129.7	153.5
Diseases of the eye	1.4	2.7	1.7	1.5	6.0	5.6	3.0	43.1	21.8	64.9
Diseases of the ear	2.8	11.2	12.2	7.4	34.7	27.6	8.1	63.6	104.0	167.6
Nervous system diseases	1.8	7.1	9.1	6.2	16.7	16.1	4.8	28.3	61.8	90.1
Circulatory diseases	0.0	0.3	2.7	3.2	8.6	12.6	14.6	84.0	42.0	126.1
Respiratory diseases	5.6	25.4	21.1	8.1	22.0	23.0	6.6	30.4	111.7	142.1
Arthritis	0.0	0.1	5.1	5.4	25.3	59.2	30.8	186.4	126.0	312.4
Other musculoskeletal disorders	2.0	2.6	6.8	5.7	43.2	54.6	11.5	42.4	126.3	168.7
Head injury/stroke/any other brain damage	0.0	1.7	2.0	1.5	5.4	3.3	1.2	11.5	15.0	26.5
All other diseases and conditions	9.0	12.3	18.1	12.3	42.8	61.4	15.8	94.5	171.6	266.1
All conditions	**24.8**	**80.0**	**101.6**	**63.4**	**249.9**	**299.6**	**106.5**	**631.7**	**925.7**	**1,557.4**

(*continued*)

Table A6.1 (continued): *People with a disability: main disabling condition type by sex and age ('000), Australia, 1993*

Persons										
Psychiatric[(a)]	0.0	0.2	3.6	5.4	12.8	10.8	2.5	35.3	35.3	70.5
Intellectual & 'Other mental'[(b)]	3.3	59.0	43.0	16.0	60.9	51.0	15.6	34.3	248.7	283.0
Diseases of the eye	2.2	6.0	6.3	4.5	16.7	17.9	6.6	61.8	60.2	122.0
Diseases of the ear	4.6	24.4	27.0	15.6	90.2	92.2	30.7	165.2	284.8	450.0
Nervous system diseases	4.7	13.4	16.8	12.4	38.7	34.4	8.0	48.7	128.3	177.0
Circulatory diseases	0.0	2.3	2.8	4.1	16.2	43.5	43.1	164.7	112.0	276.7
Respiratory diseases	14.9	55.7	35.0	16.2	34.1	45.3	17.0	72.2	218.2	290.4
Arthritis	0.0	0.1	8.8	7.2	47.4	110.4	54.1	276.2	228.1	504.3
Other musculoskeletal disorders	2.1	7.2	17.0	15.7	96.7	112.1	30.5	77.6	281.3	359.0
Head injury/stroke/any other brain damage	1.2	2.1	5.8	3.3	11.9	8.2	7.1	20.0	39.6	59.6
All other diseases and conditions	23.4	40.6	38.6	24.4	95.6	126.9	45.7	189.1	395.3	584.4
All conditions	**56.4**	**211.2**	**204.7**	**125.0**	**521.0**	**652.6**	**260.9**	**1,144.8**	**2,031.9**	**3,176.7**

(a) This condition type is the same as the group entitled 'Mental psychoses' in ABS publications.
(b) This condition type is the same as the group entitled 'Other mental disorders' in ABS publications.

Notes

1. Estimates of 1,900 or less have a relative standard error (RSE) of 50% or more. Estimates of 8,000 or less have an RSE of 25% or more. These estimates should be interpreted accordingly.
2. The database used in this analysis was the ABS Survey of Disability, Ageing and Carers 1993.

