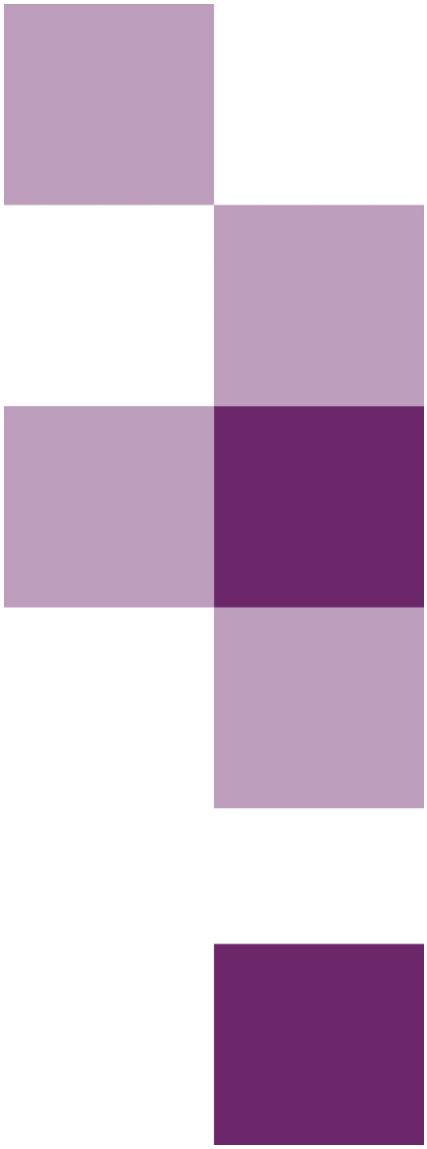
Australian Government
Australian Institute of Health and Welfare

Australia's welfare snapshots 2021



Australia’s welfare snapshots 2021

This document is a point-in-time compilation of the Australia’s welfare snapshots (web pages) published on 16 September 2021. For the latest version of the snapshots, including interactive content, visit www.aihw.gov.au/australias-welfare/snapshots.

Australia’s welfare snapshots are part of the *Australia’s welfare 2021* product suite.

About Australia’s welfare 2021

Australia's welfare 2021 is the AIHW's 15th biennial welfare report. It explores topical welfare issues and brings together multiple data sources to serve as a report card on the welfare of Australians. Australia’s welfare is framed around ‘welfare’ in its broadest sense—welfare refers to the wellbeing of individuals, families and the community. Welfare and wellbeing are often used interchangeably—see Understanding welfare and wellbeing.

Australia’s welfare 2021 continues the series’ recent departure from a single large print publication towards a more accessible multi-product release consisting of a comprehensive web presence and leaner print publications. The 2021 release comprises 4 products that together make up *Australia’s welfare 2021*:

Australia’s welfare 2021: data insights is a collection of articles on selected welfare topics, including an overview of the welfare data landscape, and contributions by academic experts. Available to download as a PDF or you can purchase a hardcopy.

Australia’s welfare snapshots are 43 web pages that present key facts on housing, education and skills, employment and income, social support, justice and safety, and Indigenous Australians. These are updated when new data are available.
Available to download or as a complete set in PDF.

Australia’s welfare 2021: in brief presents key findings and concepts from the snapshots and data insights to tell the story of welfare in Australia.
Available to download as a PDF or you can purchase a hardcopy.

Australia’s welfare indicators is an interactive data visualisation tool that measures welfare system performance, individual and household determinants and the nation’s wellbeing.

COVID-19 coverage in Australia's welfare 2021

Australia's welfare 2021 is released at a difficult time. While the COVID-19 pandemic has thus far not had the extreme effects it has in many other countries, its impact in Australia has been – and continues to be – considerable, touching nearly all people and aspects of life.

Australia's welfare 2021 tells part of the nation's pandemic story, from the start of the pandemic in Australia to early- to mid-2021. While the AIHW has endeavoured to report up-to-date data in this report, some sections will have data covering the 2020 period. While some aspects of life during the pandemic change quickly, such as employment figures, others may not change that much or change may not be immediately apparent. It remains too early to know how some of these longer-term impacts will develop. Each section of the report clearly states the data it uses and the time period covered by the data.

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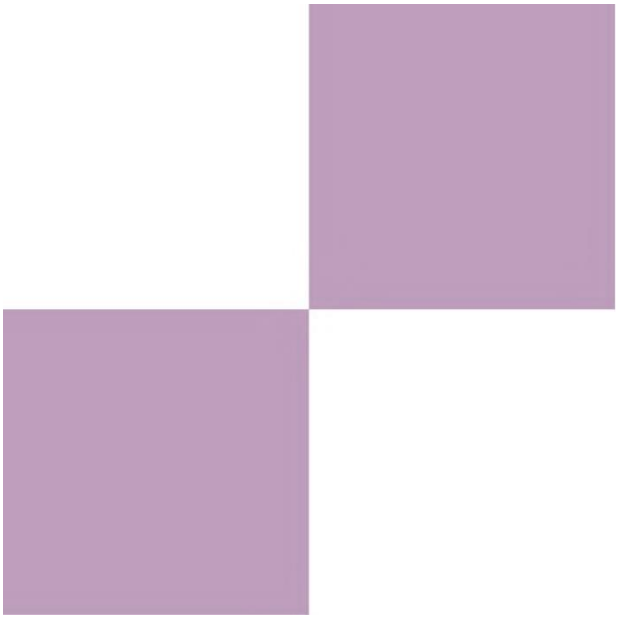
Social support

Justice and safety

Indigenous Australians

Welfare in Australia

Welfare and wellbeing are often used interchangeably. Many different supports and services—beyond income support and welfare services—are critical to the wellbeing of individuals and their families. The Australian Government and jurisdictions contribute to welfare spending, and a wide range of community services are provided through public and private organisations.



Health and welfare links

Find the most recent version of this information at:
http://www.aihw.gov.au/reports/australias-welfare/health-and-welfare-links

On this page:

A person's health is the result of a complex interplay of their genetics, lifestyle and environment. The World Health Organization defines health as 'a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity' (WHO 1946). This recognises that health is multi-dimensional, and a person's health is linked to their wellbeing.

Health, welfare and wellbeing are interrelated

Welfare refers to the wellbeing of individuals, families and the community. The terms welfare and wellbeing are often used interchangeably (see Understanding welfare and wellbeing).

Health is fundamental to an individual's wellbeing. Both physical and mental health such as chronic pain and stress, are important aspects of health that affect wellbeing (see 'Chapter 2 Social determinants of wellbeing' in Australia's welfare 2021: data insights). A person's health status plays a role in their ability to participate in work, education or training and engage with their community and social networks.

Health is both a protective and risk factor in that it can positively, or negatively, affect a person's wellbeing. For example, a person may suffer isolation or loneliness because of poor health (see Social isolation and loneliness). On the other hand, good health may enable them to earn a sufficient income to support themselves and live independently, placing them at lower risk of poor outcomes such as poor housing conditions, overcrowding and homelessness (see Income and income support and Homelessness and homelessness services).

Conversely, the circumstances in which a person lives and works can affect their health. A number of social factors act together to strengthen or undermine health. These factors are also strongly related to wellbeing, as shown in Indicators of Australia's

welfare, Figure 1 and 'Chapter 2 Social determinants of wellbeing' in Australia's welfare 2021: data insights. Factors include education, employment, social networks (social disadvantage and lack of resources, opportunity, participation and skills) (McLachlan et al. 2013), the built environment and location (see the Australia's welfare snapshots relating to housing, employment and income, and education).

Health inequalities

Health inequalities (avoidable differences in health outcomes and life expectancy across groups in society) arise because of the conditions in which a person lives and works (CSDH 2008).

Social inequalities and disadvantage are closely linked with health inequalities and the dramatic differences in health experienced across groups in society (CSDH 2008). It is estimated that closing the gap between the most and least socially disadvantaged groups would spare 0.5 million Australians from chronic illness, save $2.3 billion in annual hospital costs and reduce Pharmaceutical Benefit Scheme prescription numbers by 5.3 million annually (Brown et al. 2012).

One example of the link between social inequalities and disadvantage can be seen through health disparities in educational attainment. People with lower levels of education have higher rates of death due to cardiovascular disease. If all Australians aged 25–74 had the same cardiovascular disease death rate as people with a Bachelor degree or higher in 2011–12, the total cardiovascular disease death rate would have declined by 55%, and there would have been 7,800 fewer deaths (AIHW 2019b).

Health and welfare services

The health system is one part of a network of systems working to create positive wellbeing for all Australians. It plays a role in the prevention, early intervention and treatment of diseases and other ill health and injury to maintain health—not just treat illness. The health system helps people remain as healthy as possible for as long as possible.

The health system is linked with other sectors, especially welfare. An example of the relationship between health and welfare at the service level is the 'no jab, no pay' policy. This encourages parents to vaccinate children by requiring them to comply with immunisation requirements in order to receive Child Care and Family Tax payments (Department of Health 2020).

While health and welfare services are generally distinct but complementary, in some settings the boundaries are less clear, with services intersecting both health and welfare. For example:

- The aged care system aims to promote the wellbeing and independence of older people and their carers, as well as protect the health and wellbeing of care recipients (SCRGSP 2021; see Aged care). While aged care is generally regarded as a 'welfare' service, some aged care services may also provide 'health' services. For example,

recipients of the Commonwealth Home Support Programme may be eligible for nursing care or allied health support services such as physiotherapy, speech pathology and nutritional advice (Department of Health 2020).
- People with permanent and significant disability may access disability support services. Support available for those eligible is wide ranging and includes some health-type supports, such as home modifications, allied health and the provision of aids and equipment (NDIA 2021; see Specialised support for people with disability).

Many issues involve both health and welfare services, requiring people to navigate multiple systems and providers. Family, domestic and sexual violence (FDSV) is one example of this. FDSV can have a serious impact on a victim's health, but also on other aspects of their life that determine wellbeing. In 2016–17, 4,600 women and 1,700 men were hospitalised due to family and domestic violence (AIHW 2019a) and 119,200 people who sought homelessness services in 2019–20 had experienced family and domestic violence (AIHW 2020a). Services and initiatives across sectors work to support the wide reach of FDSV. For example, many people who have experienced violence from a current partner report having taken time off work as a result (ABS 2018). This can result in less income or loss of employment. Government initiatives introduced in the last few years include the introduction of paid domestic violence leave (SGV 2020).

Health and welfare during the COVID-19 pandemic

The Coronavirus disease 2019 (COVID-19) is a major health threat, which has led to substantial disruption across almost all parts of society worldwide. Until the development of vaccines, the only practical way to contain its spread was by:

- travel bans
- strong physical distancing policies and practices
- personal hygiene
- closure of non-essential services
- face masks
- maintaining a minimum distance from others
- strict quarantine
- strict isolation of cases and close contacts
- establishing electronic check-in and QR codes to support contact tracing (Department of Health 2021).

The COVID-19 pandemic has direct effects on individuals who contract the virus, as well as many indirect effects on the broader community. These include changes to employment, income, living arrangements and ability to spend time with friends and family (see 'Chapter 3, The impact of COVID-19 on the wellbeing of Australians' in Australia's welfare 2021: data insights). For example:

- in April 2020, almost half (49%) of Australians reported that they had not met with anyone socially since the onset of the pandemic. This had reduced to 6.8% by

November 2020, but was still higher than levels of social isolation reported pre-pandemic in February 2020 (2.0%) (see Social isolation and loneliness)

- between March and April 2020, the number of employed people aged 15 and over fell by 592,100. By May 2021, the number of employed people had recovered to above its March 2020 level, with an additional 130,400 employed people in May 2021 than in March 2020 (see Employment and unemployment).

In addition, many health and welfare services have been required to operate in different ways throughout the COVID-19 pandemic. In some cases, this has changed the way in which people access and use these services, while in other cases, new or additional services were made available to Australians through changes to service delivery models, policies and programs. Examples include:

- the JobKeeper Payment, which was introduced by the Australian Government in April 2020 as a fortnightly wage subsidy to help keep businesses trading and people employed during the COVID-19 pandemic. By July 2020, the number in receipt of the payment reached a peak of 3.7 million. From October 2020, after changes to the payment came into effect (referred to as JobKeeper Extension payment), the number of people receiving JobKeeper reduced from 1.6 million in October 2020 to 1.0 million by March 2021(see JobKeeper and employment services).
- family, domestic and sexual violence support services, which saw a 32% increase in contacts to the over the phone counselling service 1800RESPECT between March and August 2020 (see Family, domestic and sexual violence).

Health and welfare data

Health and welfare data are hugely valuable. Their strong evidence base enables better decision making and improved outcomes for Australians. People-centred data are needed to understand the experiences of the population and various cohorts within it across health, housing, education and skills, employment and income, social support, and justice and safety.

Data linkage (a process combining information from multiple databases, while preserving privacy) is increasingly being used to link across health and welfare data sets. Examples include the Australian Bureau of Statistics' Multi-Agency Data Integration Project and the National Disability Data Asset, which is a large-scale data integration project, that brings together de-identified Commonwealth and state and territory government data to learn how to best share data between governments to gain a better understanding of people with disability's life experiences– and National Integrated Health Services Information Analysis Asset – which brings together de-identified, hospital admissions, Medicare Benefits Schedule, Pharmaceutical Benefits Scheme, aged care and mortality data. Linked people-centred data are beneficial for insight into an individual's situation, support pathways, interactions and experiences with welfare services, interaction between health and welfare systems, and health and welfare outcomes.

From the start of the COVID-19 pandemic in Australia, data has been at the forefront of public discussion and understanding, and has been pivotal for decision makers. The pandemic transformed the way data is thought about and used, with strong demand for timely data. This has been shifting the way in which data are used and will, in turn, have a long lasting impact on the data system in Australia. See 'Chapter 1 Welfare data in Australia' in Australia's welfare 2021: data insights.

Where do I go for more information?

For more information, see:

- Australia's health 2020
- Indicators of socioeconomic inequalities in cardiovascular disease, diabetes and chronic kidney disease
- World Health Organization

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Indicators of Australia's welfare

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http://www.aihw.gov.au/reports/indicators-of-australias-welfare

On this page

An indicator is something that points to, measures or otherwise provides a summary overview of a specific concept (QRI, 2021). Indicators are usually reported in sets. Collectively they can be used to show how a project, program or system is changing or progressing towards specific goals or outcomes.

In Australia, there are a number of indicator sets associated with national agreements. For instance:

- The National Agreement on Closing the Gap (2020) uses a set of indicators to measure how well governments are tracking against the agreement's aim to overcome the inequality experienced by Aboriginal and Torres Strait Islander people, and achieve life outcomes equal to all Australians.
- The National Health Reform Agreement (2020–2025) uses a set of indicators (the Australian Health performance framework) to improve accountability and performance reporting on Australian health system.

A conceptual framework is often used to provide a theoretical basis for an indicator set. Such frameworks offer a formal way to think about a complex subject and serve to describe broad aspects of the areas being measured. A strong conceptual framework is a valuable instrument for establishing a coherent and balanced set of indicators that can be organised and reported on in a meaningful way.

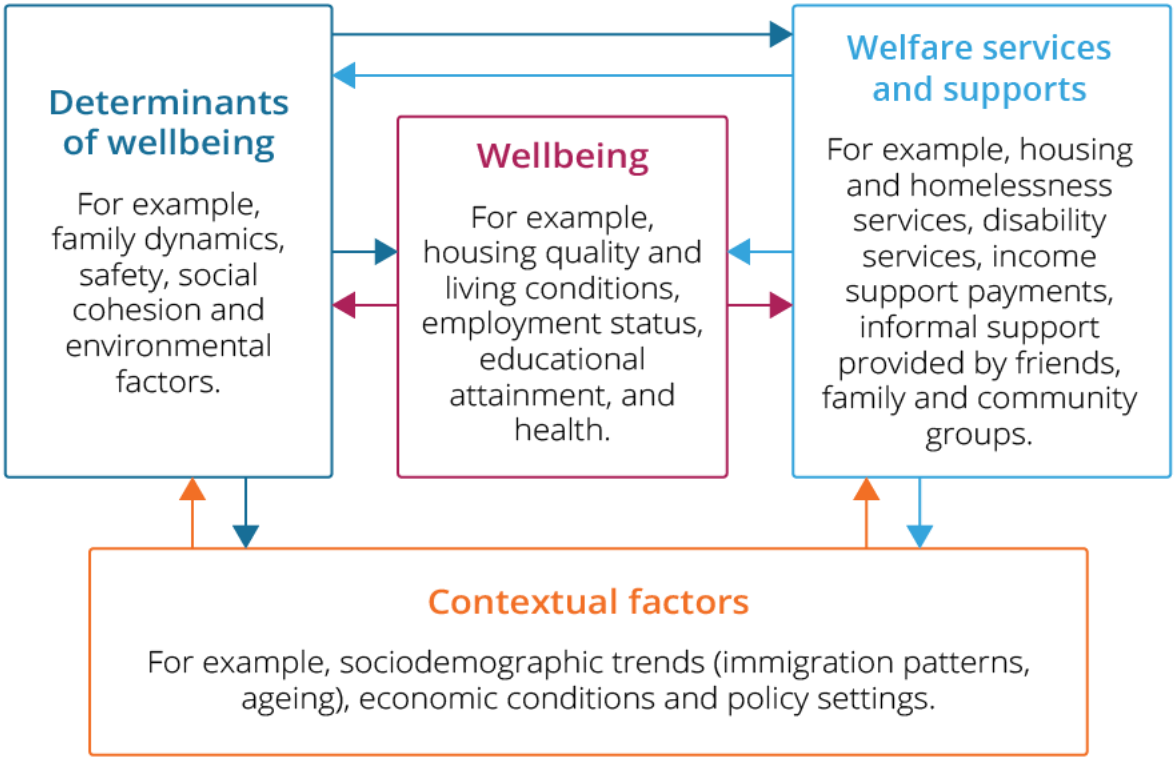
Frameworks also depict the relationships between the subject's key topic areas, and provide transparency in describing which aspects are being assessed (or not able to be assessed) by the associated indicator set.

Conceptual framework for Australia's welfare

Australia's welfare system is a multifaceted web of services, payments, sociodemographic influences and other factors that fall outside of the welfare 'system'.

A conceptual framework for Australia's welfare is presented in Figure 1. The framework aims to recognise the role of individual and community level determinants (i.e. the factors that influence a person's likelihood of needing welfare support) in improving wellbeing outcomes and social conditions more broadly. It focuses simultaneously on welfare service performance and overall population wellbeing. In doing so, it reflects the complexity of welfare as a concept and aims to show how many interrelated factors affect wellbeing.

Figure 1: Conceptual framework for Australia's welfare



The framework in Figure 1 comprises the following four core domains:

- **Determinants of wellbeing** are factors that can positively or negatively affect a person's wellbeing, and thus reduce or increase the likelihood they will need welfare assistance. For example, a person's health status may affect a range of factors linked closely to their wellbeing, including that person's ability to work, earn an income or contribute to their community.
- **Wellbeing** represents the social conditions and other aspects of people's lives that people consider to be reflective of a 'good life'. This domain reflects other wellbeing reporting frameworks including the Organisation for Economic Cooperation and Development's (OECD) *How's Life* framework (OECD, 2020) which focuses on material living conditions, quality of life and wellbeing.
- **Welfare services and supports** are provided to vulnerable individuals and families of widely differing ages and social and economic circumstances. Services are provided by government or non-government organisations, while informal support

can be provided by friends, family and community groups. Major welfare service types relate to homelessness services, social housing, youth justice, child protection, family support. Other major welfare services include aged care and services for people with disability – two sectors that are the focus of recent and current royal commissions.

- **Contextual factors** are the overarching conditions and trends which can influence the allocation of welfare expenditure and workforce capacity. They can help enable or inhibit people's ability to meet their everyday needs. Factors may include sociodemographic trends (for example, population ageing and immigration patterns), policy settings and general economic conditions (for example, Gross Domestic Product and labour market efficiency). In 2020 and 2021, major contextual factors also include the COVID-19 pandemic and consequent economic impacts and government policy responses. The pandemic will continue to be a considerable contextual factor.

For more information, see Understanding welfare and wellbeing.

Australia's welfare indicators

As discussed in Understanding welfare and wellbeing and as shown in Figure 1, wellbeing can be influenced by social and economic factors at the individual, family and community level, and each person's unique circumstances and experiences contributes to their wellbeing equation. Wellbeing is a complex synthesis of factors that influence happiness or satisfaction with our lives and it can also be highly individual and subjective, with different meanings for different people. Certain elements of wellbeing can be particularly difficult to measure and interpret (for example, happiness, confidence, fair treatment), but many other factors that shape wellbeing can be measured. As such, a range of measures (or indicators) need to be used to provide insights on, and track changes in, wellbeing more broadly and at the national level.

Currently, Australia does not have a nationally agreed set of indicators for reporting on the performance of the welfare system.

The AIHWs *Indicator framework for Australia's welfare* measures and reports on the key domains of the *conceptual framework for Australia's welfare* (Figure 1).

Collectively, the indicators summarise the performance of Australia's welfare system, track individual and household determinants of the need for welfare support, and provide insights into the nation's wellbeing status more broadly. The indicators are largely drawn from existing national agreements and reporting frameworks.

Many other frameworks exist which are designed to measure welfare or wellbeing. Among these are the Australian Capital Territory Wellbeing Framework (ACT, 2021), New Zealand Treasury's Living Standards Framework (New Zealand Treasury, 2021), Stats NZ's Indicators Aotearoa framework (Stats NZ 2021), and the OECD's wellbeing framework and biennial *How's Life* report (OECD 2021). The AIHW framework differs from these by its interest in the performance of the welfare system.

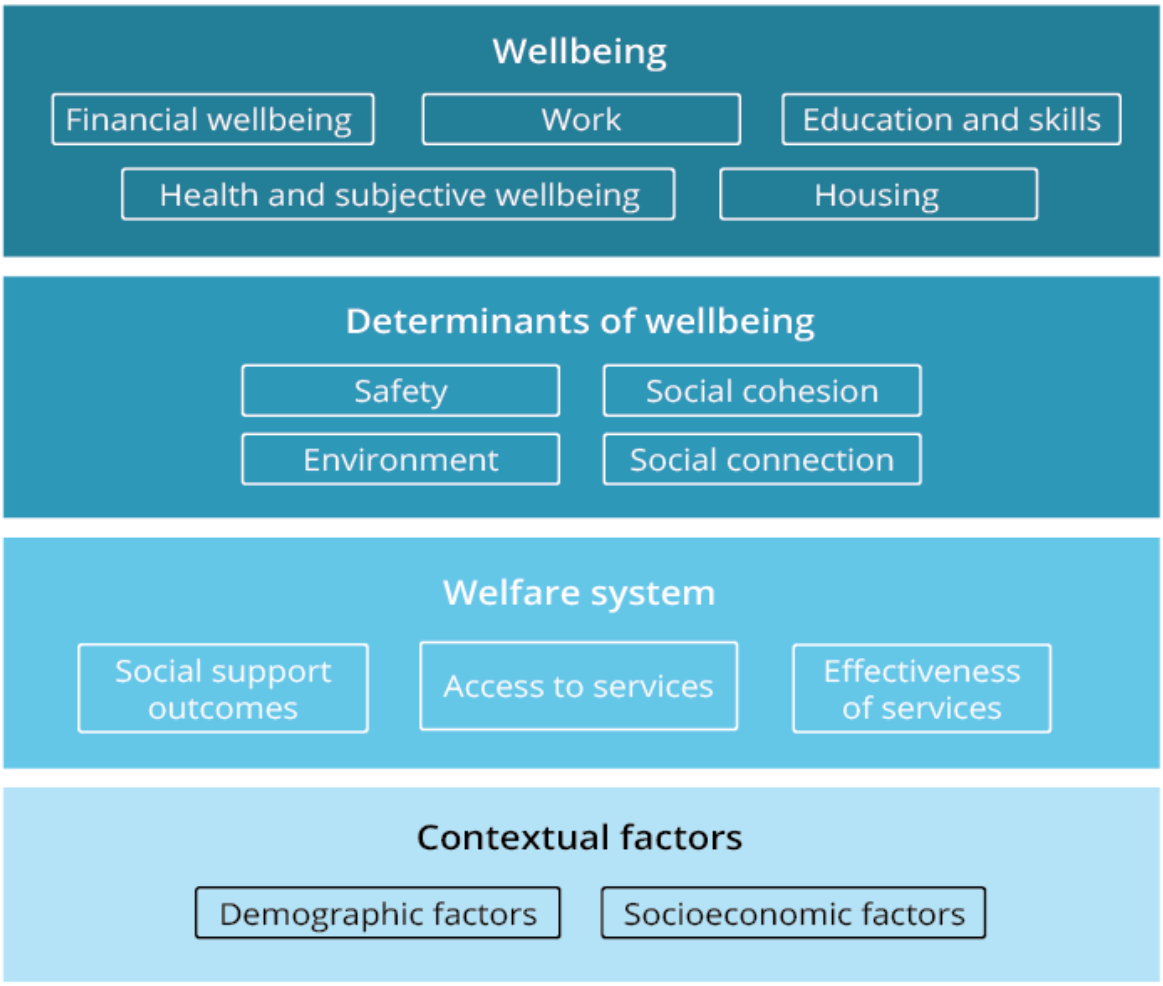
The current AIHW indicator framework comprises 52 indicators categorised into 4 core domains and 14 sub-domains, or themes (Figure 2).

While wellbeing measures can stand alone, in the context of *Australia's welfare*, it is the interrelationships between wellbeing and the other domains of the framework that are of interest. For example, the outcomes measured in the Wellbeing domain may have an impact on our opportunities and choices in life and, to some extent, determine when and how we might interact with the welfare system. The complexity of interactions between the indicators means that the placement of indicators within particular domains can be somewhat arbitrary—that is, some indicators could sit just as easily in one domain as another. The AIHW has focused on coverage and completeness of the indicator set as a whole, and encourages readers to view the indicators on the same basis.

All indicators are presented at a national level, with a focus on trends over time. Results for some indicators are disaggregated by state and territory and other population subgroups, such as sex, age group and income quintile.

International comparisons for a range of welfare measures are summarised in International comparisons of welfare data.

Figure 2: Indicator framework for Australia's welfare



The scale of the welfare system, combined with the need to keep the indicator set to a manageable size, means that most of the framework indicators serve as *sentinel* indicators for the topic they represent. That is, they convey a high-level reading of the topic rather than a detailed or in-depth report on it.

This approach aims to highlight results in areas of interest and assist users to ask meaningful questions about the reasons behind the results.

In selecting indicators for the framework, we consider that they must be:

- relevant to policy and program delivery and improvement
- technically robust (for example, valid, reliable, sensitive, unambiguous)
- understandable
- feasible to measure
- lead to action.

See Australia's welfare indicators for a list of the current indicators.

All indicators can also be accessed from this page. The below drop-down boxes list the indicators by domain and sub-domain. Select an indicator to view the data.

Explore all welfare indicators at the indicator dashboard.

An evolving project

AIHW acknowledge that the current indicator framework may not be comprehensive in its description of the welfare system, nor does it provide the full picture of the wellbeing of Australians.

Indeed, such a complete indicator framework would be unrealistic given the coverage and quality of existing data. Further, there are inherent difficulties associated with the measuring and reporting on many aspects of wellbeing (for example, happiness, confidence, fair treatment).

In selecting the indicators, a balance is sought between maintaining the framework's conceptual integrity while also reporting information in a way that is useful and can support improvements in performance (and ultimately outcomes).

The AIHW has presented statistics about the performance of Australia's welfare system in *Australia's welfare* reports since 1993 and first reported welfare indicators in these reports in 2003. Since then, the conceptual framework for Australia's welfare has evolved and broadened in perspective. The AIHW are committed to the continual development of the indicator framework for Australia's welfare and welcome comments and suggestions for improvement (please send to Flagships@aihw.gov.au).

We anticipate that ongoing refinement over time will enhance the framework, particularly as data availability and data quality increase and improve.

Where do I go for more information?

For more information on welfare indicator frameworks, see:

- ACT Wellbeing Framework
- New Zealand Living Standards Framework
- New Zealand Aotearoa Framework
- OECD's How's life?

View Australia's welfare indicators for more on this topic.

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International comparisons of welfare data

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https://www.aihw.gov.au/reports/australias-welfare/international-comparisons-of-welfare-data

On this page

Comparing welfare and wellbeing data between countries helps inform policy, planning and decision making. It is also of interest to researchers and the general public to compare Australian experiences on a global scale.

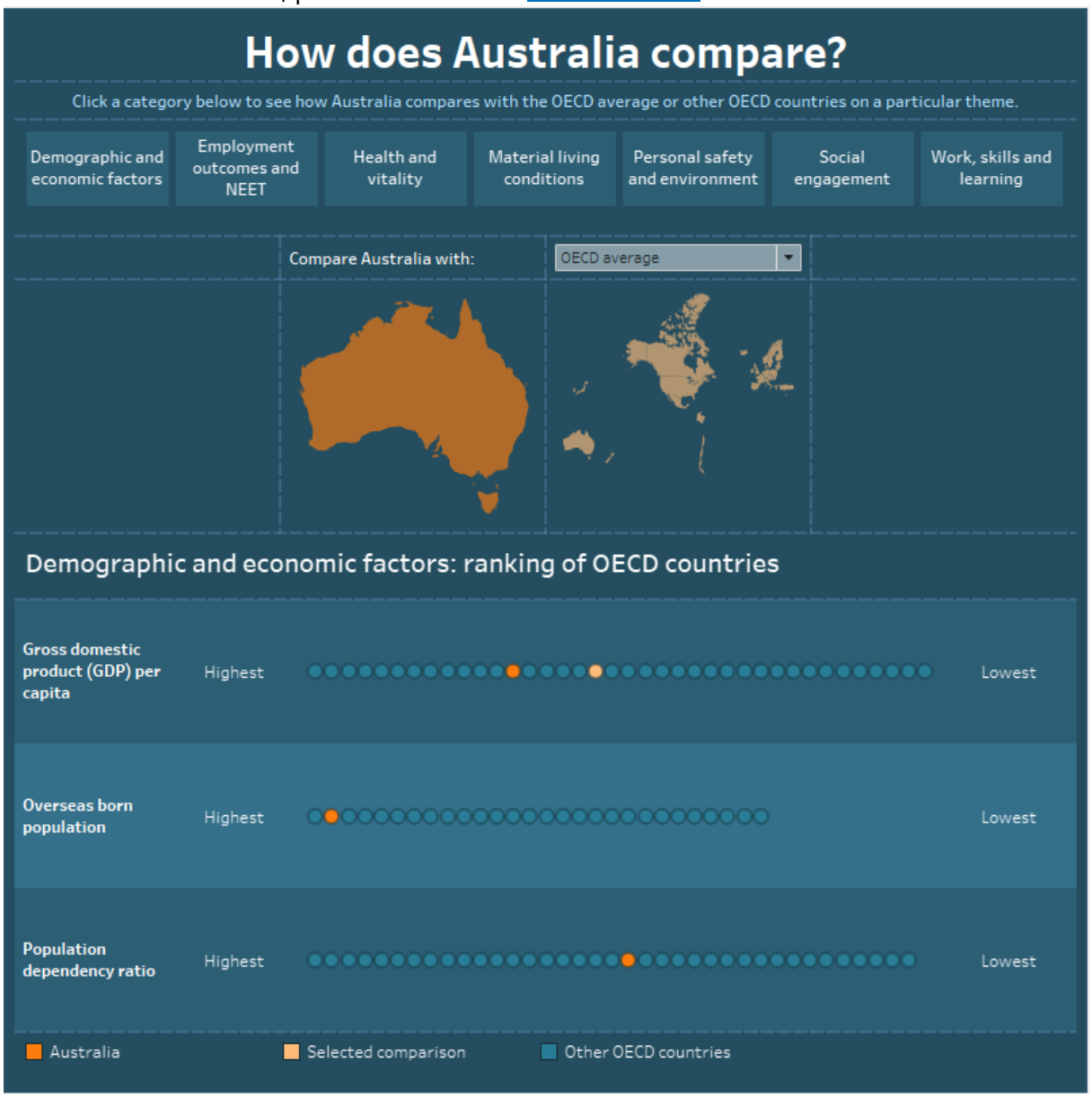
Participating in international efforts to collect and report welfare data can also facilitate cooperation between countries. For example, AIHW provides statistics to the Organisation for Economic Co-operation and Development (OECD) to be collated into its data collections and ongoing work on economic growth.

In May 2021, Costa Rica officially became the 38th official OECD member. The interactive visualisation on this page presents data prior to 2021, and allows data to be compared across 37 OECD Member countries for a range of welfare indicators, highlighting Australia's international standing. OECD Member countries provide a useful comparison for Australia because almost all have high-income economies (World Bank 2021).

Australia's welfare indicators also present data for a range of measures at a national level. Collectively, these indicators summarise the performance of Australia's welfare system, track individual and household determinants of the need for welfare support and provide insights into the nation's wellbeing status more broadly. Some of the indicators presented on this page are also reported in Australia's welfare indicators at the national level.

Welfare refers to the wellbeing of individuals, families and the community. The terms welfare and wellbeing are often used interchangeably. See Understanding welfare and wellbeing for important contextual information about factors that influence wellbeing.

This page aims to provide a high-level comparison of international welfare and wellbeing data. For further detail, please refer to the OECD website.



Welfare data and COVID-19

The coronavirus disease 2019 (COVID-19) is a major health threat, which has led to substantial disruption across almost all parts of society worldwide. Many countries around the world have introduced restrictions (including travel bans and strong physical distancing policies) to contain the spread of COVID-19. These restrictions continue to have a serious impact on economies and societies across the world, with travel, trade and people's ability to work, attend school and socialise, all affected (see Chapter 3 The

impact of COVID-19 on the wellbeing of Australians in Australia's welfare 2021: data insights).

As a result of this, the ability to capture and internationally compare welfare and wellbeing data throughout the pandemic may be limited. This is because, in most cases, the latest available international data compiled by the OECD precedes the COVID-19 pandemic. For example, the youth unemployment rate for Australia and the OECD average is based on 2019 data.

The circumstances surrounding COVID-19 are also still unfolding internationally. This limits the capacity to identify lasting impacts of COVID-19 on welfare and wellbeing. For example, while this page captures employment during the COVID-19 pandemic, the long-term outcomes and implications are yet to be reflected in the data.

Finally, the measures analysed on this page intend to provide an overview of welfare and wellbeing across countries. Therefore, information presented on this page may not capture more specific outcomes (such as mental health) that are also associated with the COVID-19 pandemic.

Demographic and economic factors

Based on the latest available data:

- Australia's population dependency ratio ranked 20th highest out of 37 OECD countries at 55% in 2020. This ratio ranged from 69% (Japan) to 40% (South Korea) (UN 2020).
- Compared with other OECD countries, a high proportion of Australians (30% in 2019), were born overseas. Australia ranked second highest out of 34 OECD countries for which data were available; rates ranged from 47% (Luxemburg) to 0.9% (Mexico) (OECD 2021d).
- Australia's per capita gross domestic product was US$51,743 in 2020 (OECD estimated value), which ranked 13th highest out of 37 OECD countries. It was higher than the OECD average of US$44,813 (OECD 2021f).

Employment outcomes and NEET

Based on the latest available data:

- The COVID-19 pandemic continues to impact the unemployment rate in many countries. Australia's unemployment rate of 6.5% in 2020 ranked 20th highest out of 37 OECD countries. This was an increase from an unemployment rate of 5.2% in 2019. The OECD average unemployment rate increased from 5.4% in 2019 to 7.2% in 2020 (OECD 2021i). For more information on unemployment in Australia, see Employment and unemployment.
- Australia's long-term unemployment rate (see Glossary) of 1.0% in 2018 ranked 23rd highest out of 36 OECD countries for which data were available (OECD 2020m).

- 10% of young Australians (aged 15–29) were not in education, employment or training (NEET) in 2019. This was lower than the OECD average (13%). For this measure, Australia ranked 24th highest out of 35 OECD countries for which data were available (OECD 2021l).
- Australia's youth unemployment rate (ages 15–24) of 14.3% in 2020 ranked 21st highest out of 37 OECD countries for which data were available. This was lower than the OECD average of 15%. Japan had the lowest youth unemployment rate (4.5%) and Spain the highest (38%) (OECD 2021k).

Health and vitality

Based on the latest available data:

- The health-adjusted life expectancy (HALE) is the number of years a person can expect to live in 'full health'. Australia's HALE at birth was 70.9 years in 2019. Australia ranked 19th highest out of 37 OECD countries, and was above the OECD average of 70.3 years. Among OECD countries, HALE ranged from 74.1 years (Japan) to 65.8 years (Mexico) (WHO 2021).
- Australians reported very high life satisfaction, with a score of 7.3 in 2015–17 (on a scale from 0 to 10). This placed Australia 8th highest out of 37 OECD countries, and above the OECD average of 6.5. Life satisfaction among OECD countries ranged from 7.6 (Denmark) to 5.4 (Portugal) (OECD 2021a).

For more information, see International comparisons of health data.

Material living conditions

Based on the latest available data:

- Australia had a relatively high household disposable income of US$32,759 in 2016 at current purchasing power parities per capita (see Glossary), ranking 7th highest out of 29 OECD countries for which data were available. The United States ranked first at US$45,284 and Latvia 35th at US$16,275 (OECD 2021a).
- Gini coefficients are a measure of income equality that give a number between 0 and 1, where a higher value represents less income equality. Australia's Gini coefficient of 0.33 ranked 11th highest out of 33 OECD countries for which data were available. Chile had the least equal income distribution (Gini coefficient of 0.46) and Slovak Republic the most equal (Gini coefficient of 0.24) (OECD 2021h).
- Australians had 2.3 rooms per person in a dwelling in 2015, which ranked 4th highest out of 34 OECD countries for which data were available. This was above the OECD average of 1.8 rooms per person. Canada ranked first (2.5 rooms per person) and Turkey 34th (1.0 room per person) (OECD 2021a).

Personal safety and environment

Based on the latest available data:

- Nearly two-thirds (64%) of Australians felt safe walking alone at night in 2015–17. Australia ranked 27th highest out of 37 OECD countries, and below the OECD average of 68%. Among OECD countries, this ranged from 90% (Norway) to 42% (Mexico) (OECD 2021a).
- Out of 37 OECD countries, Australia had the fourth equal lowest level of air pollution, with 5 micrograms of particulate matter less than 2.5 micrometres in diameter per cubic metre in 2013. This was lower than the OECD average of 14 micrograms. Iceland (3 micrograms) had the lowest level of air pollution, and South Korea (28 micrograms) had the highest level of air pollution (OECD 2021a).
- Australia released 22 tonnes of carbon dioxide equivalent greenhouse gases per capita in 2018, higher than the OECD average (12 tonnes per capita) and highest among 37 OECD countries. Based on totals, Australia released 558,047 tonnes of carbon dioxide equivalent greenhouse gases in 2018, ranking 5th highest out of 32 OECD countries. The United States released the highest total carbon dioxide equivalent greenhouse gasses (6,676,650 tonnes) and Iceland released the lowest (4,857 tonnes) (OECD 2021e).

Social engagement

Based on the latest available data:

- The quality of support networks in Australia ranked 3rd highest out of all 37 OECD countries, with 95% of Australians reporting they knew somebody they could rely on in times of need in 2015–17. This was higher than the OECD average of 89%. Among OECD countries, this ranged from 98% (Iceland) to 78% (South Korea) (OECD 2021a).

Work, skills and learning

The COVID-19 pandemic continues to impact economic activity and employment. OECD countries used different methods to address unemployment caused the pandemic, ranging from job retention programs to direct payments. About 60 million people across the OECD are included in company claims for these programmes (OECD 2021c).

Based on the latest available data:

- Almost three-quarters (74%) of Australians aged 15–64 were employed in the fourth quarter (October–December) of 2019. Australia's employment-to-population rate ranked 14th highest out of 37 OECD countries. Iceland had the highest rate (84%) and Turkey had the lowest rate (50%) (OECD 2021j).
- 72% of Australians aged 15–64 were employed in the third quarter (July–September) of 2020. This increased to 74% in the fourth quarter (October–December) of 2020. Australia's employment-to-population ratio (the employment rate) ranked 13th highest out of 37 OECD countries in the fourth quarter of 2020, and was above the OECD average of 67%. Switzerland had the highest ratio (80%) and Turkey the lowest (48%) (OECD 2021j).

- More than 1 in 8 (13%) Australians worked very long hours in 2017 (more than 50 per week), which is higher than the OECD average of 11%. Australia had one of the highest proportions of people working long hours, ranking 7th highest out of 35 OECD countries for which data were available. Switzerland had the lowest proportion of people working long hours (0.4%) and Turkey the highest (33%) (OECD 2021a).
- Almost half (47%) of Australians aged 25–64 had a tertiary education in 2019. Australia ranked 9th highest out of 37 OECD countries, and was above the OECD average of 38%. Canada had the highest rate (59%) and Mexico the lowest (18%) (OECD 2021b).

Where do I go for more information?

For more information on international comparisons of welfare data, see:

- OECD Better Life Index
- OECD.Stat
- OECD Data
- United Nations
- World Health Organisation

Visit International Comparisons for more on this topic.

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Philanthropy and charitable giving

Find the most recent version of this information at:
https://www.aihw.gov.au/reports/australias-welfare/philanthropy-and-charitable-giving

On this page

In Australia, philanthropy and giving to charity occur in many ways. Monetary donations to registered charities can be tax deductible if the Australian Taxation Office has endorsed the organisation as a deductible gift recipient (DGR) (ATO 2021a). Fewer than half of charities in Australia have DGR status.

Some charities are set up primarily to deliver structured philanthropy through a range of legal structures, such as ancillary funds and trusts. For others, distributing grants may be only one element of their operations (Cortis et al. 2018).

The legal environment in Australia for making financial donations is complex; hence the information on this page is a broad overview of key elements only.

Volunteering – time willingly given for the common good and without financial gain (VA 2015) – is also considered to be philanthropy and/or charitable giving. See Volunteers.

For more detail on financial philanthropic and charitable donations see the in-focus report Philanthropy and charitable giving.

Giving by individuals

The Charities Aid Foundation ranks Australia as the eighth highest of more than 140 countries over 10 years (2009 to 2018) of the World Giving Index, with 3 in 5 Australians making a financial donation to a charity (CAF 2019). People choose to give for a variety of reasons, including to align with values and cultural identity, for personal satisfaction and caring about doing the right thing, and 'giving back' (McGregor-Lowndes et al. 2017).

The Giving Australia 2016 study reported the top 3 reasons why people gave as:

- it's a good cause/charity (39%)
- respect for the work it does (21%)

- sympathy for those it helps (14%) (McGregor-Lowndes et al. 2017).

The study also found that the majority of individual givers donated to non-profit organisations without intending to make regular or planned ongoing donations to that organisation (Scaife et al. 2016). Three in every 5 respondents reported that they generally gave on the spur of the moment, with the highest percentage of donations (57%) made through doorknock appeals (McGregor-Lowndes et al. 2017).

Donors favoured social services (65%) and health organisations – including medical research (61%) – followed by international (25%) and religious organisations (24%). On average, those donating to religious organisations gave the highest amounts ($932 on average per person) (McGregor-Lowndes et al. 2017).

Tax-deductible donations

Donations by individuals of $2 or more to a DGR are deductible from an individual taxpayer's assessable income. If the donation is property, it must be valued at more than $5,000 to be tax deductible (Martin 2018).

Income tax returns do not show where donations are made, nor do the donations represent all giving by individuals. Tax-deductible donations obtained from tax returns represent only a subset of individual giving as not all donations made can be (or have been) deducted from income tax. Such non-deductible donations might include non-tax contributions (raffles, sponsorships, fundraising purchases, donations made directly to people), volunteering, donations to non-DGRs or donations made by those who are not required to lodge a tax return.

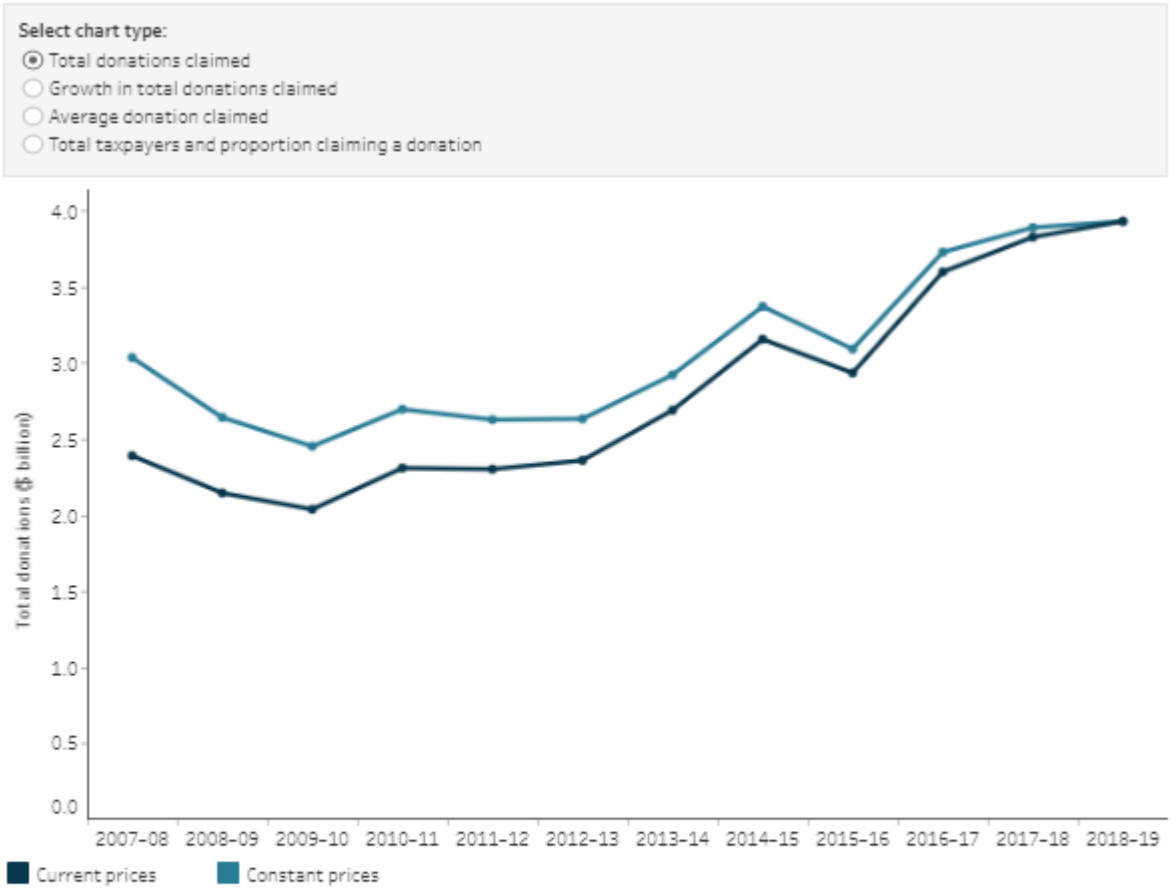
In 2018–19:

- individual taxpayers claimed a total amount of $3.9 billion as a tax-deductible donation, a real increase of 1.1% over the amount for the previous year; this was below the rate of inflation, which was 1.6% (AIHW analysis of ABS 2021)
- 4.2 million Australian taxpayers claimed an average deduction of $933, contrasting with the previous year when a greater number of taxpayers (4.5 million) made a smaller average contribution ($861)
- 29% of all taxpayers claimed a tax-deductible donation (ATO 2021b; Figure 1).

From 2007–08 to 2018–19:

- total donations increased from $3 billion to $3.9 billion in real terms
- until 2010–11, there was a real decline in donations by an average of 10% each year; after this, the annual growth was 5.8% on average each year
- the proportion of individual taxpayers claiming donations fell from 35% in 2007–08 to 29% in 2018–19
  - the greatest decline was seen from 2010–11 onwards, with a –3.2% growth, on average, each year; before this, the average annual growth had been 2.2% (ATO 2021b; Figure 1).

Figure 1: Tax-deductible donations claimed by taxpayers, 2007–08 to 2018–19



Notes
1. Constant price estimates are expressed in terms of 2018–19 prices.
2. Donations claimed refers to tax deductions made by individual taxpayers for donations to deductible gift recipients.
3. Data for the period 2016–17 to 2018–19 income years were sourced from individual income tax returns processed by 31 October 2020. The statistics are not necessarily complete.

Sources: AIHW analysis of ABS 2021; ATO 2021b.

http://www.aihw.gov.au/

Business giving

Business giving is often driven by an ethical imperative to give back to the community in which the business operates, and to have a social impact. Businesses also recognise the benefits a giving culture has on employee recruitment, retention and engagement (Burns et al. 2017).

Survey data from Giving Australia 2016 estimated that in 2015–16:

- Australian businesses gave $17.5 billion: $6.2 billion in donations; $7.7 billion in community partnerships; $3.6 billion in non-commercial sponsorships
- over half of this amount (51%, $9 billion) was given by large businesses even though these represented 0.2% of all Australian businesses
- the education and research sector benefited most, receiving 22% of total business giving, followed by the culture and recreation sector at 19%

- 85% of large businesses (with 200 employees or more) facilitated workplace giving, with 56% matching staff donations dollar for dollar; 28% of small and medium enterprises (with fewer than 200 employees) offered payroll giving and 26% matched staff donations (Burns et al. 2017).

Workplace giving

Workplace giving is a joint relationship between employers, employees and charities that enables individuals to donate a proportion of their pre-tax salary. Some employers match staff donations (WGA 2021).

Australian Taxation Office data showed that in 2018–19:

- 201,237 Australians donated through workplace giving programs
- the average donation was $215
- more than $66 million was donated (including employer matching)
- those aged under 34 were the largest group of workplace givers (WGA 2020).

Ancillary funds

Private Ancillary Funds (PAFs) enable an individual, family or organisation to put aside money in a trust to support charities over the long term. PAFs cannot raise funds from the general public but are endorsed as a DGR.

Public Ancillary Funds (PuAFs) are communal and philanthropic structures that must raise funds only from the general public. A PuAF is a DGR and therefore donations are tax deductible.

Ancillary funds cannot operate programs or deliver services, but they play a supporting role by funding eligible non-profit organisations.

In 2018–19:

- there were 1,359 PuAFs and 1,731 PAFs, which received donations of around $850 million and $550 million, respectively. The amount received, in real terms, was:
  - for PAFs, 47% lower than that for the previous year
  - for PuAFs, 21% higher than that for the previous year
- PuAFs distributed $400 million and PAFs distributed around $560 million – 13% of net assets for PuAFs and 7.7% for PAFs
- charities receiving the highest proportion of distributions from PuAFs were welfare and rights organisations (33%), those with multiple purposes (28%) and health organisations (23%)
- legislated distributions accounted for 31% of distributions by PAFs, with another 22% of funds distributed to charities with multiple purposes and 21% to welfare and rights organisations (ATO 2021b; Figure 2).

From 2011–12 to 2018–19:

- donations to PuAFs increased on average by 13% per year in real terms
- donations to PAFs increased, on average, by 29% per year in real terms, driven by a large donation in 2014–15 from the Paul Ramsay Foundation (McGregor-Lowndes et al. 2019)
- on average, net assets for both PuAFs and PAFs grew by 11% and 14%, respectively, with assets for PuAFs remaining below those for PAFs over the period
- PuAFs distributed an average of 15% of assets annually and PAFs distributed 6.9% on average (ATO 2021b; Figure 2).

Note that donations to ancillary funds by individuals may also be captured in Tax deductible donations.

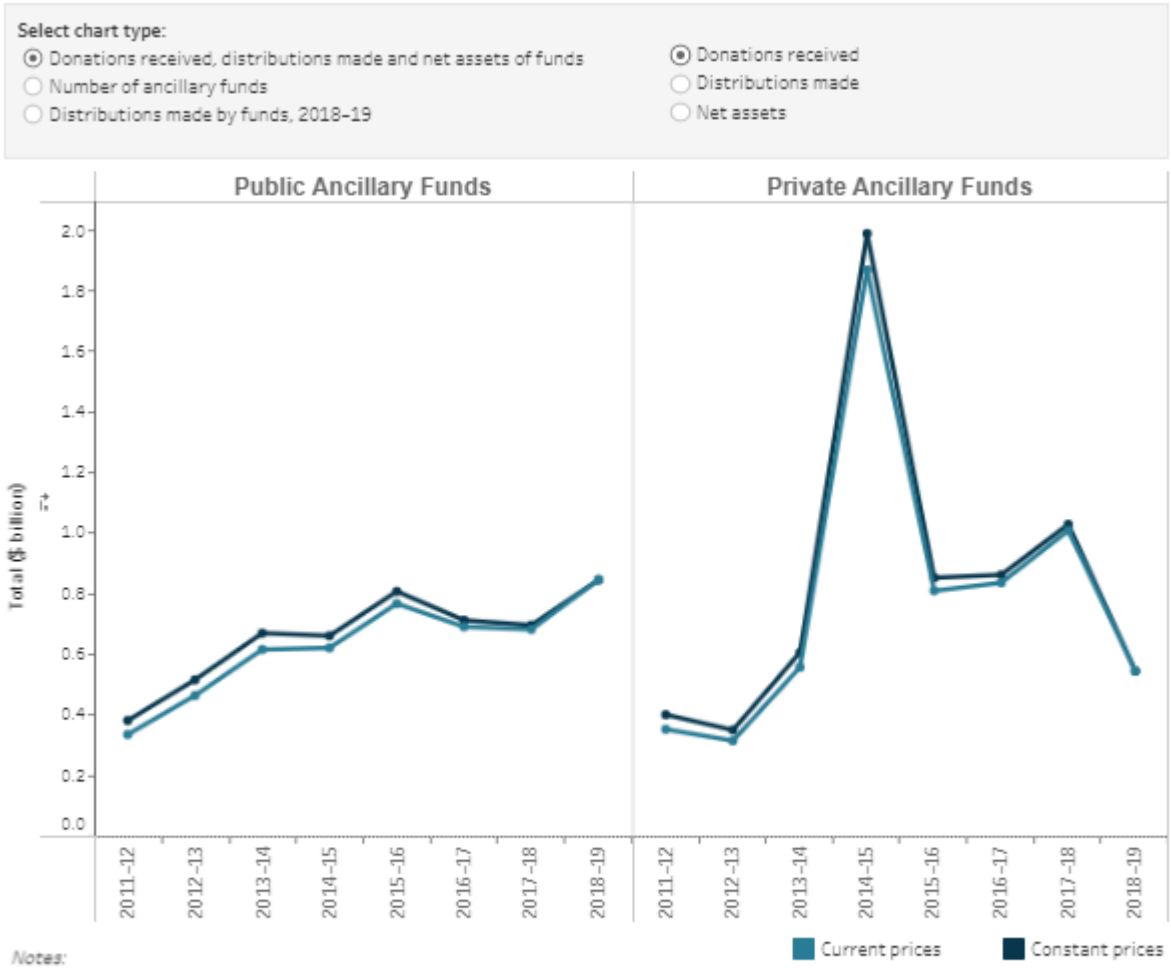
Charities – recipients of giving

In December 2020, there were around 58,600 registered charities in Australia (ACNC 2020a). Charities make up a diverse sector working across Australia and internationally in a broad range of areas, including health, education, social welfare, religion, culture, human rights, the environment and animal welfare (ACNC 2020b).

In 2019:

- donations to charities accounted for 7% of the sector's revenue
- there was $11.8 billion in donations and bequests, an increase of $1.3 billion (12%) over the figure for the previous year
- 65% of charities were small (with an annual revenue under $250,000), 16% were medium sized (revenue of $250,000 or more but under $1 million) and 19% were large (revenue of $1 million or more)
- the most common activities for charities were religious activities and primary and secondary education
- around 8% of charities reported operating overseas
- fewer than half of the registered charities (39%) were endorsed as DGRs (ACNC 2021c).

Figure 2: Public and private ancillary funds, 2011–12 to 2018–19



Notes:
1. Constant price estimates are expressed in terms of 2018–19 prices.
2. Funds received by Private Ancillary Funds in 2014–15 increased sharply due to donations from the Paul Ramsay Foundation (McGregor-Lowndes et al. 2019).

Source: AIHW analysis of ABS 2021; ATO 2021b.

http://www.aihw.gov.au/

Bushfire relief and recovery

By June 2020, almost $300 million had been donated to 3 major charities to support recovery following the 2019–20 bushfire season:

- Red Cross – $216 million
- The Salvation Army – $43 million
- St Vincent de Paul Society – $23 million (ABC News 2020b).

As well, funds were raised via:

- online platforms such as Facebook and GoFundMe ($85 million was raised, with over $50 million raised by comedian Celeste Barber)
- donations from the banking sector, supermarket chains, businesses (such as Qantas, Rio Tinto and Holden) as well as from individuals, celebrities and

sportspeople – including a donation of $70 million by Andrew (Twiggy) and Nicola Forrest (ABC News 2020a).

These donations were not only directed to the immediate recovery and support of bushfire-affected areas but also pledged to help create a national plan to mitigate bushfire threats in future, with a focus on climate change.

Impact of COVID-19 on giving

'The impact of the COVID-19 crisis on Australian philanthropy is forecast to be significant, with the biggest impact not this year but next when total giving is expected to drop back to 2012 levels.' (PA 2020b).

The economic downturn triggered by the coronavirus 2019 (COVID-19) pandemic put financial stress on the non-profit sector (PA 2020a). As many Australians faced unemployment and financial hardship, a general tightening of budgets – compounded by hygiene concerns around the use of cash – resulted in a drop in the value of charitable donations at a time when they were needed most (F&P 2020). Many fundraising events were also cancelled or postponed (Masige 2020).

In April 2020, 47% of 366 charities surveyed reported that they had experienced a substantial drop in donation fundraising income, with another 20% reporting a slight decrease (Institute of Community Directors Australia 2020).

Analysis undertaken during the pandemic estimated that total giving would fall around 7.1% in 2020 and by a further 12% in 2021 (McLeod 2020).

Where do I go for more information?

For more information on philanthropy and charitable giving in Australia, see:

- Australian Charities and Not-for-profits Commission
- Australian Community Philanthropy
- Fundraising Institute of Australia
- Giving Australia
- Philanthropy Australia
- Workplace Giving Australia

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Profile of Australia's population

Find the most recent version of this information at:
https://www.aihw.gov.au/reports/australias-welfare/profile-of-Australias-population

On this page:

Australia's population story has historically been one of strong growth. Australia's population was 25.7 million at 30 June 2020, having grown around 1.4% a year on average since it was 17.1 million at 30 June 1990. Australia's population is concentrated in the major cities, which account for 72 per cent of the total population. By contrast, 26 per cent live in inner and outer regional Australia, with the remainder living in *Remote and very remote* areas (See, Demographic snapshot 2019–20).

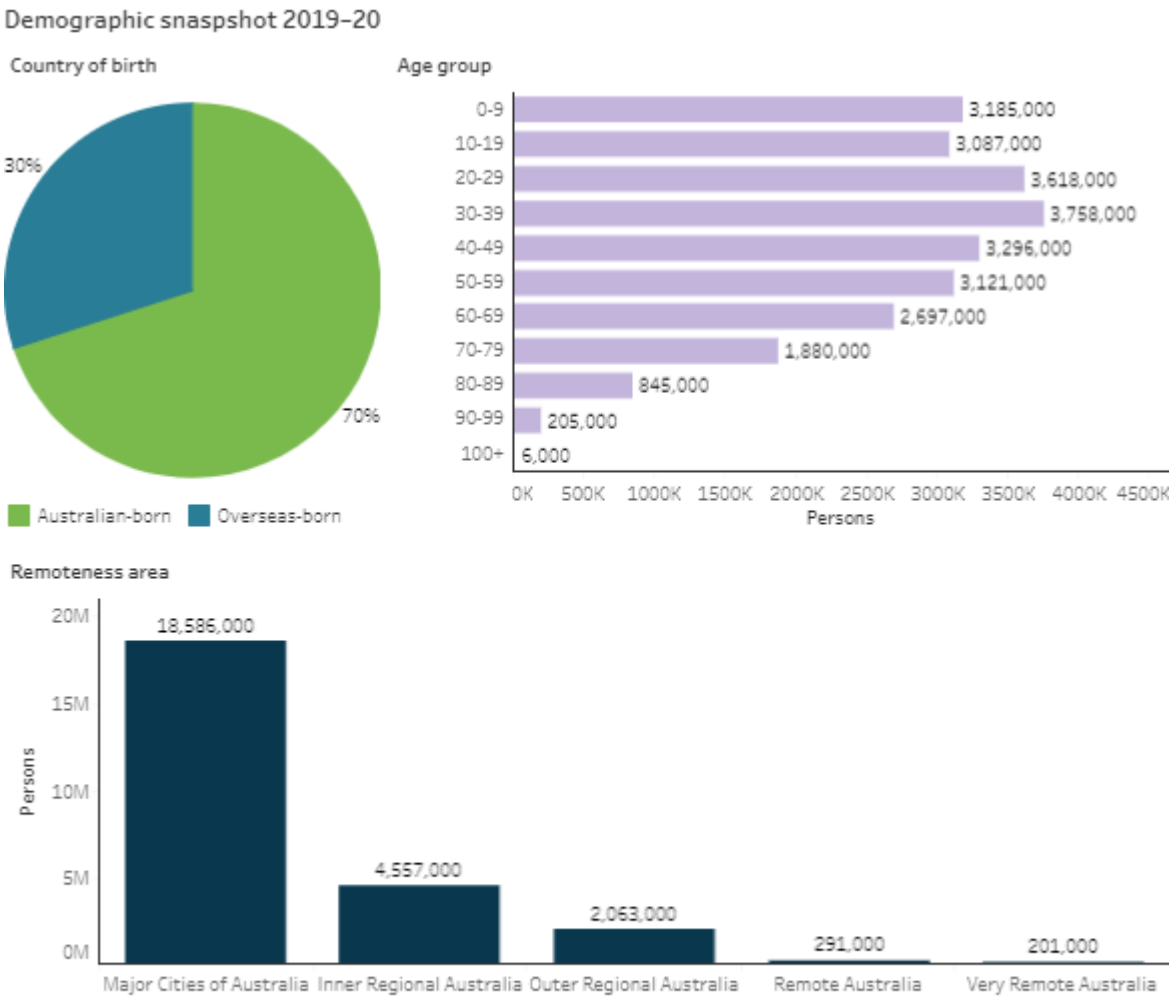
Over this period:

- Net overseas migration has become the main driver of population growth, increasing from around 125,000 people in 1989-90 to 195,000 people in 2019-20, and directly contributing a bit more than half of total population growth over this period. The share of Australian residents born overseas continued to increase to be around 30 per cent by the end of 2019-20 (see Demographic snapshot 2019–20).
- Natural increase (number of births minus number of deaths) increased from around 132,000 people in 1989-90 to 137,000 people in 2019-20, contributing around 48% of population growth over this period:
  - fertility rates have declined, from 1.87 babies per woman in 1989-90 to 1.65 in 2019-20
  - the number of deaths has grown faster than the number of births over this period
  - life expectancies at birth have continued to increase, from 73.9 years for males and 80.1 years for females in 1990, to 80.9 years for males and 85.0 years for females in 2017-19.
- Australia's population has grown older, with the median age increasing from 32.1 years at 30 June 1990 to 37.8 years at 30 June 2020. Along the age distribution, population is most concentrated in the 30-39 age band (see Demographic snapshot 2019–20).

Most recently, Australia's population growth is being affected by the coronavirus disease 2019 (COVID-19) pandemic, and the measures taken to limit its spread. The closure of international borders has already led to negative net overseas migration and the lowest rate of population growth in more than one hundred years (Centre for population 2020). The results on this page largely reflect the impacts of the pandemic in Australia in 2020. They do not fully cover the periods, nor reflect any impacts to Australia's population, relating to outbreaks of the Delta variant of COVID-19 occurring in 2021.

In addition, other longer-term trends present before COVID-19 will continue to affect the size and distribution of the population, such as the ongoing decline in the fertility rate, the decline in the rate of internal migration, and the slower rate of mortality improvement observed in recent years.

Changes to Australia's demographic profile, in particular population ageing, have a number of implications for the economy and living standards, as set out in the 2021 Intergenerational Report.



Note: Remoteness Areas divide Australia into 5 classes of remoteness on the basis of a measure of relative access to services. Remoteness Areas are intended for the purpose of releasing and analysing statistical data to inform research and policy development in Australia.
Source: ABS National state and territory population, December 2020, ABS Regional population, 2019-20 financial year, ABS Migration, Australia, 2019-20 financial year .
http://www.aihw.gov.au/

Overview of past population growth and trends

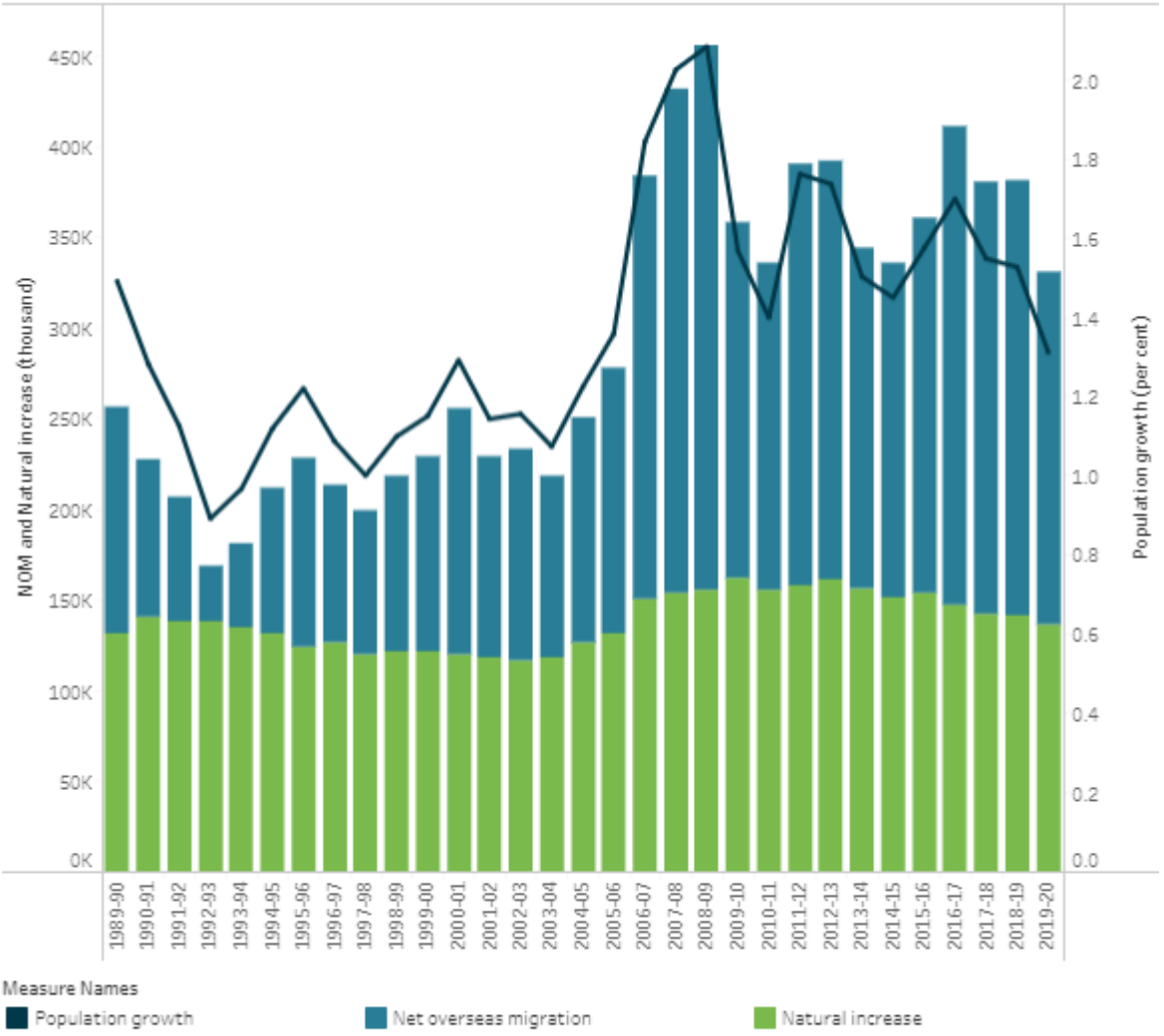
Australia's population growth over the decade to 30 June 2020 averaged 1.6% a year. As shown in Figure 1, natural increase has been relatively steady, while net overseas migration has fluctuated more. Natural increase was briefly the main driver of population growth during the early 1990s, but net overseas migration has consistently contributed more to population growth since 2005-06.

More than two-thirds (68%) of Australia's population lived in the 8 capital cities at 30 June 2020, increasing from 65% at 30 June 1988. Over this period, most capital cities grew faster than their respective rest-of-state areas.

Population growth in Australia has varied widely across cities and regions and has been largely shaped by the flow of net overseas migration and net internal migration. While the contribution to growth from natural increase has varied across parts of the country, at the national level it has been largely stable over time.

Over the calendar year 2020, and following the outbreak of the COVID-19 pandemic, Australia's annual population growth slowed to just 0.5% over the year – the lowest since 1916 (-1.0%). This was primarily due to a low level of net overseas migration, which was reported at around 3,300 people for 2020 compared to 247,600 people the year before.

Figure 1: Components of population change, Australia, 1989–90 to 2019–20



Source: ABS 2021a.
http://www.aihw.gov.au/

Natural increase

Since the late 2000s, natural increase has added around 150,000 people a year to the Australian population. Over the past 30 years, the total fertility rate has fallen from 1.87 babies per woman in 1989-90 to 1.65 in 2019-20. Life expectancies at birth increased and are among the highest in the world. Despite these improvements, the number of deaths has grown faster than the number of births. As a result, natural increase has become smaller as a proportion of the population.

The full impact of the COVID-19 pandemic on births will not be observed in official datasets for some time. This is due to the delay between factors that impact decisions to

conceive and births taking place, and the lag in the release of official statistics, as well as continued outbreaks and restrictions

To date the impact of COVID-19 on deaths in Australia has been limited. A new monthly series on provisional mortality published by the Australian Bureau of Statistics showed that the total number of doctor-certified deaths in 2020 (143,232) was in line with the average number of deaths over the previous 5 years (143,017) (ABS 2021b). Weekly deaths due to respiratory diseases from late April until the beginning of December 2020 were lower than the average from 2015 to 2019.

Net overseas migration

In recent years, net overseas migration has been the main driver of Australia's population growth (Figure 1). The implementation of COVID-19 related border restrictions toward the end of March quarter 2020 led to the level of net overseas migration in 2019-20 (195,000 people) being lower than the average of the previous 5 years (227,000 people), and to the level of quarterly net overseas migration being negative in the June, September and December quarters of 2020 — these were the first quarters of negative net overseas migration since June 1993. The impacts of current and future restrictions due to COVID-19 are likely to have similar impacts on migration.

Net internal migration

Australia has high rates of internal migration (the number of people who move within Australia as a proportion of the total population) compared with other countries (ABS 2018), although this has been declining over time.

The rate of interstate migration – or the number of people who move as a proportion of the total population – tends to decline in times of economic shocks and recessions, and recover afterwards.

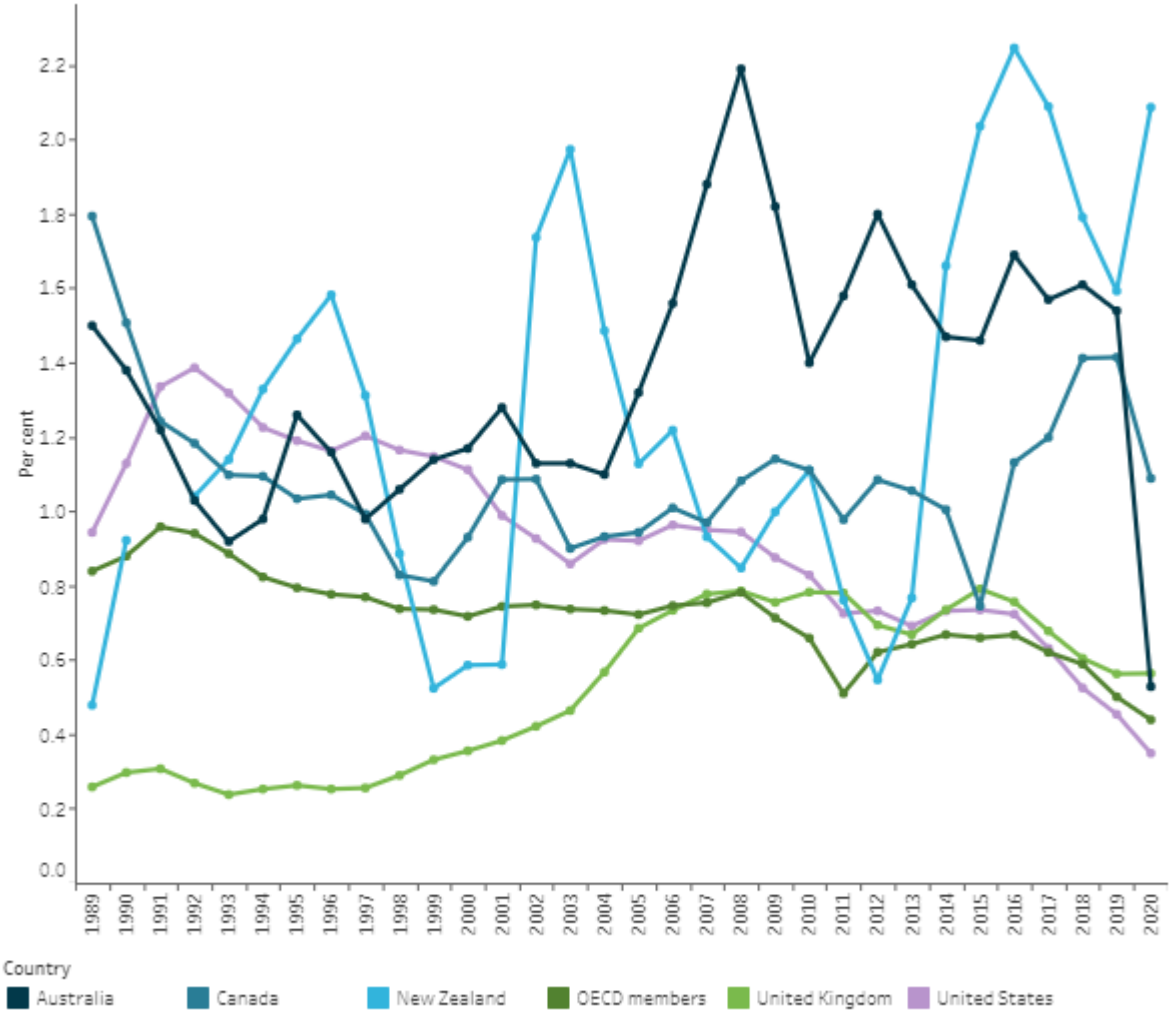
In 2020, fewer people moved interstate in Australia compared to the previous year. There has also been a large decline in the number of people moving from regional areas to the capital cities, which has led to increased net internal migration for regional areas.

The level of internal migration dropped by around 10 per cent over the year to June, September, and December 2020. This was likely due to more people staying in place in response to economic uncertainty and state and territory border closures.

Australia's population in a global context

Australia's population growth rate is higher than that of most developed countries. In 2019 it was 1.5%, which is well above the Organisation for Economic Co-operation and Development country average of 0.5% (Figure 2).

Figure 2: Population growth by country, 1989 to 2020



Source: ABS 2021a, and World Bank 2020.
http://www.aihw.gov.au/

For calendar year 2019, Australia's total fertility rate was higher than that of Italy, Japan, Canada, and Germany, but lower than France, New Zealand, and the United States. Australia and other developed countries have generally experienced declines in fertility since the end of the baby boom of the mid-1960s (World Bank 2020).

In 2019, Australia's life expectancy at birth for males and females was the 12th highest in the world (World Bank 2020).

Population ageing

Australia's overall population has been growing older over time, with the share of people aged 65 and over roughly doubling between 30 June 1946 and 30 June 2020. The share of people aged 65 and over increased from 11% in 1990 to 16% in 2020. Australia's population ageing has been driven by low fertility and increasing life expectancy.

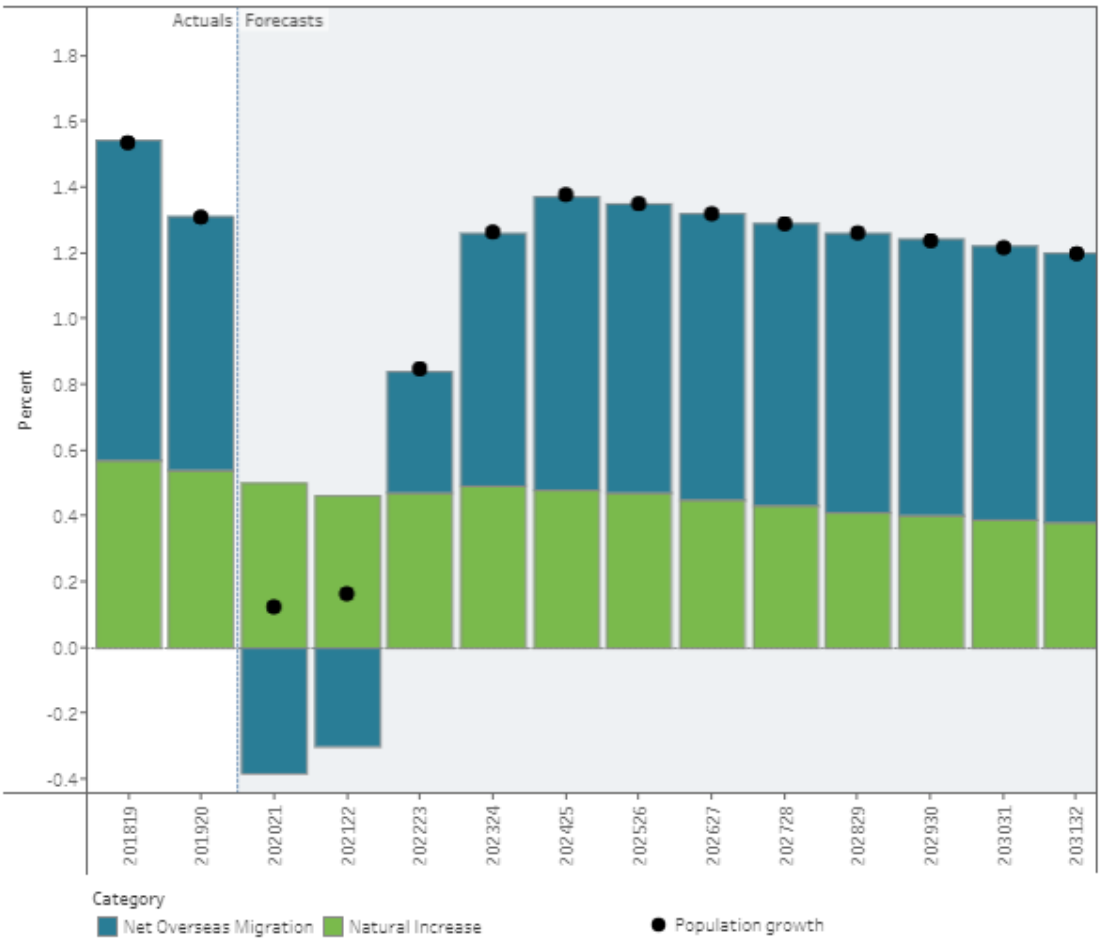
Historically, the capital cities have attracted a larger share of net overseas migration than the rest-of-state areas. Given overseas migrants tend to be, on average, younger

than the overall population of Australia, migrants have contributed to capital city populations tending to be younger and also ageing more slowly than the rest-of-state areas. The difference in ageing is also driven by internal migration into capital cities of younger people from the rest-of-state areas. This is despite fertility rates generally being higher, and life expectancies being lower, in rest-of-state areas.

Australia's future population

Australia's future population growth and geographic distribution have already been heavily influenced by the effects of the COVID-19 pandemic and this is expected to continue over the next few years. Figure 3 illustrates the projections made in the 2021-22 Budget, which reflect contextual assumptions made at the time around international travel restrictions (Treasury 2021a). Even following recovery from the pandemic, the effects of COVID-19 on Australia's population are projected to be long-lasting. The Intergenerational Report's (IGR) 40-year population projections were revised down for the first time in the IGR released in June 2021.

Figure 3: Projected population growth and components, Australia, 2018–19 to 2031–32



Notes
1. Mid-Year Economic and Fiscal Outlook (MYEFO)
Source: ABS 2021a, and Treasury 2021b
http://www.aihw.gov.au/

The demographic shock caused by the COVID-19 pandemic is accelerating the existing ageing challenge. Future population growth is projected to remain positive but slow over the next few years, falling from 1.3% last observed in 2019-20 to 0.1% in 2020-21 and 0.2% in 2021-22, which would be the lowest annual rates of growth since 0% recorded in 1916-17. The population is projected to reach 29.1 million by 30 June 2032.

Natural increase is projected to drive all of Australia's population growth in 2020-21 and 2021-22, with net overseas migration forecast to return to being the largest contributor to population growth again from 2023-24.

Net overseas migration remains essential for long-run population growth. In the absence of any net overseas migration, Australia's population growth would turn negative within one generation, given fertility remains below replacement rates.

Fertility

Restrictions and economic uncertainty brought on by the COVID-19 pandemic are expected to contribute to lower future fertility as some families delay decisions to have children. The total fertility rate is assumed to fall from 1.65 babies per woman in 2019-20 to 1.58 in 2021-22. However, around 4 out of every 5 babies who would have been born in this period are projected to be born within the next 10 years. As a result, the fertility rate is then assumed to rise to 1.69 by 2023-24. From then on, the total fertility rate is assumed to decline to, and then stabilise at, 1.62 babies per woman by 2030-31. This decline reflects the trend of women having children later in life, and having fewer children when they do.

Consistent with the observed long-run trend, natural increase is projected to continue to decline over the next ten years from around 137,000 people in 2019-20 to around 109,000 in 2031-32. This decline is the result of a smaller increase in the number of babies being born and a rise in the number of annual deaths due to an older population.

Net internal migration

COVID-19 restrictions, in particular the Melbourne lockdown from July to November 2020, have had an impact on net internal migration across Australia. The number of people migrating interstate fell 9% in 2019-20. Some states (such as Western Australia, and South Australia) have changed recent internal migration trends, driven by a falling number of residents leaving that state. From 2024-25, the level of interstate and intrastate migration is assumed to return to the 20-year historical average. Although noting, any future restrictions, including those implemented in 2021 following outbreaks of the Delta variant of COVID-19 are likely to impact net internal migration further.

Net overseas migration

Net overseas migration is the component of population change expected to be affected most by COVID-19 due to the effect of travel restrictions to stop the spread of the virus

globally. Travel restrictions implemented in Australia from March 2020 meant temporary migrants, with limited exceptions, have not been able to enter Australia. At the same time, on-shore temporary migrants have departed Australia at close to normal levels. As a result, Australia has experienced, and is forecast to continue to experience, a net outflow of migrants — falling from an inflow of 195,200 people in 2019-20 to be around -97,000 people by the end of 2020-21, and -77,000 people in 2021-22 before increasing to 235,000 people in 2024-25.

States and territories

Due to the impacts of the COVID-19 pandemic on international movements, states and territories that have historically gained a large proportion of their growth from overseas migrants are forecast to experience a relatively larger fall in their population growth. Additionally, levels of interstate migration in most states and territories are expected to be lower due to the economic effects of the pandemic. Consistent with the national pattern, state and territory populations are projected to grow more slowly or have negative growth due to COVID-19. However, by the end of 2031-32 growth rates for state and territory populations are projected to be close to the rates that were expected pre-COVID-19. Although, as with internal migration, any future restrictions, including those implemented in 2021 following outbreaks of the Delta variant of COVID-19 are likely to impact net overseas migration further too.

Where do I go for more information?

For detailed discussion of Australia's population from 1988-89 to 2018-19 see:

- Centre for Population - 2020 Population Statement

For the latest population projections see:

- Centre for Population - 2021-22 Budget: Australia's Future Population
- Australian Treasury - 2021 Intergenerational Report

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Social isolation and loneliness

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On this page

Social isolation and loneliness can be harmful to both mental and physical health. They are considered significant health and wellbeing issues in Australia because of the impact they have on peoples' lives. Part of the challenge in reporting on social isolation and loneliness stems from a lack of information about these experiences and a lack of universally-agreed upon definitions. Some of the measures implemented to manage the coronavirus disease 2019 (COVID-19) pandemic, such as physical isolation and lockdowns, have had the potential to exacerbate pre-existing risk factors for social isolation and loneliness, such as living alone. Information on loneliness associated with COVID-19 may also be found on AIHW's suicide and self-harm monitoring website.

Difference between social isolation and loneliness

Social isolation is seen as the state of having minimal contact with others. It differs from loneliness, which is a subjective state of negative feelings about having a lower level of social contact than desired (Peplau & Perlman 1982). Some definitions include loneliness as a form of social isolation (Hawthorne 2006) while others state that loneliness is an emotional reaction to social isolation (Heinrich & Gullone 2006). The two concepts do not necessarily co-exist—a person may be socially isolated but not lonely, or socially connected but feel lonely (Australian Psychological Society 2018; Relationships Australia 2018).

Number of people who experience loneliness and social isolation

Most Australians will experience loneliness at some point in their lives (Relationships Australia 2018). An estimated 1 in 3 (33%) Australians reported an episode of loneliness between 2001 and 2009, with 40% of these people experiencing more than 1 episode,

according to a study of loneliness using data from the longitudinal Household Income and Labour Dynamics in Australia (HILDA) Survey (Baker 2012).
In surveys undertaken since the onset of the COVID-19 pandemic, just over half (54%) of respondents reported that they felt more lonely since the start of the pandemic (Lim et al. 2020).

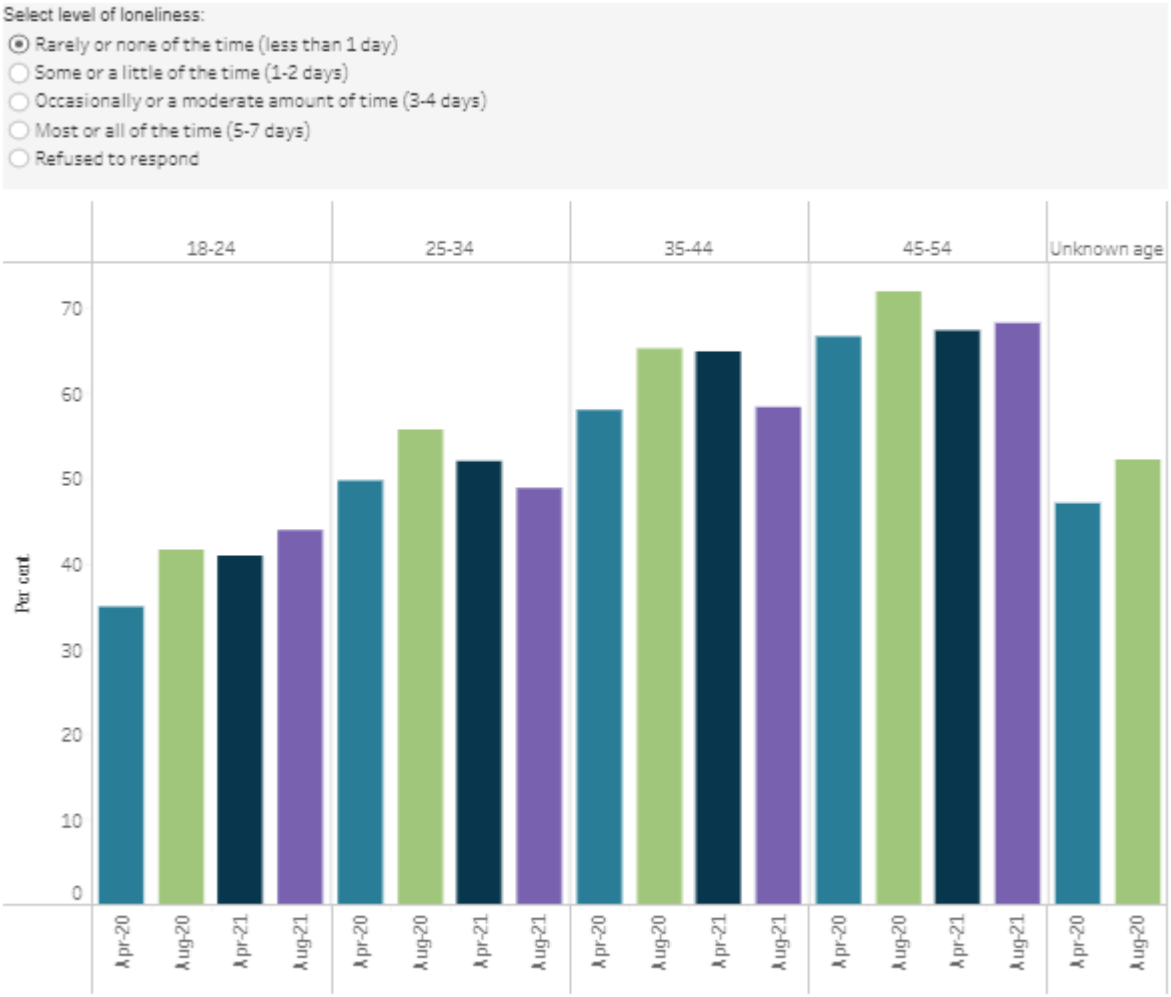
In its longitudinal study, *COVID-19* **Impact Monitoring Survey Program** conducted by the Australian National University, Australians were asked the question 'In the past week, how often have you felt lonely?'. The respondents could answer from the following four options: rarely or none of the time, some or little of the time, occasionally or moderate amount of time and most or all of the time. In the various survey waves conducted in 2020 and 2021 the overall loneliness rates have fluctuated with the extent and impact of COVID-19-related restrictions.

- In April 2020, almost half (46%) of respondents reported that they felt lonely during the past week (Biddle et al. 2020a), and 40% reported an increase in the amount of time they felt socially isolated and lonely since March 2020 (Biddle et al. 2020c).
- In May 2020, the proportion of respondents feeling lonely was just over one-third (36%) (Biddle et al. 2020a), and in November 2020 was 35% (Biddle et al. 2020d).
- In January 2021, the proportion of respondents who reported experiencing loneliness remained similar to recent collection months at 36% (Biddle & Gray 2021a).

The survey found the largest proportion of people who had experienced the highest levels of loneliness *'most of the time'* and '*occasionally*' during the past week were 18–24 year olds in the 4 analysed months (i.e. April 2020, August 2020, April 2021 and August 2021). The highest proportion of respondents who reported the 2 lower levels of loneliness *'some of the time'* and *'rarely'* in August 2021 were aged 25–34 (28%) and 45–54 (68%) respectively (Figure 1). Young people were more likely than other age groups to have felt higher levels of loneliness throughout the COVID-19 pandemic.

- The proportion of respondents aged 18–24 who experienced loneliness *most or all of the time* decreased from April 2020 (12%) to April 2021 (9%), but increased in August 2021 (14%).
- The proportion of respondents aged 18–24 who experienced loneliness *occasionally or moderate amount of time* increased from April 2020 (20%) to April 2021 (22%), but decreased in August 2021 (16%).
- The proportion of respondents aged 18–24 who experienced loneliness *some or little of the time* decreased from April 2020 (32%) to April 2021 (28%) and further decreased in August 2021 (26%).

Figure 1: Proportion of people reporting loneliness during the past week by age, April 2020, August 2020, April 2021 and August 2021



Source: Biddle et al. 2020b, 2020c; Australian Data Archive
http://www.aihw.gov.au/

Social isolation declined from the height of the initial COVID-related restrictions that were in place in 2020. In April 2020, almost half (49%) of Australian respondents said that they had not met with anyone socially since the onset of the pandemic. This reduced to 6.8% in November 2020, but was still higher than levels of social isolation reported pre-pandemic in February 2020 (2.0%) (Biddle et al. 2020d).

Restrictions in place as result of the spread of the Delta variant of COVID-19 in Australia in 2021 are likely to continue to impact people's feelings of social isolation and loneliness.

Risk factors for social isolation and loneliness

Although there is no guarantee that an individual's family household composition will either lead to or protect against loneliness, some living situations are more likely to be associated with loneliness than others.

According to the 2016 Census of Population and Housing, 25% of Australian households are lone person households and 71% are family households. Of family households, 45% consisted of a couple with children, 38% a couple without children and 16% were a one-parent family with one or more children (ABS 2016).

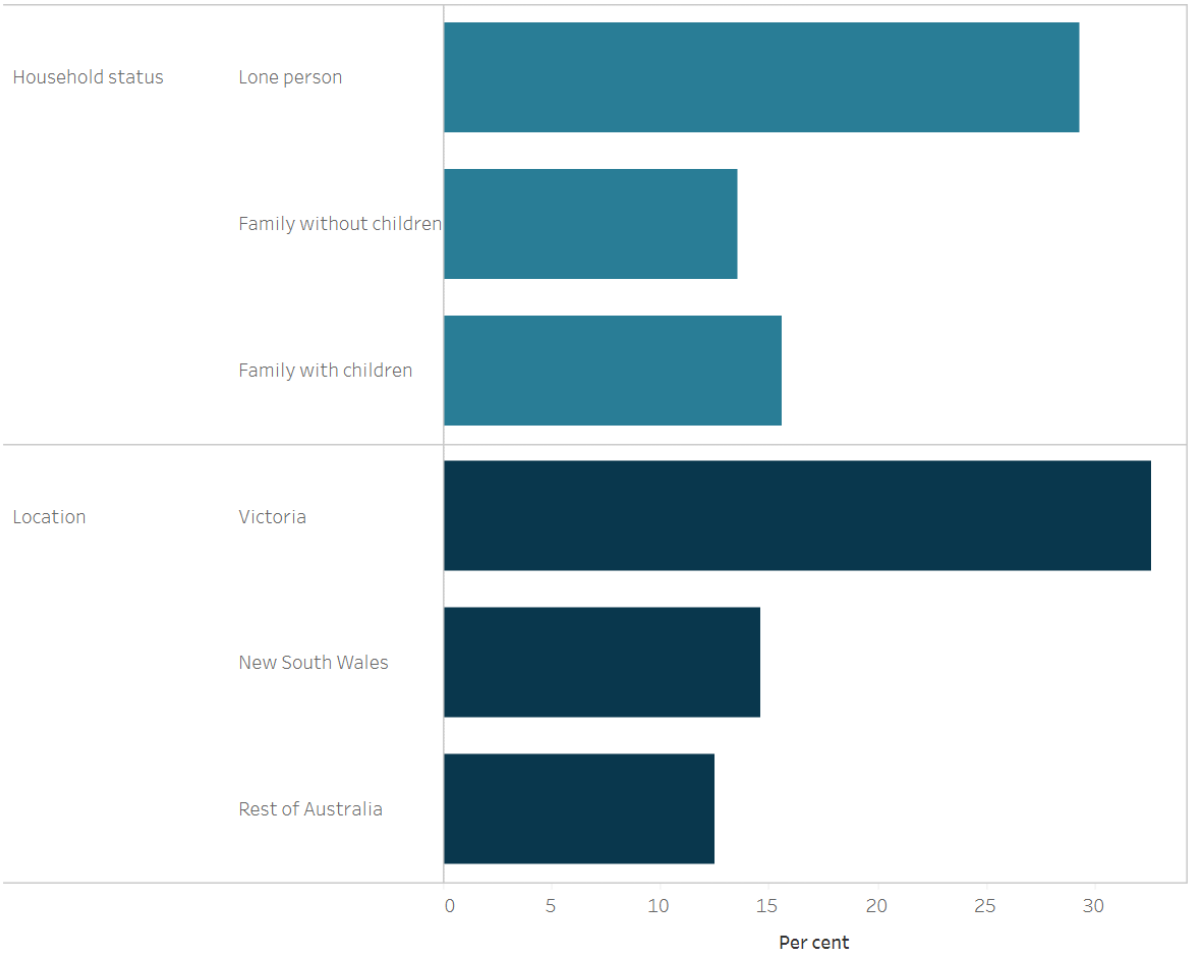
Living alone and not being in a relationship with a partner are substantial risk factors for both social isolation and loneliness (Flood 2005; Lauder et al. 2004; Relationships Australia 2011). Relationship separation tends to result in an increase in loneliness across ages and genders, however, the effects are more pronounced for men than women. Recently separated men are over 13 times as likely to develop loneliness than married men, as opposed to twice as likely for separated women compared with married women (Franklin & Tranter 2008).

Relationship status and household composition can also be a risk factor for loneliness. Compared to other household compositions and relationship status', single parents experienced the highest rate of social isolation. Among single parents, males experienced almost twice the rate of social isolation than females (38% and 18% respectively). Following single parents, single adults without children reported high rates of social isolation (15% males and 13% females), followed by couples with children and couples without children (7% for both males and females).

Unemployment, receiving income support (Relationships Australia 2018) and lack of satisfaction with financial situation (Baker 2012) are also factors involved in the development of loneliness across age groups and gender. Loneliness can be self-reinforcing if it is associated with an experience of depression and anxiety, particularly around social interactions (Australian Psychological Society 2018).

Many people reported that they were experiencing more social isolation and loneliness as lockdown restrictions came into effect from March 2020. Although most regions of Australia reported improvements as lockdown measures began to ease in May, Victorians reported a relative worsening of loneliness between May and August 2020, associated with its 'second wave' of COVID-19 cases (Biddle et al. 2020c). In October 2020, before the second lockdown was lifted, Victorians were more than twice as likely to report experiencing loneliness (33%) as Australians residing in other states (13%) (ABS 2020) (Figure 2).

Figure 2: Proportion of people reporting loneliness during the the last four weeks by risk factors Household status and Location, October 2020



Source: ABS 2020
http://www.aihw.gov.au/

Social media

The relationship between social media and loneliness is complex and depends on the individual and their life circumstances. Users of social media experiencing loneliness have reported increased use of social media to communicate with family and friends (Relationships Australia 2011), while at the same time reporting fewer online 'friends' and being less likely to consider these as real friends than users who are not experiencing loneliness (Baker 2012). Others argued that online socialising can increase levels of loneliness as these relationships are generally fragile and shallow (Franklin 2009). The number of online friends appears less important than the quality and strength of the relationships.

Use of social media during the COVID-19 pandemic has been similarly complex and the evidence on its impact is still emerging. The use of digital technology was promoted during

lockdowns in 2020 to alleviate loneliness, however excessive social media use is associated with higher levels of anxiety (Boursier et al. 2020). Emerging evidence suggests social media use may be a helpful coping strategy for adolescents (Cauberghe et al. 2020).

Impact of social isolation and loneliness

Loneliness has been linked to premature death (Holt-Lunstad et al. 2015), poor physical and mental health (Australian Psychological Society 2018; Relationships Australia 2018), and general dissatisfaction with life (Schumaker et al. 1993).

Social isolation has also been linked to mental illness, emotional distress, suicide, the development of dementia, premature death, poor health behaviours, smoking, physical inactivity, poor sleep, and biological effects, including high blood pressure and poorer immune function (Hawthorne 2006; Holt-Lunstad et al. 2015). Social isolation is also associated with sustained decreases in feelings of wellbeing (Shankar et al. 2015) and life satisfaction (Biddle et al. 2020c). Conversely, more frequent social contact is associated with higher life satisfaction and overall health (Wilkins et al. 2020).

Social isolation and loneliness a risk for premature death

The risk of premature death associated with social isolation and loneliness is similar to the risk of premature death associated with well-known risk factors such as obesity, based on a meta-analysis of research in Europe, North American, Asia and Australia (Holt-Lunstad et al. 2015).

Who experiences social isolation and/or loneliness?

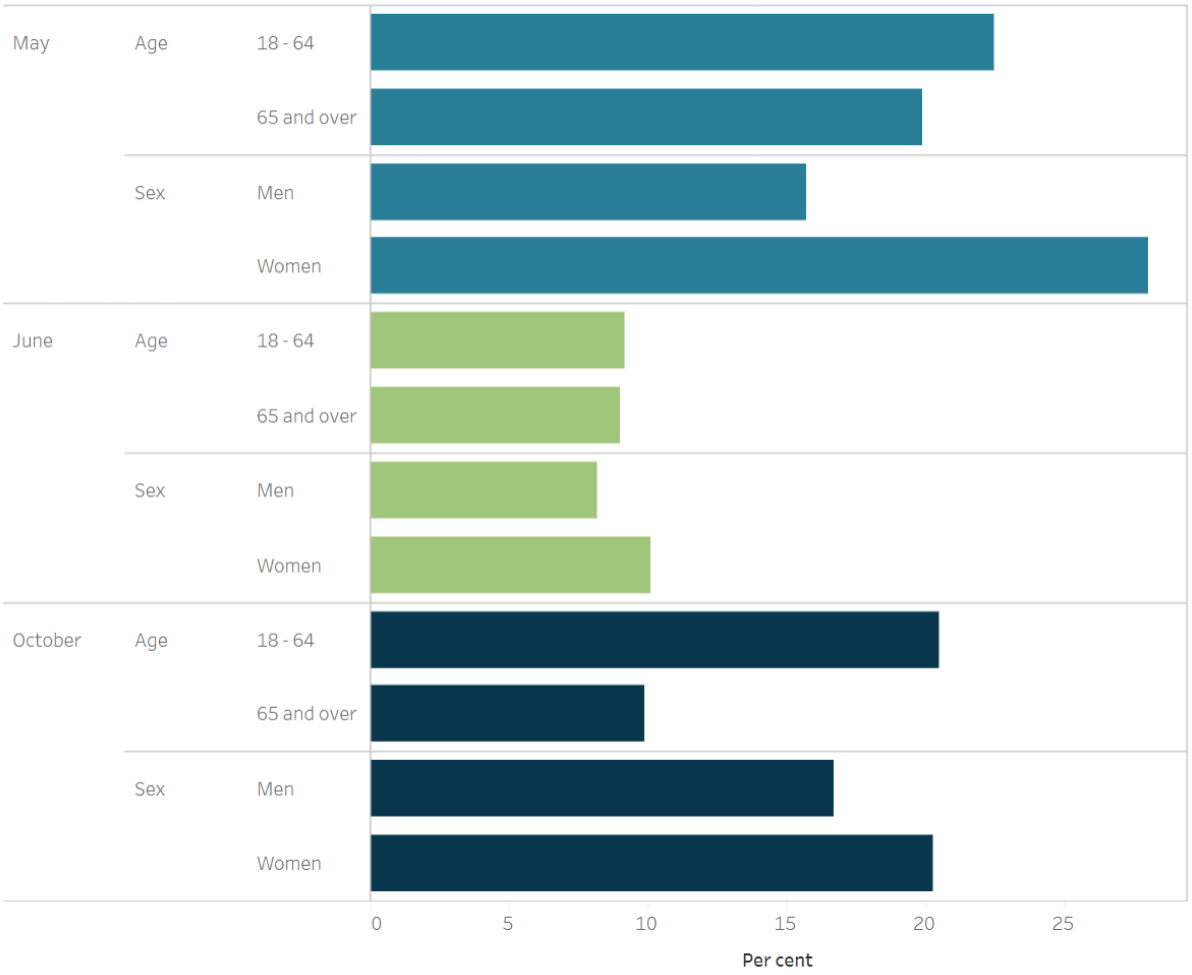
Social isolation and loneliness vary across age groups. Loneliness tends to be more common in young adults, males, those living alone and those with children, either singly or in a couple (Baker 2012).

Loneliness has had clear impact on both levels of psychological distress and life satisfaction during the COVID-19 pandemic. In a regression analysis by Biddle et al. (2020d) (that controlled for psychological distress in April) those reporting they felt lonely either some, occasionally or most of the time all had significantly higher levels of psychological distress in November 2020 compared to April 2020. This suggests that loneliness has been contributing to levels of psychological distress.

Increased loneliness is also a strong predictor of psychological distress even when other factors like changes in employment status are controlled for. Pre-pandemic, men tended to report higher levels of loneliness than women (Flood 2005; Relationships Australia 2018). In a study using HILDA data, among adults aged 25–44, more men living alone

experienced loneliness (39%) than women living alone (12%) (Baker 2012). However, more women reported experiencing loneliness than men during the COVID-19 pandemic, a trend that remained consistent from May 2020 to October 2020 (Figure 3).

Figure 3: Proportion of people reporting loneliness during the last four weeks by age and sex in May, June and October 2020



Source: ABS 2020
http://www.aihw.gov.au/

Studies investigating the relationship between age and loneliness often have contradictory findings, likely related to differences in study methods and sample variations. Some studies find higher levels of loneliness among older people (Relationships Australia 2018) while others find lower levels in these age groups (Relationships Australia 2011). Rates of loneliness may also vary according to relationship status, with another study finding that Australians aged over 65 who are married experience the lowest levels of loneliness (Australian Psychological Society 2018).

The relationship between income and loneliness varies depending on age and gender. For example, men aged 25–44 on high incomes are more likely to be lonely, while women of all ages on low incomes are far more likely to be lonely than those women on high incomes (Baker 2012).

There are few differences in loneliness levels of Australians living in urban, regional and rural areas (Baker 2012). Young men who live in regional areas, however, experience higher rates of loneliness than men in Major cities (Relationships Australia 2018).

With restrictions of household visits, living with family has emerged as a protective factor from experiencing loneliness during the COVID-19 pandemic (Lim et al. 2020). A greater proportion of young people live alone than other age groups, which leaves them more vulnerable to social isolation (Kabátek 2020). For example, even as widespread movement restrictions eased in May 2020, people aged 18–24 continued to experience high rates of loneliness, while rates improved for other age groups (Biddle et al. 2020a).

Prevention and reduction of social isolation and loneliness

Having paid work and caring for others are important safeguards against loneliness. Engaging in volunteer work and maintaining active memberships of sporting or community organisations are also associated with reduced social isolation (Flood 2005). However, it is unclear whether community engagement can consistently act as a protective factor against loneliness. For example, one study found that loneliness is lower in people who spend at least some time each week volunteering (Flood 2005), while another study found no relationship between loneliness and volunteering, socialising and participating in sport and community organisations (Baker 2012).

During the COVID-19 pandemic, the proportion of adult Australians doing voluntary work in the previous 12-months decreased from 36% in late 2019 to 24% in April 2021. In the Analysis by Biddle & Gray (2021b), it was reported that those who stopped volunteering were far more likely to say that they felt lonely at least some of the time in the previous four weeks than those who continued volunteering. In April 2020, 54% of Australians who stopped volunteering due to COVID-19 and did not start volunteering again reported that they were lonely at least some of the time, which decreased to just over 40% in April 2021 (Biddle & Gray 2021b).

Companion animals

In 2018, 62% (5.7 million) of Australian households owned a pet, with the two most common types of pet being dogs (48%) and cats (37%) (Wilkins et al. 2020). Around two-thirds of dog and cat owners reported ‘Companionship’ as a reason for owning a pet and a similar proportion consider their pet a part of their family (Animal Medicines Australia 2016). Another survey found 60% of owners felt more socially connected as a direct result of owning a pet (Petplan Australia 2016). Pet ownership has been linked to increased social contact, for example, through facilitating contact with neighbours and acting as a trigger for

conversations (Wood et al. 2015), which may help counter social isolation (McNicholas et al. 2005).

Being in a relationship is a greater protective factor against loneliness for men than for women (Baker 2012). Women living with others and women living alone report similar levels of loneliness, while men living alone report higher levels of loneliness than those living with others (Flood 2005). During the COVID-19 pandemic, people living with family reported less loneliness compared with people in other living situations (Lim et al. 2020).

Although social isolation and loneliness are now well-recognised public health concerns, there is little research into what works to resolve them (Smith & Lim 2020). One possible intervention is social prescribing, wherein patients are linked to social supports in their communities (Bickerdike et al. 2017)

Government initiatives

Awareness of loneliness and social isolation as significant public health and wellbeing issues has increased in recent years, along with the development of targeted government and community support programs for affected Australians. Australian, state and territory and local governments have all provided varying degrees of funding and support to local councils and community organisations for programs to address the social isolation and loneliness of Australians. For example, the Australian Government funds a national Community Visitors Scheme, which supports local organisations to recruit volunteers who provide regular visits to Australians in receipt of Commonwealth-subsidised aged care services (Department of Health 2020). The Seniors Connected Program encompasses two activity streams: existing phone support service delivered by Friends for Good (FriendLine); and Village Hub projects across Australia, which bring older Australians together to support good mental and physical health.

Where do I go for more information?

For more information on social isolation and loneliness, see:

- Ending loneliness together
- The Australian National University Centre for Social Research and Methods: COVID-19 publications
- Swinburne University of Technology SHAW Laboratory: Researching loneliness and its effects on health and wellbeing
- Psychology Week 11–17 November 2018 Loneliness study

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Understanding welfare and wellbeing

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On this page

What is welfare? In the broadest sense, welfare refers to the wellbeing of individuals, families and the community. The terms welfare and wellbeing are often used interchangeably. Positive wellbeing is associated with being comfortable, happy or healthy (Oxford University Press 2020).

Some people see welfare as primarily government-funded income support payments and welfare services. However, support and services in many areas of life aid welfare and are critical to the wellbeing of an individual and their family. The Organisation for Economic Co-operation and Development (OECD) (2015) states that 'well-being is multidimensional, covering aspects of life ranging from civic engagement to housing, from household income to work-life-balance, and from skills to health status.'

A person's wellbeing is the result of risk, protective and contextual factors. It can be influenced by social and economic factors at the individual, family and community level, and each person's unique circumstances and experiences contributes to their wellbeing equation. Wellbeing can also influence, and be influenced by, a person's interaction with services and formal and informal supports.

Data about welfare and wellbeing is necessary to understand how different factors interact and affect a person's life. These data can help provide a strong evidence base enabling better policies and decision making for improved outcomes for Australians. For example, understanding how individuals engage with and navigate welfare services can help those responsible for planning, implementing, delivering and evaluating policies and programs. See 'Chapter 1 Welfare data in Australia' in Australia's welfare 2021: data insights.

Determinants of wellbeing—or risk and protective factors—can positively or negatively affect a person's wellbeing and influence their need for welfare services and support. On an individual level, these factors include a person's circumstances, attitudes, behaviours

and how they respond to life events. On a broader scale, determinants affecting wellbeing include education, employment and skills, secure housing, social support networks and health status. A person's economic wellbeing (i.e. income, consumption and wealth), for example, is a key determinant of their overall wellbeing as it influences greatly their ability to meet basic needs and maintain an acceptable standard of living.

In Australia, research has shown that social relationships and connectedness are positively associated with subjective wellbeing, as measured by self-reported life satisfaction. See 'Chapter 2 Social determinants of subjective wellbeing' in Australia's welfare 2021: data insights.

This research showed that, controlling for other factors:

people report higher life satisfaction if they are married or in de facto relationships, compared with being divorced, separated, widowed, or single/never married; and

greater frequency of social contact and membership of community or sporting clubs has positive impacts on subjective wellbeing.

The coronavirus disease 2019 (COVID-19) pandemic has also highlighted the importance of our social relationships and connectedness. At the start of COVID-19, the restrictions to reduce the spread of the disease meant less social interactions for many people. In April 2020, a survey conducted by the Australian National University found that 46% of respondents reported feeling lonely at least some of the time. This declined to 36% in May 2020, when most restrictions had been lifted across Australia, but increased again to 45% in August during the second wave of infections and return to lockdown conditions for some parts of the country (Biddle, 2020).

Continuing restrictions in place as result of the spread of the Delta variant of COVID-19 in Australia are likely to continue to impact people's feelings of social isolation and loneliness.

Health, welfare and wellbeing are strongly interrelated. The World Health Organization (WHO) defines health as 'a state of complete physical, mental and social wellbeing and not merely the absence of disease and infirmity' (WHO 1948), recognising that a person's health status is linked to their wellbeing. For more information, see Health and welfare links.

Wellbeing measurement

Certain elements of wellbeing can be particularly difficult to measure and interpret (for example, happiness, confidence, fair treatment). Many other factors that shape wellbeing can be measured. As such, a range of measures (or indicators) need to be used to provide insights on, and track changes in, wellbeing more broadly and at the national level. Some frequently measured outcomes include a person's housing status, labour force participation, education, perception of safety in the community, disposable income and community engagement.

A number of frameworks for measuring welfare and wellbeing exist and include the Australian Capital Territory Wellbeing Framework (ACT Government, 2020) and, internationally, New Zealand Treasury's Living Standards Framework (New Zealand Treasury, 2021), Stats NZ's Indicators Aotearoa framework (Stats NZ, 2021), and the OECD's wellbeing framework and biennial *How's Life* report (OECD 2021).

The AIHW reports on Australia's progress in several core welfare and wellbeing domains using a set of indicators. Collectively, these indicators summarise the performance of Australia's welfare system, track individual and household determinants of the need for welfare support and provide insights into the nation's wellbeing status more broadly (see Australia's welfare indicators).

The wellbeing of Australians has been affected in different ways by the COVID-19 pandemic. The broad range of potential impacts at the individual and community level span areas that include: health (direct and indirect effects such as on mental health), income and finance (changes to income and income support), employment and work (labour market changes), education and skills (impact on pre-schooling, schooling and adult education), housing (housing stress and homelessness), justice and safety (for example family violence and child protection), and social support (for example social isolation and aged care). For a detailed examination into these effects, see 'Chapter 3 The impact of COVID-19 on the wellbeing of Australians' in Australia's welfare 2021: data insights.

Welfare services and support

A person's wellbeing can be bolstered by the help they receive in time of need. Support can come from sources including informal assistance from family, friends and the community, as well as formal assistance from government and non-government organisations. This section focuses primarily on formal services and support. See also Informal carers.

The level of formal welfare assistance a person receives depends on their life stage, level of disadvantage, and the interactions among these factors. Welfare services and supports are designed to assist people from all backgrounds, including new parents needing time off work or help with the costs of raising children, to people leaving their home due to a crisis such as domestic violence, or those living with permanent disabilities who require supports to live an ordinary life (DSS 2018a). A person's need for assistance can be dynamic. People may access welfare services and support temporarily when circumstances and need arise (for instance, emergency temporary accommodation for bushfire affected communities), or long term (for instance, the Disability Pension). When an event triggers change in a person's life, it is often the point at which that person contacts government support services (Qu et al. 2012).

Welfare assistance in Australia is a complex network of government payments, welfare-related tax concessions and welfare services. However, welfare services and support extend beyond policy and program areas that improve wellbeing; universal services like

education and health, interact with and influence a person's wellbeing and their need or demand for welfare assistance.

Government payments

Government payments, such as income support payments, family assistance payments and supplementary payments, aim to support people at different points in their life and those who cannot, or cannot fully, support themselves. They do so via social security payments and assistance (DSS 2018c). Payments can be available short or long term, or for a transitional period, and the eligibility requirements and amounts received vary. Payments are available to eligible people at different stages of life.

Age Pension is an example of a major income support payment that helps eligible older people with living costs. As at 31 December 2020, around 2.6 million people aged 65 and over received the Age Pension, equating to over 3 in 5 (62%) of the population aged 65 and over. See Age Pension.

Unemployment payments, such as the JobSeeker payment, provide income support to unemployed people who are preparing or looking for a job. It is provided as the main income support payment for unemployed people aged over 22 and over but under Age Pension age. See JobKeeper and employment services and Unemployment and parenting income support payments.

For more information on government payments, see the Australia's welfare Employment and income snapshots.

Tax concessions

Tax exemptions, deductions, offsets and concessional rates are available to support a person financially for welfare purposes. For example, a taxpayer may be entitled to claim a tax offset if a close family member receiving a disability support pension is a dependent (ATO 2019). Governments at all levels, and some non-government organisations, also issue concession and health care cards to eligible Australians for certain discounts (DHS 2018a).

Welfare services

Welfare services are provided to people and families of widely differing ages and social and economic circumstances. Services aim to encourage participation and independence and can help enhance a person's wellbeing (DSS 2018b). As well as helping people and families directly, services may also indirectly help by, for example, developing community networks and infrastructure.

Services respond to need across a person's life. The need and demand for welfare services are mediated by informal supports and the availability of other services at community or individual levels. For example, programs that help people with disability to maintain their housing tenancy can lead to more secure long-term housing

arrangements and greater independence. This lessens the demand for informal and other formal support services.

Examples of welfare services include:

- employment services to help people secure and maintain stable employment
- disability services to help people with disability and their carers participate in society
- aged care services to help elderly people with their living arrangements
- child protection services to assist vulnerable children
- youth justice services to support young people to rehabilitate and reintegrate into the community
- family support services to support with family, domestic and sexual violence circumstances
- homelessness services to provide people who are homeless or at risk of homelessness with support and accommodation
- social housing to provide people with low incomes and housing need with affordable and secure housing.

Who is responsible for welfare services and support?

While the responsibility for funding and managing welfare services and support mainly lies with the Australian Government or state and territory governments, arrangements for delivering welfare services are complex.

In many cases, non-government organisations (NGOs) – profit or not-for-profit – deliver services. These NGOs are predominantly 'approved providers', meaning they have been formally authorised, contracted and/or funded by government to provide particular services. Further, service delivery can be shared between NGOs and local governments or state and territory governments.

Where do I go for more information?

For more information on income support and welfare services, see the following topics at Australia's welfare snapshots:

- Housing
- Employment and income
- Social support
- Justice and safety
- Indicators of Australia's welfare

Also visit:

Department of Social Services

Department of Human Services

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Welfare expenditure

Find the most recent version of this information at:
https://www.aihw.gov.au/reports/australias-welfare/welfare-expenditure

On this page

Welfare spending generally aims to improve the social and economic wellbeing of the population. It is distinct from health spending in that it focuses on measures such as income support and social and economic employment-related programs and services (for example, unemployment relief and family and relationships services).

See the Australian Institute of Health and Welfare's Health expenditure Australia series for more information on health spending.

Both the Australian Government and the state and territory governments contribute to welfare spending, as do non-government organisations and individuals. The Australian Government primarily contributes through cash payments relating to its areas of responsibility, as defined in the Australian Constitution (which include family allowances, unemployment benefits and pensions); it also contributes to certain welfare services. The states and territories focus more on providing welfare services.

Data on welfare spending that is funded by non-government sources (for example, where a welfare service is funded by donations or fees rather than through government funding) are not readily available in Australia and are not included here.

See Philanthropy and charitable giving for some information on non-government donations.

Government welfare expenditure in Australia

In 2019–20, government spending on welfare services and payments was $195.7 billion. The Australian Government funded the majority of this amount (88% or $171.5 billion), with the remaining 12% funded by state and territory governments.

About welfare expenditure data

Where possible, welfare spending estimates have been developed for consistency with the Australian Health and Welfare's Welfare Expenditure Australia series of publications. This ensures trend data are consistent.

Constant prices and 'real terms'

Spending is reported in constant prices (that is, adjusted for inflation) except where noted. The use of constant price estimates indicates what the equivalent spending would have been had 2019–20 prices applied in all years, as it removes the inflation effect. The phrase 'real terms' is also used to describe spending in constant prices. On this page:

- constant price estimates for spending were derived using deflators produced by the Australian Bureau of Statistics
- the Consumer Price Index was used for cash payments, and the government final consumption expenditure (implicit price deflator) for welfare services and tax concessions.

Comparability with other welfare spending estimates

To maintain historical comparability, the Youth Allowance (Students and Other), Austudy and the Aboriginal and Torres Strait Islander Study Assistance Scheme (ABSTUDY) are not included in the welfare spending estimates presented on this page. Therefore, these estimates are not comparable with figures reported elsewhere (such as in the Treasury Final Budget Outcome).

State and territory welfare expenditure

The most recent welfare expenditure data available for state and territory governments are for the 2015–16 financial year, as published in the 2017 Indigenous expenditure report (Productivity Commission 2017), which includes data for both indigenous and non-Indigenous welfare service expenditure. State and territory data were estimated for 2016–17 to 2019–20 using available trend data from the Indigenous expenditure report and from Government finance statistics (GFS) 2019–20, in which the Classification of the Functions of Government – Australia (COFOG-A) was used (ABS 2015, 2021b). In previous reports, the GFS was based on the older Government Purpose Classification (ABS 2005).

Hence, the estimated time series data on this page are not fully comparable with data published previously. Any additional spending on welfare services by the states and territories related to either the 2019–20 bushfires or the coronavirus 2019 (COVID-19) are also not visible in these data.

Sources of data

Data are sourced from the welfare expenditure dataset of the Australian Institute of Health and Welfare, which is, in turn, sourced from publicly available data from:

- the Australian Bureau of Statistics
- the departments of Education, Skills and Employment; Health; Prime Minister and Cabinet (PM&C); Social Services; the Treasury; Veterans' Affairs
- the National Disability Insurance Agency (NDIA)

- the Productivity Commission.

Data for 2018–19 and 2019–20 are extracted from the corresponding reports of these organisations (ABS 2021b; Department of Education, Skills and Employment 2020, 2021; Department of Health 2020, 2021; Department of the Treasury 2021; Department of Social Services 2020b, 2021b; Department of Veterans' Affairs 2020, 2021; NDIS 2021; PM&C 2020, 2021; Productivity Commission 2021).

Trends in welfare spending

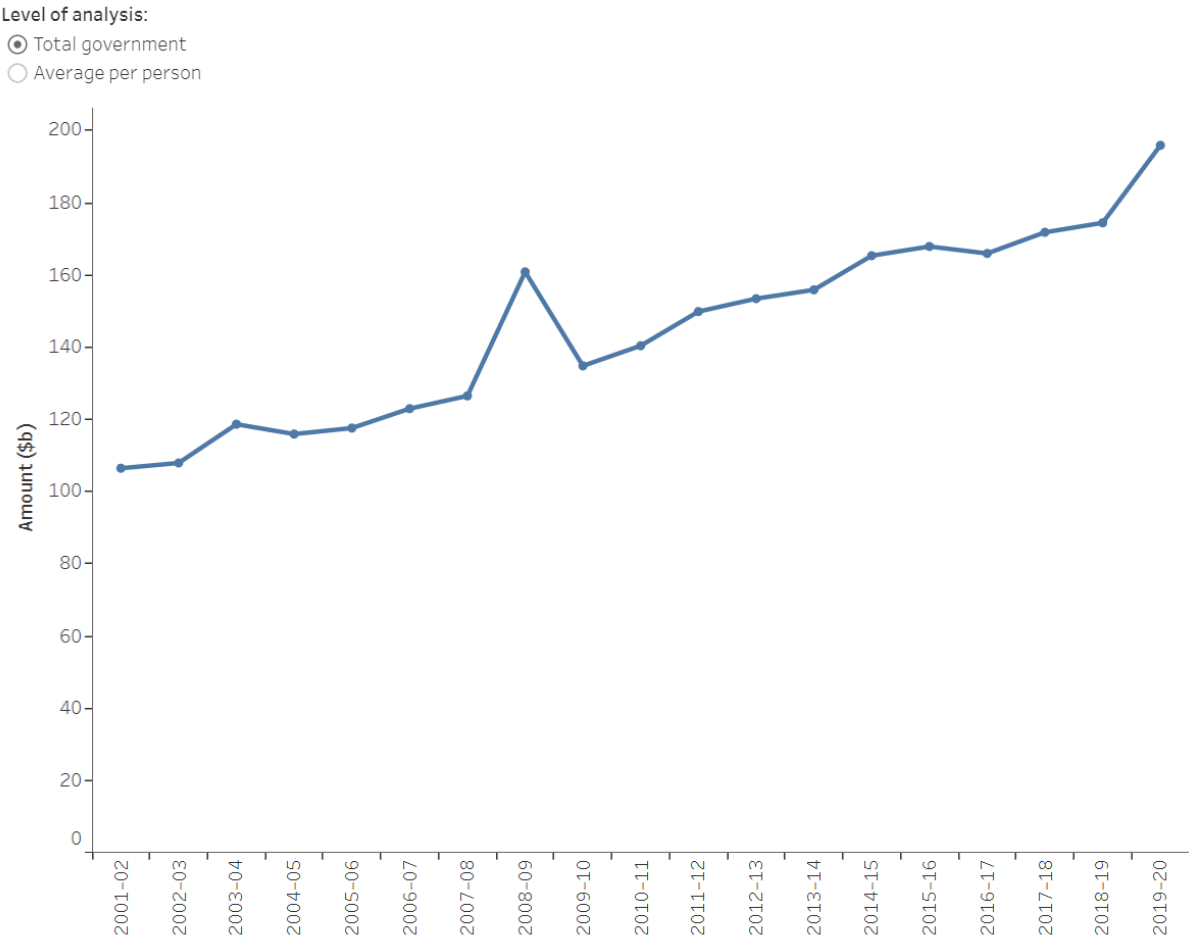
In 2019–20, the Australian and state and territory governments spent $195.7 billion on welfare. In real terms (that is, adjusted for inflation), this represented a 12% growth in spending from 2018–19 – an additional $21.5 billion. This real growth was much higher than the average growth over the period from 2001–02 to 2019–20 (3.5% per annum) (Figure 1). The main driver of this high growth rate in 2019–20 was the economic measures the Australian Government implemented from March 2020 in response to the coronavirus 2019 (COVID-19) pandemic.

See COVID-19 economic response measures.

Before 2019–20, and before these COVID-19 measures, welfare spending in Australia had generally grown at a similar pace to population growth, with real spending fluctuating at around $6,985 per person since 2014–15. In 2019–20, real spending increased by around 11% to $7,668 per person.

This welfare spending relates to spending across the entire population and not spending per eligible person in particular programs or spending per benefit recipient. This more detailed analysis is not included on this page.

Figure 1: Total government welfare expenditure in Australia, constant prices, 2001–02 to 2019–20



Note: Constant price estimates are expressed in 2019–20 prices.
Source: AIHW welfare expenditure database.
http://www.aihw.gov.au/

COVID-19 economic response measures

The economic measures mentioned on this page are those which can be related to welfare expenditure data up to the year 2019–20. See Department of Treasury for more information on the COVID-19 government response.

March 2020, the Australian Government announced several economic measures to support people affected by the COVID-19 pandemic.

Coronavirus Supplement

From 27 April 2020, eligible income support recipients of these payments – including the JobSeeker Payment, Parenting Payment, Partner Allowance, Widow Allowance and Special Benefit – received the supplement of $550 per fortnight. This rate was valid until 24 September 2020.

The Government made several temporary changes to the JobSeeker Payment which increased the number of recipients. These changes included:

- expanding eligibility to provide access to the payment by sole traders and other self-employed people, permanent employees who have been stood down or who lost their job, and people who are caring for someone affected by COVID-19
- waiving the assets test
- waiving the ordinary waiting period, liquid assets waiting period, newly arrived residents waiting period and the seasonal workers preclusion period
- making the partner income test more generous.

First economic support payment

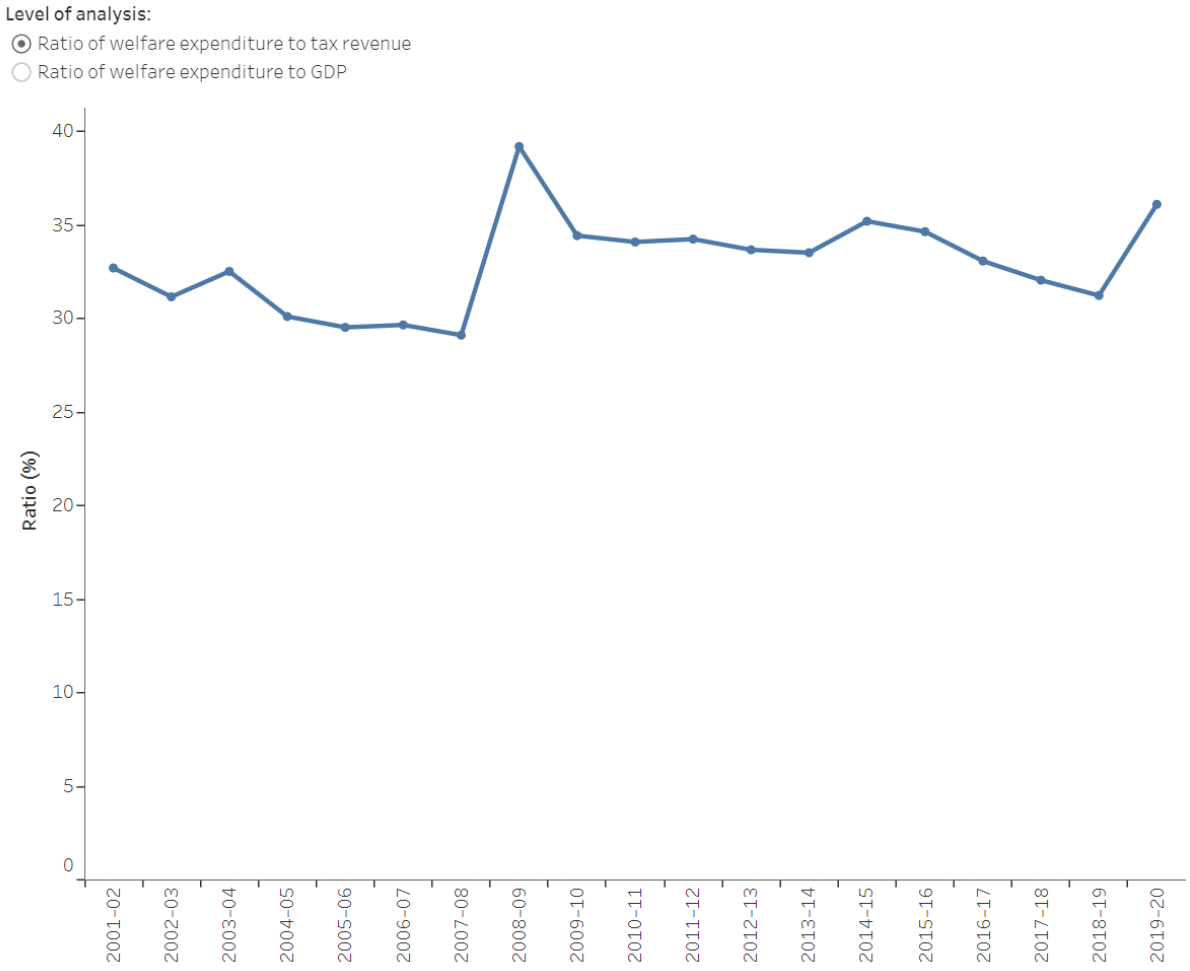
On 31 March 2020, the Government provided a one-off economic support payment of $750 to recipients of social security and veteran payments and family tax benefits, as well as to holders of a pensioner concession card or a Commonwealth senior health card.

As a proportion of overall economic activity, government welfare spending had been reducing in the years leading up to 2019–20, declining from 9.5% of gross domestic product (GDP) in 2015–16 to 8.8% in 2018–19. In 2019–20, it grew to 9.9% of GDP. The only time it has been higher in the past 2 decades was after the Global Financial Crisis (GFC), when it reached 10% (in 2008–09) (Figure 2).

The ratio of government welfare spending to tax revenue had also generally been declining before the COVID-19 pandemic. It fell from 35% in 2014–15 to 31% in 2018–19, suggesting that a smaller proportion of tax revenue was being spent by governments on welfare payments and services each year before the pandemic.

In 2019–20, the ratio increased to 36% but remained below the peak it reached following the GFC in 2008–09 (39%).

Figure 2: Ratio of welfare expenditure to tax revenue in Australia, 2001–02 to 2019–20



Sources: ABS 2021a, 2021c; AIHW welfare expenditure database.
http://www.aihw.gov.au/

Types of welfare spending

Total welfare spending in 2019–20 comprised $128.9 billion (66%) in cash payments, $64.0 billion (33%) in welfare services and $2.8 billion (1.5%) in departmental administration costs.

The total amount spent, in real terms, by governments on cash payments had declined in the years before 2019–20, from $120.7 billion in 2015–16 to $114.3 billion in 2018–19, but it increased sharply, by 13% in 2019–20 (Figure 3). This marked increase was attributed to the Australian Government's implementing several cash payment measures as part of its response to the COVID-19 pandemic (as mentioned earlier). These measures targeted selected groups of income support recipients, especially unemployed people, for whom the introduction of the JobSeeker Payment played a major role (DSS 2020a).

See JobKeeker and employment services.

Which cash payments are included?

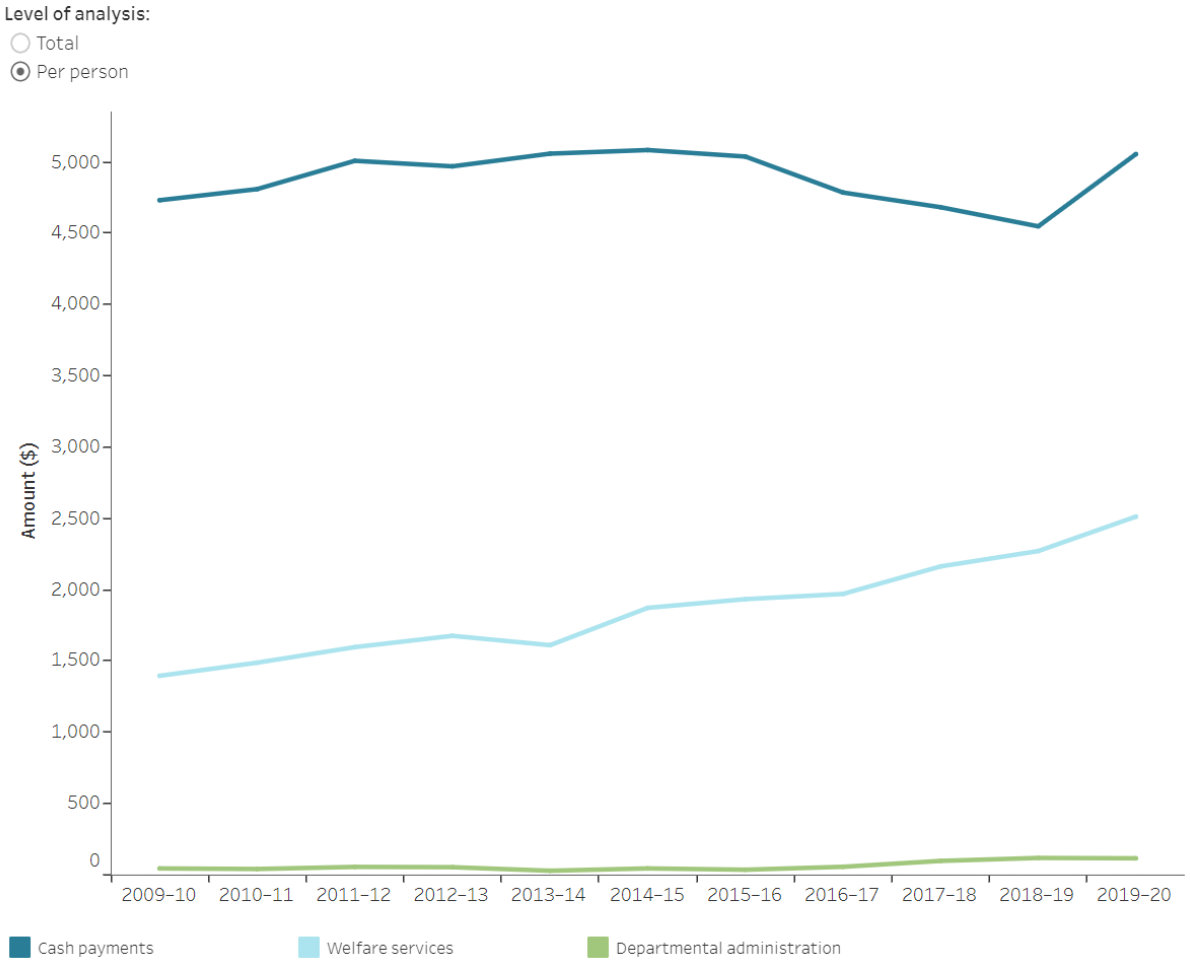
The cash payments mentioned on this page are those provided by the Australian Government to assist older people, people with disability, people who provide care for others, families with children, war veterans and their families, and people who are unemployed.

The estimates of cash payments present expenditure by the Australian Government, including the Age Pension, Family Tax Benefit, Disability Support Pension and Carer Allowance/Payment, Newstart Allowance and the JobSeeker Payment. The JobKeeper payment is not included in the estimates as it is a wage subsidy for businesses rather than a welfare payment for individuals and households.

To maintain comparability over time, the Child Care Benefit and Child Care Rebate are included in the estimates of welfare services expenditure (rather than cash payments) since, historically, these payments were paid to the service providers rather than directly to households.

Also, to maintain comparability over time, Youth Allowance (Students and Other), Austudy and ABSTUDY are not included in the estimates on this page, as mentioned earlier.

Figure 3: Government welfare expenditure by types of spending, constant prices, 2009–10 to 2019–20



Note: Constant price estimates are expressed in 2019–20 prices.
Source: AIHW welfare expenditure database.
http://www.aihw.gov.au/

In contrast to cash payments, spending on welfare services has grown steadily for several decades, with the NDIS having a particular impact in recent years on spending on disability services.

- In 2019–20, the total amount spent by governments on welfare services was estimated at $64.0 billion, representing a $7.0 billion real increase (12%) from 2018–19. This was higher than the average real growth in the decade to 2019–20 (7.7%).

The welfare services spending estimates mentioned on this page include both direct government services and government funding to non-government community service organisations that provide welfare services.

Which welfare services are included?

Welfare services encompass a range of Australian and state and territory government services and programs to support and assist people directly and the community – such as

family support services, youth programs, child care services, services for older people and services for people with disability.

Welfare services expenditure presented on this page is reported for the target groups specified in the COFOG-A (ABS 2015) for the provision of social protection as services provided to individual persons and households, and as services provided on a collective basis:

- welfare services for family and children; for example, youth support services
- welfare services for the aged; for example, home and community care services
- welfare services for people with disability; for example, personal assistance
- welfare services not elsewhere classified (ABS 2015).

Welfare spending defined according to these 4 target groups does not necessarily include all government spending on services that may have a welfare benefit. For example, some programs relevant to people with disability that might be considered welfare services are in the COFOG-A categories of education, health or housing. Employment services are not included. Australian Government and state and territory governments funding for welfare services for people with disability under the NDIS are included on this page.

Non-government community service organisations

Both the Australian and state and territory governments indirectly provide welfare services through funding non-government organisations (NGOs) to deliver services. The NGO sector also contributes some welfare services expenditure from its own sources, including fees charged to individuals.

Government funding to non-government community service organisations (NGCSOs) is included in welfare services expenditure. NGCSO expenditure that comes through fees paid by clients or from the NGCSOs' own sources, such as fundraising, is not included, as comparable data on the sources of these funds are not readily available.

See Philanthropy and charitable giving for information on non-government donations.

Welfare target groups

In 2019–20, the estimated $195.7 billion of government welfare spending was distributed across these 4 target groups:

- 39% ($76.4 billion) for older people
- 26% ($50.3 billion) for people with disability
- 20% ($38.1 billion) for families and children
- 9.5% ($18.5 billion) for unemployed people (Figure 4).

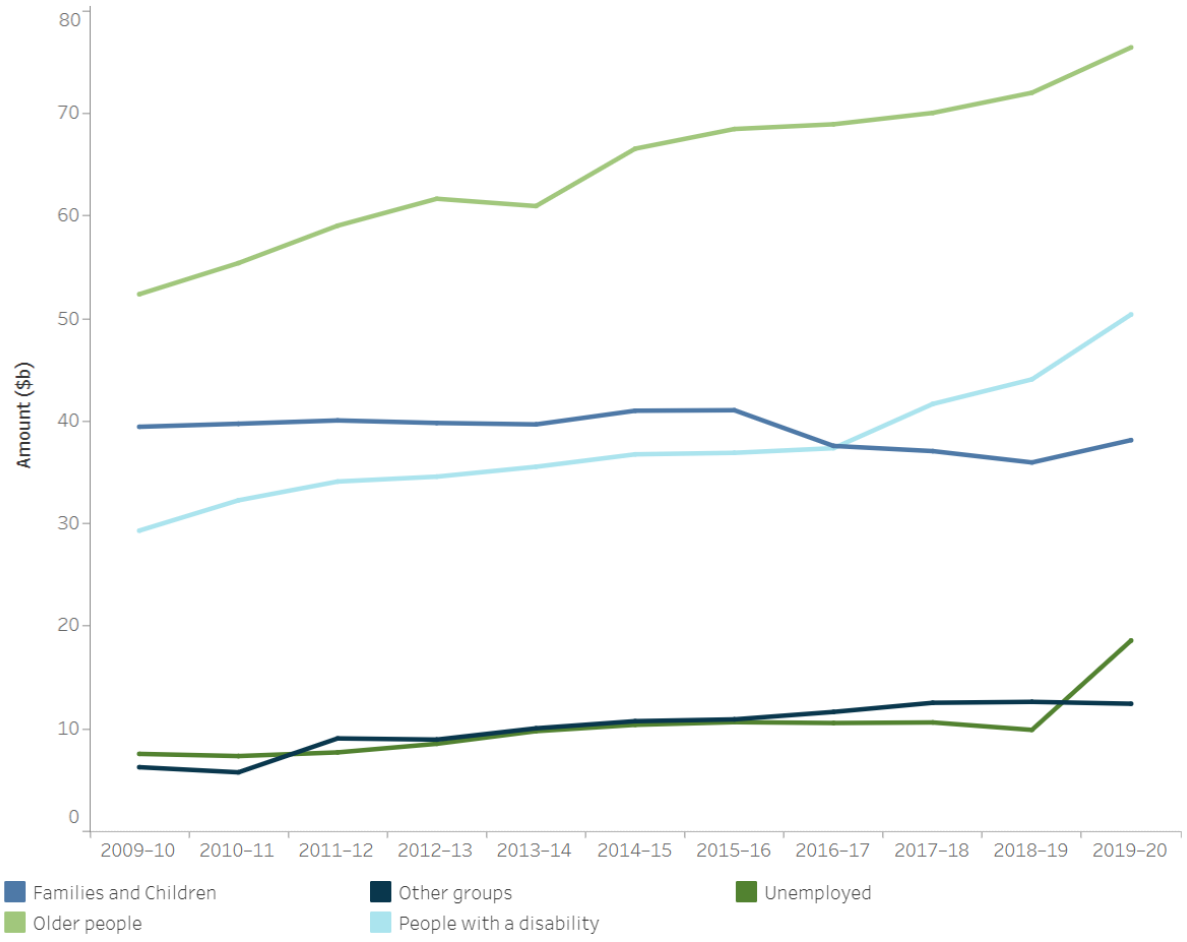
The remaining 6.3%, or $12.4 billion, was for other groups, including Indigenous people and people who are homeless or at risk of homelessness.

The 12% increase in government welfare spending between 2018–19 and 2019–20 can be attributed to increases in spending for:

- unemployed people (increased by $8.7 billion, largely related to the COVID-19 response measures)
- people with disability ($6.3 billion related to the NDIS)
- older people ($4.4 billion largely related to the Age Pension)
- families and children ($2.2 billion largely related to Working Age Payments for parents).

Spending on other groups decreased by $0.2 billion (Figure 4).

Figure 4: Government welfare expenditure by target groups, constant prices, 2009–10 to 2019–20



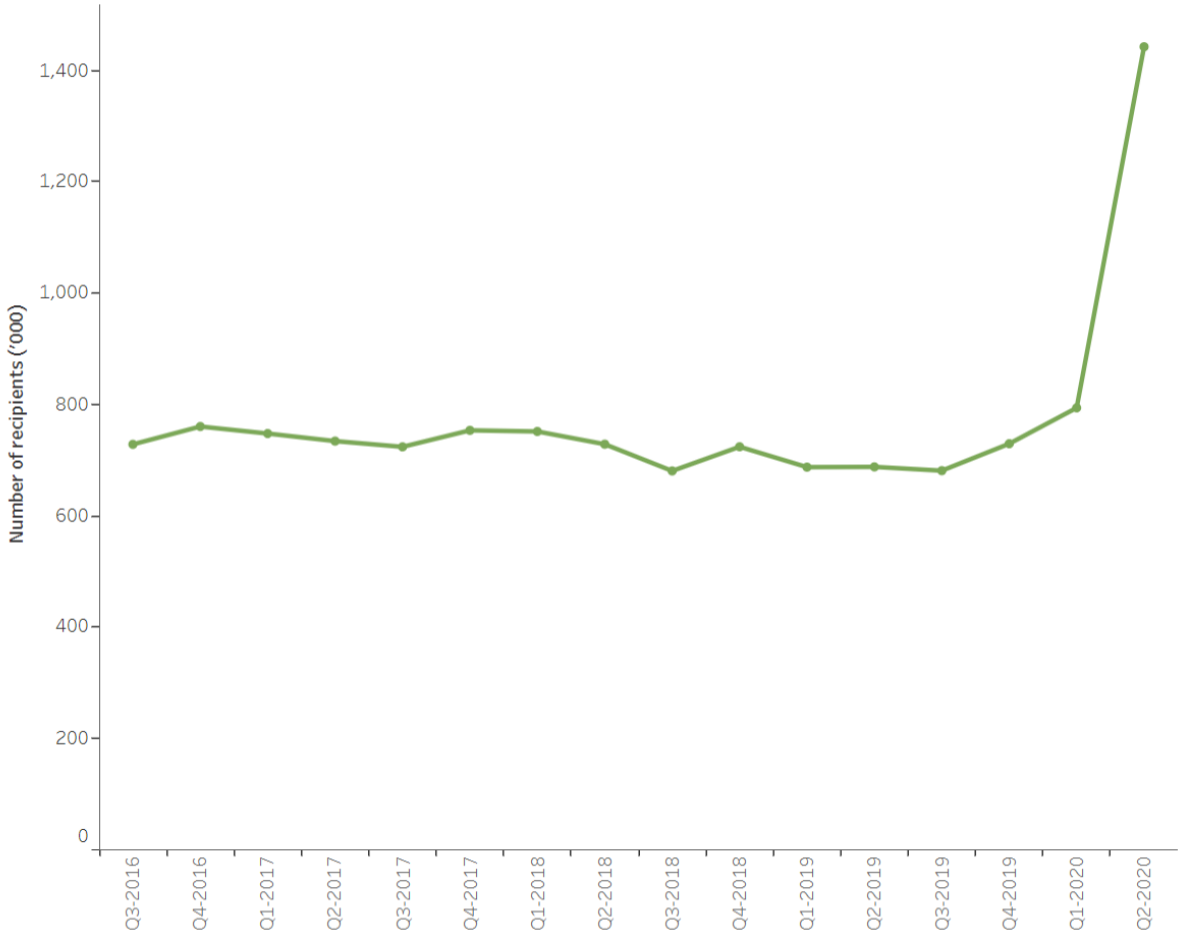
Note: Constant price estimates are expressed in 2019–20 prices.
Source: AIHW welfare expenditure database.
http://www.aihw.gov.au/

Welfare spending for the unemployed people almost doubled from $9.8 billion in 2018–19 to $18.5 billion in 2019–20 as the Australian Government's COVID-19 economic response measures took effect, especially an increase in the number of recipients of

eligible payments (DSS 2020a). This sudden increase was against a background of relatively stable spending over recent years.

Figure 5 shows a large increase in the number of welfare benefit recipients for eligible unemployed people in the last 2 quarters of 2019–20 compared with the previous period. The number of recipients almost doubled – from about 730,000 (Newstart Allowance, December 2019) to 1,440,000 (JobSeeker Payment, June 2020) between the second and fourth quarters of 2019–20.

Figure 5: Number of welfare benefit recipients for eligible unemployed people, quarter 3-2016 to quarter 2-2020



Note: The JobSeeker Payment replaced the Newstart Allowance on 20 March 2020.
Source: DSS payment demographic data (DSS 2021a).

In 2019–20, the total amount spent for people with disability was $50.3 billion – an increase of 14% ($6.3 billion) from 2018–19 (in real terms). Between 2016–17 and 2019–20, spending on people with disability increased at an annual average rate of 11%, which is higher than the average over the decade since 2009–10 (5.6%). This upward trend appears to be mainly caused by the roll-out of the NDIS (DSS 2020a).

The National Disability Insurance Scheme

The NDIS provides support for Australians with permanent and significant disability, and their families and carers. The Scheme began in 2013–14 across trial sites, with the transition to the full scheme starting in all states and territories (except Western Australia) in 2016–17.

The Australian and state and territory governments jointly fund the NDIS through intergovernmental agreements.

See the Intergovernmental agreements for more information on these agreements.

Sources and bases of data

- Data for the Australian Government's contribution to the NDIS for the period 2013–14 to 2019–20 are sourced from Department of Social Services reports.
- Data for state and territory governments over the trial and transition periods of the NDIS were based on the estimates of state and territory data, as described in About welfare expenditure data.
- Data for the full scheme periods are sourced from the NDIS intergovernmental agreements.
- Data for spending outside the NDIS scope are sourced from the Productivity Commission's Report on Government Services (Productivity Commission 2021).

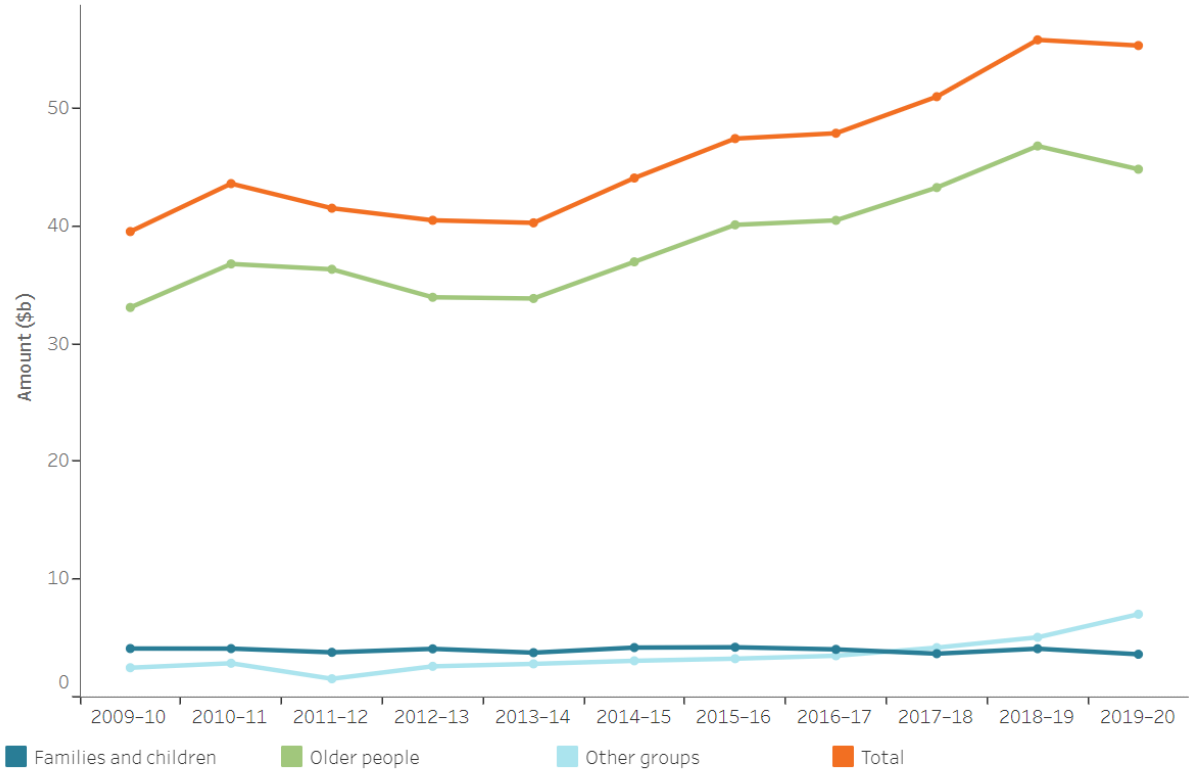
Tax concessions

Various tax exemptions, deductions, offsets, concessional rates and deferral of tax liabilities are provided for welfare purposes. The tax expenditure (or concessions) by the Australian Government for welfare was estimated to be $55.3 billion in 2019–20. This amount does not include any tax expenditures by state and territory governments, or by local governments. It is not included in the estimates of total welfare spending presented on this page as it is generally in the form of foregone potential revenue rather than expenditure (Department of the Treasury 2021).

Most of the tax concession amount ($40.7 billion, or 74%) was for concessions for superannuation, which aim to assist people to save for or fund their retirement. Of the remainder, $3.6 billion (6.4%) was for concessions for families and children (Department of the Treasury 2021). Tax concessions for families and children include exemption from taxation for Family Tax Benefits and Child Care Assistance payments.

Australian Government tax concessions for welfare (mainly concessions for older people) were quite stable over the period 2009–10 to 2013–14; they then increased steadily over the next 5 years before falling in 2019–20 (Figure 6). This decline in concessions in 2019–20 was largely related to the decrease in concessional taxation of superannuation entity earnings (Department of the Treasury 2021).

Figure 6: Tax concessions by the Australian Government for welfare, by type of concession, constant prices, 2009–10 to 2019–20



Note: Constant price estimates are expressed in 2019–20 prices.
Source: AIHW welfare expenditure database.
http://www.aihw.gov.au/

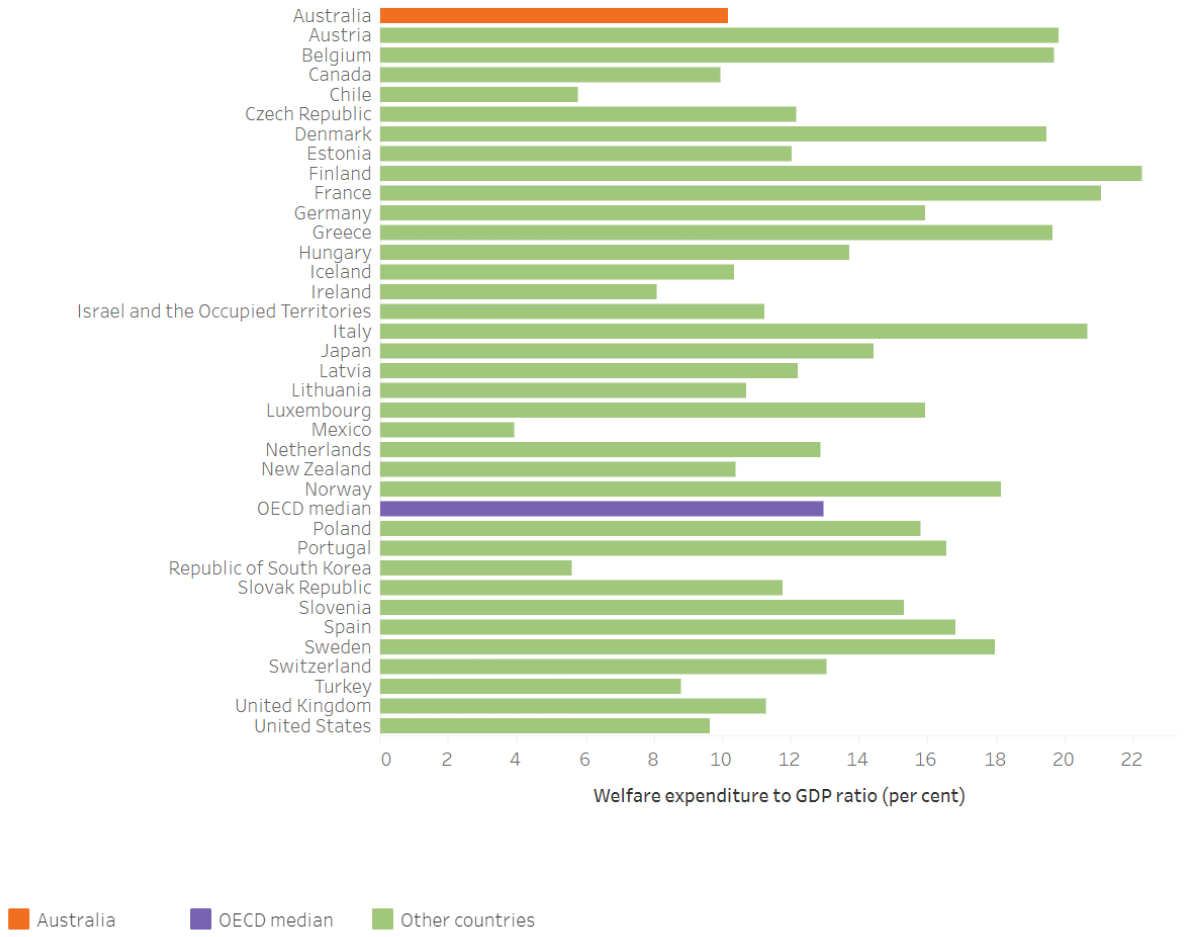
International comparison

There are many difficulties in comparing welfare spending across countries. Social support structures in many countries are complex, and not necessarily comparable. Systems generally involve mixtures of:

- government and non-government funding arrangements – including programs funded directly by governments, tax-based systems, employer-focused schemes and fee-for-service systems
- redistribution models – social support structures in some countries focus on redistribution between sections of the society at particular, but often differing, times. For example, in Australia, unemployment benefits transfer resources via the tax system from the employed to the unemployed. Other schemes act to redistribute resources over the life course (such as through savings and superannuation-based insurance)
- targeted versus non-targeted support arrangements – many countries use means-testing to target support, but do it in different ways, with different thresholds.

Organisation for Economic Co-operation and Development (OECD) data for 2017 (the latest data available) show that welfare expenditure in Australia was 10% of GDP (using the OECD methods for calculating expenditure, which differ from those used for estimates elsewhere on this page). This figure of 10% was lower than the OECD median of 13% (Figure 7) and puts Australia's welfare expenditure in the lowest third of all OECD countries (OECD 2021). The impacts of the COVID-19 pandemic on the international comparisons of welfare expenditure remain to be seen when more updated OECD data become available.

Figure 7: Welfare expenditure as a proportion of GDP, OECD countries, 2017



Note: Excludes health, active labour market programs and housing from OECD Social expenditure database.
Source: OECD Social expenditure database 2021.

Where do I go for more information?

For more information on Welfare expenditure, see:

- Welfare expenditure Australia 2005–06
- The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples: 2015 (AIHW)

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Welfare workforce

Find the most recent version of this information at: www.aihw.gov.au/reports/australias-welfare/welfare-workforce

On this page

A diversity of welfare services are provided through public and private organisations. They range, for example, from care for the elderly in residential aged care facilities to counselling and social assistance for students in educational settings. The quality of the welfare sector and the assistance it can provide are influenced by the size, characteristics and accessibility of its workforce.

The welfare workforce is made up of people in paid employment who directly provide welfare-related services, such as teachers in child care facilities, but outside such sectors as health and hospitality. Volunteering is reported on separately.

See the Australian Bureau of Statistics (ABS) General Social Survey – summary results, Australia for more information on volunteering.

The welfare workforce is difficult to quantify and study, particularly due to overlaps with and movements between sectors such as health, and the lack of a dedicated data collection focusing on this professional group. Given these limitations, the Australian Institute of Health and Welfare (AIHW) has identified a combination of labour force categories from the ABS Labour Force Survey (ABS 2020) as the best approximation for the welfare workforce.

The focus on this page is on people working in welfare or community services roles within community service industries.

See Defining the welfare workforce.

Defining the welfare workforce

The AIHW derives estimates of the Australian welfare workforce using the categories of community service occupations and community service industries from the ABS Labour Force Survey (ABS 2020). Community service industries consist of 3 main groups:

- residential care services
- child care services and preschool education
- other social assistance services.

This definition excludes some people in community service occupations who do not work in a community service industry. For example, a registered nurse working in a hospital would not be classified as part of the welfare workforce, though a registered nurse working in a residential aged care setting would be.

This definition also excludes professional groups that help to support the welfare sector, such as Services Australia staff, and medical professionals who provide services in welfare settings.

In 2020, Australia's welfare workforce comprised more than 588,000 people (Table 1) and made up 4.6% of the country's working population. In comparison, spending in the welfare sector by governments in Australia accounted for 9.7% of overall economic activity in 2019–20, with spending on welfare services making up 34% of welfare spending.

Note that the main data used on this page are drawn from ABS survey data and may be affected by the sample variances issue of small sample sizes.

See the ABS web pages Labour Force, Australia methodology and Employee earnings and hours, Australia methodology for more information on the sample sizes.

Table 1: Persons employed in community service occupations and community service industries, 2020

	Community service occupations	Other occupations	Total
Community service industries	588,475 people employed in community service occupations in community service industries (for example, child care workers in the child care services industry): **this is considered to be the welfare workforce of Australia on this page**	196,775 people employed in other occupations in community service industries (for example, as administrators, accountants, tradespersons and labourers)	785,275
Other industries	567,775 people employed in community service occupations in other industries (for example, nurses working in hospitals and counsellors in the education industry)		
Total	1,156,250		

Note: Annual average of quarterly data from original series estimates.

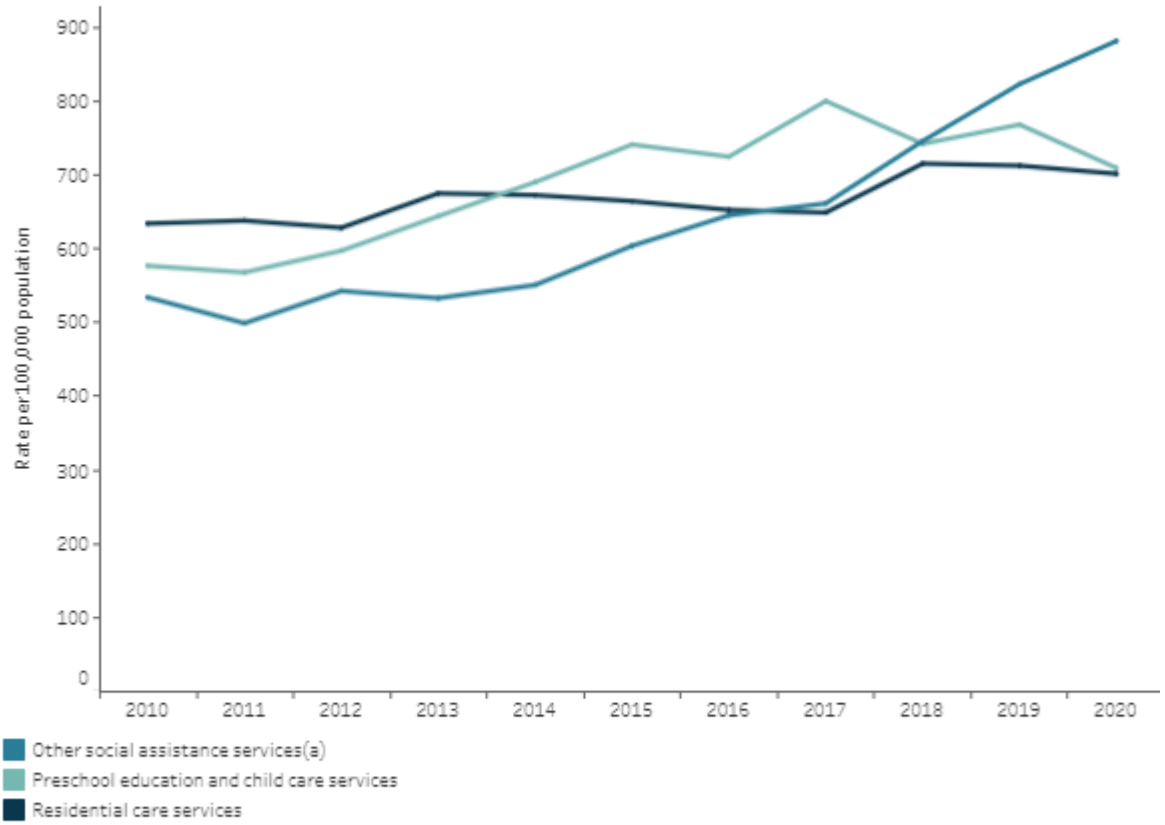
Source: ABS 2020.

Welfare workforce overview

Between 2010 and 2020, the welfare workforce in Australia grew by 53% to more than 588,000 people (ABS 2020), while the total workforce increased by 15%. Over the same period, spending on welfare services increased by 111%, after adjusting for inflation (see Welfare expenditure).

In 2020, each type of community service industry employed more than 700 people per 100,000 population (Figure 1). Since 2010, the number of people employed per 100,000 has increased in each welfare workforce industry.

Figure 1: Rate of persons employed in the welfare workforce per 100,000 population, by type of community service industry, 2010 to 2020



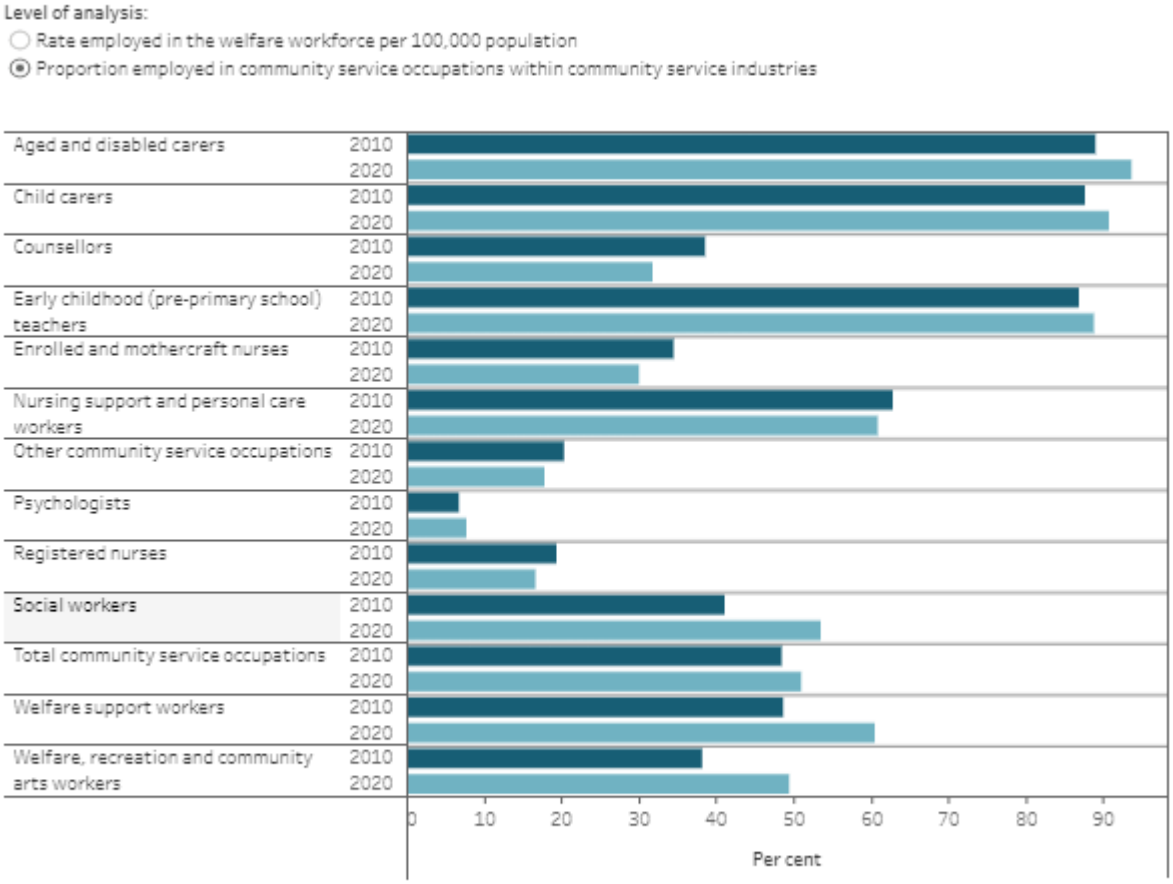
Note: (a) Data for organisations mainly engaged in providing a variety of social support services directly to their clients, excluding those involved with raising funds for welfare purposes. Examples include adoption services, operation of adult day care centres, aged care assistance services, operation of alcoholics anonymous, disabilities assistance services, marriage guidance services, operation of soup kitchens, welfare counselling services and youth welfare services.
Source: ABS 2020.
http://www.aihw.gov.au/

Occupations

In 2020, about half (51%) of the people employed in community service occupations worked in community service industries – similar to the proportion for 2010 (48%).

The largest occupational group of the welfare workforce since 2010 – care workers in the aged and disability sectors – employed 804 per 100,000 population in 2020, a rise from 461 per 100,000 in 2010 (Figure 2). In fact, the number of people employed per 100,000 population in all welfare workforce occupations increased, except for enrolled and mothercraft nurses, nursing support, personal care workers, and counsellors.

Figure 2: Proportion employed in community service occupations within community service industries, by occupation, 2010 and 2020

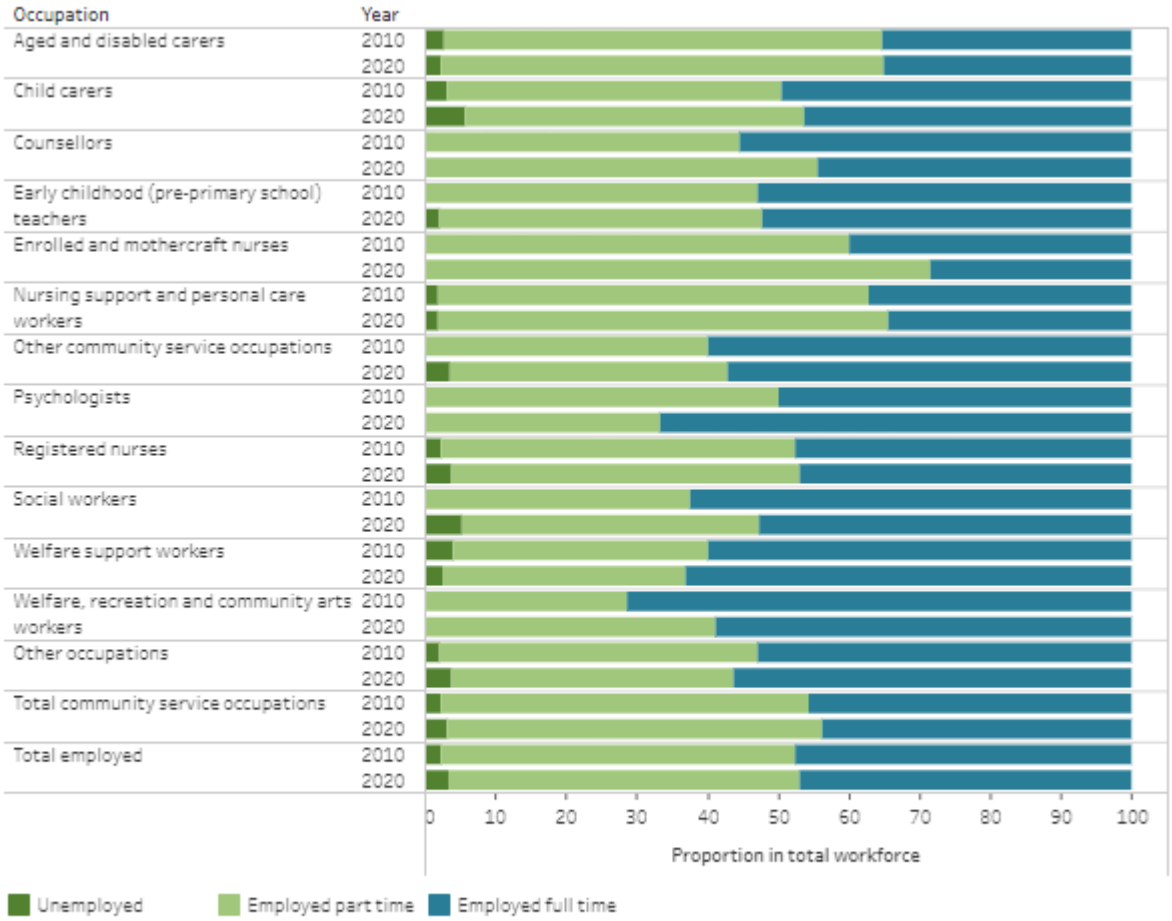


Source: ABS 2020.
http://www.aihw.gov.au/

Employment status

In 2020, 402,000 people in the welfare workforce were employed part time (ABS 2020). Part-time workers made up about 50% of this workforce in 2020 – almost unchanged from the proportion in 2010. About 71% of those providing care as enrolled and mothercraft nurses worked part time, with psychologists being the least likely to be employed part time (33%) (Figure 3).

Figure 3: Employment status of welfare workforce, 2010 and 2020



Source: ABS (2020).
http://www.aihw.gov.au/

Demographics and educational attainment

Female over-representation

The majority (85%) of Australia's welfare workforce in 2020 was female – a proportion relatively unchanged since 2010 (it was 87% in 2010). Females are proportionally over-represented in the welfare workforce given that they made up only 47% of Australia's total workforce in 2020 (ABS 2020) (Figure 4).

Average age

The average age of the welfare workforce in 2020 was 41.8, a slight reduction from what it was in 2010 (42.5 years). This reduction is due to an increase in the proportion of the workforce aged under 35. Child carers was the occupational group with the youngest average age (34.9 years), nearly 7 years younger than the average age of the welfare workforce (Figure 4).

Indigenous representation

Aboriginal or Torres Strait Islander people made up 2.3% of the welfare workforce in 2020. Of all welfare workforce occupations, Welfare, recreation and community arts workers was the occupational group with the highest proportion of workers identifying as Indigenous (11%) (Figure 4).

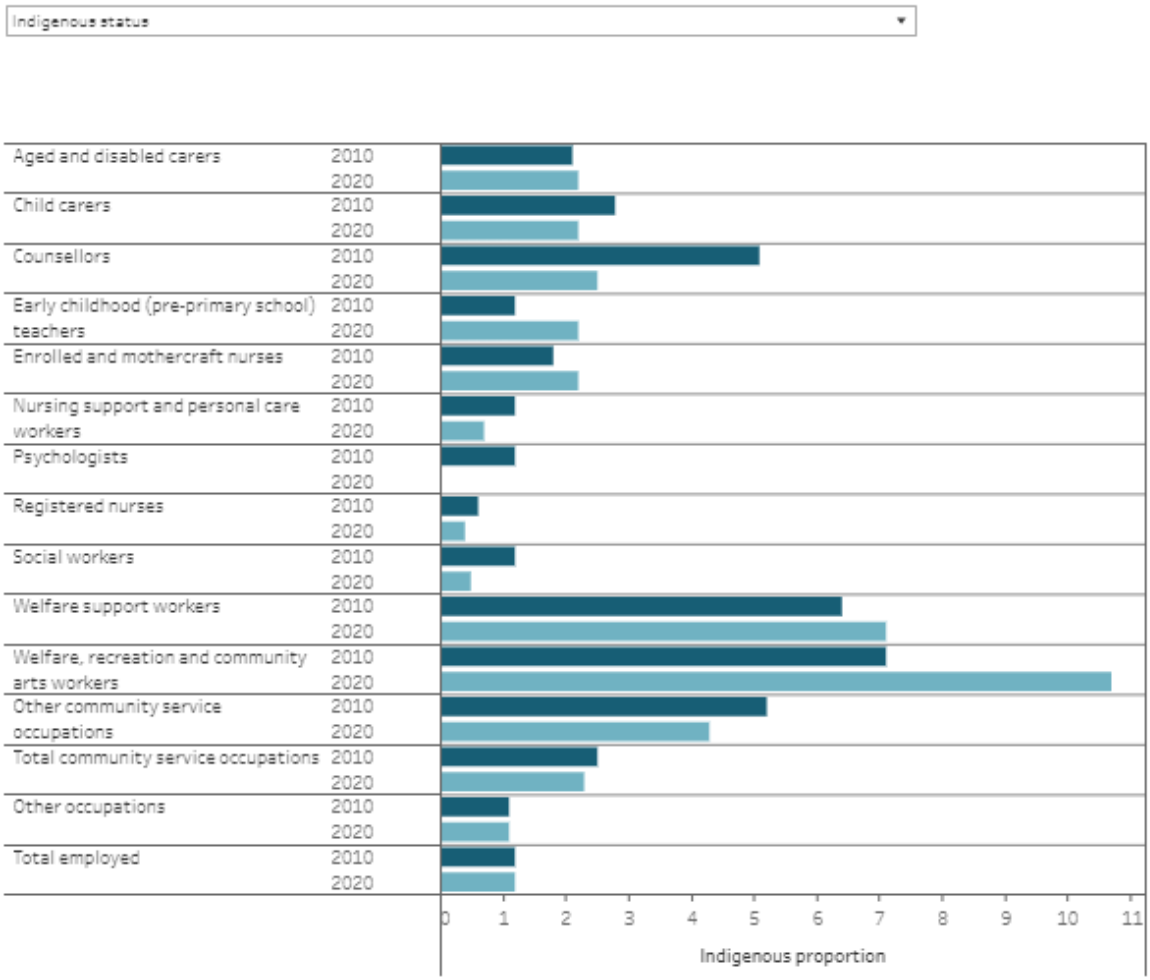
Educational attainment

In 2020, 1 in 20 (4.5%) workers in the welfare workforce had postgraduate degrees and 1 in 8 (13%) had Bachelor's degrees. About 1 in 6 (17%) had a skilled vocational qualification/s (ABS 2020).

Country of origin of care workers

According to the most recent data in Brennan and colleagues (2019), 28% of care workers in 2016 were born in other than the main English-speaking countries – up from 21% in 2011.

Figure 4: Indigenous status of the welfare workforce, by occupation, 2010 and 2020



Source: ABS 2020.
http://www.aihw.gov.au/

Working hours and pay

Due to the coronavirus disease 2019 (COVID-19) pandemic, the ABS has not completed its biennial Survey of Employee Earnings and Hours for 2020. Thus, the most up-to-date data on worker hours and payment of the welfare workforce are those in the ABS Survey of Employee Earnings and Hours collected in May 2018.

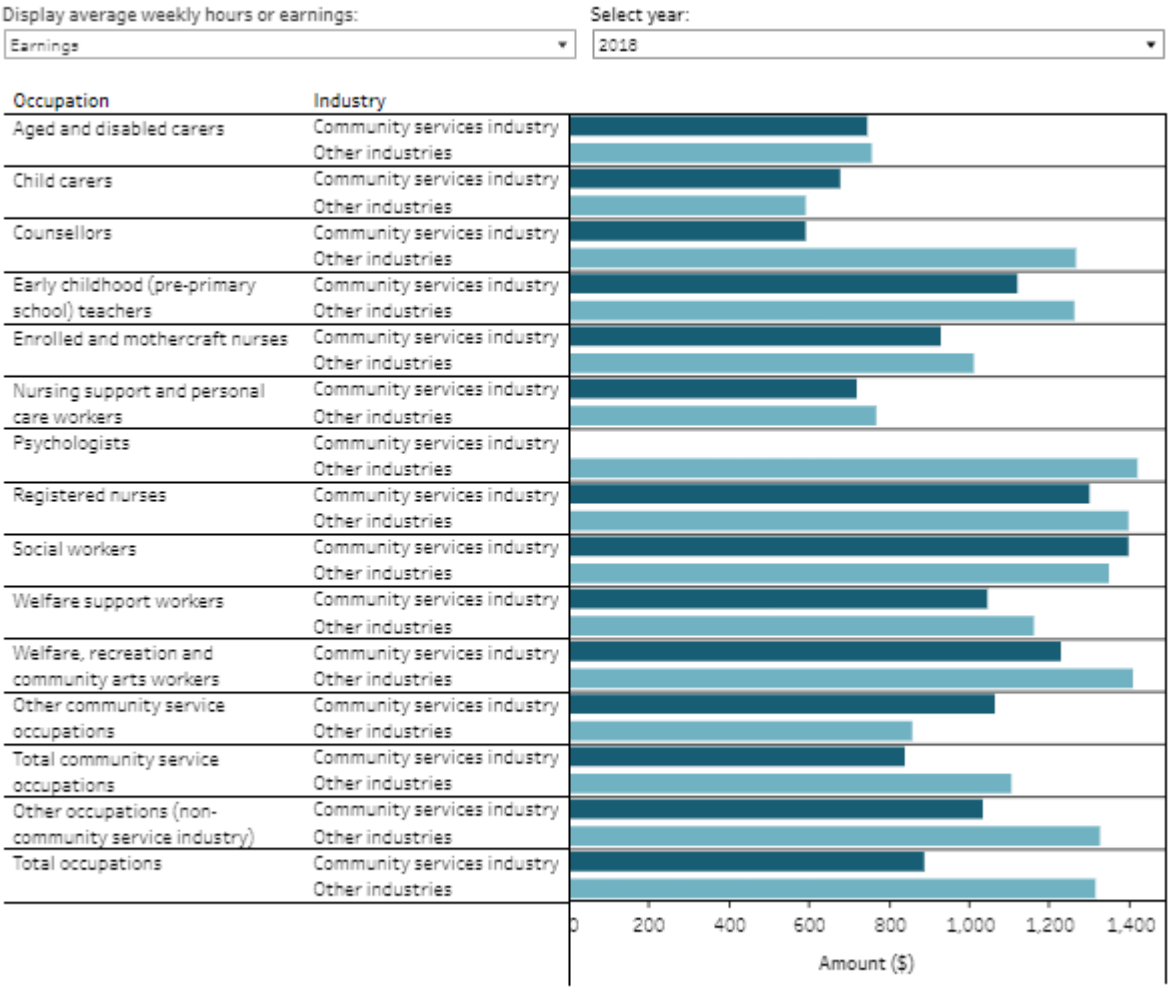
Average earnings

In May 2018, the average earnings of the welfare workforce were lower than those of the same occupations working in other industries – ($32.02 per hour compared with $41.28 per hour; and $838.90 per week compared with $1,106.40, respectively) (Figure 5).

Average weekly earnings for the welfare workforce increased by 17% from August 2008 ($719.60 in real terms) compared with 8.0% for the same occupations working in other industries. Registered nurses had the highest average earnings per hour of the selected occupations in the welfare workforce in 2018 ($48.87 per hour) while Child carers had the lowest ($25.13 per hour) (ABS 2019).

Although a gender breakdown in earning for the welfare workforce is not publicly available, the ABS (2021) reports that, in the health care and social assistance industry in May 2018, the weekly average earning of a full-time female worker was $1,581 compared with $1,743 for a full-time male worker.

Figure 5: Average weekly total hours paid for and average weekly earnings, constant prices, by selected welfare workforce occupations and industry, August 2008 and May 2018



Note: Earnings in 2008 are based on a reference period of the second quarter of 2018.
Source: AIHW analysis of ABS Survey of Employee Earnings and Hours data.
http://www.aihw.gov.au/

Impact of the COVID-19 pandemic

A survey of 744 community sector managers and workers in July 2020 (Cortis & Blaxland 2020) identified some issues related to increased workload due to the COVID-19 pandemic:

- About three-fifths (61%) of respondents reported that the overall level of demand for the main service with which they were involved had increased since March 2020.
- More than half (54%) of respondents reported seeing increases in the numbers of clients their service was supporting.
- Almost three-fifths (57%) of respondents reported lost investment income.
- More than four-fifths (83%) of community sector workers and leaders reported that the JobKeeper Payment (83%) and the Coronavirus Supplement subsidy (81%) had a positive impact on the clients and communities with whom they worked.

Effect on recruitment and retention of staff

The COVID-19 pandemic has had a range of impacts on the recruitment and retention of staff. Almost 1 in 3 (31%) organisations reported that they had introduced a freeze on staff recruitment, and more than one-fifth (21%) of leaders advised that their organisation had reduced full-time equivalent staffing levels. These results should be interpreted with caution, however, because of small-sized sampling issues.

Occupational resilience

In general, the National Skills Commission (NSC) considers that the welfare workforce in Australia has shown occupational resilience during the COVID-19 pandemic (NSC 2020). It assigned occupational resilience scores for occupations, based on:

- employment growth expectations through the pandemic
- the seriousness of the pandemic's impact on employment and labour demand
- the projected recovery progress from the pandemic (NSC 2020).

Among a total of 358 occupations, the NSC ranked Aged and disabled carers; Welfare, recreation and community arts workers; Health and welfare service managers; and Registered nurses within the top 20 of the most resilient (NSC 2020).

Aged care workforce

Due to the disruption caused by the COVID-19 pandemic, the Department of Health has not completed its 2020 Aged Care Workforce Census. Thus, the 2016 Aged Care Workforce Census and Survey is the most comprehensive and most recent data available (Mavromaras et al. 2017).

The analyses conducted for this page excluded aged care volunteers (about 68,000 people in 2016) and informal primary carers (about 428,500 in 2018) from the aged care workforce (RCACQS 2021).

Key characteristics of the aged care workforce

In their analysis, Mavromaras and colleagues (2017) noted the following characteristics of workers in the aged care workforce.

- *Number of employees:* In 2016, there were an estimated nearly 154 thousand direct care employees in the residential sector (up 5.3% since 2012), and another 86.5 thousand in the home care & home support sector (down 7.3% since 2012).
- *Sex of employees:* The workforces of both the residential sector and the home care & home support sector were largely female (87% and 89%, respectively).
- *Age of employees:* Most direct care employees for the home care & home support (72%) and residential settings (55%) were aged 45 and over.
- *Educational level:* Almost 88% of direct care employees in the aged care workforce had a post-school qualification in 2018.

- *Country of origin:* In 2016, almost 1 in 3 (32%) direct carers in the residential sector and almost 1 in 4 (23%) in the home care & home support sector were born outside Australia. About one-quarter (26%) of residential aged care facilities and nearly one-fifth (18%) of aged care outlets in the home care & home support sector reported employing workers from culturally and linguistically diverse backgrounds (non-English speaking countries).
- *Part-time work:* Direct carers are increasingly working part time. In 2016, 78% of workers in a residential setting and 75% of those working in the home care & home support setting were engaged in permanent part-time work – an increase from 71% and 62%, respectively, in 2012.

Declining numbers of nurses and allied health workers

In the period of 2003-2016, there was a relative decline in the proportion of nurses in the aged care workforce in both residential and home care & home support settings, with a corresponding increase in personal care workers and community care workers.

- Between 2003 and 2016, in residential aged care facilities, the proportion of nurses in the workforce fell from 34% to 24%, while that for personal care workers increased from 58% to 70% (Figure 6).
- In home care & home support outlets from 2007 to 2016, the proportion of nurses fell from 13% to 10%, while that for community care workers rose from 82% to 84%.
- In the residential aged care sector, the proportion of allied health professionals and allied health assistants fell from 7.7% to 4.7% between 2003 and 2016.

In 2016, 41% of residential facilities experienced shortages of registered nurses, while 33% of community outlets experienced shortages of community care workers (Mavromaras et al. 2017).

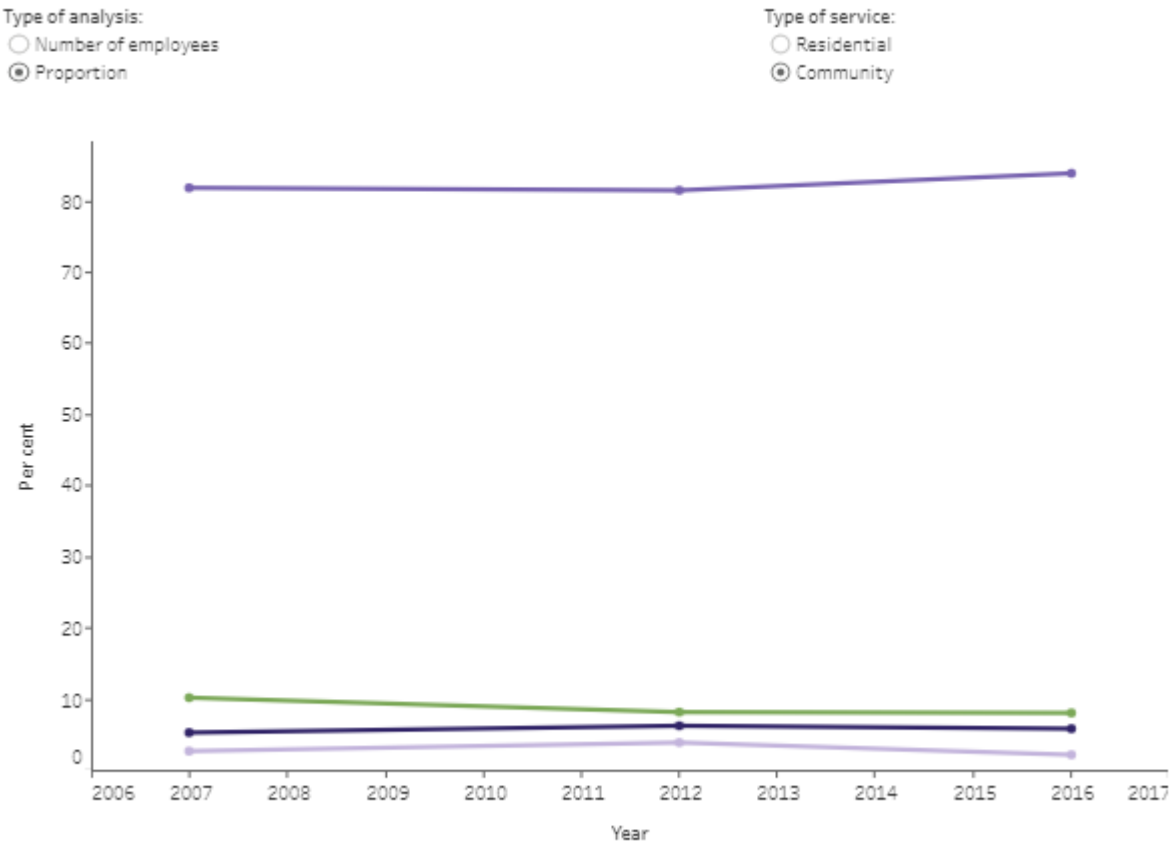
Retaining aged care workers

The Royal Commission into Aged Care Quality and Safety (RCACQS) (2021) noted that the challenges involved in attracting and retaining aged care workers are magnified in rural and remote Australia. In 2016, more than 55% of residential facilities in *Remote* and *Very remote* areas reported registered nurse shortages compared with 34% in *Major cities*.

The Organisation for Economic Co-operation and Development (OECD) (2020) identified quality labour shortage as one of the biggest popular challenges in long-term aged care in OECD countries.

A survey of 3,286 respondents in April 2021 by the Australian National University found that only 5.0% of those asked said they would definitely recommend to a young person that they work in the industry (Biddle & Makkai 2021).

Figure 6: Direct care employees in aged care workforce, by occupation: 2003, 2007, 2012, and 2016



Source: Adapted from Mavromaras et al. 2017.
http://www.aihw.gov.au/

Impact of the COVID-19 pandemic on the aged care workforce

The COVID-19 pandemic has affected the physical health of workers in residential aged care facilities in Australia. As at 5 February 2021, 215 residential aged care facilities had experienced an outbreak of COVID-19. Between 1 March 2020 and 3 February 2021, 2,227 aged care workers tested positive for COVID-19 (with aged care facilities in Victoria accounting for 98% of these cases) (Department of Health 2021a).

Data about other impacts of the pandemic on the aged care workforce are limited and scattered but initial findings indicate an adverse effect on the workload of the aged care workforce. However, as data related to COVID-19 impacts all came from small-sized surveys, these results should be interpreted with caution.

Increase in workload and staff shortages

A survey conducted by the Australia Nursing & Midwifery Federation (ANMF) from 15 April to 6 May 2020 of 1,513 aged care workers in all states/territories found that the pandemic had increased the workload of direct care employees of residential aged care

services (ANMF 2020). Two-thirds (67%) of respondents reported that staffing of nurses and care personnel had not increased in response to the pandemic.

Data from the United Workers Union's (UWU's) survey of over 1,000 workers during May and June 2020 reflected a similar situation: two-thirds of residential care workers and almost half of home care workers reported that their workload had increased since the pandemic (UWU 2020).

Government measures to cope with COVID-19 in the aged care sector

During 2019–20, the Australian Government announced more than $850 million in COVID-specific support to aged care services. In this package, $101.2 million was used to:

- train the aged care workforce in infection prevention and control
- support workforce surge requirements for affected aged care providers
- implement a grant to reimburse costs incurred in managing an outbreak.

An additional $444.6 million was spent on specific mechanisms to support the aged care workforce, as well as $78.3 million for residential care providers and $22 million under the Home Care Packages Program to support workforce continuity (Department of Health 2020).

As at 26 February 2021, the Australian Government had conducted 316,900 COVID-19 tests at 2,356 residential aged care facilities nationally.

Apart from the usual assessment and auditing program, the RCACQS undertook, nationally, 3,238 unannounced visits and announced/short-notice visits to monitor infection control between March 2020 and February 2021.

Both state and National Aged Care Emergency Response (NACER) teams have provided more than 100 clinical personnel and support staff to work with active residential aged care outbreaks (Department of Health 2021a).

In the Australian Government's COVID-19 vaccine strategy announced in January 2021, aged care workers were in the first of 5 phases of the roll-out (Department of Health 2021b).

In its report commissioned by the RCACQS, the UWU (2020) noted that over three-quarters of respondents reported not having enough staff to provide quality care during the pandemic. Over 90% of residential care workers and over 80% of home care workers advised that they did not have enough time to complete tasks.

The ANMF (2020) stated that over 80% of respondents reported having a registered nurse rostered on all shifts but if nurses did not come into work or called in sick, they were not replaced. Respondents also reported that having only 1 registered nurse was often not enough for the number of residents.

Effect on wellbeing and mental health

Some evidence suggests that the pandemic negatively affected the wellbeing of aged care workers who are employed on a casual basis and who ordinarily worked in multiple facilities. Almost two-thirds (64%) of participants reported staff cuts since the start of

March 2020. These cuts often adversely affected those casual workers forced to choose between employers, given that now they could work at only one facility to avoid potentially spreading the virus across different facilities (ANMF 2020). According to the UWU submission (2020), almost half of home care workers reported working fewer hours since the pandemic (with consequential potential impacts on income earned).

Other information reported on wellbeing and mental health included:

- the RCACQS's (2021) observation that the pandemic created mental health issues for the aged care workforce
- the ANMF's (2020) report that 43% of respondents did not feel prepared for a COVID-19 outbreak in their workplace
- the UWU's (2020) report that fewer than a third of residential care workers felt extremely or very prepared to respond to an outbreak and the feedback of 72% of aged care workers that their work had become extremely or a lot more stressful since the pandemic, with 62% reporting an increase in abusive behaviour from residents, clients or their families.

Recommendations of the Royal Commission into Aged Care Quality and Safety to reform the welfare workforce

The RCACQS was established in December 2018 to conduct an inquiry into the quality of aged care services and recommend how best to deliver these services to Australians.

See the RCACQS final report for more details, including the Commission's recommendations on short- and long-term reforms of the aged care workforce.

Disability workforce

The progressive roll-out of the National Disability Insurance Scheme (NDIS) started in mid-2016 and is now fully operational in all states and territories. On 30 September 2020, the Scheme was providing services to 412,543 participants (JSCNDIS 2020).

The disability workforce grew 11% per year from September 2015 to September 2017, compared with just 1.6% growth for the entire Australian workforce (Lui & Alcorso 2018).

The Joint Standing Committee on the National Disability Insurance Scheme estimated that, in 2019, there were around 138,000 full-time equivalent workers, including:

- 91,000 disability support workers
- 14,000 allied health professionals
- 33,000 'other' related workers, such as coaches, counsellors, fitness instructors and others (JSCNDIS 2020).

Analysis by the Department of Social Services showed that, in 2020, around 270,000 workers were employed across 20 occupations by over 11,600 active NDIS providers. Of

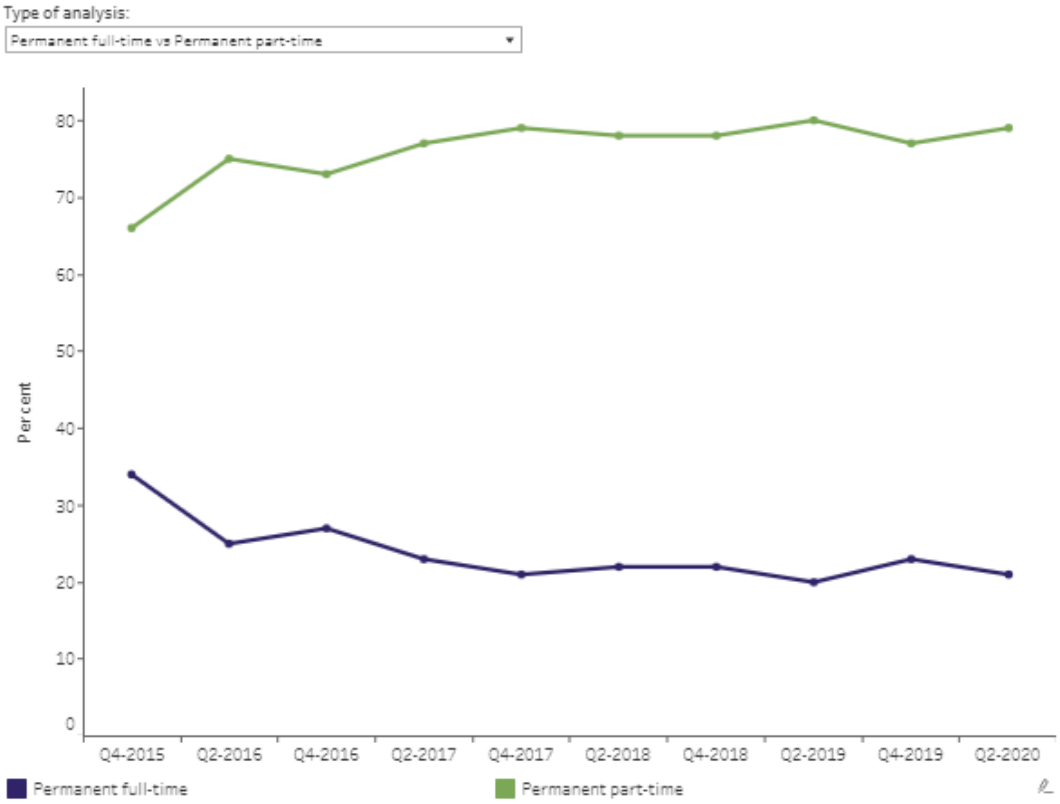
these, 66% were home-based support workers, 24% community-based support workers, 7.4% allied health workers, and 3% other workers (DSS 2021).

Some characteristics of the disability workforce

The 2020 National Disability Service's Workforce Census Survey registered a distinct shift towards permanent employment throughout the sector, which increased to 62% in June 2020 marking the highest level since September 2015 (NDS 2020).

- *Working part time:* Of permanent workers, the number of people working part time rose from 66% in December 2015 to 79% in June 2020 (Figure 7).
- *Sex:* As at June 2020, 70% of the workforce were female, almost unchanged from the proportion in 2017 (71%). This finding is consistent with that of another recent survey that reported that, in 2020, 62% of respondents were female (Cortis & van Toorn 2020b).
- *Age:* Over half (58%) of the disability workforce were aged 44 and under in 2020, a slight rise from 54% in 2015 (NDS 2020).
- *Disability qualifications:* In December 2017, 20% of disability service providers advised that no new recruits had disability-related qualifications (Lui & Alcorso 2018).

Figure 7: Type of employment in disability workfore, 2015–2020



Q quater.
Source: NDS 2020.
http://www.aihw.gov.au/

Impact of the COVID-19 pandemic on the disability workforce

Little data are available on the impacts of the COVID-19 pandemic on the disability workforce; the results presented here should therefore be interpreted with caution.

Turnover rate of casual staff

Initial findings show a change in the turnover rate of casual workers: having sat between 6% and 11% between 2016 and 2019, the rate rose sharply to 22% in June 2020 (NDS 2020). The authors of the NDS (2020) report argue that this sudden change might have been prompted by uncertain employment conditions arising from the economic impacts of the pandemic. As the National Disability Service's Workforce Census Survey (which surveyed a group of registered providers) focused on the 'within firm' turnover in the casual workforce, the results may differ from numbers reported elsewhere.

Based on analysis of 2020 NDIS claims, and de-identified 2016–2018 Australian Taxation Office data, latest figures from the NDIS Workforce Plan are that the NDIS loses between 17–25% of its workforce (both permanent and casual) to churn every year (DSS 2021).

Use of international students

The COVID-19 pandemic has also affected the use of international students as casual disability workers. To help boost frontline health efforts to tackle COVID-19, in April 2020, the Australian Government allowed international students studying relevant medical courses to be exempt from the 40-hour per fortnight work limit, if working in support of pandemic health efforts and at the direction of the relevant health authority.

Before this policy was enacted, almost 80% of disability facilities that employed international students did so for 20 hours or fewer a fortnight. However, after the change, 16% of those respondents reported that their students worked an additional 30 hours per fortnight, and a further 1 in 6 students for an additional 20 hours per fortnight (NDS 2020).

Workload and safety

Some studies in the early stage of the pandemic noted that the pandemic was associated with increased workloads and unsafe working condition of disability workers. A University of New South Wales study surveyed 2,341 disability support workers during March 2020. One of the findings was a lack of personal protective equipment (PPE) available to disability support workers, and these workers were worried about not only the risk of disease infection this posed but also the additional workloads at the start of the pandemic (Cortis & van Toorn 2020a).

The University of Melbourne conducted an online survey during May and June of 357 disability support workers. Ninety per cent of the disability workforce surveyed were unable to practise physical distancing at work, 25% had had no PPE training and close to 70% wanted more training (Kavanagh et al. 2020).

Government measures to cope with the impact of COVID-19 on the disability workforce

Australian Government measures include:

- providing, since the start of the pandemic, 328,590 masks to 394 NDIS providers and self-managed NDIS participants (as of April 2021)
- allowing NDIS providers, during 2020, to claim the cost of PPE directly from the National Disability Insurance Scheme (NDIS) when they provided support in declared hot spots
- enabling 80,600 workers in the disability sector nationally to complete the Department of Health's COVID-19 infection control training (DSS 2021)
- giving more than $666 million in advance payments to more than 5,000 NDIS providers to provide financial support (Hunt 2020)
- introducing a $1,500 Pandemic Leave Disaster Payment for people who cannot earn an income because they must self-isolate, quarantine or care for someone with COVID-19 (Services Australia 2020).

Where do I go for more information?

For more information on the Australian workforce, see:

- ABS Labour Force Survey
- ABS Employee Earnings and Hours
- Aged Care Workforce Census
- Disability Workforce Census.

For more information on the impact of COVID-19 on the Australian aged care and disability workforces, see:

- COVID-19 outbreaks in Australian residential aged care facilities
- COVID-19 vaccine information for disability service providers
- Information for people with disability about COVID-19 vaccines.

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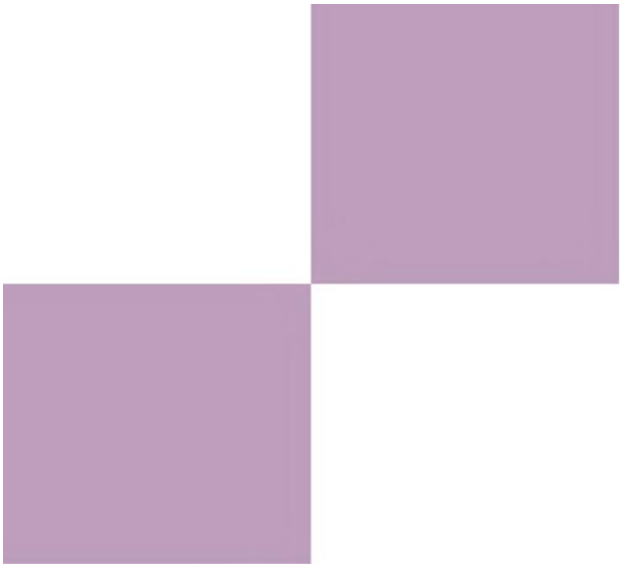
Housing

Access to safe, affordable and suitable housing is essential to the wellbeing of people and families and can help enhance equal opportunity and protect from homelessness risk. Those unable to access appropriate housing with their own social and economic resources may need the support of housing assistance, while others experiencing, or at risk of, homelessness may be supported by government funded services.



Home ownership and housing tenure

Find the most recent version of this information at:
http://www.aihw.gov.au/reports/australias-welfare/home-ownership-and-housing-tenure

On this page:

Secure and affordable housing is fundamental to the wellbeing of Australians. Home ownership continues to be a widely held aspiration in Australia, as it affords owners with security of housing tenure and both long–term social and economic benefits (AIHW 2018). In recent times, there has been much public debate about the rate of home ownership and housing affordability. See Housing affordability and Housing assistance.

The data presented on this page does not cover the COVID-19 period since these data are unavailable. According to the 2016 Census of Population and Housing (Census), there were nearly 8.3 million households in Australia.

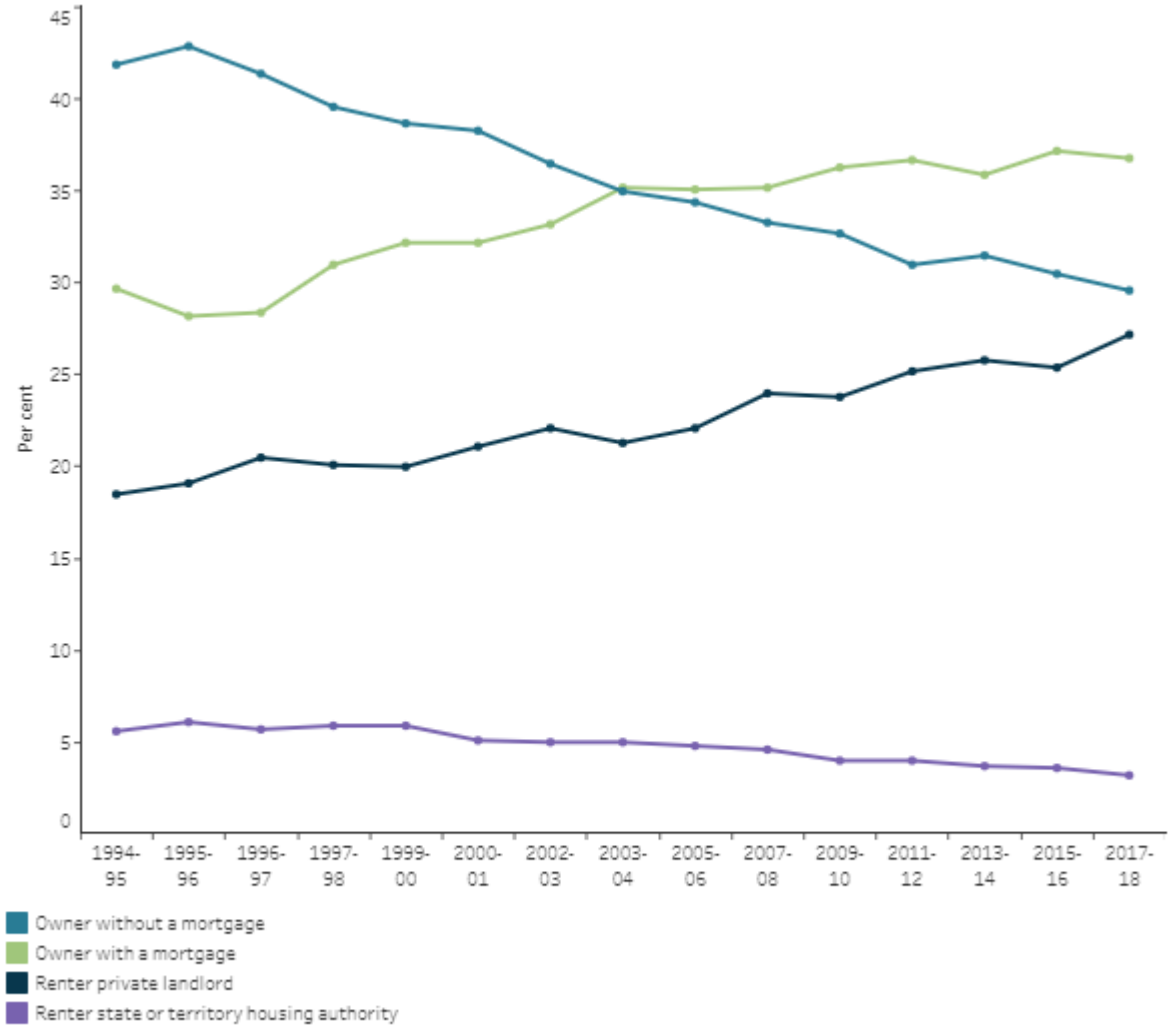
Where household tenure was known:

- 67% (5.4 million households) were home owners:
  - 32% (2.6 million households) without a mortgage
  - 35% (2.9 million households) with a mortgage.
- 32% (2.6 million households) were renters; where landlord type was known:
  - 26% (2.1 million households) were renting from private landlords
  - 3.7% (300,000 households) from state or territory housing authorities
  - 1.3% (105,500 households) from other landlords.
- 1.0% (79,000 households) were other tenure, including households which are not an owner with or without a mortgage, or a renter (ABS 2017c).

Although Census data provides the most comprehensive view of housing tenure among Australian households, it is only conducted once every 5 years. To monitor changes in housing circumstance during non-Census periods, other survey data can be used. Survey of Income and Housing data shows that in the past 20 years to 2017–18, there

has been a decline in the proportion of households owning their home without a mortgage, and increases in households with a mortgage and in private rental agreements (Figure 1).

Figure 1: Proportion of households by housing tenure type, 1994–95 to 2017–18



Note: Values have been interpolated for non-survey years.
Source: ABS 2019.
http://www.aihw.gov.au

Trends in home ownership

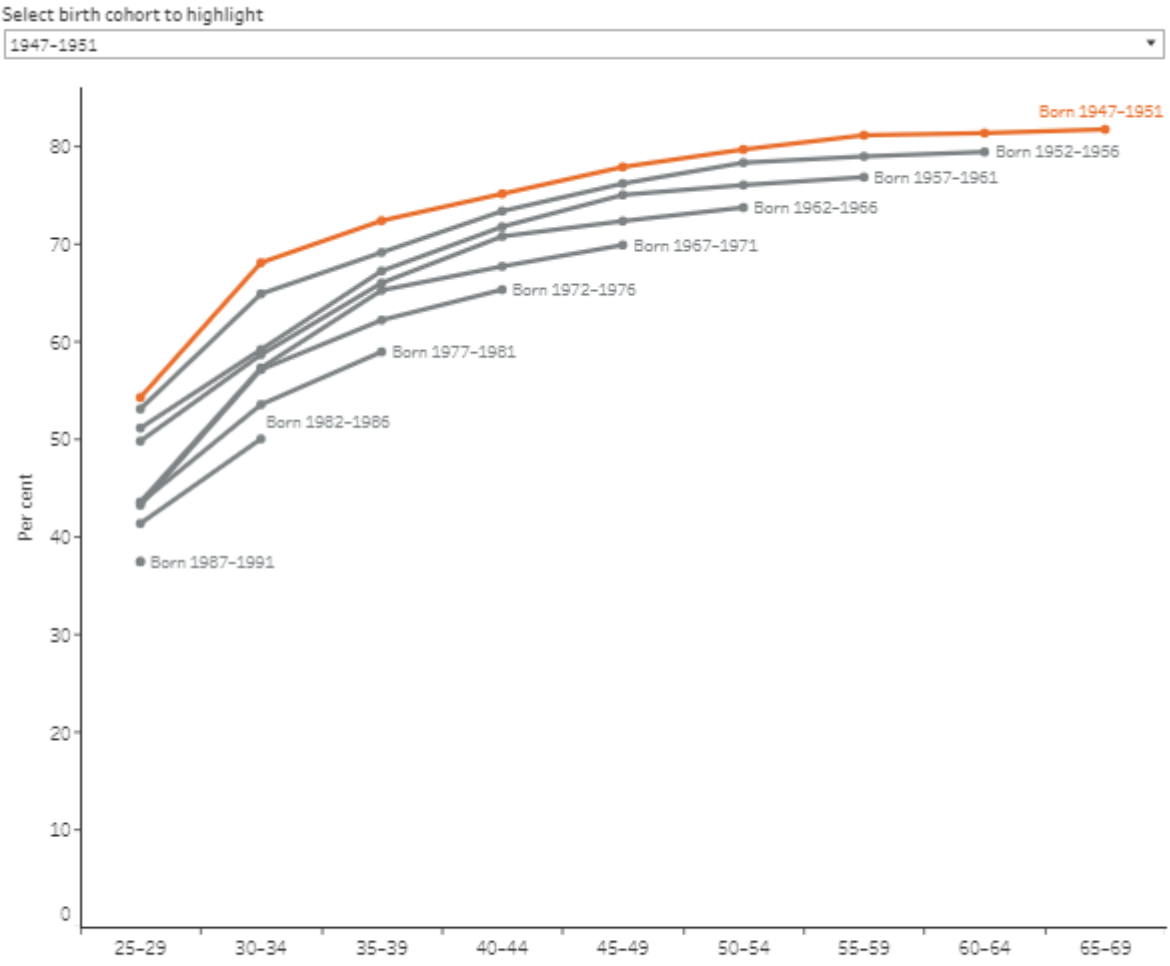
Home ownership data from the 2016 Census show a home ownership rate of 67%, down slightly from 68% in 2011. While the home ownership rate remained around 67–70% from the mid-1960s, the rate for different age groups has varied markedly over this time. The rates among different age groups can be determined using the age of the Census household reference person. Specifically, the number of private dwellings by age of household reference person and tenure type can be used to calculate the proportion of homeowners of specific age groups from total households (excluding not stated).

The home ownership rate of 30–34 year olds was 64% in 1971, decreasing 14 percentage points to 50% in 2016, according to Census data. For Australians aged 25–29, the

decrease was similar—50% in 1971, decreasing to 37% in 2016. Home ownership rates have also decreased among people nearing retirement. Since 1996, home ownership rates have gradually declined; rates for the 50–54 age group have seen a 6.6 percentage point fall over these 20 years (80% to 74%) (ABS 2017b).

To further illustrate these changes in home ownership rates, Census data can be presented by birth cohorts (Figure 2). The rate has fallen for each successive birth cohort since 1947–1951. Home ownership rates of Australians born during 1947–1951 increased from 54% in 1976 (when they were aged 25–29) to 82% 40 years later in 2016 (when they were aged 65–69). By contrast, the home ownership rate of those born during 1987–1991 was 37% in 2016 (when they were aged 25–29), 17 percentage points lower than the 1947–1951 cohort at the same age (ABS 2017b).

Figure 2: Home ownership rate by birth cohort and age group



Notes:
1. Analysis excludes not stated.
2. Home ownership rates reflect the year the household reference person was born.
3. Census data for 1991 has been interpolated.

Source: ABS 2017b.

http://www.aihw.gov.au

Financial support for home buyers

Governments provide financial support to assist people to buy a house. The four main types of support available to home buyers are home purchase assistance, First Home Owner Grant scheme, First Home Super Saver Scheme and First Home Loan Deposit Scheme.

Home purchase assistance provides financial assistance, such as direct lending, concessional loans and mortgage relief, to eligible low-income households to improve their access to, and to maintain home ownership. Households may receive more than one type of home purchase assistance (AIHW 2021).

First Home Owner Grant Scheme, introduced nationally 1 July 2000, is funded by the state and territory governments and administered under their legislation. A one–off grant is payable to low–income first homeowners who apply and satisfy eligibility criteria. Examples are that at least one applicant must be a permanent resident or Australian citizen, each applicant must be at least 18 years of age, and temporary residents do not qualify to receive the grant (Australian Government 2020).

The Indigenous Home Ownership Program facilitates home ownership for Indigenous Australians by providing access to affordable home loan finance. The program aims to address barriers to home ownership, such as loan affordability, low savings, impaired credit histories and limited experience with long-term loan commitments (IBA 2020).

First Home Super Saver Scheme, introduced by the Australian Government in the 2017–18 Federal Budget, supports first home buyers who meet the eligibility criteria to save money for a house deposit using their superannuation fund. They can voluntarily contribute up to $15,000 in any one financial year, and $50,000 in total under the scheme, from 1 July 2021. They receive the tax benefit of saving through their superannuation contribution arrangements (ATO 2021).

The First Home Loan Deposit Scheme (FHLDS) is an Australian Government initiative which has been designed to help first home buyers get into the property market sooner. Under the Scheme, eligible first home buyers can purchase a home with a deposit with as little as 5 per cent without the need to take out lenders mortgage insurance. On 8 May 2021, the Australian Government announced an extension to the FHLDS (New Homes) by 10,000 places for the 2021–21 financial year (NHFIC 2021).

The Family Home Guarantee commenced on 1 July 2021, and will provide 10,000 guarantees over four financial years to eligible single parents with dependents. The guarantee will provide eligible parents the opportunity to either purchase a new home or build a new home, with only a 2 per cent deposit. However, this is conditional on their capacity to qualify for a home loan (NHFIC 2021).

HomeBuilder scheme was announced on 4 June 2020, with the aim of encouraging eligible owner-occupiers to build a new home or substantially renovate an existing home. The grant provided $25,000 to eligible contracts signed between 4 June 2020 and 21 December 2020. Eligible contracts signed between 1 January 2021 and 31 March 2021

were offered $15,000. On 17 April 2021, the construction commencement requirement was extended from six months to 18 months for all existing applicants (The Treasury 2021).

In 2019–20, around 43,300 instances of home purchase assistance were provided across Australia. Of these:

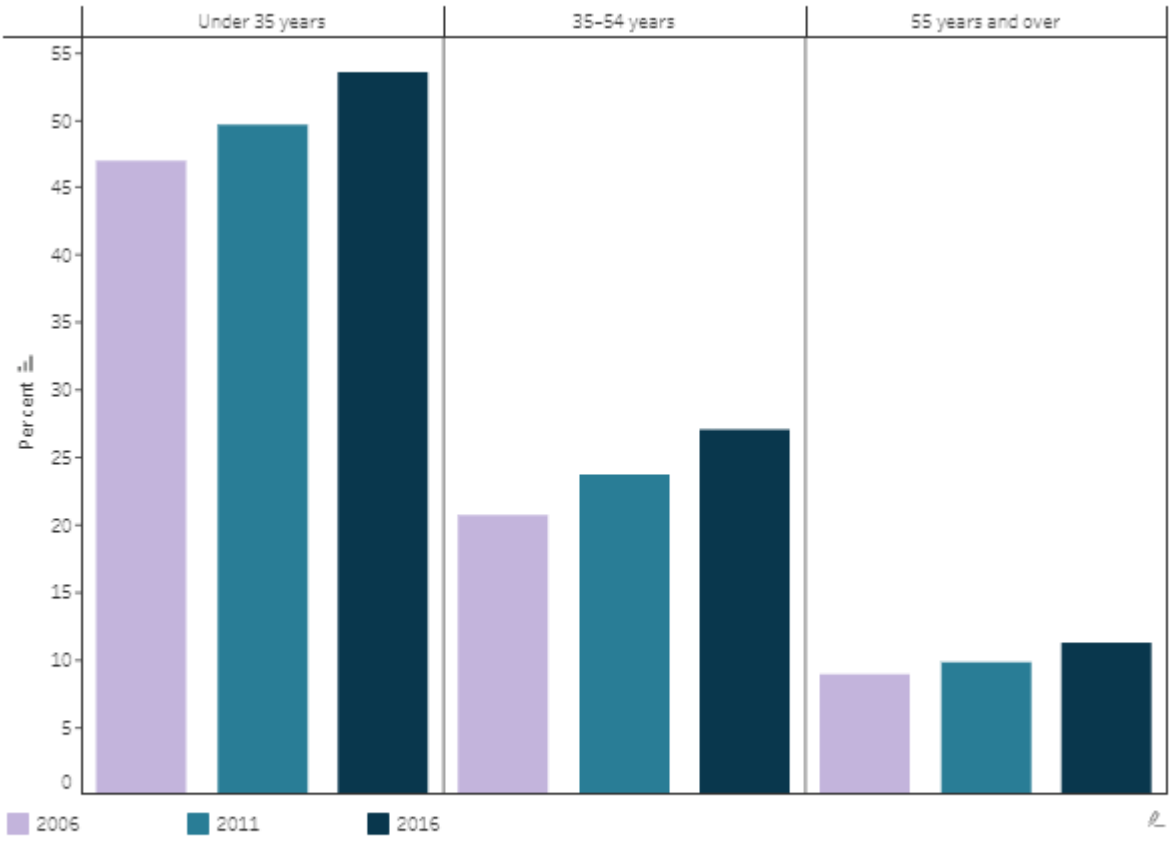
- over one-quarter (27% or 11,500) of the main applicants receiving assistance were aged 35–44
- about one-fifth (22%) of recipients earned a gross income of less than $700 per week ($36,400 per annum)
- 58% (or 25,300) of households receiving home purchase assistance were in *Major cities*, 24% (10,500) in *Inner regional* areas and 13% (5,500) in *Outer regional* areas. Only a small proportion were in *Remote* (3% or 1,300) or *Very remote* (less than 3% or 1,200) areas (AIHW 2021).

The number of dwellings purchased by owner occupier first time home buyers—those likely to access First Home Owner Grant payments—increased, from around 82,500 dwellings in the 12 months to March 2016 to 155,100 in the 12 months to March 2021. This rise is further reflected in an increase in the proportion of all dwellings financed by owner occupier first home buyers—32% in May 2010 and 34% in March 2021 (ABS 2021a).

Trends in the private rental market

The proportion of households renting from private landlords has had a disproportionate impact on younger households over recent years, with a sharper increase in the proportion of young Australians renting compared with older Australians (Figure 3).

Figure 3: Proportion of households in the private rental market, by age of household reference person, 2006, 2011 and 2016



Notes:
1. Households in the private rental market include those paying rent or living rent-free through a real estate agent or a person not living in the same dwelling – related or unrelated.
2. Analysis excludes not stated landlord or tenure type.
Source: ABS 2017c.
http://www.aihw.gov.au

What factors are influencing these changes over time?

Changing household demographics and population increases have influenced home ownership trends and a move from home ownership to renting privately. They have also influenced changes to the dwelling type needs of households (ABS 2017d; COAG 2018; Yates 2015).

Family and household composition

Family composition and marital status are related to housing tenure (Baxter & McDonald 2005; Stone et al. 2013). Over recent decades, the number of single-people households and single-parent households have increased and as a result, the average household size has decreased. These household types tend to have lower home ownership rates than other household types (Yates 2015). In 2017–18, 47% of single-parent households were renting, an increase from 42% in 2007–08. While changing

household composition may be related to an increase in the proportion of people living in private rental dwellings, the percentage of couples with children who rented privately also increased from 20% to 24% during this 10-year period (ABS 2019; Warren & Qu 2020).

Population growth

Population increases in Australia are driving demand for housing, other services and infrastructure (COAG 2018). Brisbane (1.9%), Perth (1.8%) and Melbourne (1.6%) had the highest growth rates of the capital cities, in 2019–20 (ABS 2021b). Overseas migration has contributed to increased housing demand (Daley et al. 2018). Most immigrants move to major cities, leading to an increase in demand for housing in these areas. Melbourne and Sydney had the highest number of overseas migrants at 56,100 and 50,100, respectively (ABS 2021b). International students have also had an impact on the private rental market, predominantly in major cities (Parkinson et al. 2018). The subsequent pressure on housing stocks in these areas highlights the need for coordinated and well considered urban planning strategies.

Changes in dwelling types

The types of dwellings Australians live in has changed over time. The proportion of households occupying separate houses (see glossary) has decreased in the past 20 years, from 76% of all households in 1996 to 73% in 2016, offset by increases in semi-detached and townhouse households. In 2016, around 13% of households lived in semi–detached row or terrace and townhouses, up from 8% in 1996. A total of 13% of households lived in flats or apartments in both 1996 and 2016 (ABS 2001, 2017a).

Where do I go for more information?

For more information on home ownership and housing tenure, see:

- Housing Assistance in Australia
- Housing data dashboard
- Australian Bureau of Statistics (ABS) Australian Social Trends 2014
- ABS Housing Occupancy and Costs, 2017–18 financial year
- ABS Households Income and Wealth, Australia 2015–16
- ABS Census of Population and Housing: Reflecting Australia—Stories from the Census

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Homelessness and homelessness services

Find the most recent version of this information at:
http://www.aihw.gov.au/reports/australias-welfare/homelessness-and-homelessness-services

On this page:

People experiencing homelessness, and those at risk of homelessness (see glossary), are among Australia's most socially and economically disadvantaged. Governments across Australia fund services to support people who are homeless, or at risk of homelessness. Services are delivered mainly by non–government organisations, including those specialising in delivering services to specific target groups (such as young people or people experiencing Family and domestic violence) and those providing more generic services to people facing housing crises (AIHW 2020a).

The data on Specialist Homelessness Services on this page are drawn from the Specialist Homelessness Services annual report (AIHW 2020a) and the Specialist Homelessness Services monthly data report (AIHW 2020b), two dedicated reports for detailed data on people receiving support.

Why do people experience homelessness?

Homelessness can be the result of many social, economic and health–related factors. Individual factors, such as low educational attainment, whether someone is working, experience of family and domestic violence, ill health (including mental health issues) and disability, trauma, and substance misuse may make a person more at risk of becoming homeless (Fitzpatrick et al. 2013). Structural factors, including lack of adequate income and limited access to affordable and available housing, also contribute to risk of homelessness (Johnson et al. 2015; Wood et al. 2015). Determining how individual and structural risk factors interact to influence a person's vulnerability to, and

experience of, homelessness is an important ongoing focus of homelessness research (Fitzpatrick & Christian 2006; Lee et al. 2010).

Defining homelessness

There is no single definition of homelessness.

The Australian Bureau of Statistics (ABS) defines homelessness, for the purposes of the Census of Population and Housing, as the lack of one or more elements that represent 'home'.

The ABS statistical definition of homelessness is '… when a person does not have suitable accommodation alternatives they are considered homeless if their current living arrangement:

- is in a dwelling that is inadequate;
- has no tenure, or if their initial tenure is short and not extendable; or
- does not allow them to have control of, and access to space for social relations' (ABS 2012).

The Specialist Homelessness Services (SHS) (see glossary) collection is the national dataset about specialist support provided to Australians who are homeless or at risk of homelessness. It considers that a person is homeless if they are living in non–conventional accommodation (such as living on the street), or short–term or emergency accommodation (such as living temporarily with friends and relatives) (AIHW 2020a).

People experiencing homelessness

On Census night in 2016, more than 116,000 people were estimated to be homeless in Australia—58% were male, 21% were aged 25–34 and 20% identified as Aboriginal and Torres Strait Islander Australians (ABS 2018). Around 51,000 (44%) were living in severely crowded dwellings. Over 21,000 (18%) were living in supported accommodation for the homeless and 8,200 (7%) were rough sleepers (Table 1).

Table 1: Number of homeless persons, by homelessness type, Census night 2016

Type of homelessness	Number
Persons living in improvised dwellings, tents, or sleeping out (rough sleepers)	8,200
Persons in supported accommodation for the homeless	21,235
Persons staying temporarily with other households	17,725
Persons living in boarding houses	17,503

Persons in other temporary lodgings	678
Persons living in severely crowded dwellings	51,088
All homeless persons	116,427

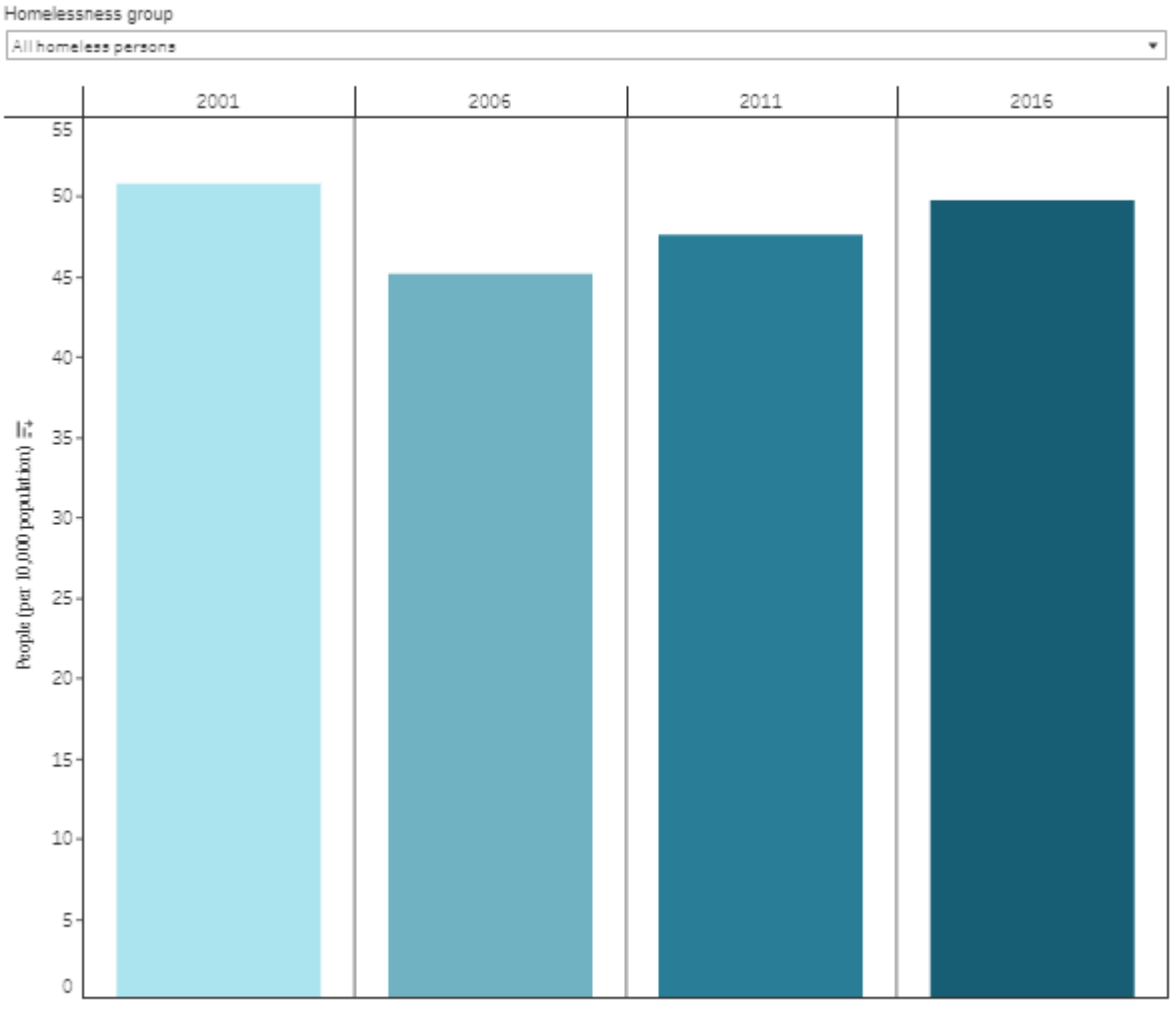
Source: ABS 2018.

Trends in the number of people experiencing homelessness

Census data shows the rate of homelessness has fluctuated, from 51 per 10,000 population in 2001 to a low of 45 in 2006. The rate increased to 50 in 2016 (Figure 1, ABS 2018).

- Between 2011 and 2016, most of the increase in homelessness rate was due to people living in severely crowded dwellings. This increased from 41,370 people in 2011 to 51,088 in 2016.
- From 2011 to 2016, the number of homeless people living in boarding houses increased by 17%, from around 14,900 to 17,500 persons.
- In 2016, the Northern Territory had the highest rate of homeless people (about 600 persons per 10,000 population) and Tasmania the lowest (32 per 10,000).

Figure 1: Rate of homelessness, people per 10,000 population, by homelessness group, 2001 to 2016



Note: Homelessness groups are mutually exclusive, therefore persons will only appear in one category.
Source: ABS 2018.
http://www.aihw.gov.au

Homelessness services

Across Australia, SHS agencies provide services aimed at prevention and early intervention, crisis and post crisis assistance to support people experiencing or at risk of homelessness. The agencies receive government funding to deliver accommodation-related and personal services. They vary in size and in the types of assistance provided.

As noted above, SHS agencies provide assistance to both people experiencing homelessness and people at risk of homelessness. Each year (since the start of the collection in 2011–12), SHS have assisted a greater proportion of clients at risk of homelessness than those experiencing homelessness.

How many people received assistance?

SHS agencies supported more than 1.3 million Australians between 2011–12 and 2019–20 (AIHW 2020a). In 2019–20, 290,500 clients were assisted, equating to a rate of 114.5

clients per 10,000 population, or 1.1% of the Australian population. Most clients (57% or 152,300 clients) were at risk of homelessness when first presenting to SHS in 2019–20. Another 113,700 clients (43%) were experiencing homelessness. (Housing status at the start of support was unknown for around 24,400 SHS clients.)

Characteristics of SHS clients

Of the 290,500 clients SHS agencies assisted in 2019–20:

- 6 in 10 were female (60% or 174,700 clients)
- 1 in 6 were children under the age of 10 (17% or 48,500 clients)
- 1 in 10 were children and youth aged 10–17 (13% or 36,500 clients)
- the largest age group of adult clients were aged 25–34 (18% of all clients or 53,600 clients)
- about 13,500 were women aged 55 or older (4.7% of total clients) and 10,900 were men aged 55 or older (3.7% of total clients)
- Over 1 in 3 (34% or 91,700) clients were living in single-parent with 1 or more children families when they sought support (AIHW 2020a).

Australians known to be at particular risk of homelessness include those who have experienced family and domestic violence, young people, children on care and protection orders, Indigenous Australians, people leaving health or social care arrangements, and Australians aged 55 or older.

In 2019–20, about 119,200 SHS clients had experienced family and domestic violence at some point during the reporting period (Table 2). Some SHS client groups were more likely to be experiencing homelessness than other groups at the beginning of support, in particular, young people aged 15–24 presenting alone (51%), clients with current mental health issues (50%) and children on care and protection orders (47%).

Table 2: Characteristics of client groups of interest, 2019–20

Client group[(a)]	Number of clients	Female (%)	Homeless at the beginning of support (%)	Median length of support (days)	Receiving accommodation (%)
Family and domestic violence	119,200	77	37	52	35
Current mental	88,300	61	50	75	37

health issues					
Indigenous Australians	71,600	61	46	47	40
Young people presenting alone (15–24 years)	42,400	63	51	55	31
Older people (55 years or older)	24,400	55	34	32	18
Children (0–17 years) on care and protection orders[(b)]	8,800	51	47	95	48

Notes

1. Clients may be in one or more client vulnerability group. Client vulnerabilities groups are domestic and family violence, mental health, and problematic drug and/or alcohol.

2. A client is identified as being under a care or protection order if they are aged under 18 and have provided any of the following information in any support period (any month within the support period) during the reporting period (either the week before, at the beginning of the support period or during support): they reported that they were under a care and protection order and that they had care arrangements, or they reported 'Transition from foster care/child safety residential placements' as a reason for seeking assistance, or main reason for seeking assistance.

Source: AIHW 2020a.

Trends in clients assisted by SHS agencies

The number of clients assisted by SHS agencies each year has increased from around 279,000 people in 2015–16 to about 290,500 in 2019–20 (Table 3). Over the same period, the:

- rate of all SHS clients decreased from 117.2 to 114.5 clients per 10,000 population
- number of support days increased by 3.9 million days, from 22.2 to 26.1 million.

Table 3: SHS clients, by number, rate and housing situation at the beginning of support, 2015–16 to 2019–20

	2015–16	2016–17	2017–18	2018–19	2019–20
Number of clients	279,196	288,273	288,795	290,317	290,462
Rate (per 10,000 population)	117.2	119.2	117.4	116.2	114.5
Housing situation at the beginning of the first support period (proportion of all clients)					
Homeless	44	44	43	42	43
At risk of homelessness	56	56	57	58	57
Length of support (median number of days)	35	37	39	44	43
Proportion receiving accommodation	31	30	29	30	30
Median number of nights accommodated	33	33	32	29	28

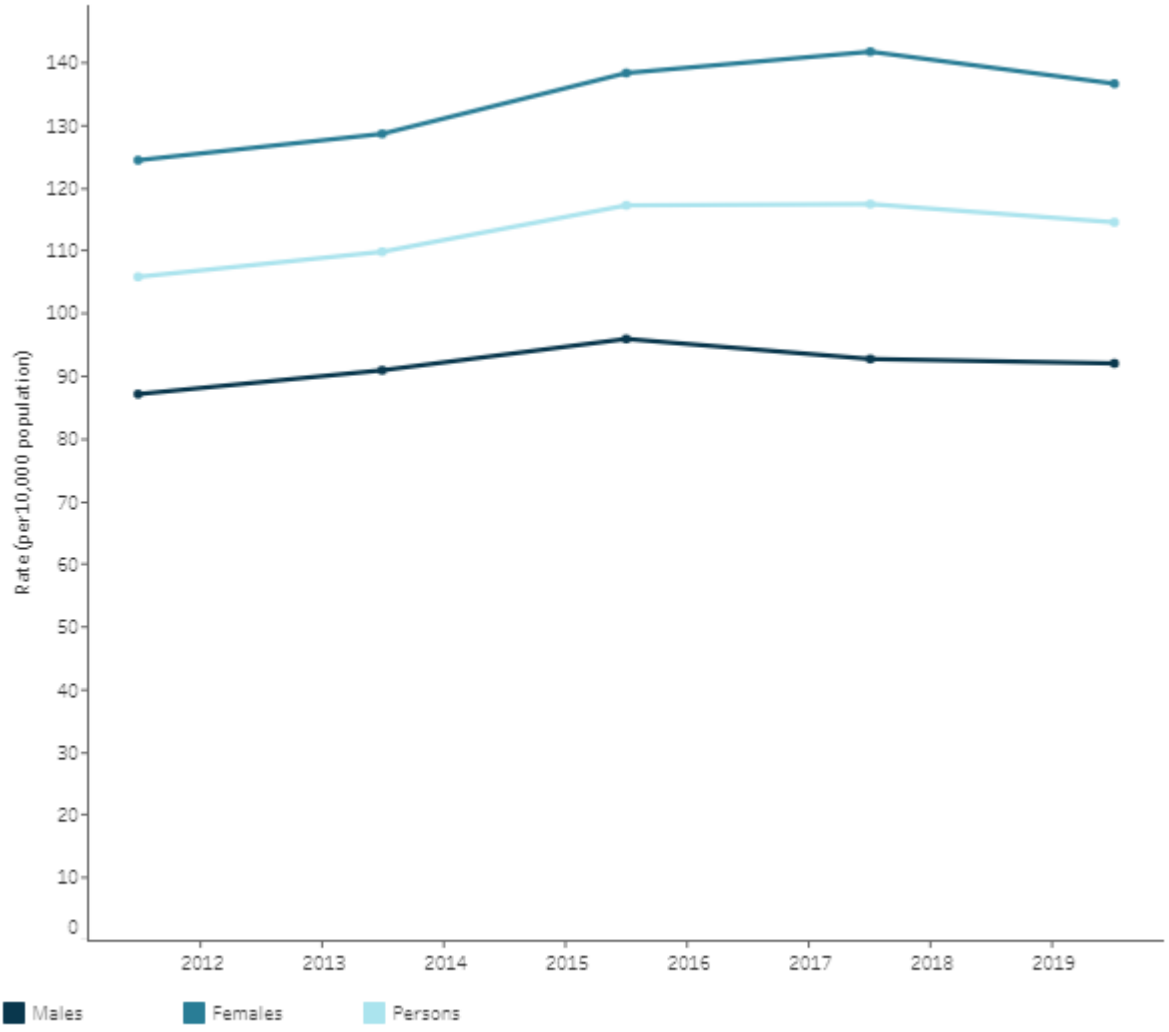
Notes

1. Rates are crude rates based on the Australian estimated resident population (ERP) at 30 June of the reference year. Minor adjustments in rates may occur between publications reflecting revision of the estimated resident population by the Australian Bureau of Statistics.
2. Data for 2015–16 to 2016–17 have been adjusted for non-response. Due to improvements in the rates of agency participation and SLK validity, data from 2017–18 are not weighted. The removal of weighting does not constitute a break in time series and weighted data from 2015–16 to 2016–17 are comparable with unweighted data for 2017–18 onwards. For further information, please refer to the Technical Notes.

Source: Specialist Homelessness Services Collection 2015–16 to 2019–20.

From 2011–12 to 2019– 20, the increase in the rate of SHS clients was higher for female clients (on average 1.2 per cent per year) than male clients (0.7 per cent). The overall rate for female clients increased from around 124.4 clients per 10,000 population in 2011–12 to 136.6 in 2019– 20; the rate of male clients increased from 87.1 in 2011–12 to 92.0 in 2019– 20 (Figure 2).