Table A6.2: *People: disability status by sex and age ('000), Australia, 1993*

	People with:				
	a handicap	a disability but no handicap	a disability	neither a disability nor handicap	Total
Males					
0–4	31.7	0.0	31.7	630.6	662.3
5–14	103.5	27.7	131.2	1,171.2	1,302.4
15–24	70.6	32.5	103.1	1,300.4	1,403.5
25–29	41.3	20.4	61.6	624.6	686.3
30–44	180.3	90.9	271.1	1,792.6	2,063.8
45–59	260.5	92.5	353.0	1,069.8	1,422.8
60–64	122.0	32.4	154.4	202.5	357.0
65+	416.9	96.3	513.2	369.7	882.8
0–64	809.9	296.3	1,106.2	6,791.8	7,898.0
All ages	**1,226.7**	**392.6**	**1,619.3**	**7,161.5**	**8,780.8**
Females					
0–4	24.8	0.0	24.8	604.1	628.8
5–14	63.3	16.7	80.0	1,155.2	1,235.2
15–24	72.5	29.1	101.6	1,246.6	1,348.2
25–29	40.9	22.5	63.4	619.1	682.5
30–44	180.1	69.8	249.9	1,809.1	2,058.9
45–59	241.3	58.4	299.6	1,069.8	1,369.4
60–64	86.3	20.2	106.5	252.8	359.3
65+	564.4	67.3	631.7	532.2	1,163.9
0–64	709.1	216.6	925.7	6,756.6	7,682.3
All ages	**1,273.5**	**283.8**	**1,557.4**	**7,288.9**	**8,846.2**
Persons					
0–4	56.4	0.0	56.4	1,234.7	1,291.1
5–14	166.8	44.4	211.2	2,326.4	2,537.6
15–24	143.2	61.6	204.7	2,547.0	2,751.7
25–29	82.1	42.8	125.0	1243.8	1,368.7
30–44	360.4	160.6	521.0	3,601.7	4,122.7
45–59	501.8	150.8	652.6	2,139.6	2,792.3
60–64	208.3	52.6	260.9	455.3	716.2
65+	981.3	163.6	1,144.8	901.9	2,046.7
0–64	1,519.0	512.9	2,031.9	13,548.5	15,580.3
All ages	**2,500.2**	**676.4**	**3,176.7**	**14,450.4**	**17,627.1**

Notes

1. Estimates of 1,900 or less have a relative standard error (RSE) of 50% or more. Estimates of 8,000 or less have an RSE of 25% or more. These estimates should be interpreted accordingly.
2. The database used in this analysis was the ABS Survey of Disability, Ageing and Carers 1993.

Table A6.3: *People with a handicap: severity of handicap by sex and age ('000), Australia, 1993*

	Profound	Severe	Moderate	Mild	n.d.[(a)]	Total
Males						
0–4	—	—	—	—	31.7	31.7
5–14	22.1	15.0	12.3	25.0	29.0	103.5
15–24	12.3	5.3	5.5	23.5	24.0	70.6
25–29	4.2	6.8	5.4	13.2	11.8	41.3
30–44	16.5	30.1	35.3	61.6	36.8	180.3
45–59	19.0	34.6	52.1	109.6	45.2	260.5
60–64	8.3	8.1	25.4	58.9	21.3	122.0
65+	77.6	33.7	90.3	190.2	25.1	416.9
0–64	82.5	99.8	136.0	291.9	199.8	809.9
All ages	**160.0**	**133.5**	**226.2**	**482.1**	**224.8**	**1,226.7**
Females						
0–4	—	—	—	—	24.8	24.8
5–14	16.9	8.3	8.3	13.0	16.8	63.3
15–24	11.5	8.4	7.5	31.2	14.0	72.5
25–29	4.0	8.5	7.5	17.0	3.8	40.9
30–44	12.5	37.2	28.8	69.8	31.9	180.1
45–59	21.1	40.4	49.9	90.8	39.1	241.3
60–64	8.9	8.4	19.4	40.8	8.8	86.3
65+	185.1	56.4	107.9	197.1	18.0	564.4
0–64	74.8	111.2	121.4	262.6	139.2	709.1
All ages	**259.9**	**167.6**	**229.2**	**459.6**	**157.1**	**1,273.5**
Persons						
0–4	—	—	—	—	56.4	56.4
5–14	39.0	23.3	20.6	38.0	45.8	166.8
15–24	23.8	13.7	12.9	54.8	38.0	143.2
25–29	8.2	15.3	12.9	30.2	15.5	82.1
30–44	29.0	67.3	64.1	131.4	68.7	360.4
45–59	40.1	75.0	102.0	200.3	84.3	501.8
60–64	17.2	16.4	44.8	99.7	30.1	208.3
65+	262.6	90.1	198.2	387.3	43.0	981.3
0–64	157.3	211.0	257.3	554.5	338.9	1,519.0
All ages	**419.9**	**301.1**	**455.5**	**941.8**	**382.0**	**2,500.2**

(a) Not determined: this group comprises all children with a disability aged 0–4 years and people who had a schooling or employment limitation only.