Figure 2: Rate of SHS clients, by sex, 2011–12 to 2019–20



Source: AIHW Specialist Homelessness Services Collection 2011–12 to 2019–20.
http://www.aihw.gov.au/

Impacts of COVID19 on SHS clients in 2019–20

COVID-19 is a disease caused by the new coronavirus SARS-Cov-2. The COVID-19 pandemic in Australia is part of the ongoing worldwide pandemic, with the first confirmed Australian case identified in January 2020 (DoH 2020). Since this time, COVID 19 has been a significant challenge to the Australian health system as well as the economy (The Treasury 2020).

The 2019–20 data of SHS clients includes the initial stages of the pandemic. A number of policies were implemented by governments across Australia, not all of which were delivered through SHS funded agencies. See *Specialist Homelessness Services: monthly data* for the most up to date information (AIHW 2020b). In June 2020, around 3,100 female and 2,900 male SHS clients cited COVID-19 as a reason for seeking assistance (AIHW 2020b); by September 2020 3,000 female and 3,100 male clients cited COVID-19

as a reason. Since March 2020, the number of clients supported by SHS agencies each month has been relatively stable, at around 90,000 clients per month.

Where do I go for more information?

See Homelessness services for more on this topic.

For more information on homelessness and homelessness services, see:

- AIHW Specialist homelessness services annual report
- AIHW Housing data dashboard
- AIHW Specialist Homelessness Services: monthly data
- ABS Census of Population and Housing: Estimating homelessness, 2016
- ABS Information Paper—A Statistical Definition of Homelessness, 2012

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Housing affordability

Find the most recent version of this information at:
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On this page:

Access to good quality, affordable housing is fundamental to wellbeing. It can help reduce poverty and enhance equality of opportunity, social inclusion and mobility (Gurran et al. 2021; Maclennan et al. 2019). Affordability is important for both Australians wanting to buy a home and for those renting. Many factors influence the supply, demand and cost of housing across the country, including Australia's growing and ageing population and government policies (AIHW 2021; Burke et al. 2020; Gurran et al. 2021).

Housing affordability typically refers to the relationship between expenditure on housing (prices, mortgage payments or rents) and household incomes (Thomas & Hall 2016). Home ownership and housing tenure and Housing assistance are related to housing affordability.

How is housing affordability measured?

Measuring housing affordability is not straightforward. A household's financial situation, the overall demand in the housing market and housing tenure type (whether a household is seeking to rent, is renting, is looking to buy or is a home owner with or without a mortgage) all influence individual housing affordability (Senate Economics References Committee 2015). The simplest measure of housing affordability compares housing costs to gross household income.

Measures relating to housing affordability

Housing affordability can be expressed as the ratio of housing costs to gross household income (ABS 2019).

Housing costs are defined as the sum of rent payments, rate payments (water and general), and housing–related mortgage payments (ABS 2019).

Housing stress is typically described as lower-income households that spend more than 30% of gross income on housing costs (ABS 2019).

How much do we spend on housing?

In 2017–18, 11.5% of households spent 30% to 50% of gross income on housing costs with another 5.5% spending 50% or more. These proportions have increased from 9.2% and 4.6% respectively since 1994–95 (Table 1).

Table 1: Housing costs as a proportion of household income, 1994–95, 2005–06 and 2017–18

Per cent of income spent on housing costs	1994–95 %	2005–06 %	2017–18 %
50 or more (more likely to be in financial stress)	4.6	5.1	5.5
30–50	9.2	11.4	11.5
25–30	5.8	7.0	7.6
25 or less (less likely to be in financial stress)	80.3	76.5	75.3

Notes:

1. Excludes households with nil or negative income.
2. Estimates presented from 2007–08 onwards are not directly comparable with estimates for previous cycles due to the treatment of incomes. See ABS 2019 for more details.

Source: ABS 2019.

The proportion of household income spent on housing costs in Table 1 does not consider that high-income households may choose to spend more than 30% of their household income on housing. Their higher income means they have sufficient income after housing costs to avoid financial stress (AHURI 2018; Rowley et al. 2015).

By contrast, low-income households (lowest 40% of household income distribution) are more likely to lack the resources to deal with financial impacts arising from critical life events and/or housing market factors, often leading them to need additional Housing assistance (AIHW 2021).

Housing stress among low-income households—the 30/40 rule

The 30/40 housing stress rule focuses on low-income households. These are defined as lower-income households (lowest 40% of income; see glossary) that spend more than 30% of gross household income on housing costs. They are considered to be in financial housing stress (Rowley et al. 2015; Yates 2007).

Over 1.0 million low-income households were in financial housing stress in 2017–18, based on the 30/40 rule (ABS 2019). Households with low income in the private rental market were more likely to be in housing stress, spending on average 32% of income on housing costs, compared with home owners with a mortgage (29%) or home owners without a mortgage (6.0%) (Table 2). Of household compositions, lone person households on average spent the highest proportion of income on housing costs.

Table 2: Proportion of household income spent on housing costs (lower-income households only), by household composition and housing tenure type, 2017–18

Household composition	Housing costs as a proportion of gross household income		
	Owner without a mortgage	Owner with a mortgage	Private renter
Family households			
Couple family with dependent children	4.1	28.5	26.9
One parent family with dependent children	4.5	29.7*	33.8*
Couple only family	5.6	31.8	33.9
Couple family with non–dependent children	4.4	23.9	25.7
Multiple family households	3.5	19.2	20.7*
Non-family households			
Group households	6.7*	33.5*	38.1*
Lone person households	8.4	38.6	44.4
All households	6.0	28.6	31.9

*Estimate has a high margin of error and should be used with caution.

Notes

1. Due to limitations of housing costs information, care should be taken when comparing costs of different tenure and landlord types.
2. Housing costs as a proportion of gross household income is the sum of housing costs of a group divided by the summed gross weekly income of that group of households.

Source: ABS 2019.

Geographic variation

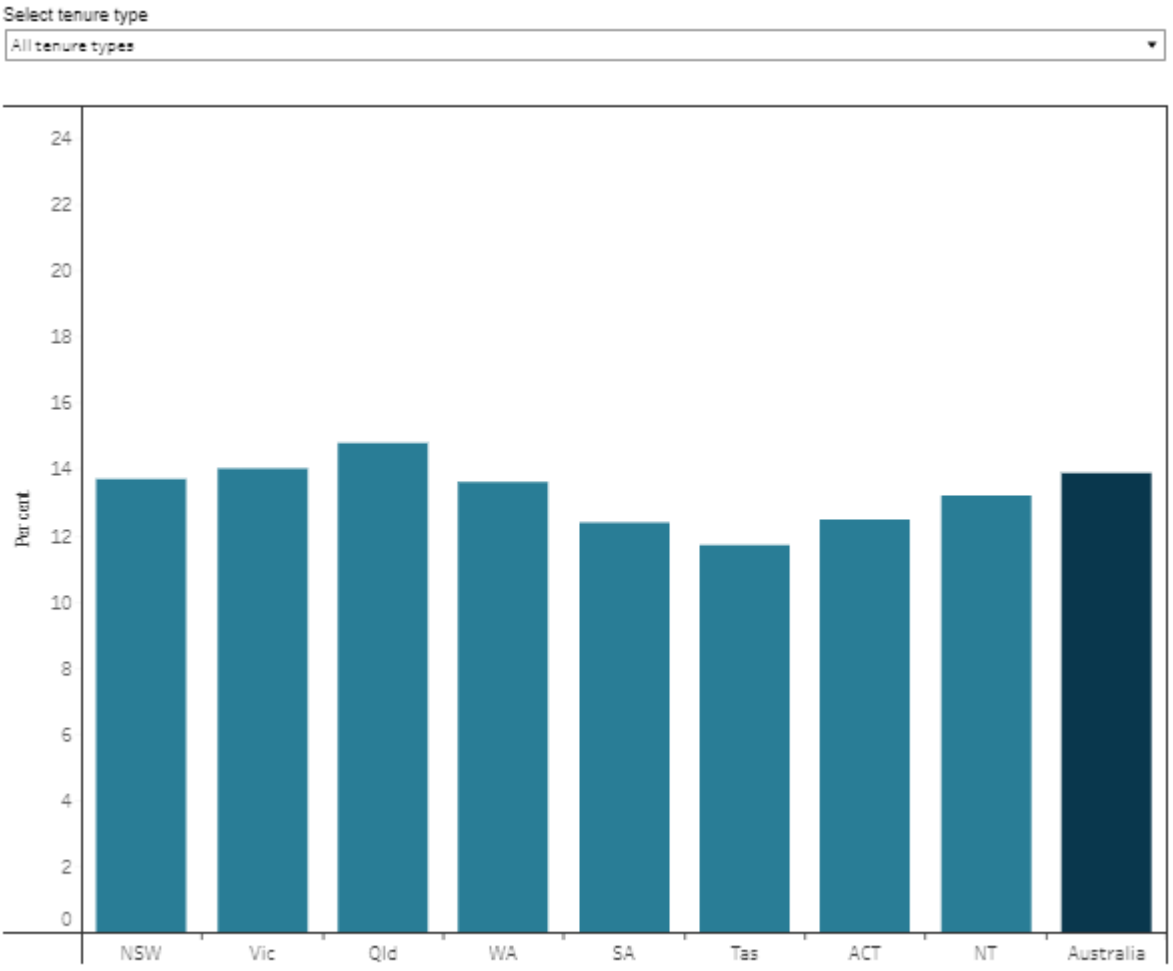
Housing costs and incomes varies across Australia, meaning housing affordability differs within and between states and territories and among housing tenure types (for example, home owners with a mortgage or renters).

Housing costs

In 2017–18 (Figure 1):

- housing costs as a proportion of income for all households were highest in Queensland (14.8%) and lowest in Tasmania (11.7%)
- for homeowners with a mortgage, housing costs were highest in Victoria (16.7% each) and lowest in the Australian Capital Territory (14.3%)
- for all renters, the highest housing costs were in New South Wales (21.4%). The lowest costs were in the Northern Territory at 15.7% (ABS 2019).

Figure 1: Housing costs as a proportion of gross household income, by housing tenure type and state and territory, 2017–18



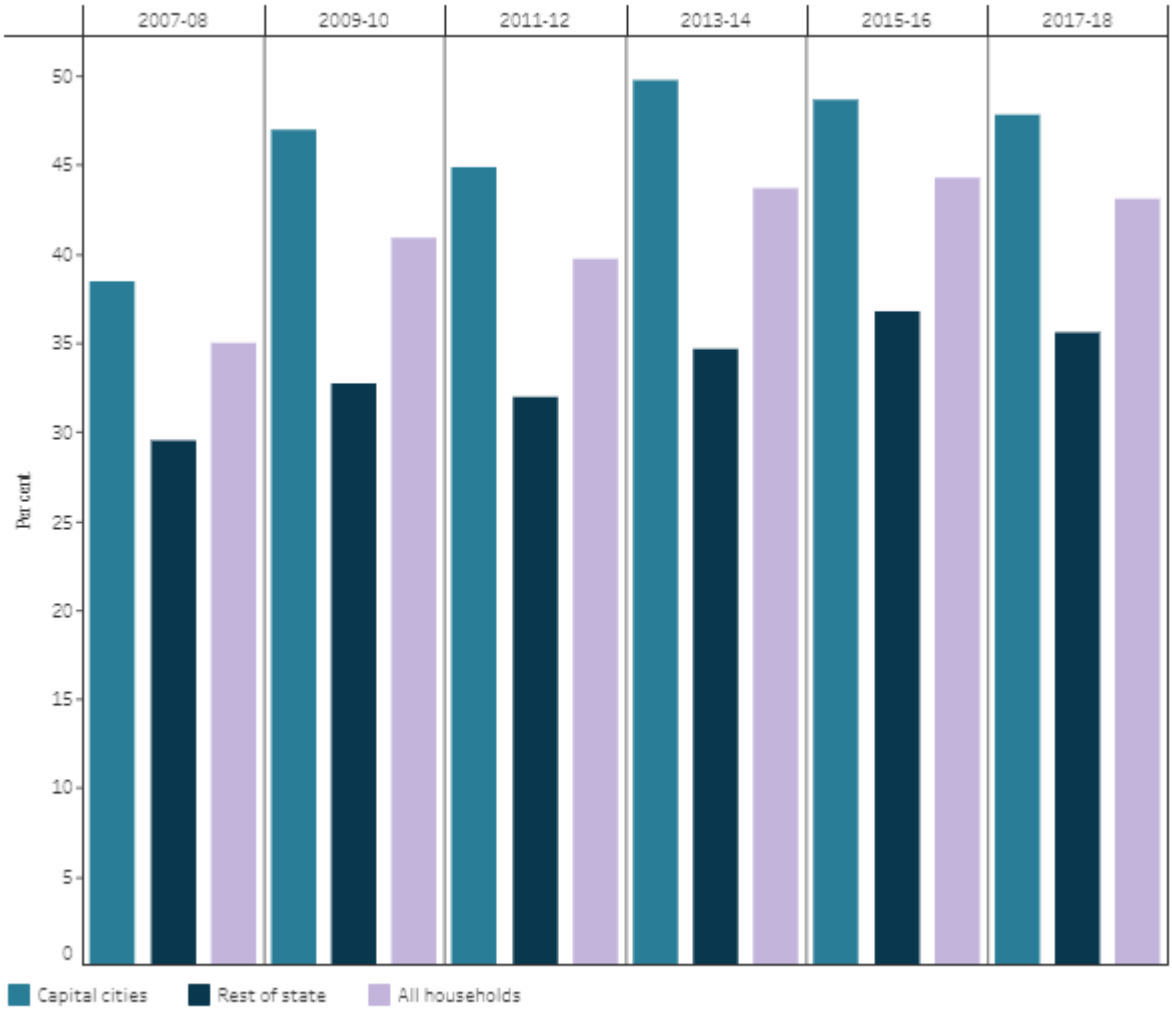
Note: Data have been randomly adjusted (by perturbation) to avoid the release of confidential data.
Source: ABS 2019.
http://www.aihw.gov.au

Rental stress among low-income households

For low-income households in the private rental market, the proportion in rental stress (based on the 30/40 rule) varies between the capital cities and the rest of the states and territories. The gap between these areas has increased over time (ABS 2019) (Figure 2):

- In 2007–08, 38.5% of low-income households in greater capital city areas and 29.5% of low-income households in the rest of the states and territories were considered to be in rental stress.
- In 2017–18, 47.8% of low-income households in greater capital city areas and 35.6% of low-income households in the rest of the states and territories were considered to be in rental stress.

Figure 2: Proportion of low income households in rental stress, by household location, 2007–08 to



[Notes]

Source: ABS 2019.
http://www.aihw.gov.au

Rental affordability index

The rental affordability index (see glossary) is a price index for housing rental markets across geographical areas of Australia, calculated using median incomes. A rental affordability index score of 80–100 represents unaffordable rent (that households spend 30 percent or more of their income on rent), a score between 100 and 120 represents moderately unaffordable rent, a score between 120 and 150 represents acceptable rent and a score greater than 150 represents affordable rents (SGS Economics and Planning 2020).

In general, rental affordability index scores are worse for metropolitan areas compared with the rest of the state or territory. As at June 2020:

- Hobart was the least affordable metropolitan area in Australia
- Greater Perth was the most affordable metropolitan area in Australia

- Greater Sydney and Greater Melbourne improved in affordability from the previous year
- Regional Tasmania was the least affordable of the rest of states and territories
- Regional Western Australia was the most affordable of the rest of state areas (Table 3).

Very low income households continue to face unaffordable rent in most capital cities (Hulse and Nygaard 2020).

Table 3: National rental affordability index summary by metropolitan areas and rest of states and territories, June 2020

Region	Rent affordability index	Proportion of household income spent on rent	Relative unaffordability
Greater Sydney	126	24	Acceptable rents
Rest of New South Wales	124	24	Acceptable rents
Greater Melbourne	140	21	Acceptable rents
Rest of Victoria	121	25	Acceptable rents
Greater Brisbane	129	23	Acceptable rents
Rest of Queensland	123	24	Acceptable rents
Greater Perth	145	21	Acceptable rents
Rest of Western Australia	155	19	Affordable rents
Greater Adelaide	114	26	Moderately unaffordable rents
Rest of South Australia	136	22	Acceptable rents
Greater Hobart	96	31	Unaffordable rents
Rest of Tasmania	114	26	Moderately unaffordable rents

Region	Rent affordability index	Proportion of household income spent on rent	Relative unaffordability
Australian Capital Territory	119	25	Moderately unaffordable rents

Note: Data for the Northern Territory are not available.

Source: SGS Economics and Planning 2020.

Experience of renting in the private rental market

The experience of tenants in the private rental market is increasing in importance as more households are renting, and for longer periods. The proportion of Australian households renting has increased, from 22% (1.5 million households) in 2006 to 27% (2.1 million households) in 2016 (ABS 2019). Some household demographic factors, household composition factors and personal factors that affect the demand for private rental housing include:

- households renting longer before having children (Hulse et al. 2012)
- growth in international students and migrants (Hulse et al. 2012)
- decreasing transition from renting to home ownership, particularly among younger age groups (Wilkins & Lass 2018).

Many renters find their housing to be insecure, of poor quality and unaffordable. In 2018, 44% of renters were concerned that a request for repairs could result in an eviction and 68% were worried they would face rent increases if they complained about the low quality of their housing or asked for repairs (CHOICE et al. 2018).

Many leases in Australia last for one year and some for just six months or less. This results in tenants moving more frequently than home owners. By contrast, Denmark, Germany, and the Netherlands have indefinite and fixed-term leases where it is difficult to terminate the fixed-term lease without the tenant's permission (CHOICE et al. 2017). In Australia in 2018:

- 29% of renters were living on a periodic agreement (an agreement where the fixed-term has expired or no fixed term is specified) or rolling lease.
- 51% of renters were living in a home that is in need of repair.
- 43% of all renters were finding it difficult to get by on their current income.
- 28% of renters have previously owned property and moved back into the private rental market (CHOICE et al. 2018).

Households experiencing rental stress and/or unable to access the private rental sector may be at risk of homelessness (AIHW 2020). Further, households with low income may find it difficult to compete with higher-income households in the private rental market

and may therefore seek assistance with housing costs or to rent a social housing property. See Housing assistance for more information.

Renters experiences in the private rental market and COVID-19

Although the true effects of COVID-19 pandemic are still emerging, analyses based upon a report conducted in mid-2020 showed that there was widespread impact on the experiences of Australian renters in the private rental market. The report indicated that peoples employment, ability to pay rent, living environment and risk of eviction were affected (Baker et al., 2020a). Since the beginning of the pandemic in 2020:

- Just over 63% of renters experienced changes to their employment, including reduced hours and/or income, reduced income and temporary lay-off.
- Around one-third experienced worse living circumstances including difficulty paying rent and/or bills.
- About 25% of renters skipped meals to save money.
- Since the start of the pandemic, over 5% reported that they had received an eviction notice (Baker et al. 2020b).
- Around 17% reported that their rent became unaffordable (Baker et al. 2020a).

Several changes in the Australian housing market can be linked to the onset of the COVID-19 pandemic in early 2020. The private rental market was especially affected during 2020 where there have been dissimilar trends between Perth and the eastern capital cities, regional areas and inner cities, and units and houses (Pawson et al. 2021).

Several changes have occurred in the private rental market due to the pandemic including:

- an increase in the supply of rental properties in some locations
- decreasing rents in inner city areas
- changes in housing preferences.

The private rental market and COVID-19

Increase in supply

Prior to the COVID-19 pandemic, the size of the private rental market increased from 24% of all households in 2009–10 to 27% in 2017–18 (Pawson et al. 2021). Since the COVID restrictions were introduced, the supply of long-term rental accommodation increased due to the transition of accommodation in the short-term market and newly completed dwellings becoming available. In the future, some of these dwellings may transition back to the short-term market due to the increase in domestic tourism and business travel (Evans et al. 2020).

Building completion

Prior the COVID-19 restrictions, from 2013-14 to 2015-16, the majority of new dwellings that were built in Sydney, Melbourne and Brisbane consisted of flats, units and apartments rather than separate houses. These were largely built in the middle and inner part of these cities (ABS 2021a). In 2020, the supply of these rental properties increased, especially in high-density areas, as new buildings were completed (Pawson et al. 2020)

Changes in visitor and international student numbers

As a result of international border closures, from January to December 2020, international visitor numbers decreased by 89%. With decreases in international tourism, many short-term rental accommodation dwellings such as Airbnb were moved into the long-term rental market, increasing the supply of rental accommodation (Pawson et al., 2021). For example, Airbnb accommodation decreased by 14% in Sydney and 22% in Hobart and Melbourne from March and April 2020 (Buckle et al. 2020; Pawson et al. 2021).

There was also a decline the number of international students arriving in Australia. Only 230 students arrived in Australia in March 2021; a decrease of around 60,100 students compared with March 2020 (ABS 2021b). Since international students are more likely to live in inner cities and in apartments than domestic students, the rental market in metropolitan areas of capital cities were more affected, especially in Sydney, Melbourne and Brisbane (Pawson et al. 2021).

Decreases in rental prices

With an increase in the availability of rental properties in some capital cities, there was a corresponding decline of median rents for inner city apartments. In north and west Melbourne, for example, median rents declined around 5% between quarters one and three of 2020. Sydney experienced declines of up to 10%. Inner city high-density areas were more affected, especially in Sydney, Melbourne and Hobart (Buckle et al. 2020; Pawson et al. 2021).

The impact of COVID-19 on outer metropolitan and regional areas

Due to the movement of people to outer metropolitan and regional areas, a number of outer metropolitan and regional areas have experienced a decrease in the supply of accommodation in the private rental market. There has also been an increase in the demand of accommodation in the private rental market in these areas (Pawson et. al. 2021). This has led to increases in prices of dwellings in these regions. This can be attributed to significant changes in housing preferences, with more Australian's preferring to live in larger dwellings that are better suited for working from home and leisure activities (Stone et al. 2020a, 2020b).

The private rental market and housing affordability

A decline in the cost of rent does not make rents more affordable for all Australians since affordability is based on household income. The income of renters has decreased more than rental prices since renters have been more affected by the pandemic than homeowners. From March to June 2020, housing cost fell by 0.5% while the income of renters decreased by 5%. By comparison, housing costs decreased by 5% and incomes fell by 0.2% for homeowners with a mortgage (Pawson et al. 2021).

Where do I go for more information?

See Housing assistance for more information on this topic. Also see:

- Housing Assistance in Australia
- Housing data dashboard
- Australian Bureau of Statistics (ABS) Housing Occupancy and Costs 2017–18

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Housing assistance

Find the most recent version of this information at:
http://www.aihw.gov.au/reports/australias-welfare/housing-assistance

On this page:

Many people cannot afford to rent or buy a home, so government programs provide Australians with assistance for housing. The support programs are diverse ranging from financial support to government-owned public housing. See glossary for definitions of housing types.

Policy context

The National Housing and Homelessness Agreement began in July 2018. It aims to improve access to affordable, safe and sustainable housing across the housing spectrum (Council of Federal Financial Relations 2018). The agreement covers social housing and support for people experiencing homelessness or those at risk of homelessness.

What types of housing assistance are available?

Housing assistance programs funded by Australian and state and territory governments are provided by government and non–government organisations (Table 1).

Table 1: Governments and organisations administering types of housing assistance

Government or organisation providing assistance	Type of housing assistance
Australian Government	Commonwealth Rent Assistance
	National Rental Affordability Scheme

Government or organisation providing assistance	Type of housing assistance
State and territory governments	Public rental housing State owned and managed Indigenous housing Home purchase assistance Private rent assistance National Rental Affordability Scheme First Home Owner Grant
Community-based organisations	Specialist Homelessness Services Community housing Indigenous community housing

This page focuses on private rental market housing assistance and social housing.

For information about:

- home purchase assistance and First Home Owner Grant, see Home ownership and housing tenure.
- Specialist Homelessness Services, see Homelessness and homelessness services.
- housing assistance for Indigenous Australians, see Indigenous housing.

Private rental market housing assistance

Australians on low or moderate incomes renting through the private rental market may be able to access government assistance with the cost of housing.

Commonwealth Rent Assistance is a non–taxable income supplement, paid fortnightly to eligible recipients. It is paid at 75 cents for every dollar above a minimum rental threshold until a maximum rate is reached. Minimum thresholds and maximum rates vary depending on the household or family situation. This includes the number of children (DSS 2019b).

Australian Government real expenditure (adjusted for inflation) on Commonwealth Rent Assistance increased from $4.7 billion in 2015 to $4.9 billion in 2019–20 (SCRGSP 2021).

Private rent assistance is provided by state and territory governments to low–income households experiencing difficulty in securing or maintaining private rental accommodation. In 2019–20, it assisted about 92,600 unique households, a decrease from 94,100 in 2013–14 (AIHW 2021).

National Rental Affordability Scheme is delivered by the Australian Government in partnership with state and territory governments. It offers annual financial incentives for

up to 10 years to rent dwellings for eligible occupants at 80% or less of market value rent (DSS 2020b).

As at 31 December 2020, 32,800 financial incentives were issued (dwellings tenanted or available for rent) through the scheme (DSS 2020c).

Social housing programs

Social housing is rental housing made available to Australians on low incomes who cannot afford to rent through the private rental market. Historically, social housing was made available to working families on low to moderately low incomes (Groenhart & Bourke 2014). In more recent years, social housing has increasingly focused on assisting families in greatest need, especially those experiencing homelessness.

These rental properties are owned and managed by government and/or non–government organisations (including not–for–profit organisations).

Social housing programs include:

1. Public housing: Rental housing provided and managed by all state and territory governments. Included are dwellings owned by the housing authority or leased from the private sector or other housing program areas and used to provide public rental housing or leased to public housing occupants.
2. Community housing (also known as mainstream community housing): Housing managed by community-based organisations, available to low to moderate income or special needs households (see glossary). Community housing models vary among states and territories. Various groups, including government, own the housing stock.
3. State owned and managed Indigenous housing (SOMIH): Housing that state and territory governments provide and manage. This is available to low to moderate–income households that have at least one member who identifies as being of Aboriginal and/or Torres Strait Islander origin. SOMIH is currently available in New South Wales, Queensland, South Australia, Tasmania and the Northern Territory.
4. Indigenous community housing: Housing that Indigenous communities own and/or manage to provide housing services to Indigenous Australians (AIHW 2021).

Who receives rental market housing assistance?

As at the end of June 2020, 1.7 million income units (a person or group of related persons in a household whose income is shared, see glossary) were receiving Commonwealth Rent Assistance, an increase from 1.3 million income units in 2019 (AIHW 2021).

Of the 1.7 million Australian individuals or couples (the reference person) receiving Commonwealth Rent Assistance, as at 28 June 2020:

- Just over one-third (34%) were aged 25 to 39 years
- 38% received Newstart Allowance/JobSeeker Payment as their primary payment type

- 2 in 5 were Single with no dependent children (AIHW 2021).

In 2019–20, there were about 92,600 unique households receiving private rent assistance; a decrease from 94,100 in 2013–14. Of these:

- nearly one-third (31%) were provided to households with the main applicant aged 25–34, and around one-sixth (17%) were aged 15–24
- 16% were provided to Indigenous households
- 54% were earning a gross income of less than $700 per week (or around $36,400 per year) (AIHW 2021).

As at 30 April 2020, around 59,100 occupants lived in 31,600 dwellings accommodated under the National Rental Affordability Scheme. Of these:

- 55% were aged 18–54
- 5.8% identified as Indigenous
- 9.9% had disability
- 30% received rent assistance (DSS 2020d).

Impact of COVID-19

Australia has experienced social and economic impacts from the ongoing COVID-19 pandemic (DoH 2020). From the end of March 2020, Australian borders were closed to all non–residents. More localised outbreaks resulted in the closure of non–essential services periodically by state governments throughout 2020 and 2021 (PM 2020; Premier of Victoria 2021; The Guardian 2020).

The Australian government made temporary changes to social security payments in response to both the pandemic and the increases in the unemployment rate. These modifications increased both the number of people eligible for and receiving income support payments (Parliamentary Library 2020). The main income support payments available for individuals aged 16–65 who are able to work yet unable to support themselves are JobSeeker and Youth Allowance (Other). Working age people, in specific situations, may also be eligible to access Disability Support Pension, Parenting Payment and Carer Payment.

To receive Commonwealth Rent Assistance, a person or family must be eligible for social security payments that exceed the base rate of an eligible Department of Veterans' Affairs service pension, income support supplement or the Family Tax Benefit Part A. The recipient must also pay or is liable to pay more than a minimum amount of rent for their principal home to qualify (DSS 2019b).

From 2019 to 2020, there was a rise in the number of recipients receiving social security payments and the number of households that were receiving Commonwealth Rent Assistance due to increases in the number of people receiving the related social security payments (DSS 2020e). From June 2019 to June 2020:

- The number of recipients receiving Commonwealth Rent Assistance also receiving Newstart/Jobseeker increased from 262,000 in June 2019 to 644,300 in June 2020. By December 2020, this number fell to 581,400 and to 508,800 in March 2021.
- Newstart/ JobSeeker Payment and Youth Allowances (Other) increased from 769,600 in June 2019 to 813,700 in December 2019 to 1.6 million in June 2020; falling to 1.3 million in March 2021 (DSS 2019a, DSS 2020a, DSS 2021).

Social housing occupants

Across Australia in 2019–20, around 802,000 occupants were in Australia's 3 main social housing programs:

- 70% were in public housing.
- 23% were in community housing.
- 6% were in SOMIH (AIHW 2021).

Most social housing occupants were female (56%) in 2019–20 (AIHW 2021). Factors such as domestic violence, relationship breakdown, financial difficulty and limited superannuation can put women at risk of homelessness and in need of social housing (ABS 2018; AIHW 2018).

Of the households in social housing:

- about 1 in 7 (15%) included an Indigenous member at 30 June 2020, compared with 12% at 30 June 2015.
- almost 2 in 5 (35%) reported having an occupant with disability at 30 June 2020, compared with 42% of households at 30 June 2015.
- more than 1 in 2 (51%) consisted of single adults at 30 June 2020, compared with 53% at 30 June 2015 (AIHW 2016, 2021).

In 2019–20, around one-third (36%) of public housing and 32% of community housing occupants were aged 55 years or over. Almost 1 in 3 (31%) of those in public housing and 34% in community housing were aged 25–54. Also, 21% of public housing occupants and 21% of community housing occupants were children aged 0–14 (AIHW 2021).

Priority groups

Housing assistance has shifted to target specific vulnerable groups, such as people experiencing homelessness or those at imminent risk of homelessness. For example, public housing, SOMIH and community housing prioritise households by assessing applicants in greatest need (see glossary). Among all social housing programs, newly allocated dwellings provided to households in greatest need has been increasing since 2013–14. Of the newly allocated dwellings:

- public housing, 76% (about 13,700) of newly allocated dwellings were provided to households in greatest need in 2019–20; up from 74% (about 15,300) in 2013–14.

- community housing, 82% (about 12,500) of newly allocated dwellings were provided to households in greatest need in 2019–20; up from 75% (about 9,300) in 2013–14.
- SOMIH, 65% (about 400) of newly allocated dwellings were provided to households in greatest need in 2019–20; up from 59% (about 440) in 2013–14 (AIHW 2021).

Of all newly allocated greatest needs households in social housing, many were assisted because they were experiencing homelessness. Of the newly allocated dwellings:

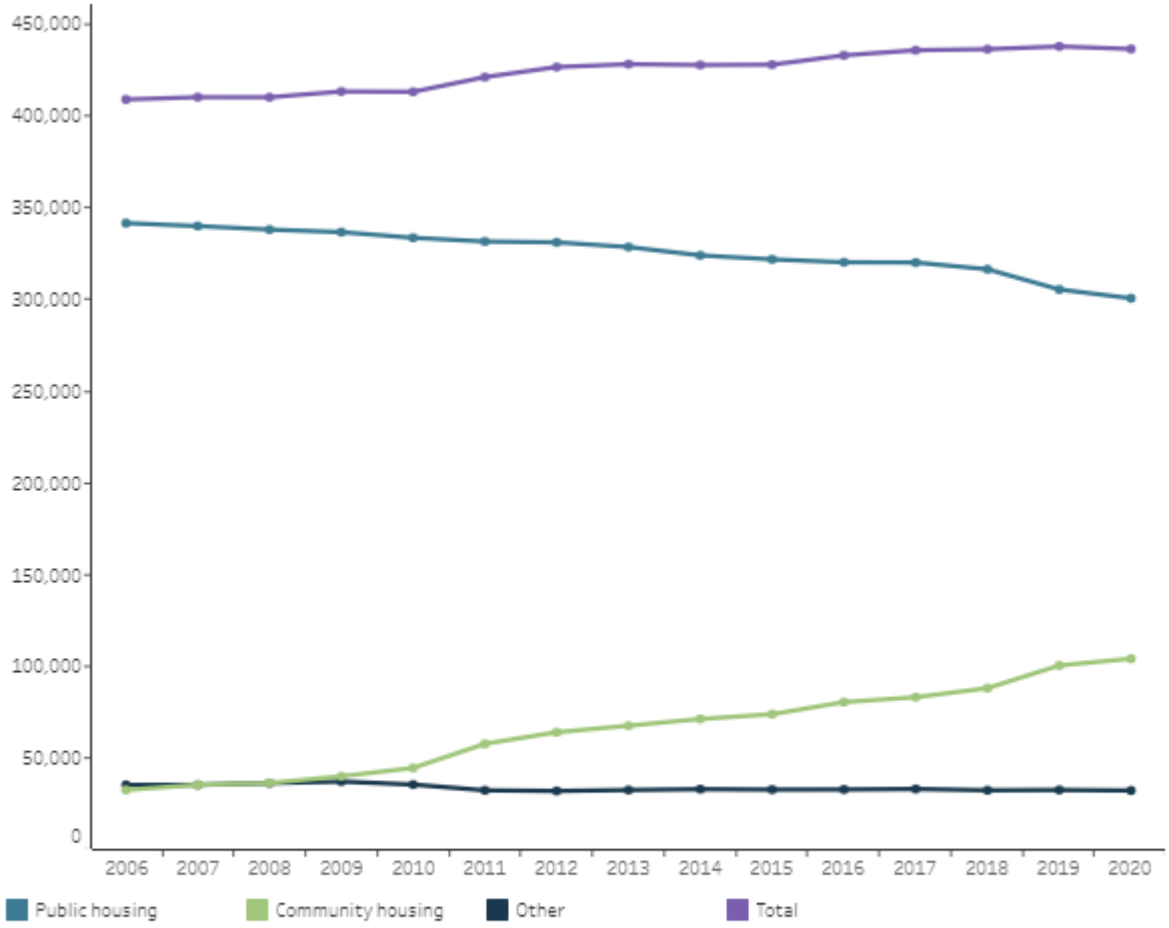
- public housing, over half (51%, or 7,000) of newly allocated households were provided to households experiencing homelessness in 2019–20, down from a peak of 59% (9,100) in 2013–14
- SOMIH, 47% (190) of newly allocated households were provided to the homeless in 2019–20, a decrease from a peak of 52% (23=40) in 2015–16
- community housing, 44% (5,200) of newly allocated households were provided to the homeless in 2019–20, up from 43% (3,100) in 2013–14 (AIHW 2021).

Social housing dwellings

While the number of social housing dwellings has increased overall, it has not kept pace with population growth. Indeed, the number has decreased relative to the number of Australian households.

- At 30 June 2020, there were about 436,300 social housing dwellings, an increase from 408,800 at 30 June 2006.
- The number of public housing dwellings declined from around 341,400 at 30 June 2006 to 300,400 at 30 June 2020. This decline was offset by an increase in community housing dwellings, from 32,300 to 103,900 over the same period.
- The number of 'other' types of social housing dwellings (SOMIH and Indigenous community housing) decreased from 35,100 to 32,000 over this period (AIHW 2021) (Figure 1).

Figure 1: Number of social housing dwellings, by social housing type, 2006 to 2020



Notes:
1. Data are as of end of June of the corresponding year.
2. 'Other' social housing includes State owned and managed Indigenous housing, Indigenous community housing and NT remote dwellings.
3. Data may not be comparable over time and comparisons could be misleading. See the relevant data quality statements in AIHW 2021 for more information.

Source: AIHW 2021.
http://www.aihw.gov.au

Wait lists and wait times

People meeting eligibility requirements for social housing are frequently placed on wait lists until a suitable dwelling becomes available. Factors that may affect a person's position and influence the length of wait lists, include:

- changes to allocation policies
- priorities and eligibility criteria
- people may refuse an option and be removed from the list
- some people who wish to access social housing may not apply because of long waiting times or lack of available options in their preferred location (AIHW 2019).

A reduction in the number of people on wait lists may not mean a decrease in demand for social housing dwellings, and applicants may be on more than one wait list. This means assessing the total number of people on wait lists is difficult.

Households assessed to be in greatest need are prioritised for housing:

- Nationally at 30 June 2020, there were 155,100 households awaiting a public housing allocation (an increase from 154,600 at 30 June 2014), and 10,900 total households were awaiting allocation for a SOMIH dwelling (an increase from 8,000 at 30 June 2014).
- Of those on the waiting list at 30 June 2020, around 58,500 new public housing applicants were classified as being in greatest need, up from 43,200 at 30 June 2014. For SOMIH, the number on the waiting list classified in greatest need was 4,400 at 30 June 2020, up from 3,800 at 30 June 2014.
- In 2019–20, 42% of newly allocated public housing households and 52% of SOMIH households in greatest need (as defined by state and territory specific public housing criteria) spent less than 3 months on waiting lists (AIHW 2021).

Overcrowding and underutilisation

Social housing dwelling size and configuration must be considered so dwellings meet household needs and to use social housing stock to greatest effect (AIHW 2019).

Overcrowding occurs when a dwelling is too small for the size and composition of the household. A dwelling requiring at least 1 additional bedroom is designated as 'overcrowded'. At 30 June 2020, the proportion of social housing dwellings with occupants living in overcrowded conditions were:

- 3.9% of households in public housing; down from 4.6% in 2014.
- 25% of households in SOMIH; up from 10% in 2014.
- 4.3% of households in community housing; similar to 4.1% in 2014 (AIHW 2021).

A dwelling is considered underutilised when two or more bedrooms are surplus to a household's needs. At 30 June 2020, the proportion of social housing dwellings with occupants living in underutilised conditions were:

- 11% of community housing households; the same as 11% in 2014.
- 17% of public housing households; relatively stable over the long term.
- 27% of SOMIH households; an increase from a low of 23% in 2014 (AIHW 2021).

Where do I go for more information?

For more information on housing assistance, see:

- Housing assistance in Australia
- Housing data dashboard
- National Social Housing Survey: detailed results 2016

Visit Housing assistance for more on this topic.

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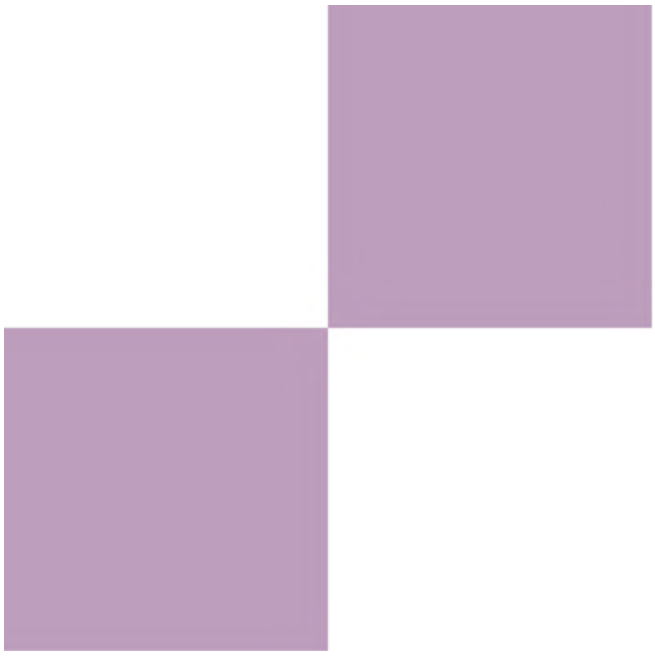
Education and skills

Participation and engagement in education from an early age are essential for a person's development and future outcomes. Higher levels of education are associated with better employment opportunities, higher relative earnings, better health and greater life satisfaction, and skills learned in early childhood years help establish foundations for academic and life success.



Apprenticeships and traineeships

Find the most recent version of this information at:
http://www.aihw.gov.au/reports/australias-welfare/apprenticeships-and-traineeships

On this page:

Apprenticeships and traineeships are central components of the vocational education and training system. They provide the opportunity to train and study toward a nationally recognised qualification, combining on- and off-the-job training to enable individuals to develop their skills while participating in the workforce and earning an income.

Apprenticeships typically take around 4 years to complete, and involve training towards a skilled trade (for example, carpentry, electrical, plumbing or automotive) or non-trade (for example, hospitality or child care).

Traineeships are normally shorter in duration (1 to 2 years) and involve training in a vocational area such as marketing, administration or events management.

Apprenticeships and traineeships can be full time, part time or school based. School-based apprenticeships and traineeships are available for secondary school students who get on-the-job training towards a formal qualification while still completing their school studies (NCVER 2018).

The Impact of COVID-19

The vocational education and training sector has been heavily impacted by the coronavirus disease 2019 (COVID-19) pandemic. In an effort to reduce the spread of the virus, initiatives such as international travel restrictions and border control measures, non-essential service shutdown, social distancing and remote and home-based learning have been implemented.

The COVID-19 pandemic has impacted the delivery of teaching and training to apprentices and trainees. Face-to-face classes have been heavily restricted and moved to online methods and for those students undertaking work placements in the health, aged care and early childhood sectors, the impact has been even more profound. Some

impacts on employment outcomes for people who completed vocational education and training studies have also been experienced (see Outcomes).

The Australian Government's COVID-19 Economic Recovery Plan includes measures to support new apprenticeships, including the Boosting Apprenticeship Commencements wage subsidy. Over the period between 5 October 2020 to 31 March 2022, the subsidy provides up to $7,000 per quarter to cover 50% of wages for commencing or recommencing apprentices (DESE 2021).

Other concerns relating to the impact of COVID-19 are related to how the challenges of remote learning may affect the educational outcomes of vulnerable students. The impact of the pandemic, including recent outbreaks in Australia in 2021, is yet to be completely understood. It will likely be a topic for researchers and the education sector itself for some time to come.

Who are apprentices and trainees?

1 in 9 trade workers are apprentices or trainees

As at 30 June 2020, 1 in 9 (11%) workers in trade occupations were apprentices or trainees and 1 in 45 workers (2.2%) in all occupations were employed as an apprentice or trainee (NCVER 2020a).

As at 30 June 2020, 266,565 apprentices and trainees were training in Australia, down 3.9% from June 2019 (NCVER 2020a).

During 2019–20, there were 133,500 commencements of apprentices and trainees. Of those apprentices and trainees who commenced in 2019–20:

- 35% were female and 65% were male (the same as in 2016–17)
- around 1 in 14 (7.1%) were Aboriginal and Torres Strait Islander people (up from 6.2% in 2016–17) (see Indigenous education and skills)
- 48% were training for a trade (up from 44% in 2016–17), and 52% for a non-trade (down from 56% in 2016–17)
- around 1 in 29 (3.4%) had disability (up from 3.0% in 2016–17)
- 74% were undertaking full-time study (up from 72% in 2016–17), and 26% were undertaking part-time study (down from 28% in 2016–17)
- around 1 in 9 (11%) were school-based (the same as in 2016–17) (NCVER 2020b).

Trends

The number of people undertaking apprenticeships and traineeships was lower in 2019–20 than in 2007–08 (Figure 1).

The number of commencements and completions began to increase in 2009–10, alongside the Apprentice Kickstart initiative to address skills shortages in Australia, with a peak around 2012 (NCVER 2020c). This was followed by a sharp decline from 2012–13. The decline was steeper for non-trades than trades, and reflected:

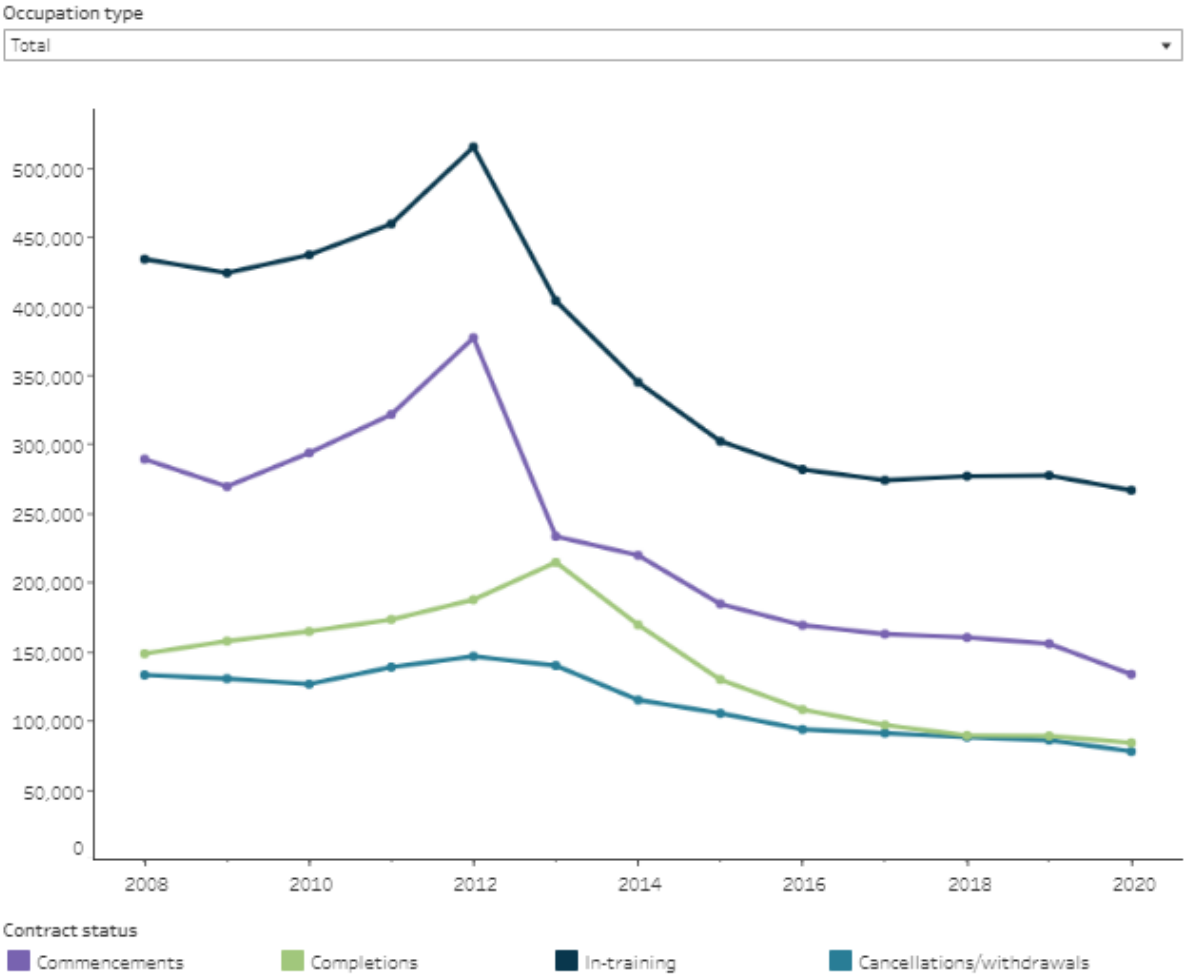
- changes to Australian Government incentive payments for qualifications not on the National Skills Needs List (Atkinson & Stanwick 2016), including the discontinuation of a $1,500 standard employer commencement payment (Gilfillan 2016)
- a decline in demand for labour in industries such as mining and utilities (Gilfillan 2016).

The decline disproportionately affected women and older apprentices and trainees. Between June 2012 and December 2015, the number of female apprentices and trainees declined by 59%, compared to a decline of 38% for males. Over the same period, the number of apprentices and trainees aged 45 years and over declined by 71%, compared to a decline of 26% and 39% for people aged 20–24 and 19 and under, respectively (Gilfillan 2016).

Trends of apprentice and trainee commencements and completions show that in the 12 months ending 30 June 2020:

- there were 133,500 commencements, a decline from the peak of 377,000 in 2011–12, and at their lowest since 1996–97
- completions (84,000) declined sharply since the peak of 214,600 in 2012–13 and were at their lowest since 1998–99
- the number of cancellations and withdrawals (77,800) were also at their lowest since 1998–99 (NCVER 2020c).

Figure 1: Number of apprentices and trainees in the 12 months ending 30 June, by contract status and occupation type, 2008 to 2020



Note: Data for 'in-training' is as at 30 June. All other statuses are for the 12-months ending 30 June.
Source: NCVER 2020c.
http://www.aihw.gov.au

Age

In 2019–20, of people commencing apprenticeships or traineeships:

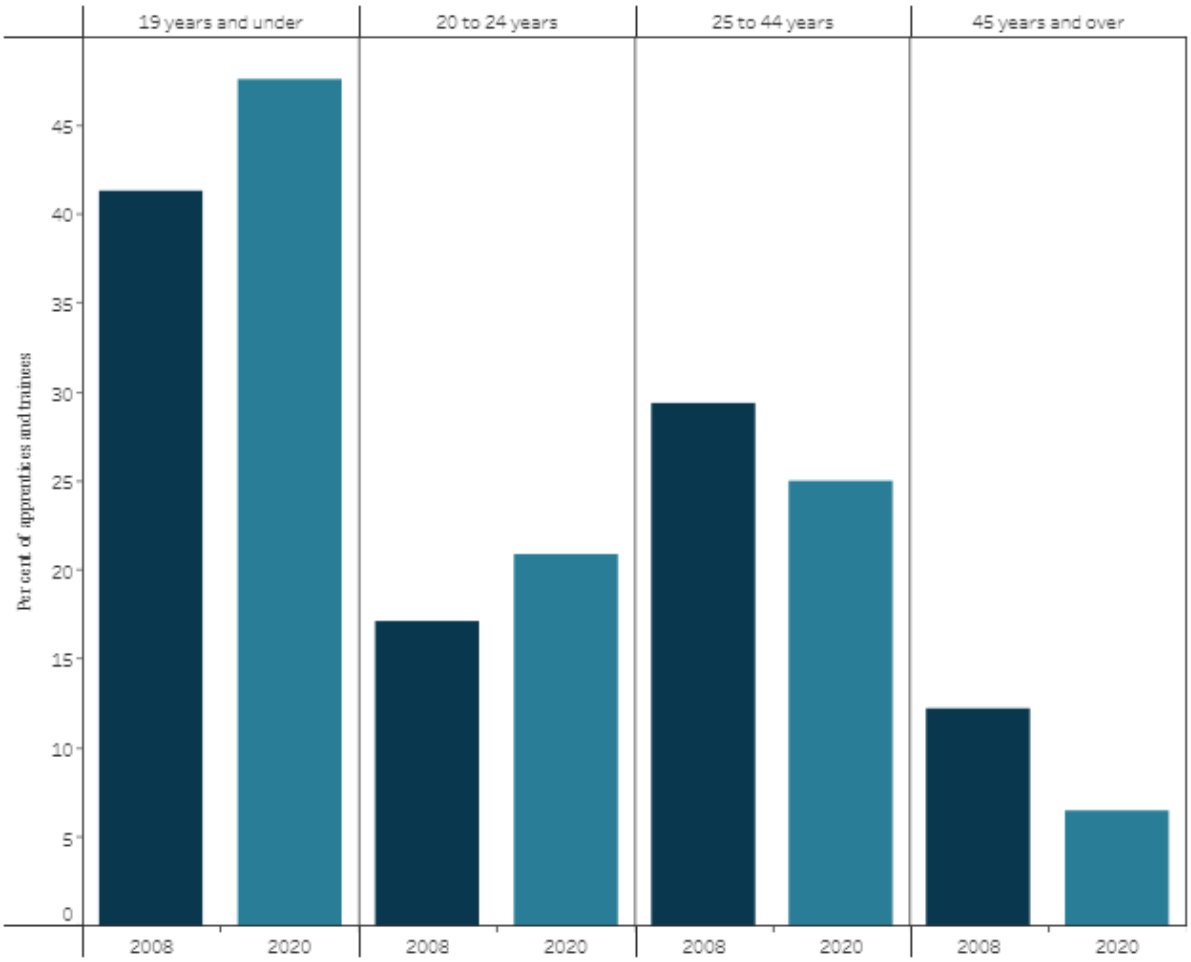
- almost half (48%) were aged under 19
- 1 in 4 (25%) were aged 25–44
- around 1 in 5 (21%) were aged 20–24 (21%) (NCVER 2020c).

Between 2007–08 and 2019–20, the number of people commencing apprenticeships and traineeships reduced across all age groups (Figure 2) (NCVER 2020c). Between 2007–08 and 2019–20:

- there was a 47% decrease in the number of people aged under 19 who commenced an apprenticeship or traineeship (119,500 compared with 63,600).

- the number of 25–44-year-olds commencing an apprenticeship dropped by more than two-thirds (68%) for females (35,300 compared with 11,100) and more than half (55%) for males (49,600 compared with 22,300) (NCVER 2020c).

Figure 2: Apprentices and trainees in training, by age group, 2008 and 2020



Notes:
1. Apprentice and trainee 'in training' data are as at June 30 of the respective year.
2. Data are collected by registered training organisations and state training authorities around Australia.
3. The NCVER is not responsible for the correct extraction, analysis or interpretation of the data presented herein.
Source: NCVER 2020c.
http://www.aihw.gov.au

Outcomes

More than half (57%) of apprentices and trainees who started training in 2015 completed their apprenticeship or traineeship requirements (NCVER 2020d). Completions were slightly higher (58%) for those in a non-trade occupation compared with those in a trade occupation (56%).

Based on data from the National Student Outcomes Survey, of people who completed an apprenticeship or traineeship in 2019, 56% reported better employment after

training. This was 10 percentage points less than for those who completed a qualification in 2018 (66%) (NCVER 2020e).

The COVID-19 pandemic also impacted the outcomes of those who had completed their VET studies in 2019. Of qualification completers who were employed after training

- about 1 in 3 (35%) reported having their hours reduced
- 7.1% reported being temporarily stood down

Of those who were not employed at the end of May 2020, 21% reported they had lost their job due to the pandemic (NCVER 2020f) (also see Employment and unemployment).

Where do I go for more information?

For more information on apprenticeships and traineeships, see:

- National Centre for Vocational Education Research (NCVER) National Apprentices and Trainees Collection
- NCVER National Student Outcomes Survey

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Childcare and early childhood education

Find the most recent version of this information at:
http://www.aihw.gov.au/reports/australias-welfare/childcare-and-early-childhood-education

On this page:

Early childhood education and care programs assist parents with their caring responsibilities. These programs can support the economic and social participation of parents, while helping to ease the transition to full-time school for children (Warren et al. 2016).
In Australia, early childhood education and care services may be provided by government and non-government organisations. They may be formal or informal.

Formal and informal care

Childcare can be categorised as formal or informal.

Formal care: The Australian Bureau of Statistics (ABS) defines formal childcare as regulated care away from the child's home, including:

- outside school hours care
- centre-based day care
- family day care (ABS 2017).

Preschool was once considered a type of formal care, however since 2005 the definition of formal care has excluded preschool. Preschool data is collected separately from child care data and is discussed later on this page.

Informal care: The ABS defines informal care as non-regulated care, paid or unpaid. Informal care may be provided by:

- grandparents

- other relatives (including siblings and a parent living elsewhere)
- other people (including friends, babysitters and nannies)
- other child minding services (for example a crèche) (ABS 2017).

Impact of COVID-19

In 2020, in response to the coronavirus disease 2019 (COVID-19) pandemic, many Australian families withdrew their children from Early Childhood Education and Care (ECEC) services. This may have been prompted by health concerns or because care was being provided in the home due to parents or carers being stood down, losing employment or working from home (Parliament of Australia 2020). This resulted in a significant decline in enrolments and impacted the ability of services to remain viable and open.

At the beginning of April 2020, Early Childhood Australia estimated that 650 ECEC services had already closed (Parliament of Australia 2020). Overall, ECEC attendance had decreased between 30 and 40 per cent with services finding it difficult to remain open and retain staff. Outside School Hours Care services experienced the largest decline in attendance followed by Centre-based Day Care services (DESE 2020).

A number of relief packages aimed at keeping ECEC services open during the COVID-19 pandemic were in place throughout most of 2020 (DESE 2020). In 2021, the Australian Government have continued to provide support to ECEC services in COVID-19 affected areas by waiving gap fees and increasing the number of allowable absences to ensure families can maintain their enrolment and services continue receiving the Child Care Subsidy (DESE 2021b).

Child Care Subsidy approved child care

The Australian Government provides a Child Care Subsidy to support children and families attending early childhood education and care services. In 2020, during the COVID-19 pandemic, the Government allocated almost $3 billion to keep childcare open and available for essential workers and families with vulnerable children (DESE 2021a).

In the December quarter 2020, there were 1,311,630 children who attended a Child Care Subsidy approved child care centre. Of these, 1,266,800 children were eligible to receive a Child Care Subsidy. The attendance rates are similar to the December 2019 quarter, which shows that children are returning to child care and usage is back to pre-COVID levels (DESE 2021a). New COVID-19 outbreaks occurring in 2021 may have similar impacts to attendance rates that were seen in 2020.

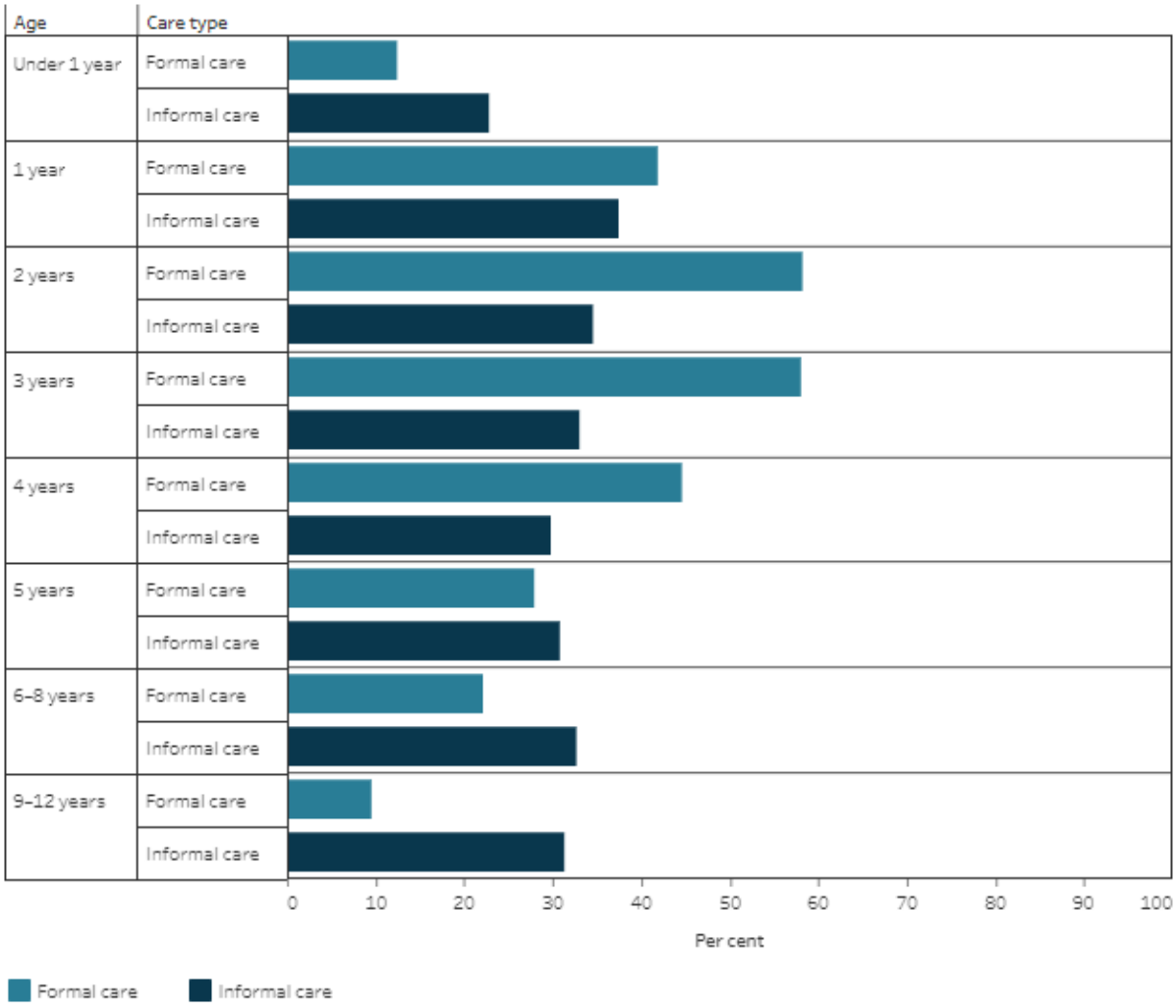
How many children are in childcare?

The ABS' Childhood Education and Care Survey (CEaCS) (ABS 2018) collects information on childcare arrangements, preschool attendance and other early childhood education and learning activities. The most recent data available are from the 2017 CEaCS survey.

In 2017, formal or informal early childhood education and care was a usual form of care for 49% (or 2.0 million) of children aged 0–12 (up from 48% in 2014) (ABS 2018). Patterns of formal and informal care use varied by age:

- Children less than one year of age were more likely to attend informal types of care (23%) than formal types (12%). The same was true of children aged 6–8 (informal 33%, formal 22%) and 9–12 (informal 31%, formal 9.6%).
- Children aged 2, 3, and 4 years were more likely to attend formal types of care (58%, 58%, and 45% respectively) than informal types (35%, 33%, and 30% respectively) (Figure 1).
- The highest level of overall care attendance was among 2- and 3-year-olds (ABS 2018).

Figure 1: Proportion of children aged 0–12 who usually attended child care, by age group and type of care, 2017



Source: ABS 2018.
http://www.aihw.gov.au

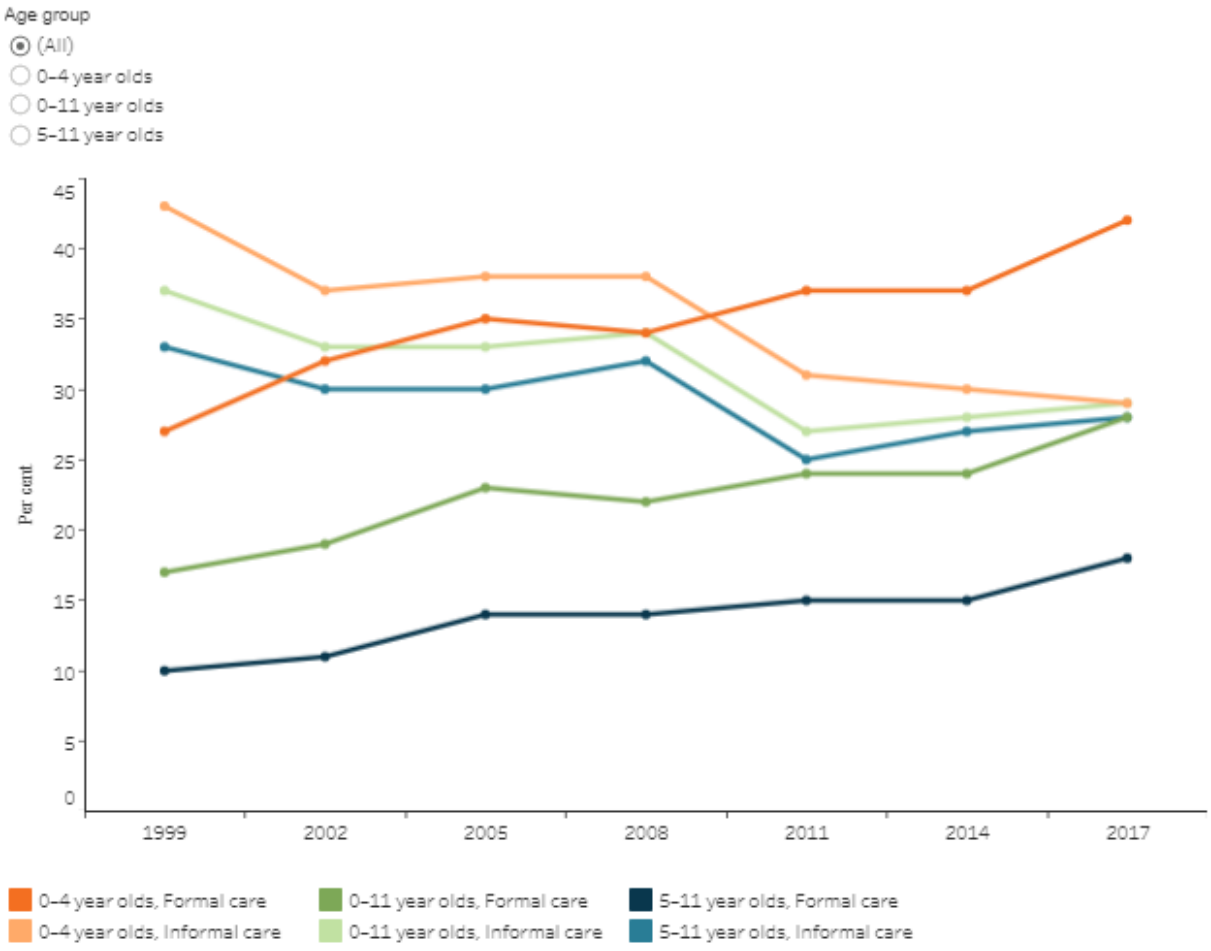
Trends

Most children have some exposure to formal, non-parental care and/or early learning before starting school (ABS 2018).

Between 1999 and 2017:

- The proportion of children aged 0–11 attending formal care increased from 17% to 28% and the proportion in informal care decreased from 37% to 29% (Figure 2).
- Long day care continues to be the most attended type of formal care for children aged 0–4. The proportion of this cohort attending long day care increased from 18% in 1999 to 35% in 2017 (ABS 2018).
- For children aged 5–11, the increase in formal care was driven by an increase in children using before and after school care, up from 8% in 1999 to 15% in 2017 (ABS 2018).

Figure 2: Proportion of children aged 0–11 in child care services, by age group and care type, 1999 to 2017



Notes:
1. Care type is assessed as the type of care attended in the week before survey completion.
2. Formal care does not include preschool for time series analysis.
3. Some children attend both formal and informal care and will be counted in each sector.

Source: ABS 2018.
http://www.aihw.gov.au

Family characteristics and care type

According to the CEaCS (ABS 2018), of children aged 0–12 in 2017:

- Children from couple families were more likely to attend formal care (28%) than children from one-parent families (24%), and less likely to attend informal care (29% and 45%, respectively). Children from one-parent families were more likely to attend a combination of formal and informal care types (12%) than children from couple families (9%).
- 60% of children from couple families where both parents were employed usually attended care. Among them, 38% used informal care and 35% used formal care.
- 75% of children from one-parent families where the parent was employed usually attended care. Of these, 61% were in informal care, while 34% were in formal care.

- Grandparents were the most common source of childcare for couple families (22%). For one-parent families, grandparents and the non-resident parent were an equal source of childcare (both 20%).
- 52% of children from couple families and 43% from one-parent families did not usually attend care (ABS 2018).

Preschool participation

Preschool programs aim to meet the learning needs of young children through play-based activities (DET 2018). These programs are generally provided by preschools or centre-based day care services (formerly long day care) in the years before children enter full-time school (Warren et al. 2016). Preschool participation is not compulsory and age entry requirements vary across states and territories (ABS 2019c). Preschool subsidies are available in all states and territories (DESE 2021c).

Preschool and centre-based day care

A preschool program can be offered by a preschool or a centre-based day care service.

According to the ABS (2014), preschools deliver a structured educational program to children before they start school. The preschool program can be delivered from a stand-alone facility or the preschool may be integrated or co-located within a school. Preschools can be operated by government or non-government entities.

Centre-based day care services provide childcare to children aged 0–5. Services may include delivery of a preschool program by a qualified teacher. Like preschools, centre-based day care can be offered from a stand-alone facility or be co-located within a school. Centre-based day care can also be operated by for-profit and not-for-profit organisations.

Since 2008, the Australian Government has provided funding to assist states and territories to increase preschool participation through the National Partnership Agreements on Universal Access to Early Childhood Education (Warren et al. 2016). The initiative aims to provide universal access to quality preschool programs for all children in the year before full-time school for 600 hours per year.

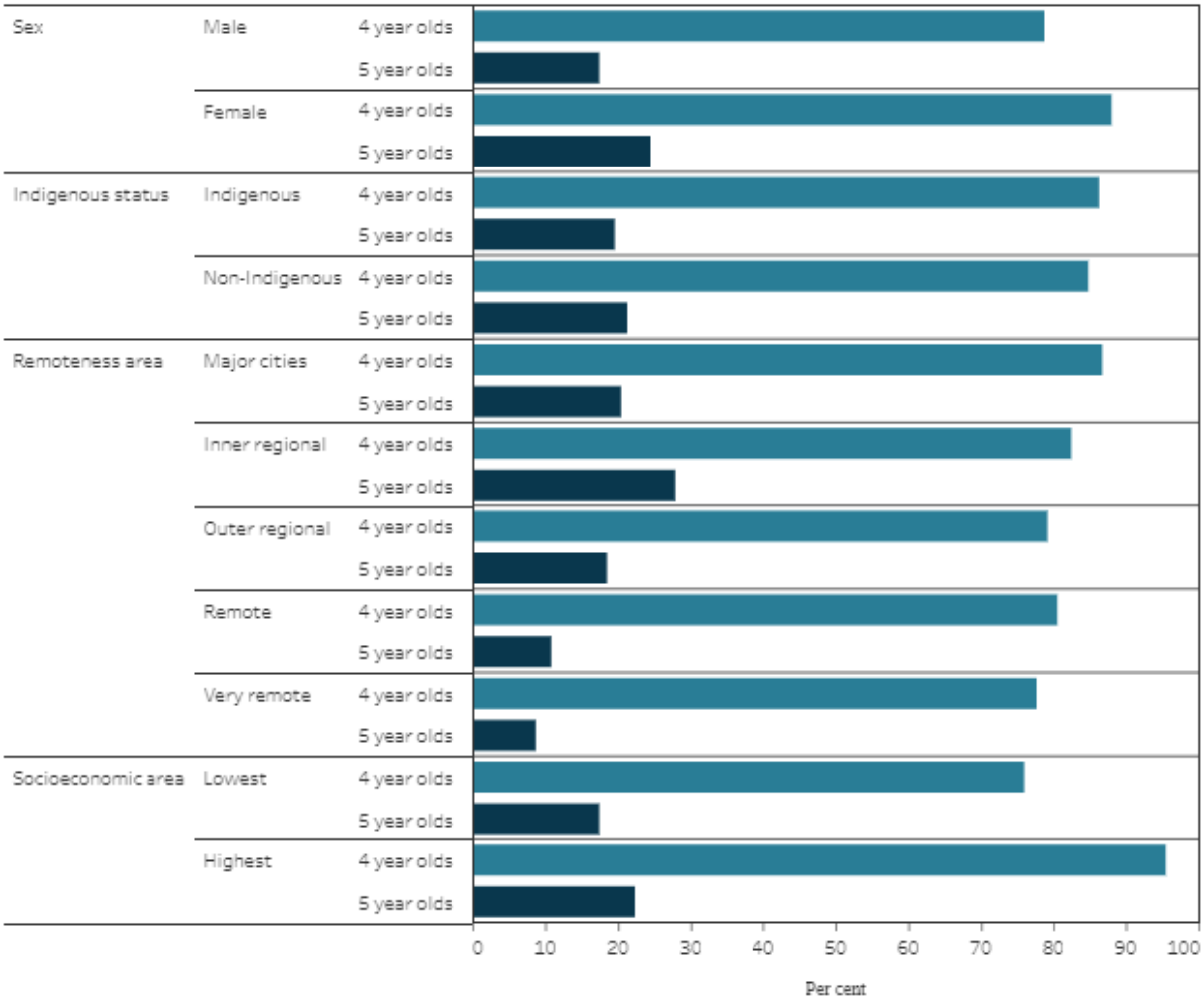
In 2020, around 334,800, children aged 4–5 were enrolled in a preschool program, a decrease of 0.3% since 2019 (ABS 2021b). More children were enrolled in a preschool program through a centre based day care service (50%) than a preschool (40%) (ABS 2021a).

Of children aged 4–5 and enrolled in a preschool program:

- About 267,800 were aged 4 and 67,000 aged 5, representing 81% of all children aged 4 and 17% of all children aged 5.
- More than 19,800 were Aboriginal and Torres Strait Islander children. This number is around 1% higher than in 2019 (ABS 2021b and ABS 2020).

- Those who lived in the highest socioeconomic areas were more likely to be enrolled in a preschool program (95% and 22%, respectively) than those from the lowest socioeconomic areas (76% and 17%, respectively) (ABS 2021a) (Figure 3).
- Most children (95%) were enrolled for 15 hours per week or more.
- About one-third (32%) were enrolled in a program were no fee was paid, which is up 45% compared with 2019 due to fee reduction programs in place due to COVID-19. 44% paid between $1 and $4 per hour; around 1 in 4 (24%) in paid $5 or more (ABS 2021b).

Figure 3: Proportion of children aged 4 and 5 enrolled in a preschool program, by sex, Indigenous status, remoteness area, and socioeconomic area, 2020



[Notes]

Source: ABS 2021a.
http://www.aihw.gov.au

Where do I go for more information?

For more information on early childhood education and care, see:

- ABS Childhood Education and Care

- ABS Preschool Education
- DESE National Partnership Agreements on Universal Access to Early Childhood Education

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Higher education and vocational education

Find the most recent version of this information at:
http://www.aihw.gov.au/reports/australias-welfare/higher-education-and-vocational-education

On this page:

Higher levels of educational attainment tend to be associated with increased likelihood of being employed, and higher earnings (OECD 2018). On average across OECD countries, adults with a tertiary degree earn 54% more than their secondary-educated peers (OECD 2018).

Increasing levels of education has been shown to have an overall positive effect on an individual's life satisfaction, particularly through the indirect effects of improved income and better health. (Powdthavee et al. 2015), see 'Chapter 2 Social determinants of subjective wellbeing' in Australia's welfare 2021: data insights.

Impacts of COVID-19

In 2020 and 2021, the higher and vocational education sectors were heavily impacted by the coronavirus disease 2019 (COVID-19) pandemic. In an effort to reduce the spread of the virus, initiatives such as international travel restrictions and border control measures, non-essential service shutdown, social distancing and remote and home-based learning were implemented.

Restrictions on international travel saw dramatic falls in the number of international students undertaking studies at Australian universities. In late 2020, there was a reduction of approximately 12.3% in enrolments to Australian Universities by international students. It is estimated by July 2021 there will be a 50% reduction in international students in Australia and an increase in international students outside of Australia (Hurley 2020). This has had a profound impact on the higher education sector, and the Australian economy more broadly, that will continue to be felt into the future.

Face-to-face classes in the Vocational Education and Training (VET) sector were heavily restricted and moved to online methods and for those students undertaking work placements in the health, aged care and early childhood sectors, the impact was even more profound.

The impacts of the COVID-19 pandemic on the higher and vocational education sectors is yet to be completely understood and will be a topic for researchers and the education sector into the future.

What are non-school qualifications?

Non-school qualifications include Certificate I to Certificate IV, Diploma, Bachelor, Master and Doctoral level qualifications. The Australian Bureau of Statistics (ABS) considers non-school qualifications at a Certificate III level or above to be higher than a Year 12 level of education (ABS 2020).

In Australia, non-school education can be broken into two categories:

Higher education

- usually leads to the attainment of a Bachelor, Master or Doctoral degree, Graduate Certificate or Graduate Diploma
- is provided by universities, for-profit or not-for-profit institutions, or Technical and Further Education (TAFE) institutes (TEQSA 2019).

VET

- provides training focused on technical skills and knowledge for a particular job or industry, with apprenticeships and traineeships forming a core part—see Apprenticeships and traineeships
- usually leads to the attainment of Certificate or Diploma qualifications
- is offered by private providers, enterprise providers, community education providers, schools, universities and TAFE institutes (NCVER 2018).

For the characteristics of higher education and VET providers and students, see Table 1.

Table 1: Characteristics of higher education and VET providers and students, 2019

	Higher education	VET
Number of providers	172[(a)]	4,193[(b)]
Number of students	1.5 million	4.2 million[(c)]
Percentage of students who are female	55.6 [(d)]	47.5[(e)]

	Higher education	VET
Percentage who are Aboriginal and Torres Strait Islander students	1.3[(d)]	3.9[(e)]
Percentage who are full-time students	71.7[(d)]	10.6[(e)]
Percentage who are international students	32.4[(d)]	5.3[e)]

(a) Number of higher education providers in 2017. This is the most recent data available at the time of writing.

(b) Includes Australian providers operating overseas (NCVER 2020).

(c) Includes students enrolled with Australian providers operating overseas (NCVER 2020).

(d) Students as a proportion of all higher education student enrolments in 2019 (DESE 2019).

(e) Students as a proportion of all VET student enrolments in 2019 (NCVER 2020).

Sources: DET 2020; NCVER 2020; TEQSA 2019.

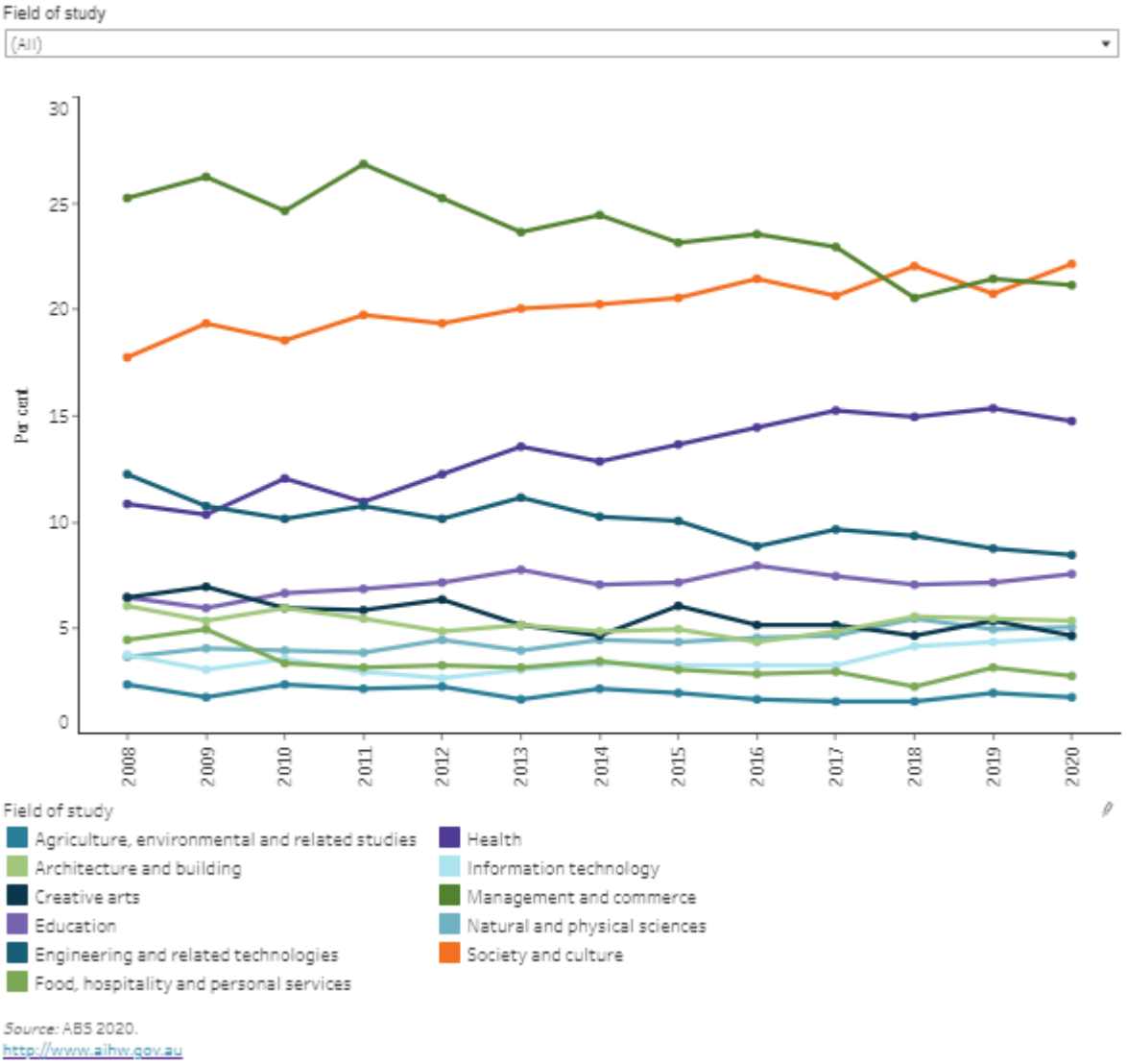
Enrolments

In May 2020, 12% of males and 15% of females aged 15–64 were enrolled in non-school qualifications.

In 2020:

- nearly half of students aged 15–64 (1.4 million, 44%) were enrolled with a higher education institution, while around 1 in 7 (475,000, 15%) were enrolled with a TAFE institution (ABS 2020)
- students most likely to be enrolled in a non-school qualification were aged 20–24 (44% of the population of that age), followed by those aged 15–19 (26%), and 25–29 (19%)
- most enrolments were for a Bachelor degree (52%), followed by Certificate III or IV level study (20%) and postgraduate level degree (15%)
- a greater proportion of males (25%) than females (16%) were enrolled in a Certificate III or IV. Females were slightly more likely to be studying for a Bachelor degree (60%) compared with males (49%)
- the most common fields of study were Society and culture (22% of people enrolled, up from 18% in 2008) and Management and commerce (21%, down from 25% in 2008) (Figure 1). Health became a more common field of study since 2008 (15%, up from 11%). Enrolments in other fields of study remained fairly consistent over the period (ABS 2020).

Figure 1: Persons aged 15–64 studying for a non-school qualification, by field of study, 2008 to 2020



Source: ABS 2020.
http://www.aihw.gov.au

Attainment of non-school qualifications

Non-school qualifications are associated with improved employment status, with employment rates higher for people with non-school qualifications. Of people aged 15–74 with non-school qualifications, 74% were employed in May 2020, compared with 49% of those without qualifications (ABS 2020).

In May 2020, of students aged 15–74:

- 3 in 5 (60%), or 11.7 million, had a non-school qualification. Of these, almost half (45%, 5.0 million) had a qualification at the Bachelor degree level or higher, and almost one-third (30%) had attained a Certificate III or IV
- just over 6 in 10 males (62%) and females (62%) had a non-school qualification

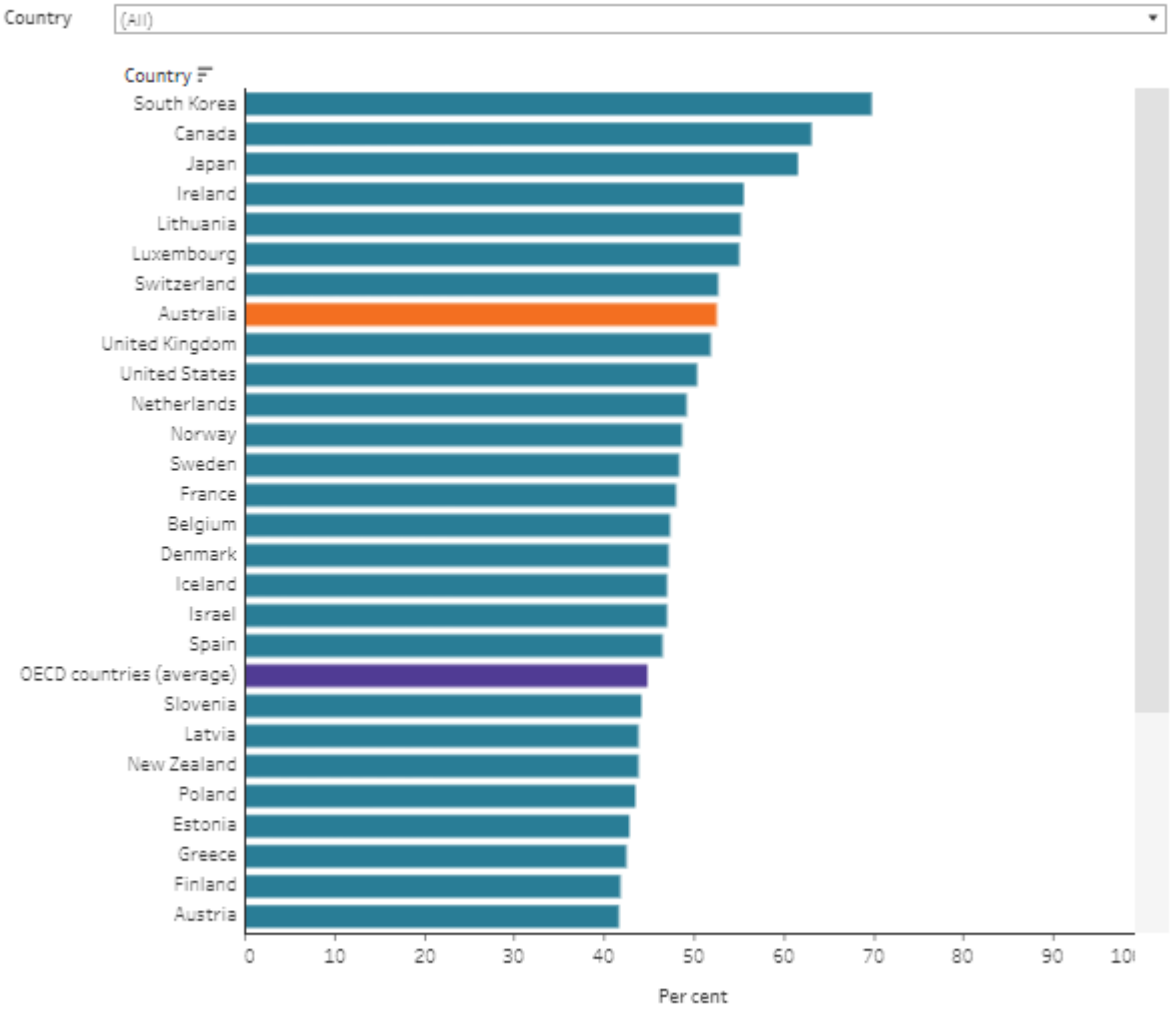
- people aged 35–44 were most likely to have a non-school qualification (78%), with the rate of attainment decreasing with increasing age (45–54 years, 70%; 55–64 years, 61%; 65–74 years, 51%)
- people born overseas (67%) were more likely than people born in Australia (59%) to have a non-school qualification
- those living in the highest socioeconomic areas were more likely to have a non-school qualification than people in the lowest socioeconomic areas (70% compared with 50% respectively) (ABS 2020).

International comparisons

In 2019 (or latest available year), Australia ranked 8th highest out of 37 Organisation for Economic Co-operation and Development (OECD) countries for the proportion of those aged 25–34 having a tertiary education (OECD 2021).

The OECD defines tertiary education as having an International Standard Classification of Education of 5 or above (OECD 2017). In Australia, this means tertiary education comprises qualifications at Diploma level or above (UNESCO 2019). According to the OECD, Australia (53%) ranked below South Korea (70%) and Canada (63%), but above the United Kingdom (52%), United States (50%), and the OECD average (45%) (Figure 2).

Figure 2: Proportion of those aged 25–34 with tertiary education, OECD countries, 2019 or latest available year



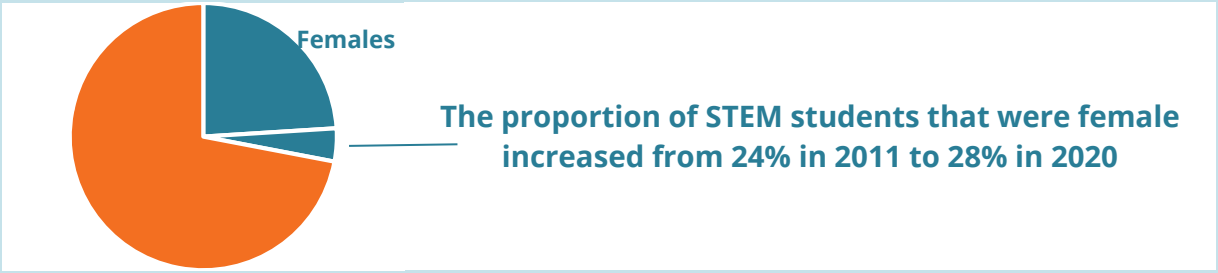
Source: OECD 2021.
http://www.aihw.gov.au

Participation in STEM fields

In 2020, of students aged 15–64 who were studying for a non-school qualification, 20% were studying in science, technology, engineering and mathematics (STEM) fields (the same proportion as 2011) (see glossary for definition). Between 2011 and 2020, the proportion of males studying for a non-school STEM qualification was stable, while the proportion of females increased by 1 percentage point.

School retention rates and change by sex, 2011 and 2020

Of those studying for a non-school qualification in a STEM field in 2020, 72% were male and 28% female. The proportion of males decreased by 4 percentage points between 2011 and 2020, while the proportion of females increased by 4 percentage points (ABS 2011, 2020).



Where do I go for more information?

For more information on non-school education, see:

- ABS Survey of Education and Work
- Department of Education Document Library: Higher Education Statistics
- National Centre for Vocational Education Research (NCVER) Total VET Students and Courses
- Tertiary Education Quality and Standards Agency (TEQSA) Publications
- OECD
- Department of Education, Skills and Employment

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School student engagement and performance

Find the most recent version of this information at:
http://www.aihw.gov.au/reports/australias-welfare/school-student-engagement-and-performance

On this page:

Higher levels of education are associated with increased likelihood of being employed, being in good health and reporting life satisfaction (OECD 2016a, 2018). In Australia, children must attend school until they complete Year 10. They then can participate in full-time education, employment or training (or a mix) until they are 17. This page presents national statistics to provide an overview of Australia's performance in education for these compulsory schooling years.

The impact of COVID-19

School students and teachers across Australia were severely impacted by the coronavirus disease 2019 (COVID-19) pandemic in 2020. It disrupted teaching and learning across all states and territories. Each state and territory experienced and responded to the pandemic differently. Some were able to maintain a capacity for classroom learning, while others had to quickly adapt to an entirely online learning environment for an extended period of time. Similar impacts are also likely to occur during the outbreaks of the Delta variant of COVID-19 in Australia in 2021.

Due to the impact of COVID-19, school attendance data, usually published on an annual basis, are not available for 2020. Similarly, the National Assessment Program literacy and numeracy tests scheduled to take place in 2020 were cancelled. Preliminary NAPLAN results for 2021 suggest that the pandemic had no significant impact on students' literacy and numeracy overall (ACARA 2021a), however the full impact of COVID-19 on learning and teaching is yet to be fully understood and is likely to be a focus of research well into the future.

School attendance

Attendance is an indicator of a child's participation in school. Each day of attendance in school contributes towards a child's learning and there does not appear to be a 'safe' threshold for which school absences do not have an impact (Hancock et al. 2013).

Student attendance rates refer to the number of days school was attended as a percentage of the total number of possible school days (see glossary).

As 2020 attendance data are not available, data from 2019 has been used for analysis. In 2019, student attendance rates were:

- 92% for all students in years 1–6 and 90% for all students in years 7–10, remaining fairly stable since 2015 (94% and 91% respectively)
- lower in later year levels (88% in Year 10) than in earlier year levels (92% in Year 7)
- higher in non-government schools (93%) than government schools (91%) for years 1–10
- lower for Aboriginal and Torres Strait Islander Australian children than for non-Indigenous children in years 1–10 (82% and 92% respectively). Attendance rates for both Indigenous and non-Indigenous children remained relatively stable between 2015 and 2019
- higher in *Major cities* (92%) compared with *Inner regional* (91%), *Outer regional* (90%), *Remote* (86%), and *Very remote* (71%) areas for years 1–10 (SCRGSP 2021).

Literacy and numeracy

The National Assessment Program—Literacy and Numeracy (NAPLAN) is an annual assessment of students in years 3, 5, 7 and 9. NAPLAN assesses the types of skills essential for every child to progress through school and life:

- reading
- writing
- language conventions (spelling, grammar and punctuation)
- numeracy (ACARA 2019a).

NAPLAN results provide data to assess achievement against the national minimum standard and mean score (see glossary).

NAPLAN mean scores generally range from 0–1,000 points, with higher scores indicating better performance, and are equated so that a score of 700 in Reading has the same meaning in 2009 and 2019 (ACARA 2019b).

A review of NAPLAN was commissioned in 2019, with results published in August 2020. The review considers whether NAPLAN remains fit-for-purpose, and makes several recommendations for future versions of the national standardised assessment.

NAPLAN 2020 Cancellation

Education ministers made the decision to cancel NAPLAN in 2020 due to the COVID-19 pandemic. This meant students in years 3, 5, 7 and 9 in 2020 did not undertake the assessment. The decision to not proceed with NAPLAN in 2020 was taken to assist school leaders, teachers and support staff to focus on the wellbeing of students and continuity of education, including online and remote learning.

In May 2021, NAPLAN was undertaken in schools across the country, with national summary preliminary results released in August 2021.

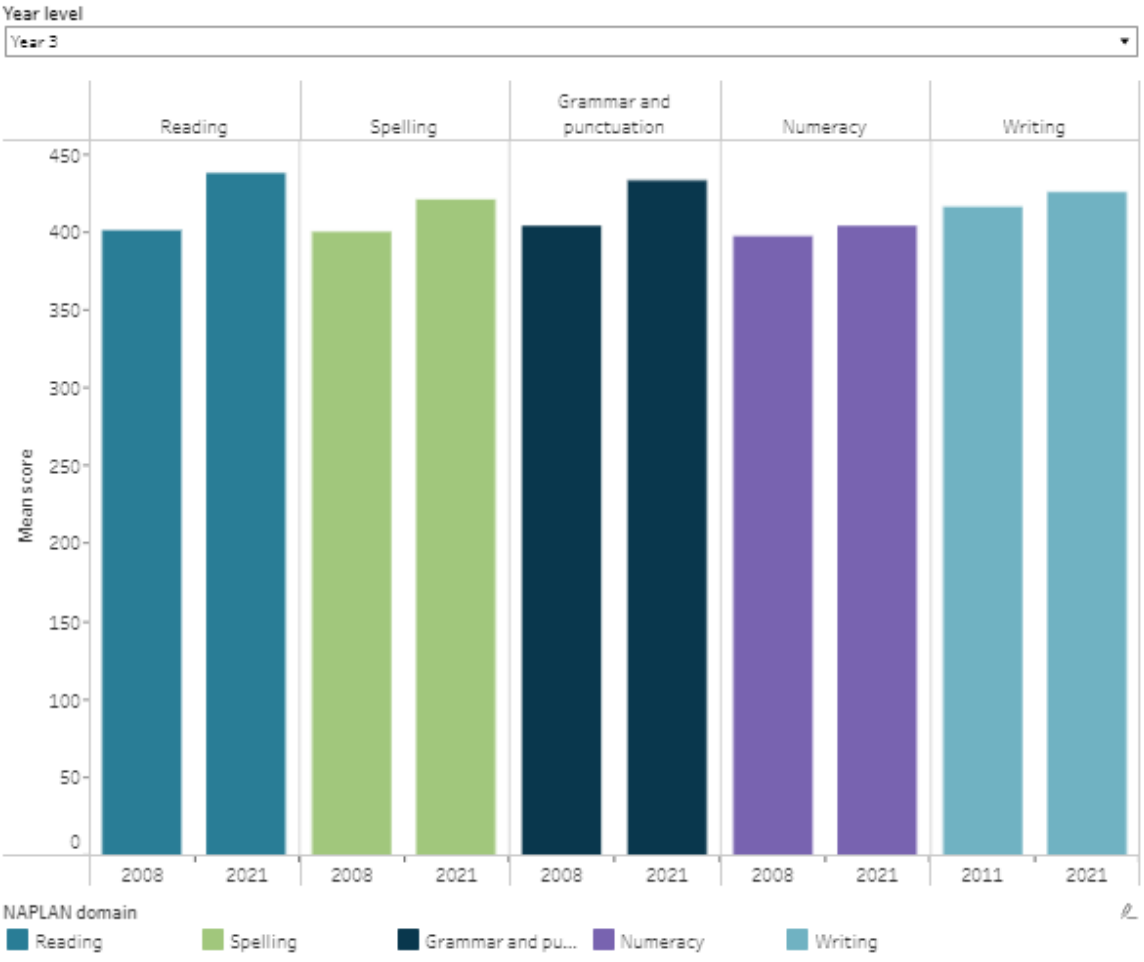
Trends

From 2008 to 2021, national mean NAPLAN scores have generally improved across all domains, except Writing (Figure 1).

The largest improvements were in the Reading domain at Year 3 (37 points) and Year 5 (27 points). The greatest reductions in skill were in Writing for Year 9 (15 points) and Year 7 (7 points).

National mean scores on NAPLAN domains in 2021 did not change substantially from 2019 results.

Figure 1: National mean scores across NAPLAN domains by year level, 2008, 2011 and 2021



Notes:
1. Due to changes in the Writing assessment in 2011, the earliest year against which 2021 results on the Writing domain can be compared is 2011.
2. NAPLAN data for 2021 are preliminary summary results.

Source: ACARA 2021b.

http://www.aihw.gov.au

Table 1 shows significant changes in NAPLAN domain scores between 2008 and 2021.

Table 1: NAPLAN mean scale scores in 2021, with significance of change between 2008 and 2021[a,b], by year level

	Year 3		Year 5		Year 7		Year 9	
Domain	**2021**	**Change**	**2021 9**	**Change**	**2021**	**Change**	**2021**	**Change**
Reading	437.3	↑	511.6 1	↑	542.4	↑	577.5	↓
Writing[c]	425.4	↑	480.0	↓	522.2	↓	550.7	↓
Spelling	421.0	↑	504.5	↑	548.7	↑	580.1	↑

	Year 3		Year 5		Year 7		Year 9	
Domain	**2021**	**Change**	**2021 9**	**Change**	**2021**	**Change**	**2021**	**Change**
Grammar and punctuation	433.2	↑	502.8	↑	533.4	↑	570.9	↑
Numeracy	403.4	↑	495.2	↑	550.6	↑	587.9	↑

↑ Statistically significant increase from base year.

↓ Statistically significant decrease from base year.

↑ Increase from base year (not statistically significant).

↓ Decrease from base year (not statistically significant).

Source: ACARA 2021b.

(f) Significance testing calculated by ACARA.

(g) NAPLAN data for 2021 are preliminary summary results.

(h) Due to changes in the Writing assessment in 2011, the earliest year against which 2021 results on the Writing domain can be compared is 2011.

In 2018 ,2019 and 2021, NAPLAN tests were completed by students either online or in a paper format. By moving NAPLAN online it is hoped that the assessments will be more precise and more engaging for both schools and students.

The NAPLAN 2021 summary report combines both the online and paper results to allow year to year comparisons to be made. Results should always be interpreted with care, as students may have experienced connectivity issues while undertaking the online test.

Population groups

The latest NAPLAN data on population groups is from the 2019 NAPLAN National Report. In 2019:

- across all assessed year levels, female students attained a higher mean score than males in Reading, Writing, Spelling, and Grammar and punctuation. On the Numeracy domain, females attained a lower mean score than males
- children whose parents had attained a Bachelor degree or higher returned the highest mean scores
- students from *Very remote* areas scored lowest across all NAPLAN domains when compared with students in other remoteness areas (ACARA 2021b).

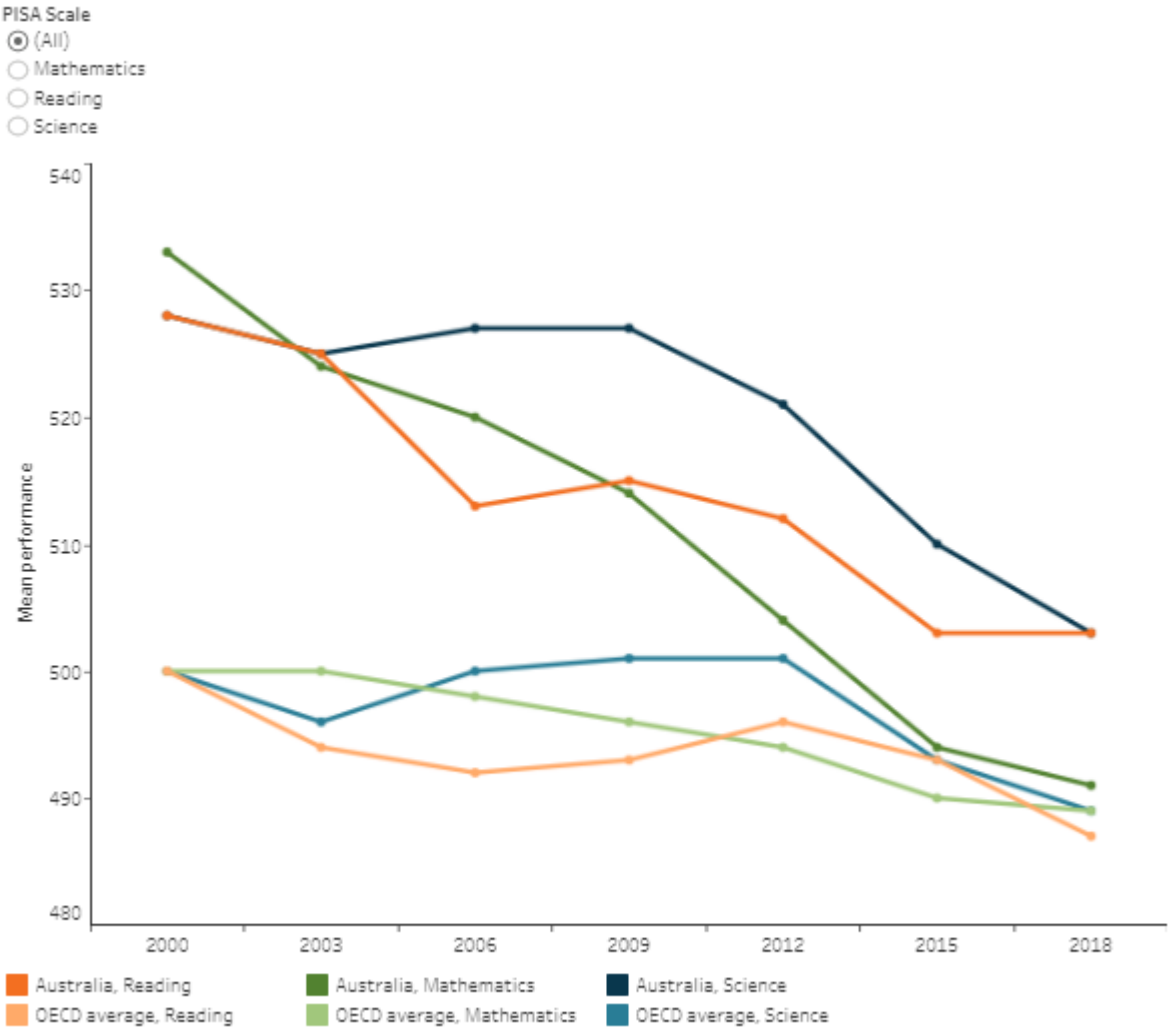
International comparisons

Some international studies monitor the performance of primary and secondary school students around the world. These can be used to compare Australian students with their peers in other countries.

Programme for International Student Assessment

The Programme for International Student Assessment (PISA) is a triennial survey of 15-year-old students around the world. It focuses on the core school subjects of science, reading and mathematics. The performance of Australian students was highest at the first year of measurement (2000) and has since declined across reading, science and mathematics (Figure 2). While Australian students have performed above the Organisation for Economic Co-operation and Development (OECD) average on all three measures, the difference between Australia and the OECD average has been decreasing (OECD 2016b).

Figure 2: Mean performance on the PISA, Australia and OECD average, 2000 to 2018



Source: OECD 2001, 2004, 2007, 2010, 2014, 2016b, and 2019.
http://www.aihw.gov.au

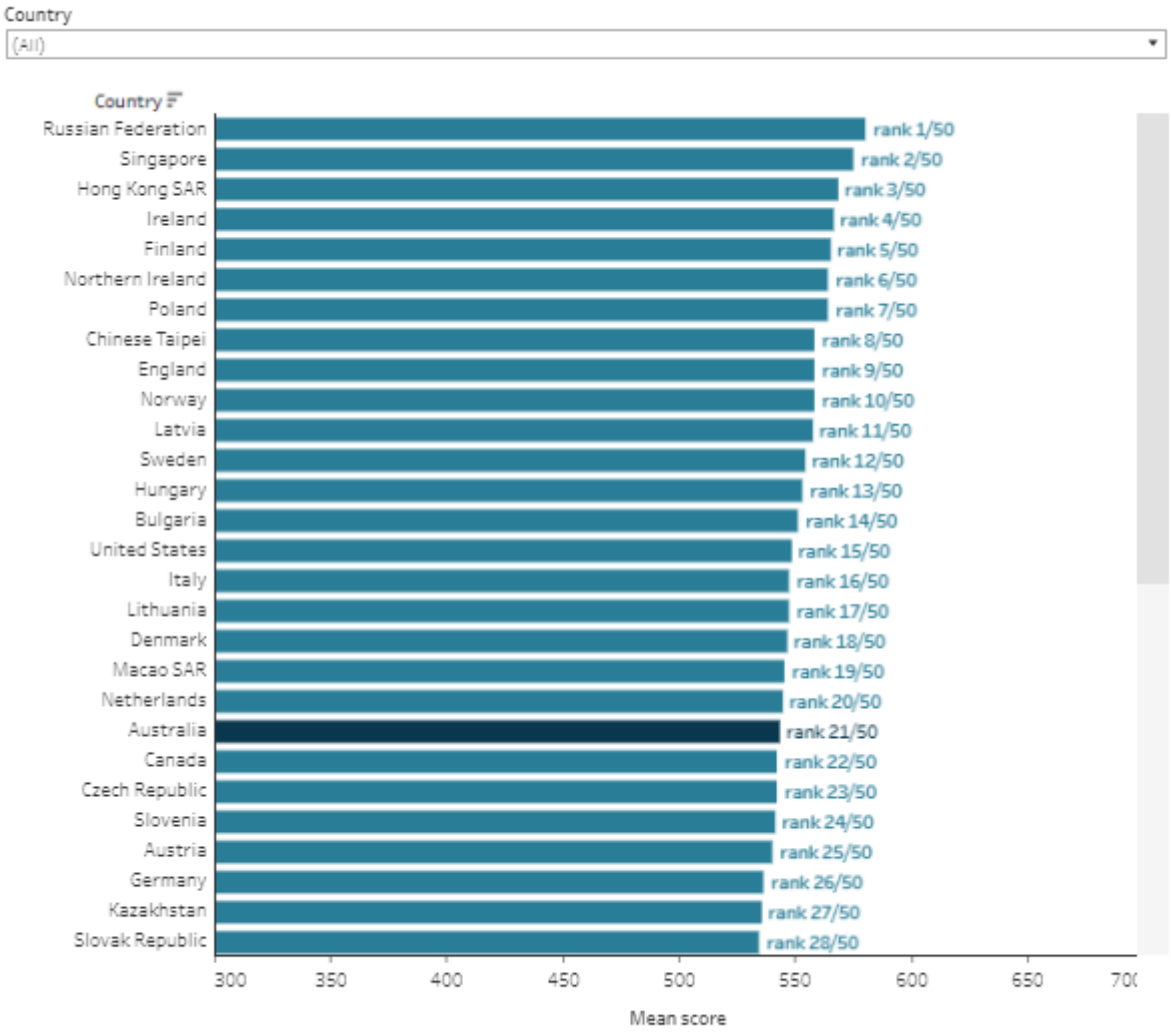
Progress in International Reading Literacy Study

The Progress in International Reading Literacy Study (PIRLS) assesses reading literacy in Year 4 students across 50 countries. The latest available data from the PIRLS comes from the 2016 report (Thomson et al. 2017a):

- Australia's average reading score (544) was significantly higher than 24 participating countries and significantly lower than 13 countries.
- Australia scored similarly to the United States (549) and Canada (543), significantly higher than New Zealand (523), and significantly lower than Ireland (567), Northern Ireland (565) and England (559). The Russian Federation was the top scoring country (581) and South Africa the lowest (320) (Figure 3).
- Australia's mean reading score improved by nearly 20 points since 2011 (527 points in 2011).

The next PIRLS is scheduled to be undertaken in November, 2021.

Figure 3: Comparison of mean scores on the PIRLS reading literacy assessment, 2016



Source: Thomson et al. 2017a.
http://www.aihw.gov.au

Trends in International Mathematics and Science Study

The Trends in International Mathematics and Science Study (TIMSS) has internationally compared the performance of Year 4 and Year 8 students in mathematics and science since 1995. In the 2019 TIMSS report, of the 64 countries that participated, Australia was outperformed by 22 countries in Year 4 mathematics, 6 countries in Year 8 mathematics, 8 countries in Year 4 science, and 6 countries in Year 8 science (Thomson et al. 2020).

Where do I go for more information?

For more information on overall education, see:

- The National Assessment Program
- Programme for International Student Assessment
- Progress in International Reading and Literacy Study
- Report on Government Services
- Trends in International Mathematics and Science Study

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Secondary education: school retention and completion

Find the most recent version of this information at:
http://www.aihw.gov.au/reports/australias-welfare/secondary-education-school-retention-completion

On this page:

Participation in secondary school enables young people to develop their skills and knowledge, increasing their productivity and often leading to higher personal earnings and improved health and wellbeing outcomes. A highly skilled workforce also contributes to economic growth (World Bank 2005). In Australia, completing Year 12 or an equivalent qualification is an important milestone in the transition to adulthood (Liu & Nguyen 2011). Those who have completed Year 12 are more likely to continue with further education or training and have a more successful transition into the workforce (ABS 2011).

Impact of COVID-19

In an effort to reduce the spread of coronavirus disease 2019 (COVID-19), several restrictions have been put in place across Australia, including non-essential service shutdowns, social distancing and remote and home-based learning.

Throughout the pandemic, Australian schools have generally been kept open. However, in light of extended lockdowns in many states and territories, online delivery or remote learning have been implemented for many education programs. While some schools may have been temporarily closed in 2020 due to disruptions related to the COVID-19 pandemic, the latest collection of enrolment and registration data for Australian schools was not greatly impacted (ABS 2021).

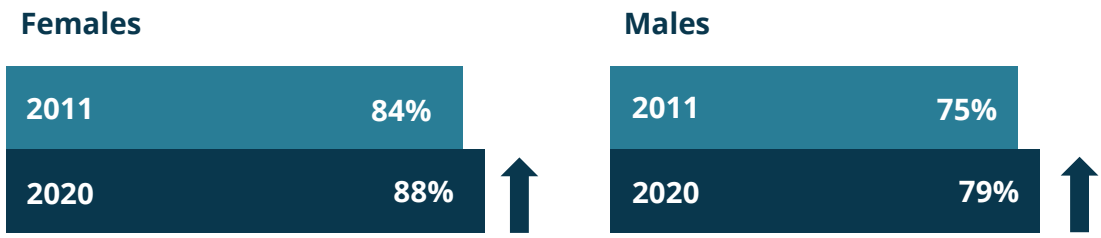
Are students staying in school?

The apparent retention rate to Year 12 is an estimate of the percentage of students who stay enrolled full time in secondary education from the start of secondary school (year 7 or 8, depending on the state or territory) to Year 12 (see glossary).

In 2020, the apparent retention rate to Year 12 was 84%, an increase from 79% in 2011 (ABS 2021).

In 2020, more females than males were staying in school until Year 12; 88% of females compared with 79% of males. Apparent retention rates for both sexes have increased since 2011, by 4 percentage points for females and 5 percentage points for males (ABS 2021).

School retention rates and change by sex, 2011 and 2020



Note: Proportions are rounded to the nearest whole percentage.

Attainment of Year 12 or above

The attainment rate is the proportion of all estimated Year 12 students who meet the requirements of a Year 12 or equivalent qualification (see glossary) (SCRGSP 2021). This rate increased from 70% in 2010 to a peak of 79% in 2018, before declining to 72% in 2019.

In 2020, around 8 in 10 (79%) people aged 15–64 had attained Year 12 or equivalent or a non-school qualification at Certificate III level or above (ABS 2020).

The National School Reform Agreement

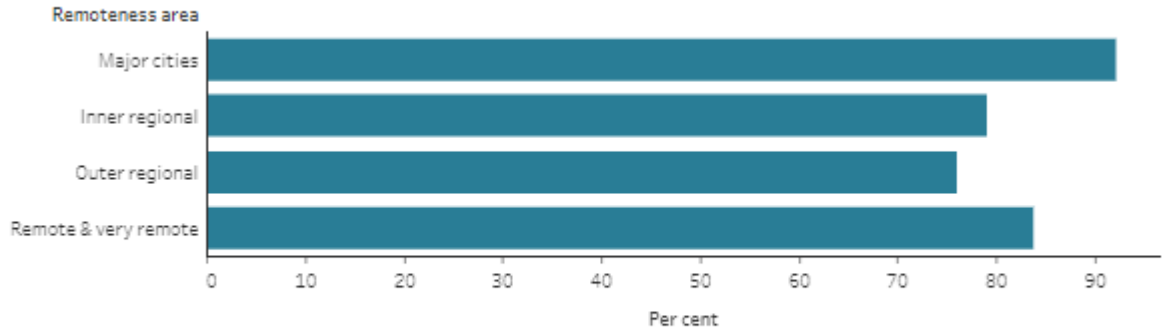
The National School Reform Agreement (NSRA) is a joint agreement between the Commonwealth, States and Territories to lift student outcomes across Australian Schools (DESE 2018). It commenced on 1 January, 2019 and will expire on 31 December, 2023. The NSRA sets a target of 90% Year 12 (or equivalent) or Certificate III attainment or above for young people aged 20–24 by 2020. The attainment rate increased overall between 2008 and 2020, from 83% to 89% (ABS 2020), landing close to the NSRA target.

The target to halve the gap for Aboriginal and Torres Strait Islander people aged 20–24 in Year 12 or equivalent attainment is on track to be met by 2020 (PM&C 2019). See Indigenous education and skills for more on this target.

In 2020, of people aged 20–24:

- women (92%) were more likely than men (87%) to have completed Year 12 or a Certificate III or above, consistent with previous years
- people living in *Major cities* (92%) were more likely than those living in other remoteness areas to have completed Year 12 or a Certificate III or above (Figure 1).

Figure 1: Proportion of persons aged 20–24 with Year 12 or equivalent, or non-school qualification at Certificate III level or above, by remoteness area, 2020



Note: Year 12/Certificate III educational attainment for *Remote* and *Very remote* areas should be interpreted with caution due to a high relative standard of error (25% to 50%) (ABS 2020).
Source: ABS 2020.
http://www.aihw.gov.au

Expectation of university study

A student's expectations of future education can influence their motivation, behaviour and achievement in school. Students with higher expectations of future study, including those who expect to go to university, tend to perform better (Khattab 2015; Hillman 2018).

The latest available data from the Programme for International Student Assessment in 2015 reported:

- 54% of Australian students aged 15 expected to continue their study at university when they finished Year 12
- 3.2% expected they would study at a Technical and Further Education (TAFE) institution
- 60% of female students expected to complete a university degree compared with 49% of male students
- Between 2003 and 2015, the proportion of Australian students aged 15 expecting to study at a:
  - university declined from 63% to 54%

  - TAFE institution declined from 8.0% to 3.2% (Hillman 2018).

The total number of commencing undergraduate students in 2019 was 384,400 (DET 2020). This was a 77% increase from 216,600 in 2003 (DET 2013). Commencing undergraduate domestic students increased 66% over the same period, from 166,500 in 2003 (DET 2013) to 276,100 in 2019 (DET 2020).

Marked disparities in educational expectations exist across different population groups, often reflecting wider patterns of disadvantage in Australia. In 2015:

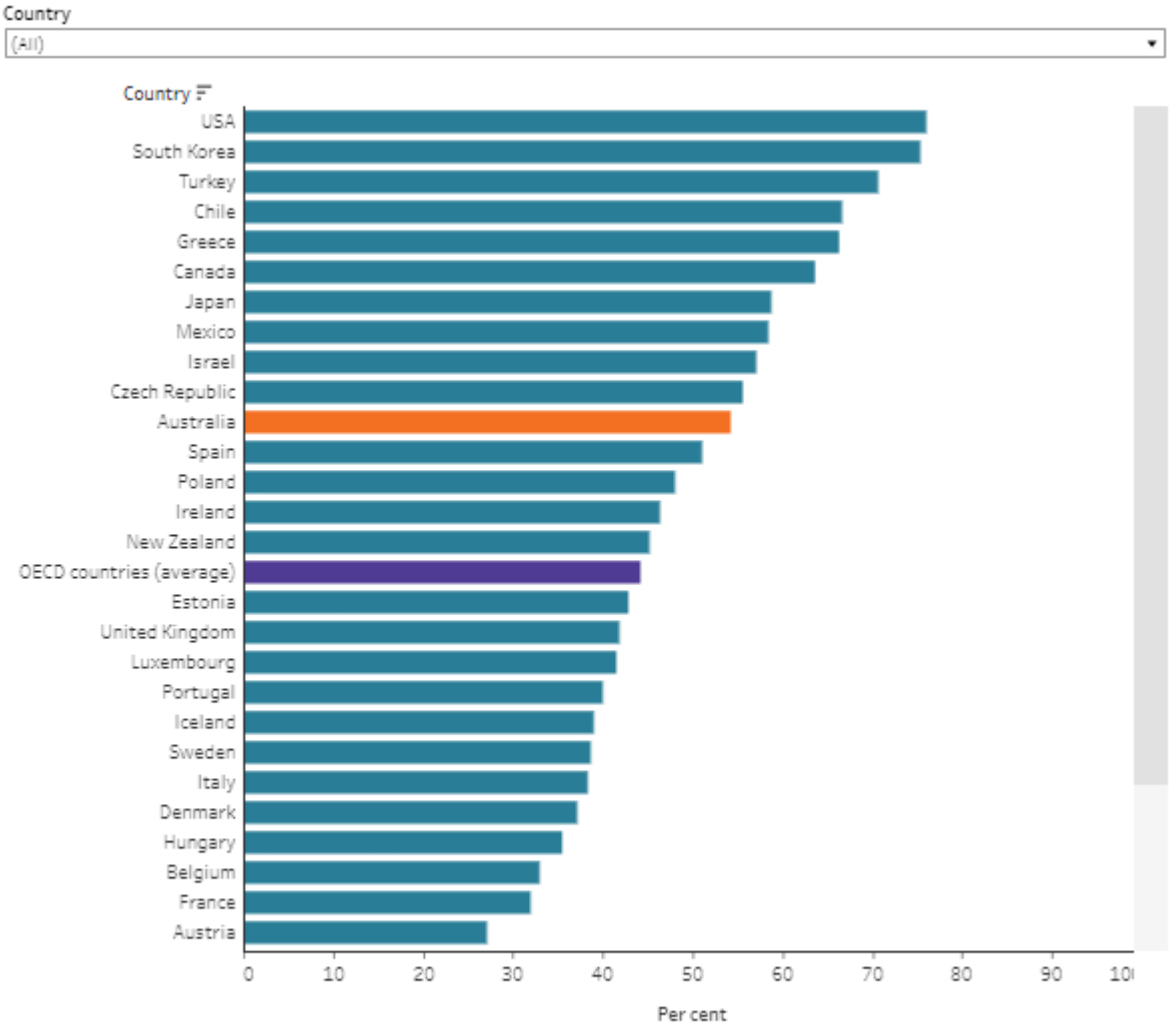
- only 28% of Indigenous students expected to complete a university degree, down from 43% in 2003
- 39% of students in schools in remote areas expected to complete a university degree, compared with 59% of students in metropolitan areas
- only 34% of students in the lowest socioeconomic quartile expected to complete a university degree, compared with 77% in the highest socioeconomic quartile
- even among high achieving students, only 74% of those from low socioeconomic backgrounds expected to complete a university degree, compared with 92% from high socioeconomic backgrounds (Hillman 2018).

Of students born in Australia, only 48% expected to complete a university degree, compared with 70% of students born overseas (Hillman 2018).

International comparisons

According to the latest available data from 2015, Australia ranked 11th (at 54%) out of 34 Organisation for Economic Co-operation and Development (OECD) countries for the proportion of 15-year-olds expecting to complete university (Figure 2). This was below the United States (first at 76%) and Canada (sixth at 64%) but above New Zealand (15th at 45%) and the United Kingdom (17th at 42%; Figure 2). The OECD average was 44% (OECD 2015).

Figure 2: Proportion of 15-year-olds expecting to complete university, OECD countries, 2015



Note: Slovak Republic omitted due to missing data.
Source: OECD 2015.
http://www.aihw.gov.au

Where do I go for more information?

For more information on school retention and completion, see:

- Productivity Commission school education services performance indicator dashboard
- Australian Bureau of Statistics (ABS) Education and Work
- ABS Schools
- Programme for International Student Assessment (Australian results)
- Programme for International Student Assessment (International results)

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Transition to primary school

Find the most recent version of this information at: www.aihw.gov.au/reports/australias-welfare/transition-to-primary-school

On this page:

The early childhood years are a time when children begin to learn to communicate and get along with others, as well as adapt their behaviour, emotions and attention (CDCHU 2011). These developmental skills play an important role when a child transitions to primary school, and establish the foundations for academic and life success (Pascoe & Brennan 2017).

This page presents information on the development and school readiness of children in Australia by the time they reach primary school, using data from the 2018 Australian Early Development Census (AEDC).

The impact of COVID-19 on the transition to primary school

The most recent iteration of the AEDC was undertaken during Term 2, 2021. When results are available, the 2021 AEDC data will deliver insights into how the health and development of young children has been impacted by living through the coronavirus disease 2019 (COVID-19) pandemic (AEDC 2021).

What is the Australian Early Development Census?

The AEDC was introduced nationally in 2009 to measure the developmental vulnerability of children every three years. Data is provided by teachers using the Australian version of the Early Development Instrument. The census assesses children in their initial year of formal schooling. Parents/carers can opt out of the census if they do not want their child to participate (AEDC 2016).

The AEDC measures school readiness across five domains:

- Physical health and wellbeing—physical independence, motor skills, energy levels, ability to physically cope with the school day.
- Social competence—self-control and self-confidence, ability to work and play well with others, respect for others, responsibility, ability to follow instructions.

- Emotional maturity—absence of anxious and fearful behaviour, ability to concentrate, ability to provide assistance to other children.
- Language and cognitive skills (school-based)—interest and ability relating to literacy, numeracy, memory.
- Communication skills and general knowledge—communication with children and adults, articulation, ability to tell a story (AEDC 2016).

The AEDC scores are grouped into three categories:

- developmentally on track (above the 25th percentile)
- developmentally at risk (between the 10th and 25th percentile)
- developmentally vulnerable (below the 10th percentile).

Who participated in the AEDC 2018?

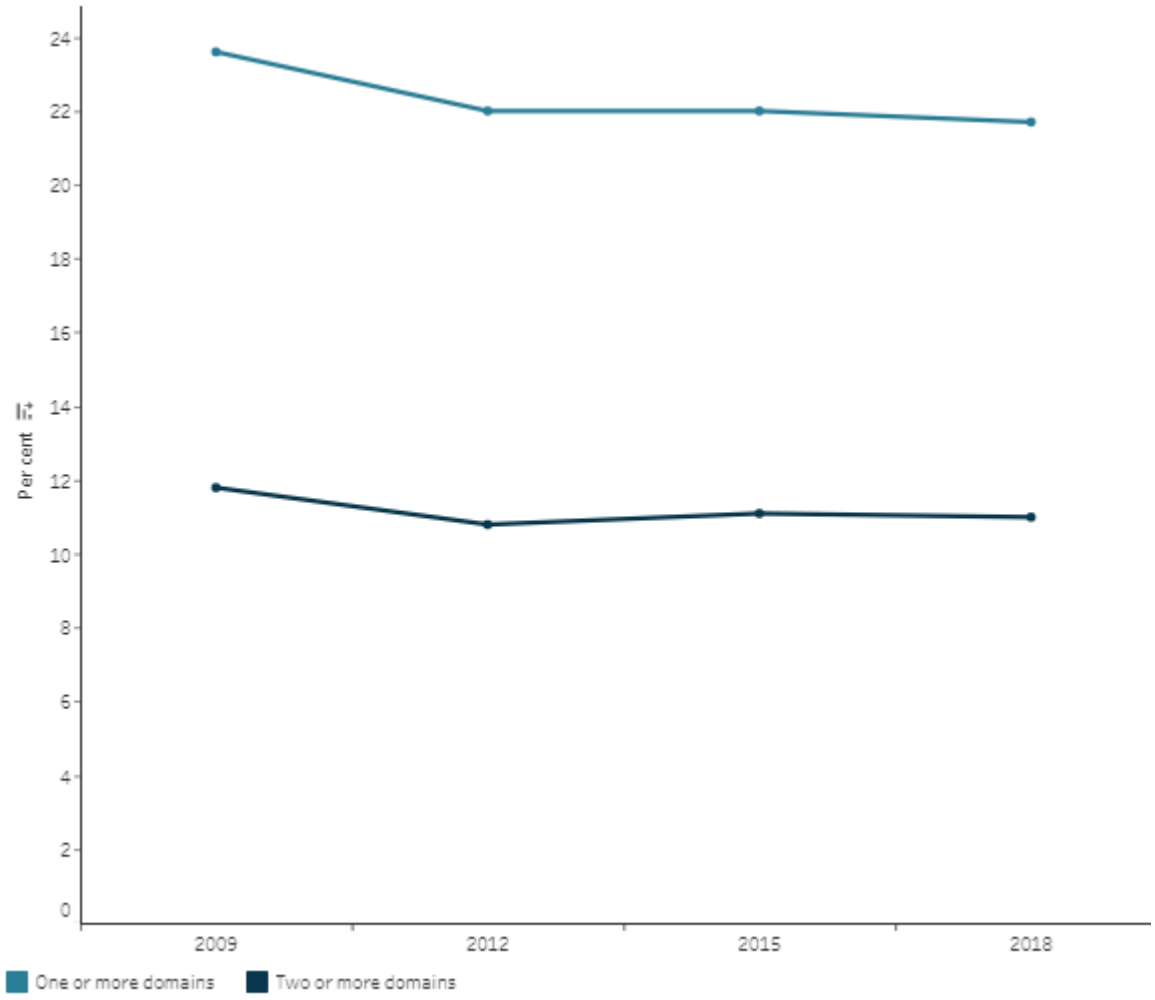
Based on the most recent data in 2018, 309,000 children participated in the AEDC, 96% of the estimated number of eligible children at the time. The proportion of eligible children participating has remained fairly constant since 2009 (97% in 2015, 97% in 2012 and 98% in 2009).

The average age of children in the 2018 AEDC was 5.6 years, consistent with previous years. Mean age differed by state and territory, reflecting the different ages at which children start their first year of full-time school. The highest mean age was 5.9 years in Tasmania, while the lowest was 5.3 years in Western Australia (AEDC 2019).

How many children were developmentally vulnerable?

Based on the most recent data in 2018, the proportion of children classified as developmentally vulnerable on one or more domain(s) was 22%, while the proportion classified as developmentally vulnerable on two or more domains was 11%. Developmental vulnerability has remained relatively stable since 2009 (Figure 1).

Figure 1: Proportion of children classified as vulnerable on one or more AEDC domain(s) or on two or more domains, 2009 to 2018

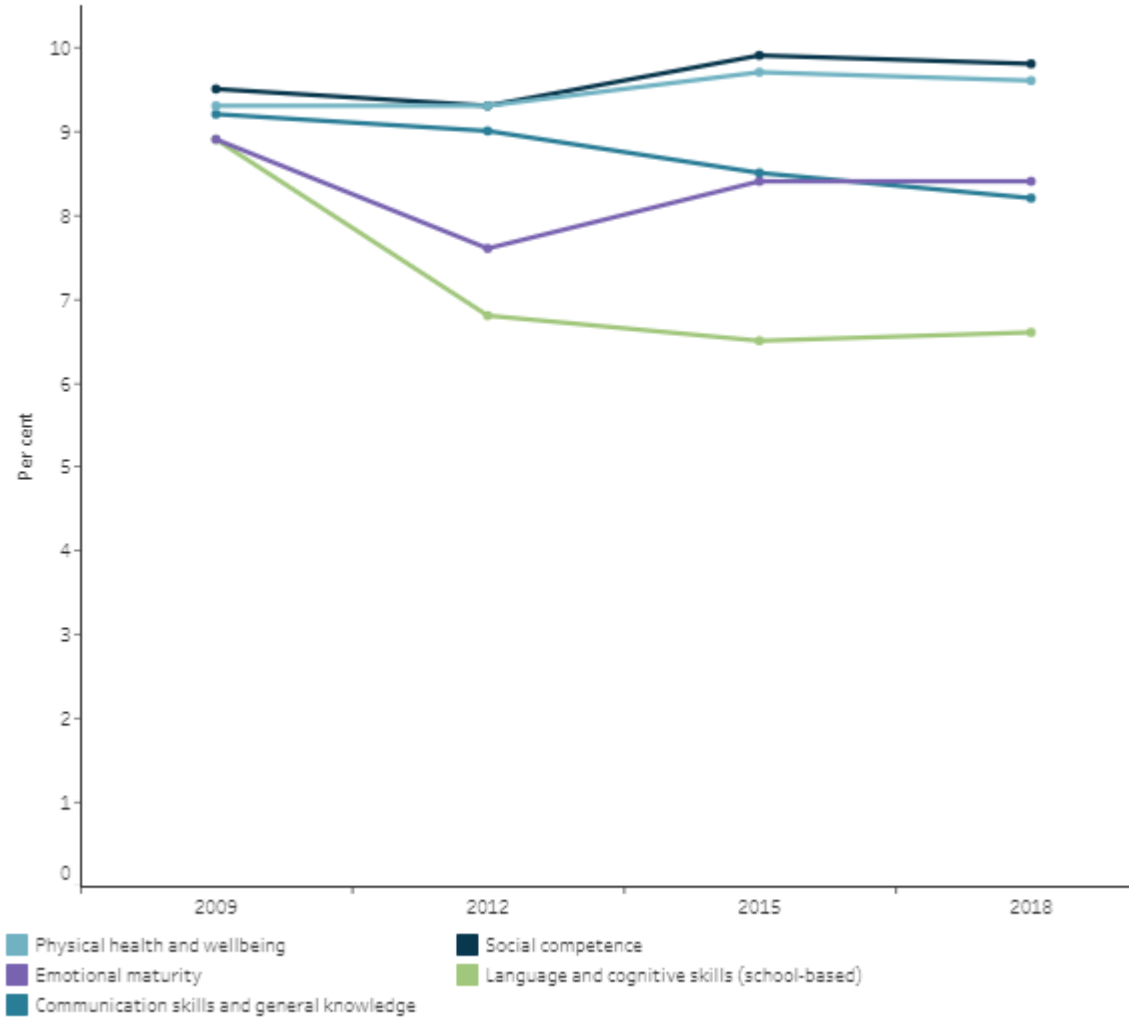


Source: AEDC 2016, 2019.
http://www.aihw.gov.au

Some changes took place in the proportion of children considered to be developmentally vulnerable across the five AEDC domains. Between 2009 and 2018, the proportion of children developmentally vulnerable on:

- physical health and wellbeing increased from 9.3% to 9.6%
- social competence increased from 9.5% to 9.8%
- emotional maturity decreased from 8.9% to 8.4%
- language and cognitive skills decreased from 8.9% to 6.6%
- communication skills and general knowledge decreased from 9.2% to 8.2% (Figure 2).

Figure 2: Proportion of children classified as developmentally vulnerable on each of the five AEDC domains, 2009 to 2018



Source: AEDC 2016, 2019.
http://www.aihw.gov.au

The developmental vulnerability of children also differed across demographic factors.

Sex

In 2018, boys were around twice as likely to be developmentally vulnerable on one or more and two or more domains than girls.

Boys were also more likely to be developmentally vulnerable across each domain than girls. This difference has been consistent in the AEDC since 2009 (Figure 3).

Aboriginal and Torres Strait Islander people

In the 2020 National Agreement on Closing the Gap, a new target is to increase the proportion of Aboriginal and Torres Strait Islander children assessed as developmentally on track in all 5 domains of the AEDC to 55% by 2031. In 2018, 35% of Aboriginal and

Torres Strait Islander children were developmentally on track across all 5 domains (Tehan 2019).

The proportion of developmentally vulnerable Indigenous children declined between 2009 and 2018 (Figure 3). Indigenous children were twice as likely to be developmentally vulnerable as non-Indigenous children in 2018.

Socioeconomic area

Children living in low socioeconomic areas were more likely to be developmentally vulnerable on one or more domains than children living in other socioeconomic areas.

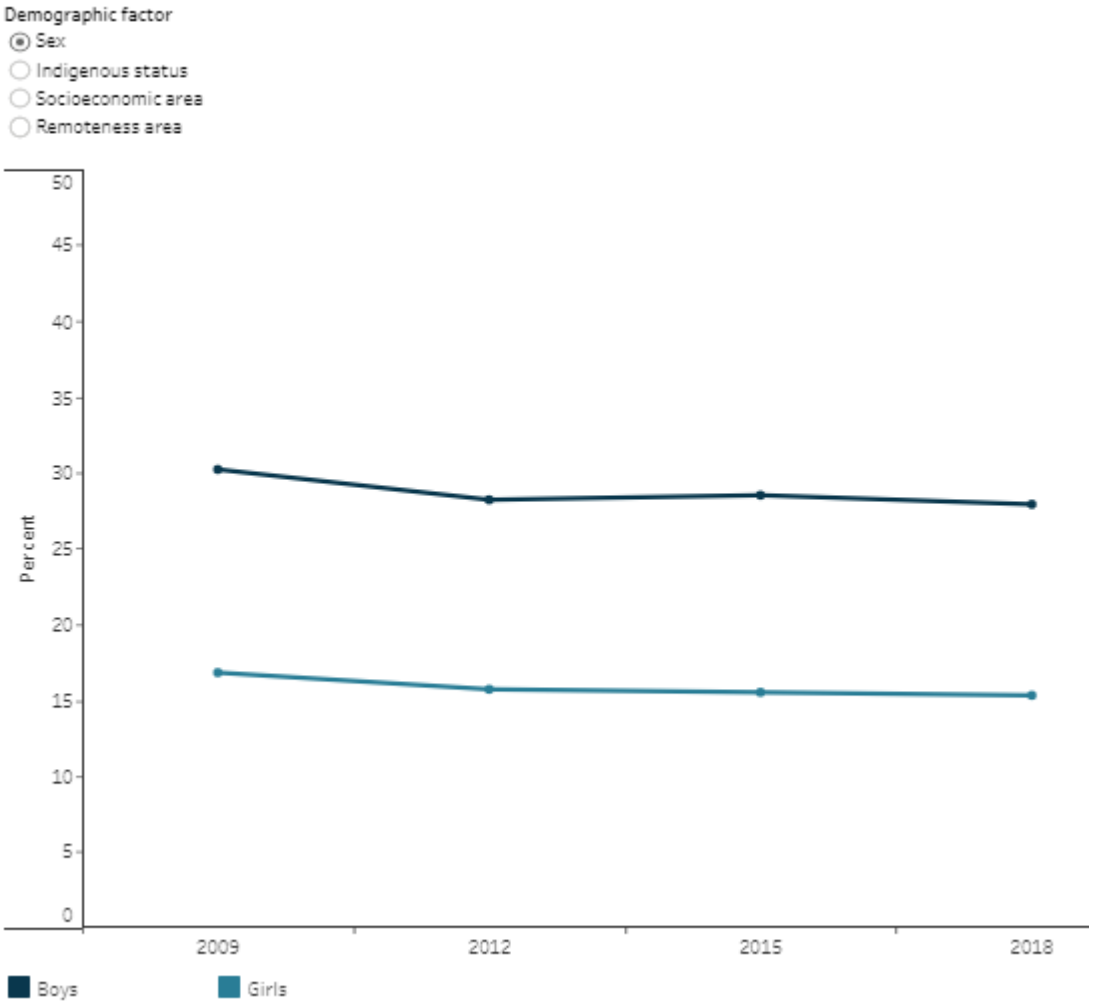
In 2018, 32% of children in the lowest areas were developmentally vulnerable, compared with 15% of children in the highest areas. This was consistent between 2009 and 2018 (Figure 3).

Remoteness area

Children living in *Very remote* areas were more likely to be developmentally vulnerable than children in other remoteness areas.

In 2018, 46% of children in *Very remote* areas were developmentally vulnerable, compared with 21% of children living in *Major cities* (Figure 3).

Figure 3: Proportion of children classified as developmentally vulnerable on one or more AEDC domain(s) by sex, Indigenous status, remoteness area and socioeconomic area, 2009 to 2018



Source: AEDC 2016, 2019.
http://www.aihw.gov.au

Where do I go for more information?

For more information on transitioning to primary school, see:

- Australian Early Development Census

References

AEDC 2016. Australian Early Development Census national report 2015. Melbourne: AEDC.

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CDCHU (Center on the Developing Child at Harvard University) 2011. Building the brain's 'Air Traffic Control' system: How early experiences shape the development of executive functioning: Working paper no. 11. Viewed 8 June 2021.

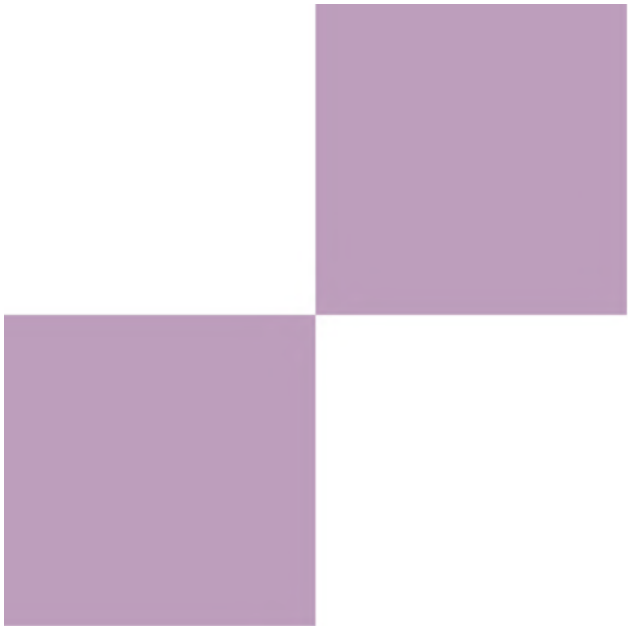
Pascoe S & Brennan D 2017. Lifting our game: Report of the review to achieve educational excellence in Australian schools through early childhood interventions—December 2017. Melbourne: State of Victoria. Viewed 8 June 2021.

Tehan, the Hon. D 2019. Minister's message on the release of the 2018 AEDC results. Media release by Minister for Education. 22 March. Canberra. Viewed 8 June 2021.

Employment and income

Having a job helps people support themselves, their families and communities, and employment is tied to physical and mental health. Patterns of employment change over time, and people have different experiences of employment. Some people may have difficulty finding work or developing skills to improve employability, and may receive help from government employment services.

Government payments support those who may not be able to fully support themselves or would benefit from financial assistance at certain life stages—such as people unable to work or find work, or people who would benefit from support with the cost of raising children.

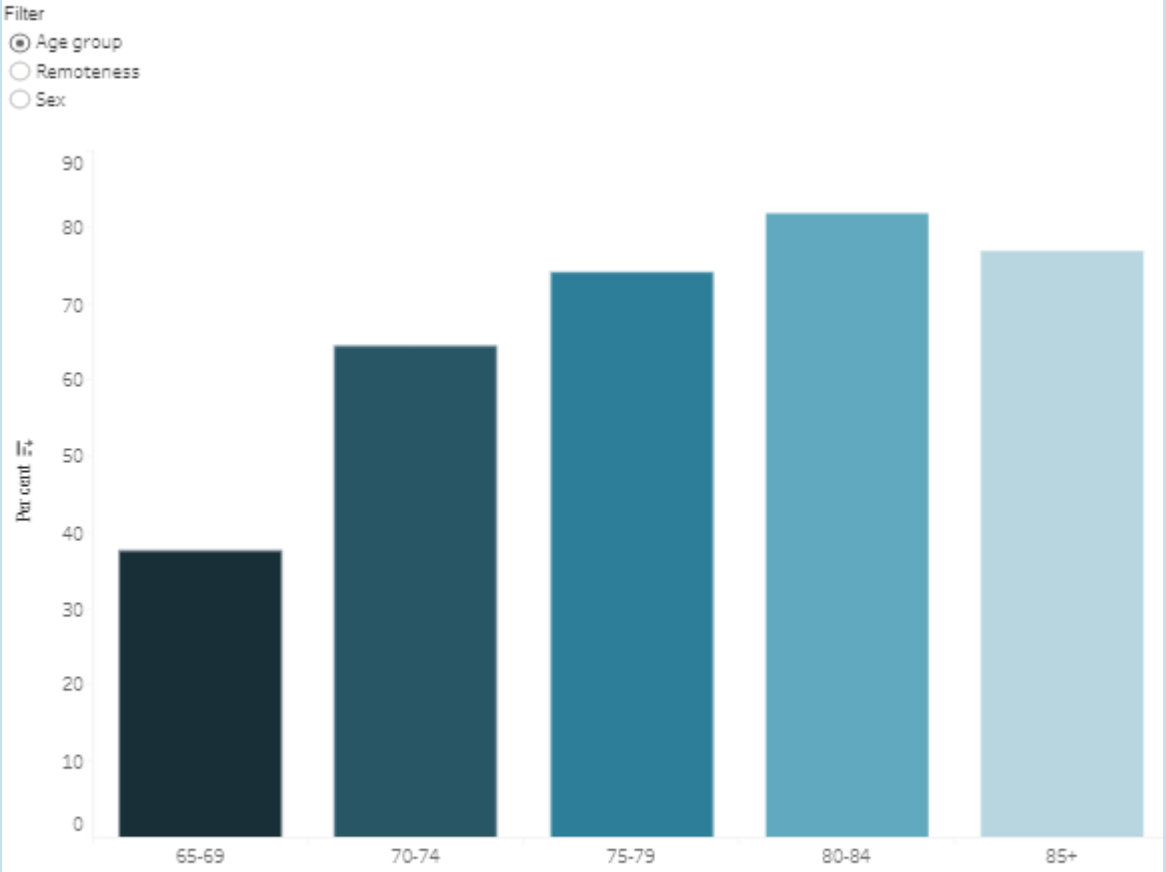


Age pension

Find the most recent version of this information at:
http://www.aihw.gov.au/reports/australias-welfare/age-pension

On this page

Figure 2: Proportion of people aged 65 and over receiving Age Pension, by age, sex and remoteness area, as at 26 March 2021



Note
Proportions are as at 26 March 2021, using ABS population data (June 2020 for age and sex and June 2019 for remoteness).
Source: AIHW analysis of DSS Payment Demographic data on https://data.gov.au/data/dataset/dss-payment-demographic-data; unpublished data from DSS
http://www.aihw.gov.au/

Earning an income while receiving income support

Where do I go for more information?

Australia's social security system, administered by the Department of Social Services, aims to support people who cannot, or cannot fully, support themselves, by providing targeted payments and assistance. When this payment is a person's primary source of income, it is called an 'income support payment', which is a specific category of social security payments (see Income and income support).

Government pensions and allowances were the most common main source of income for the 3.9 million retirees in Australia in 2018–19 aged 45 and over (49% for men; 44% for women), followed by superannuation (30% for men; 17% for women). The average age of retirement was 55.4 years in 2018–19 (ABS 2020).

Age Pension is the most common income support payment available for people aged 65 and over (referred to as older Australians). It is paid to people who meet certain

requirements, such as age and residency, and is subject to income and asset testing. Several policy changes have been made to the Age Pension over the last 5 years, including an incremental increase in the qualifying age (from age 65.5 in 2017 to 67 in 2023) and a rebalancing of the assets test from 1 January 2017 (DSS 2021). For more information on this payment see Age Pension and Age Pension – payment rates.

This page presents information on the people receiving Age Pension.

- Unless otherwise stated, income support data are sourced from Department of Social Services payment demographic data (from 2014 to 2021) and from previously unpublished data constructed from Services Australia administrative data (2001 to 2013).
- Information on government expenditure on these payments is included in Welfare expenditure.
- Information on this page is based on the latest available data (March 2021) at the time of finalising this snapshot in mid-July 2021. More recent data (June 2021) released in August has been included in the Trends section only.

How many older Australians receive Age Pension and other payments?

As at 26 March 2021, around 2.6 million people received Age Pension, equating to over 3 in 5 (62%) of the population aged 65 and over.

While this page focuses on Age Pension recipients, a small proportion of older people aged 65 and over received other income support payments:

- Disability Support Pension (2.4% or 99,800)
- Carer Payment (1.3% or 55,700)
- JobSeeker Payment (0.8% or 31,700).

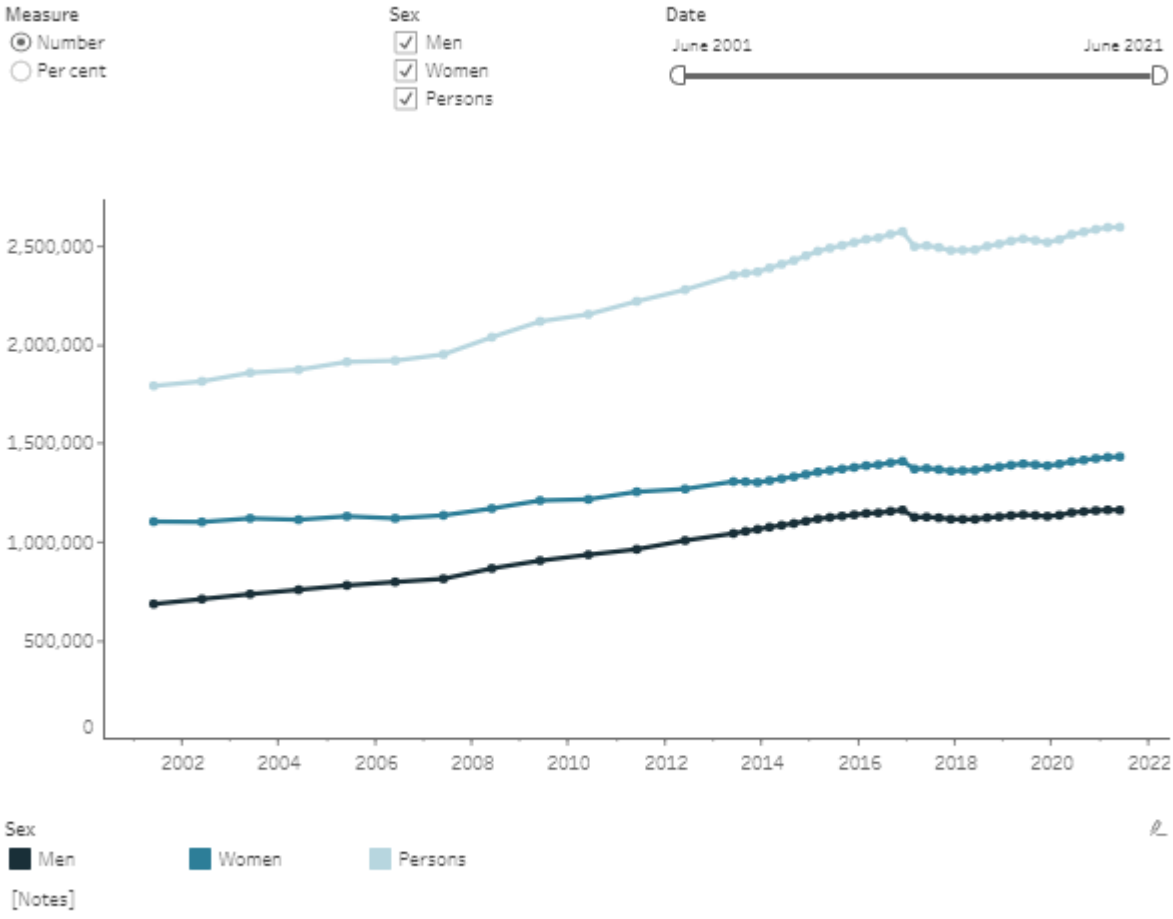
Between 2018 and 2021, the number of older people receiving the Disability Support Payment increased by 35% and recipients of Jobseeker/Newstart Allowance Payment tripled, as the qualifying age for the Age Pension continues to rise. For more information on these other income support payments, see Disability Support Pension and Carer Payment and Unemployment and parenting income support payments.

Trends

The number of Age Pension recipients increased overall by 45% over the last 2 decades – from 1.8 million to almost 2.6 million between June 2001 and June 2021 (Figure 1). The slight dip in 2017 reflects changes to the Age Pension assets test from January 2017. However, the proportion of the population aged 65 and over receiving Age Pension has declined over this period – from 74% in 2001 to 66% in 2017, and then to 62% by June 2021. This declining proportion reflects that the growth in the aged population has been

steeper than the increase in Age Pension recipients over this period (73% compared with 48% increase, respectively).

Figure 1: Age Pension recipients, June 2001 to June 2021



Source: AIHW analysis of DSS Payment Demographic data on https://data.gov.au/data/dataset/dss-payment-demographic-data (2014-2021) and unpublished data constructed from Services Australia administrative data (2001-2013).
http://www.aihw.gov.au/

Impacts of COVID-19

In late March 2020, the Australian Government introduced short-term policy measures to protect those whose income was adversely affected by the restrictions associated with the coronavirus disease 2019 (COVID-19) pandemic. While the COVID-19 pandemic has resulted in large increases in the number of income support recipients overall, it does not appear to have had a large impact on those receiving the Age Pension.

In the 12 months to March 2021, the number of Age Pension recipients increased by 2.4% (an additional 61,600 recipients), consistent with increases seen in previous years (for example, an increase of 46,200 recipients in the 12 months to March 2019).

The proportion of Age Pension recipients receiving a part-rate payment fell even faster between March 2020 and March 2021 (from 36% to 32% of recipients) compared with previous years (from 41% to 38% between March 2015 and 2019). This suggests that

COVID-related labour market conditions may have had an impact on earnings from employment for Age Pension recipients.

For more information on the impact of the COVID-19 on income support payments, see 'Chapter 4 The impacts of COVID-19 on employment and income support in Australia' in Australia's welfare 2021: data insights.

Age and sex

As at March 2021, the proportion of the population aged 65 and over who received Age Pension increased with age, up to age group 80–84—38% for those aged 65–69 to 82% for those aged 80–84—and then declined to 77% for those aged 85 and over (Figure 2).

Between 2018 and 2020, the number of Age Pension recipients aged 65–69 declined by 9.5%, which may reflect recipients remaining on other payments for longer (such as disability and unemployment-related payments) as the qualifying age for Age Pension continues to increase. In contrast, the number of recipients aged 80 and over has increased by 8.4% between 2018 and 2020, largely reflecting the growth in the 80 and over population (6.7% increase) over this period.

As at March 2021, women were more likely to receive Age Pension than men—1.4 million (64% of women aged 65 and over) compared with 1.2 million (59%) men (Figure 2).

Indigenous Australians

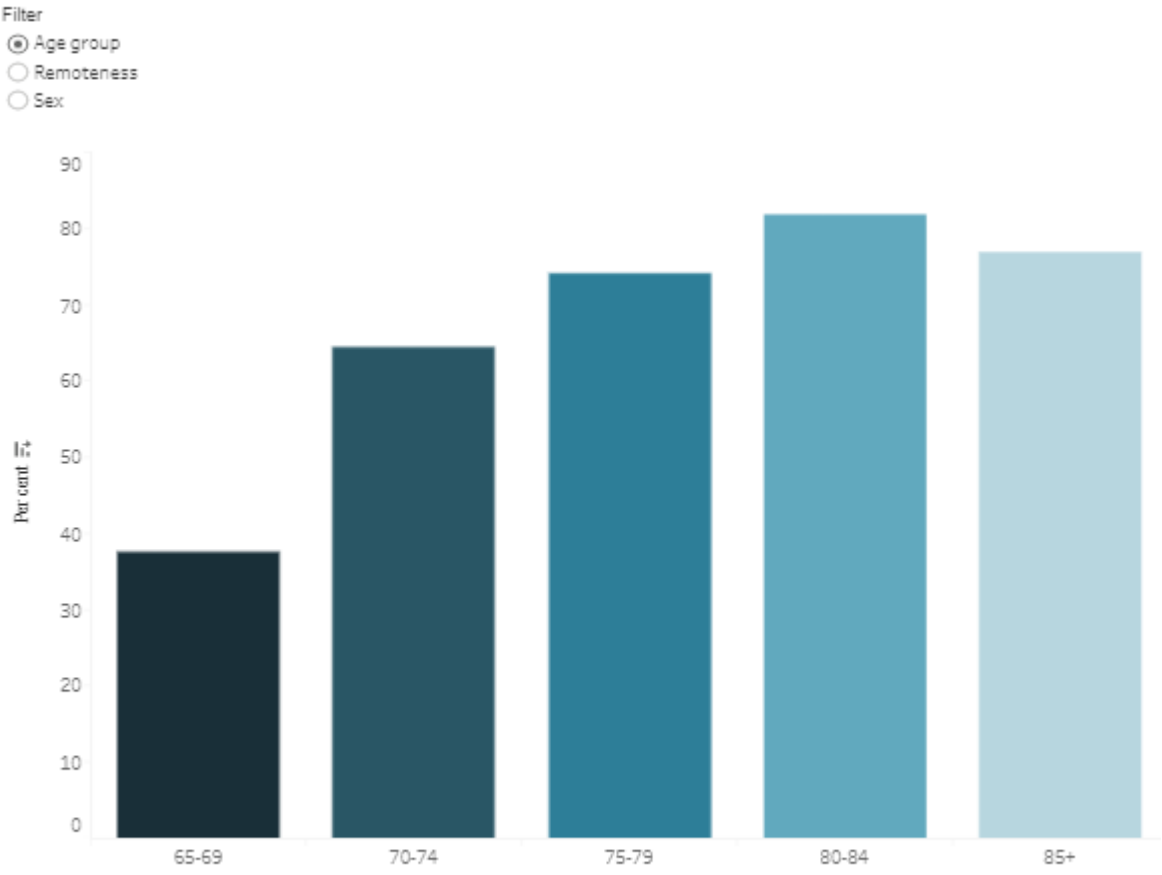
As at March 2021, 24,200 Aboriginal and Torres Strait Islander people – or 56% of the Indigenous population aged 65 and over – received Age Pension.

Note that Indigenous identification in most Centrelink and population data is voluntary. This may influence the quality and completeness of the data and subsequent reporting on the number and proportion of Indigenous Australians receiving Age Pension.

Remoteness area

As at March 2021, people living in *Inner regional* and *Outer regional* areas were more likely to be receiving Age Pension (68% and 65%, respectively, of the population aged 65 years and over living in these areas) than those living in *Major cities* (60%), *Remote* (59%) or *Very remote* areas (54%) (Figure 2).

Figure 2: Proportion of people aged 65 and over receiving Age Pension, by age, sex and remoteness area, as at 26 March 2021



Note
Proportions are as at 26 March 2021, using ABS population data (June 2020 for age and sex and June 2019 for remoteness).
Source: AIHW analysis of DSS Payment Demographic data on https://data.gov.au/data/dataset/dss-payment-demographic-data; unpublished data from DSS
http://www.aihw.gov.au/

Earning an income while receiving income support

Means-tested arrangements are designed to ensure that income support targets those most in need, and that it reduces as recipients are more capable of providing for themselves. Recipients can earn a certain amount per fortnight before their payment is slowly reduced to a part-rate payment. Income support recipients are required to report income from all sources (including work, investments and/or substantial assets).

As at March 2021, for Age Pension recipients:

- 32% received a part-rate payment
- 3.6% declared earnings from employment in the preceding fortnight, with over 3 in 4 (79%) earning at least $250 in the last fortnight.

Over the 5 years to March 2021, the proportion of recipients receiving a part-rate Age Pension payment has fallen. The rate of decline has been steeper since the start of the COVID-19 pandemic.

- As at March 2015, 41% of Age Pension recipients received a part-rate payment, reducing to 38% in March 2017–2019, 36% in March 2020, and falling further to 32% in March 2021.

This decline over the last 5 years is partly attributable to the January 2017 measure to rebalance the assets test, which increased the assets test free areas and changed the rate at which assets over the free area reduce the rate of pension – thereby changing the proportion of part-rate pensioners. The number of those declaring earnings also dropped over the last year; in December 2020, it was at its lowest proportion (3.4%) since 2014.

Where do I go for more information?

For more information on Centrelink payments and data, see:

- A guide to Australian Government payments
- Department of Social Services payment demographic data

References

ABS (Australian Bureau of Statistics) 2020. Retirement and retirement intentions, Australia. ABS: Canberra. Viewed 1 July 2021.

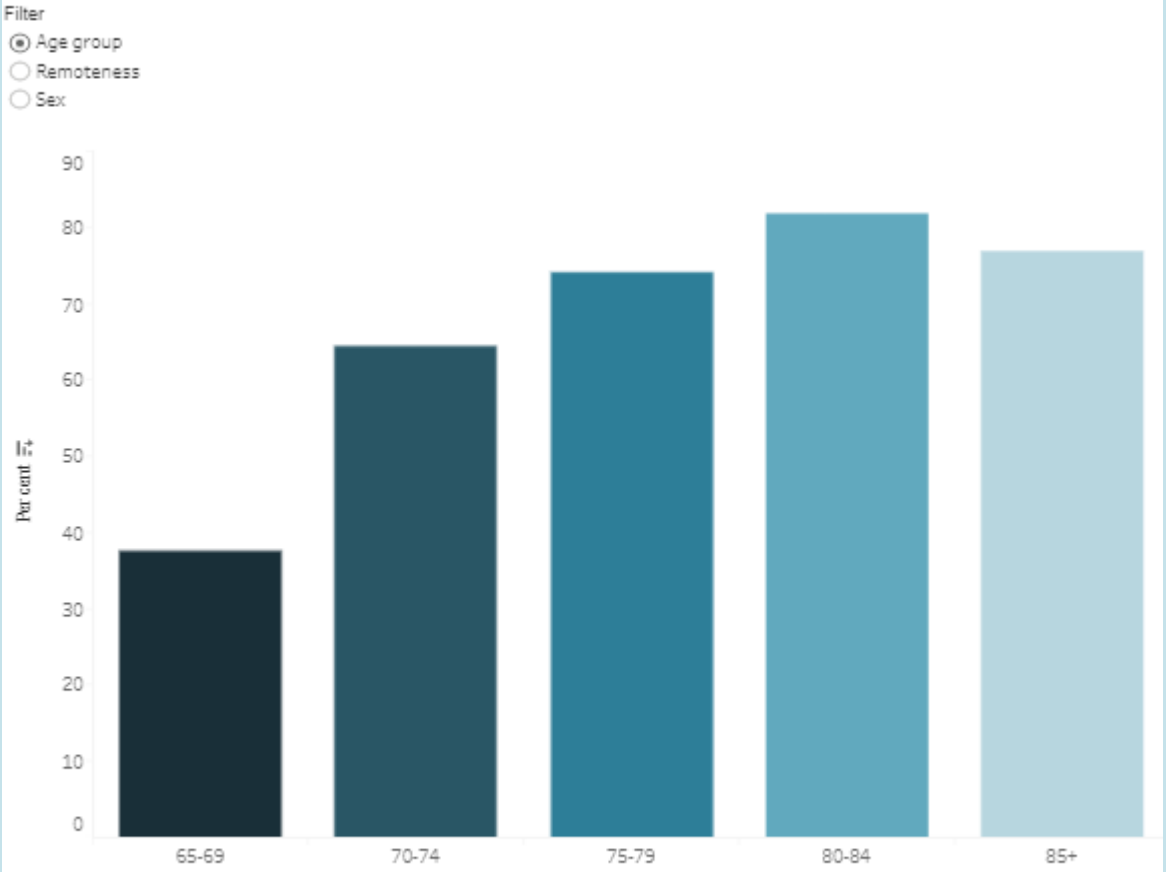
DSS (Department of Social Services) 2021. Social Security Guide: qualification for age. DSS: Canberra. Viewed April 2021.

Disability Support Pension and Carer Payment

Find the most recent version of this information at:
http://www.aihw.gov.au/reports/australias-welfare/disability-support-pension-and-carer-payment

On this page

Figure 2: Proportion of people aged 65 and over receiving Age Pension, by age, sex and remoteness area, as at 26 March 2021



Note
Proportions are as at 26 March 2021, using ABS population data (June 2020 for age and sex and June 2019 for remoteness).
Source: AIHW analysis of DSS Payment Demographic data on https://data.gov.au/data/dataset/dss-payment-demographic-data; unpublished data from DSS
http://www.aihw.gov.au/

Earning an income while receiving income support

Duration of income support

Where do I go for more information?

Australia's social security system, administered by the Department of Social Services, aims to support people who cannot, or cannot fully, support themselves, by providing targeted payments and assistance. When this payment is a person's primary source of income it is called an 'income support payment' – a specific category of social security payments (see Income and income support for more information).

- The Disability Support Pension (DSP) and the Carer Payment are the primary income support payments for people with a reduced capacity to work due to disability or caring for someone with disability.

In 2018, there were an estimated 4 million (or 20%) people aged 15 and over in Australia with disability, according to the Australian Bureau of Statistics Survey of Disability, Ageing and Carers. Government pensions and allowances are just one form of financial support available to people with disability and their carers. See Specialised supports for people with disability for further details on other services and assistance available to people with disability.

Of the 427,600 people aged 15–64 with severe or profound disability (who sometimes or always need help with daily activities), more than 2 in 3 (69%) of those with an income received a government pension or allowance as their main source of income in 2018 (AIHW 2020).

This page examines the main income support payments available for people with disability and their carers—Disability Support Payment and Carer Payment. It presents information on those receiving either payment, and for each specific payment.

- Unless otherwise stated, income support data are sourced from Department of Social Services payment demographic data (from 2014 to 2021) and from previously unpublished data constructed from Services Australia administrative data (2001 to 2013).
- Information on government expenditure on these payments is included in Welfare expenditure.
- Information on this page is based on the latest available data (March 2021) at the time of finalising this snapshot in mid-July 2021. More recent data (June 2021) released in August 2021 has been briefly mentioned in the trends analysis.

Disability Support Pension and Carer Payment

Disability Support Pension

The DSP is a means-tested income support payment for people aged 16 and over – but under Age Pension age (at claim) – who have reduced capacity to work because of their disability. This includes those who:

- are permanently blind
- have a physical, intellectual or psychiatric condition resulting in functional impairment that makes them unable to work for 15 hours or more per week for the next 2 years
- are unable, because of impairment, to undertake a training activity that would equip them for work within the next 2 years.

DSP recipients are encouraged to participate in employment where they have the capacity to, and can gain from the benefits of working, including improved wellbeing. On reaching Age Pension age, those already on DSP may remain on it.

For more information, see DSP – qualification & payability, Disability Support Pension – participation requirements, Disability Support Pension and Disability Support Pension – payment rates.

Carer Payment

The Carer Payment is a means-tested income support payment for people providing constant care for someone who:

- has physical, intellectual or psychiatric disability
- has a severe medical condition
- is frail aged.

This payment is for those who, due to their caring responsibilities, are unable to support themselves through substantial paid employment. Carer Payment recipients can engage in employment or study for up to 25 hours per week (including travel time) and remain eligible for payment. A small number of Carer Payment recipients are aged under 16 (7 in March 2021). These carers are included in calculating the proportion of Carer Payment recipients aged 16 and over in the population, to ensure consistency in recipient numbers reported on this page.

For more information on payment rates, see Carer Payment – How much can you get?

People receiving Carer Payment may also be eligible for the Carer Allowance (for which income testing for eligibility was introduced in September 2018), and the annual Carer Supplement. Carer Allowance recipients caring for a child may also be eligible for the annual Child Disability Assistance Payment. These allowances and supplements are not reported on this page.

How many people receive Disability Support Pension or Carer Payment?

As at 26 March 2021, 1.05 million people received DSP or Carer Payment in Australia, equating to 5.1% of the population aged 16 and over. Of these:

- 72% received DSP (752,000 or 3.6% of the population aged 16 and over)
- 28% received Carer Payment (299,300 or 1.5% of the population aged 16 and over).

As well, there were 394,400 income support recipients who, due to an impairment, had a reduced capacity to work fewer than 30 hours per week. These recipients have reduced mutual obligation requirements – that is, to be looking for work or engaging in activities that will help them find work in the future. This affects payments such as the JobSeeker Payment, Parenting Payment Single and Youth Allowance (other) Payment.

See Unemployment and parenting income support payments for further details.

Trends

The number of DSP or Carer Payment recipients increased overall by 54% over the last 2 decades, from 683,600 in June 2001 to 1.05 million in June 2021. Over this period, the number of female recipients more than doubled (from 268,300 to 563,600) while the rate of increase was slower for males (18% increase from 415,300 to 489,500) (Figure 1). This increase has been driven by the growth in Carer Payment recipients over this period (from 57,800 to 299,300), influenced by the large increase in the number of

informal carers over this period as well as key policy changes, including the increased qualifying age for Age Pension and closure of various payments and allowances that were primarily paid to women (AIHW 2019).

The proportion of the population aged 16 and over receiving DSP or Carer Payment has remained around 5–6% over the last 2 decades, reflecting that increases in DSP or Carer Payment recipients have been broadly in line with population growth over this period (37% increase). Proportions increased slightly between June 2001 and June 2012 (from 4.5% to 5.7%) before declining slightly each year to June 2017 and then remaining relatively stable at 5.1–5.2% through to June 2021.

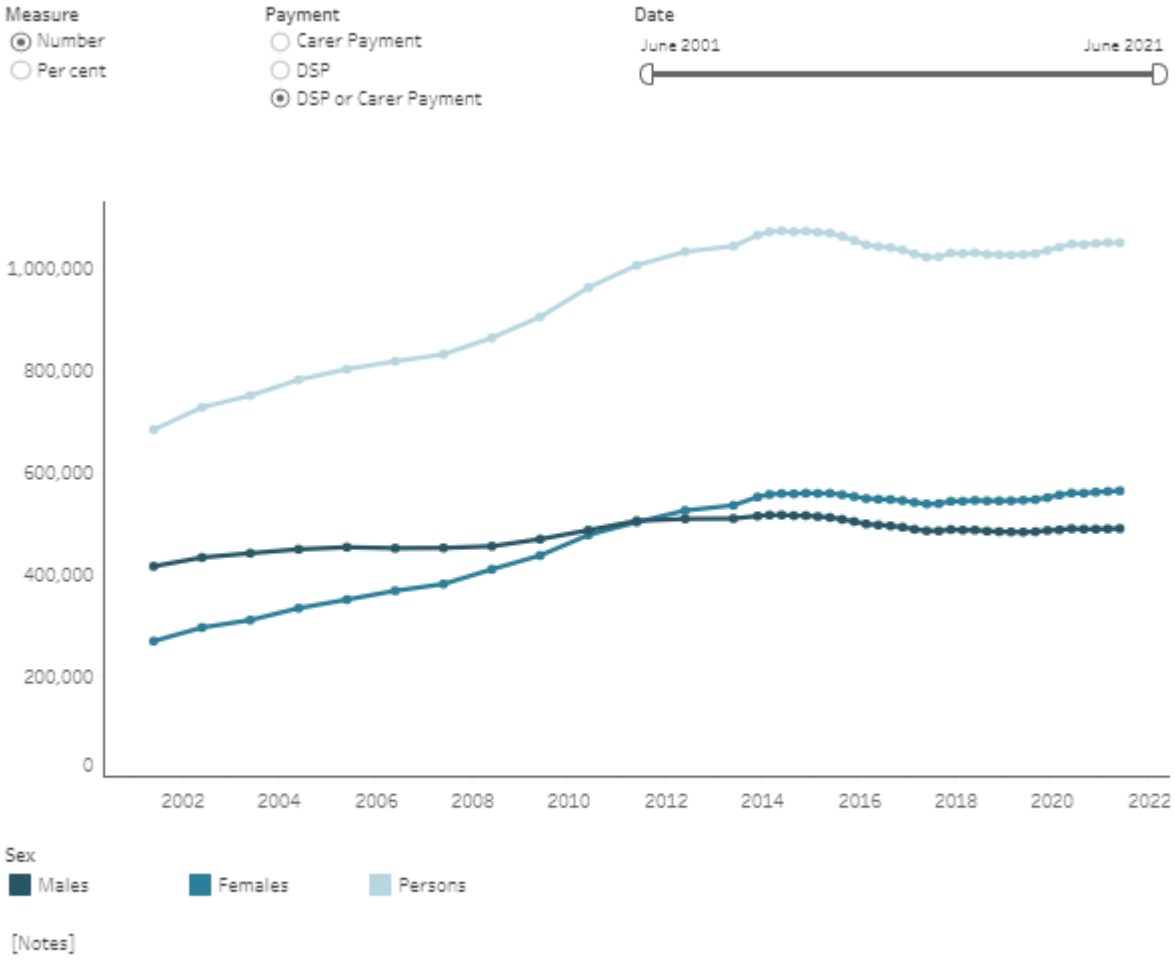
The slight reduction in the proportion of DSP or Carer Payment recipients since 2012 is largely driven by a decline in the number of DSP recipients – falling from 4.6% to 3.7% of the population aged 16 and over between June 2012 and June 2021. This downward trend coincides with an increase in the proportion of Newstart Allowance recipients assessed as having a partial capacity to work – from 26% to 42% between 2014 and 2019.

See People with disability in Australia 2020 – income support for further details on the policy changes affecting trends in DSP.

Meanwhile, the proportion of Carer Payment recipients aged 16 and over has increased gradually over the last decade from 1.1% to 1.5% between 2011 and 2021, following a rapid increase in the decade to 2010 (from 0.4% to 1.0% between 2001 and 2010).

For further information on the long-term trends of DSP and Carer Payment, see 'Chapter 3, Income support over the past 20 years' in Australia's welfare 2019: data insights.

Figure 1: Recipients of Disability Support Pension or Carer Payment, June 2001 to June 2021



Source: AIHW analysis of Department of Social Services payment demographic data on https://data.gov.au/data/dataset/dss-payment-demographic-data (2014–2021) and of unpublished data constructed from Services Australia administrative data (2001–2013).
http://www.aihw.gov.au/

Impact of COVID-19

In late March 2020, short-term policy measures were introduced by the Australian Government to protect those whose income was adversely affected by the restrictions associated with the coronavirus disease 2019 (COVID-19) pandemic. However, while the pandemic has resulted in large increases in the number of income support recipients overall, it does not appear to have specifically affected the number of people receiving DSP or Carer Payment.

In the 12 months to March 2021, the number of DSP recipients has remained relatively steady (752,200 to 752,000), while the number of Carer Payment recipients has increased slightly (from 290,100 to 299,300). These patterns are consistent with trends observed in previous years.

The proportion of the population aged 16 and over receiving DSP or Carer Payment also remained relatively stable in the 12 months to March 2021 – 3.6% for DSP and 1.4–1.5% for Carer Payment.

Further, the proportion of DSP or Carer Payment recipients receiving earnings from other sources, or receiving a part-rate payment were relatively similar in the 12 months to March 2021. These patterns are consistent with trends observed in previous years, suggesting that the labour market measures imposed to contain the spread of COVID-19 had a minimal impact on the earnings from employment for DSP or Carer Payment recipients.

For more information, see 'Chapter 4 The impacts of COVID-19 on employment and income support in Australia' in Australia's welfare 2021: data insights.

Age

Recipients of DSP or Carer Payment were typically in older age groups, with 1 in 3 (33%) aged 55–64 as at 26 March 2021. A large proportion were also aged 65 and over (15%). The number aged 65 and over has increased over time, as the qualifying age of the Age Pension continues to increase.

Slightly more than 1 in 10 (12%) 55–64 year olds receive DSP or Carer Payment. People in this age group were more likely to be receiving these payments than those in younger age groups:

- 1.6 times as likely as those aged 45–54
- 2.6 times as likely as those aged 35–44
- 4.1 times as likely as those aged 25–34 (Figure 2).

Sex

As at 26 March 2021, females were slightly more likely to receive DSP or Carer Payment than males (5.4% of females aged 16 and over compared with 4.8% of males aged 16 and over; Figure 2). This pattern was driven by those receiving Carer Payment (2.0% of females compared with 0.9% of males). Females accounted for 71% of Carer Payment recipients compared with 47% of DSP recipients. Males were slightly more likely to receive DSP than females (4.0% compared with 3.4%).

Indigenous Australians

As at 26 March 2021, 71,300 Aboriginal and Torres Strait Islander people received DSP or Carer Payment – 13% of the Indigenous population aged 16 and over. This compares with 4.8% of Other Australians receiving these payments.

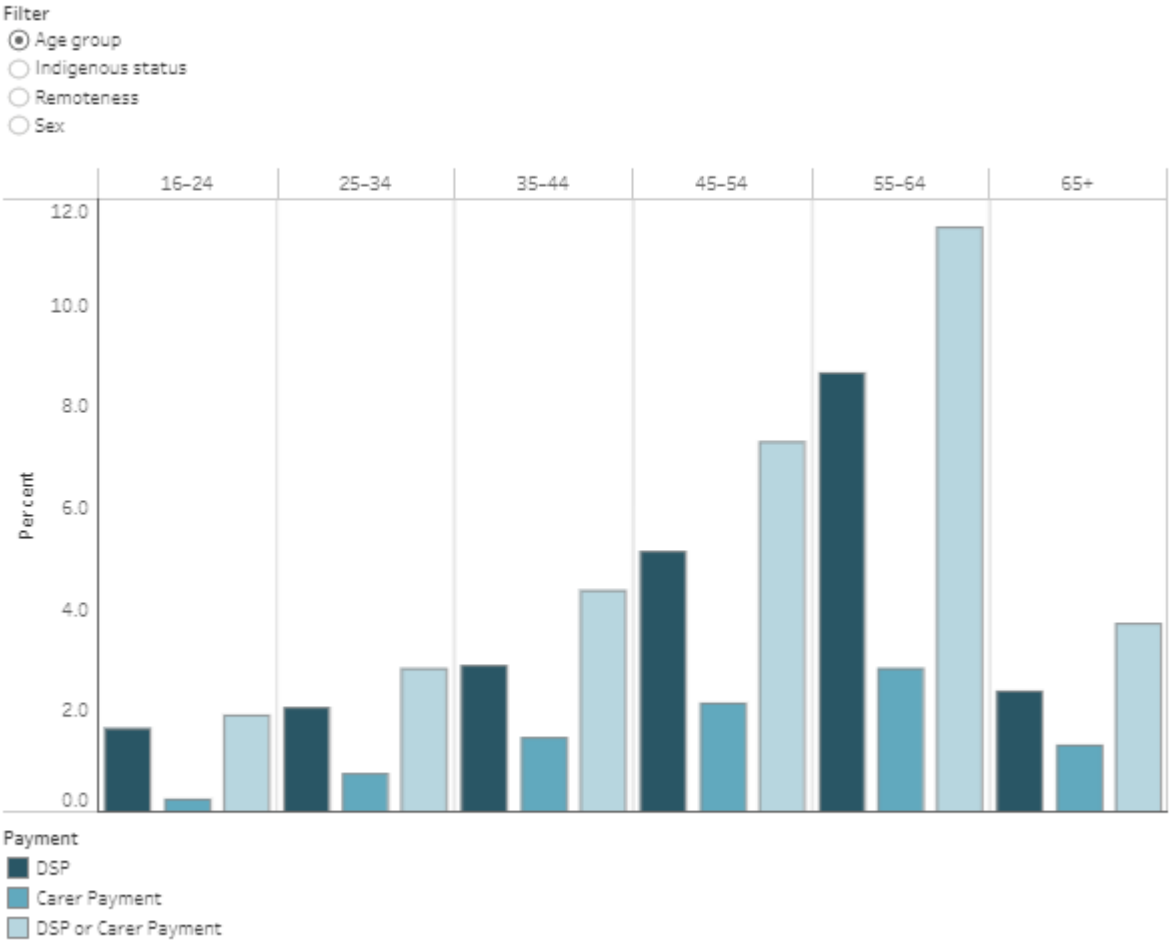
- The proportions receiving DSP were 10% (for the Indigenous population) and 3.4% (of the population for Other Australians) and for Carer Payment, 3.3% and 1.4%, respectively (Figure 2).

Note that Indigenous identification in most Centrelink and population data is voluntary. This may influence the quality and completeness of the data and subsequent reporting on the number and proportion of Indigenous Australians receiving income support payments, especially among older Indigenous Australians.

Remoteness area

As at 26 March 2021, people aged 16 and over living in *Inner regional* and *Outer regional* areas were more likely to be receiving DSP or Carer Payment (7.1% and 6.9%, respectively) than those living in *Major cities* (4.4%), *Remote* areas (5.9%) or *Very remote* areas (5.6%) (Figure 2).

Figure 2: Proportion of people aged 16 and over receiving Disability Support Pension or Carer Payment, by age, sex, Indigenous status and remoteness area, as at 26 March 2021



Source: AIHW analysis of Department of Social Services payment demographic data on https://data.gov.au/data/dataset/dss-payment-demographic-data.

[Notes]

Primary medical condition of recipients

As at 26 March 2021, psychological or psychiatric conditions was the most commonly recorded primary medical condition for both DSP recipients aged 16 and over (36%) and care receivers of Carer Payment recipients aged 16 and over (28%).

Musculoskeletal and connective tissue conditions was also commonly recorded for DSP recipients (19%), as were intellectual and learning conditions (15%).

Earning an income while receiving income support

Means-tested arrangements are designed to ensure that income support targets those most in need, and that it reduces as recipients are more capable of providing for themselves. Recipients can earn a certain amount per fortnight before their income support payment is slowly reduced to a part-rate payment. Income support recipients are required to report income from all sources (including work, investments and/or substantial assets).

As at 26 March 2021, for DSP or Carer Payment recipients:

- 15% received a part-rate payment
- 7.6% declared earnings from employment in the preceding fortnight, with almost 3 in 4 (73%) earning at least $250 in the last fortnight.

Over the last 5 years (March 2016 to March 2021), the proportion of DSP and Carer Payment recipients receiving a part-rate payment or declaring earnings fell slightly – from 17% to 15% for those receiving a part-rate payment, and from 8.3% to 7.6% for those declaring earnings.

Duration of income support

In March 2021, 82% of DSP or Carer payment recipients had been receiving an income support payment for at least 5 years, compared with 25% for those receiving other income support payments (excluding Age Pension).

As at 26 March 2021:

- 88% of DSP recipients had received an income support payment for 5 years or more, including 71% for 10 or more years
- 69% of Carer Payment recipients had received an income support payment for 5 years or more, including 45% for 10 or more years.

Most DSP recipients tend to remain on this payment for long periods – 82% had received DSP for 5 years or more, including 61% for 10 years or more. Those receiving Carer Payment tended to remain on this payment for a shorter duration: 48% had received it for 5 years or more.

Where do I go for more information?

For more information on Centrelink payments and data, see:

- A guide to Australian Government payments
- Department of Social Services payment demographic data

For more information on disability in Australia, see People with disability in Australia, 2020.

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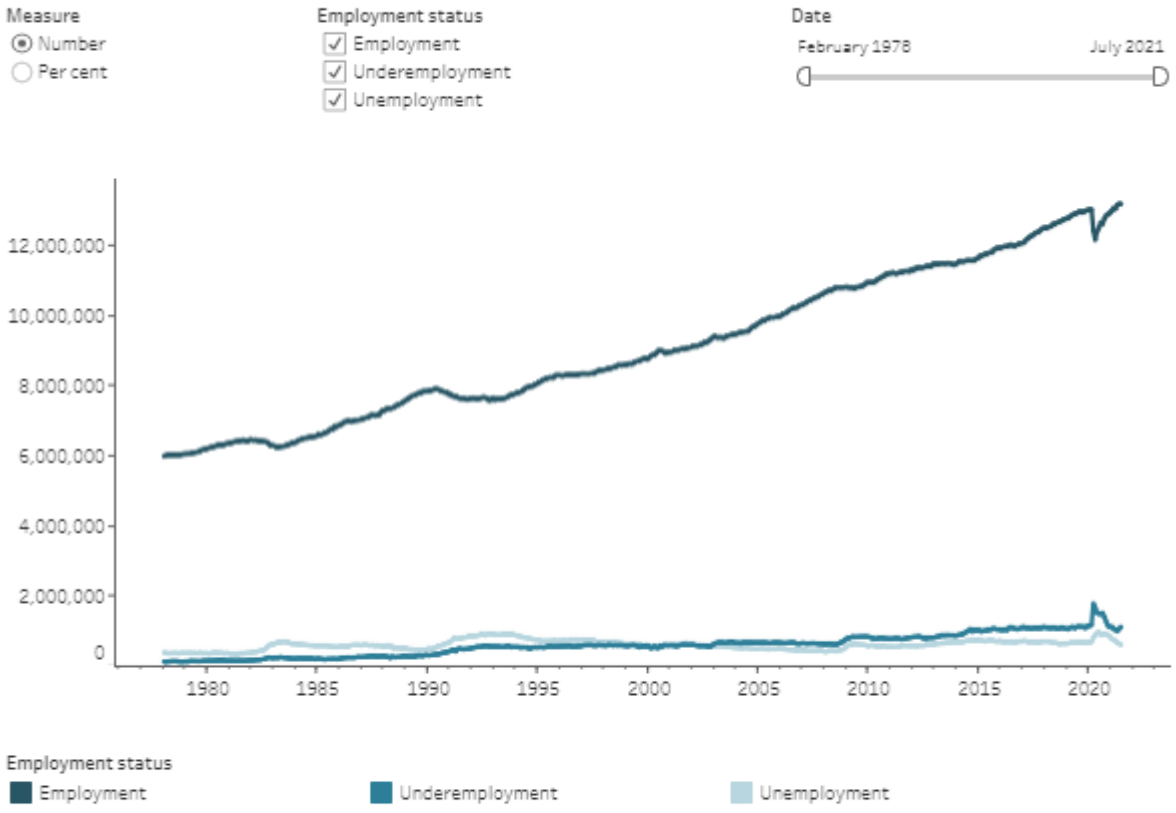
AIHW (Australian Institute of Health and Welfare) 2020. People with disability in Australia. Cat. no. DIS 72. Canberra: AIHW. Viewed 04 February 2021.

Employment and unemployment

Find the most recent version of this information at:
http://www.aihw.gov.au/reports/australias-welfare/employment-unemployment

On this page

Figure 1: Employment, unemployment and underemployment, 1978 to 2021



Notes
1. Employment rate is for the working age population aged 15–64, while other rates refer to the population aged 15 and over.
2. Data are seasonally adjusted

Source: Labour Force Australia (ABS 2021e: *Table 18, Table 22*).
http://www.aihw.gov.au/

Age

Sex

Figure 2: Employment and unemployment rates, by sex and age, 1978 to 2021

Notes
1. Employment rate is for the working age population aged 15-64, while other rates refer to the population aged 15 and over.
2. Employment rates are based on the original Labour Force Series, while unemployment and underemployment rates are seasonally adjusted
Source: Labour Force Australia (ABS 2021c: *Table 01*; ABS 2021d: *Table 22*)
http://www.aihw.gov.au/

Where do I go for more information?

Employment underpins the economic output of a nation and enables people to support themselves, their families and their communities. It is also connected to physical and mental health and is a key factor in overall wellbeing.

During the coronavirus 2019 (COVID-19) pandemic in 2020, the Australian Government introduced a range of economic support packages to protect the economy and to offset the adverse impacts on the labour market of the measures it introduced to slow the spread of the COVID-19 virus – widespread social distancing and other business related restrictions. One of the largest of these support packages, the JobKeeper Payment wage subsidy scheme, allowed many employees who otherwise may have lost their jobs remaining connected with their employer.

This page examines the key measures for reporting on participation in the labour market (employment, unemployment and underemployment) and labour force experiences.

- It is based on the latest available data (May 2021) at the time of finalising this snapshot in mid-July 2021. More recent data (July 2021) released in August 2021 has been included in various sections that examine changes to employment during 2020 and 2021.

Labour force definitions

Data from the ABS Labour Force Survey (LFS) are used to report on measures of participation in the labour market – employment, unemployment and underemployment. The information presented on this page uses the original and seasonally adjusted data series where available. Summarised definitions of these measures are provided here (see Australian Bureau of Statistics (ABS) Standards for labour force statistics for further details, ABS 2018).

Employment rate (also known as the employment-to-population ratio) describes the number of employed people aged 15 and over as a proportion of the civilian population. For the purposes of this analysis, the employment rate refers to the working age population, those aged 15–64. This age restriction has been applied as it is important to account for the size of the population when monitoring longer term trends in employment rates, given the growth in the aged population (those aged 65 and over) in recent decades.

Unemployment rate describes the proportion of the population aged 15 and over in the labour force who are unemployed. Unemployed is defined as those not employed in the survey reference week who had either:

- actively looked for work in the last 4 weeks and were available for work in the reference week or
- been waiting to start a new job within the last 4 weeks and could have started had it been available.

Underemployment rate describes the proportion of the population aged 15 and over in the labour force who are underemployed. Underemployed is defined as those who are either:

- employed part time who want to work more hours and are available to start working more hours within the next 4 weeks or
- employed full time but worked fewer than 35 hours during the survey reference week for economic reasons (including being stood down or insufficient work being available).

Labour force participation rate describes the proportion of the population aged 15 and over who are in the labour force (employed or unemployed). For the purposes of this analysis, the labour force participation rate refers to the working age population, those aged 15–64.

JobKeeper and JobSeeker Payments and ABS LFS definitions

People who received the JobKeeper Payment were counted as being employed in the ABS LFS, as the LFS considers people to be employed if they were away from their job for any

reason (including if they were stood down) and were paid for some part of the previous 4 weeks (including through the JobKeeper scheme) (ABS 2020b).

People who received the JobSeeker Payment would be classified in the ABS LFS based on their labour market activity. Because of COVID-19, the mutual obligation requirements that people till then ordinarily had to meet to receive the JobSeeker Payment (which could include looking for work or studying) were suspended in March 2020; they have been gradually re-introduced since August 2020. These changes may have influenced whether people were actively searching for jobs – which would affect whether they were classified as 'unemployed' or 'not in the labour force' in the ABS LFS. They would, however, remain as 'not employed' in the ABS LFS unless they actually had a job.

Labour force status

This page focuses on the proportion of the working age population (those aged 15–64) who are employed (that is, the employment rate) to control for changes in the size of the population. Also discussed are the level of employment, the unemployment rate and the level of unemployment for those aged 15 and over.

In July 2021, the seasonally adjusted:

- employment rate (15–64) was 75.7%
- unemployment rate was 4.6%
- underemployment rate was 8.3% (ABS 2021e).

Labour force experiences

An individual's labour force status is influenced by their choices and life circumstances as well as by broader conditions of the labour market. To provide an overall picture of the labour market, it is important to examine the characteristics of people with each labour force status: not in the labour force, unemployed or employed.

Not in the labour force

Of the 7.4 million people aged 15 and over who did not have a job in February 2021, 25% (or 1.8 million) were marginally attached as they wanted to work and were either available to start work or had actively looked for work. Of the 5.5 million people not marginally attached, the majority (88% or 4.8 million) did not want to work and a further 686,000 (12%) were permanently unable to work (ABS 2021f).

The main activities reported by those who did not want to work were:

- retirement (59% or 2.8 million)
- duties around the home (12% or 562,000)
- attending an educational institution (10% or 503,000)
- ill health or disability (7% or 316,000)
- caring for children (4% or 188,000).

Unemployed

A period of unemployment can be a short-term transition between jobs, a long struggle to find work, or something in between. Long-term unemployment can detrimentally affect a person's financial resources and their job prospects (Cassidy et al. 2010). Of the 692,000 unemployed people aged 15 and over in May 2021:

- 67% (or 464,000) had been unemployed for fewer than 52 weeks (or less than 1 year)
- 18% (or 126,800) had been unemployed for more than 52 weeks but under 104 weeks (1–2 years)
- 15% (or 101,200) had been unemployed for 104 weeks or more (2 or more years) (ABS 2021c: Table 14a).

Employed

The hours an individual works is an important aspect of their employment. For many people, working part-time enables them to balance work with other activities, such as a caring responsibility, study, or transition to retirement. In May 2021, the (seasonally adjusted) share of employed people working part-time was 32% – 30,300 more people in part-time employment than in March 2020, although the proportion has remained the same as in March 2020 (32%) (ABS 2021d: Table 1).

For more information on part-time employment see 'Chapter 4 The impacts of COVID-19 on employment and income support in Australia' in Australia's welfare 2021: data insights.

Trends in labour force measures

Employment

Since the late 1970s, when the current Labour Force series began, the employment rate has shown an upward trend, associated with rises in female labour force participation; the male participation rate has been slowly declining. However, over this time, there were several economic downturns (the early 1980s and 1990s recessions, the 2008–09 global financial crisis (GFC) and the 2020 COVID-19 pandemic) that resulted in falls in the employment rate.

Between 1978 and July 2021, the seasonally adjusted employment rate for people aged 15–64 (Figure 1):

- fell from 73% in 2008 to 72% for most of 2009 through to early 2017
- increased to 74% between 2018 and March 2020
- decreased to 70% in May 2020 (lowest level since 2004)
- gradually increased to a record high of 76% in June and July 2021 (see Impact of COVID-19 on employment).

These overall patterns in employment rates may mask differences within and across population groups (Figure 2). In particular, while the female employment rate before the COVID-19 pandemic in January and February 2020 (71%) was at a record high (since the current labour force data series began in 1978), the employment rate for males (79%) was lower than it was for most of 2007 and 2008 (80%) before the GFC, and considerably lower than it was in the late 1960s (83% in 1966–1967; ABS 2007).

Unemployment

Since the late 1970s, the unemployment rate has fluctuated between 4–11% due to a number of economic downturns and recoveries (Figure 1).

Between 1978 and July 2021, the seasonally adjusted unemployment rate for people aged 15 and over:

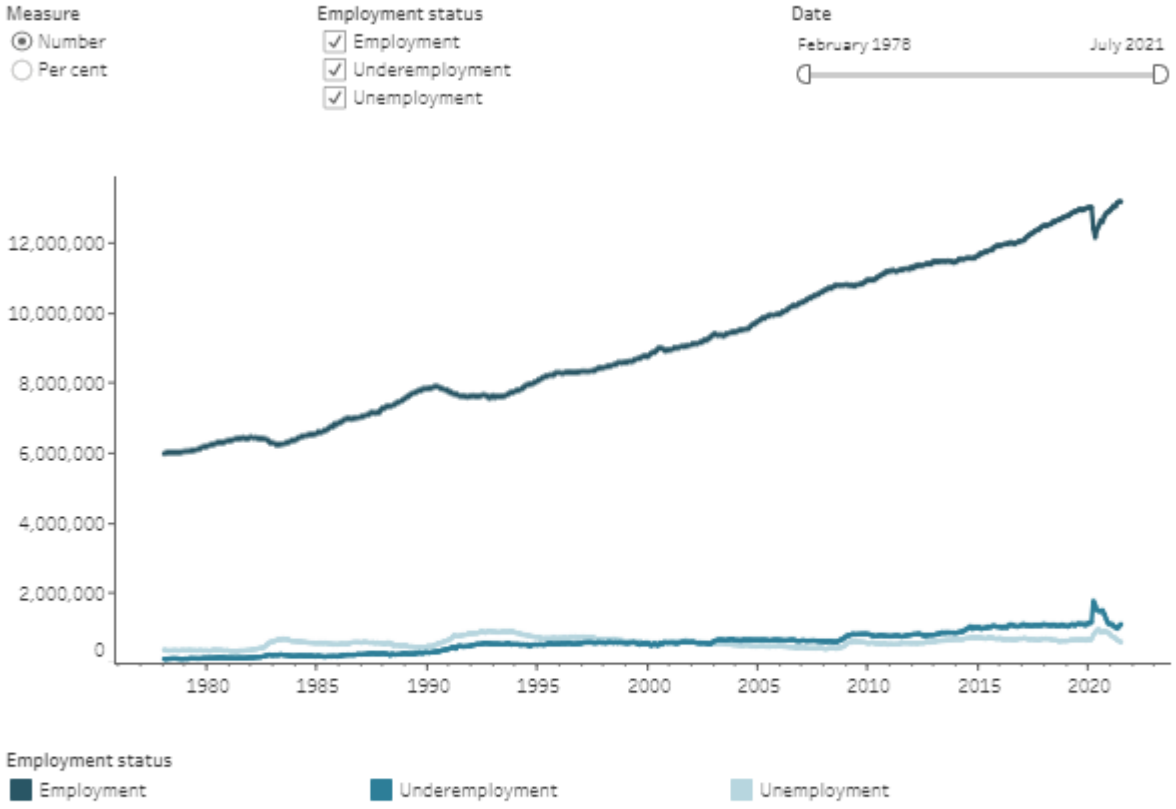
- reached a peak of around 10–11% in the early 1990s
- fell to around 4% for most of 2007 and 2008
- increased to 6% for most of 2009, following the GFC, and has generally remained around 5–6% between 2010 and March 2020.
- increased from 5.3% to 7.4% between March and June 2020 and gradually declined to 4.6% by July 2021 (lowest level since November 2008; see Impact of COVID-19 on employment).

Underemployment

The underemployment rate for the population aged 15 and over has also been influenced by the economic downturns in the early 1990s and by the GFC, fluctuating around 6–7% (seasonally adjusted) between 1991 and early 2009, increasing to 8% in 2009 and then remaining around 8–9% between 2014 and March 2020 (8.8% in March 2020). Between March and April 2020, the underemployment rate rose steeply, from 8.8% to a peak of 13.6% in April 2020, it then gradually declined to 7.4% in May 2021 before rising to 8.3% in July 2021 (Figure 1).

Long-term trends in seasonally adjusted rates have largely been driven by the underemployment of part-time workers, reflecting the increased share of part-time employment in the labour market and growing underemployment among part-time workers.

Figure 1: Employment, unemployment and underemployment, 1978 to 2021



Notes
1. Employment rate is for the working age population aged 15–64, while other rates refer to the population aged 15 and over.
2. Data are seasonally adjusted
Source: Labour Force Australia (ABS 2021e: *Table 18, Table 22*).
http://www.aihw.gov.au/

Impact of COVID-19 on employment

Large initial adverse impact on the labour force

In late March 2020, Australia introduced widespread social distancing and other business-related and travel restrictions to slow the spread of the COVID-19 pandemic. These measures included the shutdown of non-essential industries, which had large labour market effects.

Following these restrictions, the number of employed people aged 15 and over (seasonally adjusted) fell by 592,100 between March and April 2020 – by far the largest monthly fall in employment since the current Labour Force series began in February 1978. It dropped by a further 264,800 in May 2020 (Figure 1).

Labour force recovers within 12 months

After May 2020, employment increased every month to July 2021, except for a fall of 45,600 in September 2020 and another fall of 30,700 in April 2021 (Figure 1). By May 2021, there was an additional 130,400 employed people than in March 2020, with employment continuing to increase to June 2021 (29,100 more employed people than in May 2021). In July 2021, employment increased by 0.02% or by 2,200 employed people. Nationally, hours worked fell by 0.2% between June and July 2021.

This slower growth in July 2021 was influenced by the labour market changes in NSW due to the COVID-related lockdowns in Greater Sydney in early-mid July (reference period for the July data fell during the second and third week of the lockdown). In NSW, between June and July 2021, there were falls in employment (36,000 fewer employed people) and unemployment (27,000 fewer unemployed) with the labour force reducing by around 64,000 people. In addition, total hours worked fell by 7.0% in NSW and were 5.1% lower than March 2021 (ABS 2021a).

Despite this slower growth in July 2021, the labour market had recovered by early 2021 as observed in the employment, unemployment and underemployment seasonally adjusted rates as now described and shown in Figure 1.

Employment rate

The seasonally adjusted employment rate for those aged 15–64 fell from 74.4% in March 2020 to 69.7% in May 2020, and then steadily increased, reaching 75% each month from March (74.8%) to May 2021 (75.5%), and increasing further to 75.7% in June and July 2021. The rate in July 2021 not only exceeded the previous high level in March 2020, but also reached its highest level since the current labour force commenced in February 1978.

Unemployment rate

The seasonally adjusted unemployment rate for the population aged 15 and over rose steeply from 5.3% in March 2020 to 7.4% in June and July 2020 (highest level in 22 years) before gradually declining to 5.7% in March 2021 and further to 4.9% In June 2021 and 4.6% in July 2021. The unemployment rate in July 2021 was lower than what it was in March 2020 (before the COVID-19 restrictions) and was at its lowest rate since November 2008. The fall in the unemployment rate from June to July 2021 may reflect some people dropping out of the labour force as they give up the search for work.

Underemployment rate

The seasonally adjusted underemployment rate increased from 8.8% in March 2020 to a peak of 13.6% in April 2020. It gradually declined to 8.0% in March 2021, falling further to 7.4% in May 2021, and then rose in June 2021 (7.9%) and July 2021 (8.3%). The rate in July 2021 is still below the level before the COVID-19 restrictions. The peak of 13.6% recorded in April 2020 was the highest on record and almost twice as high as the rate observed over the average of the previous 20-year period (7.3%).

Labour force participation rate

The seasonally adjusted labour force participation rate (proportion of the population aged 15–64 who are employed or unemployed) fell from 78.7% in March 2020 to a low of 75.1% in May 2020. By May 2021, it had recovered to above March 2020 levels (79.6%); it continued to increase to June 2021 (79.7%) and then fell slightly in July 2021 (79.5%). This fall represents 37,700 fewer people in the labour force than in June 2021 (ABS 2021e).

Underutilisation rate

The seasonally adjusted underutilisation rate (proportion of the labour force population who are unemployed or underemployed) increased from 14.1% to 20.0% between March and April 2020, and then gradually declined to 13.6% in March 2021 and 12.9% in July 2021, below the level observed in March 2020 (ABS 2021e).

Additional measure to assess employment impacts: effective unemployment rate

Additional measures were developed during the COVID-19 period to assess unemployment and loss of work. One such composite measure was the 'effective unemployment rate', developed by the Department of the Treasury. This measure includes unemployed people, those who have recently withdrawn from the labour force and those still connected to their employer but working zero hours.

The effective unemployment rate peaked at around 15% in April 2020; it then fell to around 14% in May 2020 and then to 11% in June 2020, as pandemic restrictions started to ease and employment increased, with fewer people working zero hours (Kennedy 2020).

Large initial decline in monthly hours worked

Another way to look at employment trends is to focus on monthly hours worked. This is important as people on the JobKeeper Payment were counted as employed even if working zero hours.

Between March and April 2020, seasonally adjusted monthly hours worked fell by almost 10%, but have since risen almost every month from April 2020 to May 2021. Hours worked in May 2021 were 2.8% higher than hours worked in March 2020. This increase in hours worked did not continue into June and July 2021, reflecting the recent COVID-19 outbreaks in Victoria in June and Greater Sydney in July. Nationally, hours worked declined by 1.8% between May and June 2021 and 0.2% between June and July 2021, influenced by the large fall in hours worked in NSW (7.0% decline) and recovery of hours worked in Victoria (9.7%) in July 2021. Despite these falls, hours worked in June and July 2021 were still above (0.9% and 0.7% higher) March 2020 levels (ABS 2021b).

The number of people who worked zero hours for economic reasons rose steeply between March and April 2020 (a 10-fold increase from 76,400 to 766,800), and then declined in most months through to May 2021, remaining relatively stable between

March and May 2021 (between 56,700 to 58,800). The number of people who worked zero hours for economic reasons has since increased in June and July 2021, with almost 3 times as many people working zero hours (156,500 in June and 181,500 In July) as in May 2021 (58,200) and similar to the high levels observed in July and October 2020. This reflects the labour market impacts of continued COVID-19 outbreaks in Sydney and Victoria in June and July 2021 (ABS 2021b: Chart 6).

Labour force outcomes worse for young people and females

Young people and females (at least initially) were particularly affected by the labour market impacts associated with the COVID-19 restrictions, as these people were more likely to work in those occupations and industries most affected by the shutdowns and spatial distancing measures imposed to slow the spread of COVID-19 (see Figure 2 and ABS 2021d).

Young people

The 15–24 age group recorded the largest drop in employment rates (proportion of the age group who are employed), falling from 60% to 50% between March and May 2020, the lowest rate since the Labour Force series began in 1978. This was the largest fall of all age groups over this period, followed by that for the 25–34 age group (from 81% to 76%); all other age groups had a fall of 2–3 percentage points. By May 2021, employment rates for all age groups were above March 2020 levels (62% for those aged 15–24), except the 45–54 age group where employment rates were similar.

The 15–24 age group recorded the highest (seasonally adjusted) unemployment rate in over 2 decades, increasing from 11.6% in March 2020 to a peak of 16.4% in July 2020, the highest rate since February 1997. It then generally declined and by May 2021 was 10.7%, which equates to 24,800 fewer unemployed young people than in March 2020. The unemployment rate for the 25–34 age group also rose steeply between March and June 2020 (from 4.7% to 7.6%) before falling to 4.6% by May 2021. All other age groups had a slower relative growth in unemployment rates between March and June 2020.

The 15–24 age group had the highest (seasonally adjusted) underemployment rate since the current Labour Force series began in February 1978, increasing from 19.2% in March 2020 to a peak of 23.6% in April 2020, before falling to 15.8% in May 2021, below the level observed in March 2020 level and similar to the level in May 2014. Other age groups also saw a large increase in the underemployment rate between March and April 2020 (7.3% to 14.1% for those aged 25–34 and 6.3% to 10.6% for those aged 35–44), but, by May 2021, had also dropped to below March 2020 levels.

Sex

Male employment and unemployment rates did not recover as quickly as female rates (see Figure 2 and ABS 2021e). Female employment fell at a much faster rate than male employment early in the pandemic but recovered faster:

- Between March and May 2020, the number of employed females (seasonally adjusted) fell by 7.7% compared with 5.6% for males; however, the number of

employed females increased at a faster rate than for males between June 2020 and May 2021 (a 7.4% and 4.9% increase, respectively).

- By May 2021, 97,500 more females were employed than in March 2020 (1.6% higher) and, equivalently, 32,600 more males (0.5% higher). The seasonally adjusted employment rate (for those aged 15–64) in May 2021 was 72.0% for females and 79.1% for males. Between May and July 2021, the female employment rate (15–64) had dropped by 0.1 percentage point (71.9%) while male employment had risen by 0.5 percentage points (79.6%).

In terms of unemployment (seasonally adjusted):

- between March and April 2020, the number of unemployed males rose at a faster rate (22% increase) than the number of unemployed females (11% increase)
- by May 2021, the number of unemployed females was below pre-pandemic levels (23,900 fewer unemployed females than in March 2020) and male unemployment had returned to March 2020 levels
- the female unemployment rate increased from 5.2% to a peak of 7.5% between March and July 2020 and then fell to 5.4% in March 2021 and further to 4.7% in May 2021. The corresponding rates for males were 5.4%, 7.4%, 6.0% and 5.4%, respectively.

For more information on the impact of COVID-19 on employment, see 'Chapter 4 The impacts of COVID-19 on employment and income support in Australia' in Australia's welfare 2021: data insights.

Casual employment during COVID-19

The term 'casual work' is used to describe a large variety of work arrangements, and typically includes employees who do not tend to have leave entitlements (such as paid sick leave or annual leave). Such entitlements are usually for non-casual or permanent employees (ABS 2020c). Note that in March 2021, a specific definition for casual work was introduced (see Fair Work Ombudsman 2021 for more details). However, data presented in this section are based on currently available data from the ABS LFS on employees without leave entitlements that are used as a measure of casual employment.

The share of all employees employed on a casual basis in Australia grew from the late 1980s to the early 2000s (28% in August 2003) but remained relatively steady in the 6 years to February 2020 (around 24–25%). It fell to 20.6% in May 2020, the lowest rate since August 1991 (ABS 2020c). By May 2021, this share had risen to 23.7%, almost the same level as in February 2020 (24.1%; ABS 2021c: Table 13).

Casually employed workers accounted for nearly two-thirds (63%) of the job losses between February and May 2020 (ABS 2020a). Over this period, the number of casual employees fell by 21% (540,600 fewer casual employees) compared with a 2.6% drop (or 216,700 fewer) in employees not casually employed (that is, those with leave entitlements). From May 2020, the number of casually employed workers steadily increased, from 2.1 million to 2.6 million by May 2021, slightly below the numbers seen in February 2020 (25,300 fewer).

Retail and accommodation, and food services industries – among the hardest hit by social distancing measures during the COVID-19 pandemic – account for a large proportion of casual workers across Australia (Parliamentary Library 2020).

Age

Since the current series of employment data collection began in the late 1970s, those aged 15–24 and those aged 55–64 have had lower employment rates than those aged 25–54. This is due to those in younger and older age groups transitioning into and out of work. Notably however, those aged 15–24 had higher underutilisation rates (unemployed or underemployed) than other age groups.

In May 2021, those aged 15–24 had the:

- lowest employment rate – 62% compared with 66% for the 55–64 age group and 83% for the 25–54 age group
- highest unemployment rate – 10.7% compared with 4.1% for the 25–54 age group and 4.0% for 55–64 age group
- highest underemployment rate – 15.8% compared with 5.9% for the 25–54 age group and 6.1% for 55–64 age group (Figure 2).

Youth employment is tied closely with the engagement that young people have with other activities, such as education and training.

For a detailed picture of youth engagement, see Engagement in education or employment of Australia's youth.

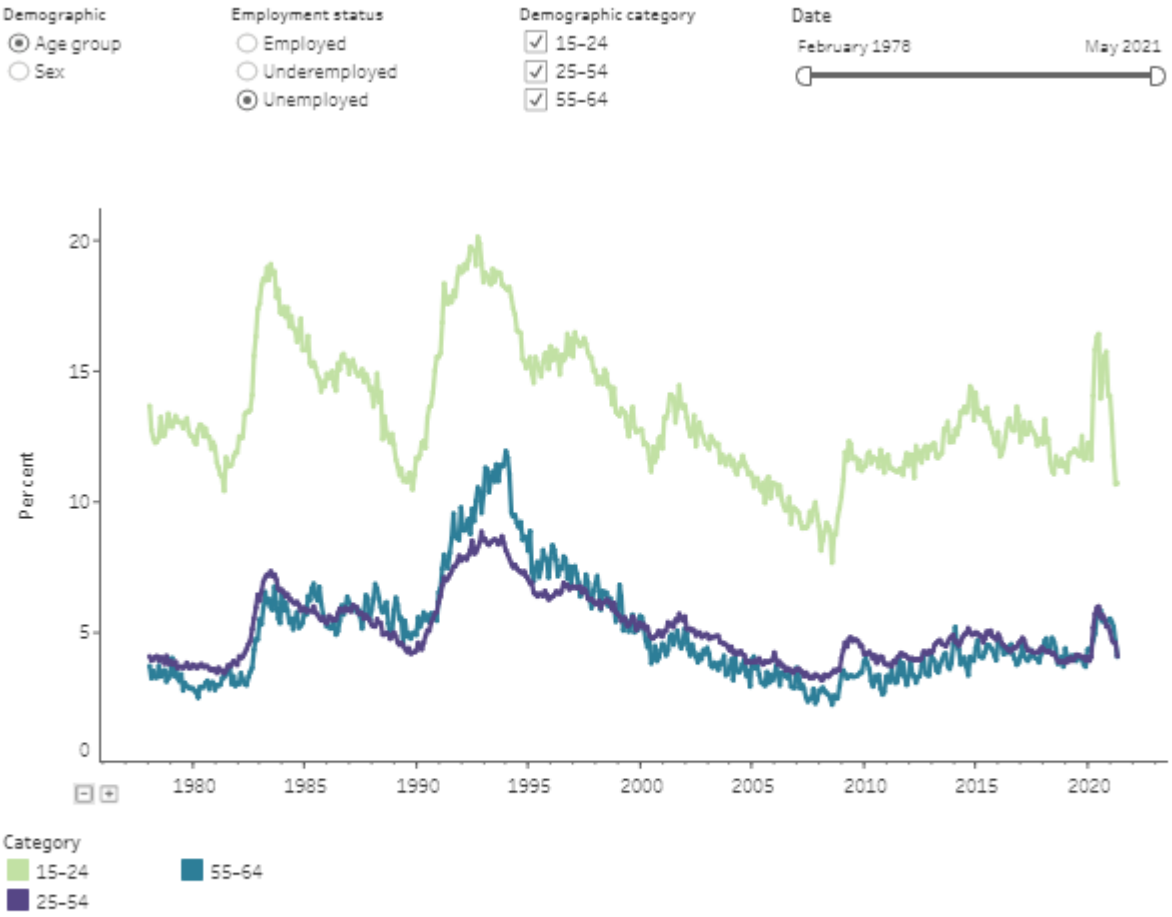
Sex

In May 2021, both the seasonally adjusted employment and labour force participation rates for the population aged 15–64 were lower for females than males –employment rates of 72.0% and 79.1%, respectively, and labour force participation rates of 75.6% and 83.6% respectively (Figure 2). Over the last 30 years, however, the employment and labour force participation of females have been rising and are currently at record levels (see Trends in labour force measures for further details).

The overall underutilisation rate (those unemployed or underemployed) for the population aged 15 and over was higher for females than males – 13.4% compared with 11.7% in May 2021. However, the unemployment rate was higher for males than females (5.4% compared with 4.7%) while the underemployment rate was higher for females than males (8.7% compared with 6.3%; Figure 2).

See 'Chapter 4 The impacts of COVID-19 on employment and income support in Australia' in Australia's welfare 2021: data insights for more details.

Figure 2: Employment and unemployment rates, by sex and age, 1978 to 2021



Notes
1. Employment rate is for the working age population aged 15-64, while other rates refer to the population aged 15 and over.
2. Employment rates are based on the original Labour Force Series, while unemployment and underemployment rates are seasonally adjusted
Source: Labour Force Australia (ABS 2021c: *Table 01;* ABS 2021d: *Table 22*)
http://www.aihw.gov.au/

Where do I go for more information?

For more information on employment trends, see:

- ABS, Labour Force Survey
- Labour statistics: concepts, sources and methods

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Income and income support

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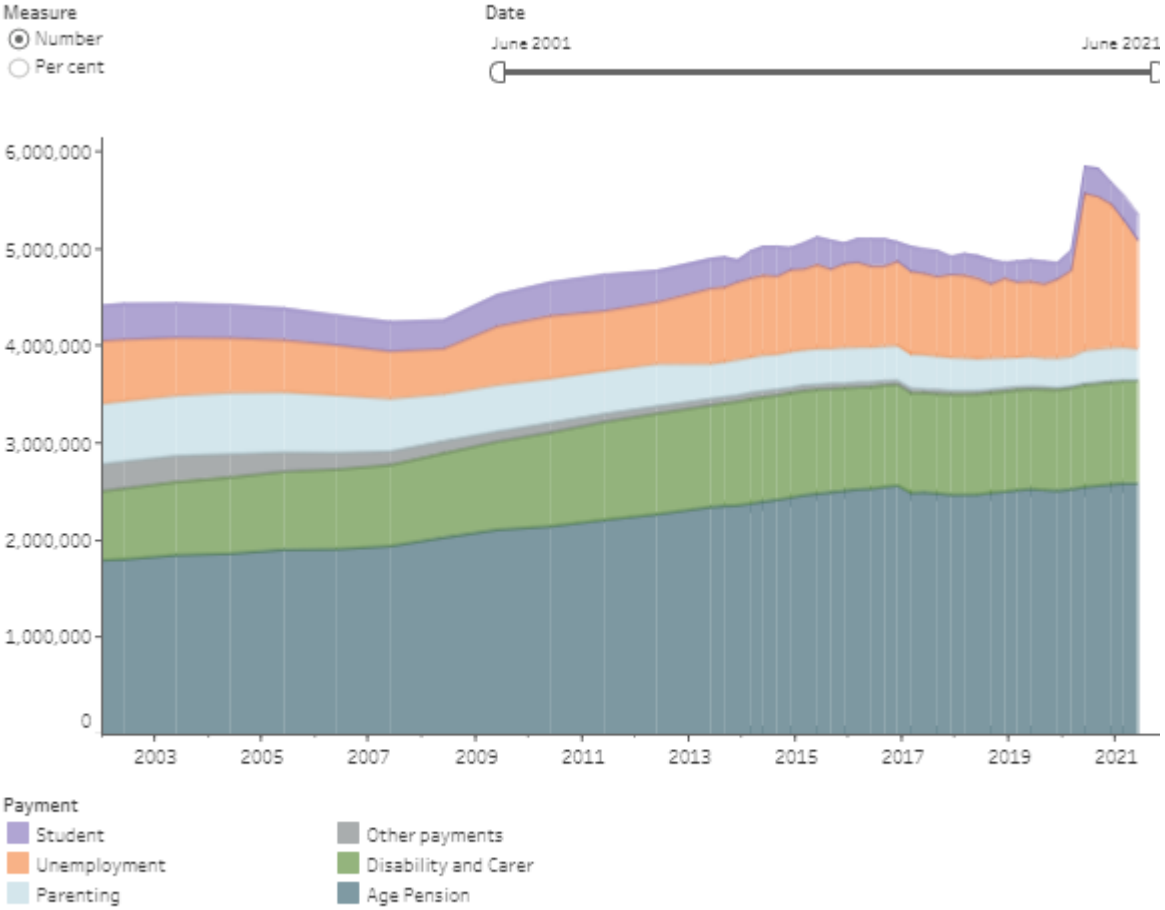
Figure 2: Income support recipients by payment type, June 2001 to June 2021



Sources: AIHW analysis of Department of Social Services payment demographic data on https://data.gov.au/data/dataset/dss-payment-demographic-data (2014–2021); unpublished data constructed from Services Australia administrative data (2001–2013).
http://www.aihw.gov.au/

[Notes]

Impact of COVID-19 on income support receipt

How many people receive family assistance payments?

Where do I go for more information?

A person's wellbeing is influenced by many factors, but having an adequate income remains an essential component in measuring individual and household wellbeing. Adequate levels of income can help Australians to better support themselves, their families and their communities more broadly. For most people, income can be an indicator of their ability to, week by week, access food, clothing, education, housing or leisure activities. A person's income is influenced by their economic circumstances – in particular employment and type of employment, hours worked, occupation, and government support through Australia's social security system.

This page examines a range of measures that provide an overview of the economic wellbeing of Australians, including household income and those receiving income support payments through the social security system.

The data presented on this page are based on the latest available data at the time of finalising this snapshot in late July 2021.

What are the main sources of household income?

In 2017–18, 3 in 5 households (61%) reported wages and salaries as their primary source of income, followed by government pensions and allowances (23%), other income (12%) and own unincorporated business income (4.3%).

Government pensions and allowances were more likely to be reported as the primary source of income for households in the lowest income quintile (65%) or second lowest quintile (32%) compared with other quintiles (less than 6% the third-fifth quintiles; ABS 2019).

Impact of COVID-19 on income levels

Household income

The most recent data on average household income between February 2020 and May 2021 at the time of drafting were from the Australian National University (ANU) COVID-19 Impact Monitoring Survey Program.

ANU COVID-19 Monitoring Survey Program

The ANU COVID-19 Impact Monitoring Survey Program conducted surveys in February, April, May, August and November 2020, and in January and April 2021. It collected information on attitudes to coronavirus 2019 (COVID-19), labour market outcomes, household income, financial hardship, life satisfaction, and mental health through the COVID-19 pandemic period.

The longitudinal study had a sample of over 3,000 respondents. This representative panel survey of adults living in Australia uses random probability-based sampling methods and covers both online and offline populations (that is, people who do and do not have access to the internet). A panel survey allows longitudinal data to be obtained from the same respondents before the spread of COVID-19, enabling changes for individuals to be tracked over time; that is not possible using a series of cross-sectional snapshot surveys. The survey was weighted to have a similar distribution to the Australian population across key demographic and geographic variables.

Survey data presented in this section are sourced from published papers (Biddle & Gray 2021; Biddle et al. 2020a, 2020b, 2020c) and previously unpublished data.

Average weekly (after-tax) household income decreased during the early stages of the COVID-19 pandemic, recovered, and then dropped to below February 2020 levels by April 2021:

- It fell by 8.9%, or by $157 per week, between February 2020 and August 2020 (from $1,761 to $1,604).
- It increased by 7.5%, or $121 per week, between August and November 2020 (from $1,604 to $1,725), bringing it close to February 2020 levels.
- It then fell again slightly between November 2020 and April 2021 (from $1,725 to $1,635), to below pre-pandemic levels observed in February 2020 ($1,761 per week).

These patterns likely reflect changes in employment and the introduction and removal of government support payments (such as JobKeeper Payment and Coronavirus Supplement) in the 12 months to April 2021.

In the context of longer term trends, median weekly equivalised household income in the decade to 2017–18 increased by 4.5% (or $39 per week), based on the Australian Bureau of Statistics (ABS) Survey of Income and Housing (SIH) (ABS 2019). Note that SIH income data are not directly comparable with the ANU data, due to differences in sample methodology and the income measure reported (that is, the SIH measure of income is adjusted, or 'equivalised', according to household size, composition and age profile).

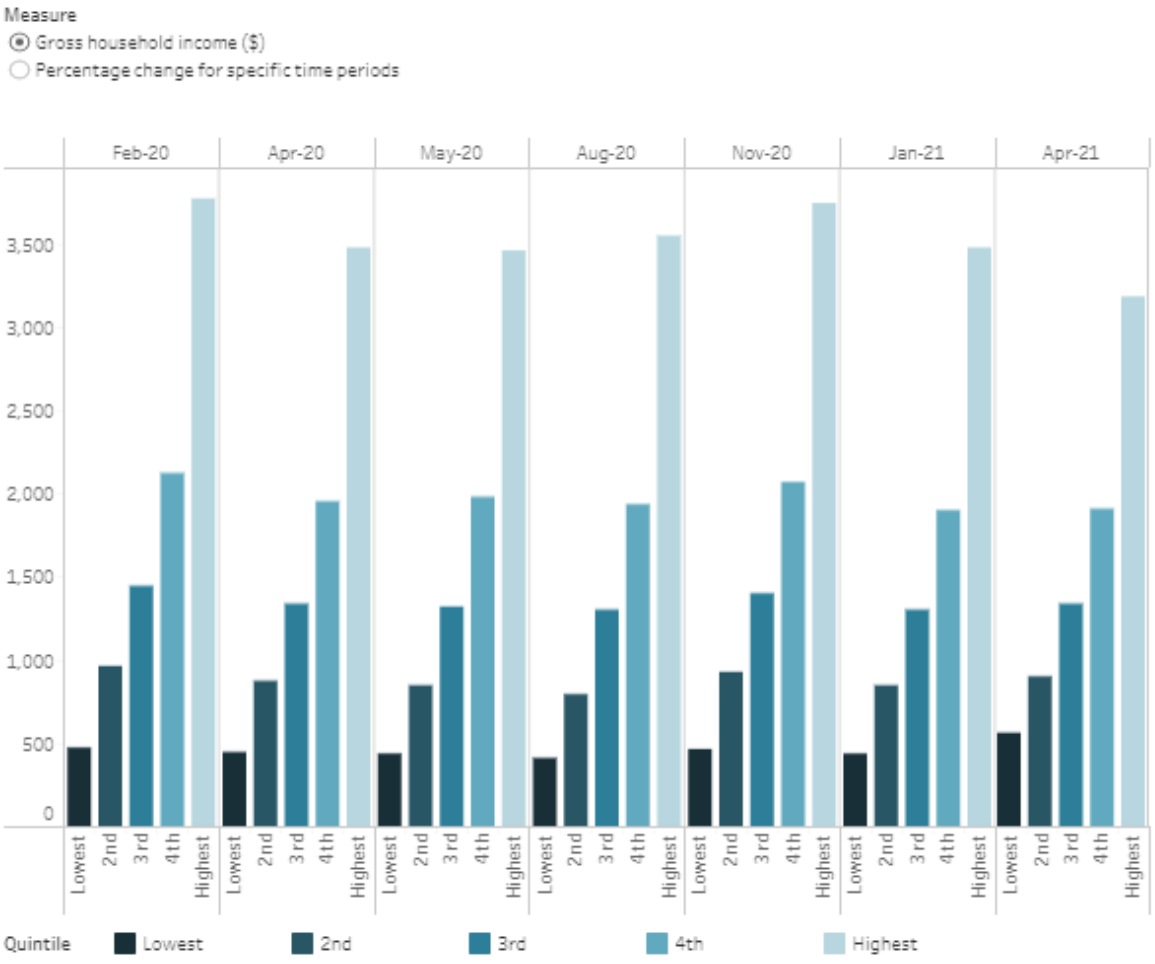
Reductions in average household income were not distributed evenly across all Australians, according to the ANU COVID-19 Monitoring Survey Program (Figure 1):

- Between February to May 2020, reductions were smallest for the lowest and the fourth quintile (a reduction of 6.7% each), and largest for the second quintile (a reduction of 12%).
- Between February 2020 and April 2021, the lowest quintile was the only quintile to have an increase in average household income (an increase of 19%), while the highest quintile experienced the largest drop (a decrease of 16% compared with 8–10% decline for the third and fourth quintiles from February 2020).

These patterns reflect, among other things, the recovery in employment and the impact of increasing government payments (such as Coronavirus Supplement and JobKeeper Payment) for the working-age population.

See 'Chapter 4 The impacts of COVID-19 on employment and income support in Australia' in Australia's Welfare 2021: data insights for more information.

Figure 1: Average weekly (after tax) household income by income quintile, persons aged 18 and over, 2020 to 2021



Source: AIHW analysis of unpublished data from the ANU COVID-19 Monitoring Survey Program.
http://www.aihw.gov.au/

Income from wages

Income from wages can be measured using several data sources, such as data from:

- payroll wages – calculated from data collected from the Australian Taxation Office's single touch payroll system, which, by September 2020, covered 99% of employers with more than 20 employees and 77% of small employers
- Wage Price Index – measures changes in the price of labour, unaffected by compositional shifts in the labour force, hours worked, employee characteristics or the introduction of the JobKeeper Payment.

Payroll wages declined but recovered within 6 months

Following the widespread social distancing and other business-related restrictions to slow the spread of COVID-19, total wages fell by 7.5% between 14 March and 23 May 2020, but, by September 2020, had increased to levels previously seen in March 2020. This reflects the economy starting to recover as business-related restrictions started to ease and the number of people in employment increased.

- By 22 May 2021, total payroll wages were 3.1% higher than they were in March 2020 (ABS 2021b)

Wages growth stalled after already slow growth

Based on the Wage Price Index, hourly rates of pay have increased slowly over the last decade:

- falling from an annual growth of 4.2% in the March quarter of 2009 to 1.9% between the September quarter of 2016 to the June quarter of 2017 to 1.8% in June 2020
- slowing down even further to 1.4% in September and December 2020, the lowest annual growth rate experienced in Australia since the Wage Price Index began in 1997.

In March 2021, the annual growth rate sat at 1.5% (ABS 2021a).

For more information on income from wages during the COVID-19 pandemic, see 'Chapter 4 The impacts of COVID-19 on employment and income support in Australia' in Australia's Welfare 2021: data insights.

How many people receive income support payments and over time?

Government pensions and allowances

Australia's social security system, administered by the Department of Social Services, aims to support people who cannot, or cannot fully, support themselves, by providing targeted payments and assistance. Income support payments and family assistance payments are 2 major categories of payment that are the focus of this page.

Data on income support and other payments are sourced from Department of Social Services payment demographic data (from 2014 to 2021) and previously unpublished data constructed from Services Australia administrative data (2001 to 2013), unless otherwise specified.

Income support payments

Benefits classified as income support payments are those that generally serve as a recipient's primary source of income; they are regular payments that assist with the day-to-day cost of living. Income support payments are subject to means testing – as income and assets rise, the rate of payment is reduced towards zero. Some payments are also subject to activity tests; for example, to remain qualified for a payment, recipients of unemployment payments are required to actively look and prepare for work in the future. Individuals can receive only one income support payment at a time.

The main income support payments are:

- Age Pension

- student payments—Youth Allowance Student and Apprentice, ABSTUDY (Living Allowance), Austudy
- unemployment payments—Newstart Allowance (closed 20 March 2020), JobSeeker Payment (from 20 March 2020) for people aged from 22 to Age Pension qualifying age, and Youth Allowance (other) for people aged 16 to 21
- parenting payments—Parenting Payment Single and Parenting Payment Partnered
- disability-related payments—Disability Support Pension and Carer Payment.

On this page, 'income support payments' are defined as the combination of all these payments, as well as other small payments. These other payments include Special Benefit, Bereavement Allowance, Sickness Allowance and payments that are closed to new recipients but still paid to existing recipients (including Partner and Widow Allowance to January 2022, Wife Pension to March 2020).

For more information on specific payment types, see Unemployment and parenting payments, Disability Support Pension and Carer Payment and Age Pension.

Family assistance payments

Family assistance payments help families with the cost of raising children. They include:

- Family Tax Benefit (FTB) Part A, a per-child payment for a dependent child aged 0–15, or 16–19 in full-time secondary study
- FTB Part B, a per-family payment. It is paid to couples with one main income until the youngest child is aged 13. It is also paid to single parents, non-parent carers or grandparent carers until the child is aged 16, or 16–18 and in full-time secondary study.

Recipients aged under 16

A small number of recipients of income support payments are aged under 16 in March 2021: 388 for ABSTUDY (Living Allowance), 10 for Youth Allowance (student and apprentice), fewer than 5 for Youth Allowance (other), 68 for Parenting Payment Single, 757 for Special Benefit. These recipients are included in the numerator in calculating the proportion of income support recipients aged 16 and over in the population, to ensure consistency in recipient numbers reported on this page.

For more details on government payments, see Services Australia's income support payments and the Department of Social Services benefits and payments.

As at 26 March 2021, 5.5 million people received an income support payment, equating to 27% of the population aged 16 and over (Figure 2). Of these:

- 47% (2.6 million) received Age Pension
- 23% (1.3 million) received unemployment payments (JobSeeker Payment or Youth Allowance (other))
- 19% (1.05 million) received disability-related payments (Disability Support Pension or Carer Payment)
- 6.1% (335,500) received parenting payments

- 4.6% (255,700) received student payments
- 0.2% (11,000) received other payments.

Receipt of income support payments was higher among certain populations. As at March 2021, income support receipt was higher for:

- females than males (29% of females aged 16 and over compared with 24% for males). This is primarily due to higher receipt of Age Pension and parenting payments
- Indigenous Australians than Other Australians (53% for Indigenous Australians aged 16 and over compared with 26% for Other Australians; see Indigenous income and finance for more details).

Trends in income support receipt

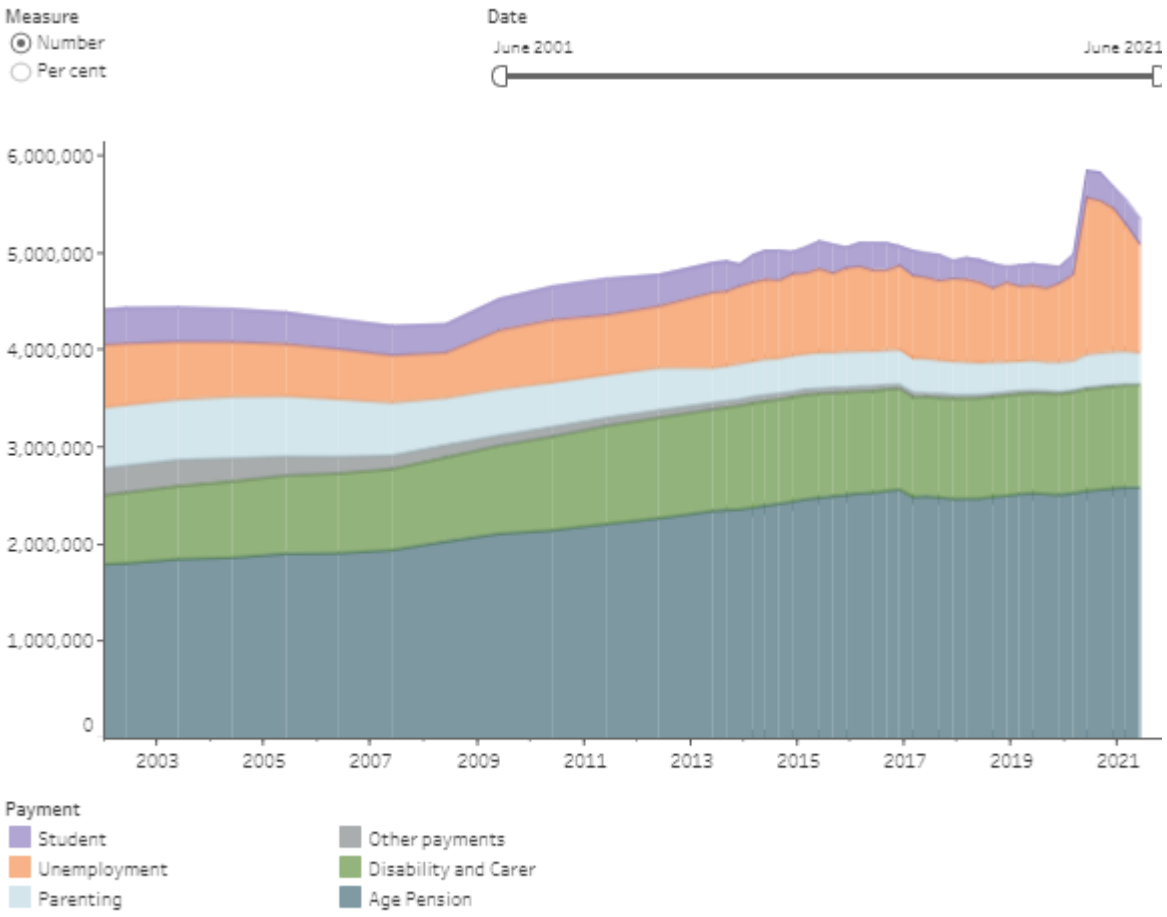
In June 2020, the proportion of the population aged 16 and over in receipt of income support payments (28%) was similar to the high levels observed in the early 2000s (28–29% in 2001–2005; Figure 2).

Before March 2020, the proportion of the population aged 16 and over receiving income support payments had been generally falling, reaching its lowest level in 20 years in June 2019 (24%). This reflected, in part, labour market conditions as well as reforms to the social security system, such as enhancements to mutual obligation requirements over the last decade.

For more details, see 'Chapter 3 Income support over the past 20 years' of Australia's welfare 2019: data insights.

There were 235,200 fewer income support recipients in June 2019 than in June 2015, with declines varying somewhat across payments. Recipients of unemployment-related payments (previously Newstart Allowance and Youth Allowance (other)) contributed 39% to this decline, parenting payments 26%, student payments 27% and Disability Support Pension or Carer Payment 18% (Figure 2).

Figure 2: Income support recipients by payment type, June 2001 to June 2021



Sources: AIHW analysis of Department of Social Services payment demographic data on https://data.gov.au/data/dataset/dss-payment-demographic-data (2014–2021); unpublished data constructed from Services Australia administrative data (2001–2013).
http://www.aihw.gov.au/

[Notes]

Impact of COVID-19 on income support receipt

In late March 2020, the Australian Government introduced short-term policy measures to protect those whose income was adversely affected by the shutdowns associated with the COVID-19 pandemic in 2020. The introduction of the Coronavirus Supplement provided additional support to new and existing recipients of unemployment payments and a number of other income support payments. For selected payments, such as the JobSeeker Payment, short-term policy changes were made, which included waiving the asset tests, waiting periods, and the obligation to actively seek work.

For further details see 'Chapter 4, The impacts of COVID-19 on employment and income support in Australia' in Australia's welfare 2021: data insights.

Reliance on income support increased steeply following the introduction of social distancing and business-related restrictions in March 2020, it then gradually declined from June 2020, but in mid-2021 was still higher than in March 2020 (Figure 2):

- The steepest increases in income support recipients occurred between March and June 2020, with 861,000 additional recipients (from 5.0 million to 5.8 million, or a 17% increase)
- Between June 2020 and March 2021, the number of recipients has been steadily declining, with 305,800 fewer recipients over this period. This downward trend reflects the easing of restrictions resulting from the COVID-19 pandemic.

In March 2021 recipient numbers were still 11% higher (an additional 555,200 recipients or 5.54 million recipients in total) than in March 2020. While recipient numbers continued to fall between March and June 2021 (186,700 fewer recipients or 5.35 million recipients in total), the number of recipients in June 2021 was still 7.4% higher than in March 2020.

The proportion of the population aged 16 and over receiving income support payments rose from 24% to 28% between March 2020 and June 2020; it fell slightly to 27% in March 2021 but remained above the pre-pandemic levels in March 2020.

The rate of increase in income support recipients varied by payment type. Most (85% or 728,200) of this overall increase in recipient numbers between March and June 2020 was due to an increase in those receiving unemployment payments (Figure 2).

Over this 3-month period, the number of recipients of:

- unemployment payments rose by 82% (from 886,200 to 1.6 million, or from 4.3% to 7.8% of the population aged 16 and over)
- student payments rose by 32% (from 210,200 to 276,700, or from 1.0% to 1.3% of the population aged 16 and over)
- parenting payments rose by 12% (from 298,300 to 335,500, or from 1.4% to 1.6%), with this increase largely driven by a 36% increase in the receipt of the Parenting Payment Partnered, from 67,600 to 92,000.

By March 2021, the proportion of the population aged 16 and over receiving unemployment payments was 6.3%, student payments 1.2% and parenting payments 1.6%.

The number of recipients of Age Pension and disability-related payments (Disability Support Pension or Carer Payment) remained relatively stable over 2020, while recipients of other payments declined due to the closure of some small payments.

For more information on the impact of COVID-19 on the receipt of particular payment types, see Unemployment and parenting payments, Disability Support Pension and Carer Payment and Age Pension.

How many people receive family assistance payments?

As at 26 March 2021, there were 1.4 million FTB A recipients and 1.1 million FTB B recipients receiving FTB through fortnightly instalments. The majority of recipients (80%)

are eligible for both FTB A and FTB B. As well, a large proportion (47%) also received an income support payment (based on previously unpublished data from Department of Social Services).

In the 6 years to March 2021, the receipt of FTB has been declining. Between March 2015 and March 2021, the number of:

- FTB A recipients fell from 1.5 million to 1.4 million.
- FTB B recipients fell from 1.3 million to 1.1 million.

During 2020, receipt of FTB remained relatively steady. This suggests that the business-related restrictions associated with the COVID-19 pandemic had a minimal impact on the number of people receiving this benefit.

There was, however, a large increase in the number of FTB recipients also receiving a qualifying income support payment for the Coronavirus Supplement, particularly JobSeeker Payment, consistent with the steep initial increase in unemployment payment recipients in the early months of 2020, as reported earlier.

Unpublished data from the Department of Social Services indicate that:

- between April and May 2020, there was:
  - an 11% increase overall in the number of FTB children whose parents received FTB and an income support payment that qualified for the Coronavirus Supplement (an additional 114,100 children, or from 1.0 million to 1.1 million)
  - a 21% increase (from 414,000 to 500,300) in the number of FTB children whose parents received FTB and the JobSeeker Payment.
- between May 2020 and August 2020, the number of FTB children increased slightly and then declined to March 2021.
- as at 26 March 2021, the number of FTB children whose parents received FTB and an income support payment that qualified for the Coronavirus Supplement was 1.1 million, which was 4.9% higher than in April 2020 (an additional 50,200 children).

Where do I go for more information?

For more information on household income, see Household income and wealth, Australia.

For more information on Centrelink payments and data, see:

- A guide to Australian Government payments
- Department of Social Services payment demographic data

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JobKeeper and employment services

Find the most recent version of this information at:
http://www.aihw.gov.au/reports/australias-welfare/jobkeeper-employment-services

On this page

A range of government policies and laws have an impact on the labour market – from taxation policy to trade relations. Those that more directly affect employment are typically considered, collectively, as 'labour market policies'. Labour market policies in Australia include:

- wage subsidies – such as the JobKeeper Payment (now closed)
- employment services
- unemployment payments.

This page provides an overview of employment services and wage subsidies.

For an overview of unemployment payments, see Unemployment and parenting income support payments.

The information on this page is based on the latest available data at the time of finalising this snapshot in mid-July 2021.

Employment services

The Australian Government funds employment services so that those on income support who may not be serviced by the private sector have access to support that will help them find and keep a job. The kinds of services typically included in employment services programs include:

- services that help individuals during their job search, such as helping to find jobs or writing resumés

- training programs aimed at helping to improve the employability of people who are unemployed
- services that help unemployed individuals start their own business
- work experience programs that place unemployed people in work-like activities (such as Work for the Dole).

Employment services primarily support recipients of specific income support payments, such as those receiving unemployment and parenting payments (see Unemployment and parenting income support payments). To continue to receive such payments, an individual may need to participate in an employment services program to meet mutual obligation (activity-testing) requirements.

This page focuses on the main employment services programs administered by the Australian Government.

Main employment services programs

jobactive: is the Australian Government's key mainstream program to get more Australians into work. It connects participants with employers and is delivered by a network of jobactive providers in over 1,700 locations across Australia.

Disability Employment Services (DES) program: supports people with disability to prepare them to find – and keep – a job (includes help with resumé preparation and interview skills, in-workplace support for employers, and workplace modifications).

ParentsNext: aims to help parents of young children (in particular, those receiving a Parenting Payment) to plan and prepare for employment.

Transition to Work: aims to assist young people aged 15—24 into work (including apprenticeships and traineeships) or education through practical intervention and work experience.

Community Development Program: aims to support jobseekers in remote Australia to build skills, address barriers to employment and contribute to their communities through a range of flexible activities.

There are also several smaller targeted programs and complementary services. Complementary services (such as Work for the Dole and Youth Jobs PaTH) may be accessed through general employment services programs and form part of the package of services accessed by the participant.

The numbers of participants registered with the main employment services programs were:

- 1.01 million for jobactive as at 30 June 2021 (DESE 2021a)
- 315,900 for the DES program as at 30 June 2021 (DESE 2021b)
- 79,000 for ParentsNext as at September 2020 (Senate Education and Employment Committee 2020)
- 35,900 Transition to Work participants as at 31 July 2021 (DESE 2021a)

- 29,600 Community Development Program participants as at 31 March 2020 (NIAA 2020).

Trends in employment services

Trend data are available for jobactive and the DES program. Together, these programs cover the majority of jobseekers using employment services.

jobactive

Overall, between June 2016 and June 2021, the number of jobactive participants rose by 31%, from 773,300 to 1.01 million (Figure 1). However, very different trends were observed before and after 2020.

- Before 2020, participant numbers were falling – from 773,300 to 613,400 between June 2016 and December 2019.
- Between March and June 2020, the number of participants almost doubled (from 757,300 to 1.43 million), following the introduction of social distancing and business-related restrictions in March 2020.
- From September 2020 to June 2021, the number of participants steadily declined, from 1.49 million to 1.01 million.
- At 30 June 2021, participant numbers were 34% higher (an additional 256,100 participants or 1.01 million participants in total) than March 2020 levels.

These changes are broadly consistent with patterns observed for recipients of unemployment payments in the 12 months to March 2021 (see Unemployment and Parenting Payments for further details).

Between 1 July 2015 and 30 April 2021, there were:

- almost 2 million job placements
- 1.1 million 4-week outcomes
- 919,700 12-week outcomes
- 590,400 26-week outcomes (based on previously unpublished jobactive data from the Department of Education, Skills and Employment).