Notes

1. Estimates of 1,900 or less have a relative standard error (RSE) of 50% or more. Estimates of 8,000 or less have an RSE of 25% or more. These estimates should be interpreted accordingly.
2. Severity of handicap was not determined for children with a disability aged 0–4 years. Some totals include people aged 5–64 only.
3. The database used in this analysis was the ABS Survey of Disability, Ageing and Carers 1993.

Table A6.4: *People with a disability: comparison of main and all disabling condition types by sex and age as a percentage of the Australian population of that sex and age, Australia, 1993*

	Age group (years)									
	0–14		15–44		45–64		65+		Total	
	Main	All	Main	All	Main	All	Main	All	Main	All
Males										
Psychiatric[a]	0.0	0.0	0.3	0.3	0.4	0.5	1.3	2.4	0.4	0.5
Intellectual & 'Other mental'[b]	2.2	2.9	1.2	1.8	1.5	3.2	1.2	4.9	1.5	2.6
Diseases of the eye	0.2	0.3	0.4	0.8	0.9	1.8	2.1	7.6	0.7	1.5
Diseases of the ear	0.8	1.1	1.9	2.6	4.9	11.0	11.5	29.4	3.2	6.7
Nervous system diseases	0.5	0.8	0.9	1.2	1.2	1.9	2.3	4.3	1.0	1.6
Circulatory diseases	0.1	0.1	0.2	0.5	3.3	8.0	9.1	25.1	1.7	4.4
Respiratory diseases	2.0	3.1	0.8	1.5	1.8	3.3	4.7	8.6	1.7	3.0
Arthritis	0.0	0.0	0.7	1.2	4.2	8.7	10.2	21.7	2.2	4.5
Other musculoskeletal disorders	0.2	0.3	1.8	2.2	4.3	6.3	4.0	8.8	2.2	3.3
Head injury/stroke/any other brain damage	0.1	0.4	0.3	1.1	0.6	2.3	1.0	6.3	0.4	1.7
All other diseases and conditions	2.2	3.1	2.1	3.3	5.4	11.3	10.7	25.2	3.6	7.1
Total	**8.3**	—	**10.5**	—	**28.5**	—	**58.1**	—	**18.4**	—
Females										
Psychiatric[a]	0.0	0.0	0.2	0.3	0.4	0.5	2.0	3.5	0.4	0.7
Intellectual & 'Other mental'[b]	1.0	1.1	1.8	2.4	2.3	4.1	2.0	7.6	1.7	3.1
Diseases of the eye	0.2	0.3	0.2	0.4	0.5	1.0	3.7	9.7	0.7	1.7
Diseases of the ear	0.8	1.0	1.3	1.8	2.1	4.6	5.5	18.0	1.9	4.3
Nervous system diseases	0.5	0.7	0.8	1.1	1.2	2.0	2.4	4.5	1.0	1.6
Circulatory diseases	0.0	0.1	0.4	0.7	1.6	5.6	7.2	26.8	1.4	4.9
Respiratory diseases	1.7	2.2	1.2	2.2	1.7	3.5	2.6	6.5	1.6	3.0
Arthritis	0.0	0.0	0.9	1.5	5.2	9.8	16.0	29.9	3.5	6.5
Other musculoskeletal disorders	0.2	0.4	1.4	1.8	3.8	5.1	3.6	8.5	1.9	3.0
Head injury/stroke/any other brain damage	0.1	0.2	0.2	0.6	0.3	0.9	1.0	4.1	0.3	1.1
All other diseases and conditions	1.1	1.8	1.8	2.9	4.5	8.6	8.1	24.4	3.0	6.6
Total	**5.6**	—	**10.1**	—	**23.5**	—	**54.3**	—	**17.6**	—

(*continued*)

Table A6.4 (continued): *People with a disability: comparison of main and all disabling condition types by sex and age as a percentage of the Australian population of that sex and age, Australia, 1993*