Disability Employment Services program

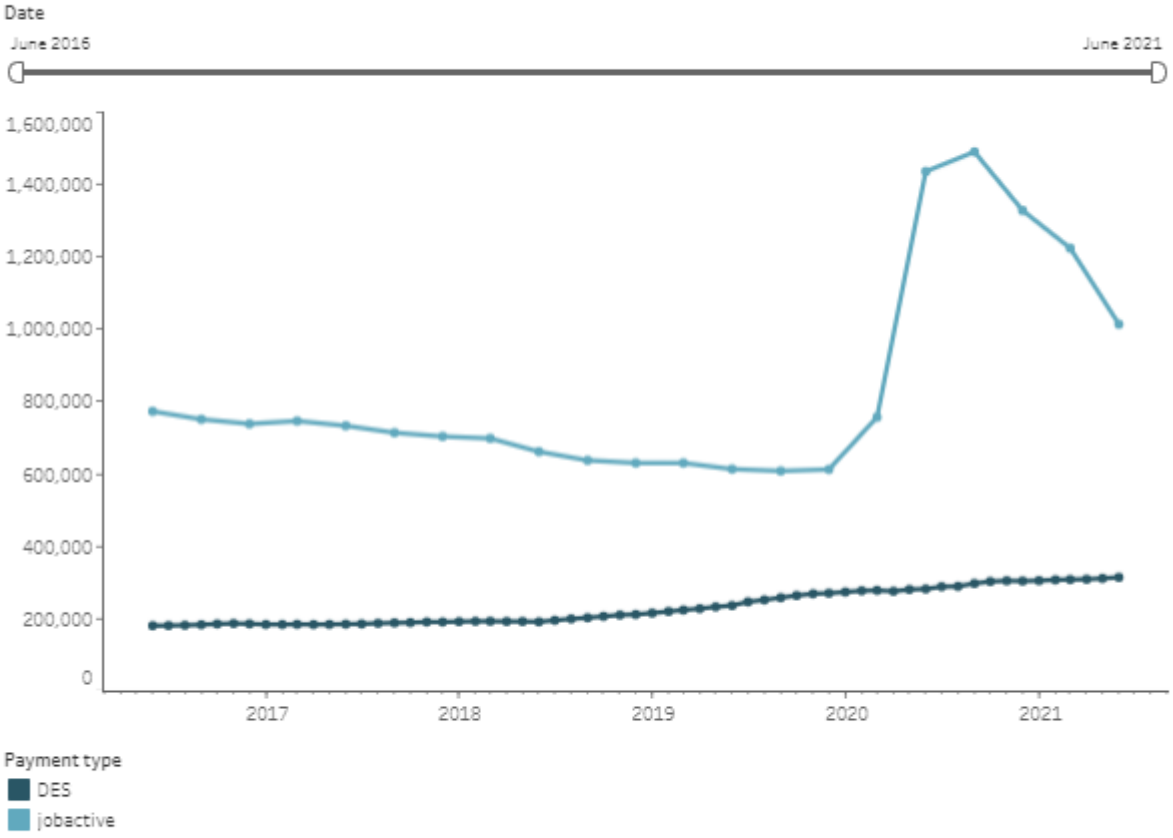
Between June 2016 and June 2021, the number of DES participants has increased considerably, an increase of 73% over this 5 year period or from 182,800 to 315,900 (Figure 1).

- Between June 2016 and June 2018, participant numbers rose gradually, a 5.8% increase over this period or by an average of 445 participants per month.
- Between June 2018 and June 2020, participant numbers rose faster, a 47% increase overall or by an average of 3,800 per month over this period. This steep increase coincided with reforms to the provision of the DES program in 2018, which resulted in an increase in the number of non-government DES outlets (providers and sites)

(for more details see Disability support services: services provided under the National Disability Agreement 2018–19).

- Between June 2020 and June 2021, participant numbers continued to rise, but the growth was slower than in the previous 2 year period – an increase of 11% or by an average of 2,700 per month.

Figure 1: People participating in jobactive or Disability Employment Services, June 2016 to June 2021



Note: Data are as at the end of the corresponding month. New Employment Services Trail participant data are excluded from February 2021 but included for previous months.
Source: DESE 2021a and 2021b.
http://www.aihw.gov.au/

Employment service use by population groups

As at 30 September 2020, males accounted for 52% of jobactive and 51% of DES participants, compared with only 4.9% of ParentsNext participants (Senate Education and Employment Committee 2020; DESE 2021b).

As at September 2020, the age profile of each employment services program also differed substantially:

- Almost 1 in 2 jobactive participants were aged 25–44 (26% aged 25–34 and 21% 35–44), compared with 18% aged 45–54, 17% aged 55 and over, and 8% under 22 (Senate Education and Employment Committee 2020).

- The majority (53%) of DES participants were aged 45 and over (23% aged 45–54 and 30% aged 55 and over), compared with 14–17% for the other age groups (those aged 24 and under, 25–34 or 35–44) (DESE 2021b).
- Around 3 in 4 ParentsNext participants were aged 25–44 (46% aged 25–34 and 30% aged 35–44) compared with 18% aged 24 and under and 5.7% aged 45 and over (Senate Education and Employment Committee 2020).

Some of the cohorts examined for jobactive, ParentsNext and DES mentioned in this section may have been targeted by separate employment services and therefore under-represented in these data.

Wage subsidies and JobKeeper Payment

To incentivise employers to employ disadvantaged jobseekers, the Australian Government has (or had) a range of wage subsidy programs. These include:

- wage subsidies for eligible participants of employment services programs
- wage subsidies for Australian apprentices and trainees
- Aged Care Workforce Retention Payment (Department of Health 2021)
- JobMaker Hiring Credit (ATO 2021b).

Employment service providers can use wage subsidies to encourage employers to hire participants from 5 eligible cohorts: mature age, long-term unemployed, Aboriginal and Torres Islander people, youth, and parents.

Wage subsidies of up to around $10,000 are available to eligible employers for eligible jobs.

Wage subsidies have been shown to be effective, if targeted at disadvantaged jobseekers (Borland 2016). As at 30 April 2021:

- over 247,000 wage subsidies have helped people into work since 2014
- jobactive wage subsidies have resulted in 50% of people remaining in employment for 26 weeks or more, compared with 38% of people placed into a job without a wage subsidy (based on previously unpublished jobactive data from the Department of Education, Skills and Employment).

JobKeeper Payment

In March 2020, the Australian Government introduced the JobKeeper Payment. This payment, a fortnightly wage subsidy, was designed to support the economy during the COVID-19 pandemic by helping to keep businesses trading and people employed. Eligible organisations had to pay their employees the full JobKeeper amount (after tax) – regardless of whether an employee had undertaken any work – after which the organisation received the JobKeeper Payment from the Australian Tax Office.

The JobKeeper Payment was introduced at $1,500 per fortnight. Businesses (and some non-profits) were eligible if their turnover was:

- less than $1 billion and had an estimated or projected decline of at least 30%
- above $1 billion and had an estimated or projected decline of at least 50%.

Workers needed to be employed by 1 March 2020 to be eligible for the payment. In August 2020, this date was changed to 1 July 2020. Furthermore, casual employees had to be employed on a regular and systematic basis for at least 12 months to receive the payment.

In May 2020 and July 2020, further eligibility requirements were applied, including payments being no longer available for employees of child care services (from 20 July 2020), and those aged 16 or 17 had to be financially independent from their parents, or not studying full time, to be eligible (from 11 May 2020).

On 28 September 2020, the program was extended by 6 months and changes were made to the JobKeeper Payment (referred to as the JobKeeper Extension payment). To receive this payment, organisations now needed to show an actual decline in turnover during the September 2020 quarter compared with the 2019 September quarter, rather than an estimated or projected decline as required previously. The payment was also adjusted to $1,200 for people who worked 80 hours in the 28 days prior to the employee reference date or $750 for those who worked fewer hours in the 28 days prior.

In January 2021, to be eligible for the JobKeeper Extension payment, organisations again needed to show an actual decline in turnover (during the December 2020 quarter compared with a comparable quarter in 2019) and the payment was adjusted to $1,000 for those who worked 80 hours in the previous 28 days and $650 for those who worked fewer hours.

The program ended on 28 March 2021 (Department of the Treasury 2021, ATO 2021a).

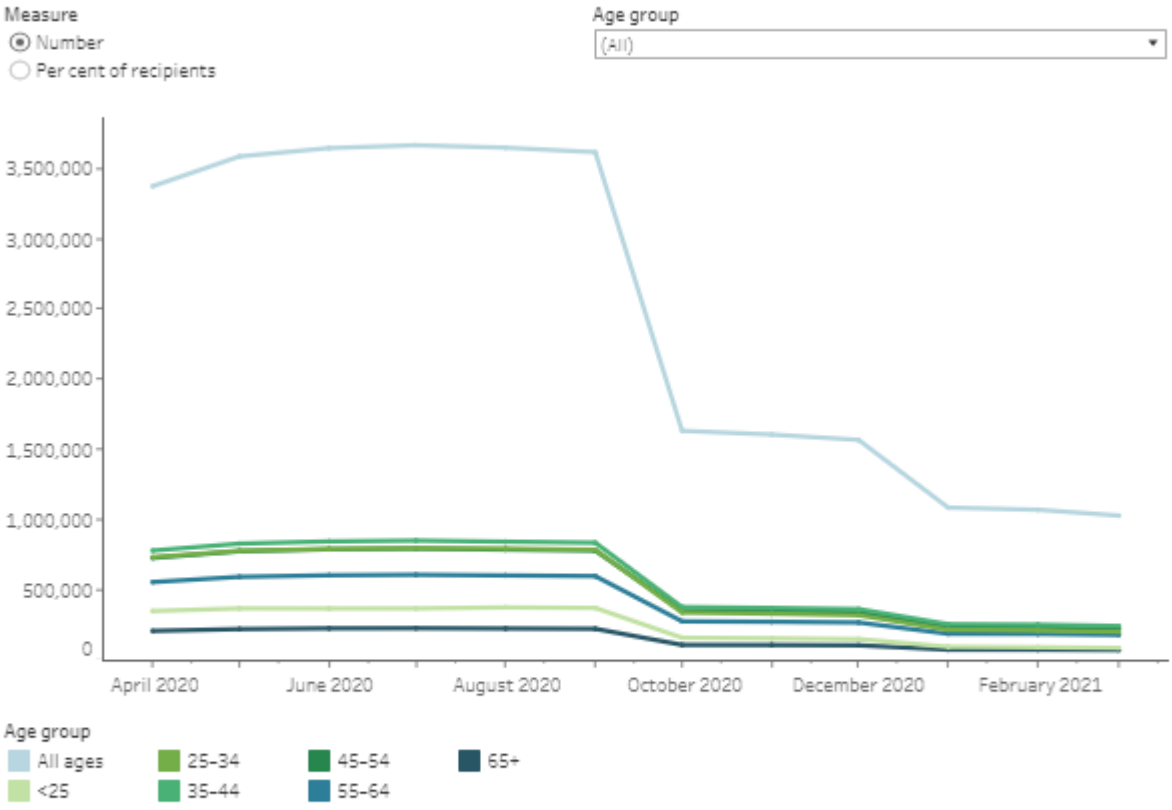
The following data on JobKeeper Payment receipt on this page are sourced from previously unpublished data from the Australian Tax Office (Figure 2):

- In April 2020, the first month of the JobKeeper Payment, around 3.4 million employees received the payment increasing to a peak of 3.7 million by July 2020, and then declining to 3.6 million by September.
- After changes were made to the JobKeeper Payment on 28 September (the JobKeeper Extension payment, the number of people receiving the payment fell from 1.6 million in October 2020 to 1.0 million by March 2021.

Between April and September 2020, similar proportions of employees in age groups 25–34 (22%), 35–44 (23%) and 45–54 (22%) received the JobKeeper Payment – with these 3 age groups accounting for 2 in 3 employees receiving the payment. These age groups also accounted for a similar proportion of the employed population.

For further information on how JobKeeper Payment receipt differed by age and sex, see 'Chapter 4, The impacts of COVID-19 on employment and income support in Australia' in Australia's welfare 2021: data insights.

Figure 2: Recipients of the JobKeeper Payment (April to September 2020) and JobKeeper Extension (October 2020 to March 2021) Payment, by age



Notes:
1. For JobKeeper Payment, the number of individuals are estimated based on payment disbursements, after repayments from entities. For JobKeeper Extension Payment, the number of individuals is based on a processed application and for whom a payment has been disbursed.
2. For the JobKeeper Payment, the proportions per age group are based on employees who were nominated by employers for the JobKeeper program and were listed as eligible in the month shown.
Source: AIHW analysis of previously unpublished data from the Australian Tax Office.
http://www.aihw.gov.au/

Where do I go for more information?

For more information on employment services, see:

- Department of Employment, Skills and Education, jobactive.gov.au
- Community Development Program
- Disability Employment Services

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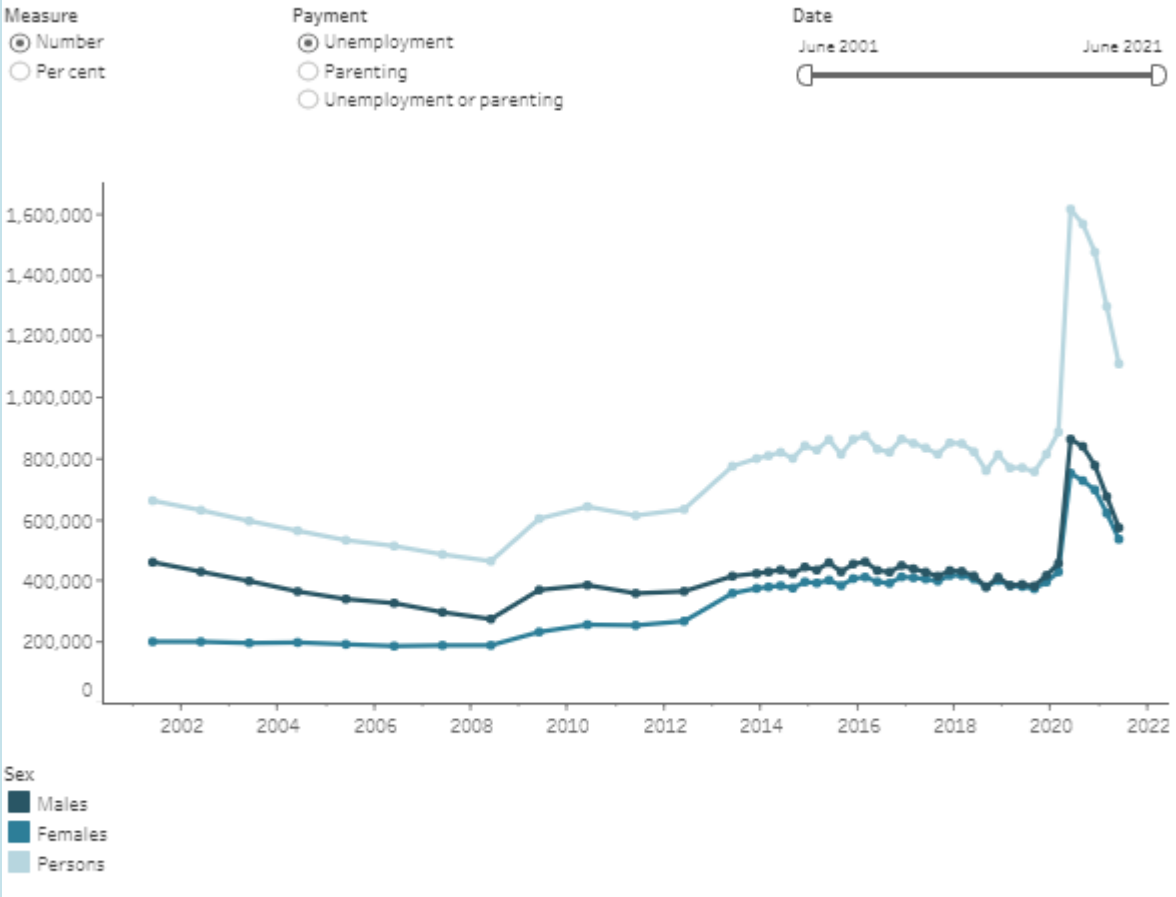
Unemployment and parenting income support payments

Find the most recent version of this information at:
http://www.aihw.gov.au/reports/australias-welfare/unemployment-and-parenting-income-support-payments

On this page

Figure 1: Recipients of unemployment or parenting payments, 2001 to 2021



Sources: AIHW analysis of Department of Social Services payment demographic data on https://data.gov.au/data/dataset/dss-payment-demographic-data (2014–2021) and of unpublished data constructed from Services Australia administrative data (2001–2013).

Impact of COVID-19

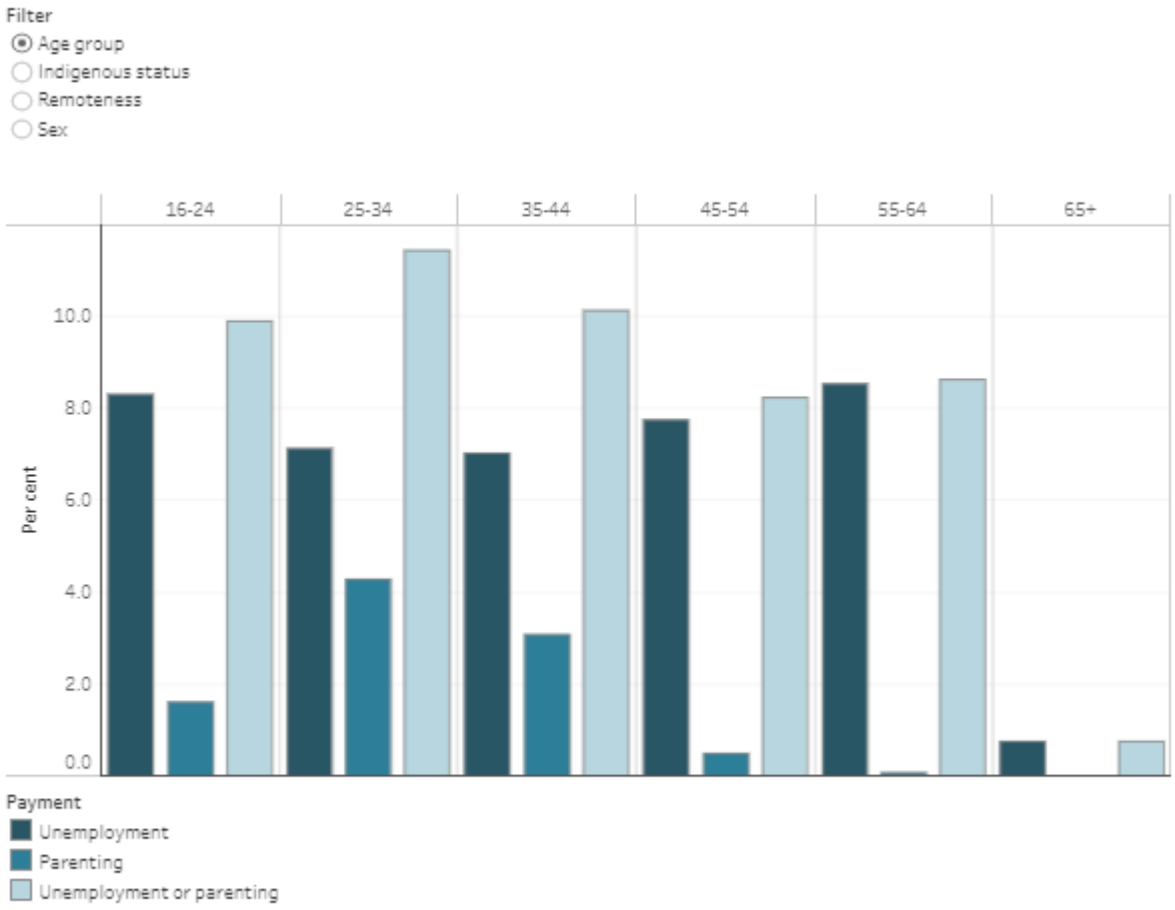
Age

Sex

Indigenous Australians

Remoteness area

Figure 2: Proportion of people aged 16 and over receiving unemployment or parenting payments, by age, sex, Indigenous status and remoteness area, as at 26 March 2021



Source: AIHW analysis of Department of Social Services payment demographic data on https://data.gov.au/data/dataset/dss-payment-demographic-data
http://www.aihw.gov.au/

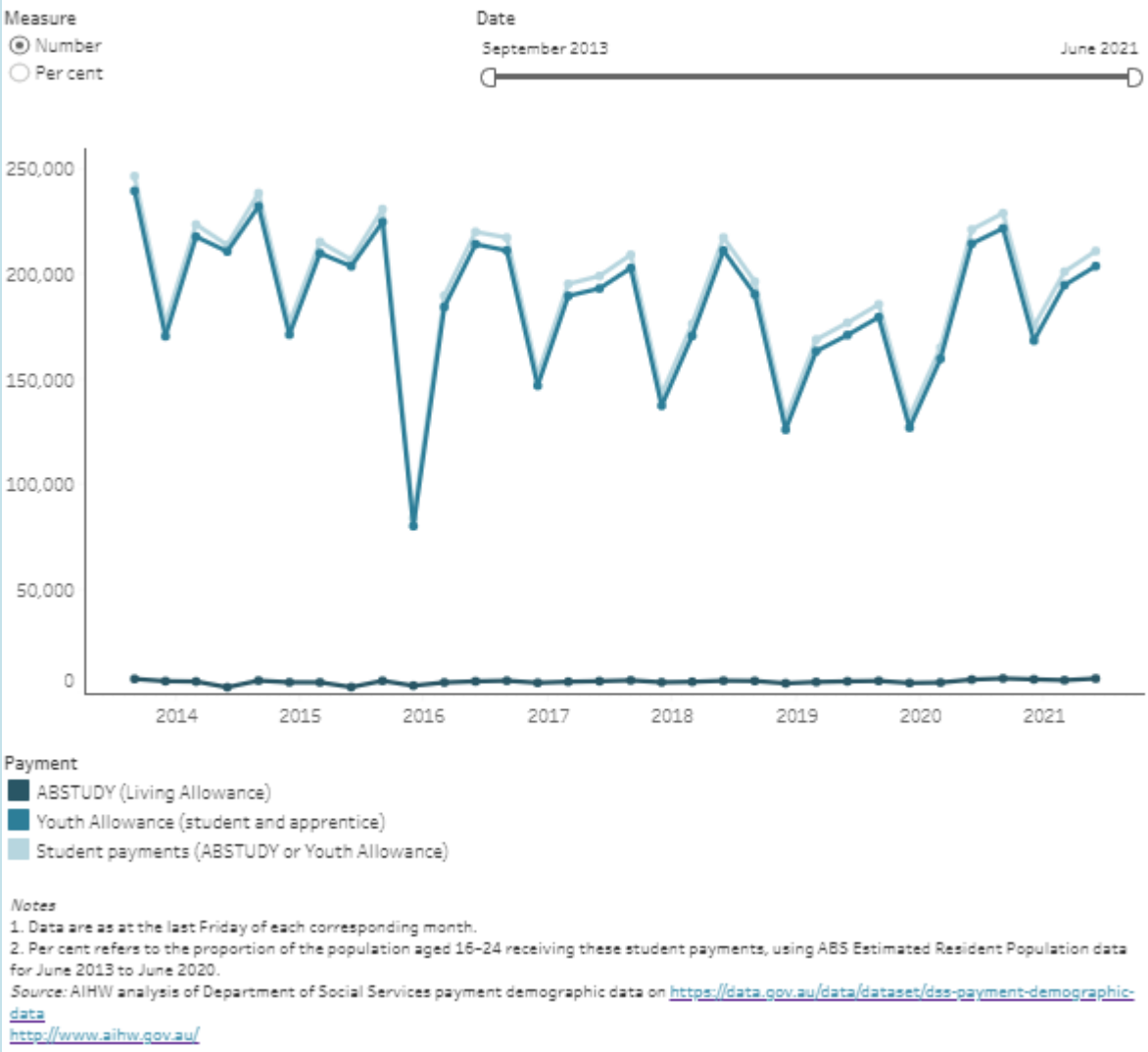
[Notes]

Earning an income while receiving income support

Duration of income support

How many young people receive student payments?

Figure 3: Recipients of student payments aged 16–24, September 2013 to June 2021



Notes
1. Data are as at the last Friday of each corresponding month.
2. Per cent refers to the proportion of the population aged 16–24 receiving these student payments, using ABS Estimated Resident Population data for June 2013 to June 2020.
Source: AIHW analysis of Department of Social Services payment demographic data on https://data.gov.au/data/dataset/dss-payment-demographic-data
http://www.aihw.gov.au/

Where do I go for more information?

Australia's social security system, administered by the Department of Social Services, aims to support people who cannot, or cannot fully, support themselves, by providing targeted payments and assistance. When this payment is a person's primary source of income it is called an 'income support payment' – a specific category of social security payments (see Income and income support for more information).

- Unemployment payments (JobSeeker and Youth Allowance (other)) are the primary income support payments for working-age Australians (aged over 16 but under the Age Pension qualifying age) who are looking for work or earning under the income and assets threshold.
- Parenting payments are available for parents unable to work full time due to caring for a young children.

These payments are part of a larger network of labour market policies and services, designed to support individuals seeking further employment (see JobKeeper and employment services for more information). Note, that not all unemployed people will receive these unemployment payments as they may receive other income support payments or not meet eligibility requirements. It was estimated that recipients of unemployment payments accounted for just over 1 in 4 (28%) of those unemployed in 2017–18 (Parliamentary Library 2019).

For more information on unemployment and labour force participation, see Employment and unemployment.

- This page examines the main income support payments for people aged 16 and over who are unable either to find work (unemployment payments) or to work full time (parenting payments). It presents information on those receiving:
- either payment, and for each specific payment
- student payments, as receipt of unemployment or parenting payments, are likely to be influenced by engagement with other activities (such as education and training), especially for young people.

Information on government expenditure on these payments is included in Welfare expenditure.

- Unless otherwise stated, income support data are sourced from Department of Social Services payment demographic data (from 2014 to 2021) and from previously unpublished data constructed from Services Australia administrative data (2001 to 2013).
- Information on this page is based on the latest available data (March 2021) at the time of finalising this snapshot in mid-July 2021. More recent data (June–July 2021) released in August 2021 has been briefly mentioned in the sections examining changes during 2020 and 2021.

Main unemployment and parenting income support payments

Unemployment payments

The main income support payments available to unemployed people (or those under the income and assets threshold) are:

- Newstart Allowance (until March 2020)
- JobSeeker Payment (from March 2020)
- Youth Allowance (other).

On this page, recipients of unemployment payments are defined as those receiving Newstart Allowance/JobSeeker Payment or Youth Allowance (other), and does not include closed payments such as Newstart Mature Age Allowance.

Individuals receiving these payments are required to be looking for work or be engaged in activities that will help them find work in the future (such as volunteering or training) – unless they have a partial capacity to work (for more information see later on this page).

Newstart Allowance

Before March 2020, this payment was the main income support payment for unemployed people aged 22 and over but under the Age Pension qualifying age (66.5 years on 1 July 2021).

JobSeeker Payment

In March 2020, this payment replaced Newstart Allowance, consolidating it with several other payments (such as Sickness Allowance and Bereavement Allowance). It is the main income support payment for unemployed people aged 22 and over but under the Age Pension qualifying age.

Youth Allowance (other)

This payment provides financial help to those aged 16–21 who are looking for work, temporarily unable to work, or undertaking approved activities. Qualifying for this payment is subject to a parental income test unless the young person is considered independent.

Parenting payments

Parenting payments are paid in recognition of the impact that caring for young children can have on a parent's capacity to undertake full-time employment. Only one parent or guardian can be the principal carer and receive the payment.

- **Parenting Payment Single (PPS):** an income support payment for single parents where the youngest child is aged under 8. Single parents must satisfy part-time mutual obligation requirements of 30 hours per fortnight once their youngest child turns 6 (unless they have a partial capacity to work; for more information see later on this page).
- **Parenting Payment Partnered (PPP):** an income support payment for partnered parents until their youngest child turns 6.

Recipients aged under 16

A small number of recipients of unemployment and parenting payments are aged under 16 in March 2021: fewer than 5 for Youth Allowance (other) and 68 for PPS. These recipients are included in the numerator in calculating the proportion of recipients of unemployment and parenting payments aged 16 and over in the population, to ensure consistency in recipient numbers reported on this page.

For further information on the payment rates for each of these payments, see Social Security Guide – current rates.

This page does not include all work-related income support payments for people aged 16 and over – in particular, disability-related payments (see Disability Support Pension and Carer Payment for more information and Income and income support for an overview of income support payments).

How many people receive unemployment or parenting payments?

As at 26 March 2021, 1.6 million people received an unemployment or parenting payment, equating to 7.9% of the population aged 16 and over. Of these:

- 79%, or 1.3 million, received an unemployment payment – 1.17 million received JobSeeker Payment, and 129,000 Youth Allowance (other) payment. These recipients represent 6.3% of the population aged 16 and over
- 21% or 335,500 received a parenting payment – 241,400 received PPS and 94,100 PPP. These recipients represent 1.6% of the population aged 16 and over.

Nearly all (98%) recipients of unemployment and parenting payments in March 2021 were aged between 16–64, equating to 9.7% of the population in that age group (7.7% for unemployment payments; 2.0% for parenting payments). Before June 2017, all recipients of these payments were aged under 65, reflecting the qualifying age for the Age Pension over this period (increased from 65 to 65.5 on 1 July 2017; see Age Pension for further details).

Job seekers with a partial capacity to work

As noted earlier, to receive unemployment payments, most applicants are subject to mutual obligation requirements, such as looking for work or engaged in activities that will help them find work in the future (such as volunteering or training). However, where individuals have a reduced capacity to work of fewer than 30 hours per week due to an impairment but are not eligible for the Disability Support Pension, they may have reduced mutual obligation requirements. This affects payments such as the JobSeeker Payment, Parenting Payment Single and Youth Allowance (other) Payment.

Between June 2014 and June 2019, the proportion of JobSeeker (and previously Newstart Allowance) recipients who had a partial capacity to work was rising (from 26% to 42%); it dipped to 25% in June 2020 before gradually increasing to 32% in March 2021 and 36% in June 2021. The large drop in June 2020 reflects the short-term policy measures to the Jobseeker Payment in March 2020 (such as suspending mutual obligation requirements in 2020 during the coronavirus 2019 (COVID-19) pandemic) that were then gradually re-introduced after August 2020.

Trends

In June 2020, the number of unemployment or parenting payment recipients was at its highest level in 2 decades – 1.9 million or 1 in 10 (9.5%) people aged 16 and over (Figure 1). This was driven by the large increase in recipient numbers during the COVID-19 pandemic, an additional 765,400 recipients between March and June 2020 (see Impact of COVID-19 for further details).

Before March 2020, the number and proportion receiving these payments were declining – falling from 1.3 million in June 2001 to 1.1 million in June 2019, or from 8.5% to 5.3% of the population aged 16 and over.

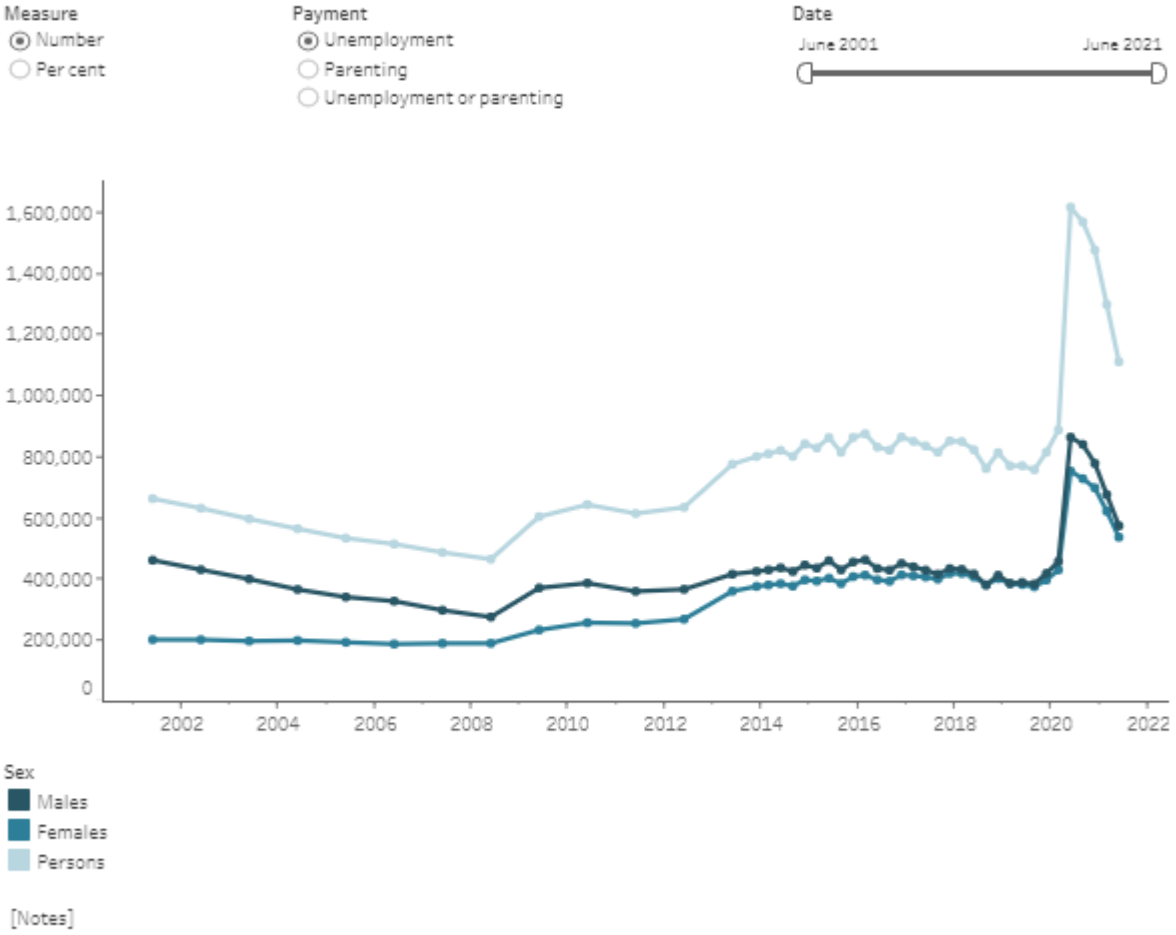
Between June 2001 and June 2019, the number of recipients of:

- parenting payments fell by 51%, from 622,500 to 303,300 (or from 4.1% to 1.5% of the population aged 16 and over receiving parenting payments)
- unemployment payments increased overall by 16% (from 662,000 to 769,600), despite varying trends during this period:
  - between June 2001 and June 2008, the number of recipients fell (from 662,000 to 464,100), reflecting reforms to the social security system combined with declining unemployment rates
  - between June 2008 and June 2015, recipient numbers rose to 861,300, influenced by falls in employment following the global financial crisis
  - between June 2015 and June 2019, recipient numbers fell again; 769,600 in June 2019.

However, the proportion of the population aged 16 and over receiving unemployment payments remained around 4% for most of 2001–2019, except for dip to around 3% between 2005–2012.

For more information on the long-term trends for these payments, see 'Chapter 3, Income support over the past 20 years' of Australia's welfare 2019: data insights, and Unemployment and parenting income support payments.

Figure 1: Recipients of unemployment or parenting payments, 2001 to 2021



Sources: AIHW analysis of Department of Social Services payment demographic data on https://data.gov.au/data/dataset/dss-payment-demographic-data (2014–2021) and of unpublished data constructed from Services Australia administrative data (2001–2013).
http://www.aihw.gov.au/

Impact of COVID-19

In late March 2020, the Australian Government introduced a range of economic support packages to offset the adverse impacts on the labour market of the measures it introduced to slow the spread of the COVID-19 virus – widespread social distancing and other business related restrictions. These included the introduction of the Coronavirus Supplement for working age income support recipients and short-term policy changes to the JobSeeker payment (such as waiving the assets tests, waiting periods, and mutual obligation requirements). These supplements and policy changes ended on the 31 March 2020.

For further details see 'Chapter 4 The impacts of COVID-19 on employment and income support in Australia' in Australia's welfare 2021: data insights).

Between March 2020 and June 2020, the number of income support recipients rose by 861,000 people of which:

- 85% (or 728,200) were unemployment payment recipients
- 4.3% (or 37,200) were parenting payment recipients.

The number of unemployment and parenting payment recipients increased from 1.2 million in March 2020 to 1.9 million in June 2020 and then gradually declined to 1.6 million in March 2021 and further to 1.4 million in June 2021. The proportion of the population receiving these payments increased from 5.7% to 9.5% between March and June 2020 and then declined to 7.9% in March 2021 and to 6.9% in June 2021 (Figure 1).

Impact on parenting payment recipients

The number of parenting payment recipients rose by 12% between March 2020 and June 2020, from 298,300 to 335,500; it then remained relatively stable to December 2020 (338,700) before gradually declining to 335,500 in March 2021 and falling further to 321,000 by June 2021. The number of recipients in June 2021 was still higher than it was before the COVID-19 pandemic in March 2020.

The proportion of the population aged 16 and over receiving parenting payments increased from 1.4% to 1.6% between March and June 2020 and remained at 1.6% to June 2021 (Figure 1).

Impact on recipients of unemployment payments

Data on recipients of unemployment payments are available monthly over the period between 2019 and 2021 (as opposed to quarterly data for other income support payments). These data are sourced from JobSeeker Payment and Youth Allowance recipients – monthly profile.

The number of recipients of unemployment payments rose by 454,800 in April 2020 and by 289,900 in May 2020, reaching 1.64 million by May 2020. Numbers fell in most months since then to July 2021, with the largest monthly fall in April 2021 (120,100 fewer recipients between March and April 2021 or from 1.30 to 1.18 million, coinciding with the temporary changes to the JobSeeker Payment ending on the 31 March 2021, such as return to mutual obligation requirements). In July 2021, there were 1.09 million recipients of unemployment payments, just over 194,100 (or 22% higher) than in March 2020 (891,300).

The proportion of the population aged 16 and over receiving unemployment payments almost doubled between March and May 2020 (from 4.3% to 7.9%); it remained relatively stable between May and August 2020, before steadily declining to 5.3% in July 2021. Receipt of unemployment payments in July 2021 is still higher than pre-pandemic levels (4.3% of the population aged 16 and above in March 2020).

During 2020, receipt of these unemployment payments increased at a greater rate for some population groups than for others.

Between March and May 2020:

- the proportion of young people receiving unemployment payments doubled − from 5.6% to 11.5% for those aged 16–24 and from 4.3% to 9.8% for those aged 25–34 compared with a relative slower growth for the other age groups (4.8% to 8.9% for those aged 35–44 and 5.6% to 9.3% for those aged 45–54)
- the rise in the number of recipients of these payments was steeper for young women than young men aged 25–34 – 2.4 times as high in May 2020 as in March 2020, compared with a corresponding rise of just over twice as high among men of the same age. For the age groups between 35–64, the increase in recipient numbers was higher for men than women over this period.
- the proportion of the population aged 16 and over receiving unemployment payments doubled in *Major cities* between March and June 2020 (from 3.7% to 7.4%), compared with smaller increases observed in the other areas (from 5.8% to 9.0% in *Inner and outer regional* areas, and from 10.3% to 13.4% in *Remote and very remote* areas).

For all population groups, receipt of unemployment payments declined in the 12 months to June 2021 but was still higher than pre-pandemic levels in March 2020.

For further details on the impact on COVID-19 on the receipt of income support payments, see 'Chapter 4 The impacts of COVID-19 on employment and income support in Australia' in Australia's welfare 2021: data insights.

Age

Reflecting the influence of life stages, nearly all (98%) of recipients of unemployment and parenting payments were aged 16–64 in March 2021 (Figure 2). Between these ages, the distribution of recipients varied by payment types.

As at 26 March 2021:

- almost 1 in 2 (49%) parenting payment recipients were aged 25–34 and almost 1 in 3 (32%) were aged 35–44
- unemployment payment recipients were distributed evenly across the 16–64 age groups (around 19–21% in each 10-year age group); proportions were lower for those aged 65 and over (2.4%), reflecting that older age groups are transitioning out of work.
  - when accounting for the size of the population for each of these age groups, those aged 55–64 and 16–24 were slightly more likely to be receiving unemployment payments (8.5% and 8.3%, respectively) than other age groups (7.7% for those aged 45–54, 7.1% for 25–34 and 7.0% for 35–44) .

Sex

As at 26 March 2021, most parenting payment recipients were females (95% for PPS and 91% for PPP).

Of those receiving unemployment payments, 52% were males – 6.7% of males aged 16 and over compared with 5.9% of females of the same age (Figure 2).

Indigenous Australians

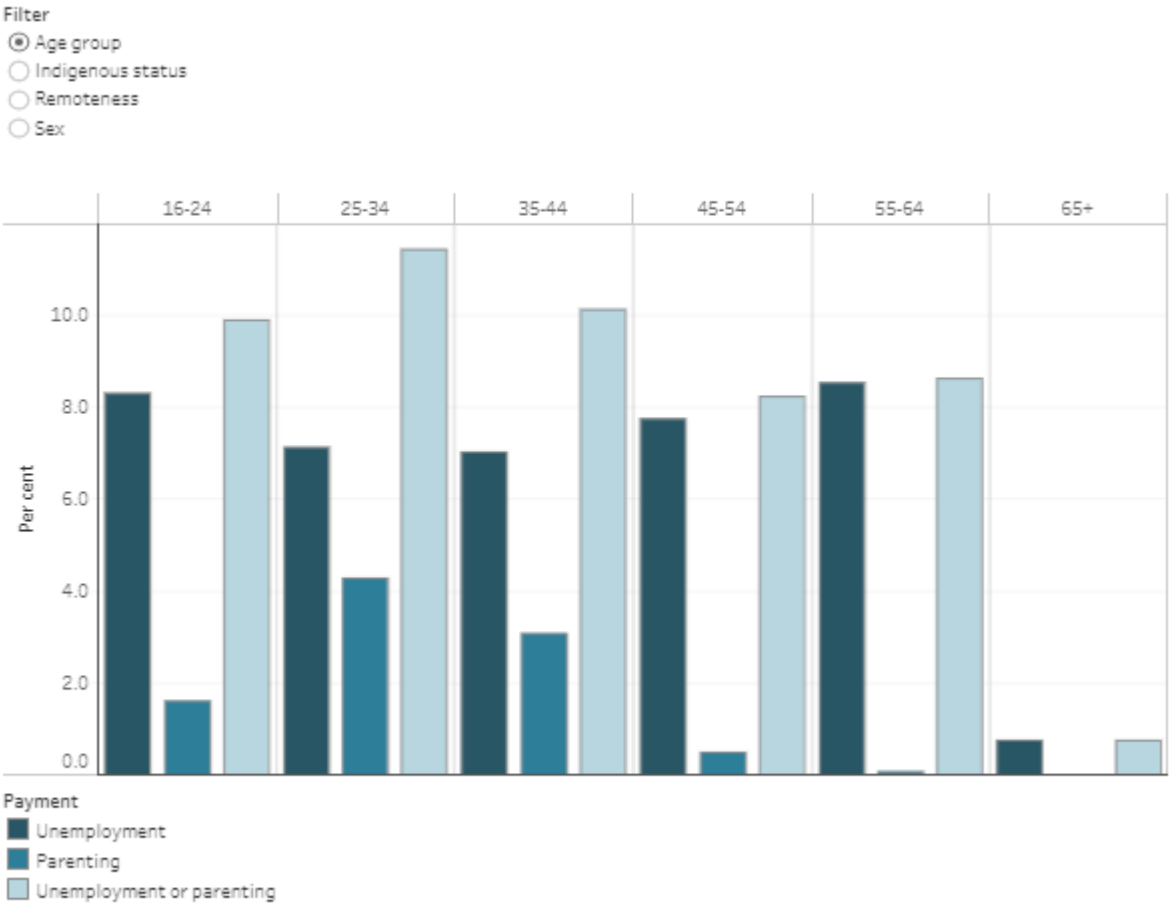
As at 26 March 2021, 182,500 Indigenous Australians were receiving an unemployment or parenting payment – 34% of Indigenous Australians aged 16 and over received these payments compared with 7.0% for Other Australians. The corresponding proportions for unemployment payments were 25% and 5.7%, respectively; for parenting payments, 8.9% and 1.4%, respectively (Figure 2).

Note that Indigenous identification in most Centrelink and population data is voluntary. This may influence the quality and completeness of the data and subsequent reporting on the number and proportion of Indigenous Australians receiving income support payments, especially among older Indigenous Australians.

Remoteness area

As at 26 March 2021, people aged 16 and over living in **Very remote** areas were 2.8 times as likely to be receiving an unemployment or parenting payment as those living in **Major cities (**20% compared with 7.3%). The corresponding proportions for unemployment payments were 15% and 5.9%; for parenting payments, they were 4.7% and 1.4% (Figure 2).

Figure 2: Proportion of people aged 16 and over receiving unemployment or parenting payments, by age, sex, Indigenous status and remoteness area, as at 26 March 2021



Source: AIHW analysis of Department of Social Services payment demographic data on https://data.gov.au/data/dataset/dss-payment-demographic-data
http://www.aihw.gov.au/

[Notes]

Earning an income while receiving income support

Means-tested arrangements are designed to ensure that income support targets those most in need, and that it reduces as recipients are more capable of providing for themselves. Recipients can earn a certain amount per fortnight before their income support payment is slowly reduced to a part-rate payment. Income support recipients are required to report income from all sources (including work, investments and/or substantial assets).

As at 26 March 2021, for recipients of unemployment or parenting payments:

- almost 1 in 4 (23%) received a part-rate payment
- almost 1 in 4 (23%) declared earnings (22% of unemployment payment recipients, 30% of PPS recipients and 14% of PPP recipients) from employment in the preceding fortnight. Of these, the vast majority (89%) earned at least $250 in the preceding fortnight.

The proportion of unemployment or parenting payment recipients receiving a part-rate payment in March 2021 was relatively similar to that for previous years. However, the proportion of recipients of unemployment payments who declared earnings from employment declined between June 2019 and June 2020 (from 19% to 16%); it then gradually increased to March 2021(23%), higher than it was over the previous 5-year period:

- for the JobSeeker Payment the proportion declaring earnings increased from 15% in June 2020 to 22% in March 2021 (compared with 20% in March 2019 and around 19–21% for the preceding 5 years)
- for the Youth Allowance (other) Payment it increased from 15% in March 2020 to 24% in March 2021 (compared with 18% in March 2019 and around 18–20% for the preceding 5 years).

These increases may reflect the growth in employment over this period as well as short-term policy changes made to these payments during 2020 (which ended on 31 March 2021), including increasing the income free area for these payments from September 2020.

Duration of income support

As at 26 March 2021, almost 3 in 10 (28%) recipients of unemployment or parenting payments had been receiving income support for less than 1 year, a slightly higher proportion than in previous years (22% between 2017–2019).

How long recipients have been receiving income support differed by payment type as at March 2021:

- unemployment payments: 31% had received income support for less than 1 year, 44% for 1 to less than 5 years, and 25% for 5 or more years (including 12% for 10 or more years)
- parenting payments: 16% had received income support for less than 1 year and 41% for 5 or more years (including 17% for 10 or more years). PPS recipients tended to stay on income support payments longer than PPP recipients – 46% of PPS recipients had received income support for 5 or more years compared with 28% for PPP recipients.

How many young people receive student payments?

Employment is tied closely with engagement with other activities, such as education and training. Hence, it is important to present income support payments available to support people studying or undertaking an apprenticeship when describing patterns in unemployment and parenting payments.

Individuals in receipt of student payments are most commonly young people aged 16–24, with 78% of recipients of all student payments in this age range as at March 2021. This section focuses on this age range.

Of young people aged 16–24 in receipt of income support payments, 37% received student payments, 45% unemployment payments and 8.4% parenting payments.

Main student income support payments

The main student payments for those aged 16–24 are Youth Allowance Student and Australian Apprentices, and ABSTUDY.

Youth Allowance Student and Youth Australian Apprentices: a means-tested payment for full-time students and Australian apprentices aged 16–24.

ABSTUDY (Living Allowance): a means-tested living allowance and range of supplementary benefits for eligible Aboriginal and Torres Strait Islander students or apprentices who are in an approved course, Australian Apprenticeship or traineeship.

This page does not include information on all student payments and excludes ABSTUDY (Non-Living Allowance – a supplementary payment only) and Austudy (as the qualifying age for this payment starts at age 25).

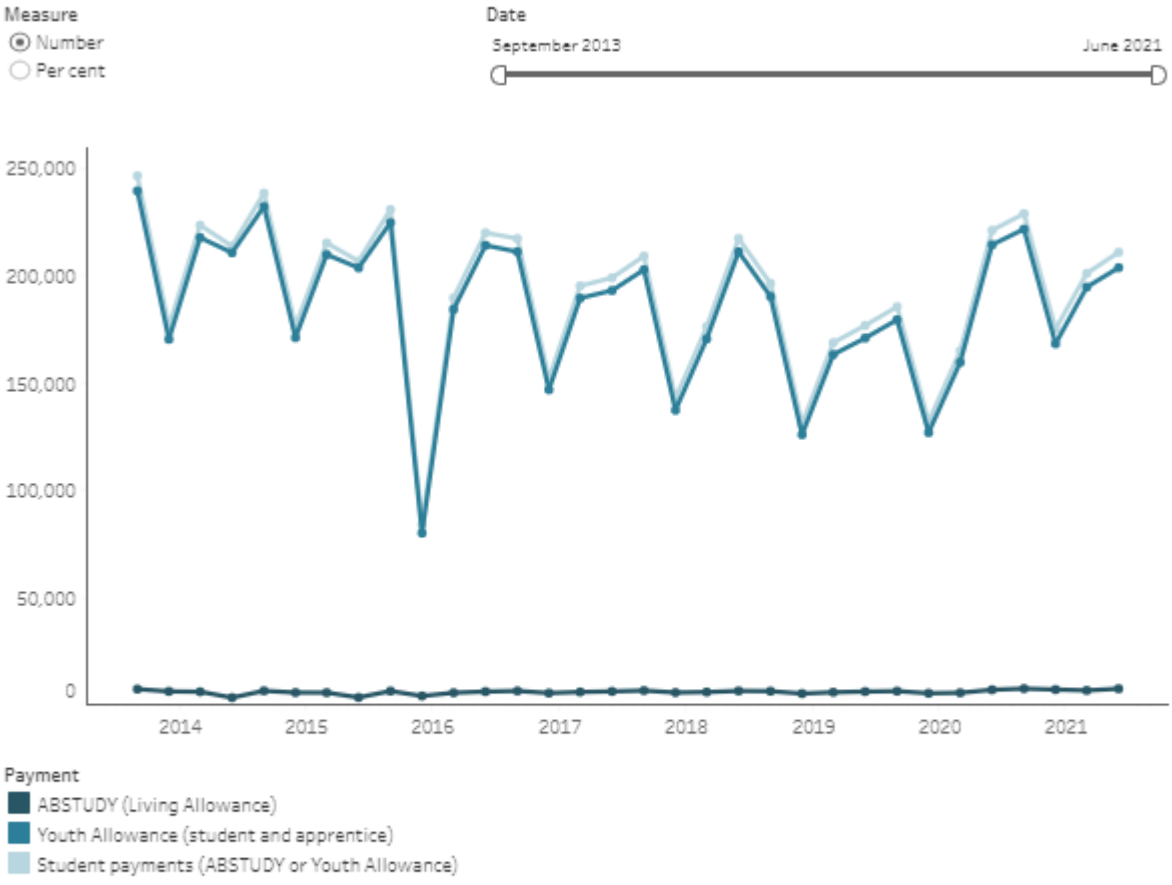
Student payments are subject to other eligibility criteria, including personal, parental and partner income tests.

As at 26 March 2021, 200,700 people aged 16–24 received one of the following student payments – 194,300 received Youth Allowance (student and apprentice combined) and 6,400 received ABSTUDY (Living Allowance). This equates to 6.9% of the Australian population aged 16–24 receiving one of these student payments.

In March 2021, receipt of student payments among young people was 22% higher than in March 2020 (164,500) and 19% higher than in March 2019 (168,400). Following the business restrictions associated with the COVID-19 pandemic in March 2020, the number of student payment recipients increased by 34% (an additional 56,200 recipients or, in total, 220,700 recipients in June 2020) and then remained relatively steady to June 2021 (except for a fall in December 2020 reflecting semester terms and completion dates; Figure 3).

The proportion of the population aged 16–24 in receipt of student payments increased from 5.7% in March 2020 to 7.6% in June 2020 and then fell slightly to 6.9% by March 2021. This increase between May and June 2020 may have been influenced by the COVID-19 pandemic and by young people continuing to study and delaying entry into the labour market due to unfavourable job market conditions.

Figure 3: Recipients of student payments aged 16–24, September 2013 to June 2021



Notes
1. Data are as at the last Friday of each corresponding month.
2. Per cent refers to the proportion of the population aged 16–24 receiving these student payments, using ABS Estimated Resident Population data for June 2013 to June 2020.
Source: AIHW analysis of Department of Social Services payment demographic data on https://data.gov.au/data/dataset/dss-payment-demographic-data
http://www.aihw.gov.au/

Where do I go for more information?

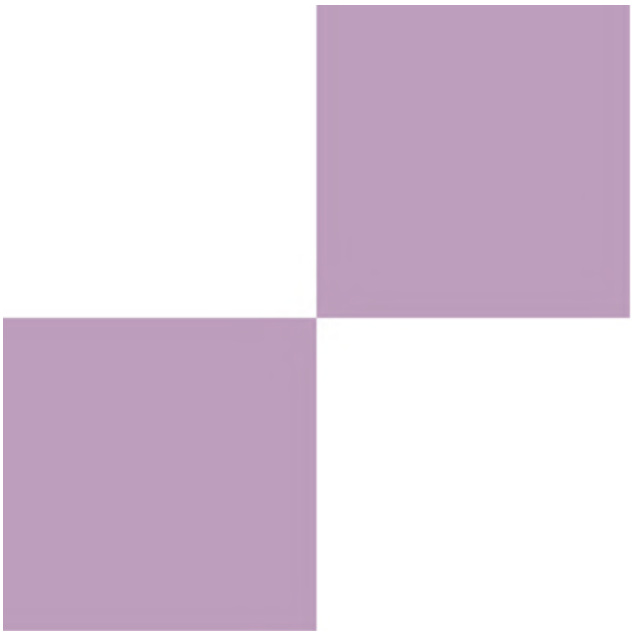
- A guide to Australian Government payments
- Department of Social Services payment demographic data
- Department of Social Services JobSeeker Payment and Youth Allowance data.

References

Parliamentary Library 2019. Measuring overlap between the unemployed and people 'on the dole'. Canberra: Parliamentary Library. Viewed 04 February 2021.

Social support

Social support from other people and services can be vital in times of need. It can be formal—usually services and programs, like disability services and aged care—or informal care from family, friends or the community. Social support can also contribute to connectedness though interactions between people.



Aged care

Find the most recent version of this information at: www.aihw.gov.au/reports/australias-welfare/aged-care

On this page

Australia's aged care system comprises a range of services from basic supports to enable people to remain independent at home, through to living in a residential aged care facility with access to full-time care. The majority of aged care is provided to people in their homes (or elsewhere in a community setting), reflecting people's preferences to remain living in their community for as long as possible, but the greatest proportion of aged care spending is on residential aged care.

People often need assistance with domestic tasks, such as gardening and shopping, but as people grow older their care needs may become more complex. Aged care services are available to people both temporarily and permanently, and at different levels depending on their needs.

Most statistics on this page are drawn from gen-agedcaredata.gov.au, AIHW's dedicated website for aged care statistics. See Aged care for more on this topic.

How many people use aged care?

Aged care services provide support to a large and growing number of older Australians. During 2019–20, over one million people received support from aged care services in Australia (Department of Health 2020), although some people used multiple programs more than once during the year.

Around 840,000 people used the Commonwealth Home Support Programme (home support). This program provides entry-level services to help people remain independent

at home and in the community. The next largest program was permanent residential aged care – around 245,000 people lived permanently in a residential aged care facility at some point during 2019–20.

The Home Care Packages Program (home care), which provides a tailored, coordinated package of care services to enable people to remain living at home, supported around 175,000 people. Respite residential aged care – short-term stays in residential aged care – supported around 67,000 people. The smallest programs, transition care and short-term restorative care, assisted just under 25,000 people and 4,500 people, respectively.

In the 10-year period since 2010–11, the number of people using home care has tripled (AIHW 2021b). Other aged care programs have also grown, albeit to a lesser extent. For more information on the number of people using aged care and trends over time see the People using aged care GEN topic page.

Over one million people used aged care services during 2019–20 in Australia

Who is aged care for?

In most cases, there is no minimum age to be eligible to receive government-subsidised aged care in Australia (with the exception of home support); rather, access is determined by assessed needs. Although the age of 65 is often considered a threshold to be an 'older person', younger people can also use most aged care services.

For planning and reporting purposes, the concept of 'older' is extended to Aboriginal and Torres Strait Islander Australians aged 50–64. Indigenous Australians show both similarities and differences in patterns of aged care use when compared with non-Indigenous Australians. See Indigenous Australians and Aged care for Indigenous Australians to learn more.

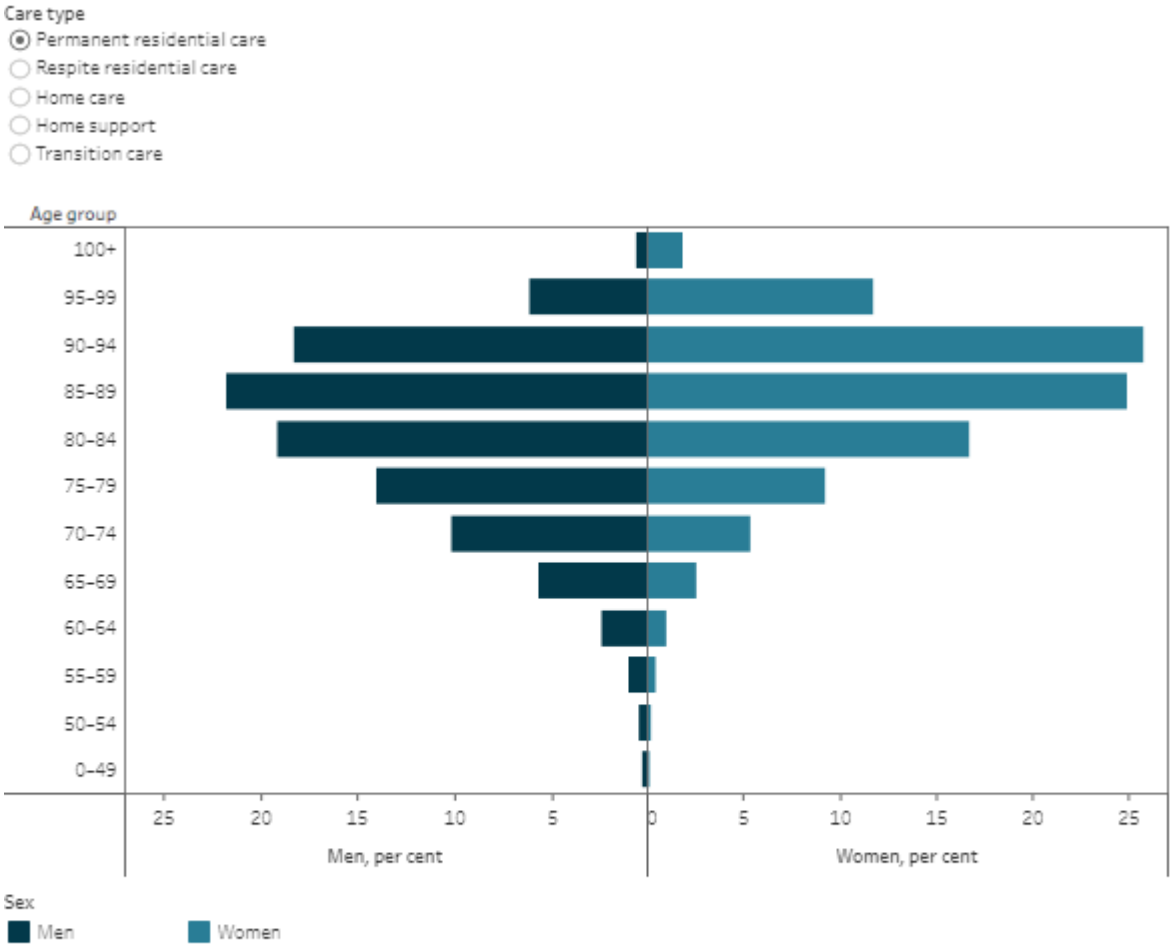
The people using aged care

Most people who use aged care services are older women. At 30 June 2020, around 2 in 3 (65%) people using aged care services were women. The age profile of people using the main aged care programs also varies across the programs (Figure 1). On average, people living in residential aged care were somewhat older than those using home care or home support (85 years, 82 years, and 80 years, respectively).

People living in residential aged care were older than those using home care or home support, on average (85 years, 82 years, and 80 years, respectively)

Almost two-thirds (64%) of women and almost half (47%) of men living in permanent residential care were aged 85 years and over. Even so, some younger people also access these support services. Nearly 4,900 people living in permanent residential aged care (2.6% of people), and around 2,700 people using home care (1.9% of people), were aged under 65 years. For more information on young people using aged care see the related YPIRAC dashboard on GEN.

Figure 1: People using aged care by age, sex and care type, 30 June 2020



Notes
1. Excludes unknown age and sex.
2. Data for home support reflect people using that program during the 2019–20 financial year.
Source: GEN aged care data 2021.
http://www.aihw.gov.au/

International comparisons

Australia's population is growing, particularly the older population. There have been improvements in health, wellbeing and life expectancy, and people born in the post-World War II period (the 'baby boomer' generation) are now reaching older age, see Profile of Australians for more information on Australia's population. For example, the proportion of Australia's population aged 65 and over has risen from 12% in 1997 to 16% in 2019 (ABS 2014; ABS 2019). Similar trends exist in many countries. For example, 20% of the European Union's population were aged 65 and over in 2019 (The European Commission 2019). These proportions are expected to grow over the coming decades.

There are both similarities and differences between Australia's aged care system and those in other countries. For illustrative purposes, some characteristics of residential aged care systems in comparably developed countries and with similar life expectancies to Australia are shown in Table 1. However, these statistics are difficult to compare

directly, as countries supply data to the Organisation for Economic Co-operation and Development (OECD) using different definitions, data sources and methods. The AIHW is working with the Department of Health to explore ways to improve this comparability.

Table 1: International comparison of aged care systems in 2018

Country	Life expectancy (years)	Proportion (%) of population aged 80+ using long-term care in an institution (excluding hospitals)	Beds in residential long-term care per 1,000 people in population aged 65+
Australia	82.8	18.9	51.2
Canada	82.0	12.0	53.8
Germany	81.0	10.7	54.4[(a)]
New Zealand	81.8	14.3	53.7
Sweden	82.6	12.6	70.3

(i) 2017 data.

Note: Data on the number of people living in residential aged care facilities was supplied by Australia as an over-the-year count, by Canada and Germany at a single point in time (30 June), by New Zealand as a count over a full month, and Sweden did not specify their method.

Source: OECD 2020.

Impact of COVID-19 on people using aged care

Australia has faced significant challenges during the coronavirus disease 2019 (COVID-19) pandemic. COVID-19 can be more serious for people who have pre-existing health conditions, including older Australians. People living in residential aged care are a particularly vulnerable group of Australians, and have been disproportionately affected.

The COVID-19 pandemic affected health care services in many ways and residential aged care services were at times locked down and restricted visitors in 2020. Older people living in the community were encouraged to seek health care remotely through telehealth services, and a number of temporary Medicare items were added. There were also changes within aged care services. For example, people in residential aged care could temporarily return to community-living through 'emergency leave' that provided up to eight weeks of home support.

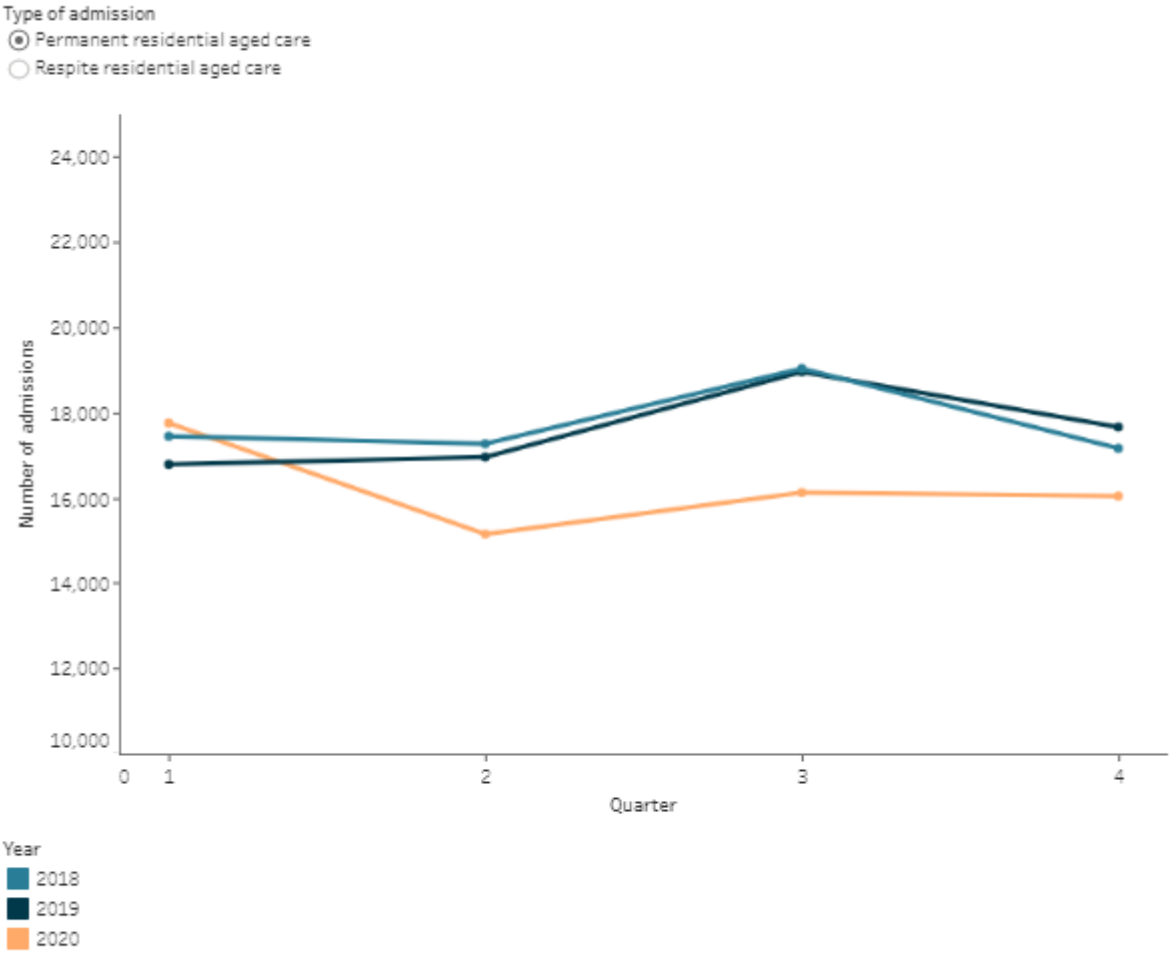
During the COVID-19 pandemic, the wellbeing of people living in residential aged care was adversely impacted (see 'Chapter 3, The impact of COVID-19 on the wellbeing of Australians' in Australia's welfare 2021: data insights). People with dementia were particularly affected, although mortality rates among people with dementia were lower

during the pandemic than among recent years (AIHW 2021a). Overall, three-quarters (75%) of COVID-19 deaths in Australia by May 2021 occurred in people living in residential aged care (678 deaths) (Department of Health 2021).

In 2020 compared with in 2019 or 2018, the number of people admitted to residential aged care (either their first or a subsequent admission) declined (Figure 2):

- nearly 5,300 fewer people were admitted to permanent residential aged care in 2020 compared with 2019 (there were around 65,100 admissions in 2020 and nearly 70,400 in 2019)
- around 11,100 fewer people were admitted to respite residential aged care in 2020 compared with 2019 (there were around 75,800 admissions in 2020 and nearly 86,900 admissions in 2019)
- these differences in admissions were most apparent in the second and third quarters of 2020 (April through September), which coincided with the period where stringent restrictions were first imposed in Australia.

Figure 2: All admissions into residential aged care, by admission type and quarter, 2018–2020



Source: GEN aged care data 2021.
http://www.aihw.gov.au/

The aged care workforce

In 2016, the latest year for which comprehensive data are publicly available, there were more than 366,000 aged care workers, including 240,000 direct care workers (Mavromaras et al. 2017). Almost 9 in 10 workers in aged care were female (87% of those in residential care, and 89% of those in home care or home support), and the aged care workforce was generally older than the average across all industries (Mavromaras et al. 2017).

The next census of residential, home care and home support providers was undertaken by the Department of Health during December 2020 and January 2021. Results are expected to be available in 2021.

The Royal Commission into Aged Care Quality and Safety

The Royal Commission was established in October 2018 to explore a wide range of issues relating to the quality and safety of aged care in Australia. The Royal Commission's final report was delivered 1 March 2021 and highlighted the inadequacies of the current aged care system. These concerns are shared by the Australian public: in the April 2021 ANUpoll, more than half (55%) of respondents indicated that they had 'not very much confidence' in the aged care system, and 12% had 'no confidence at all' (Biddle & Makkai 2021).

The Royal Commission noted barriers to navigating and entering the aged care system; a lack of available information to inform people's decisions on which aged care services will meet their needs; inadequate access to health care for people using aged care services—particularly those living in residential aged care; and substandard care and abuse. In total, the Royal Commission made 148 recommendations, proposing a detailed strategy to change and improve the aged care system.

The Royal Commission also specified what high-quality care involves: that older people are assisted to live self-determined and meaningful lives; that educated and skilled workers provide compassionate care; and that a high quality of life is obtained. For immediate improvement, the Royal Commission singled out food and nutrition, dementia care, the use of restrictive practices, and palliative care.

The need for accessible, comprehensive and meaningful data on aged care use and outcomes underpins many of the Royal Commission's recommendations. It also recommended the development of new standards, guidelines and indicators relating to aged care quality and safety, including a star rating system for comparing the performance of different aged care providers.

For more information on how aged care data can currently be used to understand a person's pathway through different aged care services (and the quality of the care they receive), and future opportunities for improvement, see 'Chapter 8, Understanding older

people's journey through aged care—the story in the data' in Australia's welfare 2021: data insights.

On 11 May 2021, the Australian Government published their response to the Royal Commission's recommendations. The Government accepted or accepted in principle 126 recommendations, supported alternatives for four recommendations, noted further consideration for 12 recommendations, and did not accept six recommendations. This response coincided with the release of the 2021–22 Federal Budget, which included a $17.7 billion aged care reform package. Central to the Government's response was a commitment to replace the Aged Care Act 1997 with a new consumer-focused Aged Care Act, planned to commence from 1 July 2023.

Where do I go for more information?

For more information on aged care, see:

- AIHW's dedicated aged care data website—GEN aged care data
- Report on Government Services data tables
- Aged Care Quality and Safety Commission website—Aged Care Quality
- International data on characteristics of aged care systems are available from members of the OECD through OECD.*Stat*
- Summary documents from the Royal Commission into Aged Care Quality and Safety—as well as the final report published through 5 volumes—can be accessed here.

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Gambling in Australia

Find the most recent version of this information at:
http://www.aihw.gov.au/reports/australias-welfare/gambling

On this page

Gambling is a major public policy issue in Australia, affecting the health and wellbeing of individuals and families in a range of ways. Estimates suggest that Australians lost approximately $25 billion on legal forms of gambling in 2018–19, representing the largest per capita losses in the world (Letts 2018; QGSO 2021).

The social costs of gambling – including adverse financial impacts, emotional and psychological costs, relationship and family impacts, and productivity loss and work impacts – have been estimated at around $7 billion in Victoria alone (Browne et al. 2017). Gambling-related harms affect not only the people directly involved, but also their families, peers and the wider community (Goodwin et al. 2017).

This page aims to:

- improve understanding of gambling participation and expenditure in Australia
- explore how the coronavirus disease 2019 (COVID-19) and related restrictions have affected gambling behaviour
- describe gambling-related impacts on health and wellbeing.

Support services are available 24 hours a day, 7 days a week:

Gambling Help: 1800 858 858, www.gamblinghelponline.org.au

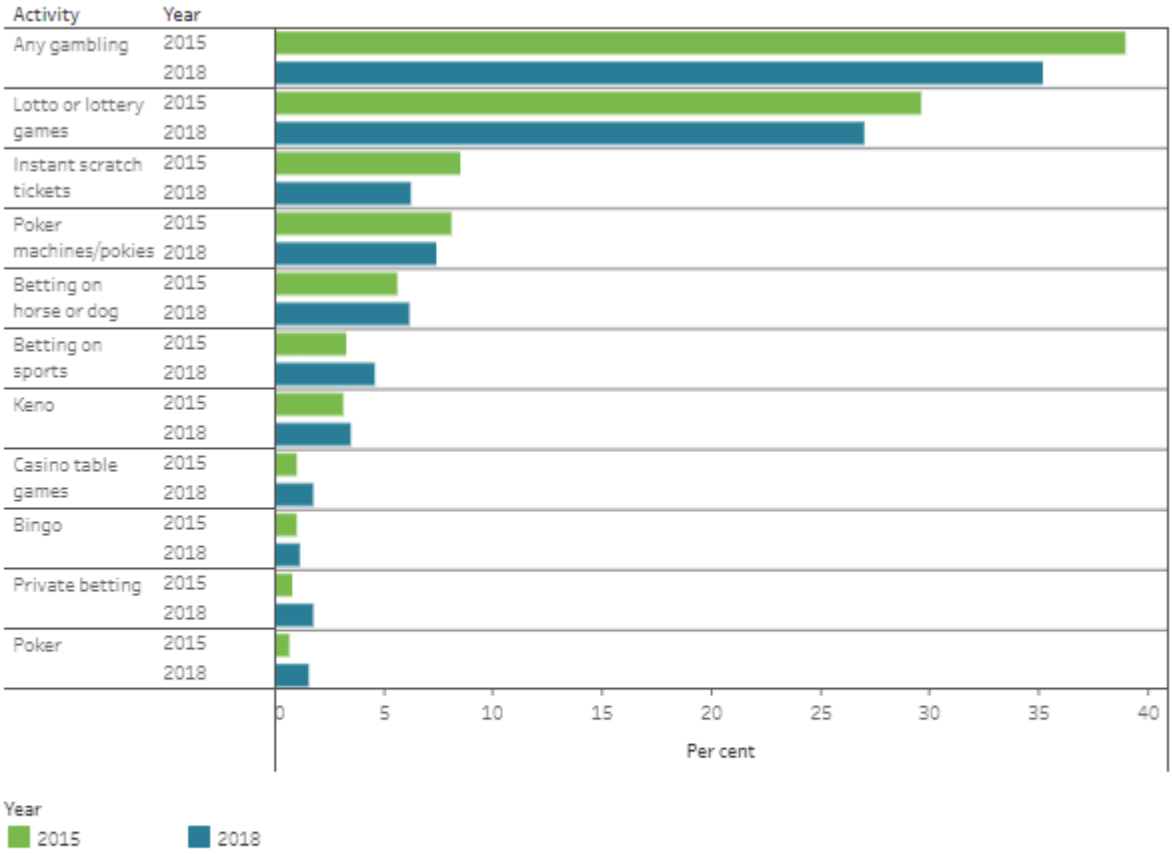
Lifeline: 13 11 14, www.lifeline.org.au

Gambling participation

In 2015 and 2018, the nationally representative Household, Income and Labour Dynamics in Australia (HILDA) Survey collected data on gambling participation, expenditure and gambling-related problems.

Estimates suggest that around 35% of Australian adults aged 18 and over (or 6.5 million people) spent money in a 'typical month' (defined as 'regular gambling') on 1 or more gambling activities in 2018, a drop from 39% (6.8 million people) in 2015 (Figure 1).

Figure 1: Proportion of Australian adults who spent money on gambling activities in a typical month, 2015 and 2018



Notes
1. * Denotes significant difference in participation between 2015 and 2018.
2. Estimations use the Self-completion Questionnaire (SCQ) weighting values provided in the HILDA Survey dataset.
3. Gambling activities include instant scratch tickets ('scratchies'); bingo; lotto or lottery games, like Powerball or Oz Lotto; Keno; private betting (for example, playing cards or mah-jong with friends or family); poker; casino table games (for example, blackjack, roulette); poker machines ('pokies') or slot machines; betting on horse or dog races (but not sweeps); and betting on sports.

Sources: HILDA Wave 15, 2015; Hilda Wave 18, 2018.

http://www.aihw.gov.au/

In both 2015 and 2018, the main gambling activities that Australians reported regularly spending money on were (Figure 1):

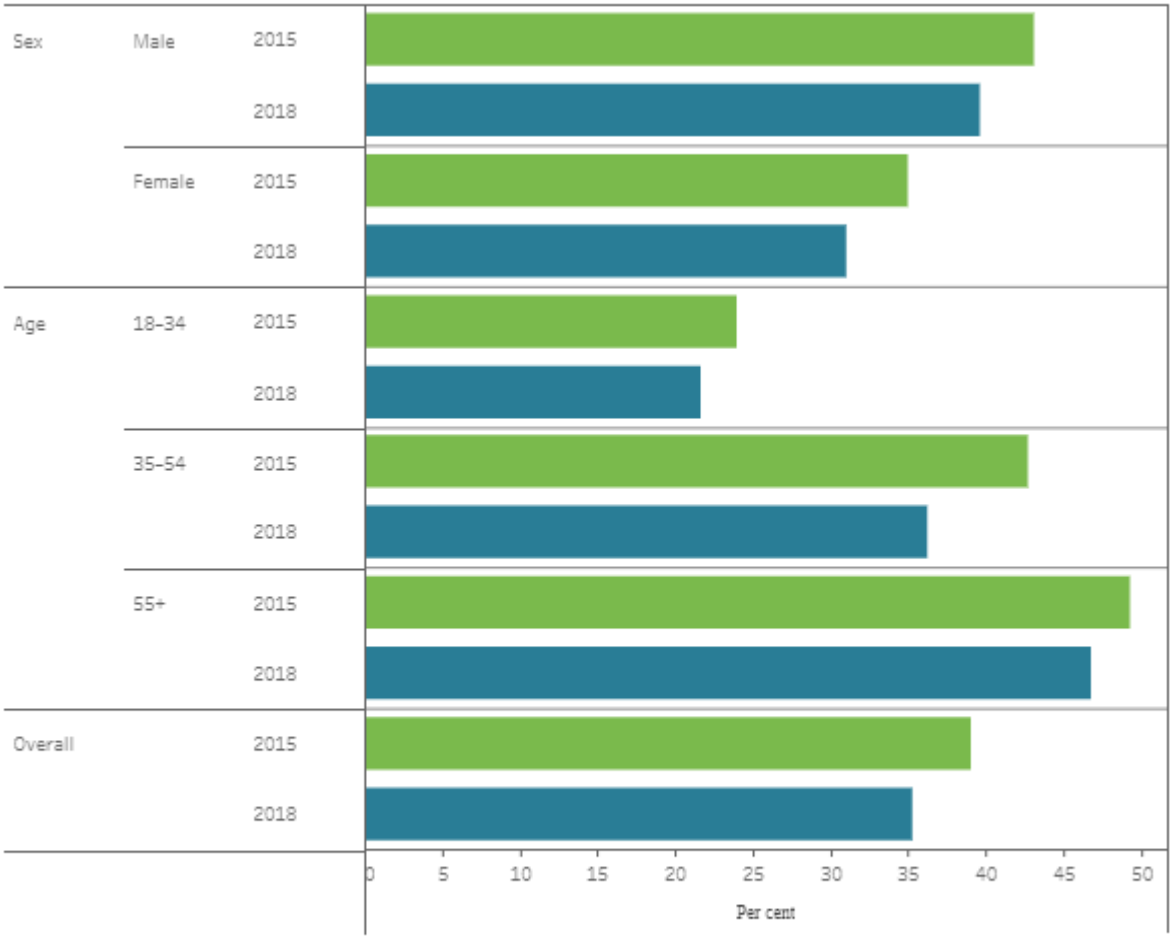
- lotto or lottery games (30% and 27%, respectively)
- instant scratch tickets (8.5% and 6.3%)
- poker machines/pokies (8.1% and 7.4%)

- betting on horse or dog races (5.6% and 6.2%)
- betting on sports (3.3% and 4.6%).

Between 2015 and 2018, there were decreases in regular gambling on lotto/lottery games, instant scratch tickets and poker machines/pokies. Over the same period, participation (regular spending) on some activities increased, including betting on horse or dog races, betting on sports, Keno, casino table games, private betting and poker.

Regular gambling differs by age and sex, as shown in Figure 2. In both 2015 and 2018, gambling participation was more common among men than women, and among adults aged 55 and over than among those aged 35–54 and 18–34.

Figure 2: Proportion of Australian adults who gambled in a typical month, by sex and age group, 2015 and 2018



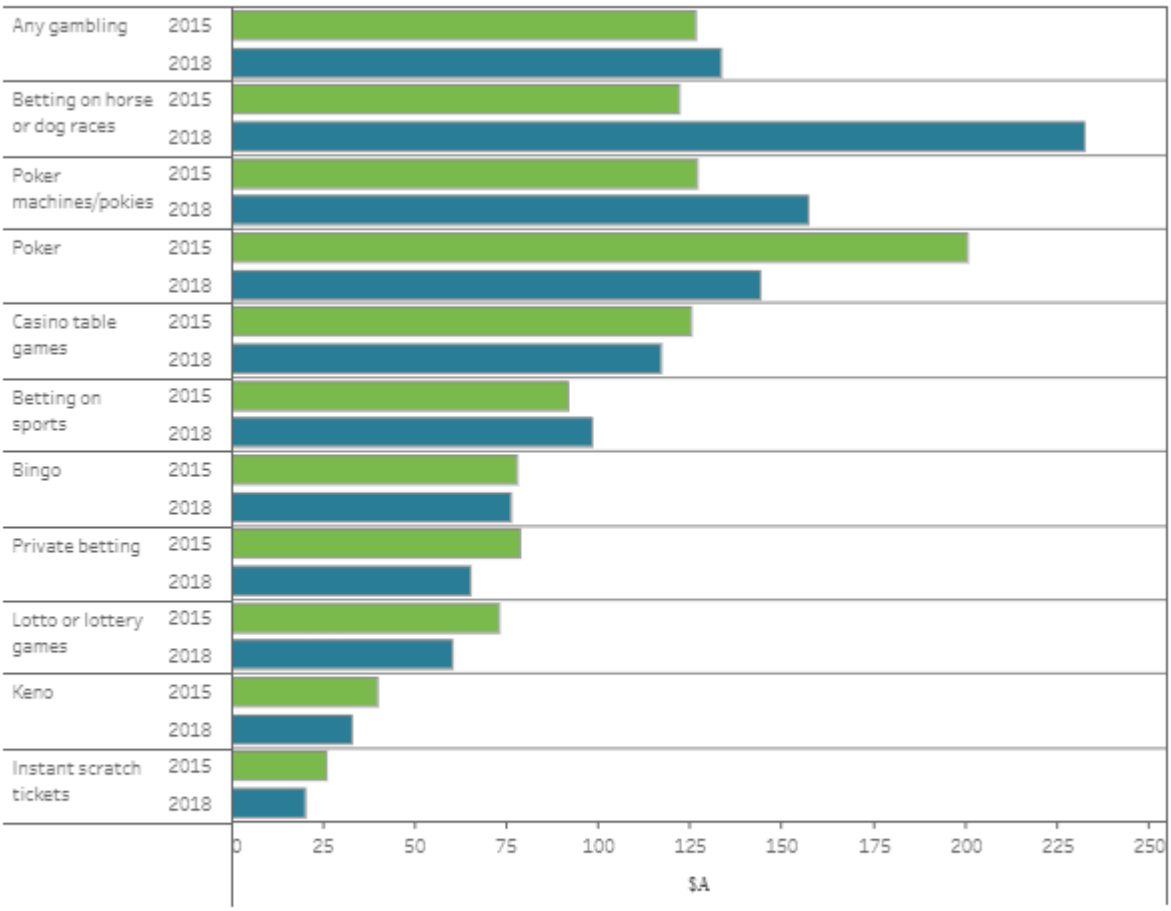
Notes
1. * Denotes significant difference in participation between 2015 and 2018.
2. Estimations use the SCQ weighting values provided in the HILDA Survey dataset.
Source: HILDA Wave 15, 2015; Wave 18, 2018.
http://www.aihw.gov.au/

Gambling expenditure

The HILDA Survey collected self-reported data on gambling expenditure in a typical month in 2015 and 2018 (Figure 3). Among those who spent money on gambling (on any

activity), average typical monthly expenditure increased slightly between the two waves (from $126.60 to $133.40). Increases were seen in spending on poker machines/pokies, betting on horse or dog races and betting on sports.

Figure 3: Average typical month gambling expenditure among Australian adults who gambled in a typical month by gambling activity, 2015 and 2018



Notes
1. Average typical month expenditure is calculated among adults who gambled regularly and includes only valid non-zero values.
2. Expenditure figures are expressed in December 2018 prices to remove the effects of inflation.
3. Estimations use the SCQ weighting values provided in the HILDA Survey dataset.
Source: HILDA Wave 15, 2015; Wave 18, 2018.
http://www.aihw.gov.au/

Gambling expenditure data

Gambling expenditure data are also compiled on an annual basis for the Australian Gambling Statistics report (QGSO 2021). This report defines expenditure as net amount lost (amount wagered minus amount won) by people who gamble.

See Australian gambling statistics, 36th edition for background information and more detail on the definition of gambling products, sources of gambling data, relevant legislation and notes attached to specific tables and data items.

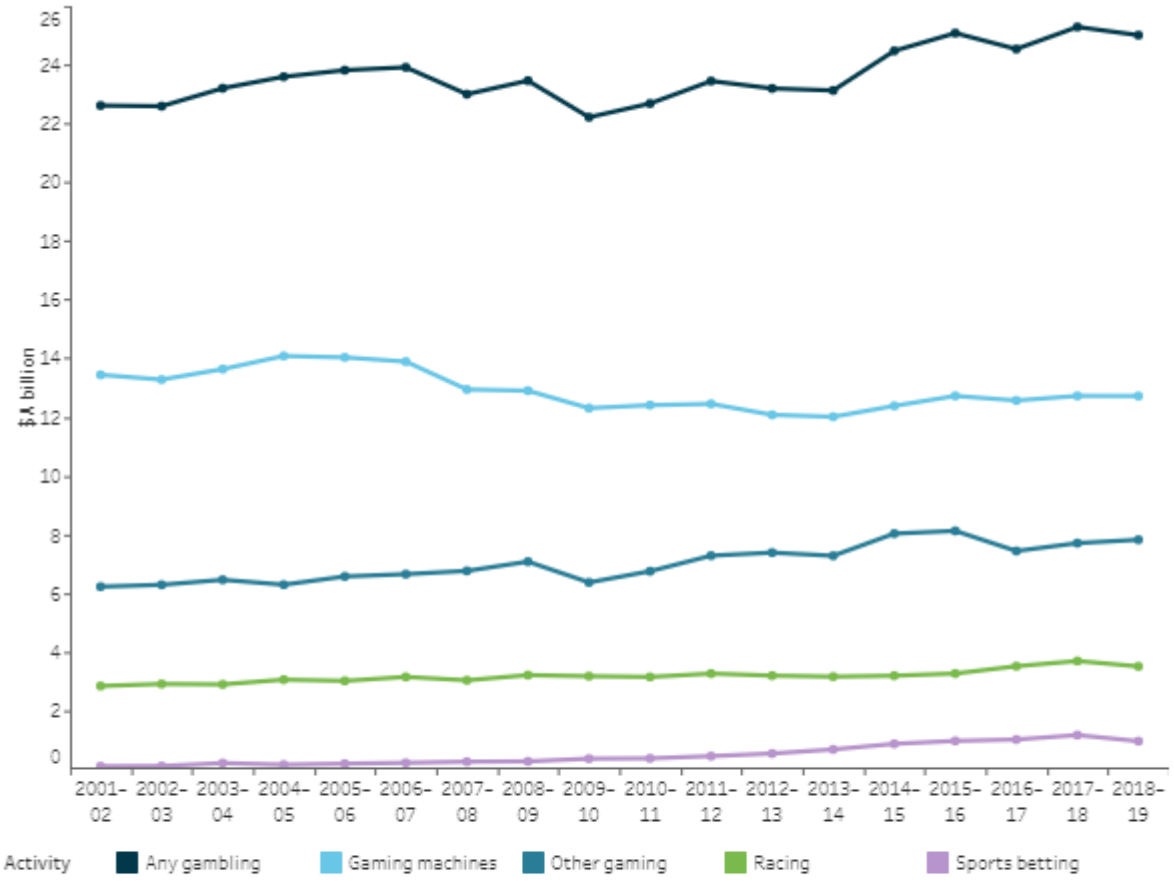
This page presents expenditure/losses data on legal, regulated forms of gambling, including:

- racing and sports betting
- electronic gaming/poker machines

- other gaming, such as lotteries, poker, casino gaming, football pools, interactive gaming, and minor gaming (including raffles, bingo and the like).

All expenditure/losses data reported on this page represent 'real expenditure'; that is, data with the effects of inflation removed to enable comparisons across years.

Figure 4: Total gambling expenditure/net loss in Australia, by gambling activity, 2001–02 to 2018–19

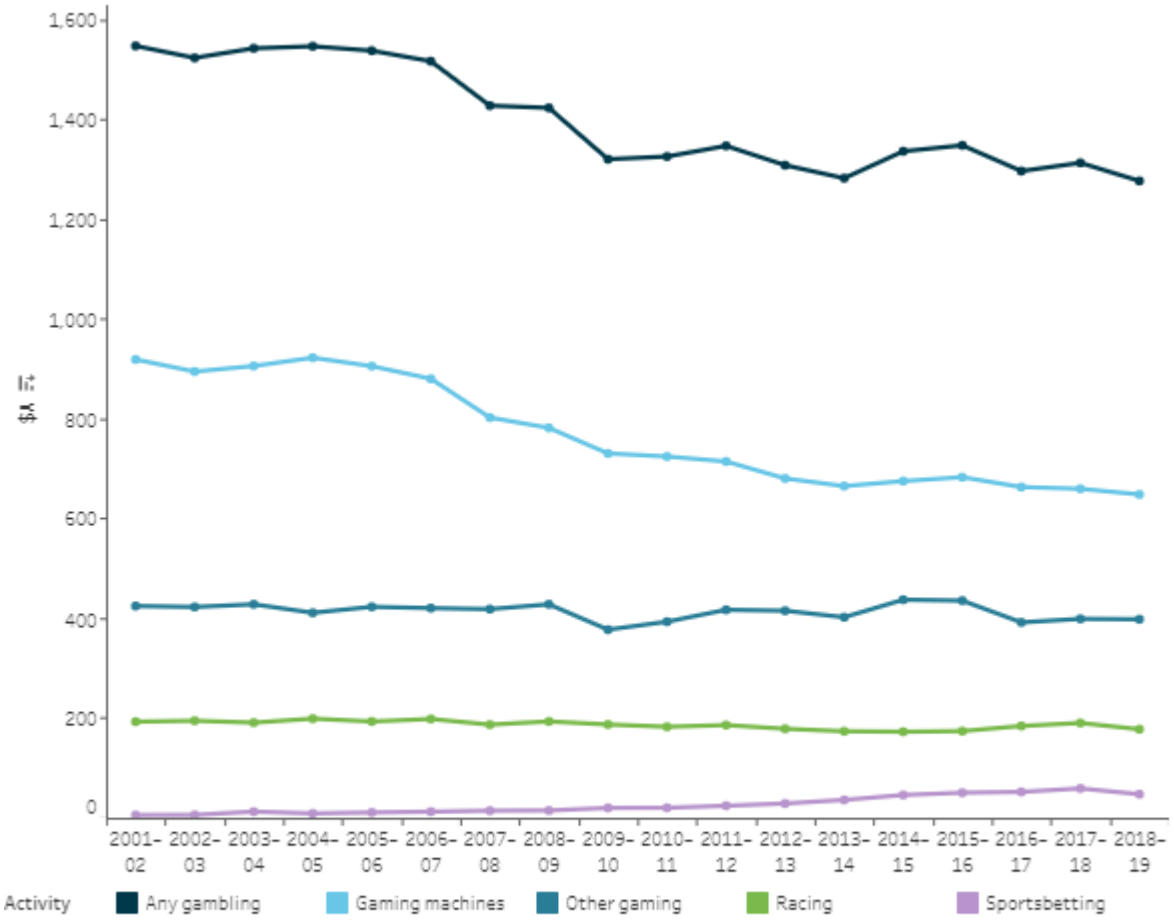


Notes
1. All jurisdictions, except Western Australia, have a state-wide gaming (poker) machine network operating in clubs and/or hotels. 'Gaming machines' does not include gaming/poker machine data from casinos.
2. 'Other gaming' includes data on all legal forms of gambling other than gaming/poker machine (in clubs and/or hotels), racing and sports betting (for example, it includes casino, lotto/lotteries, interactive gaming, Keno, minor gambling, pools).
3. Expenditure data (that is, the net amount lost by people who gamble) should be read in conjunction with the explanatory notes in the Australian Gambling Statistics (AGS) report.
Source: QGSO 2021
http://www.aihw.gov.au/

Total gambling expenditure/net losses in Australia increased from $22.6 billion in 2001–02 to $25.0 billion in 2018–19 (Figure 4). Gaming – that is, all legal forms of gambling other than racing and sports betting – made up around 81–87% of the total money lost in Australia during the period examined, with gaming/poker machines alone accounting for 50–60% of the losses.

During the period 2001–02 to 2018–19 (the most recent data available), per capita gambling expenditure/losses in Australia fell from around $1,547 to $1,277 (Figure 5). While the largest per capita expenditure/losses have been on gaming, per capita expenditure/losses on sports betting has increased in recent years.

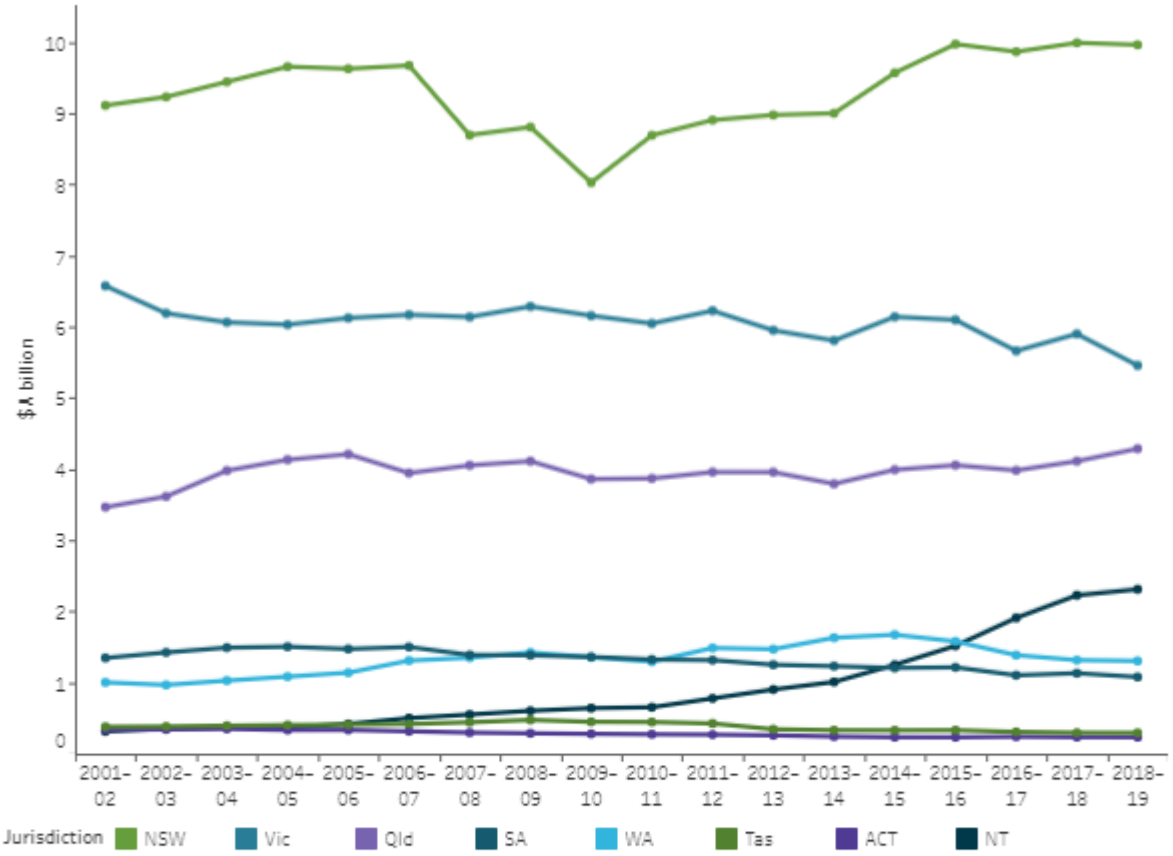
Figure 5: Per capita gambling expenditure/net loss in Australia, by gambling activity, 2001–02 to 2018–19



Notes
1. Per capita calculations are undertaken by dividing the relevant data for a given financial year by the mean resident population aged 18 and over in the region during the relevant financial year.
2. These data should be read in conjunction with the explanatory notes in the *Australian Gambling Statistics* report.
Source: QGSO 2021.
http://www.aihw.gov.au/

Total gambling expenditure/losses remain highest in the most populated states and territories in Australia (Figure 6) but have increased in the Northern Territory in recent years due to increased expenditure/losses reported on racing and sports betting.

Figure 6: Total gambling expenditure/net loss, by state and territory, 2001–02 to 2018–19



Notes
1. Caution should be used when comparing data between states and territories as each jurisdiction has its own data collection systems, processes and reporting methods. Gambling regulation also differs across jurisdictions; for example, most online gambling/wagering providers in Australia are registered in the Northern Territory and this accounts for the growing proportion of national expenditure in that jurisdiction.
2. Figures may be incomplete for any period or jurisdiction due to unavailable expenditure data.
3. The data for each individual state/territory include expenditure generated by residents of that state/territory as well as by interstate and overseas visitors.
4. These data should be read in conjunction with the explanatory notes in the *Australian gambling statistics* report.
Source: QGSO 2021.
http://www.aihw.gov.au/

Gambling participation and expenditure during COVID-19

The COVID-19 pandemic and related government restrictions led to changes in the availability of gambling in Australia, with land-based gambling venues temporarily closed and major national and international sporting codes suspended (Jenkinson et al. 2020). Australian population-level and targeted surveys were conducted to understand how people adjusted to these changes in gambling availability.

The Australian National University Centre for Social Research and Methods surveyed representative samples of Australian adults at 3 time points:

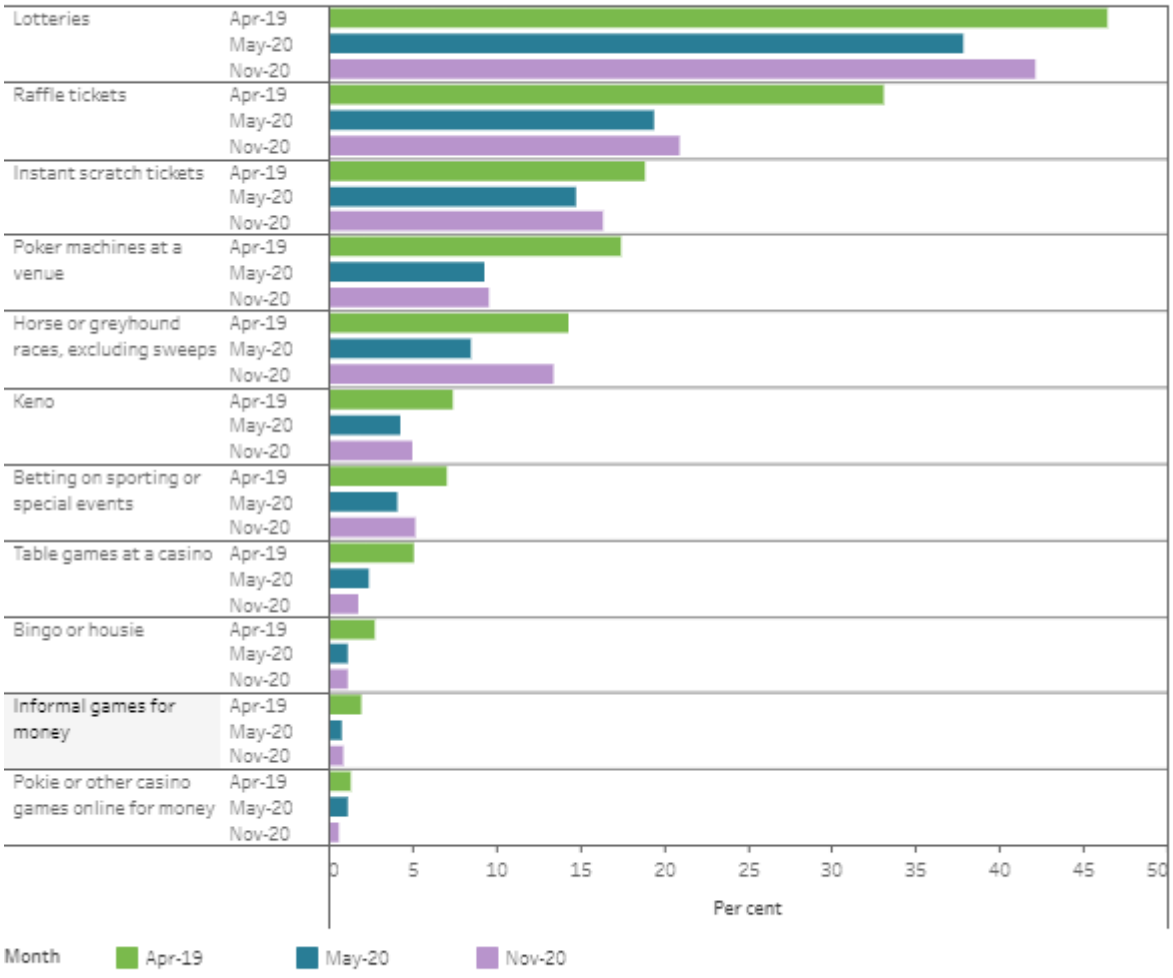
1. before the COVID-19 restrictions (April 2019)
2. during the key period of restrictions (May 2020)

3. as restrictions eased in many jurisdictions in Australia (November 2020) (Biddle 2020).

Overall, across 11 types of gambling activities, there was a sharp decline in gambling participation from April 2019 (before COVID-19 restrictions) (66%) to May 2020 (during the key period of restrictions) (53%). Gambling participation rose to 59% in November 2020 (after restrictions eased in many jurisdictions) but did not return to pre-pandemic levels.

As shown in Figure 7, of the 11 gambling activities examined, the largest decline in participation during the key period of COVID-19 restrictions (May 2020) was for raffle tickets (–14%), followed by lotteries (–8.6%), poker machines at venues (–8.1%), and horse/greyhound race betting (–5.8%). Gambling on horse/greyhound races was the only activity that had returned to pre-pandemic levels by November 2020. (Racing events continued throughout the COVID-19 restrictions and some major sports resumed with condensed seasons.)

Figure 7: Proportion of Australians who gambled in the last 12 months, by activity type, April 2019 (before COVID-19 restrictions), May 2020 (amid COVID-19 restrictions), November 2020 (after restrictions largely lifted)



Source: Australian National University polls; Biddle 2020.
http://www.aihw.gov.au/

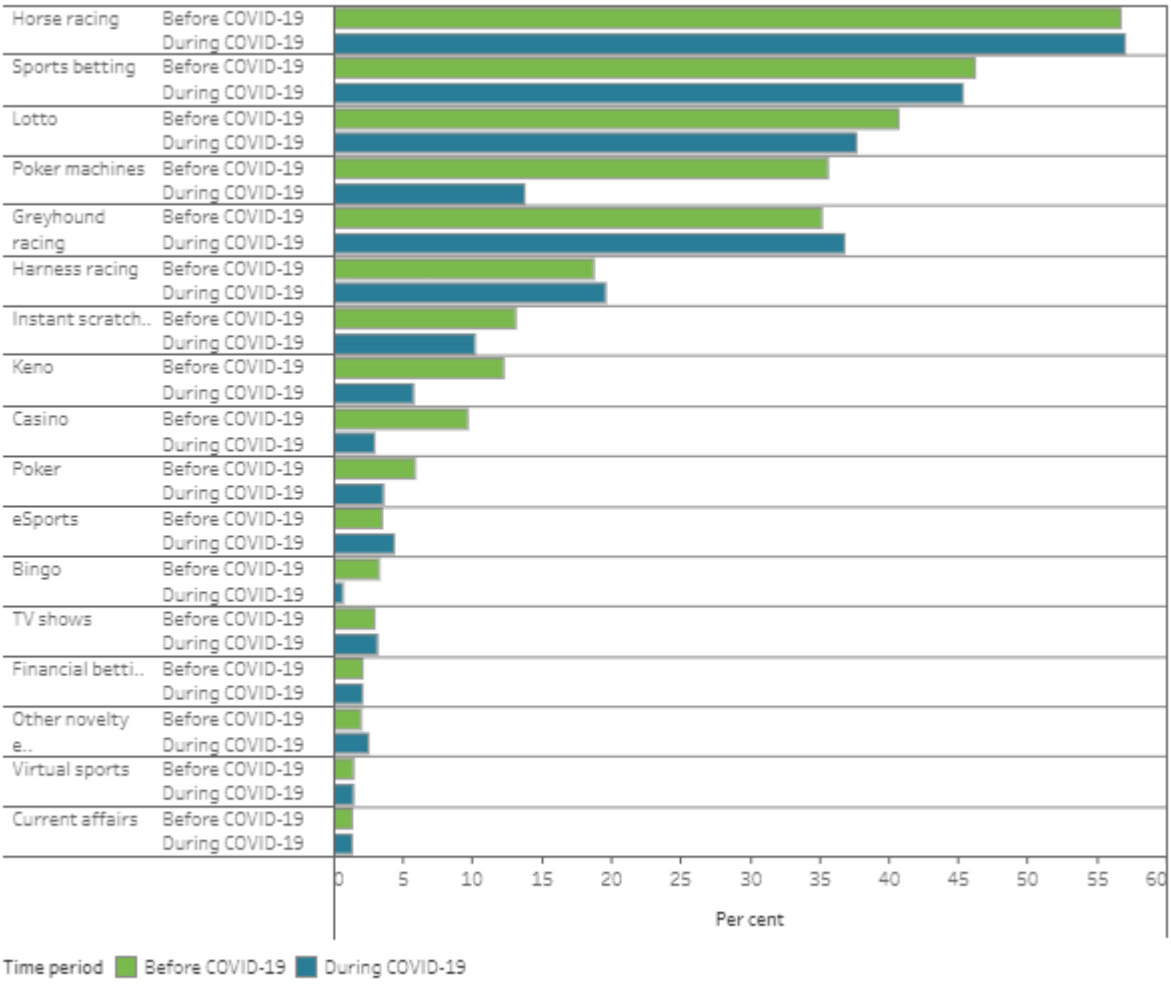
The Australian Gambling Research Centre at the Australian Institute of Family Studies examined the impact of the COVID-19 pandemic and related restrictions on gambling participation and expenditure among Australian adults who gambled in the past 12 months (Jenkinson et al. 2020).

The gambling products participants reported spending money on over (i) the 30 days before the COVID-19 restrictions (February 2020) and (ii) over the 30 days before completing the survey (May–July 2020) are shown in Figure 8.

Key findings from the study by Jenkinson and colleagues (2020) revealed that:

- horse racing, sports betting, greyhound racing and lotto were the main products that participants gambled on before and during COVID-19
- in general, while participation in racing, sports and other wagering activities remained relatively stable, there were statistically significant decreases in gambling on most land-based products during the restrictions, including on:
  - poker/electronic gambling machines or 'pokies'
  - instant scratch tickets
  - Keno
  - casino table games
- even with limited access to venues, overall, participants gambled more often during COVID-19; this was largely driven by increases in the frequency of gambling on racing (horse, greyhound, and harness), sports, eSports, lotto and casino table games
- almost 1 in 3 survey participants signed up for a new online betting account during COVID-19, and 1 in 20 started gambling online
- young men (aged 18–34) were the sub-population most likely to:
  - sign up for new online accounts
  - increase their frequency and monthly spending on gambling (from $687 to $1,075)
  - be at risk of gambling-related harm.

Figure 8: Proportion of participants who reported gambling, by activity type, before (February 2020) and during COVID-19 restrictions (May to July 2020)



Source: Jenkinson et al. 2020.
http://www.aihw.gov.au/

Gambling-related problems and harms

Measuring gambling-related problems among people who gamble

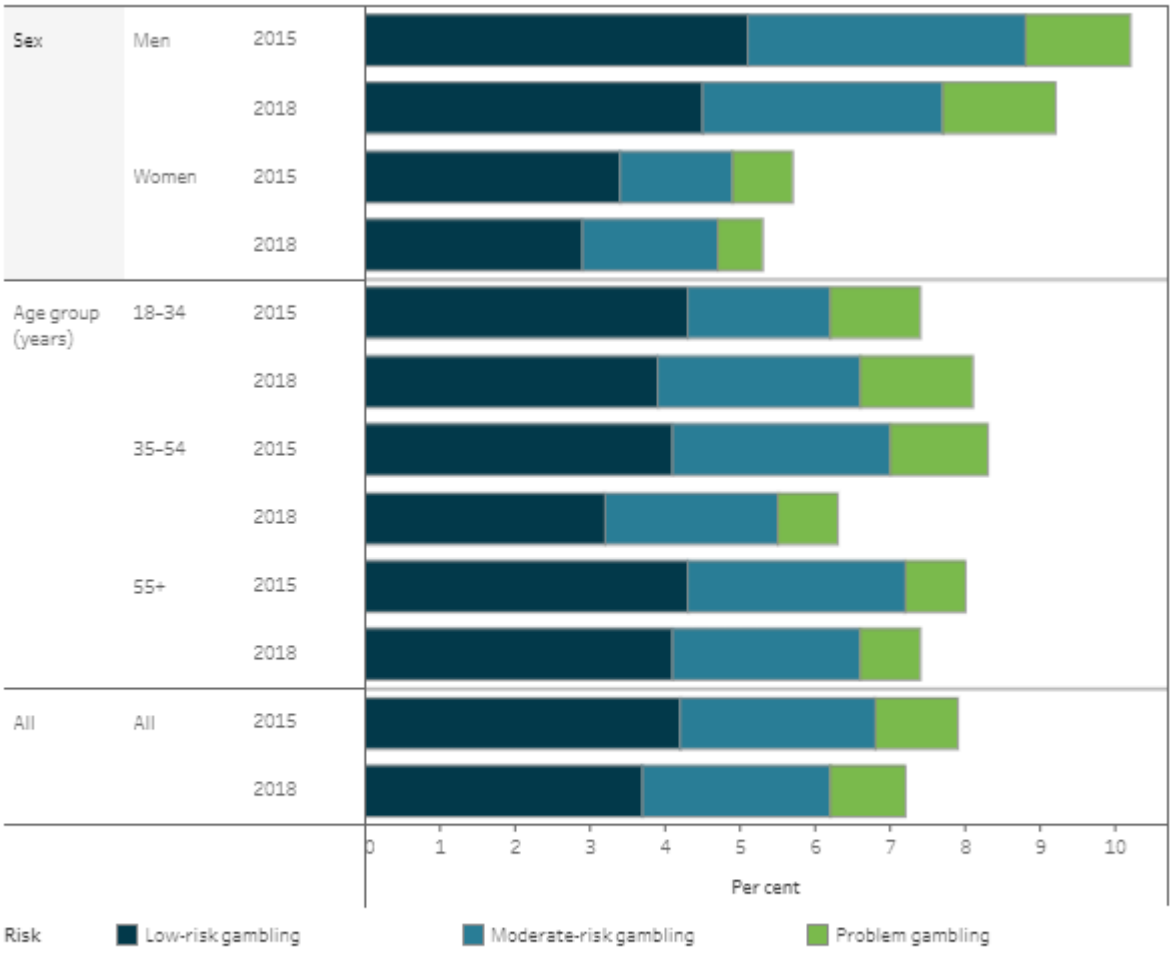
Gambling-related problems are commonly assessed via the Problem Gambling Severity Index (PGSI) (Ferris and Wynne 2001). The PGSI provides a measure of at-risk behaviour in problem gambling during the previous 12-month period. It consists of 9 items (questions), such as 'have you bet more than you could really afford to lose?', with response options being never (0), sometimes (1), most of the time (2) and almost always (3). Scores are summed for a total between 0 and 27. Respondents are grouped into 4 categories based on their scores: non-problem gambling (0), low-risk gambling (1–2), moderate-risk gambling (3–

7), and problem gambling (8–27). Respondents scoring 1+ may be classified as being at some risk of, or already experiencing, gambling-related problems.

The PGSI was included in the HILDA Survey in 2015 and 2018; findings for Australian adults are presented in Figure 9, by sex and age group. Around 7.9% of Australians (an estimated 1.38 million people) were classified as being at some risk of experiencing gambling-related problems in 2015, reducing to around 7.2% (an estimated 1.33 million people) in 2018.

A higher percentage of men were at risk for gambling-related problems (10% in 2015; 9.2% in 2018) than women (5.7% in 2015; 5.3% in 2018). At-risk gambling among young people aged 18–34 increased slightly from 2015 (7.4%) to 2018 (8.1%) but decreased for older age groups (35–54: 8.3% in 2015, 6.3% in 2018; 55 and over: 8.0% in 2015; 7.4% in 2018).

Figure 9: PGSI risk categories among Australian adults, by sex and age group, 2015 and 2018



Notes
1. Only the respondents who answered all 9 PGSI items (question) are included in the estimation.
2. Estimations use the SCQ weighting values provided in the HILDA Survey dataset.

Source: HILDA Wave 15, 2015; Wave 18, 2018.
http://www.aihw.gov.au/

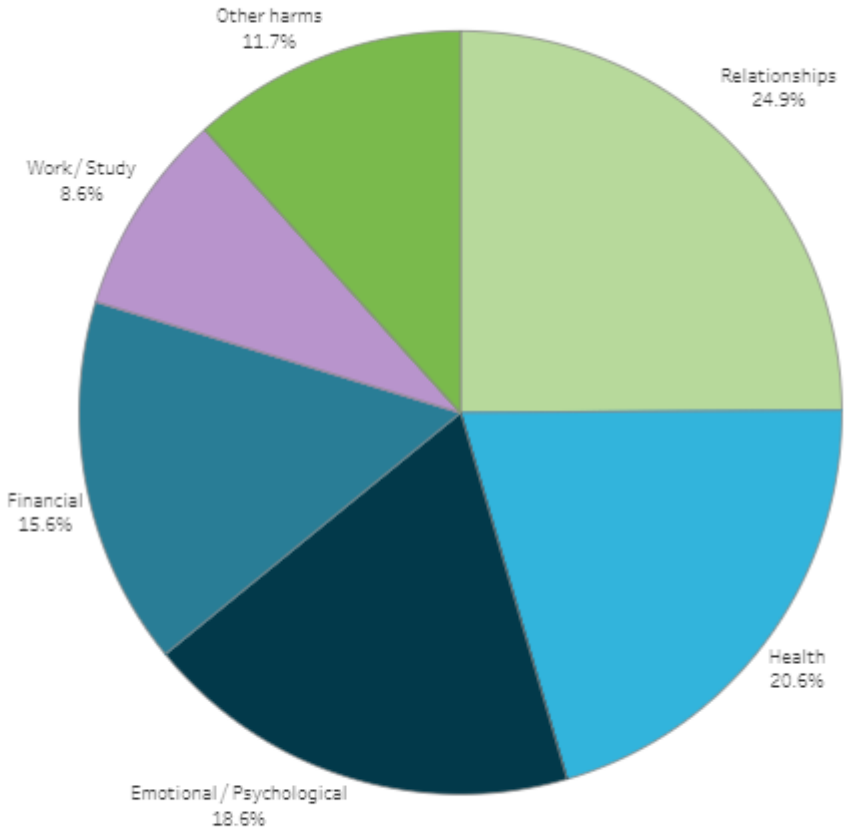
Types of gambling-related harm

Gambling-related problems and harm can be experienced on a spectrum, ranging from minor negative experiences to crisis harms and legacy harms.

Browne and colleagues (2016) developed a conceptual framework for gambling-related harm that comprises 7 main domains: financial, relationships, emotional/psychological, decrements to health, reduced performance at work/study, and cultural harm and criminal activities (combined below as 'other harms').

Estimates of the distribution of harm across these domains are presented in Figure 10. Harms to relationships, health, and emotional/psychological wellbeing accounted for the greatest share of gambling-related harm.

Figure 10: Proportion of gambling-related harm contributed by each domain



Notes
1. Proportion of harm contributed by each domain, as calculated by random forest variable importance measure.
Source: Browne et al. 2016:136, Figure 19.
http://www.aihw.gov.au/

Gambling and affected others

In recent years, it has been increasingly recognised that gambling-related harms affect not only people who gamble, but also their families, friends, and the wider community

(see, for example, Browne et al. 2016; Dowling 2014; Goodwin et al. 2017; Hing et al. 2020; Langham et al. 2016; Wardle et al. 2018).

Research conducted by Goodwin and colleagues (2017) examined how many people (on average) could be negatively affected by someone else's at-risk gambling. The research found that a person experiencing problem gambling can affect up to 6 other people around them, moderate-risk gambling up to 3 others, and low-risk gambling up to 1 other. Close family members, including spouses and children, were most often identified as the people impacted by others' gambling problems (see Goodwin et al. 2017 for more detail).

Gambling-related help seeking

State and territory prevalence studies suggest that a very small proportion of people seek help for problems related to gambling. For example, the most recent NSW gambling survey found that less than one percent (0.9%) of people who gamble had sought help for problems related to their gambling in the past 12 months, in the Northern Territory the estimate was 1.5%, and in the ACT 2% (see, for example, Browne et al. 2019; Menzies School of Health Research 2019). Among those who do, help-seeking strategies include talking with friends or family and accessing services such as Gambling Helplines.

Data gaps and opportunities for improved monitoring

Globally, gambling has expanded at a rapid pace in recent decades and related harms are an increasing concern. This page draws on available data to describe trends in gambling participation, expenditure and related harms in Australia; however, there are limitations to these data sources (including a lack of consistency in study design, sample selection and measurement of gambling consumption and harm). A continuing, cost-effective system for monitoring gambling consumption and related harms is needed.

The Australian Gambling Research Centre is currently piloting a national gambling monitoring system to better inform and support evidence-based policy and practical responses. The national system would enable the collection of regular, comprehensive and standardised data – within and across Australian jurisdictions – on trends in gambling consumption among people who gamble, experience of related harms and help-seeking behaviours, and emerging issues warranting further in-depth investigation. See the Gambling Trends Study from the Australian Gambling Research Centre for further details about the pilot study.

Where do I go for more information?

For more information on gambling, please see:

- Australian Gambling Research Centre

- Australian Gambling Statistics 36th edition
- Gambling in Australia during COVID-19
- Gambling-related harm in Victoria: a public health perspective

Acknowledgements

The Australian Gambling Research Centre was established under the *Gambling Measures Act 2012* (Cwlth). The Centre's gambling research program reflects the Act, embodies a national perspective and has a strong family focus. It is part of the Australian Institute of Family Studies (AIFS) and the authors wish to greatly acknowledge the AIFS for supporting this work. Special thanks go to the AIHW for guidance and assistance in producing this snapshot, and to the data custodians and research participants for their valuable contributions to this work.

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Informal carers

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Informal carers are people who provide care to those who need it within the context of an existing relationship, such as a family member, a friend or a neighbour. The demands of the role often go beyond what would normally be expected of these relationships. People who need help may also receive formal services from government and other organisations. The majority of informal carers are unpaid, although some may receive assistance through formal (paid) services. For information on people who work as paid carers in the welfare sector, see Welfare workforce. Informal carers and informal volunteers may be involved in similar forms of unpaid work, however, while some informal carers care for people living in the same household, informal volunteers do not. For information on people who volunteer their time to help others, see Volunteering.

The type and level of informal care can vary considerably. This may relate to people's physical function, mental health, an end-of-life health condition, old age or disability. An informal carer might carry out many tasks that paid services would otherwise provide, to help someone with showering, eating or shopping, provide in-home supervision, provide transport for moving about in the community, or carry out medical or therapeutic care.

How many people are informal carers?

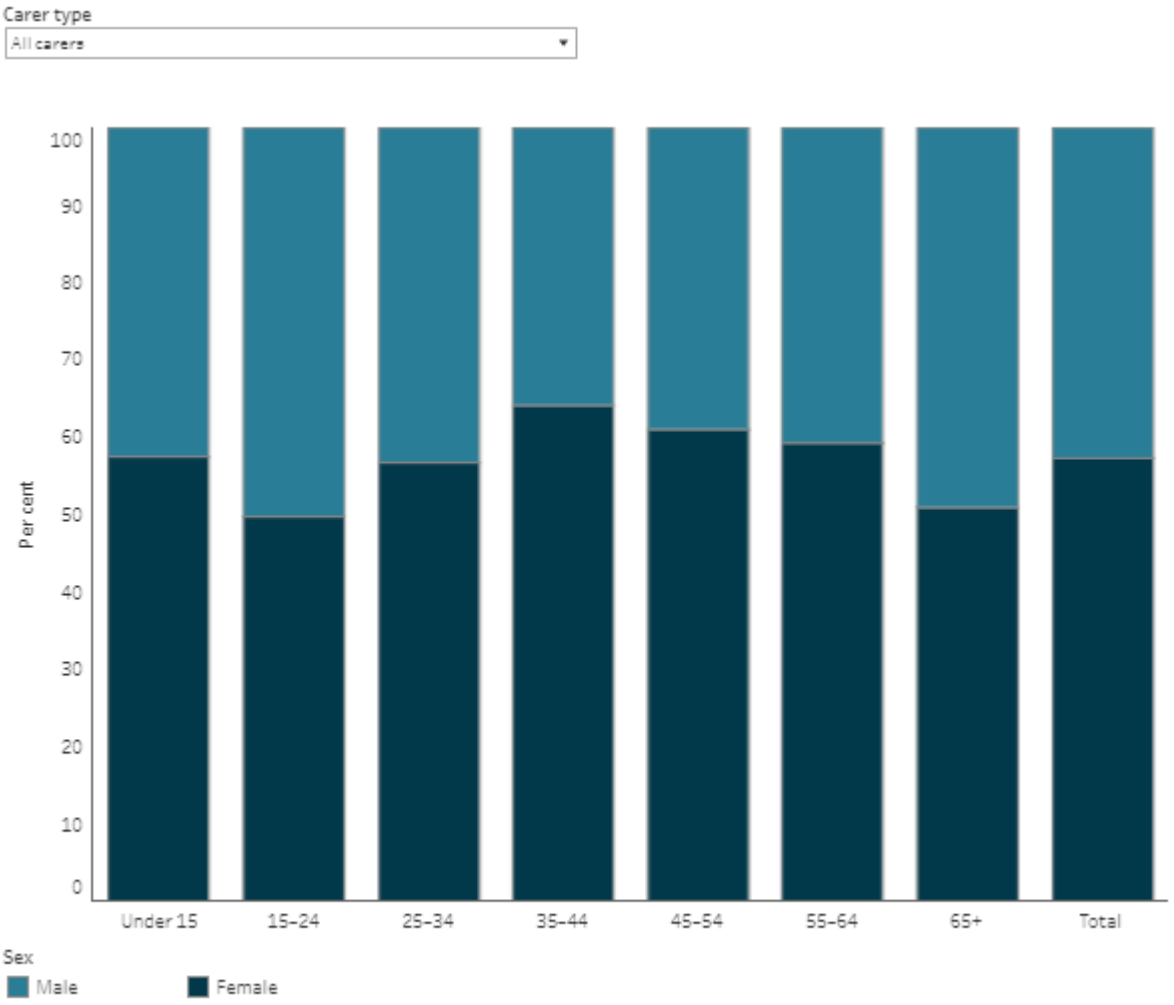
According to the Australian Bureau of Statistics (ABS) Survey of Disability, Ageing and Carers, in 2018 there were 2.65 million people (10% or 1 in 10 Australians) who provided informal care in Australia (ABS 2019). More than one-third (35% or 929,000 people) of all carers were aged 35–54 (average age was 50) (ABS 2019).

Around 1 in 10 (10%) Australians are informal carers, the majority of which are unpaid

In 2018, around 1 in 3 carers (33% or 861,000 people) were primary carers, meaning they provided the most care to the person needing support in one or more core activities (self-care, mobility and communication) (ABS 2019). 'Other informal carers' are people who provided informal care to someone but were not their primary carer.

Primary carers are most commonly female (72%, compared with 50% of other carers in 2018). This varied further by age, with middle-aged primary carers particularly likely to be female (82% of those aged 35–44, and 75% of those aged 45–54) (Figure 1).

Figure 1: Proportion of all carers, primary carers and other carers, by sex and age group, 2018



Source: ABS 2019
http://www.aihw.gov.au/

Impact of COVID-19 on informal carers

The coronavirus disease 2019 (COVID-19) pandemic has been a significant challenge for many Australians. The virus can have a more serious impact on older people, those who have pre-existing medical conditions and people with disability—groups of people who often rely on informal carers. To reduce the risk of infection, different levels of formal restrictions have been in place, and these may have affected informal carers differently. For example, people who do not live with the person they look after may have had these arrangements disrupted. In addition, people may have voluntarily limited contact with either the person they care for, or with the wider community to reduce the risk of infecting the person they care for. For more information on the impact of COVID-19 on vulnerable populations, see Aged care, Aged care for Indigenous Australians and Specialised supports for people with a disability.

According to the ABS Household Impacts of COVID-19 Survey, in November 2020, around 1 in 6 (16%) Australians aged 18 years and over reported being an informal carer (ABS 2020). Since 1 March 2020, 1 in 4 (25%) of these informal carers had difficulty providing care or assistance because of restrictions put in place following COVID-19, 22% reduced their recreational activities, and 22% changed their working arrangements (ABS 2020). For more information on the impacts of COVID-19, see ABS Household Impacts of COVID-19 survey.

Formal assistance

People who provide informal care are not paid for the care they provide, although some receive income support payments from the Australian Government. This is a smaller subgroup of all informal carers—people whose caring duties are significant enough to limit their ability to engage in paid work.

The means-tested Carer Payment provides income support for people who care for someone who has considerable needs due to disability or ill health, making them unable to support themselves through substantial paid employment. As at 25 September 2020, over 294,000 people aged 16 and over received the means-tested Carer Payment (DSS 2021). The number of informal carers receiving financial assistance through Services Australia (Carer Payments) increased by 3.9% in March 2020 compared with March 2019 (from 279,300 to 290,100), and by 4.5% in September 2020 compared with September 2019 (from 281,900 to 294,500) (DSS 2021). A proportion of people who qualify for Carer Payments may not be receiving financial assistance through the Carer Payment if they are receiving other financial assistance, such as parenting, disability, unemployment or age pension payments.

This increase may be related to employment changes people experienced during the COVID-19 pandemic, for example someone previously working part-time and caring for a family member may have become eligible to receive the Carer Payment due to loss of income. Additionally, changes in formal assistance may be caused by the ageing population as the majority (68%) of carers and care recipients were aged 45 and over.

While the COVID-19 pandemic has resulted in large increases in the number of income support recipients overall, changes attributed to the pandemic should be approached with caution and acknowledgement of the long-term trends.

Of people receiving the Carer Payment at 25 September 2020:

- almost 4 in 5 (79%) were being paid the full rate of payment (meaning their assets and income were both below relevant thresholds)
- almost half (47%) had been receiving the payment for 5 years or more
- more than 2 in 5 (44%) had been on some form of income support for 10 years or more
- 7 in 10 (70%) were aged 45 and over
- 7 in 10 (70%) were female (DSS 2021).

People may also, or instead, receive the Carer Allowance, which is a smaller supplementary payment for carers who provide daily care and attention at home for a person with a disability, severe medical condition or who is frail and aged. The Carer Allowance may be paid in addition to income support payments. At 25 September 2020, over 623,000 people received this allowance compared with over 608,000 at 27 September 2019 (DSS 2021).

The Carer Gateway is a program that aims to acknowledge and support the work of unpaid carers. The Australian Government first announced Carer Gateway on 5 March 2018, along with $700 million in funding over five years. In the recent 2021–22 Federal Budget and in response to the recommendations of the Royal Commission into Aged Care Quality and Safety, the Government announced a further investment of nearly $800 million into increasing supports available to informal and family carers of older Australians, particularly for those caring for people living with dementia. An additional $103 million was also allocated to Carer Gateway to improve the pathways available to informal carers when accessing support services. For more information on the Carer Gateway and supporting carers in Australia, see Department of Social Services Supporting Carers and Disability Support Pension and Carer Payment.

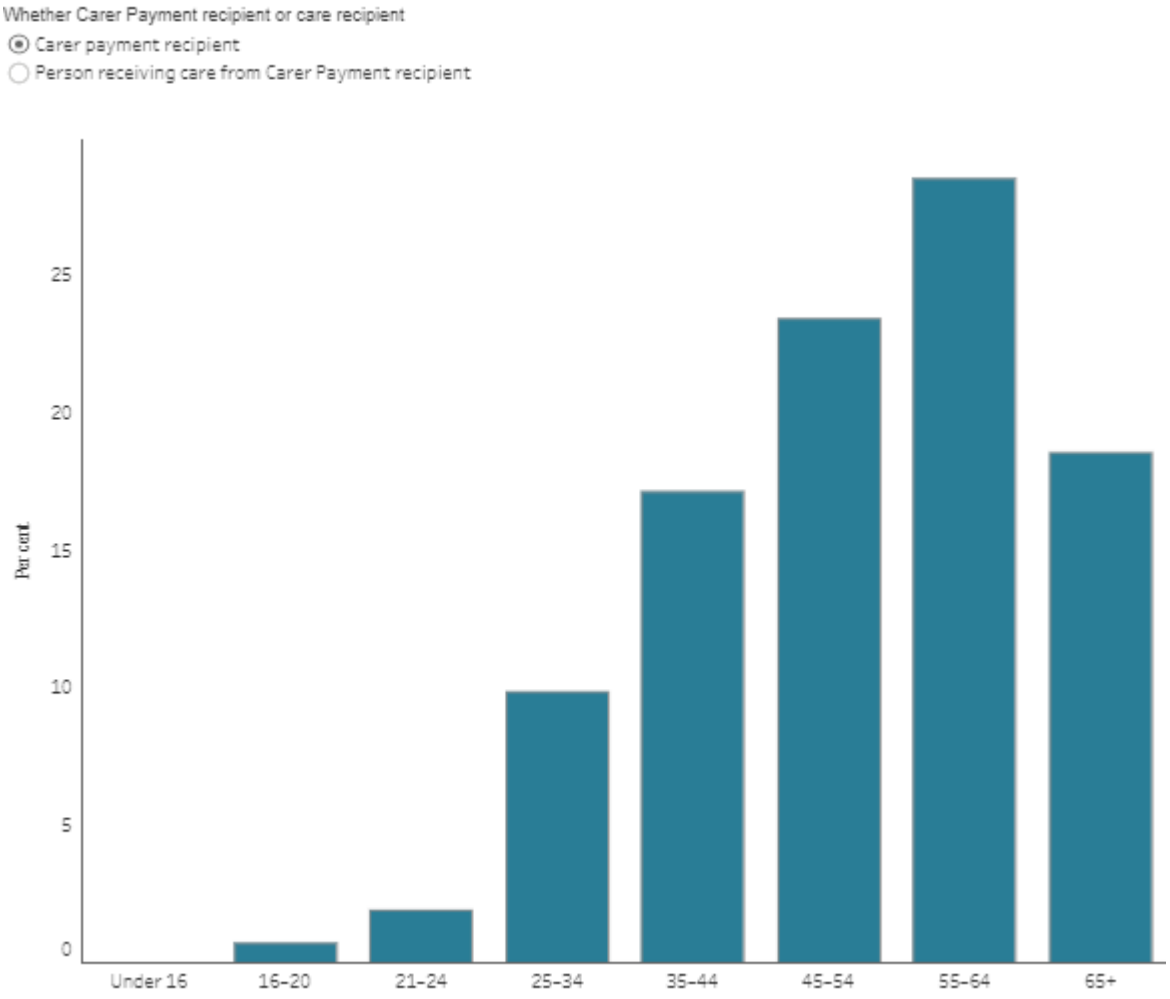
Carers and care receivers

This section presents selected data for Carer Payment recipients (the carer) and the people they provided care to (the care receiver). As at 25 September 2020, there were almost 291,000 care receivers (people receiving care who qualify their carer for carer payment) (DSS 2021).

Age and sex

Around 7 in 10 care payment recipients and care receivers were aged 45 and over (70% and 68% respectively) (Figure 2). However, people receiving Carer Payment most commonly provided care to an older person aged 65 and over (42%) or to a young child aged under 16 (14%).

Figure 2: Proportion of people receiving Carer Payment or care from Carer Payment recipients, by age group, September 2020



Source: DSS 2021
http://www.aihw.gov.au/

While the majority of Carer Payment recipients were female (70%), more than half (54%) of people receiving care from a Carer Payment recipient were male. This varied with age: males made up 71% of care receivers aged under 16, compared with 49% of those aged 65 and over (DSS 2021).

Medical conditions

The nature of care a person requires can affect the demands of the caring role. For example, someone with a physical disability may require a different kind or level of care compared with someone with a psychological disability.

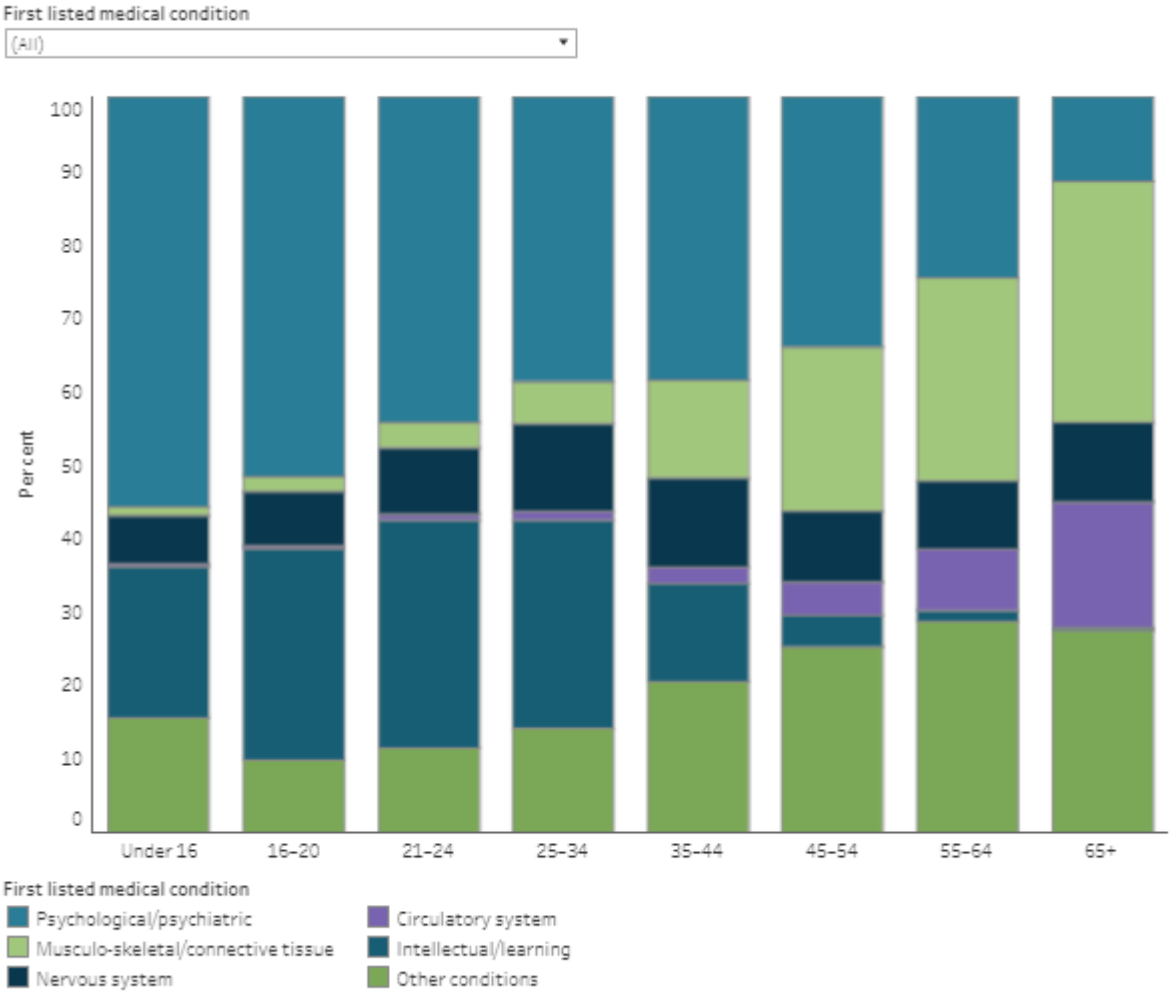
As at 25 September 2020, for people receiving care from a Carer Payment recipient, the most commonly recorded primary medical condition was psychological/psychiatric (28%), however this varied by age (DSS 2021). For example:

- More than half (56%) of care receivers aged 16 and under had a primary medical condition of psychological/psychiatric. This condition became less common with

age. Only 12% of care receivers aged 65 and over had this as their primary medical condition.

- Musculoskeletal and connective tissue conditions increased as age increased. Only 1.3% of people aged under 16 had this as their primary medical condition, rising to 33% among those aged 65 and over (Figure 3).

Figure 3: Primary medical conditions for care receivers of Carer Payment recipients, by age group, September 2020



Source: DSS 2021
http://www.aihw.gov.au/

Other support services

In addition to income support payments, services are available to support carers in other ways. Examples include meeting their needs in study and work, and supporting them and the person they care for through counselling, help at home, transport or equipment.

Respite care is used by a range of people for different reasons. There may be barriers to accessing services such as cost, availability or lack of knowledge about availability.

However, having someone else provide care for a few hours or a few days can sustain the informal carer in their caring responsibilities and support the caring relationship.

Respite care

Respite services are offered under different programs. For example:

- Respite services were previously provided under the National Disability Agreement (NDA), although this has been progressively wound down with the transition to National Disability Insurance Scheme (NDIS)—the last available data from the NDA showed that, in 2018–19, NDA-funded respite services were used by 10,041 people who had an informal carer (AIHW 2020).
- NDIS includes respite care where it is considered a reasonable and necessary support.
- The Commonwealth Home Support Programme offers centre-based, cottage and flexible respite services. In 2019–20, these were used by 17,580 people who had an informal carer (representing 35% of all respite users).
- In residential aged care, respite stays of (generally) up to 63 days in a year are available. In 2019–20, there were 20,700 admissions to respite care for people who were living with family members (representing 25% of all respite admissions; noting that not all family members are informal carers).
- For more information on the impact of COVID-19 on respite services see Aged care.

Where do I go for more information?

For more information on informal carers, see:

- ABS Survey of Disability, Ageing and Carers
- Carers Australia
- The Carer Gateway also has information on services that are available for informal carers.
- The Department of Social Services for information on supporting carers
- The Department of Social Services for the latest payment demographic data

References

ABS (Australian Bureau of Statistics) 2019. Disability, Ageing and Carers, Australia: Summary of Findings, 2018. ABS cat. no. 4430. Canberra: ABS.

ABS 2020. Household Impacts of COVID-19 Survey, November 2020. ABS cat. no. 4940. Canberra: ABS.

AIHW (Australian Institute of Health and Welfare) 2020. Disability support services: services provided under the National Disability Agreement 2018–19. Cat. no. DIS 75. Canberra: AIHW.

DSS (Department of Social Services) 2021. DSS Demographics - September 2020. DSS Payment Demographic Data. Canberra: DSS.

Specialised supports for people with disability

Find the most recent version of this information at:
http://www.aihw.gov.au/reports/australias-welfare/supporting-people-with-disability

On this page

Many Australians, including those with disability, use social support services intermittently throughout their life – for example, during periods of unemployment, relationship breakdown or in times of crisis, such as the coronavirus disease 2019 (COVID-19) pandemic. Other Australians may need longer-term support to participate in all facets of life.

Australia's overarching policy approach to improving life for Australians with disability, their families and carers – through the use of specialist, mainstream and informal supports, and through inclusion and participation in the community – is encompassed in the National Disability Strategy 2010–2020 (DSS 2011). This in turn reflects Australia's commitment to the United Nations Convention on the Rights of Persons with Disabilities (see 'Chapter 7 Australia's changing disability data landscape' in Australia's welfare 2021: data insights).

This page focuses on one subset of these supports – namely the main specialist disability supports and services provided to people with disability via government-funded programs. Like everyone, people with disability access a range of mainstream service areas, such as education, employment, healthcare, housing and justice. For information about the diverse experiences of people with disability when accessing mainstream services, see People with disability in Australia (AIHW 2020b).

For further information about the Disability Support Pension (DSP) from 2001 to 2021, including the impacts of COVID-19 on this payment please see Disability Support Pension and Carer Payment and 'Chapter 4 The impacts of COVID-19 on employment and income support in Australia' in Australia's welfare 2021: data insights.

For information about Australia's disability information base, see 'Chapter 7 Australia's changing disability data landscape' in Australia's welfare 2021: data insights.

How many people have disability?

In 2018, an estimated 4.4 million Australians, or 18% of the population, had some form of disability, that is broadly defined as a limitation, restriction or impairment that restricts everyday activities and has lasted for at least 6 months (see the Australian Bureau of Statistics (ABS) Disability, Ageing and Carers, Australia: Summary of Findings) (ABS 2019a).

Nearly 32% of people with disability (an estimated 1.4 million people, or 5.7% of the Australian population) have severe or profound disability, meaning they sometimes or always need help with day-to-day activities related to self-care, mobility or communication. The number of people with a severe or profound disability has increased since 2003 (1.2 million people), although they remain a similar proportion of all people with disability (in 2003 they accounted for 31% of people with disability) (ABS 2003).

Survey of Disability, Ageing and Carers

The ABS Survey of Disability, Ageing and Carers (SDAC) is the most detailed and comprehensive source of disability prevalence in Australia.

Disability prevalence is the number or proportion of the population living with disability at a given time.

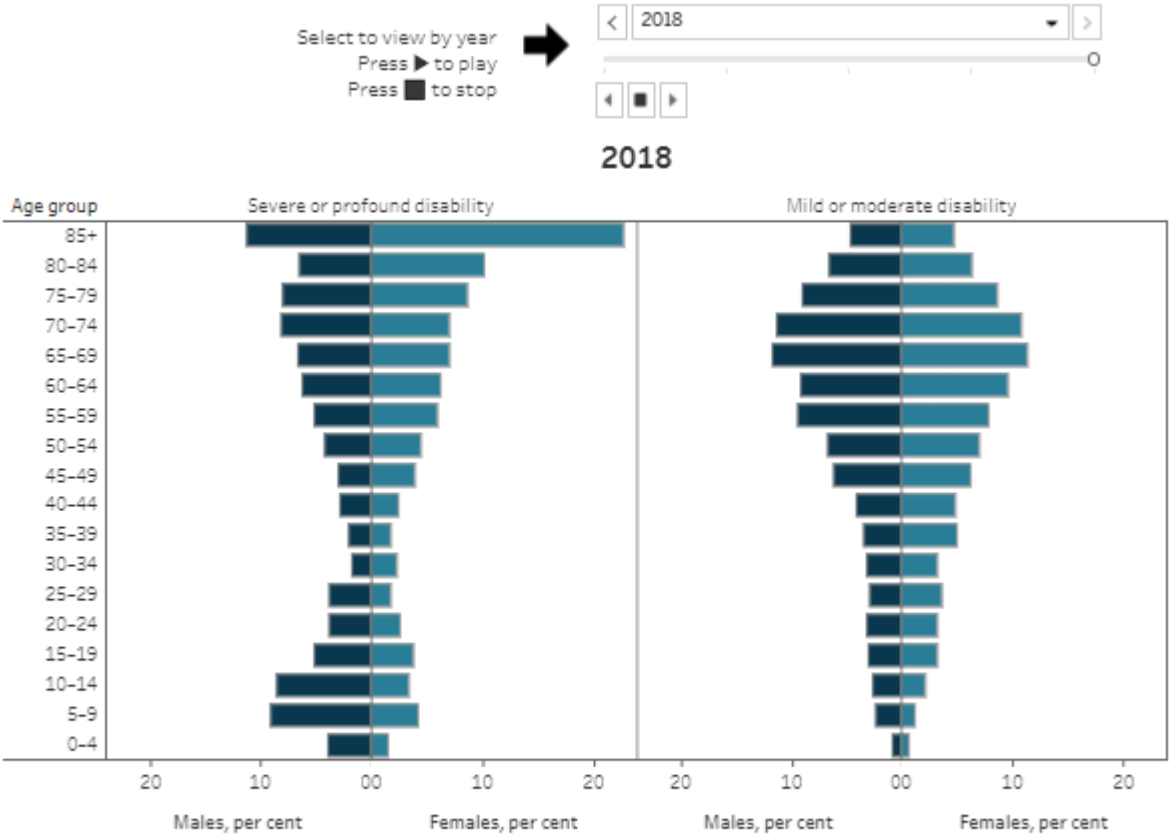
In the SDAC, a person is considered to have disability if they have at least one of a list of limitations, restrictions or impairments, which has lasted, or is likely to last, for at least 6 months and restricts everyday activities.

The severity of disability is defined by if a person needs help, has difficulty, or uses aids or equipment with 3 core activities – self-care, mobility, and communication – and is grouped for mild, moderate, severe, and profound limitation.

See the ABS website for more information on the SDAC.

In 2003, people aged 65 and over accounted for 45% of all people with severe or profound disability, while children aged under 14 years accounted for 13% of this population. Since 2003, the proportions in both these age groups increased slightly to 49% and 15% respectively in 2018 (Figure 1). Also see the ABS Disability, Ageing and Carers, Australia: Summary of Findings for further information on disability prevalence rates by age and sex.

Figure 1: Age distribution of people with disability, by disability status and sex, 2003, 2009, 2012, 2015, 2018



Note: *Estimate has a relative standard error of 25–50% and should be used with caution.
Source: ABS 2019b.
http://www.aihw.gov.au/

Compared with 2003, older people in 2018 comprise a greater proportion of all people with mild or moderate disability. This shows a shift in the age distribution of people with mild or moderate disability towards older age groups.

'Life expectancy' and 'health expectancy' provide an indication of the number of years a person can expect to live, or be in various health states (or in this case, the estimated years spent living with and without disability). For example, at age 65, males in 2018 could expect to live on average another 9 years without disability, plus another 11 years with some level of disability. Females aged 65 in 2018 could expect to live on average another 10 years without disability, plus another 12 years with some level of disability.

It is important to note that disability does not necessarily equate to poor health or illness. Also, expected years living with disability should not be considered as less value than years without disability (see People with disability in Australia for further detail).

Who receives specialist support services?

Not all people with disability require or use formal specialist disability support services (provided by formal organisations, or other persons who are paid providers) or other informal assistance (such as family, friends or neighbours).

Analysis of the ABS SDAC showed that in 2018, around 60% of people with disability living in households (2.5 million people) need help with at least one of 10 activities of daily living. The most common are health care, property maintenance and cognitive or emotional tasks (AIHW 2020b).

In 2018, an estimated 40% of people with disability living in households identified as needing assistance from formal providers (36% for those under 65 and 45% for those 65 years and over).

Most (86%) people who needed formal assistance with at least one activity received some formal assistance (AIHW 2020b). The receipt of formal assistance was higher for those 65 years and over (89% compared with 82% for those under 65 years).

In 2018, 73% of people with disability, aged 15 and over (living in households), who needed formal assistance were satisfied with the range of services available to assist with at least one activity, while 82% of those who received formal assistance in the last 6 months were satisfied with the quality of services received with at least one activity(AIHW 2020b).

What formal specialist support services are provided?

For those who do need support, specialist services are available to assist participation in all aspects of everyday life. These may supplement other supports that a person with disability receives, from say mainstream services, the community or informal carers. This page provides information about two specialist disability services available in Australia: the National Disability Insurance Scheme (NDIS) (that has largely replaced the disability services formerly provided by states and territories under the National Disability Agreement), and the Disability Employment Services (DES) program. It also outlines some of the other available support services for people with disability (specialised and mainstream), that exist outside of the NDIS and DES program.

Disability service provision has changed

In July 2013 the NDIS commenced in trial sites in some Australian states and territories. On 1 July 2020 Christmas Island and Cocos Island joined the Scheme, thus almost completing the National Disability Insurance Agency's (NDIA) staged rollout of the NDIS (the NDIS is now available nationally, although some population sub-groups are still transitioning in Western Australia until 2022). The NDIS has largely replaced the provision of services under the National Disability Agreement, except for Disability Employment Services, and is jointly funded and governed by the Australian, and state and territory governments (NDIA 2020b).

In June 2023, the NDIS is projected to provide services to about 532,000 Australians, of which almost 508,000 are expected to be aged 0–64 (existing NDIS participants can choose to keep using the NDIS beyond 65) (NDIA 2020a)

National Disability Insurance Scheme

The NDIS provides reasonable and necessary supports to eligible Australians who enter the scheme under the age of 65 years, with a permanent (or likely to be permanent) and significant disability (intellectual, physical, sensory, cognitive and psychosocial disability). NDIS participants choose and pay for their supports and services out of an individually allocated budget based on their goals. Available supports fall into 15 categories, and include things like assistance with daily life, transport, assistance with social and community participation, and home modifications (see *Supports and services funded by the NDIS*) (NDIA 2021b). Early intervention supports are also provided under the NDIS to eligible children and adults. Participant choice and control are core features of the scheme's design.

At 30 June 2021, around 467,000 people were active participants in the NDIS, and were in receipt of an individual support package. The number of participants has increased progressively each year with the roll out of the Scheme across Australia.

Of the active NDIS participants at 30 June 2021:

- the top 5 primary disability groups were:
    - autism (32% or around 151,000 people; males accounted for around 73% of participants reported with autism)
    - intellectual disability (20%, 91,300 people)
    - psychosocial disability (10%, 48,500 people)
    - developmental delay (8.1%, 37,700 people)
    - hearing impairment (4.8%, 22,400 people)
- 6.9% of participants were Aboriginal or Torres Strait Islander people
- 9.5% of participants identified as culturally and linguistically diverse
- 49% (around 229,000) were aged 18 or under, 25% (around 119,000) were aged 19–44, and 26% (around 119,000) were aged 45 and over (only 3.6% were aged 65 and over)
- 62% (around 288,000) were male
- 68% were located in major cities (based on the Modified Monash Model of remoteness) (NDIA 2021a).

The NDIS supports children aged 0–6 who have a developmental delay or disability (and their families/carers) through the Early Childhood Early Intervention program (ECEI) (NDIA 2018). At 30 June 2021, there were around 11,800 children accessing the ECEI program, of which 11,400 were already receiving initial supports (NDIA 2021a).

The NDIA also publishes data relating to key baseline indicators for participants, with respect to lifelong learning, work, home, and health and wellbeing. The baseline questionnaires collected between July 2016 and June 2021 show:

- of those children at school (up until the age of 14), 70% were attending school in a mainstream class
- for those aged 15–24, 67% rated their health as good, very good or excellent, (42% in the 25 and over age group)
- for those aged 15–24, 18% have a paid job, while for those aged 25 and over 22% have a job (NDIA 2021a).

Disability Employment Services

Unlike other former NDA services, open employment services (Disability Employment Services, or DES) will not be rolled into the NDIS. Between May 2016 and May 2021, the number of DES participants rose steadily from 182,000 to 313,000 (DESE 2021).

While improvements were recorded in the number of DES participants with 26-week employment outcomes (see below) from 2018–19 to 2019–20 (from around 28,800 to 32,100, or around 12%), the Department of Social Services (DSS) notes that:

> *… from early March 2020 the COVID-19 pandemic impacted on the number of DES participants being placed into employment and a number of DES participants who were in employment lost their jobs as a result of the COVID-19 pandemic and subsequent economic downturn. Both these factors directly affected the number of DES participants who would have achieved at least a 26-week employment* (DSS 2020a).

Disability Employment Services

Employment assistance provided under DES focuses on addressing participants' barriers to employment, in order to place them into jobs as soon as is practicable (DSS 2021b). DES outcomes data provides an indication of the number of participants who have maintained sustainable employment or education for a specific period of time. The participant must meet their required employment benchmark (number of hours a participant must work each week, on average, to achieve a full outcome), as assessed through an Employment Services Assessment or Job Capacity Assessment.

Other specialised and mainstream service supports

In Australia, governments also provide other services (specialised and mainstream) that support people with disability outside both the NDIS and the DES program including:

- the National Disability Advocacy Program that provides people with disability with access to effective disability advocacy that promotes, protects and ensures their full and equal enjoyment of all human rights enabling community participation
- the Information, Linkages and Capacity Building program provides funding to deliver community projects that benefit all people with disability, their carers and families
- the Australian Disability Parking Scheme that helps eligible people park nearest their destination

- Community Mental Health programs that provide assistance to people with mental illness and their families and carers to manage the impacts of mental illness on their lives and improve their overall wellbeing
- for those people aged over 65 the My Aged Care website and contact centre provides access to a range of government-funded services that are designed to help people live independently (e.g. home modifications and aids)
- the Continuity of Support Programme provides support to older people with disability who are currently receiving state-managed specialist disability services but who are not eligible for the NDIS
- some remaining state and territory disability or disability-related services.

Income support payments

Australia's social security system, administered by the DSS, aims to support people who cannot, or cannot fully, support themselves. The DSP is the primary income support payment for working age people aged 16 and over with a disability who have a reduced capacity to work because of their impairment (see Disability Support Pension and Carer Payment).

As at March 2021, 752,000 adults aged 16 and over received DSP (DSS 2021a).

Where individuals have a reduced capacity to work less than 30 hours per week due to an impairment but are not eligible for the DSP, they may have reduced mutual obligation requirements of other payments, that is to be looking for work or being engaged in activities which will help them find work in the future (such as volunteering or training). This affects payments such as the JobSeeker Payment, Parenting Payment Single and Youth Allowance (Other) Payment.

In March 2021, 32% (or 374,000) of JobSeeker recipients had a partial capacity to work. This is a large decline from the same period in 2020 (41%), reflecting short-term policy measures to the Jobseeker payment (such as suspending mutual obligation requirements) during the COVID-19 pandemic (see 'Chapter 4 The impacts of COVID-19 on employment and income support in Australia' in Australia's welfare 2021: data insights).

The transition of NDA service users

The staged national rollout of the NDIS is now almost complete. During the rollout of the NDIS, former users of NDA disability support services (NDA service users) transitioned to the new scheme (where eligible) in a staged manner. As noted above, the DES program will not transition to the new scheme.

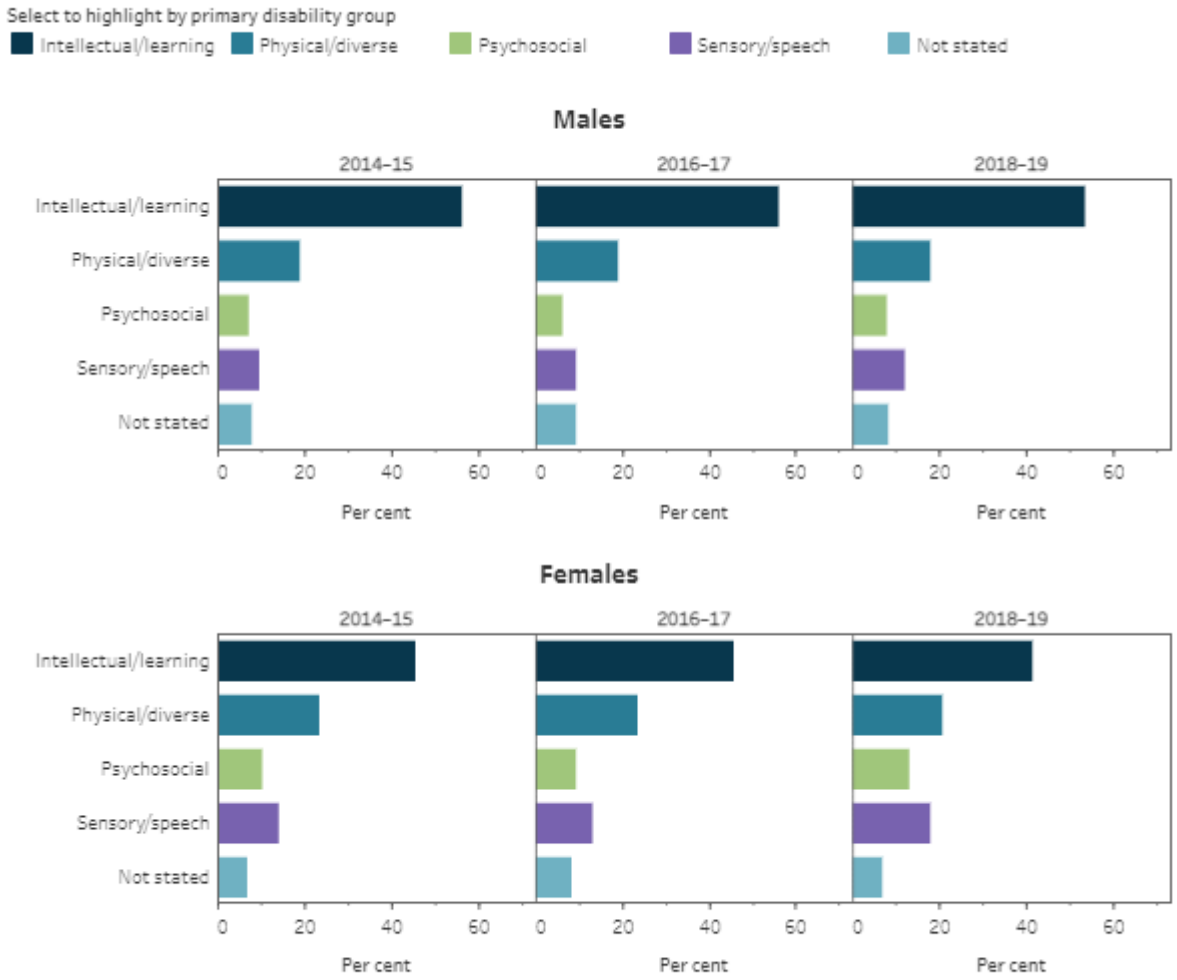
During this staged transition a decline in the proportion of NDA service users who used non-open employment services is apparent in the data for the years prior to 2018–19.

In 2014–15 about 334,000 people used NDA disability support services. Those who only used open employment services accounted for 35% of users (117,000 people), while

those who used at least one non-open employment service accounted for 65% of users (217,000 people). In comparison, in 2018–19, the last year for which NDA data were available, 230,000 people used NDA disability support services. Around 67% of this population, or around 153,000 people, only used open employment services, while those who used at least one non-open employment service accounted for 33% (76,700 people) (AIHW 2021).

From 2014–15, for those NDA service users who used at least one non-open employment service, the proportion of the total services used by different primary disability groups, remained broadly consistent through till 2018–19 (see Figure 2). The primary disability group of a NDA service user was the one that most clearly reflected their experience of disability, and caused them the most difficulty in everyday life (AIHW 2021).

Figure 2: People using disability support services where the service is now supported under the NDIS, by primary disability group, age group and sex, 2014–15, 2016–17, 2018–19



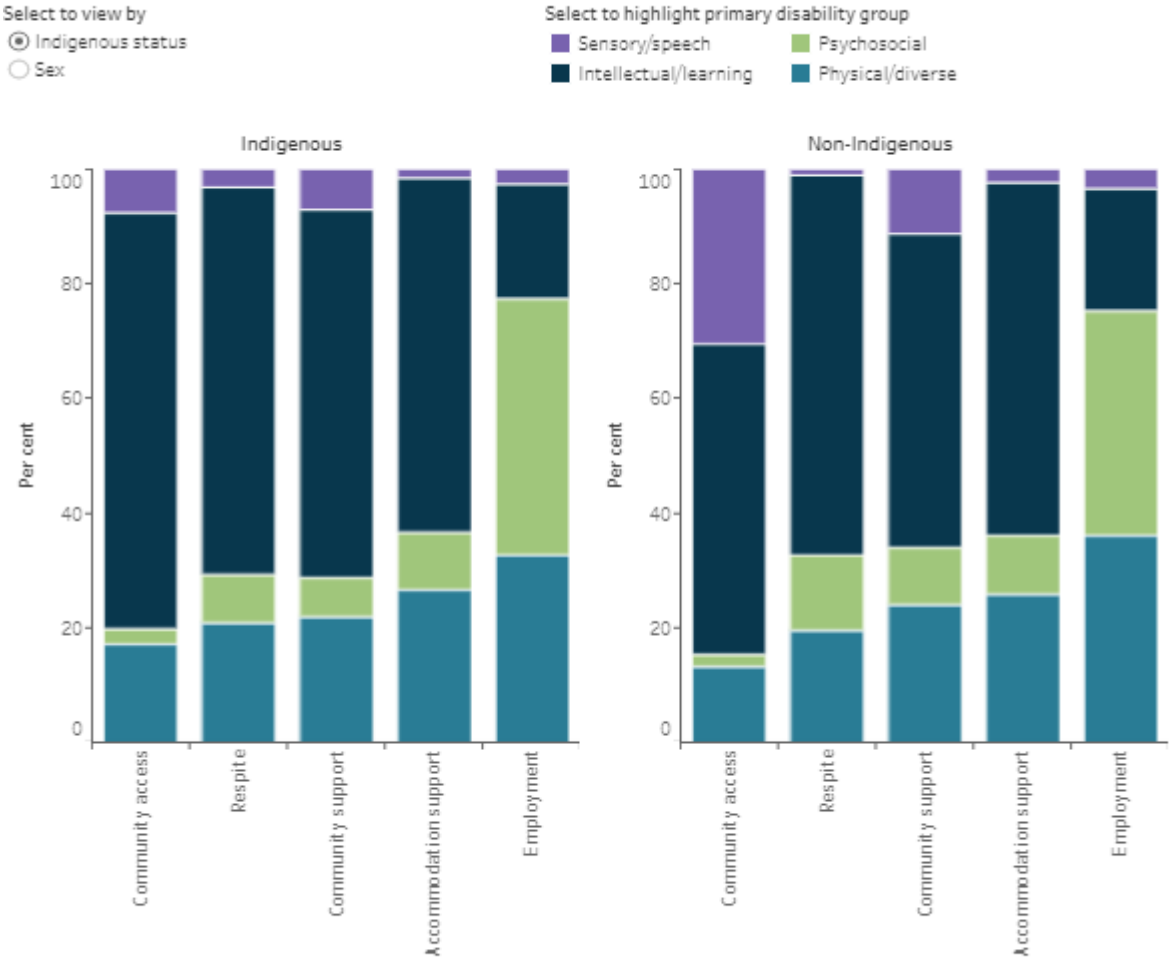
[Notes]

Source: AIHW Disability Services National Minimum Data Set.
http://www.aihw.gov.au/

Who was accessing NDA service types in 2018–19?

In 2018–19, the proportion of people with different primary disability groups accessing NDA service types remained broadly consistent across service types, except for employment services. People with psychosocial disability accounted for the highest proportion (39%) of employment service users (unlike other service types). This was consistent for males (36%), females (44%), Indigenous Australians (45%) and non-Indigenous Australians (39%). People with intellectual disability accounted for a much lower proportion of the users of employment services, compared with other disability service types (Figure 3).

Figure 3: People using disability support services, by primary disability group, service group, sex and Indigenous status, 2018–19



[Notes]

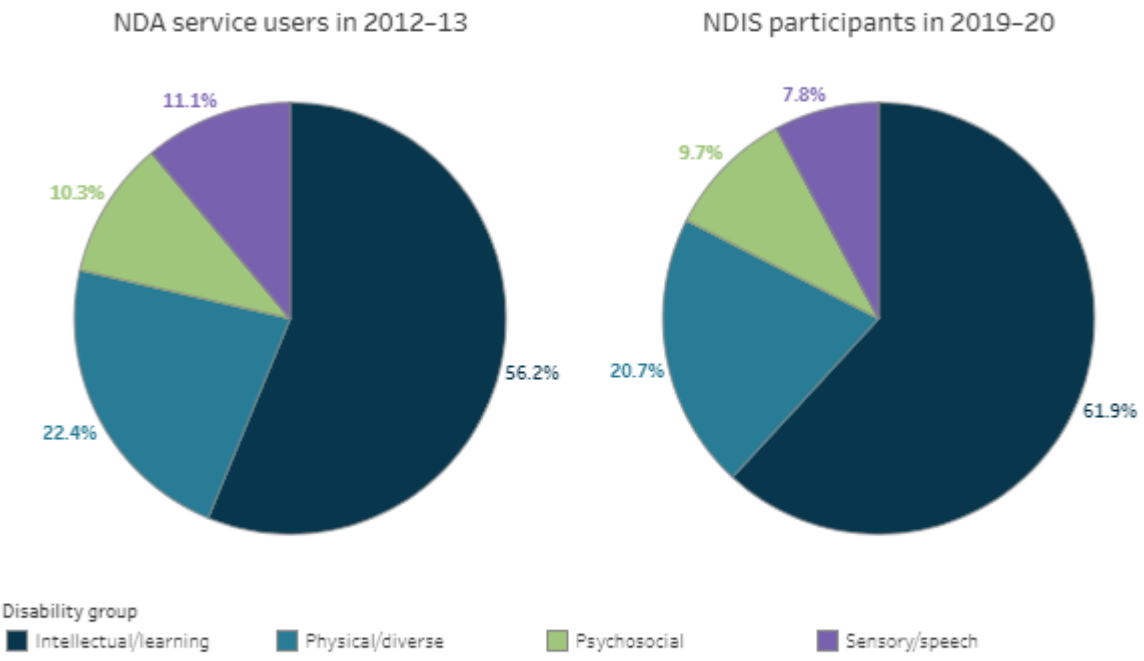
Source: AIHW Disability Services National Minimum Data Set.
http://www.aihw.gov.au/

Profile of NDA service users and NDIS participants

The last year in which disability support services were fully provided under the NDA was 2012–13. The NDIS started in trial sites in July 2013, and progressive implementation of the scheme continued from this period onwards. During the transition the NDIS population profile changed in response to the different rollout stages. The NDIS is now almost fully rolled out in every state/territory across Australia.

Figure 4 compares the primary disability profiles of the 197,000 non-employment NDA service users in 2012–13 and the 391,000 NDIS participants in 2018–19 with a reported disability. While the program objectives and eligibility criteria for the disability supports provided under the NDA and those under the NDIS do differ, the primary disability groups of those supported appear broadly similar. Figure 4 shows the proportion of service users by primary disability group for non-employment NDA service users in the last full year where NDA services were provided (2012–13) and NDIS participants in the most recent full year where data was available (2019–20).

Figure 4: Proportion of primary disability group of NDA service users and NDIS participants, 2012–13 & 2019–20



Notes
1. Due to the eligibility criteria for access to disability support services, this data is not representative of the broader disability population in Australia. Data relates to a selected group of people with disability (i.e. those who were eligible for, and accessed disability support services).
2. NDA service users exclude service users who only used open employment services, which are not supported under the NDIS. NDA service users also excludes service users for whom 'primary disability group' was 'not stated' (around 17,000 service users).
3. NDIS participants exclude participants for whom 'primary disability group' was 'other' (around 700 participants).
Source: AIHW Disability Services National Minimum Data Set; AIHW analysis of NDIS archived quarterly reports 2020 (NDIA 2020b).
http://www.aihw.gov.au/

Impact of COVID-19

People with disability, especially Indigenous Australians with disability, may be disproportionately affected by the COVID-19 pandemic due to their increased risk of infection, and higher co-morbidities, along with underlying health conditions such as chronic diseases and respiratory illness (Disability RC 2020). People with disability are also impacted by disruptions to their regular support services, the increased likelihood of staying at home and increased expenses. Some people with disability are impacted due to their inability to maintain social distancing.

As at 31 December 2020, the NDIA noted that:

- there were no known active COVID-19 cases among participants and workers
- the NDIS Commission had been notified of 183 participants and 219 workers who had returned positive tests for COVID-19
- sadly, 9 participants and 1 worker had died (NDIS Commission 2021).

See 'Chapter 7 Australia's changing disability data landscape' in Australia's welfare 2021: data insights for further information.

Where do I go for more information?

For more information on the prevalence of disability, see:

- ABS Survey of Disability, Ageing and Carers
- People with disability in Australia.

For more information on participants of the NDIS, see:

- NDIA quarterly reports

For more information on 2018–19 NDA service users, see:

- Disability support services: services provided under the NDA 2018–19

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Volunteers

Find the most recent version of this information at:
http://www.aihw.gov.au/reports/australias-welfare/volunteers

On this page

Volunteers substantially benefit their communities through providing important services to others. They may also bring new insights to the organisations or groups for which they volunteer, increase efficiencies and improve effectiveness.

Volunteering broadens people's networks and professional skills, and serves as an indicator of wellbeing and social cohesion (see Australia's Health Indicators AIHW 2019). It also has links to the economic and health status of a nation. By volunteering, people can become more outwardly focused, which may strengthen social interactions or even reduce anxiety (AIHW 2019; Head to Health 2019).

People can volunteer formally through an organisation ('volunteering'), or informally through the provision of unpaid work and support to non-household members, excluding family members ('informal volunteering'). Informal volunteers and informal carers may be involved in similar forms of unpaid work, however, while some informal carers care for people living in the same household, informal volunteers do not. For information on people who are informal carers, see Informal carers.

Data about people in Australia who volunteer are primarily drawn from the Australian Bureau of Statistics (ABS) 2019 General Social Survey (GSS). In this survey, volunteering is defined as providing unpaid help (time, service or skills) to an organisation or group, excluding work done overseas (ABS 2018).

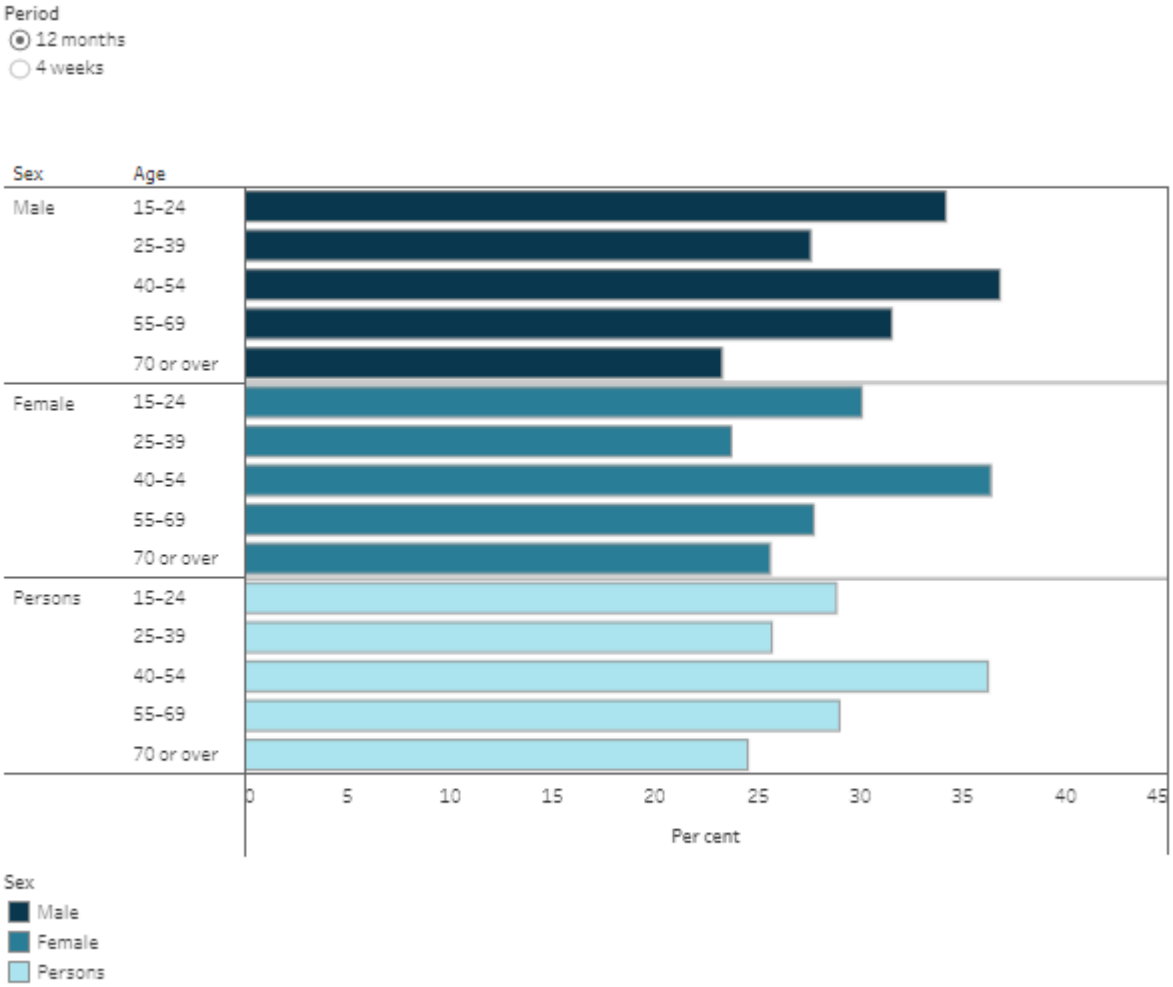
3 in 10 people are volunteers

Almost one-third (29%) of Australians aged 15 and over participated in unpaid voluntary work through an organisation or group in 2019. Over a 12-month period, volunteers contributed an estimated 596.2 million hours to the community.

Who volunteers?

In 2019, almost 5.9 million people participated in voluntary work through an organisation. A similar proportion of males and females participated in voluntary work (31% of males and 29% of females), and the proportion of people volunteering fluctuated with age. People aged 40–54 were most likely to have participated in unpaid voluntary work through an organisation (36%) followed by people aged 55–69 and 15–24 (both 29%) (Figure 1).

Figure 1: Proportion of people aged 15 and over who undertook voluntary work (last 12 months) or informal voluntary work (last 4 weeks), by age and sex, 2019



Source: ABS 2020
http://www.aihw.gov.au/

The proportion of people who participated in voluntary work in 2019 was higher for people who had attained a Bachelor degree or above, or an advanced diploma (33% and 32%, respectively), compared with those who had a primary or secondary school qualification (25%).

Couples with children were more likely to volunteer than other family compositions, such as single individuals (37% compared with 23%).

People living in households with higher incomes were also generally more likely to volunteer. The proportion of people who participated in voluntary work was highest for people living in households in the third and fourth quintile of gross household income (both 33%), and second highest for the highest quintile of income (30%), compared with those in the lowest and second lowest quintiles (23% and 26% respectively).

How often and where do people volunteer?

Volunteers in Australia are generous with their time. In 2019, 30% of people who volunteered in the previous 12 months had contributed 21 to 99 hours during that period, and over a quarter (28%) contributed 100 or more hours. Almost 2 in 5 (38%) volunteers had been volunteering for more than 10 years, and women were more likely than men to have been volunteering for that period of time (43% compared with 33%).

In 2019, almost two-thirds (61%) of people who volunteered did so for one organisation, 25% for 2 organisations and 15% for 3 or more. The most common types of organisations were sports and recreation (39%), religious groups (23%), education and training (22%), and welfare/health (12%). The most common reason for people's first involvement with unpaid voluntary work was that they knew someone involved or were asked to volunteer.

Informal volunteering

In addition to voluntary work for organisations, people may participate in informal volunteering, which is the provision of unpaid work and support to non-household members, excluding family members. Examples of informal volunteering include providing transport or running errands, unpaid childcare for a friend or neighbour, and providing emotional support. About one-third (33%) of the Australian population aged 15 and over participated in informal volunteering in the four weeks prior to the GSS 2019.

For the purposes of the GSS, unpaid work undertaken for anyone within a person's household falls outside the scope of informal volunteering and is referred to as informal caring (ABS 2018). Formal volunteering is distinct from informal caring, but informal volunteering can be closely related to informal caring. For more information on informal caring, see Informal carers.

Impact of COVID-19 on volunteers

The coronavirus disease 2019 (COVID-19) pandemic has limited the communal and social activities of many Australians. To reduce the risk of infection, different levels of formal restrictions have been in place, and these may have affected how or when people volunteer.

The proportion of Australians volunteering has declined since the onset of COVID-19. In April 2021, close to 1 in 4 (24%) people had undertaken voluntary work in the previous 12 months, compared with 1 in 3 (36%) people in late 2019 (ANU 2021). This study also reported that social contact is one of the key motivators for people to volunteer (opportunities for which were severely limited during the pandemic), and that people who stopped volunteering during the pandemic had greater reductions in life satisfaction than people who had not volunteered.

The Household Impacts of COVID-19 Survey conducted by the ABS also indicated a decline in volunteering because of COVID-19. In March 2021, over 1 in 5 (21%) respondents had participated in unpaid voluntary work for an organisation or group in the last 12 months, compared with 26% of respondents before March 2020. More than 1 in 3 (36%) respondents did not undertake unpaid voluntary work because of COVID-19 restrictions. Reasons included that people could not participate in person, were not sure how to volunteer, and their previous volunteering group had stopped or reduced their operations due to COVID-19 (ABS 2021).

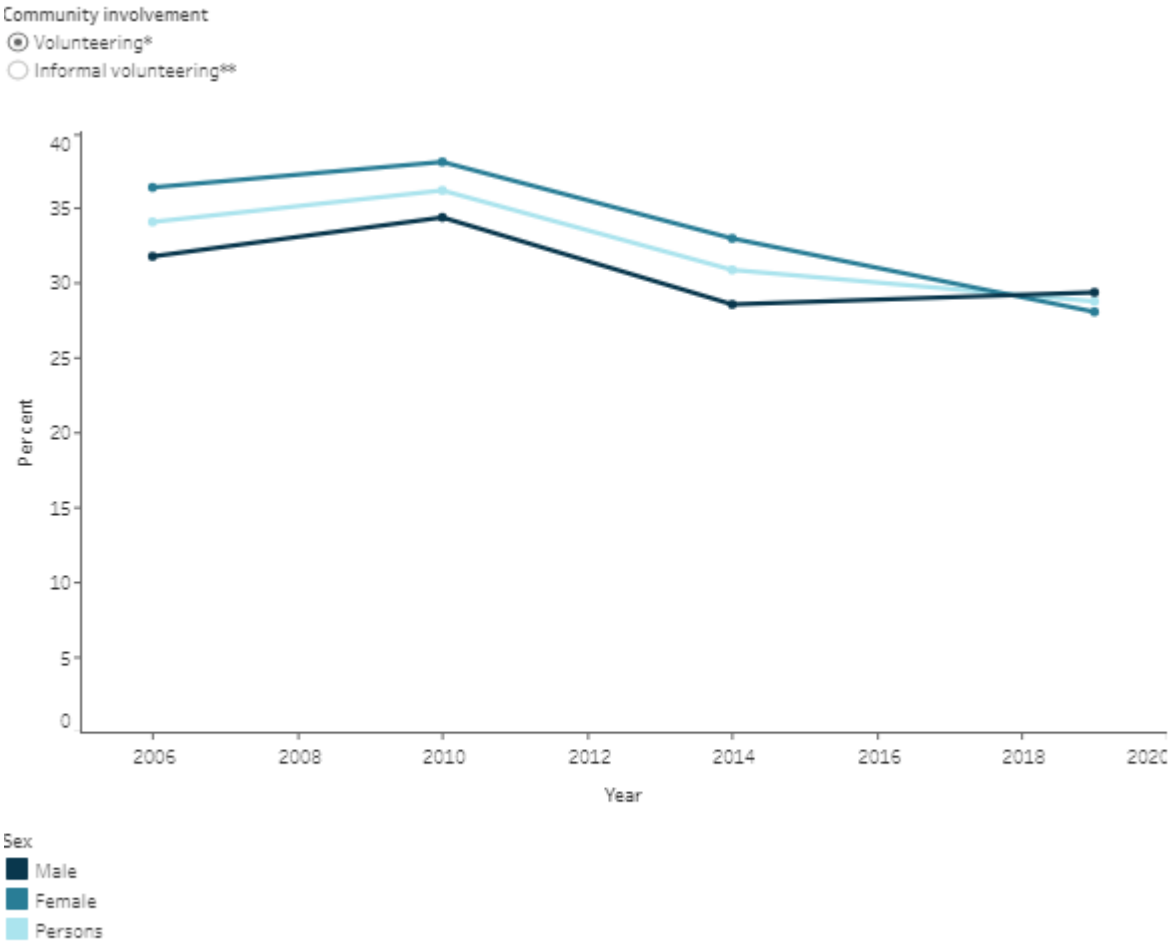
In the four weeks before March 2021, people aged 18 and over were more likely to participate in informal volunteering than volunteering through an organisation or group (27% and 15%, respectively). More than 2 in 5 (43%) people aged 18 and over provided unpaid help to people living outside of their own household. Of those who could not provide unpaid help, 15% wanted to minimise their exposure to people to protect their health and others.

New COVID-19 outbreaks in 2021 are likely to have similar impacts on volunteering as seen in 2020. For information and advice on volunteering during the COVID-19 pandemic, see the Volunteering Australia website and the Household Impacts of COVID-19 Survey.

Trends

Overall, the proportion of Australians who participate in voluntary work has fluctuated over time. Between 2006 and 2010, more than 1 in 3 (34%–36%) people aged 18 and over reported volunteering through an organisation in the previous 12 months. In 2019, this decreased to 29%. On the other hand, people providing informal volunteering (unpaid work or support to people living outside their household) in the 4 weeks prior to the survey increased from 49% in 2010 to 53% in 2019 (Figure 2).

Figure 2: Proportion of people aged 18 and over who undertook voluntary work in the last 12 months, by sex, 2006 to 2019



Notes
1. *Has undertaken unpaid voluntary work through an organisation or group in last 12 months
2. **Provided unpaid work/support to non-household members in last 4 weeks
Source: ABS 2020
http://www.aihw.gov.au/

The decrease in volunteering through an organisation reflects the broader changes noted in the GSS: there has been a decrease in the time and opportunity that Australians have for recreation and leisure, and social and community interaction. Between 2010 and 2019, the proportion of people involved in social, community support and civic/political groups has decreased (ABS 2020, ABS 2014).

Where do I go for more information?

For the latest data and more information on volunteers in Australia, see:

- General Social Survey: Summary of Results, Australia 2020
- Volunteering Australia
- Household Impacts of COVID-19 Survey

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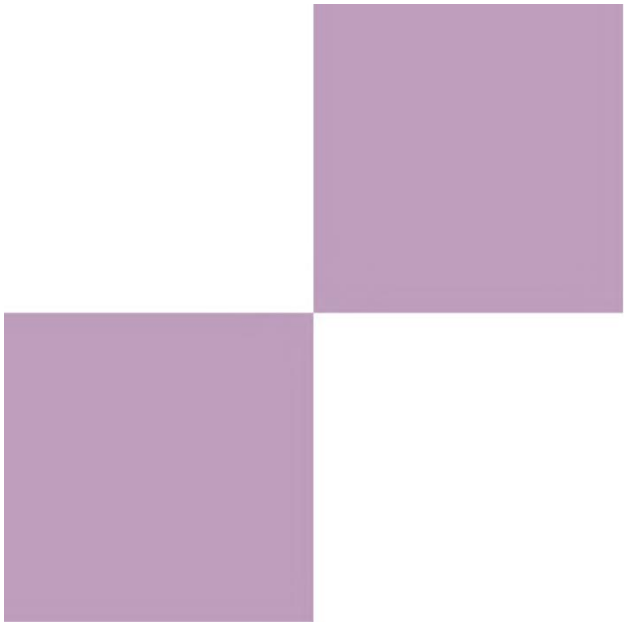
Justice and safety

A person's wellbeing can be affected by their experience of crime, and people who have had contact with the justice system may experience negative effects on their health and welfare. Governments work to protect the safety of the community and those at greater risk of harm, for example services designed to protect children from harm.



Adoptions

Find the most recent version of this information at:
http://www.aihw.gov.au/reports/australias-welfare/adoptions

On this page:

Adoption is one option used to provide permanent care for children not able to live with their families. It is a process where full parental rights and responsibilities for a child are legally transferred from the child's parents to their adoptive parents.

This page covers the latest data on adoptions of Australian children and children from overseas, and highlights important trends in adoption. Data cover characteristics of adopted children and their adoptive families, and include a national estimate of intercountry adoptees adopted since 1979–80 (AIHW 2021).

Types of adoption

In 2019–20, 334 adoptions were finalised in Australia. Of these, 297 (89%) were domestic adoptions of children born or permanently living in Australia.

The two types of domestic adoption of Australian children are: known child adoption—where the child and adoptive parents knew each other before adoption—and local adoption—where the child and adoptive parents did not know each other before adoption. Known child adoptions made up 75% of all adoptions finalised in 2019–20, while local adoptions represented 14% (Figure 1).

Australian adoptive parents can also adopt children from overseas through an official Australian intercountry adoption program. Adoptions of children from other countries are called intercountry adoptions. These children can legally be adopted but generally have had no previous contact or relationship with the adoptive parents. Intercountry adoptions accounted for 11% of all adoptions in Australia in 2019–20, with 97% of

intercountry adoptees originating from Asian countries. The most common country of origin was Taiwan (43%), followed by South Korea (22%).

Adoptions by relatives or other known carers of children from other countries are termed 'known child intercountry adoptions'. This type of adoption is not included in reported data on this page. Likewise, adoptions by Australian citizens or permanent residents living abroad for 12 months or more that occur through an overseas agency or government authority are also excluded. These adoptions are referred to as expatriate adoptions. See glossary for definitions of adoption categories.

Figure 1: Number of adoptions, by type of adoption, 2019–20

Click on an icon for more details about that type of adoption.

Notes
1. Excludes intercountry known child adoptions.
2. See glossary for definitions.

Source: AIHW Adoptions Australia data collection.
https://www.aihw.gov.au/

Trends of adoption

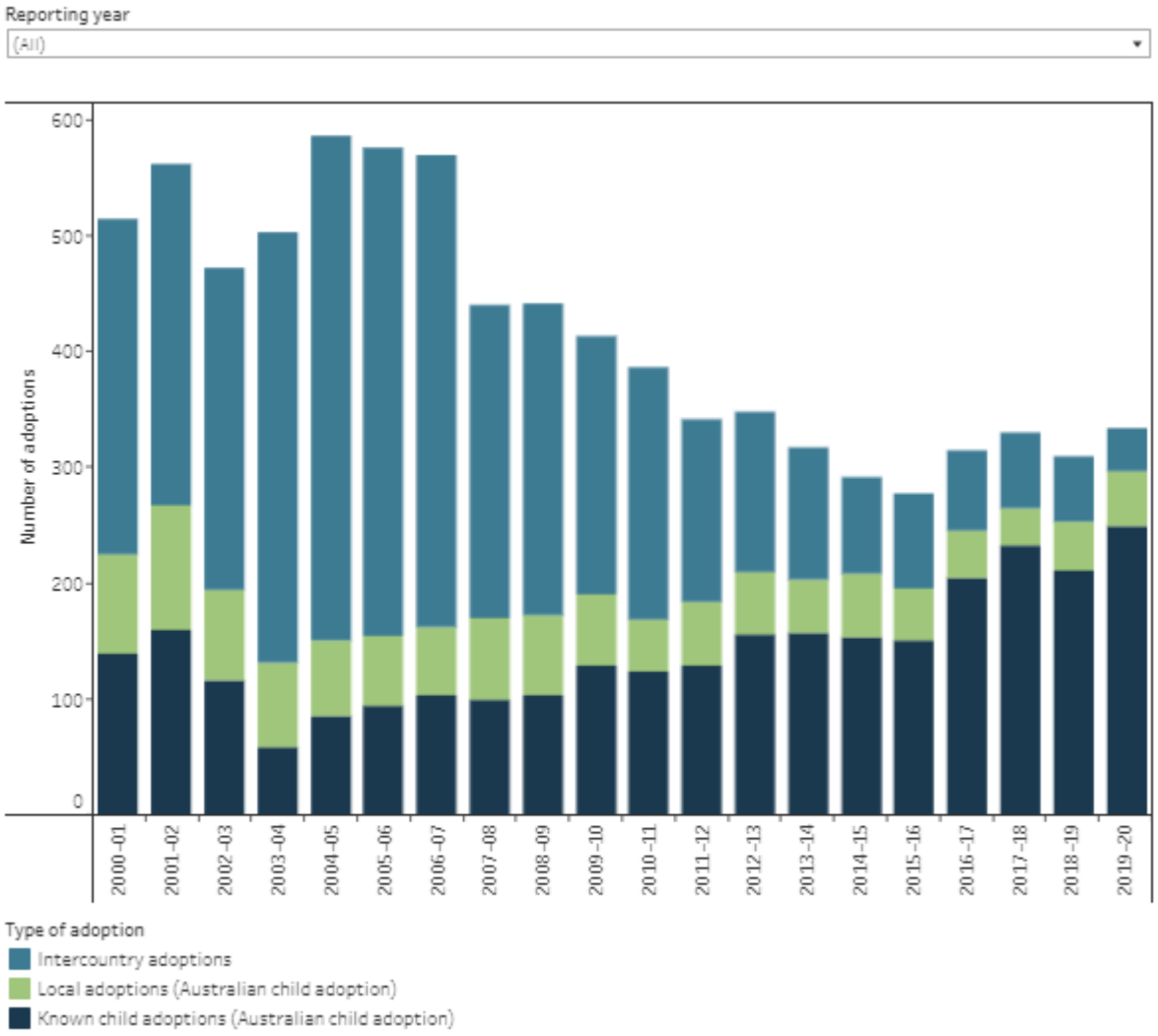
Over the past two decades, the overall number of adoptions has fallen dramatically. In 2000–01, 514 adoptions were finalised. By 2015–16, this number had fallen to 278—a decrease of 46%. More recently, adoptions have begun to increase slightly. From 2015–16 to 2019–20, there was a 20% increase in the number of adoptions finalised (Figure 2).

These long-term adoption trends are due to factors such as:

- changing views in Australian society on the circumstances in which adoption and parenthood are considered appropriate
- changes in intercountry adoption programs and the capacity of overseas countries to provide domestic care for children unable to live with their biological parents.

The recent increase in adoptions between 2015–16 and 2019–20 is due to the increase in known child adoptions. In 2019–20, there were 249 known child adoptions—an increase of 65% since 2015–16. The increase can be attributed to a policy change in New South Wales that has resulted in a higher number of adoptions by known carers, such as foster parents.

Figure 2: Children adopted in Australia by type of adoption, 2000–01 to 2019–20



Source: AIHW Adoptions Australia data collection.
https://www.aihw.gov.au/

Adopted children and siblings

In 2019–20, 52% (174) adopted children were male and 47% (158) were female. Adoptees ranged in age from infants aged under 12 months, to young adults aged 18 and over.

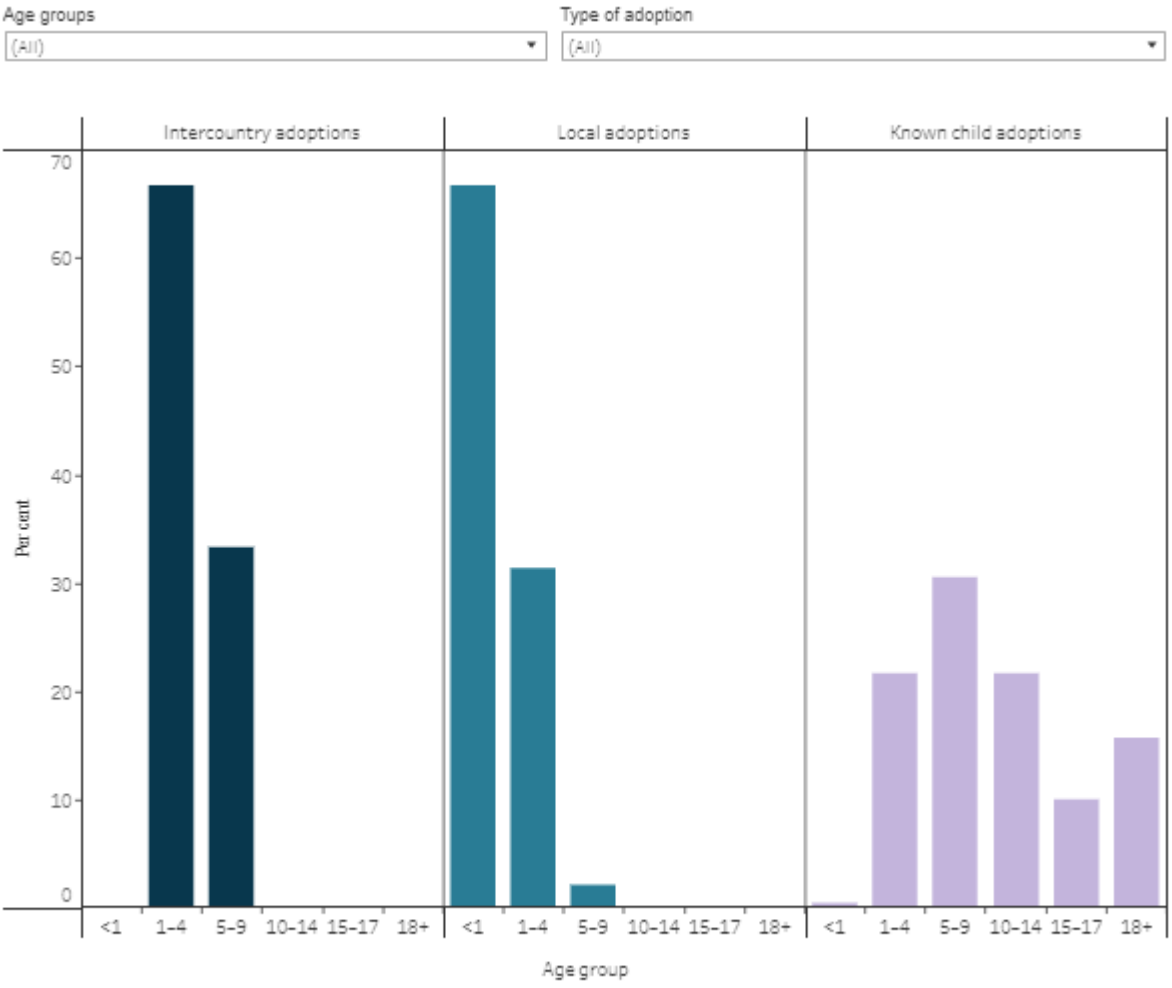
Children adopted through intercountry and local adoptions are typically younger than children adopted through known child adoptions. In 2019–20:

- 67% of intercountry adoptees were aged under 5
- 98% of all local adoptees were under 5—31% were aged 1–4 and 67% were infants
- 22% of known child adoptees were under 5, and almost half (47%) of known child adoptees were aged 10 and over.

The 3 main reasons why children in known child adoptions are generally older are:

1. some types of known child adoptions have minimum age requirements
2. legislation mandates that adoptive parents have an existing relationship with the child before an adoption is possible
3. the additional time involved in forming step-families.

Figure 3: Age group of child adoptees by type of adoption, 2019–20



Note: For local and intercountry adoptions, 'age of child' refers to the age of the adopted child at the date of placement with the adoptive parents; for 'known' child adoptions, 'age of child' refers to the age of the adopted child at the date the adoption order was granted.
Source: AIHW Adoptions Australia data collection.
http://www.aihw.gov.au/

Most adoptions finalised in 2019–20 were for a single child, but a number of sibling groups were adopted (where a child is adopted with at least one sibling at the same time by the same family).

In 2019–20, there were 90 adoptees adopted as part of 41 sibling groups—84 by known carers such as foster parents, 2 through local adoption and 4 through intercountry adoption.

Adoptive parents and families

Not including domestic adoptions by step-parents and other relatives, nearly two-thirds (64%) of adoptive families in 2019–20 had no other children, 21% had only other adopted children, and 13% had either other biological children or both other biological and adopted children.

Age of adoptive parents

Most (74%) adoptive parents were aged 40 and over, with 1 in 4 (23%) aged 40 to 44. Carers who become adoptive parents through a known child adoption tended to be older than adoptive parents involved in intercountry or local adoptions. In 2019–20, almost half (44%) of adoptive parents involved in carer (known child) adoptions were 50 and over. In comparison, only 22% of adoptive parents in intercountry adoptions were aged 50 and over, and all parents involved in local adoptions were under 50.

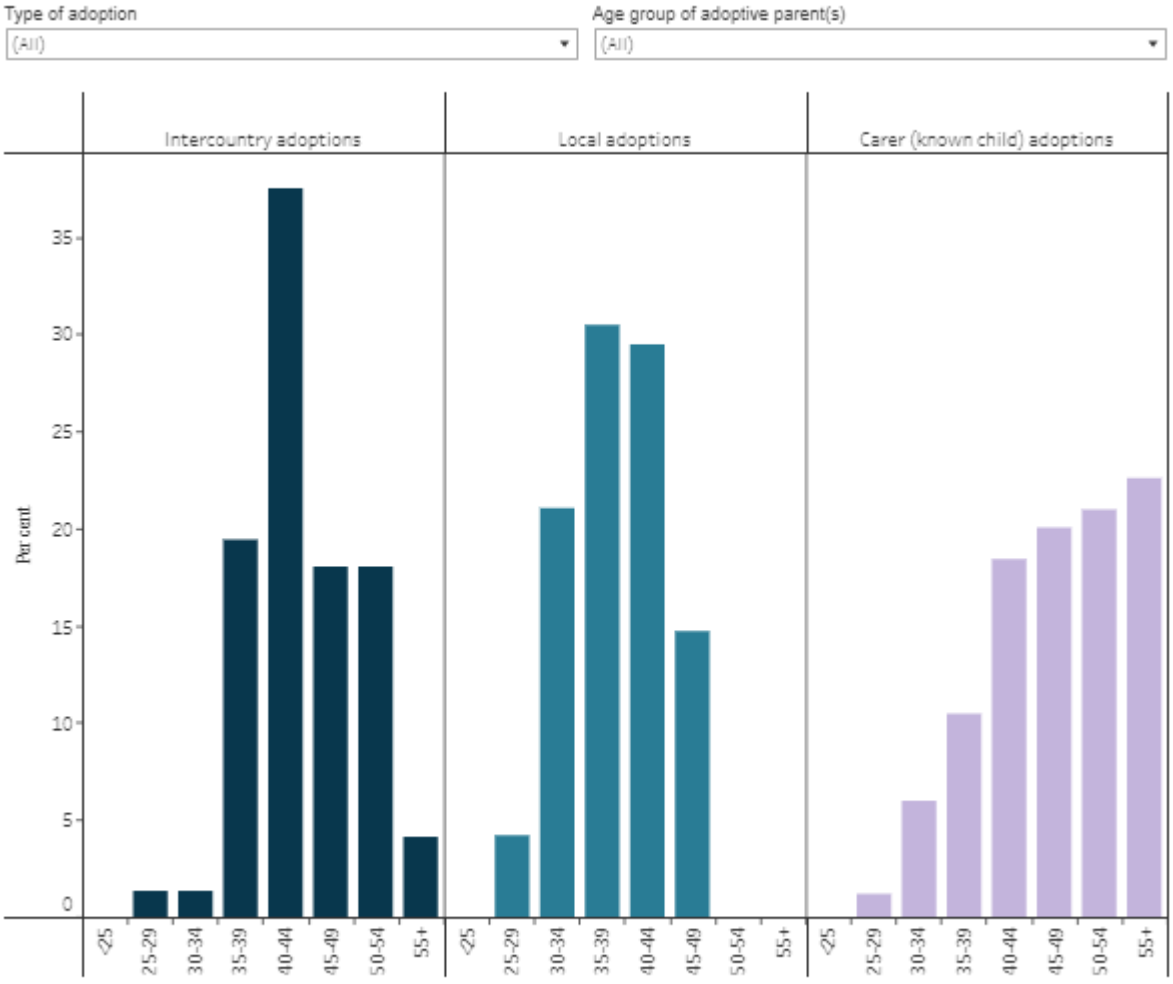
Marital status of adoptive parents

Adoptive parents were most commonly married couples—203 children were adopted by married couples, 24 by de facto couples and 29 by single persons.

Most carers who become adoptive parents through a known child adoption were in a registered marriage (71%), 17% were single persons (including widowed parents) and 12% were de facto couples.

In comparison, all intercountry adoptees became part of families where the adoptive parents were in a registered marriage. This was the case for almost all adoptive parents (94%) involved in finalised local adoptions in 2019-20 as well, with the remaining 6% in a de facto relationship.

Figure 4: Age group of adoptive parents by type of adoption, 2019–20



Note: Unknowns have been excluded from percentage calculations.
Source: AIHW Adoptions Australia data collection.
http://www.aihw.gov.au/

National estimate of intercountry adoptees

National data for intercountry adoption is available back to 1979–80. These data can be used to estimate the number of intercountry adoptees placed with adoptive families in Australia since 1979–80, including those who would now be adults.

As adoptees mature in adulthood, there is a need for systematic and on-going post-adoption support. Providing a national estimate of adult intercountry adoptees in Australia aims to assist efforts, such as the Intercountry Adoption Family Support Service, to support the needs of adoptees as children, teenagers and adults.

In Australia, from 1979–80 to 2018–19, there were approximately 9,070 children adopted through intercountry adoption. Of these, it is estimated that 5,963 (66%) adoptees would have been aged 18 and over by 30 June 2020. An additional 1,056 adoptees were approaching adulthood—aged 15–17 at 30 June 2020. Of those adoptees aged 18 and

over, nearly half (46%) were aged 30 and over—including 986 adoptees of unknown age who would have been a minimum of 30 years of age.

Impact of COVID-19

In light of the unprecedented impact of the Coronavirus Disease 2019 (COVID-19) pandemic, Commonwealth, state and territory governments recognised the necessity of reprioritising national efforts and resources towards responding to the major emergency unfolding across Australia.

There have been government responses to COVID-19 such as travel restrictions, limitations on non-urgent face-to-face work and resource reallocations that have affected domestic and intercountry adoption processes during 2019–20. The impact of COVID-19 may continue to be apparent in adoptions data in future years.

Where do I go for more information?

See Adoptions Australia 2019–20, including relevant data tables and appendices.

Information on adopting a child can be found in state and territory departments responsible for adoption, Intercountry Adoption Australia and the Department of Social Services.

See also Adoptions for more information on this topic.

References

AIHW (Australian Institute of Health and Welfare) 2021. Adoptions Australia 2019–20. Child welfare series no.73. Cat. no. CWS 79. Canberra: AIHW.

Adult prisoners

Find the most recent version of this information at:
http://www.aihw.gov.au/reports/australias-welfare/adult-prisoners

On this page

Adults in Australia who commit or allegedly commit crimes are managed by the criminal justice system. There are 115 custodial correctional facilities across Australia (SCGRSP, 2021). On 30 June 2020, there were 41,060 adult prisoners in custody (ABS 2020b). Australia has 9 legal systems, 1 for each state and territory and 1 for the Commonwealth. While the criminal justice systems in each jurisdiction are similar, they remain separate. Therefore, laws, penalties and arrangements for administering justice differ across state and territory boundaries (ABS, 1997).

Impact of COVID-19 on adult prisoners data

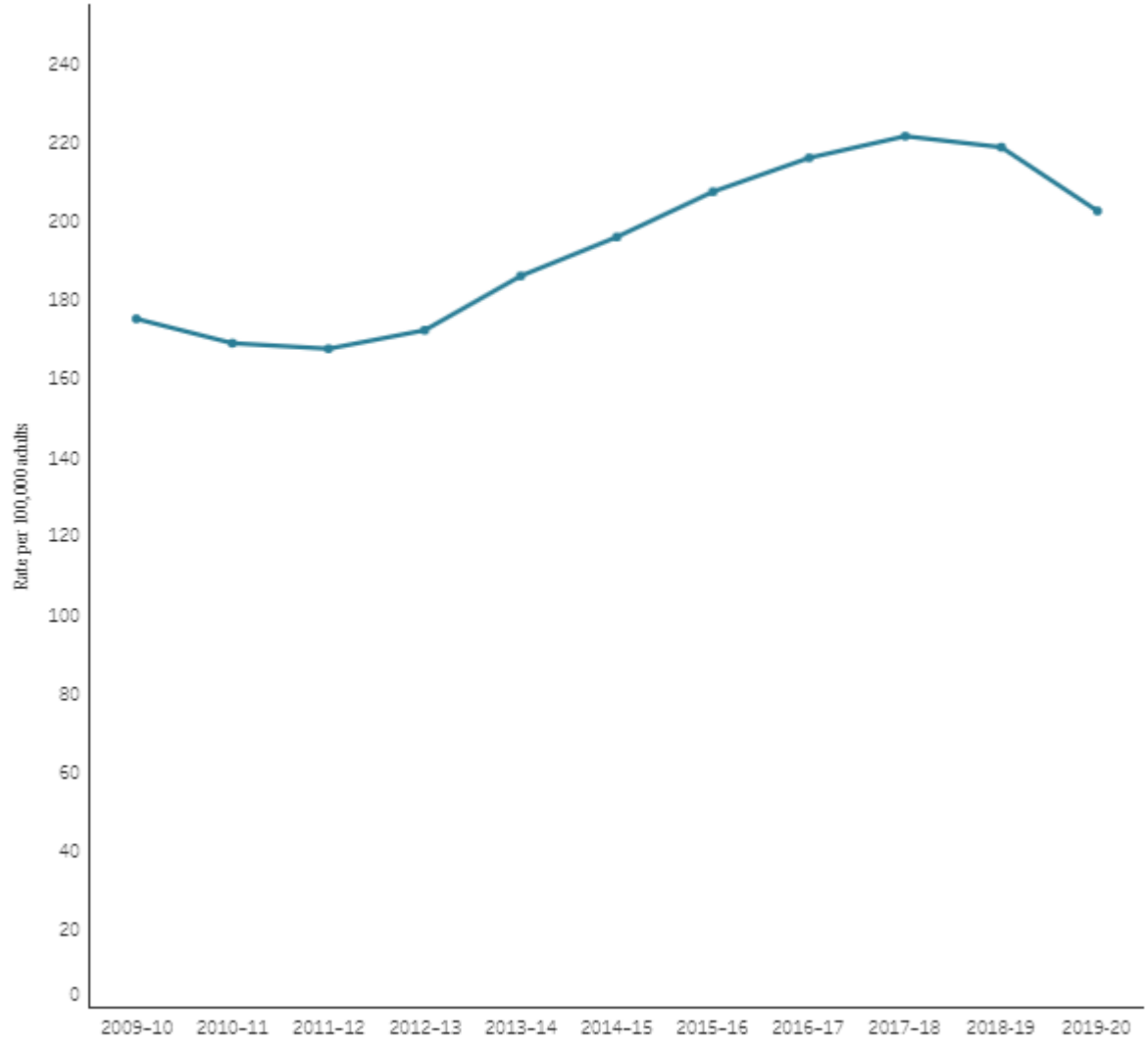
In response to the coronavirus disease 2019 (COVID-19) pandemic, social distancing measures were introduced in Australia in mid-March 2020. While correctional facilities and other places of custody, courts or tribunals were considered essential services (Prime Minister of Australia 2020), COVID-19 still had a substantial impact on the operations of courts. At the time of writing, the extent of the impact is not fully understood and may differ between jurisdictions (Judicial College of Victoria 2020). Similarly, outbreaks of the delta variant of COVID-19 in 2021 are likely to have similar impacts to those seen in 2020.

Trends

Over the decade to 2020, Australia's prison population increased in both number and as a proportion of the population. Despite a slight drop recently, the average daily prison population grew from 29,700 at 30 June 2010 to 41,060 at 30 June 2020. During the same period, the rate of prisoners increased from 175 to 202 per 100,000 adults (Figure 1). The most common offences for prisoners in Australia as at 30 June 2020 were acts

intended to cause injury (23%), illicit drug offences (15%) and sexual assault and related offences (14%) (ABS 2020b).

Figure 1: Adult imprisonment rate, 2009–10 to 2019–20



Source: ABS 2020b.
http://www.aihw.gov.au

Overrepresentation

When comparing the 2020 prison population to the general adult population, prisoners were:

- far more likely to be male—more than 9 in 10 (92%) adult prisoners were male, compared with 5 in 10 (50%) of the general adult population (ABS 2020a, 2020b)
- more than 1 in 4 (29%) of the adult prison population were Aboriginal and Torres Strait Islander, compared with just 3.3% of the general adult population (ABS 2018, 2020b) (see Indigenous community safety)
- younger—2 in 3 (65%) prisoners were under 40, compared with about 2 in 5 (40%) in the general adult population (ABS 2020a, 2020b).

July 2020 saw the release of *The National Agreement on Closing the Gap*. Target 10 of the new agreement aims to reduce the overrepresentation of Aboriginal and Torres Strait Islander adults in the criminal justice system. The target is to reduce the rate of Aboriginal and Torres Strait Islander adults in incarceration by at least 15 per cent by 2031 (Department of Prime Minister and Cabinet 2020).

Almost 3 in 4 (73%) prison entrants had been in prison before, and **almost half (45%)** of prison entrants had been in prison within the previous 12 months (AIHW 2019).

Health

Prisoners have higher levels of mental health problems, risky alcohol consumption, tobacco smoking, illicit drug use, chronic disease and communicable diseases than the general population (AIHW 2013). This means they have significant and complex health and welfare needs, often long term or chronic. The health of prisoners is sufficiently poorer than that of the general community, and prisoners are often considered to be 'old' at age 50–55 (Williams et al. 2014).

Since 2009, the AIHW has run the National Prisoner Health Survey, over a 2-week period every 3 years. The 2018 National Prisoner Health Survey is the most recent survey, with the next edition scheduled for 2022. In the 2018 survey, just under 1 in 3 (30%) prison entrants reported a history of one or more selected chronic conditions (asthma, arthritis, cardiovascular disease, diabetes and/or cancer) (AIHW 2019). These conditions must be managed while they are in prison.

In 2018, 2 in 5 (40%) prison entrants reported a previous diagnosis of a mental health disorder, including alcohol and drug misuse. Female prison entrants (65%) were more likely than male prison entrants (36%) to report a history of a mental health condition. Non-Indigenous prison entrants (44%) were also more likely to report a history of a mental health condition than Indigenous prison entrants (33%) (AIHW 2019).

2 in 5 (40%) prison entrants reported a previous diagnosis of a mental health disorder, including alcohol and drug misuse (AIHW 2019).

Entering and leaving prison can be highly stressful for those in the prison system. The experience of being in prison, the prison environment, relationships with other prisoners, family, housing and employment, as well as alcohol and other drug use may all be potential causes of concern and distress for prisoners.

Prison entrants and dischargees were asked about their recent psychological distress levels, and about their perceived reasons for any distress. Just over 1 in 4 (26%) prison entrants scored high or very high levels of psychological distress, with female prison entrants more than twice as likely to score high or very high levels (52%) when compared with male prison entrants (22%).

Employment

The ability to gain and maintain employment is key to successful reintegration of former prisoners into the community post release. Many prisoners, particularly Indigenous prisoners, have complex and sometimes traumatic personal histories and experiences which remain following release from prison and make employment difficult (COAG 2016).

More than half (54%) of prison entrants reported they were unemployed during the 30 days before prison (AIHW 2019).

Prisoners come from a group who already face difficulties in gaining employment. They generally have low levels of education, low socioeconomic position, high levels of drug and alcohol misuse, high levels of mental health issues, and poor work histories. Imprisonment adds to this mix, making it even more difficult for prisoners to find a job, particularly for those who have been in prison for longer than 6 months (Ramakers et al. 2014).

Fewer than 1 in 4 (22%) prison dischargees reported they had paid employment organised to start within 2 weeks of release from prison (AIHW 2019).

Education

Education is a recognised social determinant of health, with lower levels of education associated with poorer health (Mitrou et al. 2014). People in prison have lower levels of educational attainment and higher levels of learning difficulties and learning disabilities than people in the general community (AIHW 2015; Kendall & Hopkins 2019). Lower levels of educational attainment are associated with poorer employment opportunities and outcomes and unemployment is a risk factor for incarceration and for reoffending after release (Baldry et al. 2018).

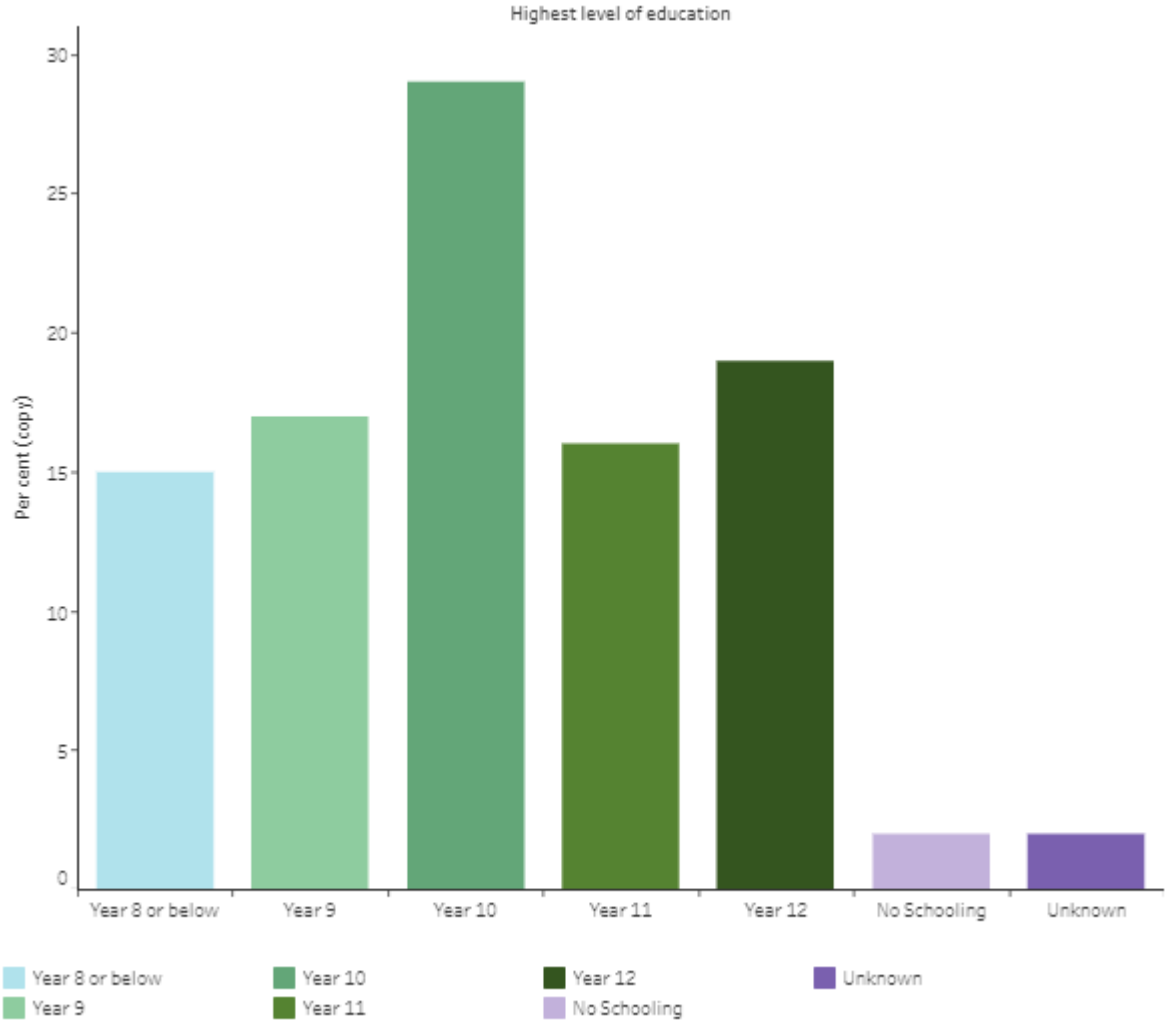
Prison entrants were asked about the highest level of schooling they had completed and qualifications they attained other than school.

Almost 2 in 3 (63%) prison entrants had an education level of Year 8 or below (AIHW 2019).

In 2018, prison entrants were more likely than the general population (aged 15–64) to have had an education level of Year 10 or below (63% compared with 19%) (AIHW 2019 and ABS 2020c). Of prison entrants, 15% had completed Year 8 or below as their highest level of education completed. A total of 2% had no formal schooling.

Prison entrants were less likely than the general population (19% compared with 64%) to report they had completed the equivalent of Year 12 (Figure 2 and ABS 2020c).

Figure 2: Highest level of education achieved by prison entrants, 2018



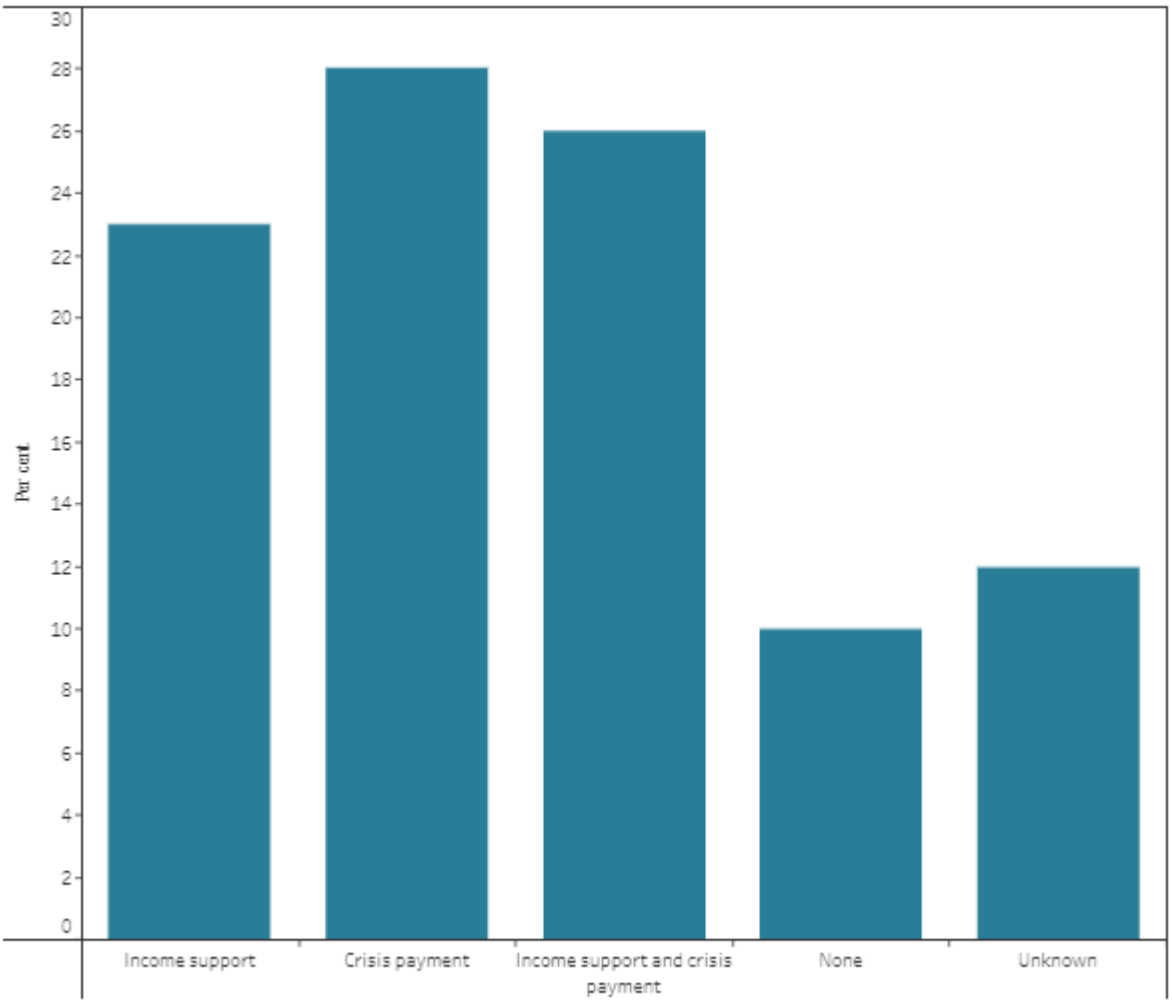
Source: AIHW 2019.
http://www.aihw.gov.au

Income support

Unemployment is linked with poor psychosocial outcomes. This includes mental health issues, alcohol and other drug use disorders, and criminal offending (Fergusson et al. 2014).

Most (78%) prison dischargees in 2018 were expecting to receive some form of financial assistance from Centrelink after release (Figure 3). Almost 1 in 4 (23%) expected to receive income support (including Disability Support Pension) and a further 28% a crisis payment. Another 26% expected to receive both payments.

Figure 3: Expected income source of prison dischargees, 2018



Note: Proportions are rounded to whole numbers, so components might not sum to total expecting to receive some form of financial assistance from Centrelink after release.
Source: AIHW 2019.
http://www.aihw.gov.au

Where do I go for more information?

See Prisoners for more on this topic.

For more information on prisoners in Australia, see:

- The health of Australia's prisoners, 2018
- Australian Bureau of Statistics Crime and Justice statistics
- Australian Bureau of Statistics Prisoner statistics.

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Child protection

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On this page

In Australia, statutory child protection is the responsibility of state and territory governments. Each responsible department assists vulnerable children who have been, or are at risk of being, abused, neglected or otherwise harmed, or whose parents are unable to provide adequate care and protection.

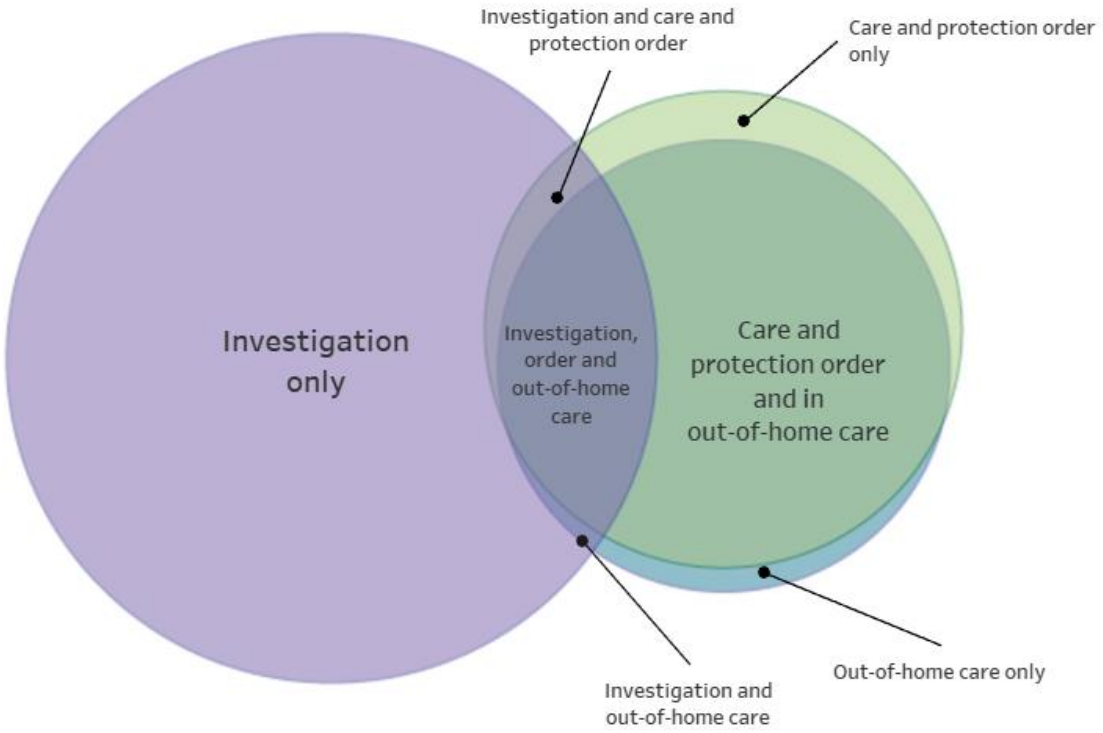
This page provides an overview of children who received child protection services in 2019–20. It also covers historical trends in child protection services and the types of services provided to children in need of care and protection.

Most statistics on this page are drawn from Child protection Australia 2019–20.

Children who received child protection services

In 2019–20, about 174,700 children aged 0–17 received child protection services. These include investigations (which may or may not lead to substantiated cases of child abuse or neglect), care and protection orders and/or out-of-home care placements (Figure 1). This equates to a rate of 31 per 1,000 children. More than half (57%) of these children were the subject of an investigation only and were not subsequently placed on a care and protection order or in out-of-home care. A small proportion (7.2%) were involved in all 3 components of the system. See glossary for definitions of the child protection service types.

Figure 1: Children who received child protection services, by component of service, 2019–20



Source: AIHW Child Protection Collection.
https://www.aihw.gov.au/

Some groups of children are consistently overrepresented in the child protection system. In 2019–20:

- Aboriginal and Torres Strait Islander children were almost 8 times as likely as non-Indigenous children to have received child protection services (166 per 1,000 children compared with 21 respectively)
- infants (aged under one) were more likely to have received child protection services than those aged 15–17 (38 per 1,000 compared with 24 respectively)
- children from geographically remote areas had the highest rates of substantiations—children from *Very remote* areas were more than 3 times as likely as those from *Major cities* to be the subject of substantiations (24 per 1,000 compared with 7, respectively)

- children who were the subjects of substantiations were more likely to be from lower socioeconomic areas (35% were from the lowest socioeconomic area compared with 5.9% from the highest).

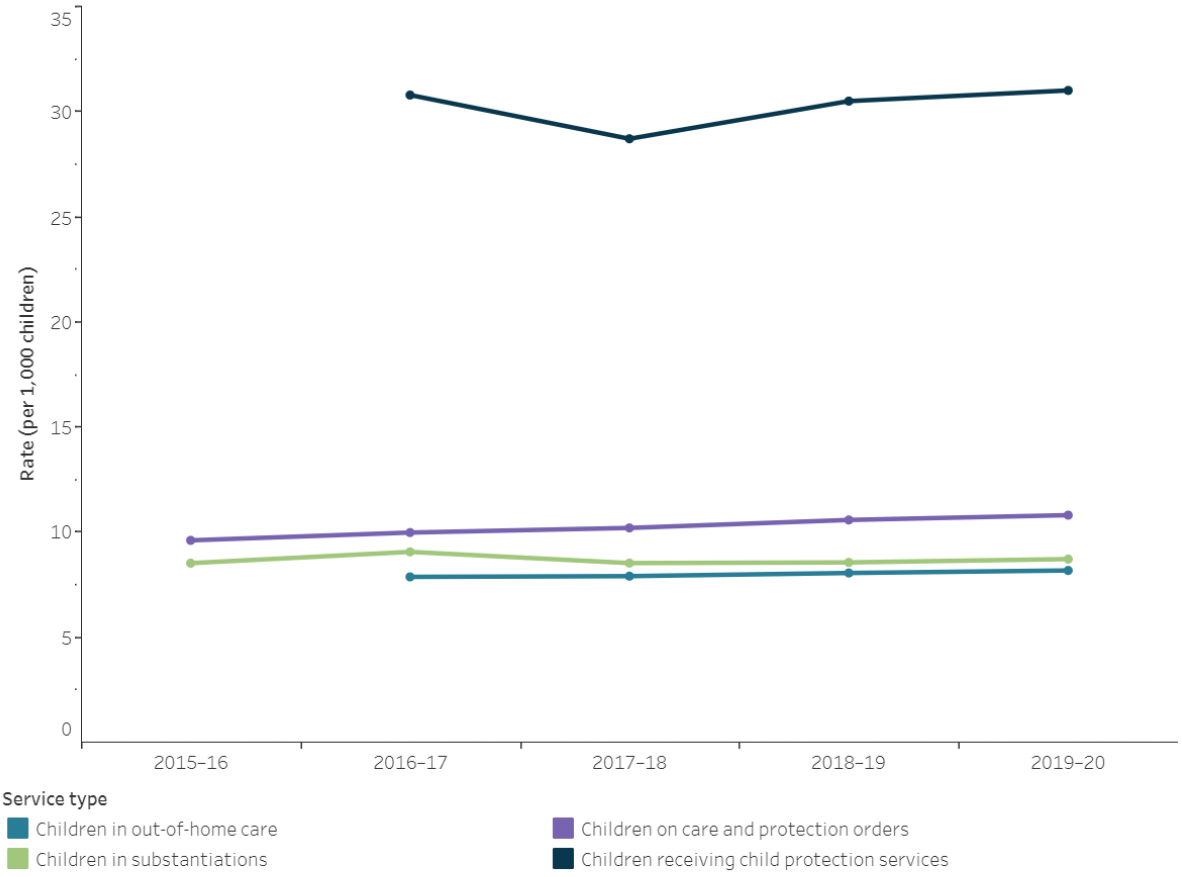
For further information about child protection services for Indigenous children see Indigenous community safety.

Trends

The number of children receiving child protection services continues to rise. Over the 4-year period from 2016–17 to 2019–20, the overall number of children who received child protection services in Australia rose by 3.8%—from around 168,300 children (31 per 1,000) to around 174,700 children (31 per 1,000) (Figure 2). The fall in the number of children receiving services between 2016–17 and 2017–18 resulted from a change in the definition of child protection investigation for New South Wales and substantiations data for New South Wales being unavailable in 2017–18.

Increases over time in the number or rate of children receiving child protection services or support might relate to changes in the underlying rate of child abuse and neglect, increases in notifications and access to services, or a combination of factors.

Figure 2: Children in the child protection system, by service type, 2015–16 to 2019–20



Notes
1. These data include unborn children and children of unknown age.
2. Children on care and protection orders and in out-of-home care were counted as at 30 June each year. Children in substantiations and receiving child protection services were counted over the financial year.
3. Substantiation data for NSW was not available for 2017–18.
4. In 2018–19, all states and territories adopted a national definition of out-of-home care and the out-of-home care data have been back cast to 2016–17 with the national definition.
Source: AIHW Child Protection Collection.
https://www.aihw.gov.au/

Substantiated investigations

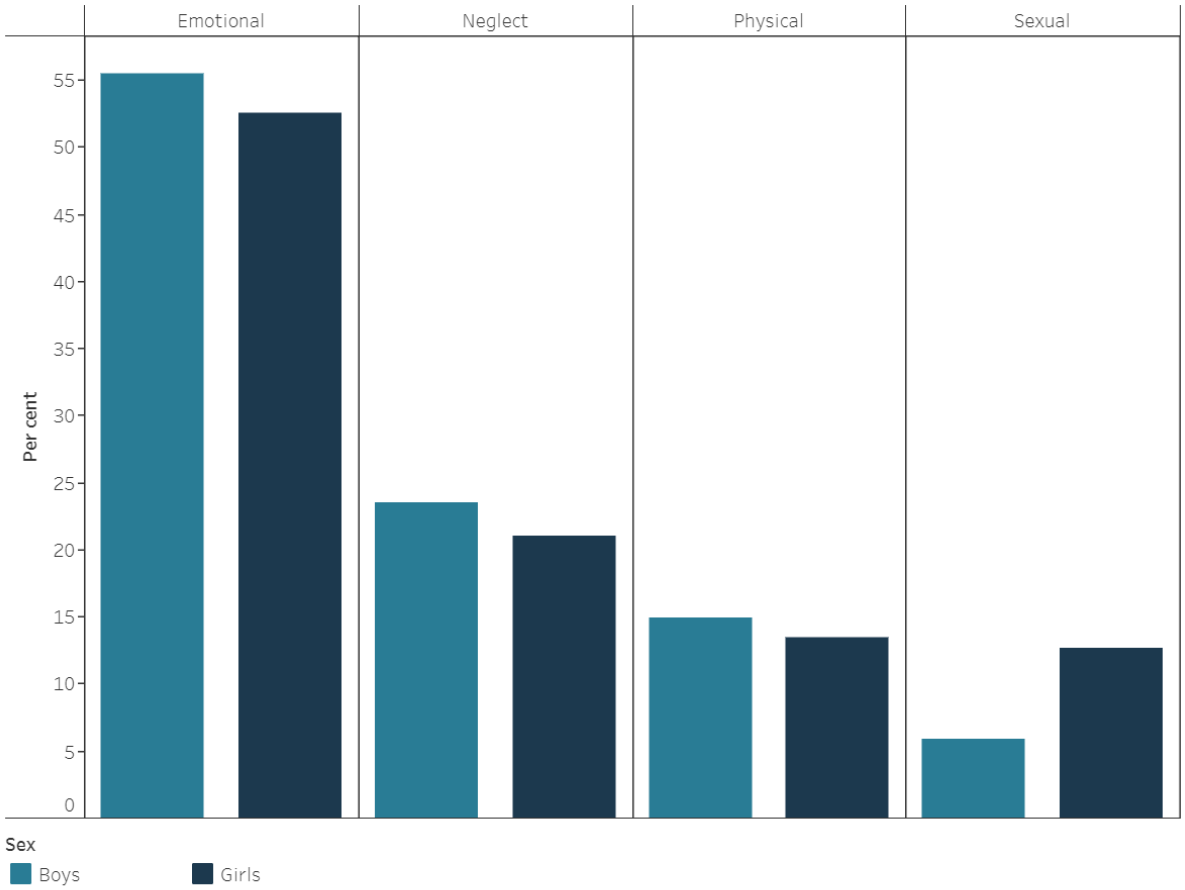
An investigation can lead to a substantiation if there is sufficient reason to believe a child has been, or is at risk of being, abused, neglected or otherwise harmed by a carer. The rate of children who were the subjects of substantiations was 9 per 1,000 children in 2019–20, which was slightly higher than the rate in 2015–16 (8 per 1,000 children).

The primary type of abuse or neglect reported for a substantiation is the one considered most likely to place the child at risk or be more severe in the short term. Emotional abuse was the most common primary type of abuse or neglect substantiated for all children (54%).

Girls were more likely to be subjects of substantiations of sexual abuse than boys (13% and 5.9% respectively). Boys were slightly more likely than girls to be subjects of

substantiations for neglect (23% and 21% respectively) and physical abuse (15% and 13%) (Figure 3).

Figure 3: Children who were the subjects of substantiations, by sex and primary type of abuse or neglect, 2019–20



Note: Only the abuse type that is most likely to place the child at risk or be most severe in the short term is reported for the first substantiation in the year.
Source: AIHW Child Protection Collection.
http://www.aihw.gov.au/

Care and protection orders

Care and protection orders are legal orders or arrangements that give child protection departments partial responsibility for a child's welfare. Between 30 June 2016 and 30 June 2020, the rate of children on care and protection orders increased from 10 to 11 per 1,000 children.

Out-of-home care

Out-of-home care is overnight care for children aged under 18 who are unable to live with their families due to child safety concerns. This includes placements approved by the department responsible for child protection for which there is ongoing case

management and financial payment (including where a financial payment has been offered but has been declined by the carer).

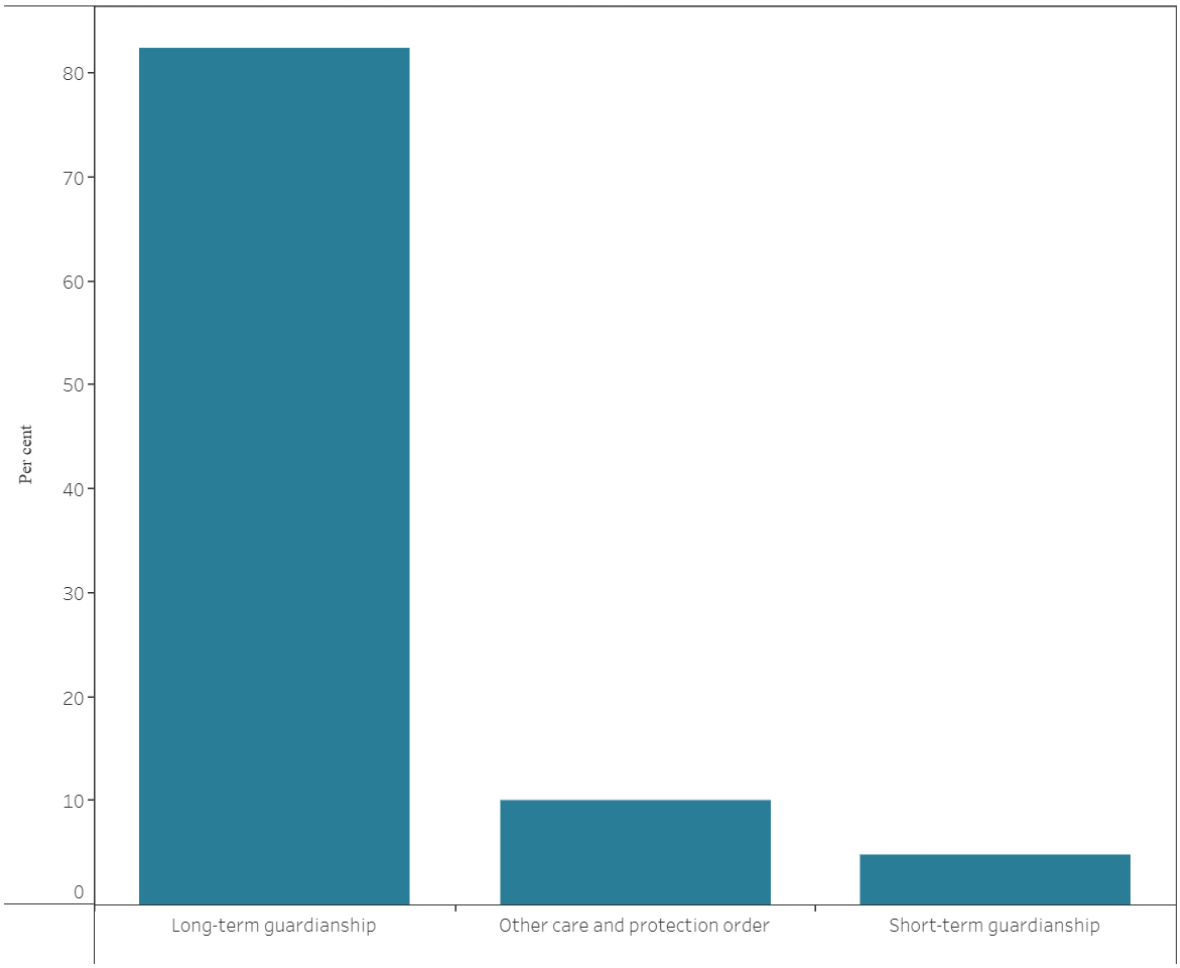
Nationally, the number of children in out-of-home care at 30 June increased from 43,100 to 46,000 between 2017 to 2020, although the rate remained relatively stable at 8 per 1,000 children. As at 30 June 2020, the vast majority (92%) of children in out-of-home care were in home-based care, mostly with relative or kinship carers (54%), or in foster care (37%). Another 6.6% were living in residential care, mainly used for children with complex needs. Approximately 30,600 (67%) of the 46,000 children in out-of-home care at 30 June 2020 had been in long-term care (2 years or more). This included:

- 28% who had been in out-of-home care for between 2 years and less than 5 years
- 39% who had been in out of home care for 5 years or more.

Most (82%) children who had been in out-of-home care for 2 years or more were on long-term guardianship or custody orders. Another 4.8% were on short-term guardianship or custody orders (Figure 4).

Permanency planning is used in all states and territories with a view to achieving a stable long-term care arrangement for all children in out-of-home care (AIHW 2016, 2020). Approximately 9,900 children (18%) in out-of-home care exited to a permanency outcome in 2019–20. Almost 5,000 children were reunified with family during 2019–20, with a further 700 children leaving out-of-home care to third-party parental responsibility orders.

Figure 4: Children in long-term out-of-home care, by legal arrangements as at 30 June 2020



Note: Long-term out-of-home care includes children who have been continuously in out-of-home care for 2 or more years.
Source: AIHW Child Protection Collection.
http://www.aihw.gov.au/

The Aboriginal and Torres Strait Islander Child Placement Principle (ATSICPP) is a framework designed to promote policy and practice that will reduce the over-representation of Indigenous children in the child protection system.