	Age group (years)									
	0–14		15–44		45–64		65+		Total	
	Main	All	Main	All	Main	All	Main	All	Main	All
Persons										
Psychiatric[a]	0.0	0.0	0.3	0.3	0.4	0.5	1.7	3.1	0.4	0.6
Intellectual & 'Other mental'[b]	1.6	2.0	1.5	2.1	1.9	3.6	1.7	6.4	1.6	2.9
Diseases of the eye	0.2	0.3	0.3	0.6	0.7	1.4	3.0	8.8	0.7	1.6
Diseases of the ear	0.8	1.0	1.6	2.2	3.5	7.8	8.1	22.9	2.6	5.5
Nervous system diseases	0.5	0.7	0.8	1.2	1.2	1.9	2.4	4.4	1.0	1.6
Circulatory diseases	0.1	0.1	0.3	0.6	2.5	6.8	8.0	26.1	1.6	4.7
Respiratory diseases	1.8	2.6	1.0	1.9	1.8	3.4	3.5	7.4	1.6	3.0
Arthritis	0.0	0.0	0.8	1.3	4.7	9.3	13.5	26.3	2.9	5.5
Other musculoskeletal disorders	0.2	0.3	1.6	2.0	4.1	5.7	3.8	8.6	2.0	3.2
Head injury/stroke/any other brain damage	0.1	0.3	0.3	0.9	0.4	1.6	1.0	5.1	0.3	1.4
All other diseases and conditions	1.7	2.4	1.9	3.1	4.9	10.0	9.2	24.8	3.3	6.9
Total	**7.0**	—	**10.3**	—	**26.0**	—	**55.9**	—	**18.0**	—

(a) This condition type is the same as the group entitled 'Mental psychoses' in ABS publications.
(b) This condition type is the same as the group entitled 'Other mental disorders' in ABS publications.

Notes

1. Estimates of 1,900 or less have a relative standard error (RSE) of 50% or more. Estimates of 8,000 or less have an RSE of 25% or more. These estimates should be interpreted accordingly.
2. Totals may be less than the sum of the disabling condition types since a person may have more than one disabling condition type.
3. The database used in this analysis was the ABS Survey of Disability, Ageing and Carers 1993.

Table A6.5: *People with a handicap: area of handicap and severity of handicap by main disabling condition type ('000), Australia, 1993*

		Sensory			Physical							
	Psychiatric[a]	Intellectual and 'Other mental'[b]	Diseases of the eye	Diseases of the ear	Nervous system[c]	Circulatory	Respiratory	Arthritis	Other musculo-skeletal	Head or brain injury	All other diseases & conditions	Total physical	Total
Area of handicap													
Self-care	40.9	59.4	26.8	21.0	90.3	76.5	64.8	218.0	153.2	29.0	209.6	841.4	989.5
Mobility	52.2	141.6	69.9	85.0	120.9	201.1	157.7	369.0	243.5	42.9	343.7	1,478.8	1,827.5
Communication	31.3	40.0	21.5	132.3	39.3	29.5	17.9	57.9	26.1	11.1	72.2	254.0	479.1
Schooling	0.1	60.6	4.2	16.9	12.1	1.9	27.8	1.3	5.2	2.1	27.2	77.5	159.4
Employment	32.7	110.6	58.6	81.3	95.7	160.1	104.7	267.4	245.1	37.0	304.6	1,214.7	1,497.9
Total	**63.9**	**227.3**	**91.3**	**212.6**	**154.0**	**235.3**	**215.9**	**439.9**	**316.2**	**53.0**	**490.8**	**1,905.1**	**2,500.2**
Severity of handicap													
Profound	38.9	41.3	24.6	11.3	65.2	32.1	23.8	56.4	29.8	16.8	79.6	303.8	419.9
Severe	4.7	26.7	12.7	9.7	21.3	24.8	23.8	61.7	53.9	7.9	54.0	247.3	301.1
Moderate	6.3	33.3	7.9	15.5	16.1	40.1	30.2	107.5	82.4	8.5	107.7	392.5	455.5
Mild	6.8	62.0	31.8	138.7	28.0	114.7	91.9	183.5	106.9	13.0	164.4	702.4	941.8
Not determined[d]	7.3	64.0	14.2	37.4	23.4	23.6	46.2	30.8	43.3	6.8	85.1	259.1	382.0
Not handicapped[e]	6.6	55.6	30.7	237.3	23.0	41.4	74.5	64.3	42.7	6.6	93.6	346.2	676.4
Total	**70.5**	**282.9**	**122.0**	**450.0**	**177.0**	**276.7**	**290.4**	**504.3**	**359.0**	**59.6**	**584.4**	**2,251.3**	**3,176.7**