ATSICPP practices relating to Indigenous children in out-of-home care include:

- preferred placement with Indigenous or non-Indigenous relatives or kin, or other Indigenous carers
- support to maintain or re-establish connections to their family, community, culture and country.

Key findings from The Aboriginal and Torres Strait Islander Child Placement Principle Indicators 2018-19: measuring progress report (AIHW 2020) include:

- about 18,000 Indigenous children were living in out-of-home care at 30 June 2019 (a rate of 54 per 1,000)

- nearly two-thirds (63%) of Indigenous children in out-of-home care were living with Indigenous or non-Indigenous relatives or kin or other Indigenous caregivers
- about 8,100 Indigenous children in out-of-home care were required to have cultural support plans at 30 June 2019, and 77% of them had current, documented and approved cultural support plans, which include details such as the child's cultural background and actions taken to maintain their connection to culture.

Child protection in the time of COVID-19

In light of the unprecedented impact of the Coronavirus disease 2019 (COVID-19) pandemic, Commonwealth, state and territory governments recognised the necessity of reprioritising national efforts and resources towards responding to the major emergency unfolding across Australia.

There have been government responses to COVID-19 such as travel restrictions, limitations on non-urgent face-to-face work and resource reallocations that have affected child protection processes during 2019–20. While the impact of COVID-19 may become apparent in the annual child protection data in future years, some additional monthly data for the period March to September 2020 were supplied by states/territories for the Child protection in the time of COVID-19 report (AIHW 2021).

Key findings from the Child protection in the time of COVID-19 report (AIHW 2021) include:

- notifications to child protection services fell during the 'first wave' of COVID-19 in April 2020, and increased once most restrictions eased in May/June 2020
- the number of children in out-of-home care remained relatively stable between March and September 2020
- several risk factors for child abuse and neglect increased during COVID-19, including financial hardship, housing stress, and poor mental health.

Where do I go for more information?

See child protection for more on this topic.

Also see *Child protection Australia 2019–20* (report and supplementary data tables).

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Family, domestic and sexual violence

If you are experiencing domestic or family violence, or know someone who is, call **1800RESPECT (1800 737 732)** or visit the 1800RESPECT website (National Sexual Assault, Domestic and Family Violence Counselling Service for people living in Australia).

Find the most recent version of this information at:
http://www.aihw.gov.au/reports/australias-welfare/family-domestic-and-sexual-violence

On this page

Family, domestic and sexual violence is a major health and welfare issue in Australia. It occurs across all socioeconomic, demographic and age groups, but predominantly affects women and children.

If you are experiencing domestic or family violence, or know someone who is, call **1800RESPECT (1800 737 732)** or visit the 1800RESPECT website (National Sexual Assault, Domestic and Family Violence Counselling Service for people living in Australia).

What is family, domestic and sexual violence?

Family violence is violence between family members, such as between parents and children, siblings, and intimate partners.

Domestic violence is a type of family violence that occurs specifically between current or former intimate partners.

Both family violence and domestic violence include various behaviours:

- physical violence (hitting, choking, use of weapons)
- emotional abuse, also known as psychological abuse (intimidating, humiliating)

- coercive control (controlling access to finances, monitoring movements, isolating from friends and family).

Sexual violence covers sexual behaviours carried out against a person's will. This can occur in the context of family or domestic violence, or be perpetrated by other people known to the victim or by strangers (ABS 2017b).

How common is family, domestic and sexual violence?

The most recent Australian Bureau of Statistics (ABS) Personal Safety Survey (PSS) in 2016 indicated that since the age of 15:

Source: ABS 2017a.

Data from the 2016 PSS show that partner violence and sexual violence have remained relatively stable since 2005. This contrasts with declines in total violence over the same period (ABS 2017a). However, since 2012, there has been an increase in the proportion of women who experienced sexual violence, from 1.2% in 2012 to 1.8% in 2016. Results from the next PSS are scheduled to be available from 2022.

Although there is no nationally representative data available on the experience of family, domestic and sexual violence during the coronavirus disease 2019 (COVID-19)

pandemic, some survey data on domestic violence among women during this period exist (see Women).

Groups most at risk

Some social, economic and personal factors can increase a person's vulnerability to family, domestic and sexual violence. These factors are a complex web of potential influences, rather than direct causes.

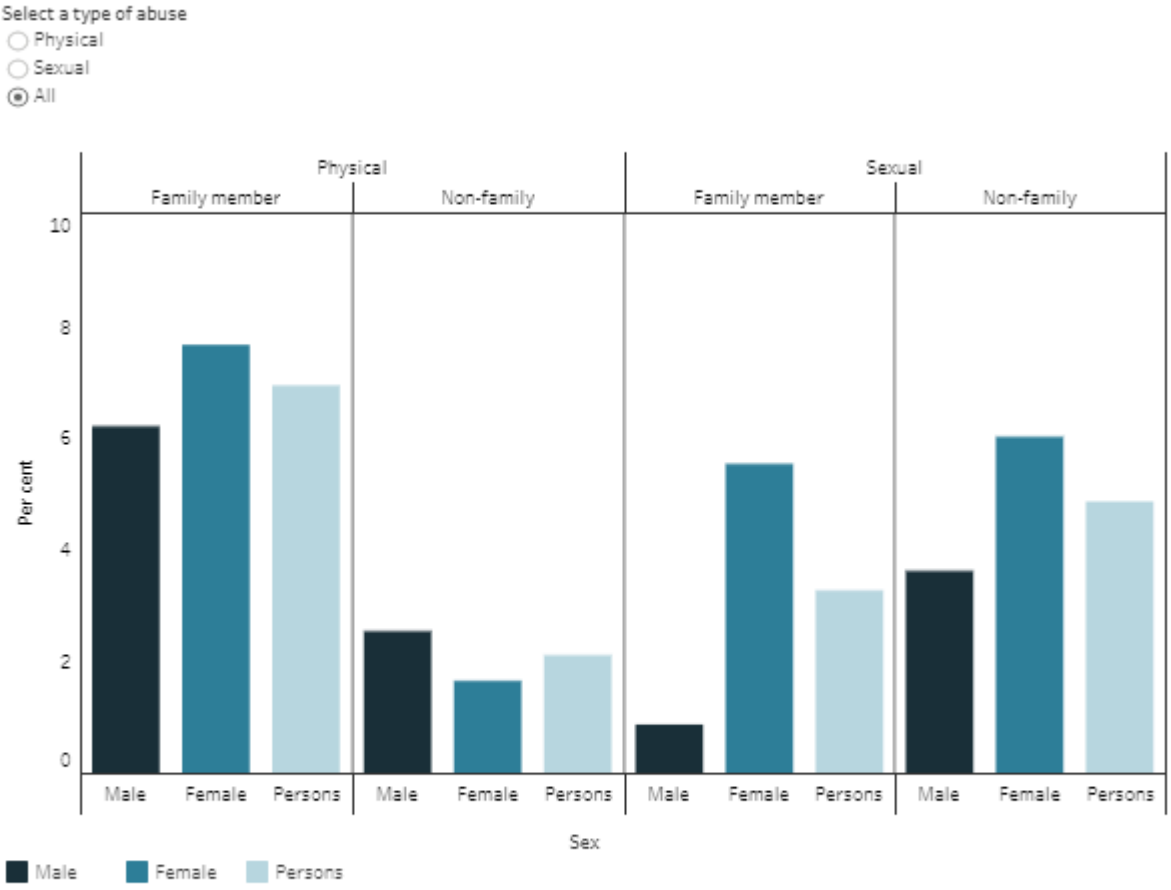
Children

Children are more vulnerable to family, domestic and sexual violence.

The 2016 PSS asked participants (aged 18 and over) about their experiences of violence before the age of 15, also referred to as abuse.

- Around 1 in 14 (6.9% or 1.3 million) respondents had experienced physical abuse by a family member.
- 1 in 30 (3.3% or 600,000) respondents had experienced sexual abuse by a family member (Figure 1).

Figure 1: Experiences of physical and sexual abuse before the age of 15, by relationship to perpetrator and sex of respondent, 2016



Note: Respondents reporting more than one type of violence and/or more than one perpetrator group (family or non-family) will be counted once in each discrete group. Respondents reporting more than one perpetrator type in the same perpetrator group (e.g. parent and step-parent) will be counted once in that group.
Family includes parent, step-parent, sibling, step-sibling and other relative or in-law; non-family includes all other known persons, including foster carer or other person associated with care placement
Source: ABS 2017a
http://www.aihw.gov.au

In Australia, state and territory governments are responsible for providing child protection services to anyone aged under 18 who has been, or is at risk of being, abused, neglected or otherwise harmed, or whose parents are unable to provide adequate care and protection. In 2019–20:

- 3.1% of all Australian children (174,700 children or 31 per 1,000) received child protection services
- infants aged less than 1 were most likely (38 per 1,000) to receive child protection services and adolescents aged 15–17 were least likely (24 per 1,000)
- emotional abuse, including witnessing violence between intimate partners and adults, was the most common primary type of abuse, identified in 54% (26,400 children) of substantiated cases (substantiations). Neglect was the primary type of abuse in 22% (11,000 children) of cases, physical abuse in 14% (6,900 children) and sexual abuse in 9.2% (4,500 children) (AIHW 2021a).

In Australia, in the first 6 months after COVID-19 was declared a pandemic (March to August 2020):

- the total number of notifications to authorities of suspected abuse and neglect varied across jurisdictions—and comparisons with the same period in 2019 showed no consistent pattern. However, a common pattern observed in most jurisdictions was a drop in notifications in April 2020 (during the initial COVID-19 restrictions) followed by an increase in May or June (once restrictions had eased)
- the total number of substantiations also varied across jurisdictions. Compared with the same period in 2019, the number of substantiations was higher in South Australia (16% higher), lower in Victoria (25% lower), Western Australia (14%) and the Australian Capital Territory (31%), and similar (less than 5% difference) in New South Wales, Queensland and the Northern Territory (AIHW 2021b).

Data on child protection services and COVID-19 can be found in Child protection in the time of COVID-19.

Women

More women than men experience family, domestic and sexual violence. Table 1 shows the proportion of people aged 18 and over who have experienced violence from a previous or current partner since the age of 15.

Table 1: Proportion of men and women who experienced violence or abuse from a partner since the age of 15, by type of violence or abuse, 2016

	Women (%)	Men (%)
Physical and/or sexual violence from a previous partner	14.6	4.4
Physical and/or sexual violence from a current partner	2.9	1.7
Emotional abuse from a previous/current partner	23.0	15.9

Source: ABS 2017a.

Women's exposure to violence differs across age groups and by perpetrator type. When experiences of partner violence are expanded to those perpetrated by all intimate partners—including current or previous boyfriends, girlfriends or dates—young women are particularly at risk.

The 2016 PSS reported that young women were more likely to experience intimate partner violence and/or sexual violence than older women in the 12 months before the survey:

- 1 in 20 (4.0% or 117,000) women aged 18–34 experienced intimate partner violence, compared with 1.5% (96,000) aged 35 and over

- 1 in 20 (4.3% or 125,000) women aged 18–34 experienced sexual violence, compared with 0.7% (45,000) aged 35 and over (ABS 2017a).

In interpreting these results, it is important to note that younger women were less likely to have ever had a cohabiting partner compared with women aged 35 and over. Similarly, men aged 18–34 were more at risk of intimate partner violence in the 12 months before the survey than those aged 35 and over—2.0% of men aged 18–34 experienced intimate partner violence compared with 0.8% aged 35 and over (ABS 2017a).

Domestic violence among women during COVID-19

An online survey of 15,000 women found that during the 3 months leading up to May 2020, 4.6% of women experienced physical or sexual violence from a current or former cohabiting partner (Boxall et al. 2020). Almost two-thirds (65%) of women said the violence had started or escalated since the commencement of the COVID-19 pandemic. Relative to other age groups, young women aged 18–24 had the highest prevalence rates across all types of domestic violence reported (AIHW 2021c). These estimates cannot be compared with estimates from the 2016 PSS.

Older Australians

For information about the risk factors for older age groups, see 'Chapter 7 Elder abuse: context, concepts and challenges' in Australia's welfare 2019: data insights and AIHW's Family, Domestic and Sexual Violence in Australia, 2019 report.

Other at-risk groups

Other social and cultural factors also shape experiences of family, domestic and sexual violence. People can be more at risk of violence due to factors such as disability, sexual orientation or cultural influences. Aboriginal and Torres Strait Islander women are particularly at risk and have much higher rates of hospitalisation because of family violence. Data on the experiences of Indigenous women can be found in Indigenous community safety. For more information, see AIHW's Family, Domestic and Sexual Violence in Australia, 2019 report.

Responses and support services

Responses to family, domestic and sexual violence are provided informally in the community and formally through welfare services.

The 2016 PSS asked victims of domestic violence if they sought support following their most recent incident. Victims were more likely to seek support for violence from a previous partner than a current partner, and women were more likely to seek support than men.

Among women who had experienced partner violence since the age of 15:

- Almost 2 in 3 (63% or 864,000) victims of previous partner violence sought support, compared with more than 1 in 2 (54% or 150,000) victims of current partner violence.

Among men who had experienced partner violence since the age of 15:

- Over 2 in 5 (41% or 162,000) victims of previous partner violence sought support, compared with nearly 1 in 3 (29% or 43,500) victims of current partner violence, although this should be interpreted with caution due to small numbers (ABS 2017a).

The restrictions put in place to contain the impact of COVID-19 in the community changed the way services operated and/or could be accessed. The help-seeking behaviours of people experiencing family violence may also have been impacted, largely due to increased time spent with the perpetrator. An online survey of 15,000 women found that of those women who experienced some form of violence during the first 3 months of the COVID-19 pandemic:

- more than 1 in 3 (37%) women who experienced either physical or sexual violence or coercive control did not seek help due to safety concerns
- almost 3 in 5 (58%) women who experienced both physical or sexual violence and coercive control from a current or former cohabiting partner did not seek help due to safety concerns (Boxall et al. 2020).

Informal support

According to the 2016 PSS, a friend or family member was the most common source of support for men and women who had experienced partner violence.

Of those who sought support or advice, a friend or family member was the source of support for:

- 65% of female victims of previous partner violence
- 67% of female victims of current partner violence
- 54% of male victims of previous partner violence (ABS 2017a).

Data regarding male victims of current partner violence are not provided due to small numbers.

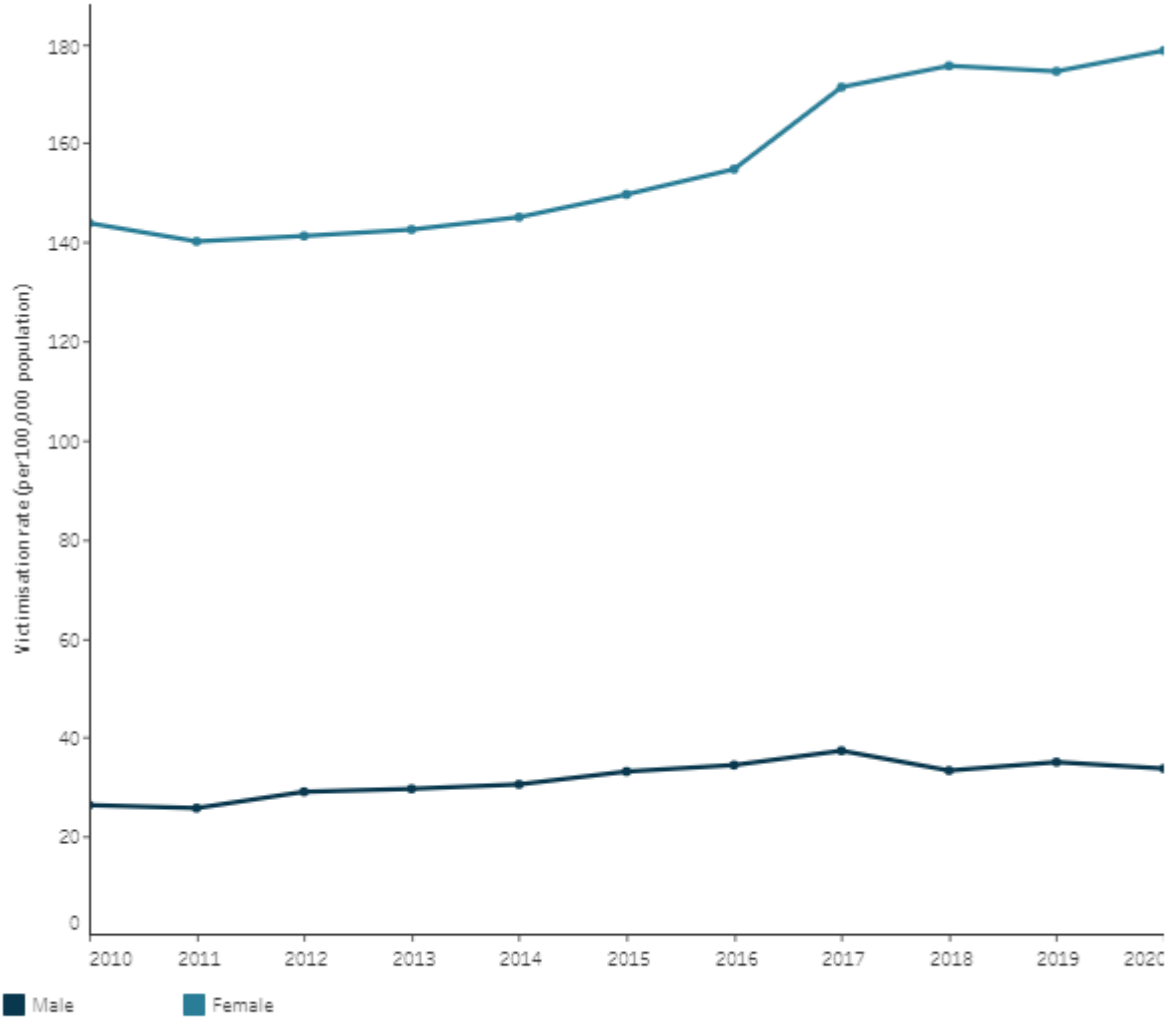
Police responses

When an incident of violence is reported to police by a victim, witness or other person, it can be recorded as a crime. The ABS collects data on selected family, domestic and sexual violence crimes recorded by police. In 2020:

- more than 1 in 2 (54% or 70,000) recorded assaults were related to family and domestic violence (excluding Victoria and Queensland), a 7.8% increase from 65,000 in 2019.
- almost 2 in 5 (37% or 82) recorded murders were related to family and domestic violence (ABS 2021).

The ABS has collated national police recorded sexual assault incidents since 2010. Since 2011, the number of victims recorded by police has increased each year. In 2020, it increased to 27,505 victims, representing 178.7 female victims and 33.5 male victims of sexual assault per 100,000 people (Figure 2) (ABS 2021). It is unclear whether this change reflects an increased incidence of sexual assault, an increased propensity to report sexual assault to police, increased reporting of historical crimes or a combination of these factors. Of all 2020 police-recorded sexual assaults, 68% were reported to police within one year (ABS 2021).

Figure 2: Recorded victims of sexual assault per 100,000 of the population, by sex, 2010 to 2020



Source: ABS 2019.
http://www.aihw.gov.au

Similar to national trends, a recent study by Victoria's Crime Statistics Agency, showed that during 2020, family violence incidents reported to police in Victoria had increased compared to 2019, with actual average monthly numbers higher than forecasted (Burgess et al 2021).

Homelessness services

Data on people accessing specialist homelessness services (SHS) can be used to identify people who have experienced family and domestic violence. These data cannot currently distinguish between victims and perpetrators of violence. However, from 1 July 2019, additional information has been collected on the type of services provided to SHS clients, including whether these are victim or perpetrator services (AIHW 2020). These new data will be made available when they are found to be of sufficient quality.

In 2019–20, SHS agencies assisted around 119,200 clients who had experienced domestic and family violence. In 2019–20:

- 9 in 10 (90%) adult (aged 18 years and over) clients were female
- almost half were single parents (48% lived in single parent households)
- almost 1 in 4 (23%) clients were Indigenous Australians
- 3 in 10 (30%) clients aged 10 and over had a current mental health issue
- 1 in 10 (10%) of clients also had problematic drug and/or alcohol use and a current mental health issue.

Nationally, the number of clients reporting they had experienced family and domestic violence and sought assistance from SHS agencies rose on average by 9% each year between 2013–14 and 2017–18 (AIHW 2018). Following years of steady increase, numbers and rates decreased slightly between 2017–18 and 2019–20 (49.2 per 10,000 and 47.0 per 10,000 respectively) as a result of changes to reporting practices in Victoria (AIHW 2020). See also Homelessness and homelessness services.

Throughout the first 7 months of the COVID-19 pandemic (March to December 2020), the number of SHS clients who had experienced domestic and family violence fluctuated from month to month; between 31,700 and 33,800 clients. While there was no national pattern evident, states and territories implemented a variety of different programs throughout the period and not all of these additional program were delivered through the SHS funding pathway. For more information, see Specialist Homelessness Services: monthly data.

Health services

Hospitals provide mainstream health services for assault victims. The AIHW National Hospital Morbidity Database includes data about individuals admitted to hospital with injuries caused by physical assault, sexual assault or maltreatment.

In 2019–20:

- more than 1 in 3 (35% or 7,600) people admitted to hospital with assault injuries reported they were victims of family or domestic violence, a 7.5% increase from 7,100 in 2018–19
- more than 1 in 5 (22% or 4,800) reported that the perpetrator was a spouse or domestic partner, a 5.7% increase from 4,600 in 2018–19

- 1 in 3 (33% or 7,400) did not specify a relationship between perpetrator and victim, a 8.3% decrease from 8,000 in 2018–19.

Victims may also present to emergency departments and primary health care professionals. Data on these presentations are not currently available.

Helplines

1800RESPECT is the national sexual assault, domestic and family violence counselling service. Throughout 2020, around 304,000 contacts (telephone and online) were answered. This may include contacts from frequent callers, nuisance callers and prank calls. Monthly data showed that there was a 32% increase in contacts answered in the 6 months from COVID-19 being declared a pandemic (March to August 2020) (Australian Government Department of Social Services unpublished; AIHW 2021b).

Community attitudes

Social attitudes and norms shape the context in which violence occurs. The National Community Attitudes towards Violence against Women Survey provides information about knowledge and attitudes towards violence against women, gender roles and responses to violence. The survey was previously conducted in 2009, 2013 and 2017, the next survey is due to be completed in 2021.

Overall, the 2017 survey results showed encouraging trends in violence-related knowledge and attitudes. For example, most Australians had accurate knowledge of violence against women and most recognised that violence can occur in different forms and involve more than just physical and sexual violence. While most people's knowledge of violence against women has increased, there are still areas for improvement, such as:

- 1 in 3 (34%) Australians did not know that women are more likely to be sexually assaulted by a known person than a stranger
- 2 in 5 Australians did not know where to access help for a domestic violence issue
- while almost 2 in 3 (64%) Australians recognised that men are more likely to be perpetrators of domestic violence, this declined by 7 percentage points between 2013 and 2017
- 1 in 5 (19%) Australians did not recognise that women are more likely than men to suffer physical harm from domestic violence (Webster et al. 2018).

Overall, most Australians rejected attitudes supportive of violence against women. Only a small and declining proportion since 2013 agreed that partner violence is a private, family matter. While results were generally encouraging, some attitudes were concerning:

- 1 in 3 (32%) Australians believed that women who do not leave their abusive partners are partly responsible for violence continuing
- 2 in 5 (42%) Australians agreed it was common for sexual assault accusations to be used as a way of getting back at men

- 1 in 5 (21%) Australians believed that domestic violence is a normal reaction to stress and that sometimes a woman can make a man so angry he hits her without meaning to (Webster et al. 2018).

Violence exists on a spectrum of behaviours. The same social and cultural attitudes underpinning family, domestic and sexual violence are at the root of other behaviours such as sexual harassment and stalking.

What is sexual harassment and stalking?

In the ABS 2016 PSS:

Sexual harassment includes indecent phone calls, text messages, emails or social media posts; indecent exposure; inappropriate comments; and unwanted sexual touching.

Stalking is classified as unwanted behaviours (such as following or unwanted contact) that occur more than once and cause fear or distress. Stalking is a crime in every state and territory of Australia (ABS 2017b).

Based on the 2016 PSS:

- over 1 in 2 (53% or 5 million) women and 1 in 4 (25% or 2.2 million) men had experienced sexual harassment in their lifetime
- 1 in 6 (17% or 1.6 million) women and around 1 in 16 (6.5% or 587,000) men had experienced stalking since the age of 15.

Of the 1.2 million women who experienced stalking from a male in the 20 years before the survey:

- 31% (364,000) perceived the most recent incident as a crime at the time
- 29% (337,000) reported that police were contacted about the most recent incident (ABS 2017a).

A 2020 report by Australia's eSafety Commissioner on adult's negative online experiences found that:

- 67% of those surveyed had a negative online experience in the 12 months to August 2019
- 10% of those surveyed said they have been tracked electronically using technology to monitor movements without consent
- 8% of those surveyed said they received threats of real-life harm or abuse.

Where do I go for more information?

For more information on family, domestic and sexual violence, see:

- Family, Domestic and Sexual Violence in Australia 2019
- Australia's National Research Organisation for Women's Safety, National Community Attitudes towards Violence Against Women Survey

- Australian Bureau of Statistics, Personal Safety Survey
- Australian Bureau of Statistics, Recorded Crime—Victims, Australia
- 1800RESPECT

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Youth justice

Find the most recent version of this information at:
http://www.aihw.gov.au/reports/australias-welfare/youth-justice

On this page:

People who commit or allegedly commit a crime when aged 10–17 may be dealt with under the youth justice system. Each state and territory in Australia has its own youth justice legislation, policies and practices but the general processes by which young people are charged, and the types of legal orders available to the courts, are similar.

Some people aged 18 and over may also be supervised in the youth justice system. Depending on the jurisdiction, this may be because they were apprehended for a crime that was (allegedly) committed when they were 17 or younger, their existing supervision continues once they turn 18 (instead of being transferred to the adult correctional system), or a court determines that they should be detained in a youth justice facility due to their vulnerability or immaturity.

Young people may be supervised when they are unsentenced—that is, when they are awaiting the outcome of their court matter or sentencing—or they may be sentenced to supervision after being proven guilty in court. Both unsentenced and sentenced supervision can take place in the community or in a detention facility (see glossary for definitions).

Data on this page are taken from the AIHW's Youth Justice National Minimum Data Set (AIHW 2021). Numbers include young people of all ages (including those aged 18 and over) unless otherwise specified. Population rates are only calculated for people aged 10–17.

Impact of COVID-19 on youth justice data

In response to the Coronavirus disease 2019 (COVID-19) pandemic, social distancing measures were introduced in Australia in mid-March 2020. While youth justice centres

and other places of custody, courts or tribunals were considered essential services (Prime Minister of Australia 2020), COVID-19 still had a substantial impact on the operations of courts. At the time of writing, the extent of the impact is not fully understood and may differ between jurisdictions (Judicial College of Victoria 2020).

Youth justice data from 2019–20 includes the COVID-19 period, specifically between March and June 2020. However, more data are required to determine the impact of COVID-19 on the youth justice system. The full impact of COVID-19 may be difficult to determine due to variability of the data and small numbers of young people in youth justice on an average day. The AIHW will continue to investigate the impact of COVID-19 on youth justice data.

How many people are under youth justice supervision?

On an average day in 2019–20, 5,323 people aged 10 and over were under youth justice supervision. Among those aged 10–17, this was a rate of 16 per 10,000, or 1 in every 607 in this age group. A total of 10,222 young people were supervised by youth justice at some time during the year (from 1 July 2019 to 30 June 2020).

More than 4 in 5 (84%) young people under supervision on an average day in 2019–20 were supervised in the community, and 16% were in detention (some were supervised in the community and detention on the same day).

Most (87%) young people under community-based supervision on an average day were serving a sentence, while most (68%) of those in detention were unsentenced.

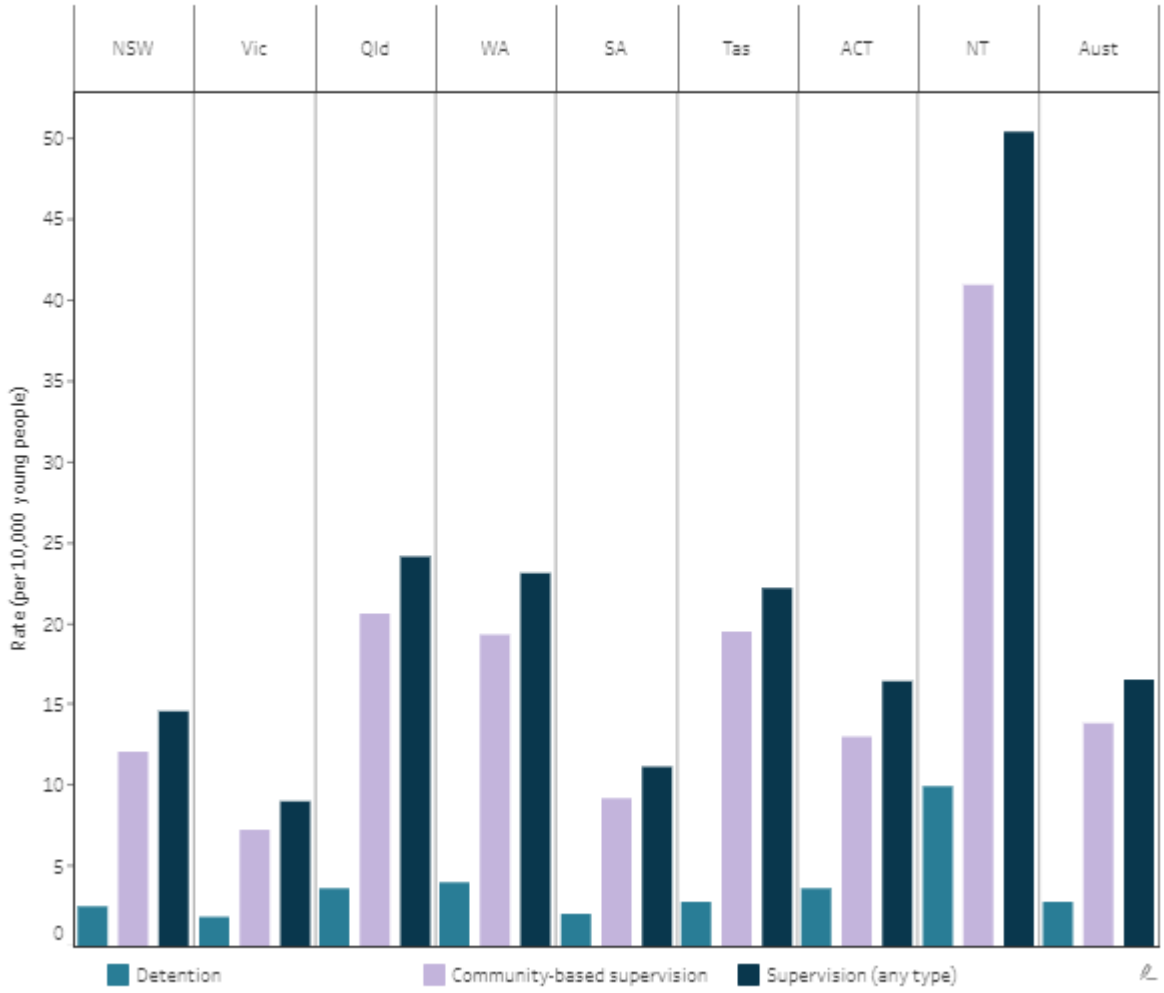
Variation in rates of supervision

For 10–17 year olds on an average day of youth justice supervision in 2019–20:

- Aboriginal and Torres Strait Islander Australians were more than 16 times as likely as non-Indigenous people to be under supervision—16 times as likely to be under community-based supervision, and more than 18 times as likely to be in detention (see Indigenous community safety)
- males were more than 3 times as likely as females to be under supervision
- young people from *Very remote* areas were 6 times as likely as those from *Major cities* to be under supervision
- young people from the lowest socioeconomic areas were 5 times as likely as those from the highest socioeconomic areas to be under supervision.

Among the states and territories, rates of supervision for 10–17 year olds ranged from 9.0 per 10,000 on an average day in Victoria to 50 per 10,000 in the Northern Territory (Figure 1).

Figure 1: Rate of young people aged 10–17 under supervision on an average day, by supervision type, states and territories, 2019–20



Source: AIHW 2021
http://www.aihw.gov.au

Time under supervision

Individual periods of supervision completed during 2019–20 lasted for a median of 123 days (about 4 months). Completed periods of community-based supervision were much longer than completed periods of detention, with a median duration of 94 days (about 3 months) compared with 6 days. The median duration of completed periods of sentenced detention was longer than unsentenced detention (71 days compared with 5 days).

When the total time spent under supervision during 2019–20 is considered (including multiple periods and those not yet completed), young people supervised during the year spent an average of 190 days or about 6 months under supervision.

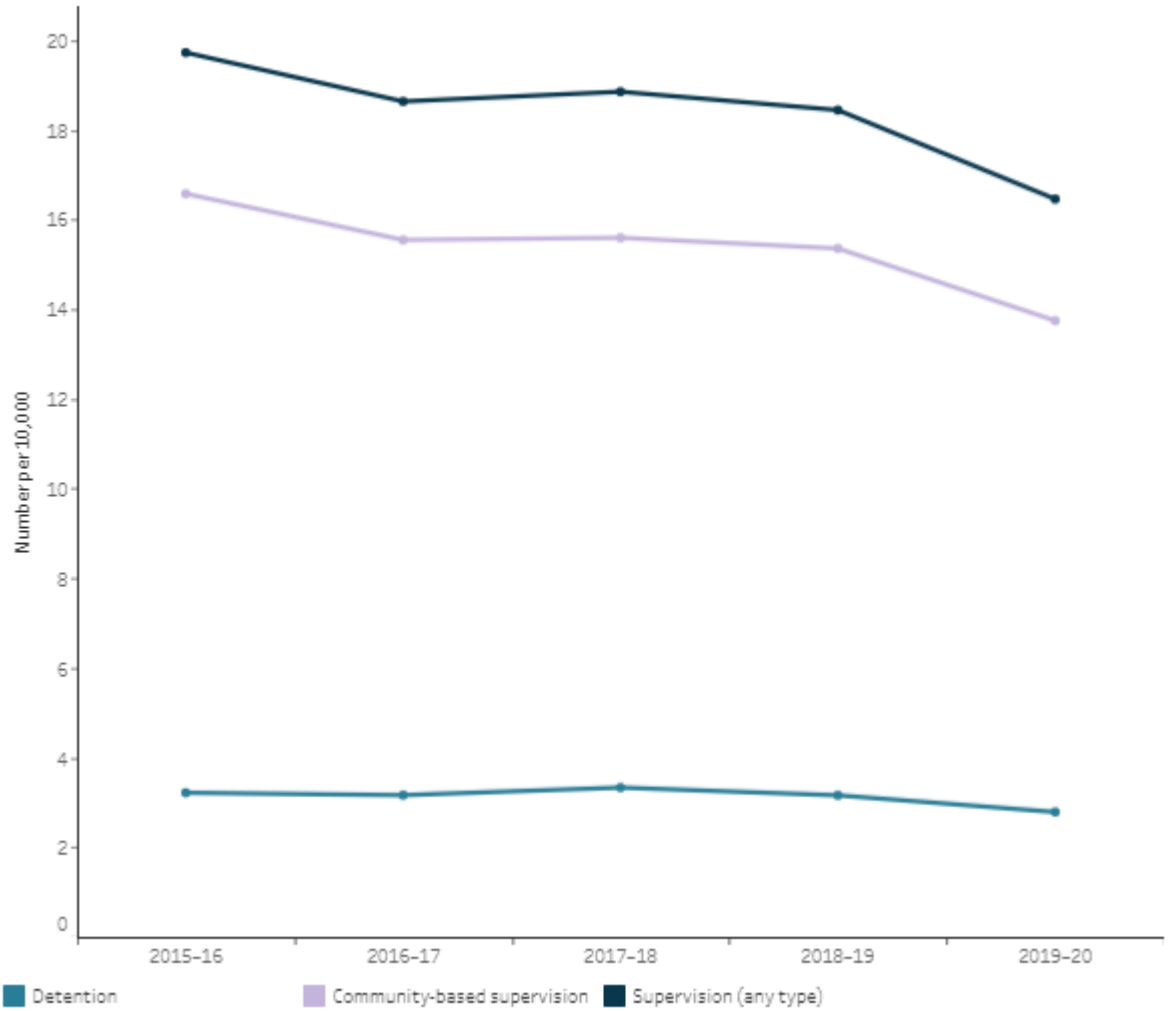
Trends

Over the 5 years from 2015–16 to 2019–20, the number of people aged 10 and over who were under supervision on an average day fell by 4% (5,527 to 5,323). The rate for people aged 10–17 dropped from 20 to 16 per 10,000 (Figure 2).

In community-based supervision, the number of young people on an average day fell by 3% (4,639 to 4,490) over the 5-year period. The rate dropped from 17 to 14 per 10,000 for those aged 10–17.

In detention, the number on an average day fell by 6% (915 to 863) over the same period.

Figure 2: Rate of young people aged 10–17 under supervision on an average day, by supervision type, 2015–16 to 2019–20



Source: AIHW 2021
http://www.aihw.gov.au

Interaction with other services

Many vulnerable young people under youth justice supervision are also involved with other services. Data are available on young people's involvement with: youth justice and alcohol and other drug treatment services; and youth justice and child protection.

Alcohol and other drug treatment

People aged 10–17 under youth justice supervision at any time between June 2012 and July 2016 were 30 times as likely as the general population to have received alcohol and other drug treatment services during that period (33% compared with just over 1%) (AIHW 2018).

Child protection

More than half of young people (or 1 in 2) aged 10–17 under youth justice supervision, during 2018–19, had received a child protection service in the 5 years from 1 July 2014 to 30 June 2019. The general population was far less likely to be involved in child protection. In 2018–19, 1 in 33 children aged 0–17 received child protection services (AIHW 2020).

Where do I go for more information?

See Youth justice for more on this topic.

For more information on youth justice, see:

- Youth justice in Australia 2019–20
- Youth detention population in Australia 2020
- Young people under youth justice supervision and in child protection 2018–19
- Young people returning to sentenced youth justice supervision 2018–19
- Overlap between youth justice supervision and alcohol and other drug treatment services: 1 July 2012 to 30 June 2016

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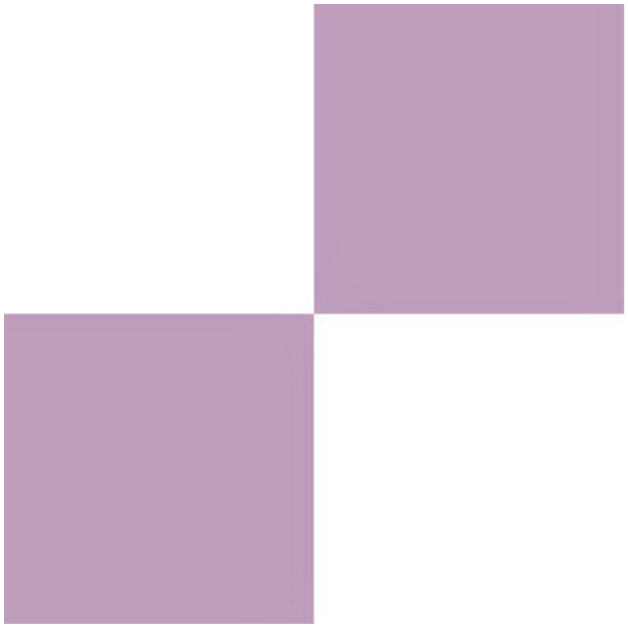
Indigenous Australians

Many factors contribute to the welfare of Aboriginal and Torres Strait Islander Australians. Welfare is closely linked to health and is influenced by social determinants such as education, employment, housing, access to services, and community safety. Contextual and historical factors are particularly important for understanding the welfare of Indigenous Australians.



Aged care for Indigenous Australians

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http://www.aihw.gov.au/reports/australias-welfare/aged-care-for-indigenous-australians

On this page

The Aboriginal and Torres Strait Islander population has a much younger age structure (see Glossary) than the non-Indigenous population, due to higher rates of fertility and deaths occurring at younger ages (see Profile of Indigenous Australians). However, as with the general population, the Indigenous population is also ageing.

Access to aged care services (see Glossary) in Australia is determined by need, rather than age. However, planning for aged care services takes into account the specific needs of the Indigenous population aged 50 and over and the non-Indigenous population aged 65 and over (Department of Health 2020a). A broader age group is used for Indigenous Australians because of their greater need for care at a younger age compared with non-Indigenous Australians.

This page focuses on Indigenous Australians aged 50 and over and their use of aged care services. See also the Aged care and "Chapter 8, Understanding older people's journey through aged care – the story in the data" in Australia's welfare 2021: data insights.

Indigenous Australians aged 50 and over

Projections from the Australian Bureau of Statistics 2016 Census of Population and Housing (Series B) estimate around 155,000 Indigenous Australians were aged 50 and over in 2021. This includes about:

- 107,100 aged 50–64
- 45,800 aged 65–84
- 2,100 aged 85 and over (ABS 2019).

Indigenous Australians aged 50 and over comprised:

- 18% of the Indigenous population (of all ages)
- 1.7% of the total Australian population aged 50 and over (ABS 2019, 2020).

Use of aged care services by Indigenous Australians

In Australia, the aged care system offers options to meet the different care needs of individuals. To help ensure aged care services are appropriate to the needs of all people, the **Aged Care Act 1997** designates some groups of people as 'people with special needs'. Indigenous Australians are one such group (**Aged Care Act 1997**: s11–3). For Indigenous Australians, challenges for the aged care system include ensuring access to culturally appropriate care, especially for those living in *Remote* and *Very remote* areas (ANAO 2017). In 2019, the Australian Government published **Actions to support older Aboriginal and Torres Strait Islander people**, developed under the Aged Care Diversity Framework. These outline actions to support more inclusive and culturally appropriate care for Indigenous Australians (Department of Health 2019b).

The Royal Commission into Aged Care Quality and Safety has also identified areas of importance in providing aged care to Indigenous Australians.

The Royal Commission into Aged Care Quality and Safety

In its *Final Report*, the Royal Commission into Aged Care Quality and Safety identified that Aboriginal and Torres Strait Islander people have specific needs in accessing aged care. The report makes recommendations regarding:

- the importance of culturally appropriate and safe care – including growing the Indigenous aged care workforce through targeted programs and providing interpreter services for Indigenous languages
- the requirement for trauma-informed approaches to providing care, particularly with members of the Stolen Generations
- the need to increase facilitation of provision of care on Country (or with options to return to Country where this is not possible)
- the potential to integrate aged care with existing Indigenous organisations such as healthcare providers, disability services and social service providers (RCACQS 2021).

In response to the Aged Care Royal Commission, the Australian Government will invest $572.5 million to ensure Aboriginal and Torres Strait Islander people receive quality and culturally safe aged care services, can access advice to make informed decisions about their care, and are treated with dignity and respect. This includes the funding of 250 Indigenous Australians to provide support and assistance in navigating the aged care system, upgrading services (including adding facilities to connect residential facilities with communities on

Country), additional funding for National Aboriginal and Torres Strait Islander Flexible Care Services, and improved translation and interpreting services (Department of Health 2021a).

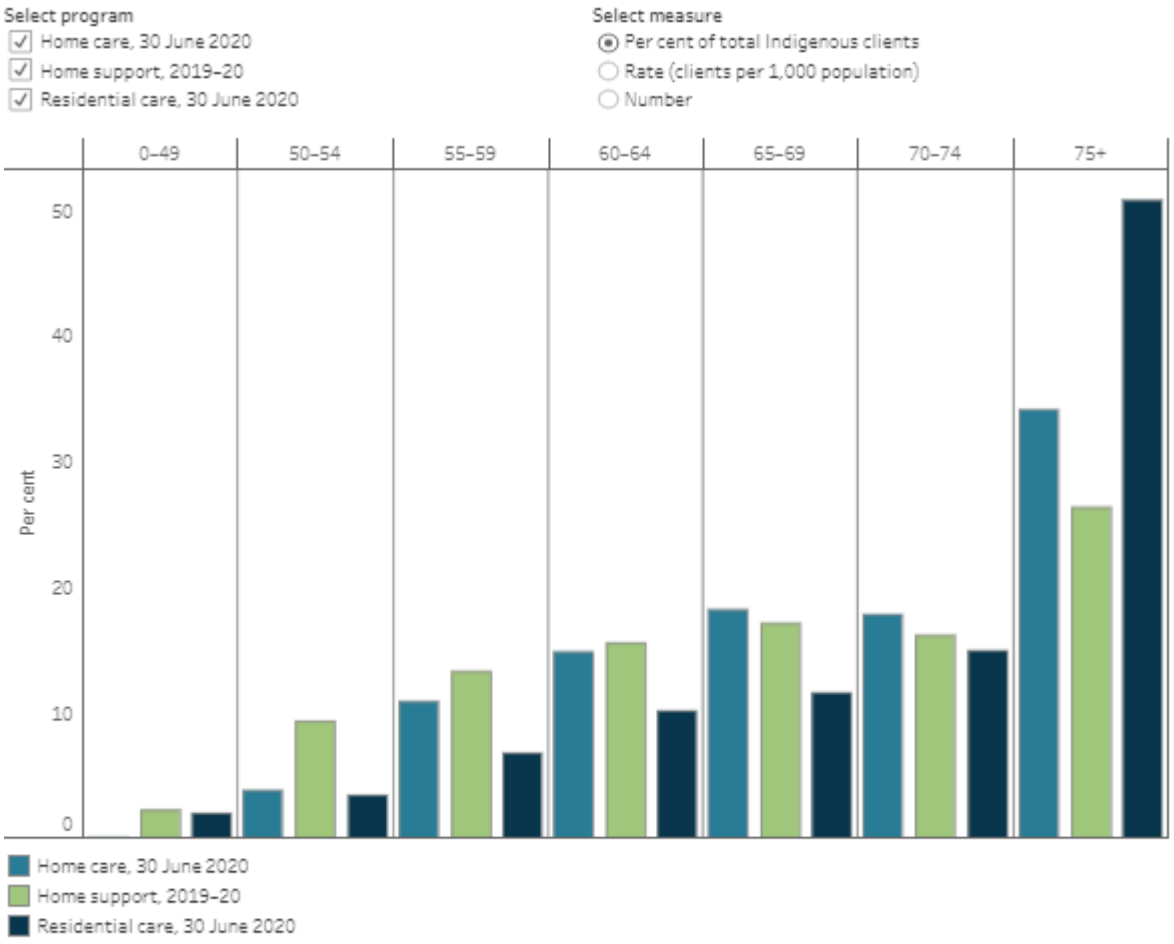
Data on the use of aged care by Indigenous Australians are available from the AIHW National Aged Care Data Clearinghouse. Considering the main types of government-subsidised aged care, among Indigenous Australians aged 50 and over, about:

- 21,800 received home support during 2019–20. This is entry-level support provided through the Commonwealth Home Support Programme, aimed at helping people manage independently at home for as long as possible
- 3,400 were receiving home care at 30 June 2020. This is a coordinated package of care and services, from basic through to high-level support, based on need, provided through the Home Care Packages Program
- 1,900 were receiving residential aged care at 30 June 2020. This means staying in a residential aged care facility, on a respite or longer-term basis.

Indigenous Australians using residential aged care tended to be older than those using home care or home support (Figure 1). For example, over half (51%) of Indigenous Australians in residential aged care were aged 75 and over, compared with 34% using home care, and 26% using home support.

It should be noted that Indigenous status was not stated for more than one-third (36%) of home care clients at June 2020, so home care data should be interpreted with caution.

Figure 1: Indigenous Australians using aged care in selected programs, by program and age group



Notes
1. For the 'rate (clients per 1,000)' measure, rates were calculated using ABS 2016 Census-based projections (Series B) for the Indigenous population (ABS 2019).
2. Data exclude clients for whom Indigenous status and/or age was not stated or inadequately described.
Source: AIHW National Aged Care Data Clearinghouse.
http://www.aihw.gov.au/

Remoteness area

Most Indigenous Australians using home support, home care, or residential aged care lived in non-remote areas. In 2019–20, among Indigenous Australians using home support (of all ages):

- over 4 in 5 (81%) lived in non-remote areas (*Major cities, Inner regional* or *Outer regional* areas)
- the remaining 19% lived in remote areas (*Remote* or *Very remote* areas).

Similarly, for Indigenous Australians using home care and residential aged care, at 30 June 2020, over 4 in 5 lived in non-remote areas (90% for home care and 84% for residential aged care).

While most Indigenous Australians using aged care services lived in non-remote areas, the proportion of all Australians using aged care who were Indigenous was considerably

higher in remote areas. For example, among people using home support in 2019–20, 30% in remote areas were Indigenous, compared with 2.3% in non-remote areas.

Another type of aged care is flexible aged care, which provides care for special groups or circumstances in a range of settings. An example is the National Aboriginal and Torres Strait Islander Flexible Aged Care Program, which provides culturally appropriate care for Indigenous Australians in locations close to their communities, with services mainly located in remote areas. On 30 June 2020, the program had 1,264 places, an increase of over one-third from 30 June 2016 (when there were 820 places) (Table 1).

Table 1: Number of places funded for National Aboriginal and Torres Strait Islander Flexible Aged Care Program, 30 June 2016 to 30 June 2020

Date	Number of places
30 June 2016	820
30 June 2017	820
30 June 2018	860
30 June 2019	1,072
30 June 2020	1,264

Sources: Department of Health 2016, 2017, 2018, 2019a, 2020a.

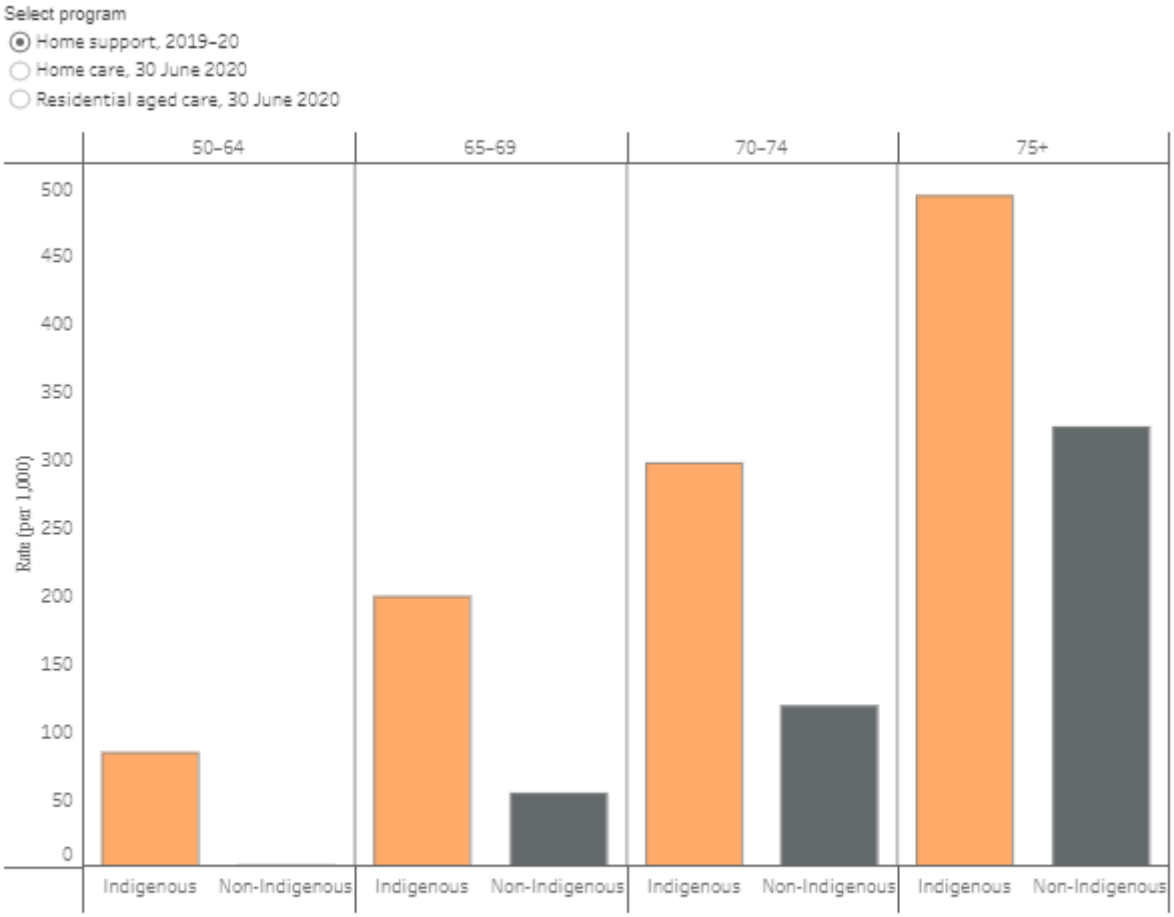
Comparisons with non-Indigenous Australians

Differences in aged care use exist between Indigenous and non-Indigenous Australians aged 50 and over. With the exception of those aged 65–69 and 75 and over using residential aged care, rates of aged care use were higher for Indigenous Australians than for non-Indigenous Australians (Figure 2).

Among people aged 65–74, compared with the rate among non-Indigenous Australians, Indigenous Australians were:

- 2.8x as likely to use home support (in 2019–20)
- 6.6x as likely to use home care (as at 30 June 2020)
- 1.9x as likely to use residential aged care (as at 30 June 2020).

Figure 2: Aged care use among people aged 50 and over in selected programs, by Indigenous status and age group



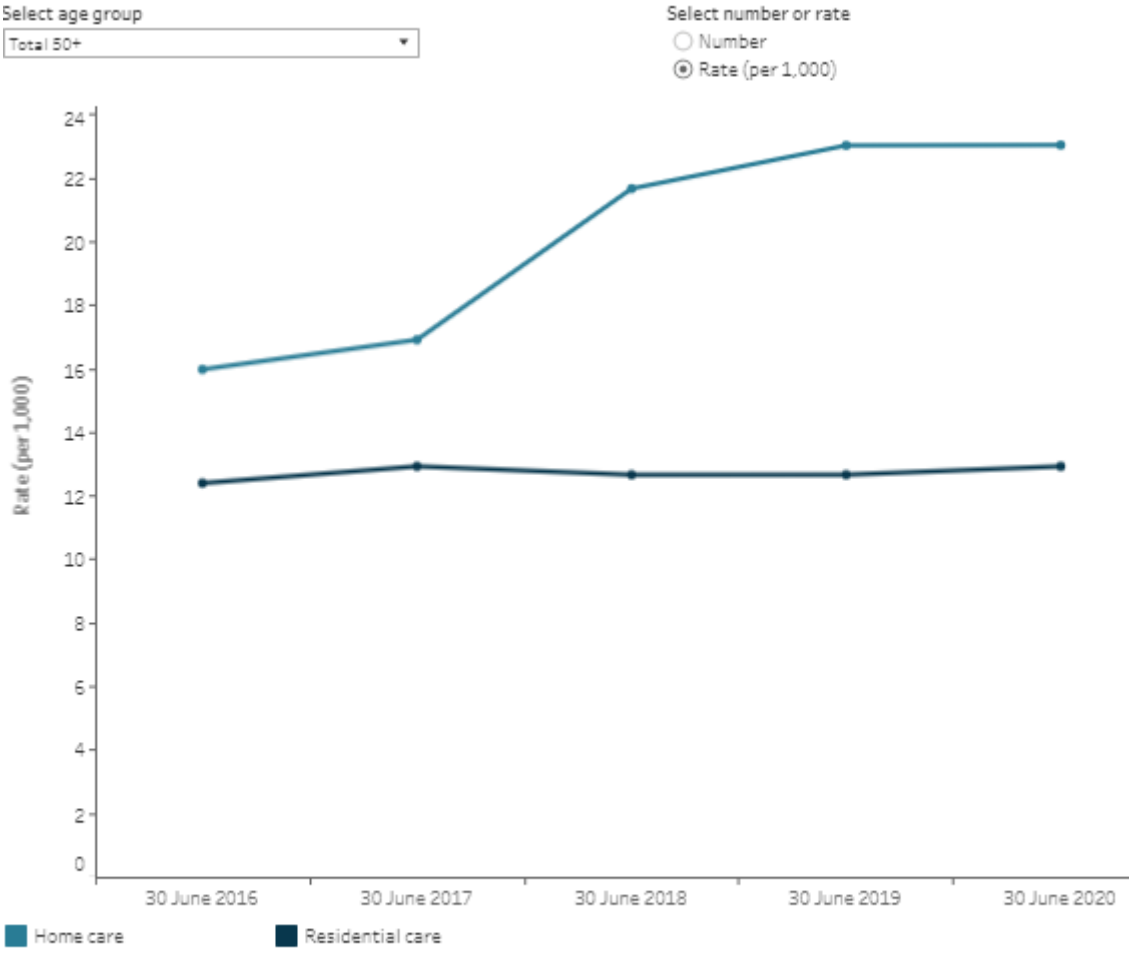
Notes
1. Indigenous rates calculated using ABS 2016 Census-based population projections (Series B) (ABS 2018). Non-Indigenous rates calculated using ABS ERP calculations (ABS 2020), subtracted by Indigenous projections for that time period.
2. Data exclude clients for whom Indigenous status and/or age was not stated or inadequately described.
Source: AIHW National Aged Care Data Clearinghouse.
http://www.aihw.gov.au/

Changes over time

Between 30 June 2016 and 30 June 2020, the rate of home care use for Indigenous Australians aged 50 and over increased from 16 to 23 per 1,000 (Figure 3), with numbers increasing from 1,982 to 3,411. This effect was particularly large between 30 June 2017 and 30 June 2018, likely reflecting the Increased Choice in Home Care reforms, which took effect in 2017 (Department of Health 2021b). These reforms have resulted in an increasing number of packages made available to support people in accessing home care.

Between 30 June 2016 and 30 June 2020, the number of Indigenous Australians in residential aged care rose from 1,539 to 1,916, with admissions also rising over this time period.

Figure 3: Aged care use by Indigenous Australians aged 50 and over, by age and aged care type, 30 June 2016 to 30 June 2020



Source: AIHW National Aged Care Data Clearinghouse.
http://www.aihw.gov.au/

Home support replaced the Commonwealth Home and Community Care programme from 2015, with a gradual rollout across the jurisdictions completing in July 2018. Between 2016–17 and 2019–20, the number of Indigenous Australians aged 50 and over using home support increased from 20,100 to 21,800. However, over the same time period, there was a relatively larger increase in the size of the Indigenous population aged 50 and over. As a result, the rate of home support among Indigenous Australians aged 50 and over decreased slightly from 158 per 1,000 people to 150 per 1,000 people.

Table 2: Number and rate of people aged 50 and over using home support, by year and Indigenous status, 2016–17 to 2019–20

Time period	Indigenous Australians	Non-Indigenous Australians	Indigenous rate (per 1,000)	Non-Indigenous rate (per 1,000)

2016–17	20,057	630,756	158	79
2017–18	20,184	703,740	152	87
2018–19	21,200	728,100	153	88
2019–20	21,776	772,498	150	91

Notes

1. Table excludes people for whom Indigenous status was not stated. In 2016–17 9.0% of people had a not stated Indigenous status, improving to 6.7% in 2017–18, 6.6% in 2018–19 and 4.9% in 2019–20.
2. Indigenous rates calculated using ABS 2016 Census-based population projections (Series B) (ABS 2018). Non-Indigenous rates calculated using ABS ERP calculations (ABS 2020), subtracted by Indigenous projections for that time period.
3. Dates that home support providers input can reflect dates of data submission rather than dates of service use.
4. For home support, the jurisdictions in scope changed as states transitioned from the Home and Community Care Program to the Commonwealth Home Support Programme from 2015, with Victoria and Western Australia transitioning later than other states. Thus, any interpretation of changes in patterns of use over time should be done with caution.

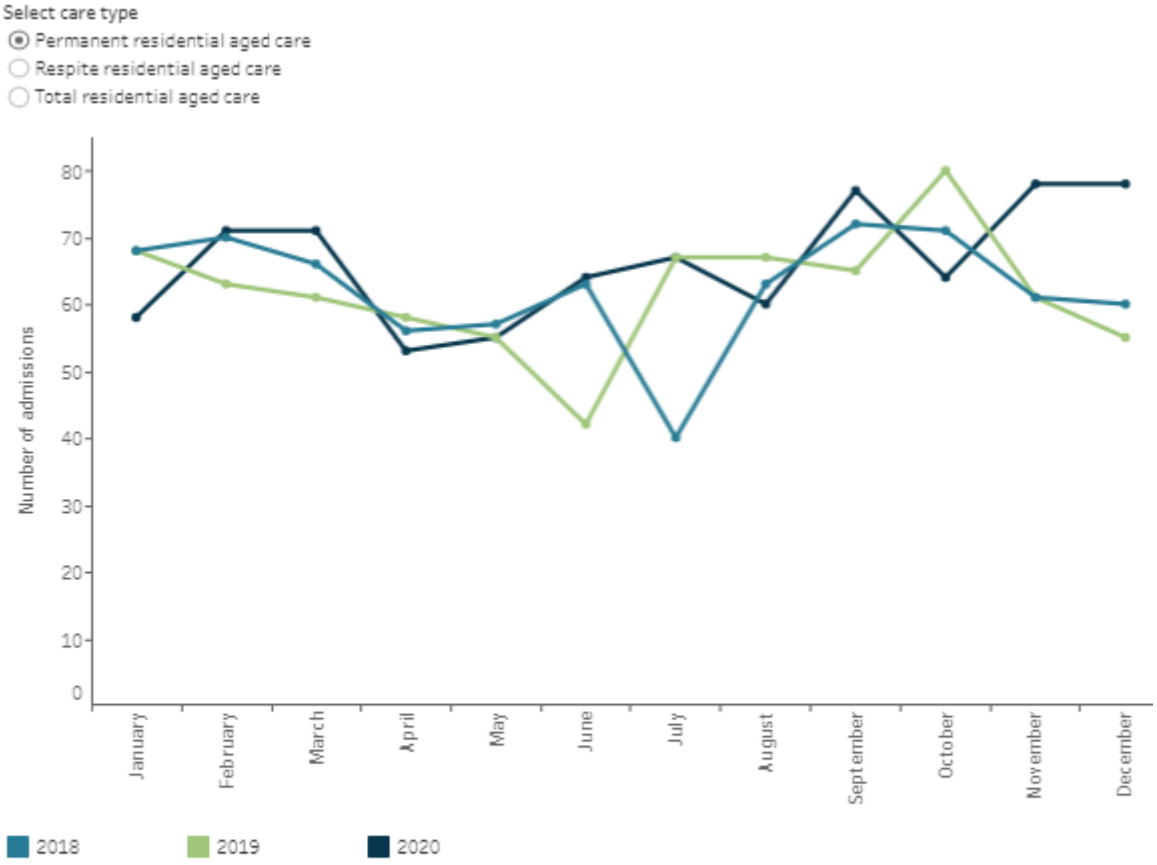
Source: AIHW National Aged Care Data Clearinghouse.

The impact of COVID-19

In March 2020, measures to reduce the risk of community transmission of the coronavirus disease 2019 (COVID-19), including limiting public gatherings and reducing non-essential travel, were put in place across Australia (Department of Health 2020b). Provisions for aged care providers were included in jurisdictional public health orders—with changes including the restriction of visits to and from residential aged care facilities—however the details differed across states and territories, and across individual facilities. COVID-19 and the subsequent changes to aged care services may have influenced Indigenous Australians' patterns of accessing aged care. This was particularly evident in admissions to residential aged care among Indigenous Australians, which saw a lower than expected number in April and May of 2020, based on monthly trends from previous years (Figure 4). This could be due to fewer new admissions as well as fewer movements between facilities (which are also counted as admissions).

Restrictions put in place in 2021 as a result of outbreaks of the delta variant of COVID-19 in Australia are likely to have similar impacts to aged care admissions that were seen in 2020.

Figure 4: Monthly admissions into residential aged care among Indigenous Australians, by care type and year, 2018 to 2020



Notes
1. Data exclude clients for whom Indigenous status not stated or inadequately described.
2. Respite residential aged care is when dependent people living in the community are temporarily admitted into residential aged care, giving people—or their carers—a short break from their usual care arrangements.
3. Permanent residential aged care is when a person is admitted into long-term residential aged care, making it their ongoing place of residence.
4. The fluctuations in admissions could reflect a number of factors that may or may not be related to the COVID-19 pandemic.

Source: AIHW National Aged Care Data Clearinghouse.

http://www.aihw.gov.au/

See Aged care for information on the impacts of COVID-19 on aged care use.

Where do I go for more information?

For more information on older Indigenous Australians and aged care use among the Indigenous population, see:

- Insights into vulnerabilities of Aboriginal and Torres Strait Islander people aged 50 and over
- AIHW's dedicated aged care data website: GEN aged care data.

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Disability support for Indigenous Australians

Find the most recent version of this information at:
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On this page

People with disability may need help with daily activities—for example, eating, showering, or moving around. They may also need help to participate in social and economic life. To do so, people with disability may use a range of formal support services and informal care, such as that provided by family and friends.

This page provides information about Aboriginal and Torres Strait Islander people with disability, and their use of specialist disability support services.

Indigenous Australians with disability

Among Indigenous Australians of all ages living in private households in 2018:

- 24% (139,700 people) were living with disability
- 8.8% (51,100) had severe or profound disability (ABS 2021).

Data sources for disability prevalence

The estimates of disability prevalence presented on this page are from the Australian Bureau of Statistics (ABS) 2018 Survey of Disability, Ageing and Carers (SDAC). They relate to people living in private households, not those in cared accommodation such as residential aged care. In SDAC, disability is defined as any limitation, restriction or impairment which restricts a person's everyday activities, and has lasted, or is likely to last, for at least 6 months. Those with severe or profound disability are further defined as sometimes or always needing help with daily activities related to self-care, mobility or communication (ABS 2021). While the SDAC is the most detailed and comprehensive source of disability prevalence in Australia, it was not developed to collect data for Indigenous Australians

specifically, and does not include *Very remote* and discrete Indigenous communities in its data.

Two other recent ABS data sources also provide estimates for Indigenous Australians with disability, but are not used in this snapshot. The first is the 2018–19 ABS National Aboriginal and Torres Strait Islander Health Survey (NATSIHS). As it is an Indigenous-specific survey, it is designed to generate results that are representative for the Indigenous population, and includes respondents from *Very remote* areas and discrete Indigenous communities. It is also useful in understanding rates of education, employment and other socio-economic variables for Indigenous Australians with disability. The NATSIHS, however, uses the standard Short Disability Module to estimate disability, which is not considered to as comprehensively capture disability as the SDAC.

The second is the 2016 ABS Census of Population and Housing (the Census). The Census is Australia's largest statistical collection, provides data for the entire country, and is often used for service planning. However, the scope of the Census is large, and therefore it only collects limited information on disability—it only identifies people who need assistance with self-care, communication and/or mobility (equivalent to a profound/severe core activity limitation).

While each collection has different purposes and methodologies for capturing information about disability, their estimates of severe or profound disability among Indigenous Australians are broadly similar. For example, among Indigenous Australians aged 15 and over living in non-remote areas, the rate of severe or profound disability was:

- 7.6% (an estimated 28,500 out of a total of 374,200 Indigenous Australians with disability) according to the 2018 SDAC
- 9.4% (an estimated 40,800 out of a total of 433,600) according to the 2018–19 NATSIHS (ABS 2019a)
- 8.5% (an estimated 29,400 out of a total of 343,900) according to the 2016 Census (ABS 2019b).

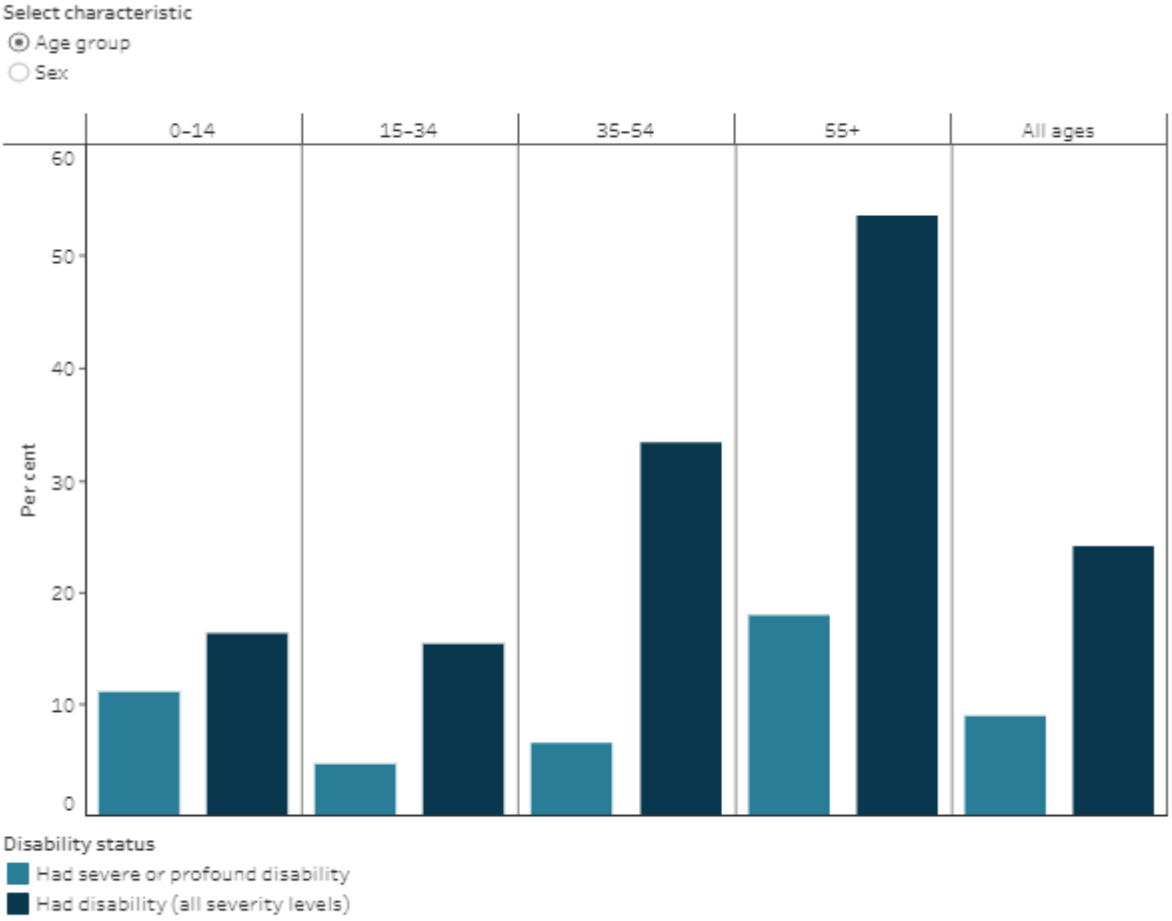
In 2018:

- disability rates for Indigenous males and females were similar (24% or an estimated 69,100, and 24% or 69,800 people, respectively) (Figure 1)
- Indigenous Australians aged 55 and over had a higher rate of disability than those in younger age groups. 53% (an estimated 43,000) of Indigenous Australians aged 55 and over were living with some form of disability and 18% (14,400) had severe or profound disability (Figure 1)
- 13% (an estimated 77,200) of Indigenous Australians of all ages reported living with physical disability, 8.4% (49,100) with psychosocial disability, 6.0% (35,000) with sensory and speech disability, and 2.5% (14,500) with head injury, stroke or acquired brain injury (ABS 2021)
- Indigenous Australians of all ages with disability were more likely to live in *Major cities* (43%, or an estimated 60,700) than in *Inner regional* (34%, or an estimated

47,500), *Outer regional* (20%, or an estimated 28,500) and *Remote* (4.7%, or an estimated 6,600) areas (ABS 2021)

- when taking differences in the age structure of the two populations into account, Indigenous Australians experienced disability at 1.9 times the rate of non-Indigenous Australians (ABS 2021).

Figure 1: Disability prevalence among Indigenous Australians living in households, by age and sex, 2018



Note: The estimates of severe or profound disability for males aged 15–34 and 35–54 and females aged 55 years and over have a relative standard error between 25% and less than 50% and should be used with caution.
Source: ABS 2021.
http://www.aihw.gov.au/

Education and employment

Disability can affect participation in education and in the labour force. In 2018, among Indigenous Australians living in households:

- 44% (an estimated 46,700) of those aged 15 and over with disability had Year 10 or below as their highest level of education (compared with 30% or 81,300 without disability). This was a slight improvement from 2015 when 46% of Indigenous Australians with disability in this age group had Year 10 or below as their highest level of education

- 33% (an estimated 27,400) of those aged 15–64 with disability were employed, compared with 64% (166,100) of those without disability
- 34% (an estimated 48,000) with disability were living in households with an equivalised weekly gross income in the lowest quintile, while 3.4% (4,700) lived in households with an income in the highest quintile
- 69% (an estimated 96,300) with disability of all ages needed assistance with at least one activity of daily life, while 93% (89,300) who reported needing assistance received assistance with at least one activity (ABS 2021).

Disability support

Specialist disability support services

Specialist disability support services assist people with disability to participate fully in all aspects of everyday life. This page provides information about two specialist disability services: those provided under the National Disability Agreement (NDA); and those provided as part of the National Disability Insurance Scheme (NDIS) (which has now largely replaced the provision of services under the NDA). There are also a range of other government and mainstream services that support Indigenous Australians with disability in Australia. For more information on the NDIS, NDA and other disability support services, see Specialised supports for people with disability and 'Chapter 7, Australia's changing disability data landscape' in Australia's welfare 2021: data insights.

Data sources for specialist disability support services

Data for specialist disability support services provided under the NDA are sourced from the National Disability Services Minimum Dataset (DS NMDS) held by the AIHW. The last year of data collection under the DS NMDS was 2018–19. For more information, see Specialised supports for people with disability.

Data for specialist disability support services provided through the NDIS are sourced from the National Disability Insurance Agency's publicly released reports. The NDIS quarterly reports and data downloads contain the latest available data on the funding and provision of NDIS supports. However, these do not include comprehensive breakdowns for all participant groups, such as Indigenous Australians. Data on specific participant groups are periodically released in a series of special reports. As such, this page includes NDIS data from multiple time periods—from the NDIS quarterly reports and from a special report on Indigenous Australians (Aboriginal and Torres Strait Islander participants: 30 June 2019).

In 2018–19, around 12,000 Indigenous Australians received disability support services under the NDA, or 5.8% of NDA service users whose Indigenous status was recorded. Among these:

- 58% (7,000) were male

- the most common primary disability groups were psychosocial disability (38% or 4,500 service users), physical disability (24% or 2,900), intellectual disability (15% or 1,800) and autism (6.8% or 800)
- of those aged 15 and over, 12% (1,200) were employed, 78% (7,700) were looking for work (that is, unemployed), and 9.7% (1,000) were not in the labour force (for example, stay-at-home parents or people who were retired) (AIHW 2020a).

At 30 June 2019, around 16,400 active NDIS participants were Indigenous, or 5.7% of active NDIS participants whose Indigenous status was recorded. Among these:

- 64% (10,500) were male
- the most common primary disability groups were intellectual disability (30%, or 4,900), autism (28% or 4,600) and psychosocial disability (9.0% or 1,500)
- 18% of those aged 15–24, and 12% of those aged 25 and over were employed after 2 years in the NDIS (NDIA 2020).

Looking at the average annualised committed support of active Indigenous NDIS participants (that is, their support budget converted to a yearly rate divided by the number of active participants, rounded to the nearest thousand dollars) can provide an indication of the relative amount of support they receive (noting, however, that not all committed support may have been accessed or used by participants). Among the around 30,800 active Indigenous NDIS participants at 31 March 2021 (or 6.8% of active NDIS participants whose Indigenous status was recorded):

- the average annualised committed support was $71,000
- there were 13,500 participants in *Major cities* and 14,100 participants in *Inner and outer regional* areas, averaging support amounts of $67,000 and $66,000 respectively
- there were 3,200 participants in *Remote and very remote* areas averaging $109,000
- the Northern Territory had the highest average support with $159,000, while Victoria had the lowest average support with $53,000 (Figures 2 and 3).

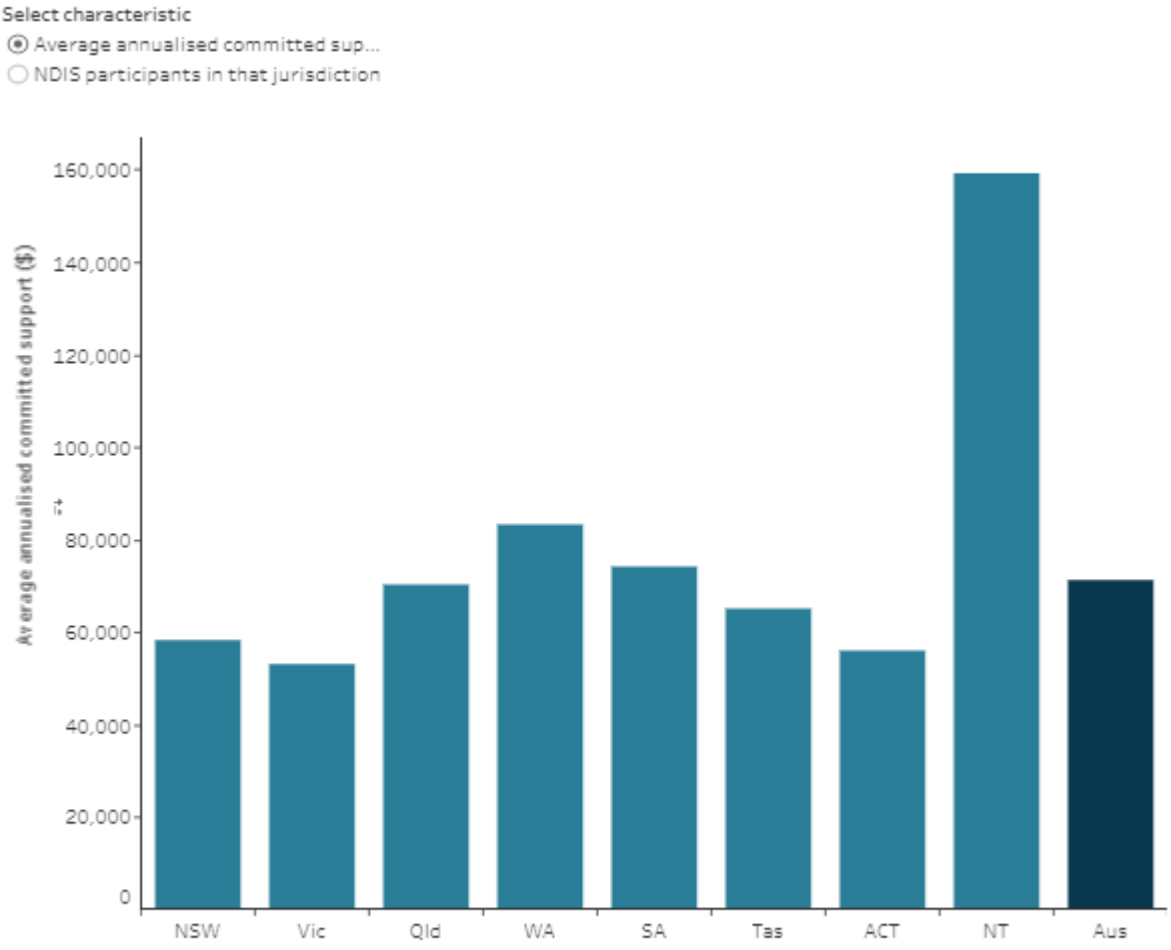
Indigenous Australians with disability in remote communities, along with their families and carers, can face particular challenges such as:

- limited service choice and availability
- the need for travel and transportation
- difficulties with recruiting, training and retaining professionals
- issues relating to service/support quality
- lack of alternative accommodation options, and
- the achievement of positive outcomes for those most in need (NDIA 2016; PwC 2018).

The higher average annualised committed NDIS support for Indigenous Australians in *Remote and very remote* areas compared with other remoteness areas could be one indication of these challenges. This also applies to the Northern Territory, as a significant

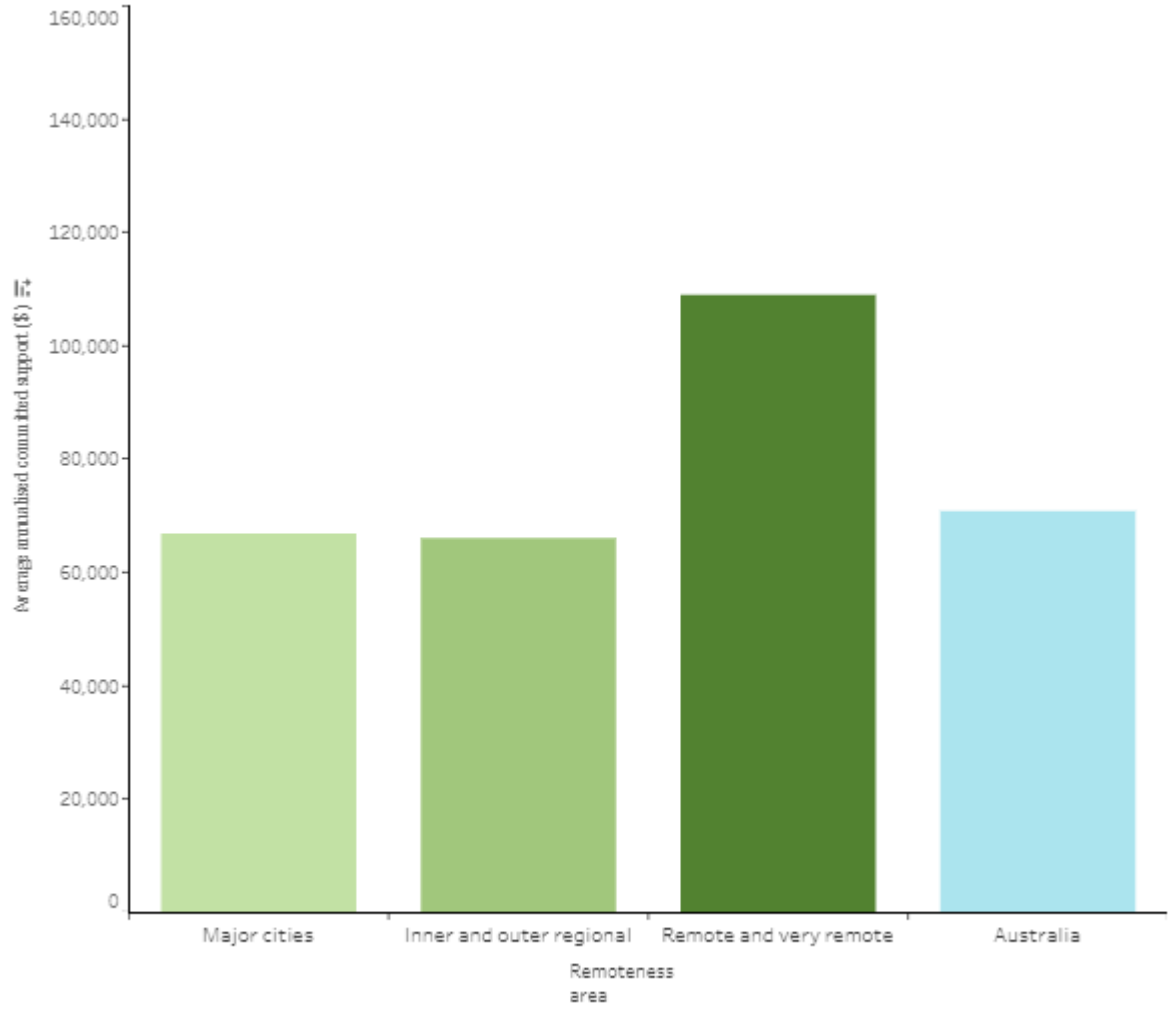
proportion of the population in the Northern Territory live in rural, remote and very remote locations (NTMHC 2017).

Figure 2: Average annualised committed support and Indigenous NDIS participant rate, by jurisdiction, March 2021



Note: The average annualised committed support amounts are rounded to the nearest thousand dollars.
Source: NDIA 2021a
http://www.aihw.gov.au

Figure 3: Average annualised committed support, by remoteness, March 2021



Note: The average annualised committed support amounts are rounded to the nearest thousand dollars.
Source: NDIA 2021a
http://www.aihw.gov.au

Income support payments

Disability Support Pension (DSP) is the primary income support payment for working age people aged 16 and over with a disability who have a reduced capacity to work because of their impairment. At March 2021, 53,200 Indigenous Australians were receiving DSP, making up 7.1% of total recipients (DSS 2021a).

Carer Payment provides income support for carers who are unable to support themselves through substantial paid employment because of the demands of providing constant care to a person with severe disability, illness, or who is frail aged. At March 2021, 18,100 Indigenous Australians were receiving Carer Payment, making up 6.0% of total recipients (DSS 2021a).

Carer Allowance is a supplementary payment for carers who provide additional daily care and attention to someone with disability, severe illness or who is frail aged. At

March 2021, 26,100 Indigenous Australians were receiving Carer Allowance, making up 4.2% of total recipients (DSS 2021a).

For more information, see Disability Support Pension and Carer Payment.

Homelessness services

In 2019–20, 24% or around 1,560 of the clients in Specialist Homelessness Services (SHS) with severe or profound disability who provided information about their Aboriginal and/or Torres Strait Islander status were Indigenous. Indigenous SHS clients with severe or profound disability had a younger age profile than non-Indigenous SHS clients with severe or profound disability—37% were aged under 18 compared with 28% (AIHW 2020b).

Informal care

A person's interaction with both formal and informal welfare support and services can help support their wellbeing. Informal (unpaid) care provided by family, friends or neighbours within the context of an existing relationship often complements formal (paid) services from government and other organisations. The demands of the role, however, often go beyond what would normally be expected of the relationship.

The 2016 Census included a question about whether people had provided unpaid assistance to someone with disability, a long-term health condition or a problem related to old age in the 2 weeks before Census night. In 2016, of Indigenous Australians aged 15 and over for whom responses to this question were provided:

- 15% (58,500 Indigenous Australians) had provided unpaid assistance to someone with disability, a long-term health condition or a problem related to old age in the 2 weeks before Census night
- 18% (36,500) of females had provided unpaid assistance, compared with 12% (22,000) of males
- the proportion who had provided unpaid assistance was similar among Indigenous Australians living in remote and non-remote areas (16% or 11,600, and 15% or 46,700, respectively) (ABS 2019b).

For more information, see Informal carers.

The impact of COVID-19

Indigenous Australians face increased risk of contracting and developing serious illness from the coronavirus disease 2019 (COVID-19) pandemic compared to non-Indigenous Australians (Disability RC, 2020) (for more information, see Profile of Indigenous Australians).

Looking at the impact of COVID-19 on Indigenous Australians with disability specifically, however, is challenging as data on this population are either not collected at all, not

publicly available, or not regularly published. In particular, while some data are available by either disability status or by Indigenous status, data are rarely available by both. For example:

- While the Department of Health collects and reports data about COVID-19 infections among Indigenous Australians, data are not available by disability status. The Department of Health is working with other Commonwealth agencies and state and territory governments to identify people with a disability in the COVID-19 statistics, as well as to identify those in residential disability care facilities (DSS 2021b).
- The primary disability support services data sources (that is, those collected as part of the NDIS and under the NDA) either do not specifically collect data on COVID-19 (NDA) or collect the data but do not regularly report these (NDIS). Researchers, academics and government agencies/departments can submit a data request to the National Disability Insurance Agency (NDIA) for a tailored NDIS data release on Indigenous NDIS participants affected by COVID-19.
- While the NDIS Quality and Safeguards Commission's activity reports include data on complaints and compliance activities related to COVID-19, and on COVID-19 infections among NDIS participants, these are not available by Indigenous status.
- The main Indigenous-specific primary health care data collections, the national Key Performance Indicators and the Online Services Report, do not collect data by disability status or on COVID-19 infections.

Some indirect inferences about the impact of COVID-19 on Indigenous Australians with disability could potentially be made by looking at changes in the Indigenous disability population or at changes in the use of disability support services by Indigenous Australians. These data, however, would be difficult to interpret; it is not always possible to separate the data into time periods that would allow clear comparison of before or during the pandemic; and some data, such as SDAC, are not regularly available.

For more information on sources of COVID-19 data about, and related data gaps for, people with disability, including Indigenous people with disability, see Specialised supports for people with disability and 'Chapter 7, Australia's changing disability data landscape' in Australia's welfare 2021: data insights.

Where do I go for more information?

For more information on the prevalence of disability for Indigenous Australians, see:

- 2018 Survey of Disability, Aging and Carers: Aboriginal and Torres Strait Islander people with disability (ABS)
- People with disability in Australia (AIHW).

For more information on Indigenous participants of the NDIS, see the National Disability Insurance Agency (NDIA)'s:

- Quarterly Reports
- Data and insights

- Aboriginal and Torres Strait Islander participants: 30 June 2019.

For more information on Indigenous participants of the NDA, see the AIHW's:

- Disability services data cubes
- Disability services.

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Indigenous community safety

Find the most recent version of this information at:
http://www.aihw.gov.au/reports/australias-welfare/indigenous-community-safety

On this page:

Safe communities, where people feel protected from harm within their home, workplace and community, are important for physical and mental wellbeing. The feeling of being safe enables a better quality of life and the capacity to be involved in the community in a positive way, both of which are protective factors for social and emotional wellbeing (AIHW & NIAA 2020; Commonwealth of Australia 2017).

While the majority of Aboriginal and Torres Strait Islander people feel safe in their communities and do not experience negative outcomes, they tend to experience greater rates of hospitalisation and death as a result of violence than the wider community. Indigenous Australians are also over-represented in Australia's child protection, youth justice and adult justice systems (AIHW & NIAA 2020).

Many factors influence community safety for Indigenous Australians. Stronger connections to culture and country, amongst other positive cultural determinants, improve outcomes for community safety (Commonwealth of Australia 2017). Factors that lead to unsafe situations include long-term social disadvantage and the ongoing impact of past dispossession and forced child-removal policies, which result in intergenerational trauma and breakdowns of traditional parenting, culture and kinship practices (Commonwealth of Australia 2018; Healing Foundation 2018).

This page focuses on community experiences of safety and violence, contact with child protection services, and contact with criminal justice systems.

Related Closing the Gap outcomes

The National Agreement on Closing the Gap has 16 national socio-economic targets across areas that have an impact on life outcomes for Aboriginal and Torres Strait Islander people. Safety within Indigenous Communities directly involves four of these targets;

Target 10: By 2031, reduce the rate of Aboriginal and Torres Strait Islander adults held in incarceration by at least 15 per cent.

(compared to a 2019 baseline level of 2,088 per 100,000 (age-standardised)).

Target 11: By 2031, reduce the rate of Aboriginal and Torres Strait Islander young people (10-17 years) in detention by 30 per cent.

(compared to a 2018–19 baseline level of 34 per 10,000).

Target 12: By 2031, reduce the rate of over-representation of Aboriginal and Torres Strait Islander children in out-of-home care by 45 per cent.

(compared to a 2019 baseline level of 54 per 1,000).

Target 13: A significant and sustained reduction in violence and abuse against Aboriginal and Torres Strait Islander women and children towards zero.

(compared to a 2018–19 baseline level of 8.4%).

Note: The baseline values for these targets were derived from ABS prisoners in Australia 2019 (Target 10), AIHW Youth Justice National Minimum Data Set (Target 11), AIHW Child Protection Collections (Target 12), and the 2018–19 ABS National Aboriginal and Torres Strait Islander Health Survey (Target 13).

For more information, see Closing the Gap targets.

Community experiences of safety and violence

This section covers information on feelings of safety and experiences of violence using a range of data sources, including the National Aboriginal and Torres Strait Islander Social Survey 2014–15 (NATSISS), the National Aboriginal and Torres Strait Islander Health Survey 2018–19 (NATSIHS), the National Hospital Morbidity Database (NHMD), the Australian Bureau of Statistics (ABS) Causes of Death Collection (CoD), the AIHW National Mortality Database (NMD) and the Australian Institute of Criminology (AIC) National Homicide Monitoring Program.

Feeling of safety

Feeling safe is an indicator of how an individual perceives their community; those who feel safe are able to live a better quality and healthier life and are more likely to engage in the community, and the community as a whole faces a lower incidence of and costs from, injuries and violence (AIHW & NIAA 2020). The most recent data on feeling of safety comes from the NATSISS.

In 2014–15, among Indigenous Australians aged 15 and over who reported they walked alone in their local area after dark, 68% said they felt safe or very safe, 12% felt neither safe nor unsafe, and 20% felt unsafe or very unsafe. For those who spent time home alone after dark, 87% felt safe or very safe, 5% felt neither safe nor unsafe, and 8% felt unsafe or very unsafe. Shepherd et al. (2018) showed that Indigenous Australians with stronger cultural identities were less likely to be negatively impacted by a reduced level of safety within the broader community, and in general effected lower levels of distress.

Experiences of physical or threatened violence

In an Indigenous community context, where family and kinship networks can be broad and complex, the term 'family violence' can be considered as covering relevant issues and behaviours within a broader set of relationships. Interventions to address family violence have therefore moved away from the approach of treating incidents as one-off events, and instead follow holistic, culturally appropriate approaches that are integrated into communities. For more information on these programs, see Family violence prevention programs in Indigenous communities. Also see Family, domestic and sexual violence.

Data regarding self-reported experiences of violence comes from the NATSIHS. In 2018–19, 8.4% (an estimated 21,700) of Indigenous Australian women aged 15 and over reported experiencing domestic physical or threatened physical harm in the previous 12 months.

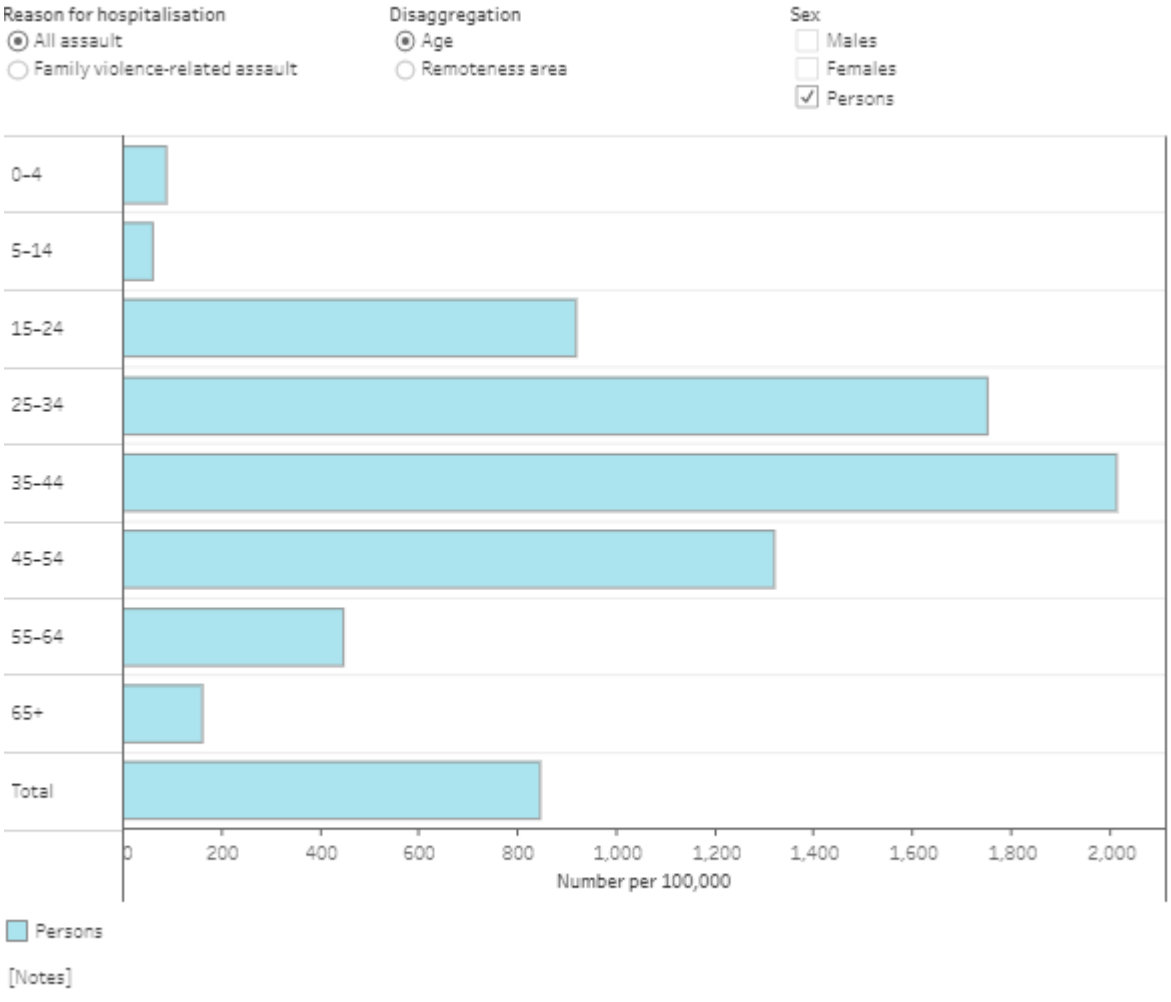
Results from the NATSIHS indicate that in 2018–19, 16% (an estimated 76,900) of Indigenous Australians aged 15 and over had experienced physical and/or threatened physical harm in the preceding 12 months, while 6.3% (an estimated 30,900) experienced physical harm. Of those experiencing physical harm, 74% believed that the offender was under the influence of alcohol or other substances during the most recent incident.

In the two-year period from 1 July 2017 to 30 June 2019, there were 14,061 assault hospitalisations for Indigenous Australians, accounting for 30% of all assault hospitalisations. The rate was highest for Indigenous females aged 35-44, and increased with increasing remoteness (Figure 1).

Indigenous Australians were 14 times as likely to be hospitalised for assault as non-Indigenous Australians (age-standardised rates of 951 compared with 68 per 100,000, respectively). The ratio was higher for females, with Indigenous females 27 times as likely as non-Indigenous females to be hospitalised for assault.

Between 2006–07 and 2018–19 there was an 11% increase in the rate of assault hospitalisations, based on age-standardised rates (or 5,214 to 6,702 hospitalisations) (Figure 2).

Figure 1: Hospitalisations for assault, Indigenous Australians, by sex, age and remoteness, Australia, 2017–19



[Notes]

Source: AIHW National Hospital Morbidity Database.
http://www.aihw.gov.au/

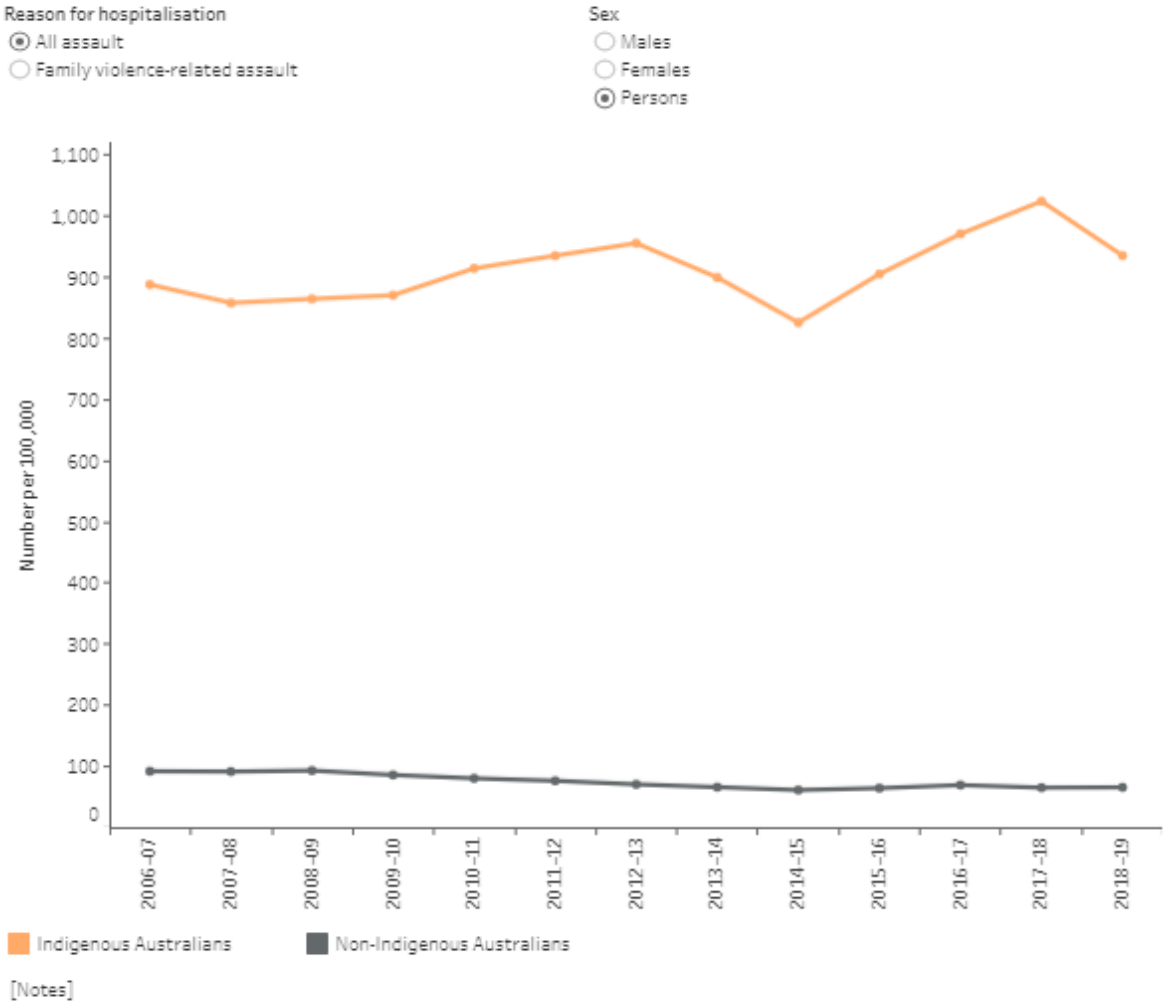
In the two-year period 2017–19, of the total assault hospitalisations for Indigenous Australians, 6,918 (49%) were family violence-related. Among Indigenous Australians, the rate of family violence-related assault was:

- higher for females compared with males
- highest for those aged 35–44 compared with other age groups
- highest in *Remote* and *Very remote* areas of Australia compared with non-remote areas (Figure 1).

Based on age-standardised rates, the rate of family-violence related assault hospitalisations for Indigenous Australians was 30 times the non-Indigenous rate (based on age-standardised rates).

Over the period of 2006–07 to 2018–19, there was a 63% increase in the rate of family violence-related assaults for Indigenous Australians (based on age-standardised rates), or an increase from 1,902 to 3,319 hospitalisations (Figure 2).

Figure 2: Age-standardised hospitalisation rates for assault, by Indigenous status and sex, NSW, Vic, Qld, WA, SA and NT, 2006–07 to 2018–19



[Notes]

Source: AIHW National Hospital Morbidity Database.
http://www.aihw.gov.au/

Information on assault deaths is available from death registrations data, with data for Indigenous Australians reported for 5 jurisdictions in which the AIHW considers the quality of Indigenous identification to be adequate—New South Wales, Queensland, Western Australia, South Australia and the Northern Territory.

In these 5 jurisdictions combined, over the period 2006 to 2018, the age-standardised rate of deaths by assault for Indigenous Australians decreased by 33%, from 8.9 per 100,000 to 4.6 per 100,000 (or 39 to 28 deaths).

Over the five-year period 2014 to 2018, among Indigenous Australians:

- there were 183 deaths by assault

- the rate of deaths by assault for Indigenous Australians was 6.7 times as high as for non-Indigenous Australians (5.8 compared with 0.9 per 100,000 population).
- rates were highest for those aged 35–44, 12.6 per 100,000.

The AIC reports on homicides in Australia. Between July 2018 and June 2019, there were 30 homicide victims who were Indigenous. The offender was an intimate partner or other family member for 15 of these victims (54% of the 28 victims whose offender had been identified) (Bricknell & Doherty 2021). Homicide statistics differ from those for deaths by assault, with former further defined by criminal law (AIHW 2015). Statistics presented on this page on homicide and assault deaths differ for this reason, in addition to sources covering different reporting periods.

Impact of COVID-19 on family safety and violence

In response to outbreaks occurring during the coronavirus disease 2019 (COVID-19) pandemic, much of Australia have been and are continuing to be placed into restricted, lockdown states to reduce the risk of community transmission. As a result, women who are vulnerable to domestic violence may have to stay at home and socially isolate with their offending partners.

During May of 2020, the AIC ran an online survey of 15,000 women, 565 identified as Indigenous Australians, to examine the impact COVID-19 had with regard to domestic violence experiences within the three months prior. Respondents were limited to those in a current cohabiting relationship, then grouped into two sets; those who had experienced domestic violence from their partner prior to the pandemic, and those who had not. Of the 129 Indigenous women in a cohabiting relationship who had experienced violence prior to the pandemic, 95% experienced it in this period, compared with 58% of non-Indigenous women of this group. Of the 157 Indigenous women in a cohabiting relationship who had not experienced domestic violence prior to the pandemic, 15% did so during the period, compared with 2.6% of non-Indigenous women. Further analysis showed that, compared with non-Indigenous women, the odds that an Indigenous woman who had previously experienced domestic violence would experience violence during lockdown was 5.5 times greater, while for those who had not previously experienced violence the odds were 2.4 times greater (Morgan & Boxall 2020).

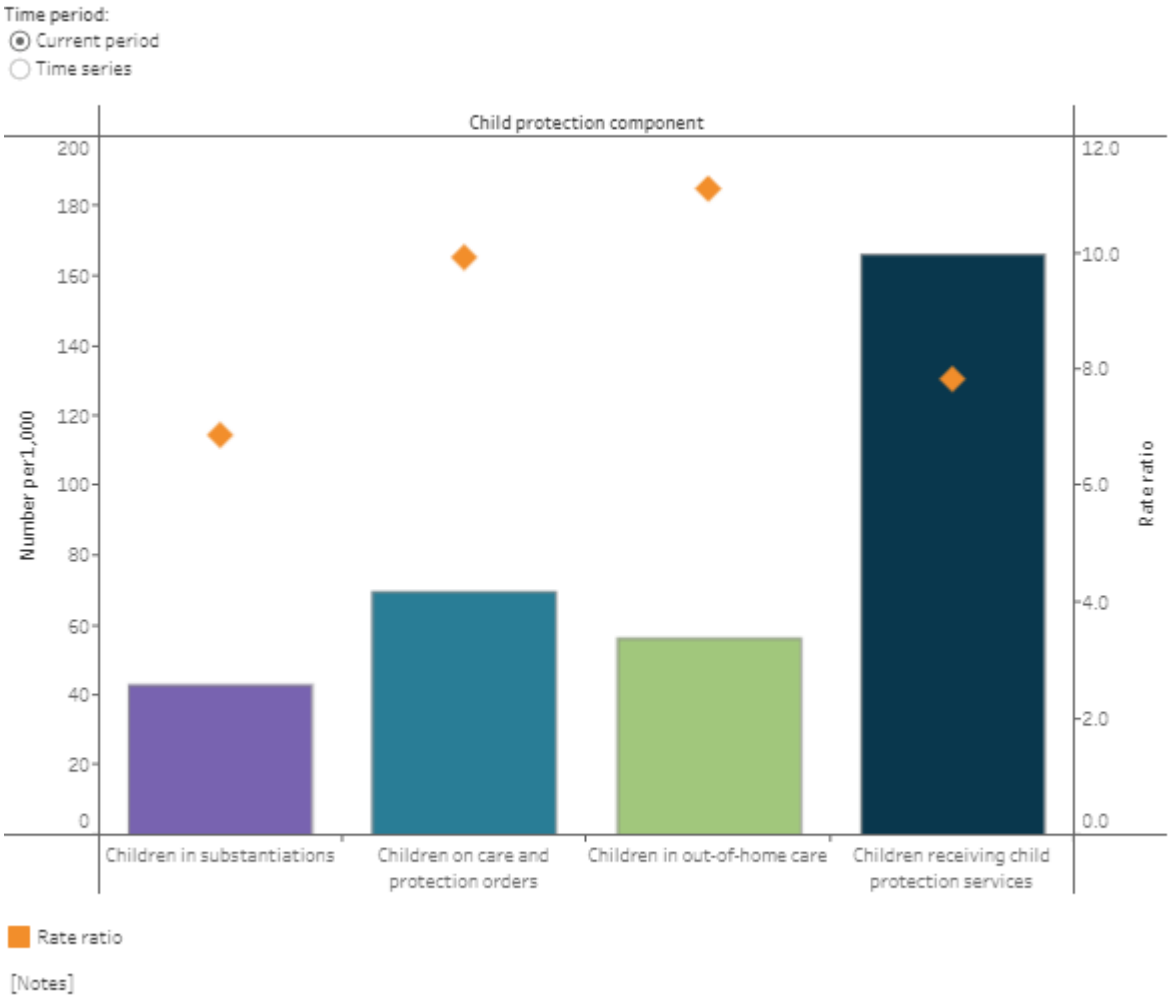
Contact with child protection services

Over the period of July 2019 to June 2020, there were 55,301 Indigenous Australian children receiving child protection services, 32% of all children in Australia receiving services. This represented a rate of 166 per 1,000 population. Over this same period, 14,323 Indigenous Australian children were the subject of substantiated notifications, a rate of 43 per 1,000, an increase from 38 per 1,000 in 2018–19 (Figure 3). Please note, there was a break in the time trend for substantiation data, due to a change in processes in New South Wales in 2017–2018.

As at 30 June, 2020:

- 23,344 (70 per 1,000) Indigenous Australian children were on care and protection orders
  - Between 30 June 2016 and 30 June 2020, there was a 23% increase, from 57 per 1,000 to 70 per 1,000 (Figure 3).
- 18,862 (56 per 1,000) Indigenous Australian children were in out-of-home care
  - Between 30 June 2017 and 30 June 2020 there was an 11% increase, from 51 per 1,000 to 56 per 1,000 (Figure 3).

Figure 3: Indigenous Australian children in the child protection system, by child protection component, 2020 and 2016 to 2020



Source: AIHW Child Protection Collection 2019–20.
http://www.aihw.gov.au/

The Aboriginal and Torres Strait Islander Child Placement Principle (ATSICPP), advocated by the Secretariat of National Aboriginal and Islander Child Care (SNAICC), promotes the placement of Indigenous children on out-of-home care orders with Indigenous or non-Indigenous relatives or kin or other Indigenous caregivers. *"The ATSICPP recognises the importance of connections to family, community, culture and country in child and family welfare legislation, policy and practice, and asserts that self-determining communities are*

central to supporting and maintaining those connections" (SNAICC 2017). Priority is given to placement with Indigenous, or non-Indigenous kin, followed by placement with other Indigenous members of the community, which is followed by placement with Indigenous family-based carers. If none of these options are viable, the child may be placed with a non-Indigenous carer or in a residential setting.

As at 30 June 2020, 63% of Indigenous children in out-of-home care were placed in accordance to the ATSICPP, a similar proportion as to previous years. This proportion has been relatively stable since 30 June 2017 (AIHW 2020). SNAICC completes annual reviews on the implementation of the principle across Australia. They note that in 2020, while there has been a significant effort to improve adherence to the principle, implementation remains poor and limited. *"Aboriginal and Torres Strait Islander children continue to be separated from family and culture at alarming rates, and there are a lack of comprehensive approaches to involving children, families, and communities in decisions and services related to the care and protection of children."* (SNAICC 2020).

Impact of COVID-19 on child protection notifications

Concerns that children will be particularly vulnerable during COVID-19 are based on experiences from previous crises including disease outbreaks, natural disasters and financial downturns. Suspicions about child abuse or neglect are often reported by schools, child care centres, and other people or services children regularly come into contact with. The COVID-19 pandemic has affected daily life through restrictions on people's movements and interactions —potentially limiting opportunities for child abuse and neglect to be detected and reported. The number of school notifications decreased normally as the April 2020 school holidays started, but upon returning to school the increase was larger than was seen in 2019. Numbers for substantiations and out-of-home care orders remained relatively stable across the period (AIHW 2021). For a more in depth analysis, please see Child protection in the time of COVID-19 or Child protection.

Contact with criminal justice systems

While most Indigenous Australians have not been incarcerated, young and adult Indigenous Australians experience contact with these systems, as both offenders and victims, at much higher rates than non-Indigenous Australians (AIHW & NIAA 2020). People in contact with the criminal justice system are at risk of poorer health and wellbeing outcomes for themselves, their family and their broader community.

Youth justice

Young Australians who have been sentenced, or are awaiting sentencing, may be placed under supervision within the community or detention facilities. While the youth justice system primarily deals with those aged 10-17, some people aged 18 and over might remain in this system if their sentence extends into adulthood, or be placed there as an adult based on the court's discretion. The statistics presented in this snapshot concern

Indigenous youth under supervision following sentencing (See Youth justice). For Indigenous Australian youth aged 10–17, on an average day in 2019–20;

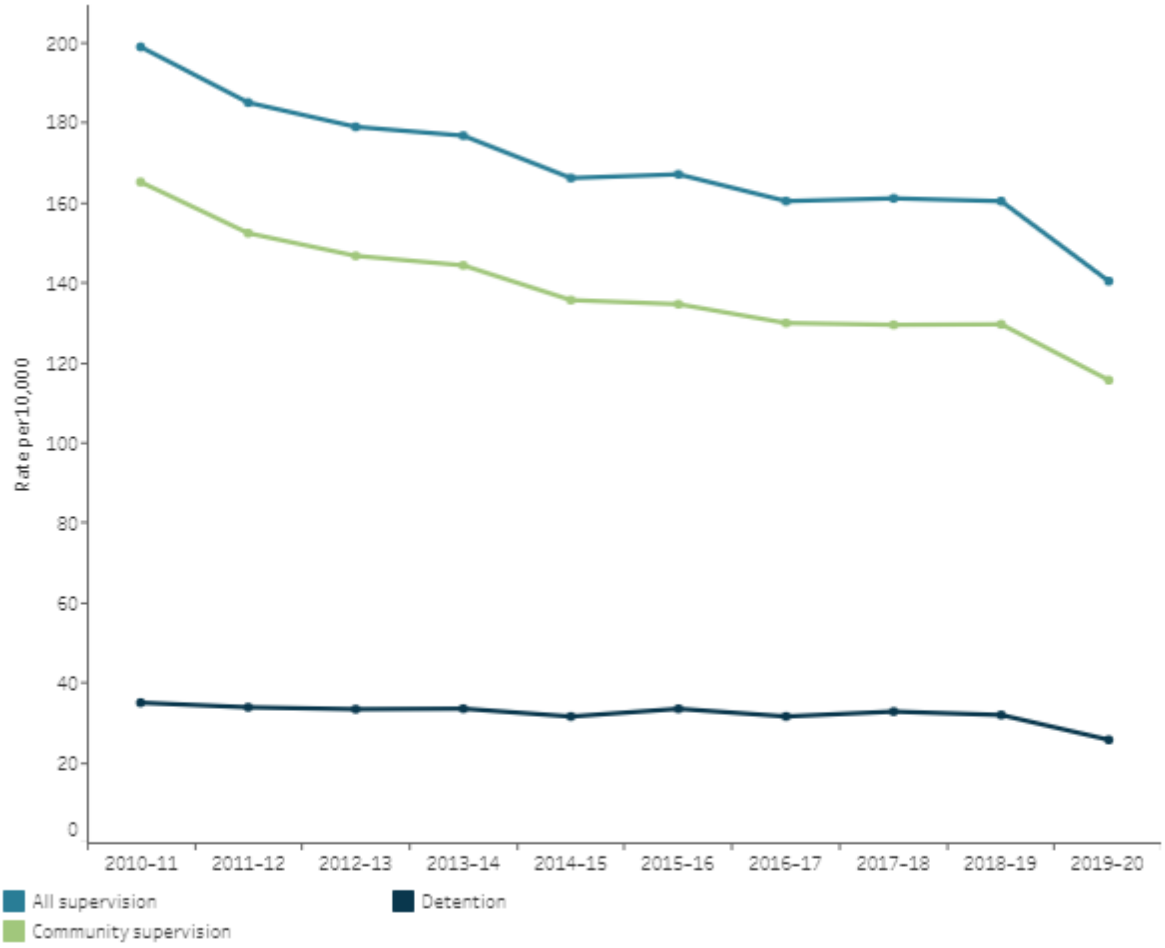
- 2,017 were under supervision, a rate of 140 per 10,000
- 1,661 were under community-based supervision, a rate of 116 per 10,000
- 370 were in detention, a rate of 26 per 10,000.

There were 1,600 Indigenous Australian male youth aged 10–17 under supervision on an average day, compared with 456 females. Indigenous Australian males constitute the majority of those under supervision, 77%; this proportion was similar for those under community-based supervision, 75% (1,245), but was higher for those in detention, 89% (327).

Rates of supervision for Indigenous Australian youth aged 10–17 have trended downwards since 2010–11, although this rate of change stagnated from 2016–17 to 2018–19. The rate for Indigenous youth declined by 29% from 199 per 10,000 in 2010–11 to 140 per 10,000 in 2019–20 (Figure 4). A relatively greater decline was seen between 2018–19 and 2019–20. This may be partly related to the COVID-19 pandemic, which had a substantial impact on the operation of courts; however more data is required to determine the impact of the pandemic on youth justice data.

Though the rate of Indigenous Australian youth aged 10–17 in supervision has decreased, in 2019–20 Indigenous Australians were 16 times as likely as non-Indigenous young people aged 10–17 to be under supervision on an average day (140 per 10,000, compared with 8.5 per 10,000, respectively).

Figure 4: Youth justice rates, Indigenous Australians aged 10-17 under sentenced supervision on an average day, by supervision type, 2009–10 to 2019–20



[Notes]

Source: AIHW 2021. Youth justice in Australia 2019–20. Cat. no. JUV 134. Canberra: AIHW. http://www.aihw.gov.au/

Adult imprisonment

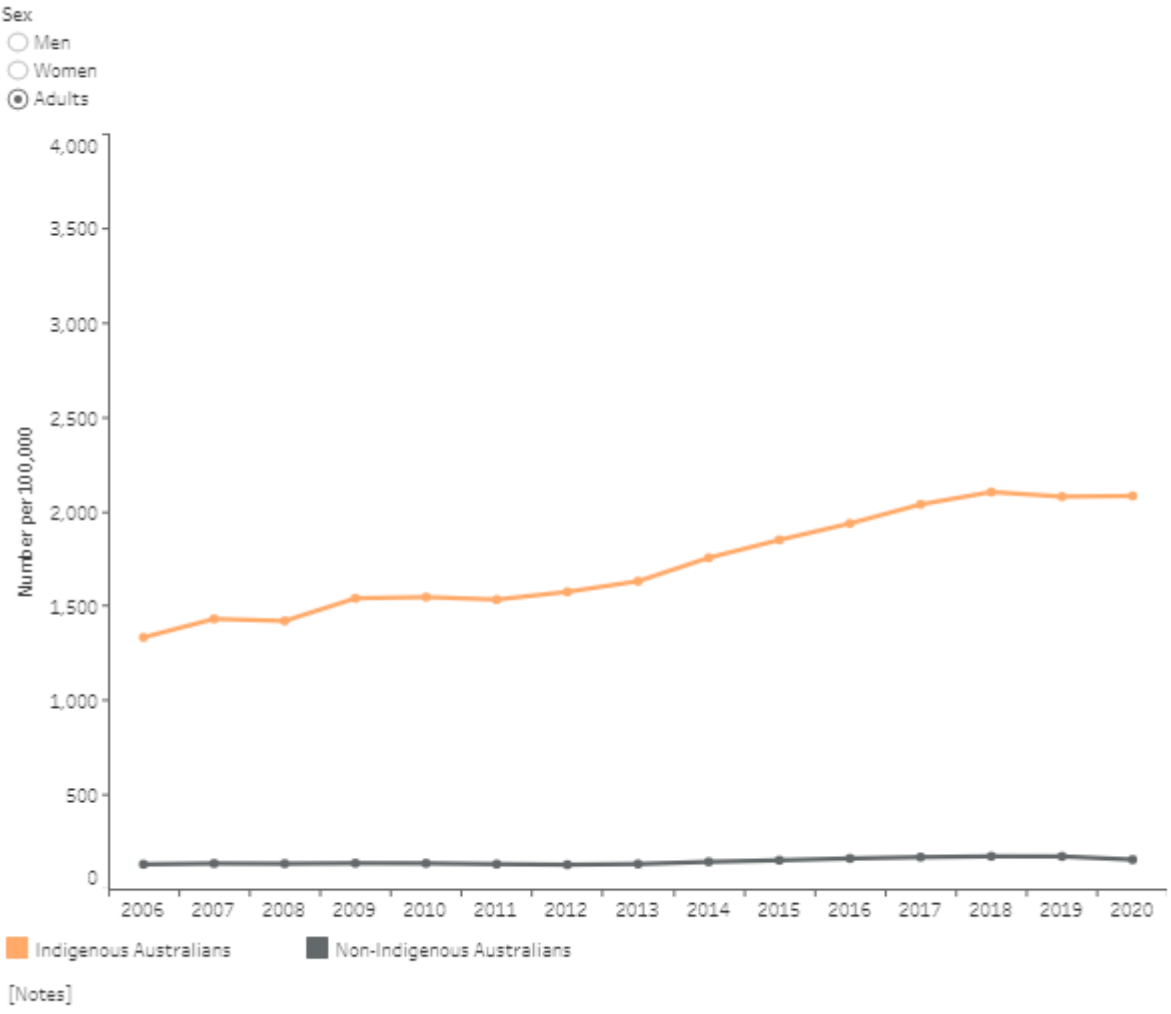
As at 30 June 2020:

- there were 12,092 Indigenous Australian prisoners in custody, representing 29% of the prison population
- the Indigenous Australian imprisonment rate was 2,285 prisoners per 100,000 population (2.3% of adult Indigenous Australians were in prison at this point in time)
- the majority (91% or 10,963 people) of Indigenous prisoners were male
- the median age of Indigenous Australian prisoners was 32.1 years
- almost 4 in 5 (79% or 9,539 people) Indigenous Australian prisoners had previously been imprisoned.