(a) This condition type is the same as the group entitled 'Mental psychoses' in ABS publications.
(b) This condition type is the same as the group entitled 'Other mental disorders' in ABS publications.
(c) This condition type includes people with motor neuron disease, ataxia, multiple sclerosis, quadriplegia and paraplegia. Although these diagnoses may arise from a sensory impairment, they are generally perceived to be a physical disability.
(d) This group comprises all children with a disability aged 0–4 years and people who had a schooling or employment limitation only.
(e) This group comprises people with a disability but not a handicap.

Notes
1. Estimates of 1,900 or less have a relative standard error (RSE) of 50% or more. Estimates of 8,000 or less have an RSE of 25% or more. These estimates should be interpreted accordingly.
2. Totals may be less than the sum of the areas of handicap since a person may have a handicap or limitation in more than one area.
3. The database used in this analysis was the ABS Survey of Disability, Ageing and Carers 1993.

Table A6.6: *Decomposition of changes in reported prevalence rates of disability and handicap by sex as a percentage, Australia, 1981, 1988 and 1993*

	Males			Females			Persons		
	Disability	Handicap	Severe handicap	Disability	Handicap	Severe handicap	Disability	Handicap	Severe handicap
					Between 1981–1988				
Effects of age structure	0.57	0.39	0.19	0.56	0.46	0.32	0.55	0.43	0.27
Effects of age-specific rates	1.57	3.93	0.08	1.72	3.60	0.49	1.65	3.77	0.28
Effects of interaction	0.15	0.20	(0.02)	0.07	0.11	0.02	0.12	0.16	0.00
Total	**2.29**	**4.52**	**0.25**	**2.35**	**4.17**	**0.83**	**2.32**	**4.36**	**0.55**
					Between 1988–1993				
Effects of age structure	0.42	0.35	0.13	0.46	0.43	0.23	0.43	0.38	0.19
Effects of age-specific rates	0.95	(0.41)	(0.06)	0.13	(0.64)	(0.48)	0.55	(0.52)	(0.28)
Effects of interaction	0.06	0.02	0.00	(0.02)	(0.02)	(0.02)	0.02	0.00	(0.01)
Total	**1.43**	**(0.04)**	**0.07**	**0.57**	**(0.23)**	**(0.27)**	**1.00**	**(0.14)**	**(0.10)**
					Between 1981–1993				
Effects of age structure	0.95	0.66	0.33	0.96	0.80	0.55	0.94	0.73	0.46
Effects of age-specific rates	2.48	3.52	0.03	1.84	3.00	0.07	2.19	3.27	0.04
Effects of interaction	0.29	0.29	(0.02)	0.13	0.16	(0.05)	0.19	0.21	(0.04)
Total	**3.72**	**4.47**	**0.34**	**2.93**	**3.96**	**0.57**	**3.32**	**4.21**	**0.46**

Notes

1. The difference between two reported overall prevalence rates (T_1 and T_2) which refers to the same population at two points of time may be decomposed into the following: the component due to the effects of changes in age structure of the population during the time period 1 to 2, that is $\Sigma R_{i1} (P_{i2} - P_{i1})$; the component due to the effect of changes in age specific reported prevalence rates during the time period 1 to 2, that is $\Sigma P_{i1} (R_{i2} - R_{i1})$; and the effect of the interaction (or residual) between these two components, that is $\Sigma (R_{i2} - R_{i1})(P_{i2} - P_{i1})$. R_{i1} and R_{i2} are the prevalence rates for population aged i at times 1 and 2 respectively. P_{i1} and P_{i2} are the proportions of the population aged i at time 1 and 2 respectively (Pollard 1983).
2. Severe handicap rates for 1993 data refer to people with profound and severe handicaps.
3. Figures in brackets are negative values.

Source: Wen, Madden & Black 1995:11.

Appendix III: 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	(Commonwealth) Department of Veterans' Affairs
EPAC	Economic Planning Advisory Council
HACC	Home and Community Care Program
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
HSH	(Commonwealth) Department of Human Services and Health
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
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

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