In 2020, the age-standardised rate of imprisonment for Indigenous adults was 13 times as high as for non-Indigenous Australians (2,081 compared with 156 per 100,000 population) (Figure 5).

Between 30 June 2006 and 30 June 2020, the age-standardised rate of adult Indigenous Australian imprisonment increased by 63%, from 1,333 to 2,081 per 100,000 (Figure 5).

Figure 5: Age-standardised adult imprisonment rates, by Indigenous status and sex, June 30 2006 to June 30 2020



[Notes]

Source: ABS (June 2020) *Prisoners in Australia 2020*, ABS Website, accessed 30 April 2021.
https://www.abs.gov.au/statistics/people/crime-and-justice/prisoners-australia/latest-release

Impact of COVID-19 on prisons

In response to COVID-19, there have been various restrictions implemented across Australia in order to limit the spread of the disease. There is the potential that these restrictions have impacted the criminal justice system, although no analysis in relation to Indigenous Australians has yet been undertaken. Additionally, in March 2020, the NSW Government amended the *Crimes (Administration of Sentences) Act 1993* to allow for early release of vulnerable, low risk inmates to reduce the risk of exposure to COVID-19 if an outbreak were to occur (NSW DCJ 2020). In the meantime, NSW corrective services is closely monitoring

COVID-19 risks in the community, and is ready to adjust operations as necessary (NSW DCJ 2021).

Where do I go for more information?

For more information on Indigenous community safety, see:

Aboriginal and Torres Strait Islander Health Performance Framework—Measure 2.10: Community safety;

Closing the Gap Prime Minister's R6eport 2018—Chapter Seven Safe and Strong Communities

For more information on child protection, see

Aboriginal and Torres Strait Islander Health Performance Framework—Measure 2.12: Child protection

For more information on contact with the justice system, see

Aboriginal and Torres Strait Islander Health Performance Framework—Measure 2.11: Contact with the criminal justice system

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Indigenous education and skills

Find the most recent version of this information at:
http://www.aihw.gov.au/reports/australias-welfare/indigenous-education-and-skills

On this page

Higher levels of education have been linked with improved health and wellbeing, health literacy, income, employment, better working conditions and a range of other social benefits (ABS 2011; Biddle & Cameron 2012; Hart et al. 2017).

Education is a major focus in efforts to improve health outcomes of Aboriginal and Torres Strait Islander people. In particular, early childhood education, Year 12 or equivalent, tertiary and post school educational attainment have been highlighted as specific areas requiring action and improvement (Closing the Gap).

This page provides an overview of indicators relating to Indigenous education and skills, reviews progress towards the Closing the Gap education targets and discusses the coronavirus disease 2019 (COVID-19) pandemic and effects on education in Australia. See glossary for definitions of terms used on this page.

Targets and outcomes

In 2020, all Australian governments and Aboriginal and Torres Strait Islander Coalition of peaks representatives worked in partnership to develop the National Agreement on Closing the Gap (the National Agreement), committing to 4 key Reform Priorities and 16

socioeconomic Closing the Gap targets. Five of these targets relate to school readiness and education.

National Agreement on Closing the Gap education-related targets

Target 3: Increase the proportion of Indigenous children enrolled in Year Before Fulltime Schooling (YBFS) **early childhood education** to 95% by 2025.

(compared to a 2016 baseline level of 77%).

Target 4: Increase the proportion of Indigenous children assessed as **developmentally on track** on all 5 domains of the Australian Early Development Census (AEDC) to 55% by 2031.

(compared to a 2018 baseline level of 35%).

Target 5: Increase the proportion of Indigenous Australians aged 20–24 attaining **Year 12 or equivalent** qualification to 96% by 2031.

(compared to a 2016 baseline level of 63%).

Target 6: Increase the proportion of Indigenous Australians aged 25–34 years who have completed a **tertiary qualification** (Certificate III and above) to 70% by 2031.

(compared to a 2016 baseline level of 42%).

Target 7: Increase the proportion of Indigenous youth (15–24 years) who are in **employment, education or training** to 67% by 2031.

(compared to a 2016 baseline level of 57%).

Note: The baseline values for these targets were derived from the 2016 National Early Childhood Education and Care Collection (Target 3), 2018 AEDC (Target 4), and the 2016 Census of Population and Housing (Targets 6 and 7).

Prior to the National Agreement, there were 7 Closing the Gap targets set by the Council of Australian Governments (COAG) under the National Indigenous Reform Agreement; 4 of which related to education. Of these earlier targets, the Closing the Gap Report 2020 assessed those on early childhood education and Year 12 or equivalent attainment as on track:

- 95% of all Indigenous Australian 4-year-olds enrolled in early childhood education by 2025.
- Halve the gap in Year 12 attainment or equivalent by 2020.

However, the targets on school attendance (set in 2013) and reading and numeracy (set in 2008) expired unmet:

- Close the gap in school attendance within 5 years by 2018.
- Halve the gap for reading and numeracy within a decade (by 2018) (PM&C 2020).

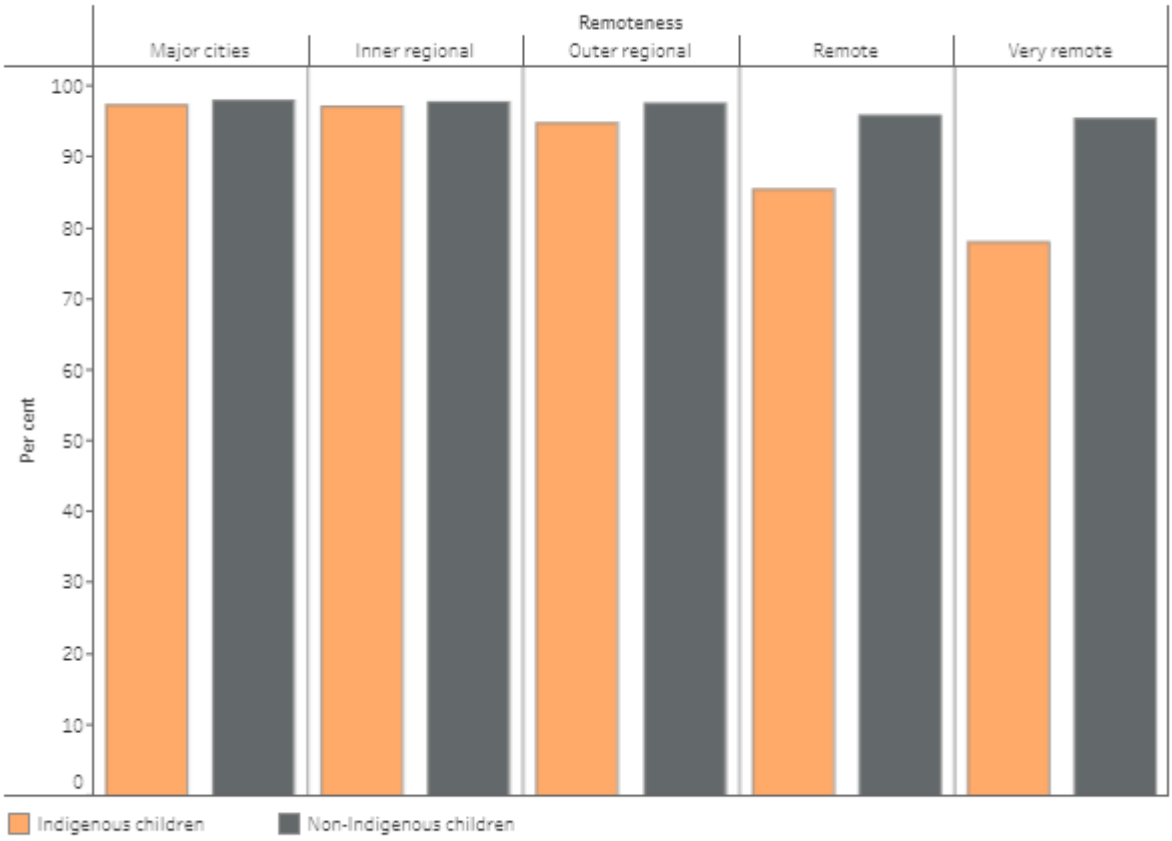
Early childhood education

The former COAG target to increase the proportion of Indigenous children enrolled in early childhood education in the year before full-time schooling was carried over to the new National Agreement. Based on 2020 data, the target of 95% enrolment by 2025 was on track (Closing the Gap Target 3).

Based on 2019 data, 92% of Indigenous children were enrolled in early childhood education in the year before full-time schooling. Among these children, 96% were enrolled for 15 hours or more per week (SCRGSP 2020).

Attendance rates (the proportion of enrolled children who attended for at least 1 hour in a reference week) for Indigenous children were generally lower in *Remote* and *Very remote* areas, and the gap between Indigenous and non-Indigenous children was highest in these areas (Figure 1).

Figure 1: Attendance rates for children enrolled in a preschool program in the year before full-time schooling, by remoteness and Indigenous status, 2019



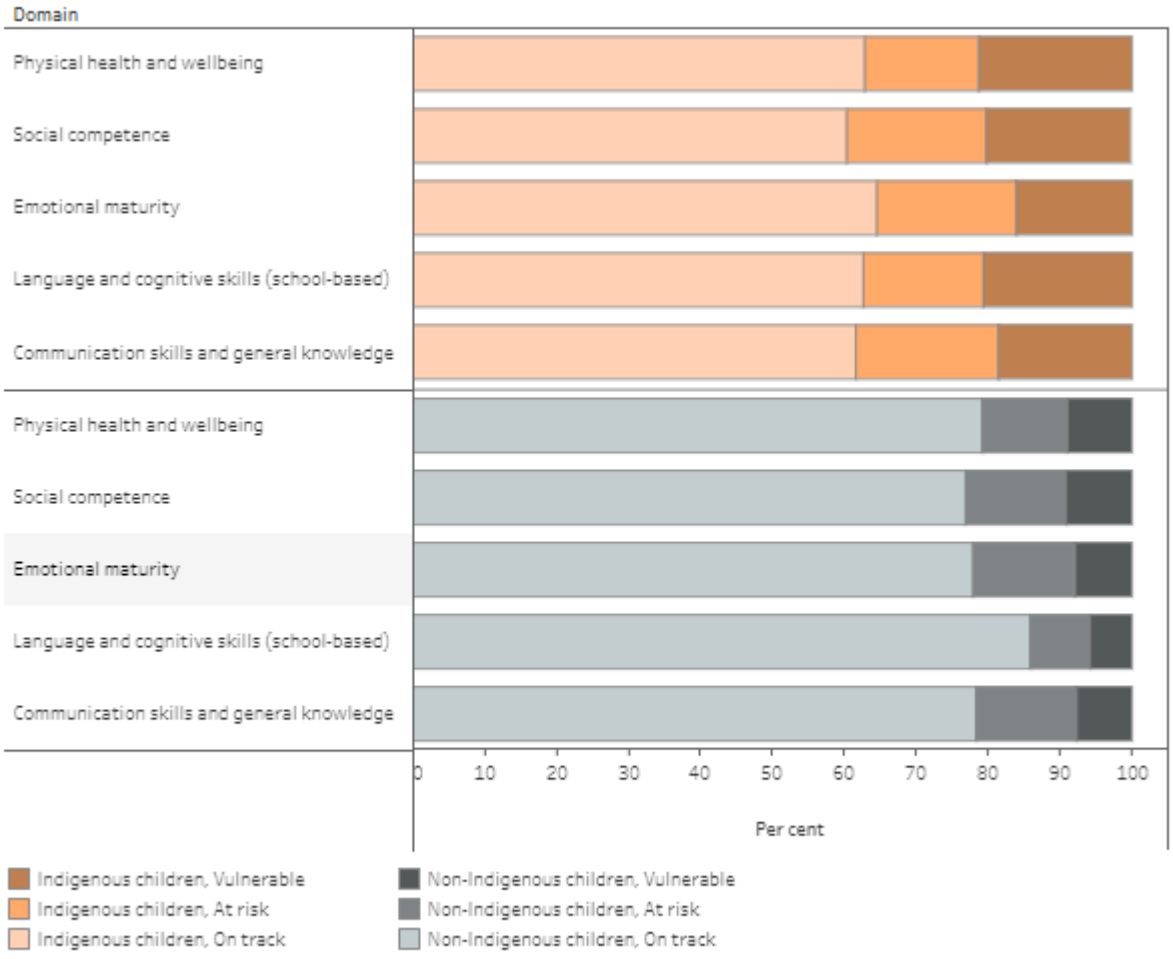
Note: Attendance rates are the proportion of enrolled children who attended for at least 1 hour in the reference week.
Source: Steering Committee for the Review of Government Service Provision 2020 (National Early Childhood Education and Care Collection 2019).
http://www.aihw.gov.au/

School readiness

The Australian Early Development Census (AEDC) is a census type data collection for all children in their first year of full-time schooling, conducted every 3 years. Based on their observations, school teachers assess these children on 5 domains of early childhood development (Figure 2).

The 2018 AEDC assessed 308,953 children, of whom 19,074 (6.2%) were Indigenous. Across each of the five AEDC domains, between 60–64% of Indigenous children were assessed as being developmentally on track (Figure 2) (DET 2019a).

Figure 2: Proportion of children in their first year of full-time school who were assessed as developmentally on track, at risk or vulnerable, by Indigenous status and AEDC domain, 2018



Source: Department of Education and Training 2019a (Australian Early Development Census 2018).
http://www.aihw.gov.au

Around one-third (35%) of Indigenous children were assessed as on track on all 5 domains. The National Agreement target for Indigenous children to thrive in their early years aims to increase this proportion to 55% by 2031 (Closing the Gap Target 4).

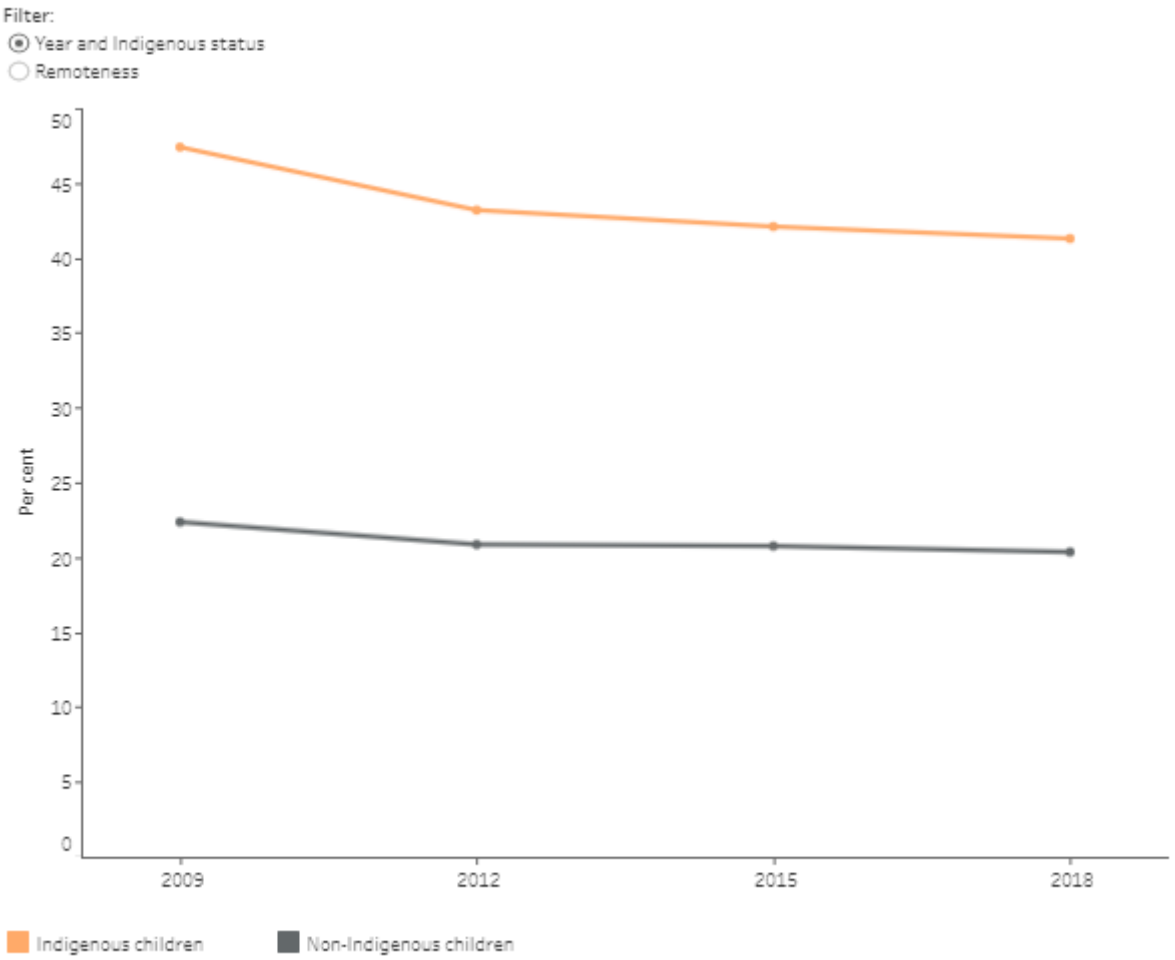
The 2018 AEDC results also showed that, nationally:

- 21% of Indigenous children were assessed as developmentally vulnerable in the Language and cognitive skills (school-based) domain, 21% in the Physical health and wellbeing domain, 20% in the Social competence domain, 19% in the Communication skills and general knowledge domain and 16% in the Emotional maturity domain (Figure 2).
- 41% of Indigenous children were assessed as developmentally vulnerable on one or more of the five domain(s) (an improvement on 47% in 2009) (Figure 3).
- Indigenous boys were more likely than Indigenous girls to be assessed as developmentally vulnerable on one or more domain(s) (49% compared with 34%) (AIHW analysis of unpublished 2018 AEDC data).
- Indigenous children living in *Very remote* areas were 1.8 times as likely as those living in *Major cities* to be assessed as developmentally vulnerable on one or more domain(s) (65% compared with 37%) (Figure 3).

The gap between Indigenous and non-Indigenous children who were assessed as developmentally vulnerable on one or more domain(s) has narrowed over time (from a gap of 25 percentage points in 2009 to 21 percentage points in 2018). However, in 2018 the proportion of Indigenous children who were assessed as developmentally vulnerable on one or more domain(s) was twice that of non-Indigenous children (41% compared with 20%) (Figure 3).

In 2018, Language and cognitive skills (school-based) was the domain with the largest gap between Indigenous and non-Indigenous children assessed as developmentally vulnerable (a difference of 23 percentage points), while the smallest gap was for Emotional maturity (13 percentage points) (Figure 2).

Figure 3: Proportion of children in their first year of full-time school who were assessed as developmentally vulnerable on one or more AEDC domain(s), by Indigenous status, 2009 to 2018, and Indigenous children by remoteness, 2018



Sources: Department of Education and Training 2019b (Australian Early Development Census 2009, 2012, 2015, 2018); AIHW analysis of unpublished 2018 Australian Early Development Census data.
http://www.aihw.gov.au/

Programme for International Student Assessment

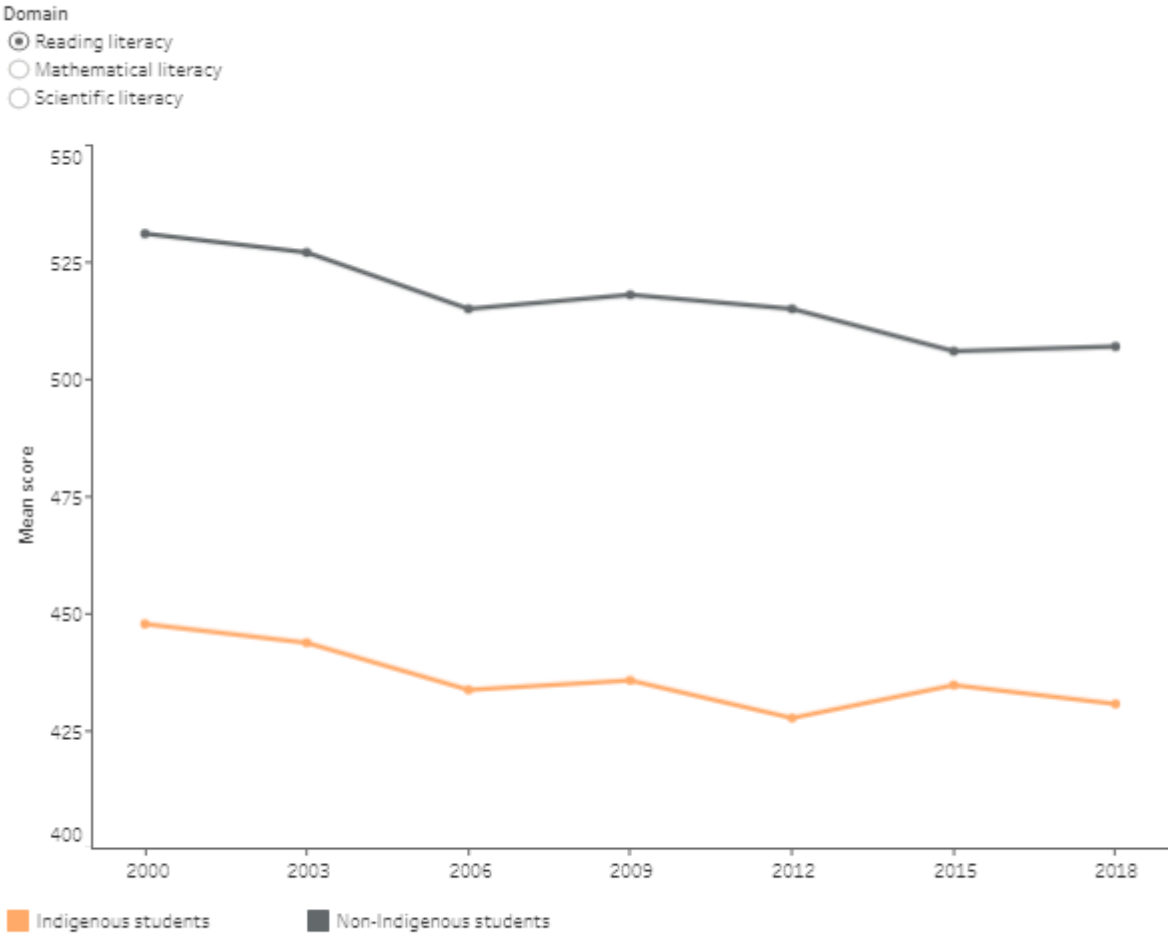
The Programme for International Student Assessment (PISA) is a standardised test of knowledge and skills administered to a random sample of 15-year-old students by the Organisation for Economic Co-operation and Development (OECD) in over 70 countries. For more information on Australia's results, see School student engagement and performance.

Australia's 2018 PISA results showed that:

- The performance of Indigenous students was lower than non-Indigenous students across all assessment domains, with mean score differences equivalent to around 2.3 years of schooling in reading literacy, 2.5 years of schooling in mathematical literacy and 2.75 years of schooling in scientific literacy.

- Indigenous students were under-represented at the higher proficiency levels in all domains (with 4.6% of Indigenous students in the higher proficiency levels in reading literacy, 2.5% in mathematical literacy and 2.6% in scientific literacy).
- Indigenous students were over-represented at the lower proficiency levels in all domains (with 43% of Indigenous students in the lower proficiency levels in reading literacy, 48% mathematical literacy and 44% in scientific literacy).
- There was a decline in reading literacy for Indigenous students from 2000 to 2018 (from a mean score of 448 to 431). For non-Indigenous students, there was a decline over time in all domains.
- The gap in the mean score for scientific literacy between Indigenous and non-Indigenous students narrowed from 2006 to 2018 (from a gap of 88 to 75). However, this can largely be attributed to a decline in the performance of non-Indigenous students (Figure 4).

Figure 4: PISA mean performance scores in reading, mathematical and scientific literacy, by domain and Indigenous status, 2000 to 2018



Note: The starting year for each domain is determined by the first cycle that a domain had a full assessment (the first cycle it was the 'major domain'). This occurs every third cycle from the starting year. Reading literacy was the major domain in 2018.
Source: Thomson et al. 2019 (Programme for International Student Assessment 2000–2018).
http://www.aihw.gov.au/

School attendance

Overall, school attendance rates for Indigenous and non-Indigenous students in years 1 to 10 did not improve between 2014 and 2019. Attendance rates decreased by 2 percentage points for Indigenous students and by 1 percentage point for non-Indigenous students over the period. In Semester 1, 2019, the attendance rate for Indigenous students was 82%, compared with 92% for non-Indigenous students (ACARA 2021).

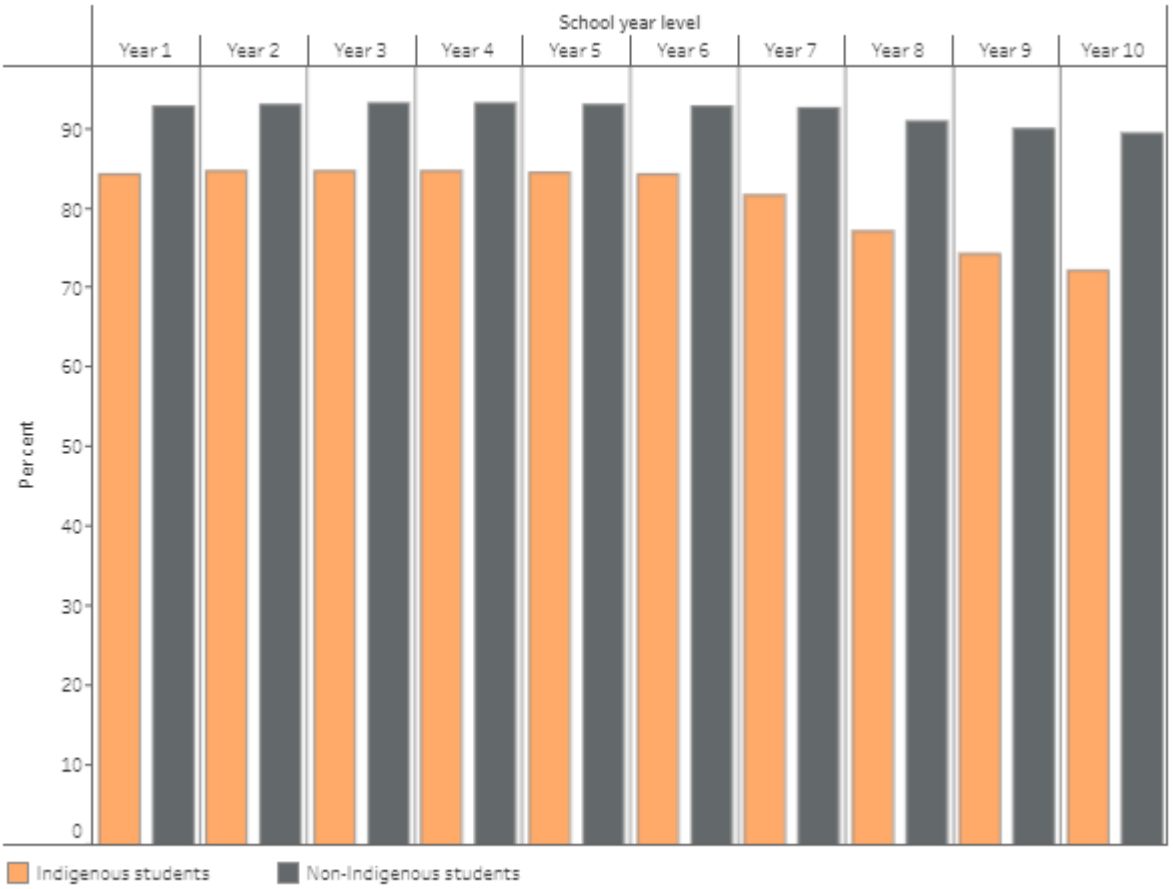
The Northern Territory had the largest change between 2014 and 2019, with Indigenous student attendance decreasing by 7 percentage points. All other jurisdictions had a decrease of 3 percentage points or less over this period (ACARA 2021).

In 2019, the attendance rate was 23–24 percentage points lower for Indigenous students in *Very remote* areas (61%) compared with those in *Inner regional* areas (85%) and *Major cities* (84%). Attendance rates for non-Indigenous students did not vary greatly by remoteness, and the gap between Indigenous and non-Indigenous students grew with increasing remoteness (ACARA 2021).

School attendance rates for Indigenous students were steady between primary school year levels (84%–85%) but reduced as the secondary school year level increased (to a low of 72% for Year 10 students). For non-Indigenous students, the attendance rate ranged from 93% during primary school to 89% for Year 10 students (Figure 5).

COAG's target to close the gap between Indigenous and non-Indigenous school attendance within 5 years by 2018 expired unmet (PM&C 2020). School attendance was not included as one of the 16 new targets in the National Agreement but is included as an indicator for Outcome 5—Aboriginal and Torres Strait Islander students achieve their full learning potential.

Figure 5: School attendance rates, by Indigenous status and school year level, Year 1 to Year 10, 2019



Source: Australian Curriculum, Assessment and Reporting Authority 2021 (National Student Attendance Data Collection).
http://www.aihw.gov.au/

Reading and numeracy

The target to halve the gap in reading and numeracy by 2018 was assessed by measuring the difference in the proportion of students at or above the national minimum standard in National Assessment Program – Literacy and Numeracy (NAPLAN) results. Progress was tracked for students in years 3, 5, 7 and 9.

Based on an assessment of 2018 NAPLAN data, this target expired unmet. However, there were improvements for reading and literacy for Indigenous children over the decade to 2018 and the gap narrowed by between 3–11 percentage points across all year levels (PM&C 2020).

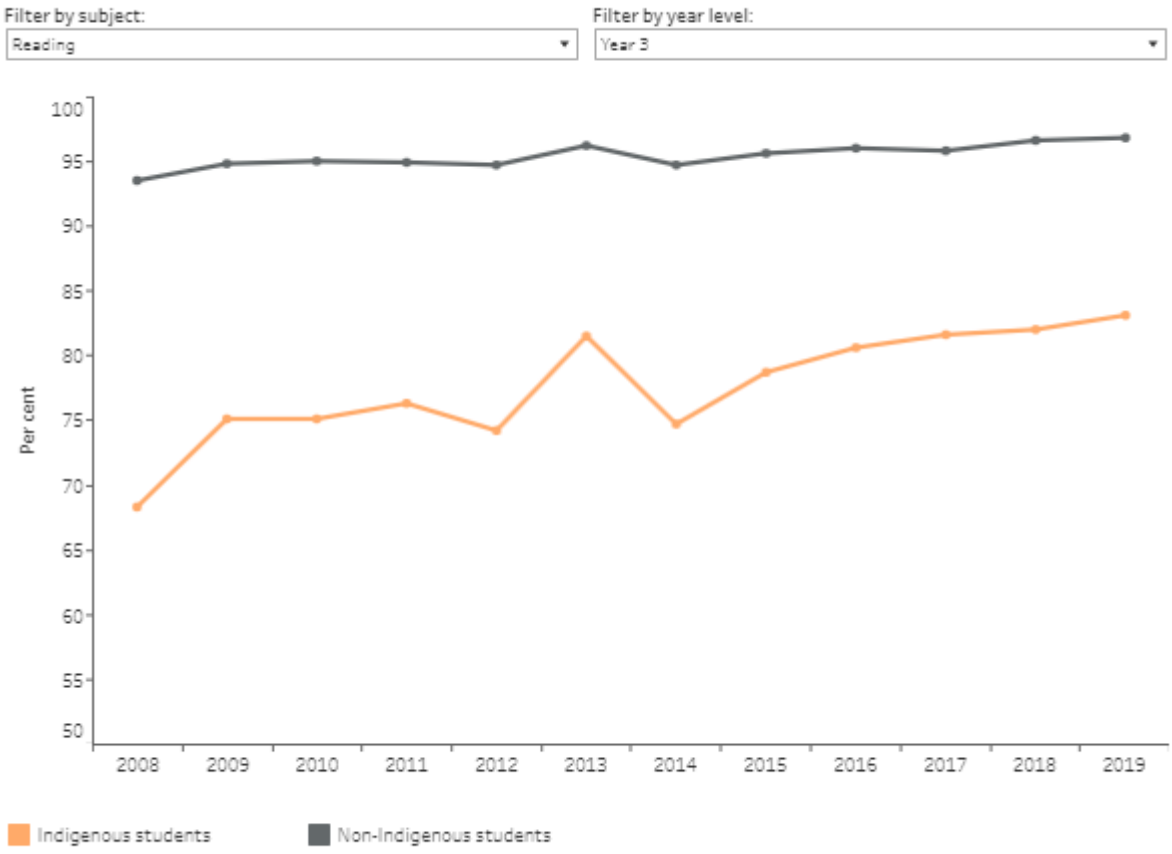
Based on NAPLAN data from 2008 to 2019:

- the proportion of Indigenous students meeting the national minimum standard for reading increased in years 3 and 5; from 68% to 83% for Year 3 and from 63% to 78% for Year 5.

- the proportion of Indigenous students meeting the national minimum standard for numeracy increased in years 5 and 9; from 69% to 80% for Year 5 and from 73% to 84% for Year 9.
- the gap between Indigenous and non-Indigenous students at or above the national minimum standard narrowed for years 3, 5 and 9 for reading (by 12, 11 and 2 percentage points, respectively) and for years 5 and 9 for numeracy (by 8 and 10 percentage points, respectively) (Figure 6).

Reading and numeracy was not included as one of the 16 targets in the National Agreement on Closing the Gap but is included as an indicator for Outcome 5 – Aboriginal and Torres Strait Islander students achieve their full learning potential.

Figure 6: Proportion of students meeting the national minimum standard in reading and numeracy, by Indigenous status, 2008 to 2019



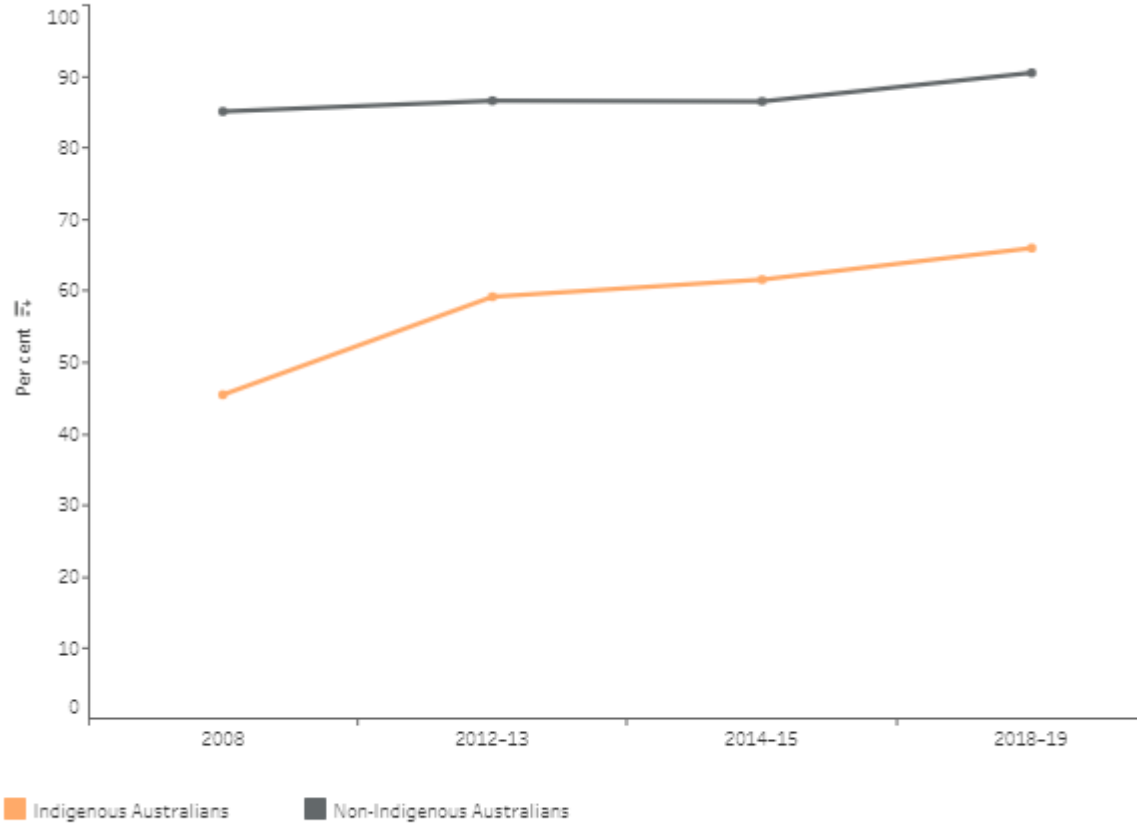
Source: Australian Curriculum, Assessment and Reporting Authority 2019 (National Assessment Program—Literacy and Numeracy).
http://www.aihw.gov.au/

Attainment of Year 12 or equivalent

Progress has been made in Year 12 or equivalent (Certificate II or above) attainment for Indigenous Australians aged 20–24, with an increase of 21 percentage points between 2008 and 2018–19 (from 45% to 66%). The rate for non-Indigenous Australians increased by 5 percentage points over this period (from 85% to 90%) (Figure 7).

The gap in Year 12 or equivalent (Certificate II or above) attainment rates for Indigenous and non-Indigenous Australians aged 20–24 narrowed by around 15 percentage points over the decade to 2018–19 – from a gap of 40 percentage points in 2008 to around 25 percentage points in 2018–19. The 2008 Closing the Gap target to halve the gap in Year 12 attainment or equivalent by 2020 was on track to be met at the time of the *Closing the Gap Report 2020* assessment (PM&C 2020).

Figure 7: Proportion of people aged 20–24 who had attained a Year 12 or equivalent (Certificate II or above), by Indigenous status, 2008 to 2018–19



Source: National Aboriginal and Torres Strait Islander Social Survey 2008 and 2014–15; Australian Aboriginal and Torres Strait Islander Health Survey 2012–13; National Aboriginal and Torres Strait Islander Health Survey 2018–19; Survey of Education and Work 2008, 2012, 2014, 2018. http://www.aihw.gov.au/

The National Agreement includes a new target to increase the proportion of Indigenous Australians aged 20–24 attaining a Year 12 or equivalent qualification to 96% by 2031. The new target measures a Year 12 attainment or Certificate III or above as the equivalent qualification, a change from the 2008 target which measured a Year 12 attainment or Certificate II or above as the equivalent qualification.

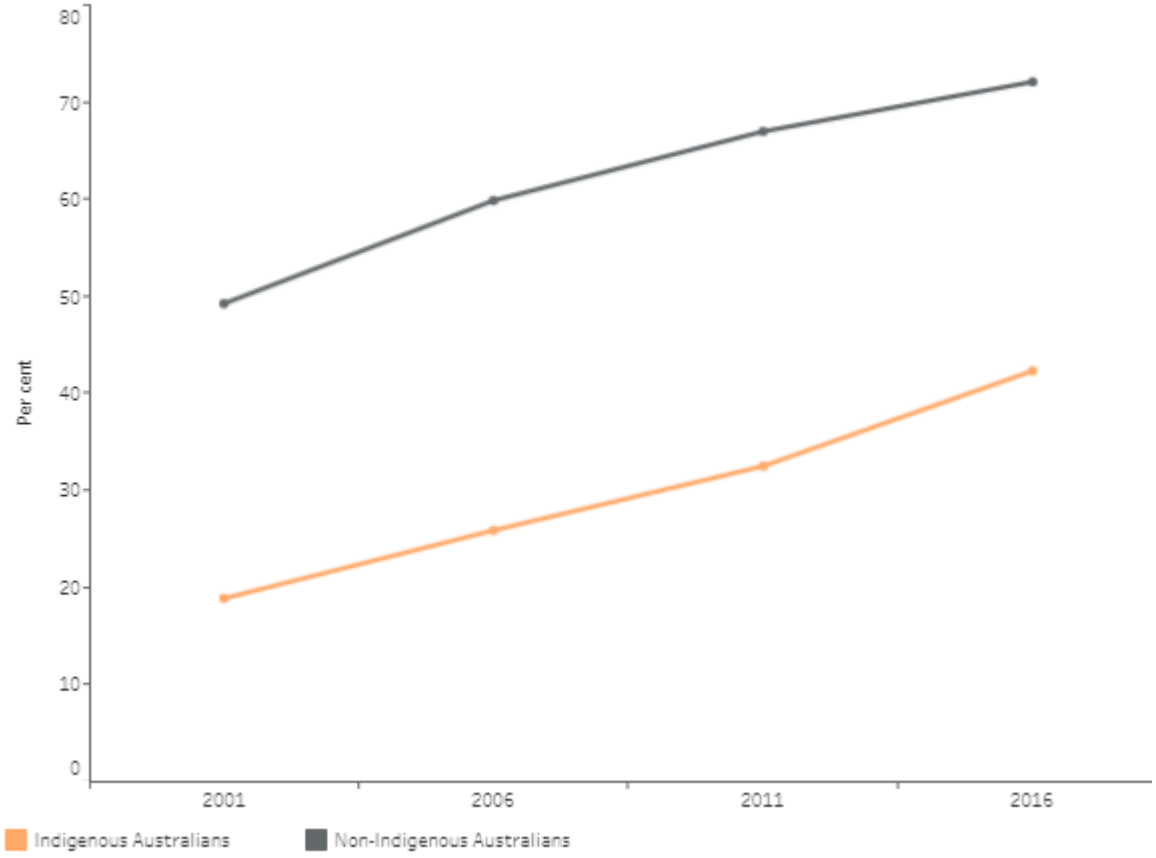
In the 2016 Census of Population and Housing (Census), the proportion of Indigenous Australians aged 20–24 who had attained a Year 12 or equivalent (Certificate III or above) was 63% (Closing the Gap Target 5).

Tertiary qualifications

A new target in the National Agreement is to increase the proportion of Indigenous Australians aged 25–34 who have completed tertiary qualifications (Certificate III and above) to 70% by 2031.

Based on data from the 2016 Census, 42% of Indigenous Australians aged 25–34 had completed a tertiary qualification as their highest educational attainment (Certificate III and above). This was 72% for non-Indigenous Australians aged 25–34 (Figure 8).

Figure 8: Proportion of people aged 25–34 who had attained a Certificate III or above, by Indigenous status, 2001 to 2016



Source: Productivity Commission 2021 (Census of Population and Housing 2001–2016).
http://www.aihw.gov.au/

For Indigenous students in government-funded Vocational education and training (VET) courses:

- enrolments increased by 18% from 70,700 to 83,300 for the full calendar years 2015 to 2019 (NCVER 2020).
- 68,000 Indigenous students were enrolled in the period January to September 2020, a decrease of 5.2% from the same period in 2019 (NCVER 2021).

Improvements have been made in university enrolments and course completions for Indigenous Australians in recent years. Between 2010 and 2019:

- The number of Indigenous students almost doubled, from 11,024 to 21,033.
- There was a 108% increase in the number of higher education course completions by Indigenous students (from 1,424 to 2,964) (DESE 2020).

Despite this progress, Indigenous Australians continue to be under-represented in universities, comprising 1.9% of the domestic higher education student population, compared with 3.3% of the total Australian population. Indigenous Australians comprised 2.3% of the domestic higher education student population aged 25–34, compared with 3.4% of the Australian population this age (DESE 2020, 2021 unpublished; ABS 2019).

Impact of COVID-19

The COVID-19 pandemic impacted all levels of the education system in Australia in 2020.

The majority of students experienced a rapid transition to home-based online learning due to school closures. Although children of essential workers and vulnerable students were still able to attend school, the vast majority of students used home-based learning. The response to COVID-19 emphasised persistent inequities experienced by vulnerable population groups (Drane et al. 2020). Indigenous students across Australia and persons living in remote areas are among those with an existing risk of increased challenges with access to technology, support and isolation (Bennett et al. 2020; Lamb 2020).

The COVID-19 response also included social distancing measures, travel restrictions, the closure of non-essential services, stimulus packages and free childcare for working parents (Storen et al. 2020).

These and many other complex factors related to the COVID-19 pandemic may shift trends in education data. The data presented on this page reflect the 'pre-COVID-19' picture because data are not yet available for the COVID-19 period. Further assessments on the impact of COVID-19 on education for Indigenous Australians will be made in the future as data allow it.

Where do I go for more information?

For more information on Indigenous education and skills and on progress on the education-related Closing the Gap targets, see:

- Closing the Gap website
- Closing the Gap data dashboard
- Closing the Gap Report 2020
- Australia's Welfare 2017—7.4 Closing the gap in education
- *Aboriginal and Torres Strait Islander Health Performance Framework 2020*:
  - 2.04 Literacy and numeracy
  - 2.05 Education outcomes for young people

  - 2.06 Educational participation and attainment of adults
- Closing the Gap targets: 2017 analysis of progress and key drivers of change

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Indigenous employment

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On this page

Employment lies at the heart of socioeconomic opportunity. It provides direct economic benefit to individuals and families, including financial security, increased social mobility and access to higher standards of living. Beyond this, it is well established that working is associated with benefits to physical and mental health, social inclusion and improved developmental outcomes for the children of employed persons (Biddle 2013; Gray et al. 2014; WHO 2012).

This page provides an overview of employment for Aboriginal and Torres Strait Islander people over time.

See Indigenous income and finance for more information on the household and personal income of Indigenous Australians (including wages and salaries from employment).

Targets and outcomes

In 2020, all Australian governments and the Coalition of Aboriginal and Torres Strait Islander Peak Organisations worked in partnership to develop the National Agreement on Closing the Gap (the National Agreement), committing to 4 key Reform Priorities and 16 socioeconomic Closing the Gap targets. Two of these targets directly relate to employment.

National Agreement on Closing the Gap employment-related targets

Target 7: By 2031, increase the proportion of Aboriginal and Torres Strait Islander youth (15–24 years) who are in employment, education or training to 67 per cent.

(compared with a 2016 baseline level of 57%)

Target 8: By 2031, increase the proportion of Aboriginal and Torres Strait Islander people aged 25–64 who are employed to 62 per cent.

(compared with a 2016 baseline level of 51%)

Note: The baseline values for these targets were derived from the Australian Bureau of Statistics (ABS) 2016 Census of Population and Housing (Census).

Prior to establishment of the National Agreement, there were 7 Closing the Gap targets set by the Council of Australian Governments (COAG) under the National Indigenous Reform Agreement; one of which was to halve the gap in employment rates between Indigenous and non-Indigenous Australians between 2008 and 2018. The Closing the Gap Report 2020 found that this target expired unmet.

Overview of Indigenous employment

The National Aboriginal and Torres Strait Islander Health Survey 2018–19, conducted by the Australian Bureau of Statistics, provides the most recent data on employment rates of Indigenous Australians. For those aged 25–64 (the age group specified in Target 8 of the National Agreement), it was 52% in 2018–19 (ABS 2019a).

For the rest of this page, employment rate data are presented for Indigenous Australians aged 15–64, for consistency with how this target was previously defined.

Comparing the most recent data for people aged 15–64 with earlier surveys:

- between 2007–08 and 2018–19, the overall employment rate for Indigenous Australians dropped from 54% to 49%, while the rate for non-Indigenous Australians remained stable at roughly 76% (Figure 1)
- in the 2017–18 to 2018–19 period, the overall gap in employment rates between Indigenous Australians and non-Indigenous Australians was 27 percentage points (Figure 1)
- if the employment trends presented on this page are adjusted for the effect of changes and closure of the Community Development Employment Projects (CDEP) scheme, then the employment rate for Indigenous Australians remained stable over the 2008 to 2018–19 period at around 49% (SCRGSP 2020).

Community Development Employment Projects

Assessing Indigenous employment trends is complicated by the many changes in the coverage – and subsequent re-branding and closure in 2013 – of the CDEP. The CDEP was an employment assistance program established in 1977 to create employment opportunities in remote communities by pooling unemployment benefits.

In ABS surveys and Censuses conducted before July 2009, all identified CDEP participants were classified as being employed. This contributed to an overstatement of Indigenous

employment. Before its closure in 2013, the CDEP was already being phased out and progressively replaced by the Community Development Program (CDP). Since then, ABS products such as the National Aboriginal and Torres Strait Islander Health Survey consider CDP participants to be employed only if they are engaged in employment unrelated to the CDP.

If the trend in Indigenous employment rates is computed by excluding all participants in the CDEP (in 2002 to 2012–2013 data) and the CDP (in 2018–19 data), then the employment rate for Indigenous Australians increased markedly between 2002 (34%) and 2008 (48%). Since then, it has remained more or less stable, at 46% in 2012–13 and 49% in 2018–19 (SCRGSP 2020).

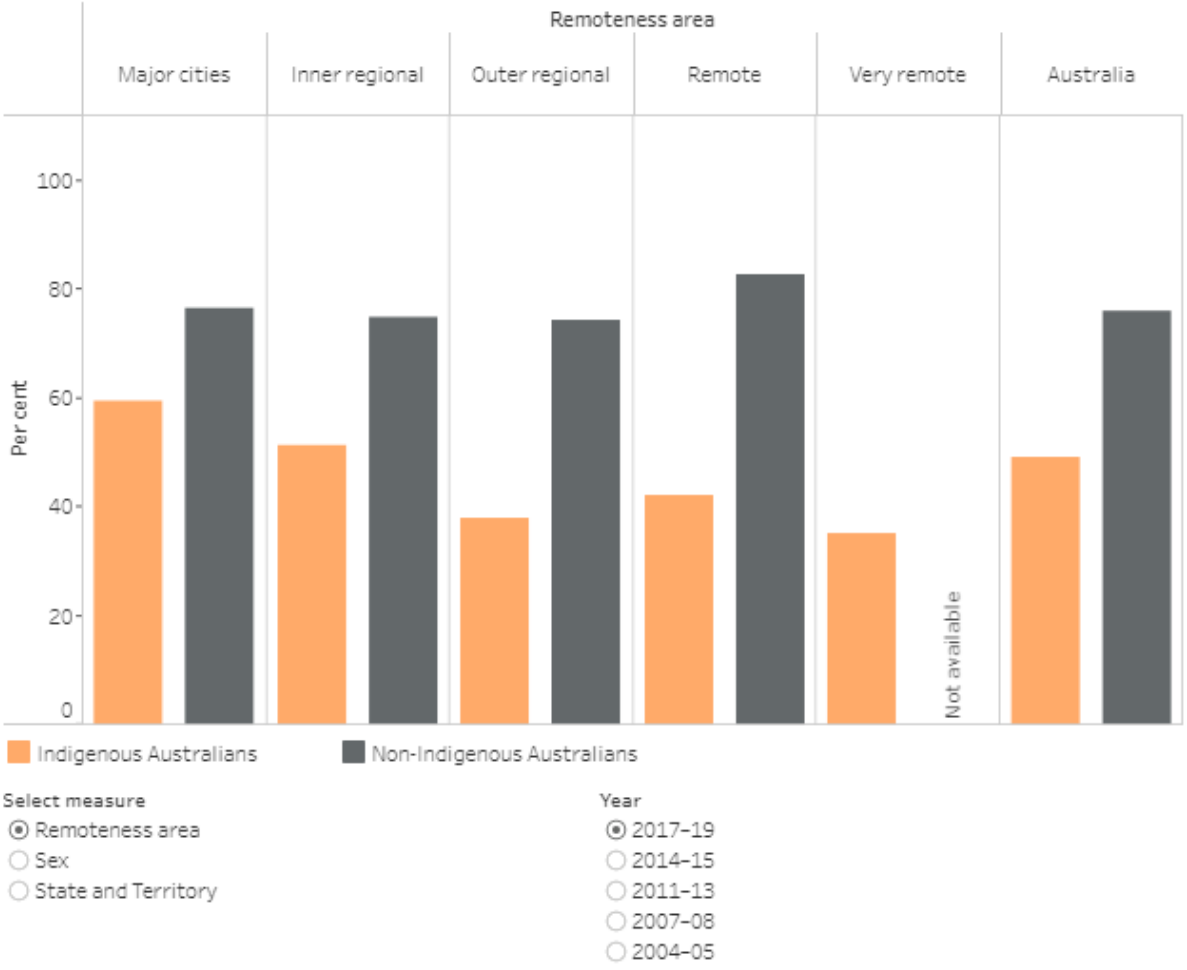
Excluding CDEP and CDP participants, the employment rate for Indigenous Australians in remote and non-remote areas in 2018–19 was 36% and 52%, respectively. These rates have remained stable since 2008 (SCRGSP 2020).

Employment by location

In 2018–19, the employment rate of Indigenous Australians decreased consistently with increasing remoteness, from 59% in *Major cities* to 35% in *Very remote* areas. This pattern is consistent with that of data for 2014–15; however, it was not as pronounced in earlier reference periods (for example, 2004–05 and 2007–08) (Figure 1).

The employment rate of Indigenous Australians in 2018–19 also varied markedly by state and territory. It was highest in the Australian Capital Territory (61%), followed by Tasmania (54%) and New South Wales (54%), and lowest in the Northern Territory (37%). This pattern has remained roughly the same since 2014–15. In previous reference periods, however, the employment rate in New South Wales was considerably lower (for example, 45% in 2012–13) and the rate in the Northern Territory was closer to that for other jurisdictions, peaking at 51% in 2008 (Figure 1). The decline in the Indigenous employment rate in the Northern Territory partly reflects the flow-on effect of closing the CDEP.

Figure 1: Proportion of employed people aged 15–64, by sex, remoteness area, state and territory and Indigenous status, 2004–05 to 2017–19



Note: Data categorised as 2017–19 are from 2018–19 for Indigenous Australians and 2017–18 for non-Indigenous Australians.
Source: AIHW analysis of ABS 2019a, ABS 2019b; Steering Committee for the Review of Government Service Provision (SCRGSP) 2020.
http://www.aihw.gov.au

Employment by education level

The employment rate of Indigenous Australians has consistently shown an increase with higher levels of education. In 2018–19, the observed employment rate pattern relative to the highest level of education completed was:

- 79% for those with a Bachelor's degree or above
- 59% for those with a Certificate III or IV
- 22% for those with secondary year 9 and below (Figure 2).

This pattern is similar overall to that for 2014–15; however, when comparing the 2 periods, the employment rate of Indigenous Australians fell by 4.2 percentage points for those with a Bachelor's degree or higher but rose by 12 percentage points for those with an Advanced diploma or Diploma (Figure 2).

The full-time employment rate for Indigenous Australians was 30% in 2018–19, and the pattern of full-time employment by education level was similar to that for the overall employment rate: those with a Bachelor's degree or higher had the highest full-time employment rate (60%) and those with secondary year 9 and below had the lowest (11%) (Figure 2).

The overall part-time employment rate was 19% in 2018–19 for Indigenous Australians; however, a slightly different pattern emerged when viewed by education level. The part-time rate was highest for those with an Advanced diploma or Diploma (32%), and again lowest for those with secondary year 9 and below (10%) (Figure 2).

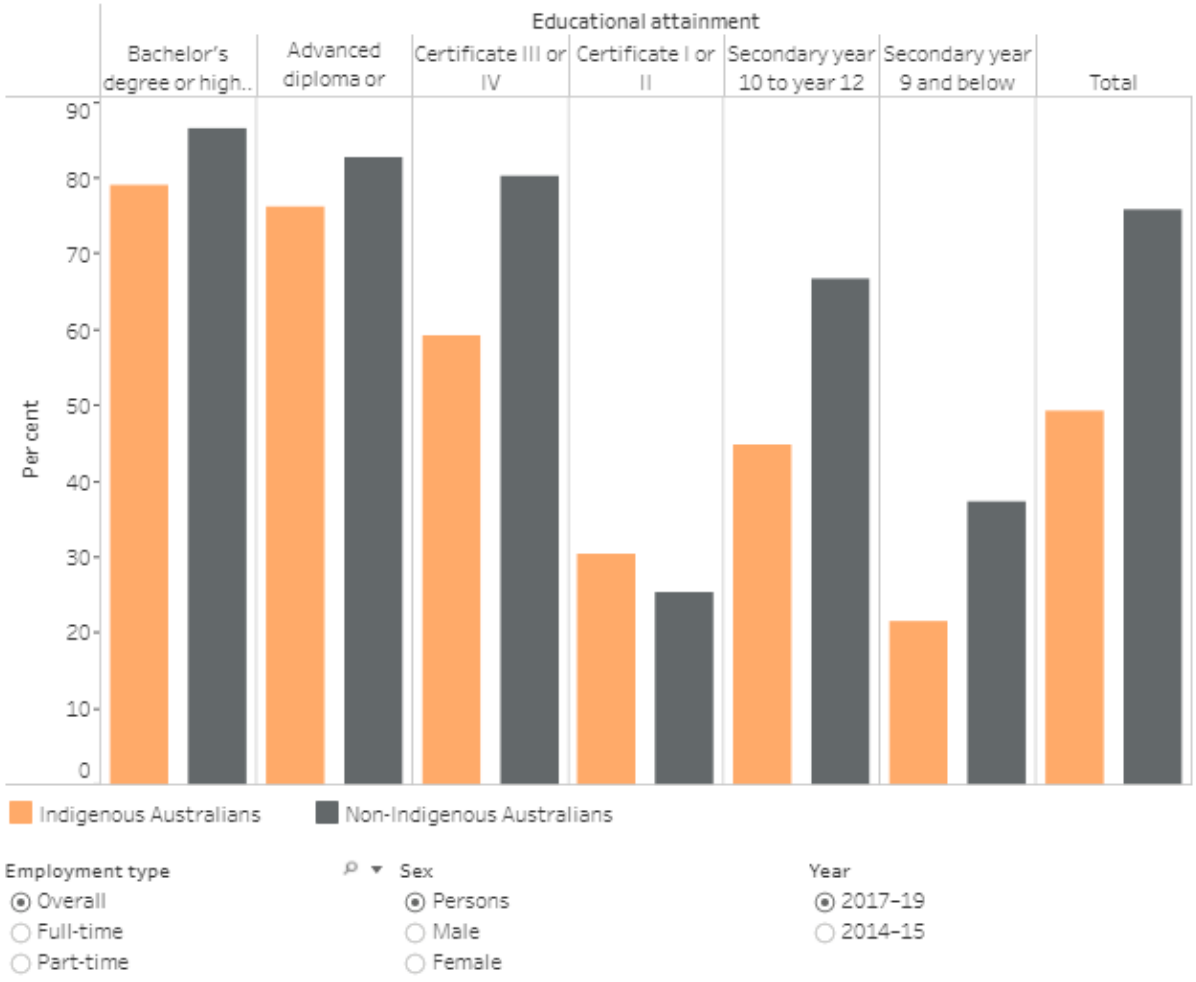
In the 2017–18 to 2018–19 period, similar to previous years, the gap in the employment rate between Indigenous and non-Indigenous Australians narrowed with higher levels of education. For those with a Bachelor's degree or higher, the overall gap was 7.4 percentage points. The gap for males was 1.3 percentage points and for females, 8.4 percentage points. In comparison, the overall gap between Indigenous and non-Indigenous Australians with a Bachelor's degree or higher in the 2014–15 reference period was 1.9 percentage points (Figure 2).

Employment by sex

Employment rates for Indigenous Australians in 2018–19 differed markedly by sex. Males had a higher overall employment rate (54%) than females (45%), and this difference was consistent across all levels of educational attainment (Figure 2).

For more information on this topic see Indigenous education and skills.

Figure 2: Proportion of employed people aged 15–64, by sex, Indigenous status and highest level of education, 2014–15 to 2017–19



Note: Data categorised as 2017–19 is from 2018–19 for Indigenous Australians and 2017–18 for non-Indigenous Australians. Total includes 'Certificate not further defined' and excludes those with no educational attainment.
Source: AIHW analysis of ABS 2016a, 2016b, 2019a, 2019b.
http://www.aihw.gov.au

Main occupations and industries of employment

This section provides 2 types of information about employed Indigenous Australians:

- their occupation (in high-level groupings); that is, the type of job they do
- their industry of employment; that is, the main type of activity their employer undertakes.

For example, a person who works as an accounts clerk for a major clothing store would have 'clerical and administrative workers' as their occupation group and 'retail trade' as their industry of employment.

Main occupation groups

The 5 most common occupation groups of working age Indigenous Australians in 2018–19 were:

- labourers (18%)
- community and personal service workers (18%)
- professionals (15%)
- technicians and trades workers (14%)
- clerical and administrative workers (11%) (Figure 3).

Seven per cent listed their main occupation as managers (Figure 3) (ABS 2019a).

The proportion of Indigenous Australians working as labourers and clerical and administrative workers has increased slightly since 2014–15, while the proportion working as community and personal service workers, machinery operators and drivers, and technicians and trade workers has slightly decreased (Figure 3) (ABS 2016a, 2019a).

Main industries of employment

The 5 most common industries of employment for working age Indigenous Australians in 2018–19 were:

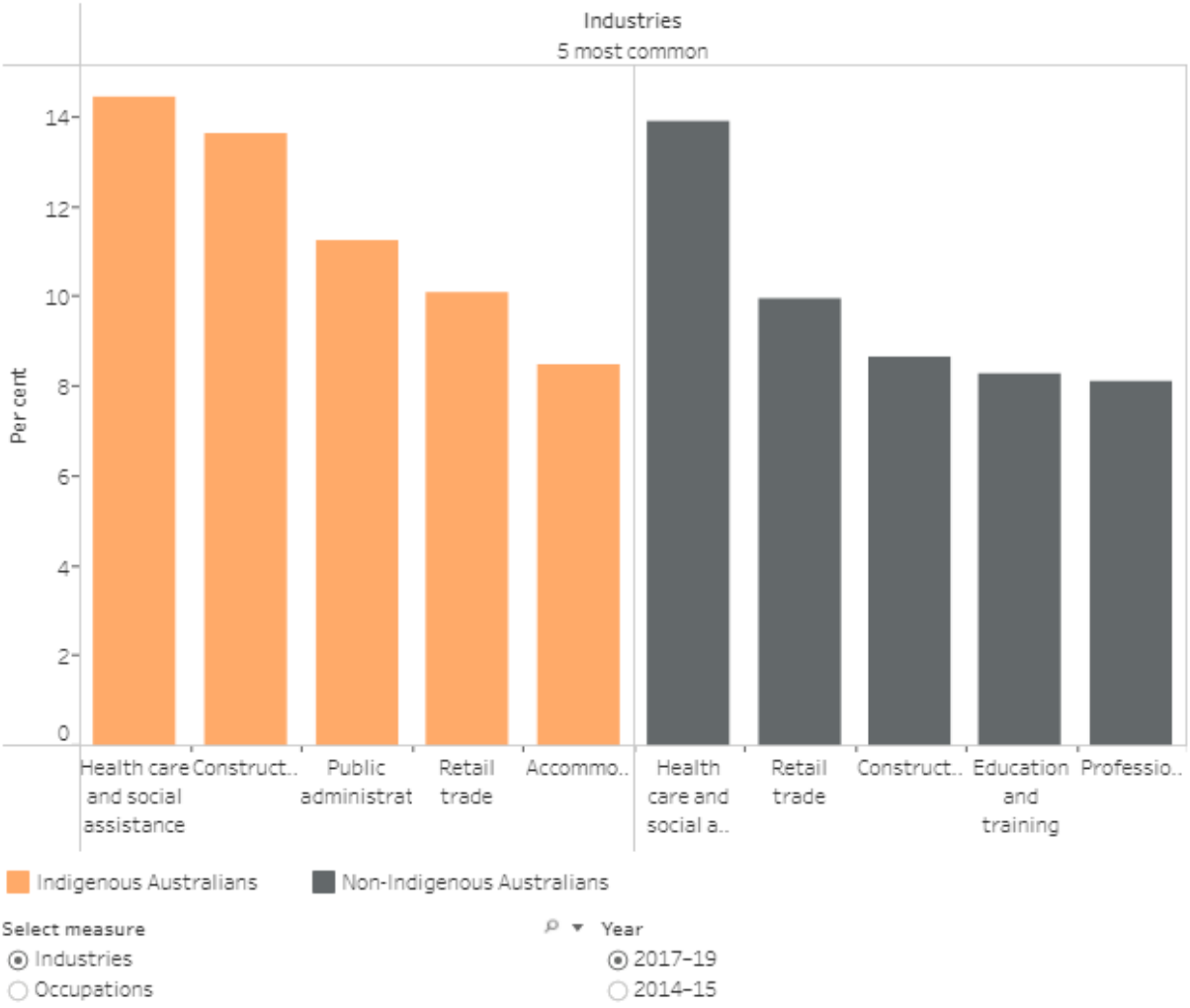
- health care and social assistance (14%)
- construction (14%)
- public administration and safety (11%)
- retail trade (10%)
- accommodation and food services (8.5%) (Figure 3).

Eight per cent listed their industry of main employment as education and training, and 3.5% reported it as professional, scientific and technical services (ABS 2019a).

Between 2014–15 and 2018–19, the proportion of Indigenous Australians employed in construction increased by 4.5 percentage points, while the proportion for the remaining 4 most common employment industries remained relatively stable (Figure 3).

In the 2017–18 to 2018–19 period, Indigenous Australians were over-represented in labouring, community and personal service occupations, and under-represented as professionals and managers relative to the working age non-Indigenous population. This was also reflected in industries of main employment, where Indigenous Australians were over-represented in the construction, public administration and safety sectors, and were under-represented in the professional, scientific and technical services sector (Figure 3) (ABS 2019a, 2019b).

Figure 3: Principal occupations and main industries of employment, people aged 15–64, by Indigenous status, 2014–15 to 2017–19



Note: Data categorised as 2017–19 is from 2018–19 for Indigenous Australians and 2017–18 for non-Indigenous Australians.
Source: AIHW analysis of ABS 2016a, 2016b, 2019a, 2019b.
http://www.aihw.gov.au

Impact of COVID-19

Although the impact of the coronavirus disease 2019 (COVID-19) pandemic on employment in Australia has been substantial, no specific data are yet available on its effect on the employment of Indigenous Australians.

Where do I go for more information?

For additional data on employment among Indigenous Australians, see:

Closing the Gap Report 2020

Performance Reporting Dashboard of the Productivity Commission on the National Indigenous Reform Agreement

National Aboriginal and Torres Strait Islander Health Survey, 2018–19

National Agreement on Closing the Gap

Overcoming Indigenous disadvantage: key indicators 2020

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Indigenous housing

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On this page

A safe, secure home with working facilities is a key support for the good health and wellbeing of Aboriginal and Torres Strait Islander people. Good environmental health – the physical, chemical and biological factors external to a person that potentially affect their health (WHO 2020) – can influence life expectancy, young child mortality, disability, chronic disease, and family and community violence (SCRGSP 2020).

Historically, Indigenous Australians are over-represented among people who are homeless and those seeking assistance with housing. Not having affordable, secure and appropriate housing can further compound the social exclusion and disadvantage experienced by some Indigenous Australians (see Aged care for Indigenous Australians and Disability support for Indigenous Australians).

This page focuses on housing tenure (including ownership, rental and social housing), housing assistance, housing quality (including facilities and structural soundness) and overcrowding. It also looks at homelessness and the use of relevant services by Indigenous Australians and at the impact of the coronavirus disease 2019 (COVID-19) pandemic.

For information on Indigenous Australians' health outcomes, key drivers of health and the performance of the health system, see Aboriginal and Torres Strait Islander Health Performance Framework (HPF) – summary report 2020 (PDF 9 MB).

Housing tenure

Housing tenure describes whether a dwelling is owned, rented or occupied under some other arrangement.

In 2018–19, an estimated 486,293 Indigenous Australian adults were living in Indigenous households according to the National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) (AIHW & NIAA 2020). An Indigenous household is defined as one where at least 1 of its usual residents is Indigenous.

Of these Indigenous adults:

- almost 1 in 3 (31%) were home owners – 10% owned their home outright and 21% had a mortgage
- more than 2 in 3 (68%) were renters – 34% lived in social housing (see Glossary) and 34% were private renters or rented from another type of landlord (AIHW & NIAA 2020).

Home ownership

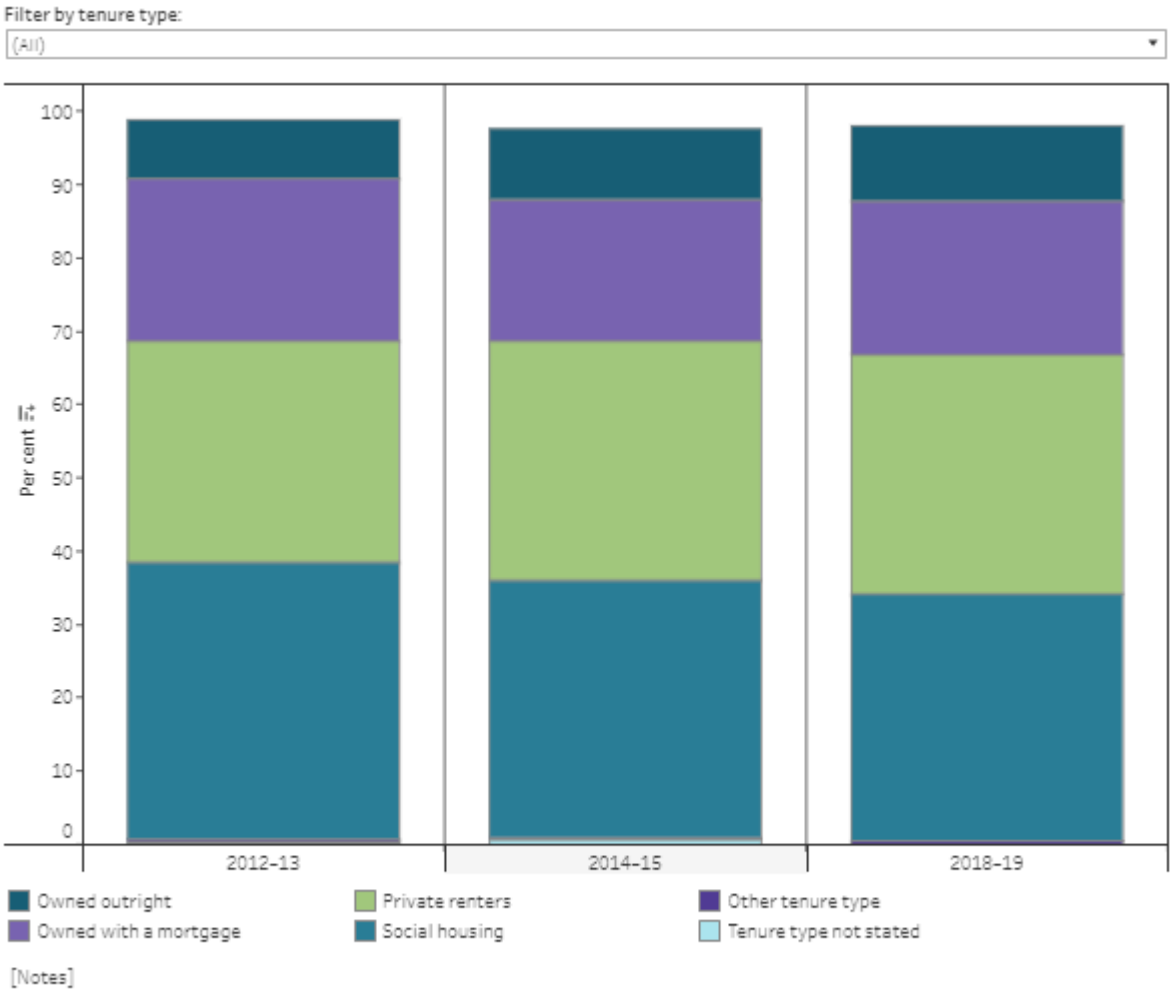
The proportion of Indigenous Australians who are home owners (with or without a mortgage) has remained constant over the years (Figure 1): 30% of Indigenous Australians in 2012–13, 29% in 2014–15 and 31% in 2018–19.

Private rental and social housing

NATSIHS data indicate that between 2008 and 2018–19, the proportion of Indigenous Australians who were renting:

- social housing fell – from 38% in 2012–13 to 35% in 2014–15 and 34% in 2018–19
- privately rose – from 30% in 2012–13 to 33% in 2014–15 and 2018–19 (Figure 1).

Figure 1: Tenure type, Indigenous Australians, 2012–13, 2014–15 and 2018–19



[Notes]

Source: AIHW and ABS analysis of National Aboriginal and Torres Strait Islander Health Survey 2012–13, 2018–19 and National Aboriginal and Torres Strait Islander Social Survey 2014–15.
http://www.aihw.gov.au

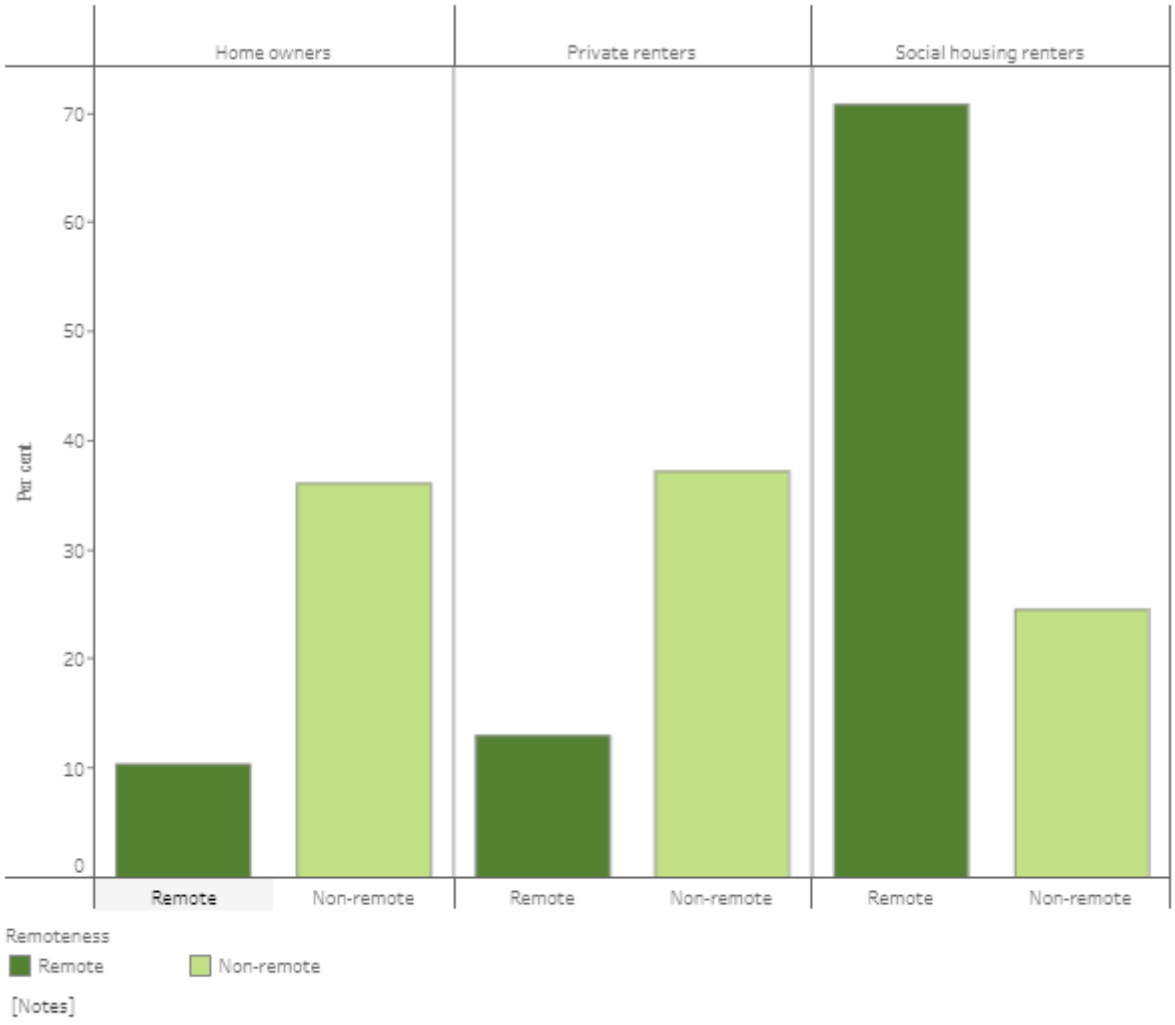
Remoteness area

Tenure type varies with remoteness area. In 2018–19, Indigenous Australians living in *Remote and very remote* areas combined were:

- less likely to own their own home than Indigenous Australians in non-remote areas (11% compared with 36%)
- more likely to live in social housing than Indigenous Australians in non-remote areas (71% compared with 25%) (AIHW & NIAA 2020) (Figure 2).

One factor that influences variation by remoteness is communal-title land in remote areas. Communal-title lands are those in remote Indigenous settlements that are jointly held in some form of a trust for the broader 'community' (Memmott et al. 2009). While a less common occurrence, certain communal-title lands lie within the boundaries of several regional towns and metropolitan cities in Australia; in some cases, these consist of conglomerates of freehold title blocks held collectively through a community housing organisation.

Figure 2: Tenure type, Indigenous Australians, by remoteness area, 2018–19



Source: AIHW and ABS analysis of National Aboriginal and Torres Strait Islander Health Survey 2018–19.
http://www.aihw.gov.au/

Housing assistance

Indigenous Australians face many barriers in the housing market, including discrimination; cultural and historical pressures, such as extended family structures; and intergenerational trauma (Flatau et al. 2005). Hence, they are a priority group for many housing assistance services provided under the National Housing and Homelessness Agreement (PDF 1.51 MB) (Australian Government 2018). Indigenous households commonly use social housing programs and Commonwealth Rent Assistance (CRA, see Glossary) (AIHW 2019a).

Social housing

Social housing is affordable rental housing provided by state and territory governments and the community sector. Its purpose is to assist people who are unable to access suitable rental accommodation in the private rental market (Thomas 2018).

Table 1: Types of Social housing available to Aboriginal and Torres Strait Islander people

Type	Indigenous specific housing	Owner and/or managed
Public housing	No	State or territory government
Community housing	No	Community organisation
State owned and managed Indigenous housing (SOMIH)	Yes	State or territory government
Indigenous community housing (ICH)	Yes	Aboriginal or Torres Strait Islander organisation

As at 30 June 2020 (AIHW 2021):

- 58,212 Indigenous Australian households were in social housing:
  - 34,824 in public housing
  - 13,822 in SOMIH
  - 9,566 in community housing
- 17,396 ICH dwellings were managed by funded and unfunded ICH organisations
- 14% of households in social housing included an Indigenous member (AIHW 2021).

Tenant satisfaction is measured by how the tenant/s rate the condition of their home and the number of its working facilities (see Housing quality). According to the Social Housing Survey, 2018:

- 80% of community housing tenants were satisfied with their housing, compared with 74% of public housing and 66% of SOMIH tenants
- 79% of Indigenous households said that the size of their dwelling met their needs
- satisfaction with amenities has declined since 2016 among SOMIH tenants in respect to:
  - the number of bedrooms (from 84% to 83%)
  - the privacy of the home (from 88% to 85%)
  - thermal comfort (from 67% to 62%) (AIHW 2019b).

Commonwealth Rent Assistance

CRA is a non-taxable income supplement payable to eligible people who rent in private or community housing rental markets. It is the most common form of housing assistance received by Indigenous Australian households (AIHW 2019a).

As at 26 June 2020, 100,866 income units receiving CRA reported having an Indigenous member. This equates to 5.9% of all CRA income units (AIHW 2021), an increase from 3.6% in 2009 (AIHW 2019a).

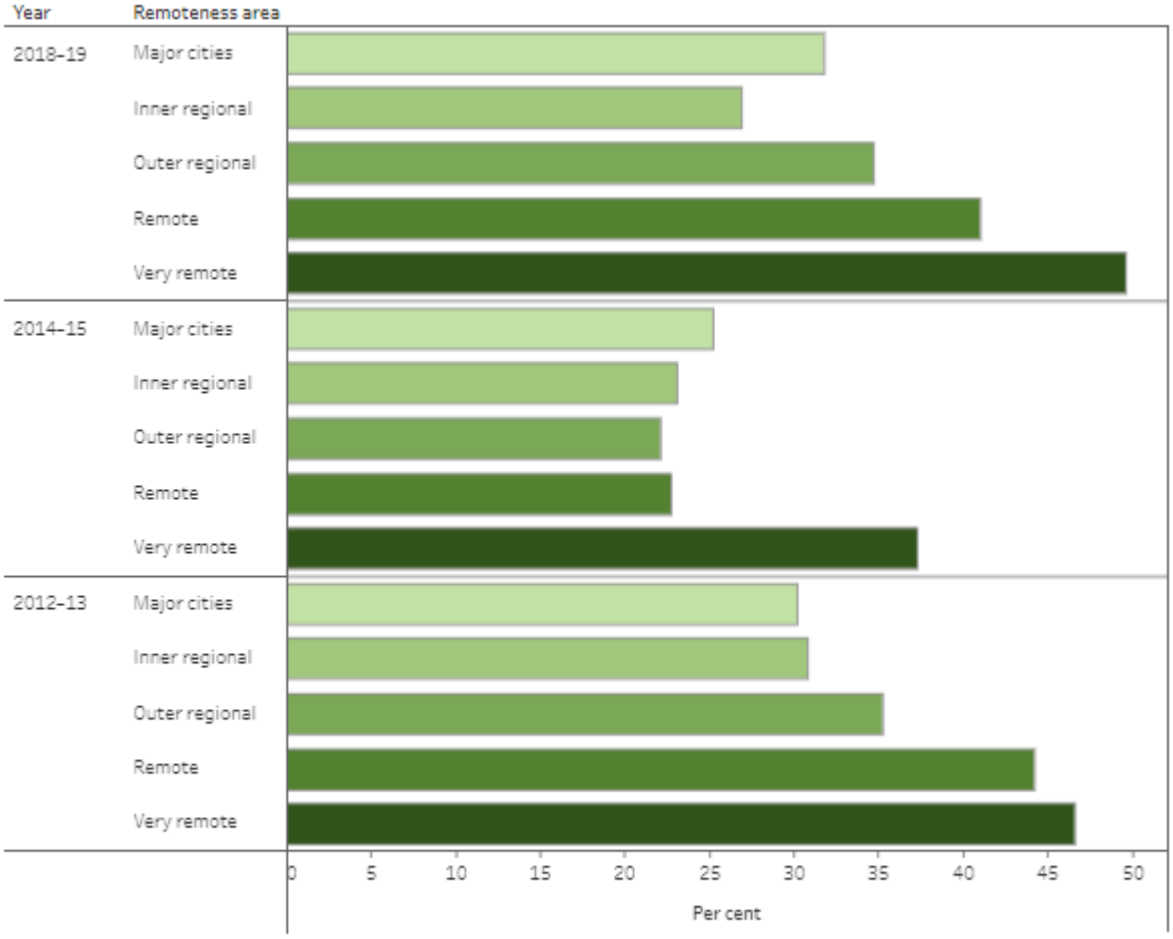
Housing quality

Housing quality is closely related to environmental health and affects a range of health indicators (SCRGSP 2020). For instance, poor air quality, lack of power and safe drinking water, and inadequate waste and sanitation facilities all contribute to poorer health and welfare.

In 2018–19:

- 1 in 5 (20%) Indigenous households were living in dwellings that did not meet an acceptable standard – defined in the NATSIHS as having at least 1 basic household facility that was unavailable or having more than 2 major structural problems
- 33% of Indigenous households were living in dwellings with at least 1 major structural problem. Indigenous households in remote areas were more likely to live in dwellings with structural problems than those in non-remote areas (46% and 31%, respectively) (Figure 3)
- 9.1% of Indigenous households had no access to working facilities for food preparation, 4.5% had no access to working facilities to wash clothes and bedding and 2.8% had no access to working facilities to wash household residents (AIHW & NIAA 2020).

Figure 3: Indigenous households with major structural problems, by remoteness area, 2012–13, 2014–15 and 2018–19



Note: An Indigenous household is defined as an occupied private dwelling where at least 1 permanent resident identifies as being of Aboriginal or Torres Strait Islander origin.
Source: AIHW and ABS analysis of Australian Aboriginal and Torres Strait Islander Health Survey 2012–13 (2012–13 NATSIHS component), National Aboriginal and Torres Strait Islander Health Survey 2018–19 and National Aboriginal and Torres Strait Islander Social Survey 2014–15.
http://www.aihw.gov.au/

Overcrowding

National Agreement on Closing the Gap

Target: By 2031, increase the proportion of Aboriginal and Torres Strait Islander people living in appropriately sized (not overcrowded) housing to 88%, compared with a 2016 baseline level of 79%.

Note: The baseline value for this target was derived from the Australian Bureau of Statistics (ABS) 2016 Census of Population and Housing (Census).

The ABS 2016 Census identified that 10% of Indigenous households (26,377), across all types of housing tenure, were living in overcrowded dwellings (see Glossary) (ABS 2018a).

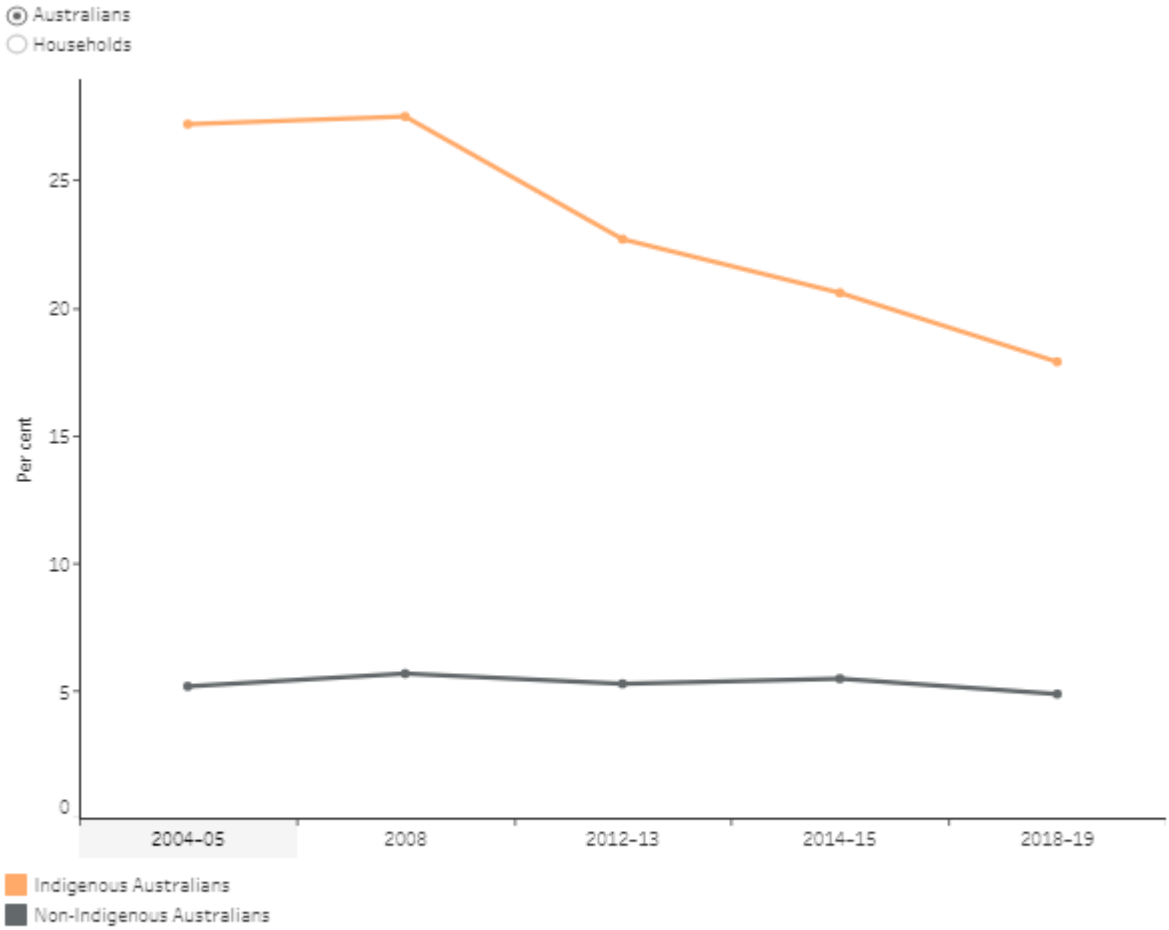
Data are also available on the number of Indigenous Australians living in overcrowded dwellings. In 2018–19, almost 1 in 5 Indigenous Australians (18%, or an estimated 145,340 people) were living in overcrowded dwellings, compared with 5% of non-Indigenous Australians (AIHW & NIAA 2020).

Available data suggest a decline in overcrowding over time. The proportion of:

- Indigenous households living in overcrowded conditions fell from 16% in 2001 to 10% in 2016 (AIHW 2019a)
- Indigenous Australians living in overcrowded conditions fell from 27% in 2004–05 to 18% in 2018–19 (AIHW & NIAA 2020) (Figure 4).

This drop in overcrowding represents a narrowing of the gap between Indigenous and non-Indigenous Australians from 22 to 13 percentage points (AIHW & NIAA 2020).

Figure 4: Overcrowded housing over time, by Indigenous status



Source: AIHW and ABS analysis of Australian Aboriginal and Torres Strait Islander Health Survey 2012–13, Australian Health Survey 2011–12, Census of Population and Housing 2001, 2006, 2011, National Aboriginal and Torres Strait Islander Health Survey 2004–05, 2018–19, National Health Survey 2004–05, 2007–08, 2014–15, 2017–18 and National Aboriginal and Torres Strait Islander Social Survey 2008, 2014–15.
http://www.aihw.gov.au/

Overcrowding rates varied with remoteness. In 2018–19, the:

- proportion of Indigenous Australians living in overcrowded dwellings was higher in remote areas (26% in *Remote* areas and 51% in *Very remote* areas) than in non-remote areas (ranging from 8% to 22%)
- number of Indigenous Australians living in overcrowded dwellings was higher in *Major cities*, *Inner regional* and *Outer regional* areas (83,045 people) than in *Remote and very remote* areas (62,394) (AIHW & NIAA 2020).

Homelessness

Indigenous Australians are over-represented in both the national homeless population and as users of Specialist Homelessness Services (SHS).

The ABS 2016 Census showed that Indigenous Australians accounted for over one-fifth (22% or an estimated 23,437 people) of the homeless population nationally (ABS 2018b).

According to the 2014–15 National Aboriginal and Torres Strait Islander Social Survey (NATSISS), 29% of Indigenous Australians aged 15 and over had been homeless at some time in their life (ABS 2016).

2019–20 SHS data show that:

- around 71,600 Indigenous Australians received SHS support. Indigenous Australians made up 27% of all SHS clients (AIHW 2020) but only 3.3% of the Australian population (ABS 2018c)
- more than half (53%, or almost 38,000) of Indigenous SHS clients were aged under 25 compared with 41% (79,800) of non-Indigenous clients (AIHW 2020)
- more Indigenous clients (65%) than non-Indigenous clients (57%) were returning clients (that is, they had received SHS services at some point since the collection began in 2011–12).

Impact of COVID-19

There are little data available on the effects of the COVID-19 pandemic on Indigenous housing specifically. Results from various studies of the Australian population more broadly found that this pandemic, and associated societal changes:

- negatively affected housing quality and affordability
- exacerbated social isolation (Horne et al. 2020)
- elevated levels of depression and anxiety (Dawel et al. 2020).

See 'Chapter 5 COVID-19 effects on housing and homelessness: a statistical analysis' and 'Chapter 3 The impact of COVID-19 on the wellbeing of Australians' in Australia's welfare 2021: data insights.

Furthermore, separation from family and reduced or cancelled visits by care workers proved challenging for many people (Horne et al. 2020). Existing vulnerabilities – such as poor housing quality and location; housing affordability; energy poverty; and a range of social, mental and physical health conditions – worsened due to the COVID-19 pandemic (Brackertz 2020).

Fewer people across all jurisdictions left SOMIH in the last 6 months of 2019–20 (AIHW 2021), thus increasing waiting lists for SOMIH in some jurisdictions. Fewer new Indigenous households were assisted by SOMIH in 2019–20 than in 2018–19 (1,062 compared with 1,357). There were similar decreases in new households in public housing and community housing.

For detailed information on Indigenous homelessness, see Use of specialist homelessness services by Aboriginal and Torres Strait Islander people (PDF 5.7 MB) and 'Chapter 6 Regional variation in assistance to homeless Indigenous Australians' in Australia's welfare 2021: data insights.

Where do I go for more information?

For more information on Indigenous housing, see:

Housing assistance in Australia

Aboriginal and Torres Strait Islander Health Performance Framework – summary report 2020

National Social Housing Survey, 2018

Chapter 18 – Housing, Productivity Report on Government Services – Housing

Overcoming Indigenous disadvantage – key indicators 2020

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Indigenous income and finance

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On this page

Income and financial stress levels are well-established social determinants of health and wellbeing in Australia (Mackenbach 2015). Households with higher levels of income typically show lower levels of stress in meeting basic living costs and have greater choice in food quality, housing, physical exercise, social participation and health care than lower income households (Braveman et al. 2011; Mackenbach 2015).

Aboriginal and Torres Strait Islander people consistently earn lower average incomes from employment and private sources than non-Indigenous Australians, and are more likely to be living on low incomes (Osborne et al. 2013). This contributes to poorer health and wellbeing outcomes and increases reliance on government income assistance for Indigenous Australians (SCRGSP 2020). For many disadvantaged Australians, including Indigenous Australians, access to social security payments is essential to ensure their economic and social wellbeing.

The first section of this page examines the median weekly income of Indigenous Australians in 3 ways:

1. gross equivalised household income
2. gross personal income of an individual
3. disposable income, which presents the first 2 income sources listed here after tax is deducted.

For more information on the income and finance of Indigenous Australians, see 'Chapter 4 The impacts of COVID-19 on employment and income support in Australia' in Australia's welfare 2021: data insights.

See also Indigenous employment.

Equivalised household income

About income data

Data on personal and household income for Indigenous Australians come from the Australian Bureau of Statistics (ABS) National Aboriginal and Torres Strait Islander Health Survey, 2018–19 (ABS 2019b) and the National Aboriginal and Torres Strait Islander Social Survey, 2014–15 (ABS 2016a). Comparison data for the non-Indigenous population are not available for the 2018–19 financial year, so comparisons on this page are drawn from the ABS National Health Survey, 2017–18 and 2014–15 (ABS 2016b, 2019c).

Household income levels on this page are equivalised (adjusted) at the individual level, meaning that they are presented for each household member after accounting for differences in the size and age profile of households. They have also been adjusted for inflation so that all median household and personal income figures for both Indigenous and non-Indigenous Australians are presented in 2018–19 Australian dollars (see glossary).

In 2018–19, the median gross adjusted household income per week among Indigenous Australians aged 18 and over was $553, after adjusting for household size and age profile. This was 4.5% lower than in 2014–15 ($579) and 29% higher than in 2002 ($430), after adjusting for inflation (Figure 1). Among this group, over 1 in 4 (26%) reported gross adjusted household incomes of $1,000 or more per week in 2018–19, an increase of 4.7 percentage points since 2014–15 (21%) (ABS 2016a, 2019a).

- This, however, is only half the comparable proportion of non-Indigenous Australians aged 18 and over (50%) who reported gross adjusted household incomes of $1,000 or more per week in 2017–18 (ABS 2019c).

In 2017–18, the median gross adjusted household income per week for non-Indigenous Australians aged 18 and over was $915 – similar to that in 2014–15 ($910) and 14% higher than it was in 2002 ($802), after adjusting for inflation.

- This amount is roughly two-thirds (65%) higher than the corresponding household income of Indigenous Australians in 2018–19 ($553) (Figure 1).

Top and bottom 20% of the income distribution

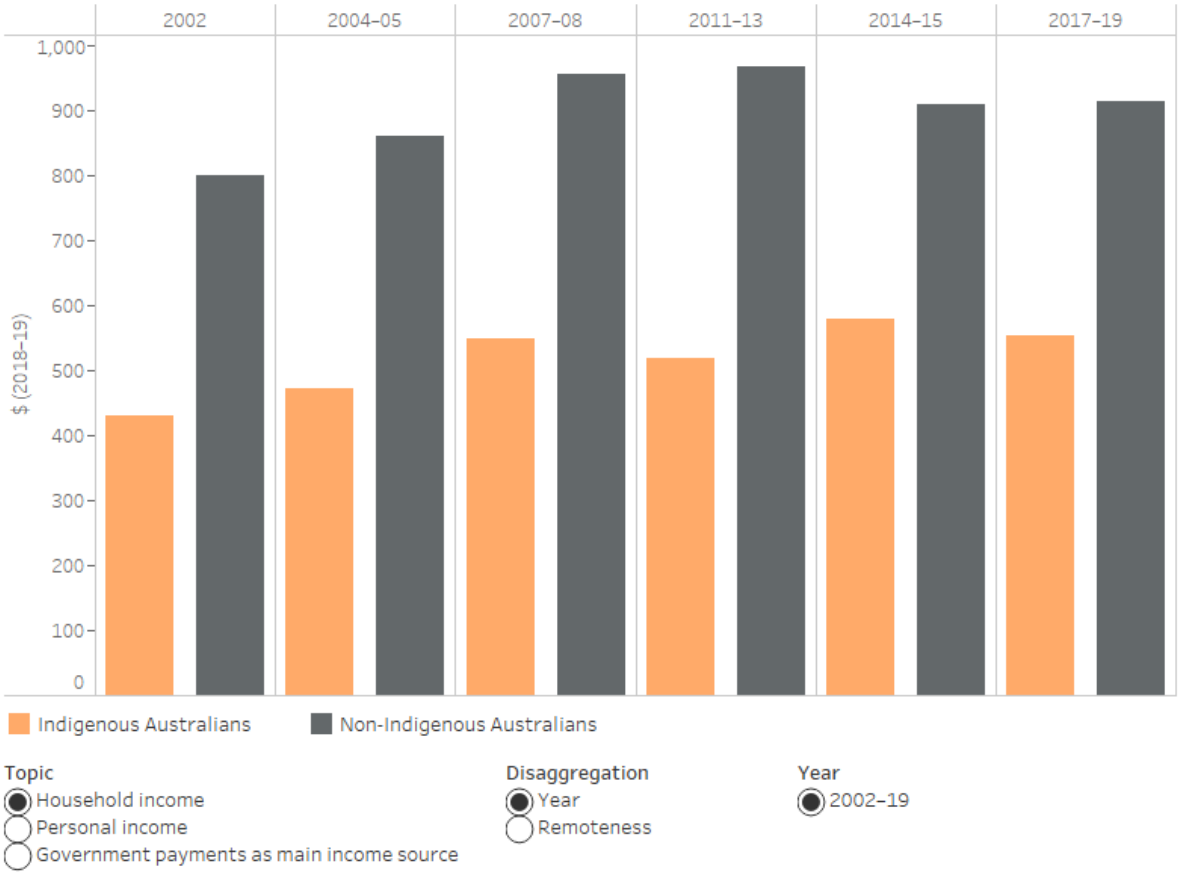
Forty per cent of Indigenous Australians reported gross adjusted weekly household incomes in the bottom 20% of the income distribution for all Australians aged 18 and over in 2018–19, an increase of 4.1 percentage points since 2014–15 (36%).

- This is roughly 2.5 times the proportion of non-Indigenous Australians (16%) who reported being in the bottom 20% in 2017–18 (ABS 2019c).

Eight per cent of Indigenous Australians reported gross adjusted weekly household incomes in the top 20% of the income distribution for all Australians aged 18 and over in 2018–19, an increase of 1.6 percentage points since 2014–15 (6.6%) (ABS 2016a, 2019a).

- For non-Indigenous Australians, the corresponding proportion in 2017–18 was almost 3 times as high (22%) (ABS 2019c).

Figure 1: Median gross equivalised weekly household income (2018–19 dollars), persons aged 18 and over, by year and Indigenous status, 2002–19



Source: AIHW analysis of ABS 2016a, 2016b, 2019b, 2019c, Steering Committee for the Review of Government Service Provision (SCRGSP) 2020.
https://www.aihw.gov.au

[Notes]

Personal income

Between 2014–15 and 2018–19, after adjusting for inflation, the median gross weekly personal income for Indigenous Australians aged 18 and over fell by 5.6%, from $518 to $489 (Figure 1). Among this group, 23% reported a gross personal income of $1,000 or more per week in 2018–19, slightly more than half of the comparable proportion of non-Indigenous Australians (42%) in 2017–18 (ABS 2019b, 2019c).

In 2018–19, Indigenous Australian men were around twice as likely as women to report a gross personal income of $1,000 or more per week (31% and 16%, respectively).

Sixty-eight per cent of Indigenous Australians aged 18 and over reported a gross personal income between $1 and $799 per week in 2018–19, 22 percentage points higher than the comparable proportion of non-Indigenous Australians (47%) in 2017–18 (ABS 2019b, 2019d).

Non-Indigenous Australians reported a median gross personal income per week of $780 in 2017–18, 60% higher than that for Indigenous Australians in 2018–19, after adjusting for inflation. Personal income among non-Indigenous Australians has fallen by 8.8% since 2014–15 ($855), after adjusting for inflation (Figure 1).

Variation by remoteness area

Personal income varied considerably by remoteness area for Indigenous Australians. Among those aged 18 and over in 2018–19, the highest median gross personal income per week ($600) was reported in *M***ajor cities. There was** a consistent decrease with increasing remoteness, with the lowest median gross personal income reported in **Very remote** areas ($350). A similar pattern was seen in 2014–15 (Figure 1).

Personal income for non-Indigenous Australians also varied by remoteness, with the highest median personal income per week reported in *Major cities* ($915) and the lowest in *Outer regional* areas ($712) in 2017–18, after adjusting for inflation (Figure 1).

The difference in median personal income between Indigenous and non-Indigenous Australians was highest in *Remote* areas, where the median gross personal income per week for non-Indigenous Australians ($813) was 85% higher than that for Indigenous Australians ($440) in the 2017–18 to 2018–19 period, after adjusting for inflation. This difference was smallest in *Inner regional* areas, though still 51% higher ($741 and $490 for non-Indigenous and Indigenous Australians, respectively) (Figure 1).

Disposable income

The data on personal and household incomes presented earlier on this page are for gross income – the total income (including government payments) before deductions such as income tax or 'salary sacrifice' payments are made. Disposable income is the amount of income received after tax, so it is a better measure of the economic resources available to a person or household.

Data on disposable incomes for Indigenous Australians are not currently available; however, by combining information from the ABS 2016 Census of Population and Housing with data from the Household, Income and Labour Dynamics (HILDA) Survey, Markham & Biddle (2018) have estimated personal and household disposable income for Indigenous and non-Indigenous Australians (note that these values are not adjusted for inflation).

Variation by remoteness area

Their analysis suggests that, in 2016, the median equivalised disposable income per week among Indigenous households was $557, around 69% of that in non-Indigenous

households. Median disposable income for Indigenous households decreased with remoteness, from $647 in *Major cities* to $389 in *Very remote* areas, with the gap between Indigenous and non-Indigenous disposable household incomes also increasing with remoteness. The median personal disposable income per week for Indigenous Australians in 2016 was $437, which again decreased with remoteness from a median of $499 in *Major cities* to $292 in *Very remote* areas (Markham & Biddle 2018).

Main sources of personal income

In 2018–19:

- 45% of working age Indigenous Australians (18–64 years) relied on a government pension or allowance as their main income source – a drop of 2.1 percentage points from the equivalent figure in 2014–15 of 47%
- 44% relied on employee income
- 5.7% reported other main sources of income
- 5.6% reported having no source of income, or did not know or state their income source (SCRGSP 2020).

The proportion of Indigenous Australians of working age whose main source of income was a government pension or allowance was highest in 2018–19 in *Outer regional* areas (57%) and lowest in *Major cities* (36%). For non-Indigenous Australians in 2017–18, the proportion was also highest in *Outer regional* areas (20%) and lower in both *Remote* areas (10%) and *Major cities* (11%) (Figure 1).

In 2018–19, the proportion of working age Indigenous Australians relying on wages or salaries as their main income source was highest in *Major cities* (53%) and lowest in *Very remote* areas (32%). The overall proportion remained stable between 2014–15 (43%) and 2018–19 (44%) (SCRGSP 2020).

Income support and COVID-19

Income support payments provide for basic costs of living and are the primary form of financial assistance for individuals who are unable, or not expected, to fully support themselves when they are not working. In Australia, Services Australia delivers income support payments through its network of offices. Due to the coronavirus 2019 (COVID-19) pandemic, the Australian Government made considerable changes to income support payments in 2020.

See Income and income support for more information.

As at 25 December 2020, slightly more than half (53%) of Indigenous Australians aged 16 and over were receiving some form of income support payment – a total of around 299,600 recipients (ABS 2019a; DSS 2021). This is almost twice the proportion of comparable other Australians receiving some form of income support (27%) (Figure 2) (see glossary and A guide to Australian Government payments for descriptions of income support payments).

- The total proportion of people aged 16 and over receiving an income support payment increased by 7.8 percentage points for Indigenous Australians and by 4.6 percentage points for other Australians between December 2019 and June 2020 (Figure 2).
- These increases were mainly due to a large rise in the number of recipients of the JobSeeker Payment (formerly the Newstart Allowance) and Youth Allowance (other) between December 2019 and June 2020 and reflect the impact of the COVID-19 pandemic on the Australian labour market (ABS 2020a) (Figure 2).
- The proportion of Indigenous Australians aged 22–65 years receiving Newstart Allowance (2019) or the JobSeeker Payment (2020) increased by one-third between December 2019 and June 2020 (from 21% to 27%) – an additional 28,700 recipients. In comparison, the proportion of comparable other Australians receiving either of these payments more than doubled, rising from 4.6% to 9.4% over this period (Figure 2).
- Indigenous Australians accounted for 4.0% of the increase in overall JobSeeker Payment recipients between December 2019 and June 2020, despite representing only 2.9% of the 22–65 year old population in this period (ABS 2019a, 2020c; DSS 2020a, 2020b).
- The total number of Indigenous Australians aged 16 and over receiving income support payments increased by 26% between June 2018 and June 2020; the proportion of this population receiving income support payments increased by 8.6 percentage points over the same period (Figure 2).
- The most common income support payments received by Indigenous Australians in December 2020 were the JobSeeker Payment (116,600 recipients), Youth Allowance (other) (28,700), the Disability Support Pension (52,700) and the Parenting Payment (single) (39,400) (Figure 2).

Indigenous Australians as income support recipients

Overall, Indigenous Australians made up 5.3% of all income support recipients in December 2020, yet they represent just 2.8% of the Australian population aged 16 and over. The share of Indigenous Australians among income support recipients has been steadily increasing since June 2016, when they made up 4.3% of the income support population. Excluding the Age Pension, Indigenous Australians made up 8.9% of all other income support recipients in December 2020 – a slight drop since December 2019 when it was 9.7% (ABS 2019a; DSS 2020a, 2021).

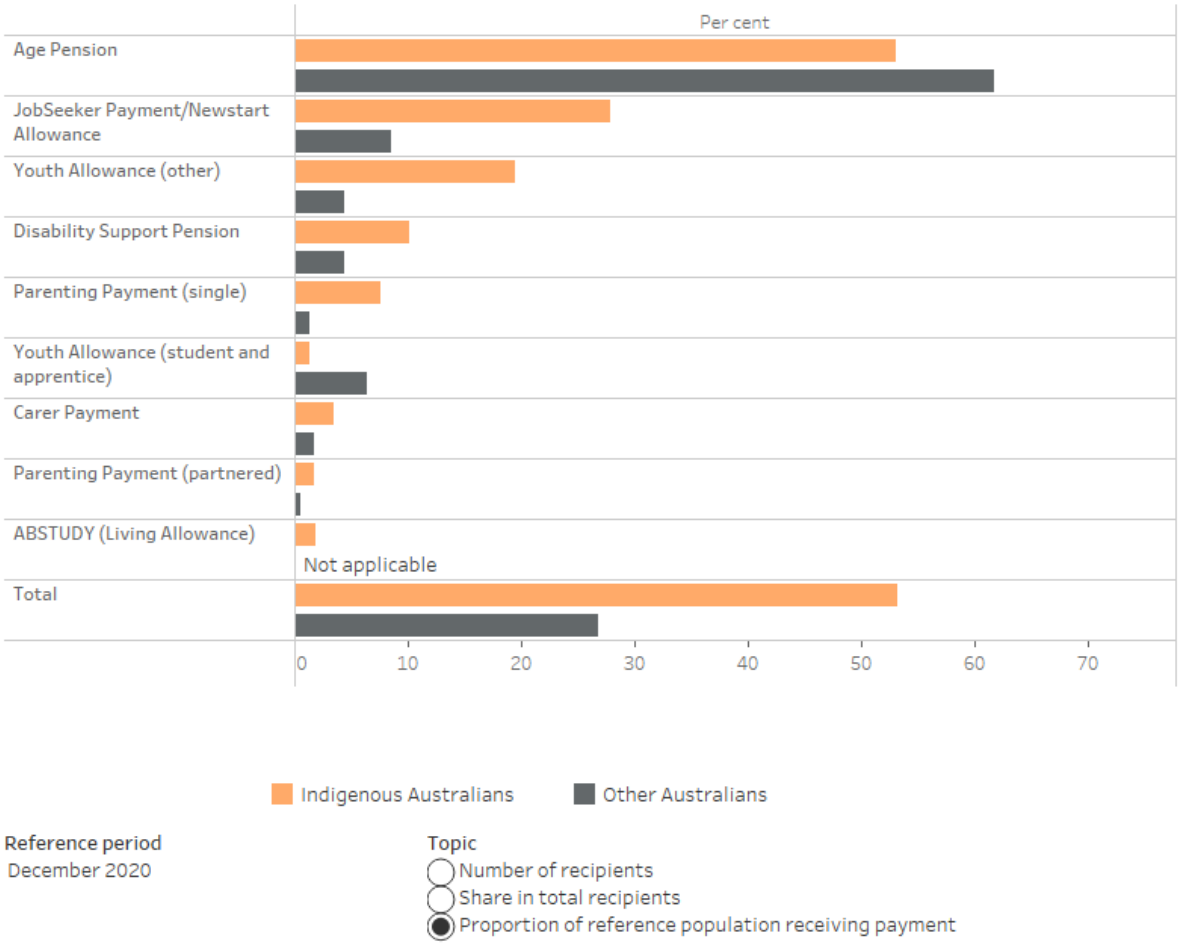
The share of Indigenous Australians among total income support recipients varied by type of income support payment, representing 19% of all recipients of Youth Allowance (other), 16% of the Parenting Payment (single) and 8.8% of the JobSeeker Payment in December 2020 (Figure 2).

Data qualification

Note that Indigenous identification in Services Australia (Centrelink) and population data is voluntary and self-identified. This may influence the quality and completeness of the data and subsequent reporting on the number and proportion of Indigenous Australians receiving income support payments, especially among older Indigenous Australians and pension recipients.

JobKeeper data for Indigenous Australians were not available at the time of writing.

Figure 2: Main income support payments, proportion of reference population receiving payment (per cent) aged 16 and over, by Indigenous status, December 2020



Note: Single-year estimates of the Indigenous Australian population aged 65 and over are not available from the ABS. The denominator used to calculate the proportion of Indigenous Australians receiving the JobSeeker Payment is therefore those aged 22–64 years.
Sources: AIHW analysis of ABS 2019a, 2020b and Department of Social Services (DSS) 2016, 2018, 2019, 2020a, 2020b and 2021.
http://www.aihw.gov.au

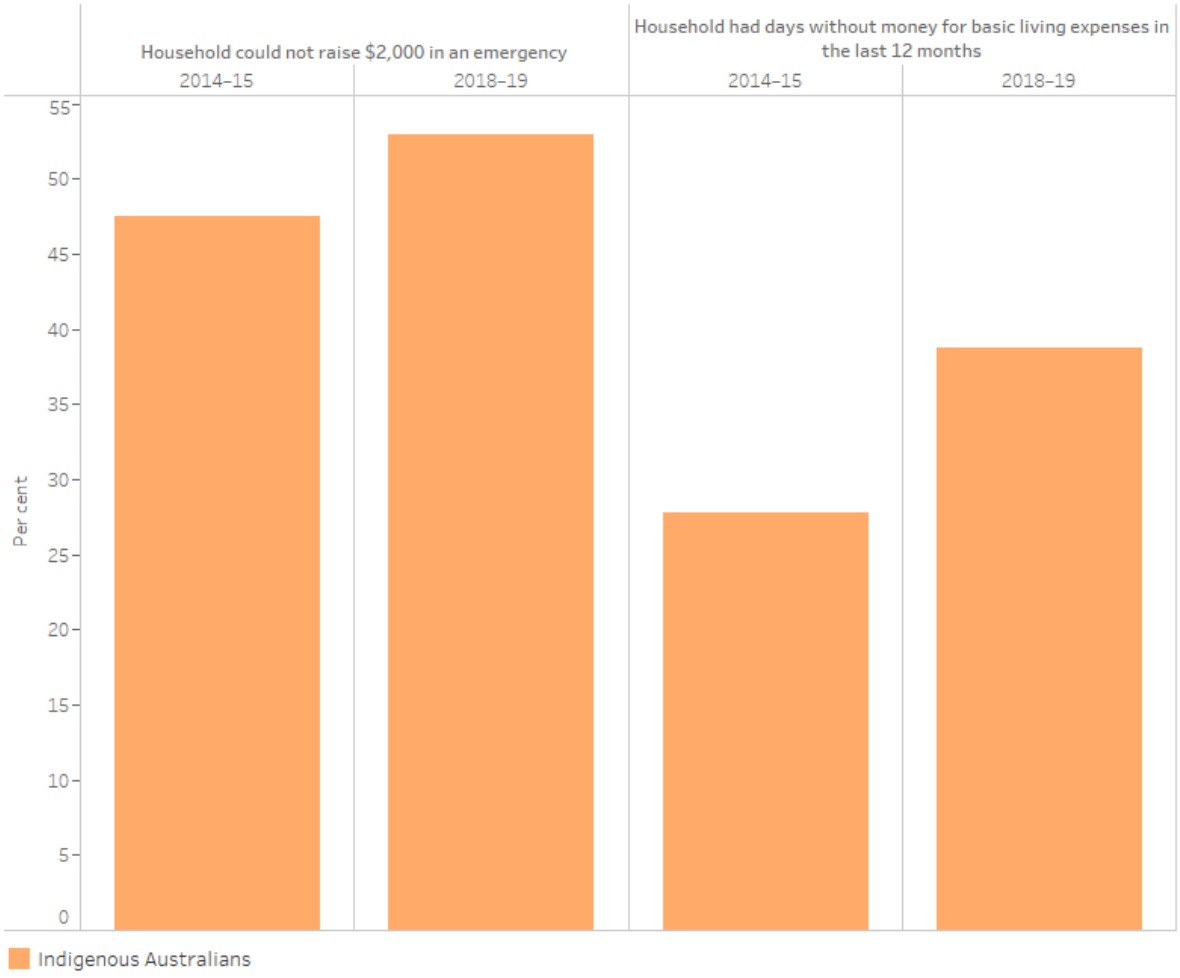
Financial stress

A person can be considered to be in financial stress or financially vulnerable if they are experiencing cash-flow problems or are unable to raise emergency funds (Breunig et al. 2017; Whiteford 2013).

In 2018–19, among Indigenous Australians aged 15 and over:

- more than half (53%) reported living in a household that could not raise $2,000 within a week for an emergency, an increase of 5.4 percentage points from 2014–15 (48%) (Figure 3)
- almost 2 in 5 (39%) reported that their household had days without money for basic living expenses in the last 12 months, an increase of 11 percentage points from 2014–15 (28%) (Figure 3).

Figure 3: Financial stress indicators, persons aged 15 and over, Indigenous Australians, 2014–19



Sources: AIHW analysis of ABS 2016a, 2019b.
https://www.aihw.gov.au

Where do I go for more information?

For further information on the income and finance of Indigenous Australians, see

- National Aboriginal and Torres Strait Islander Health Survey 2018–19
- Overcoming Indigenous disadvantage: key indicators 2020

A guide to Australian Government payments

See Labour Force, Australia for more information on the effect of the COVID-19 pandemic on the Australian labour market.

See also Indigenous Australians.

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Profile of Indigenous Australians

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On this page

Aboriginal and Torres Strait Islander people are the Indigenous peoples of Australia. They are not one group, but rather comprise hundreds of groups that have their own distinct set of languages, histories and cultural traditions (AIHW 2015). The health and welfare of Indigenous Australians living in the big cities are different to those living in the Torres Strait, which are different again to those living on the outskirts of Alice Springs or those living in remote communities.

Indigenous identification in data collections

The Australian Government defines Indigenous Australians as people who: are of Aboriginal or Torres Strait Islander descent; identify as being of Aboriginal or Torres Strait Islander origin; and are accepted as such in the communities in which they live or have lived.

In most data collections, a person is considered to be Indigenous if they identified themselves, or were identified by another household member, as being of Aboriginal or Torres Strait Islander origin. For a few data collections, information on acceptance of a person as being Indigenous by an Indigenous community may also be required.

Contextual factors

At the time of European colonisation, an estimated 320,000 Indigenous people lived in Australia, the majority living in the southeast, and in the Murray River valley and its tributaries (ABS 2002). Colonisation severely disrupted Aboriginal society and economy – epidemic disease caused an immediate loss of life, and the occupation of land by settlers and the restriction of Aboriginal people to 'reserves' disrupted their ability to

support themselves. Over time, this combination of factors had such an impact that by the 1930s only an estimated 80,000 Indigenous people remained in Australia (Smith 1980).

Colonisation is recognised as having a fundamental impact on the disadvantage and poor health of Indigenous peoples worldwide, through social systems that maintain disparities (see, for example, Paradies 2016; Paradies & Cunningham 2012). Indigenous Australians experience disadvantage in almost all measures of health and welfare when compared with non-Indigenous Australians; this disparity has become known as 'the Gap'.

Cultural factors—such as connection to Country and caring for Country, knowledge and beliefs, language, self-determination, family and kinship, and cultural expression—can be protective, and positively influence Aboriginal and Torres Strait Islander people's health and wellbeing (Bourke et al. 2018). In contrast, racism or racial discrimination and the legacy of colonisation are associated with poorer physical and mental health (Paradies 2006; Priest et al. 2011; Paradies 2016).

Recent events

In early 2020, there were concerns about the potential impact of coronavirus disease 2019 (COVID-19) on Aboriginal and Torres Strait Islander communities, particularly in remote areas (Yashadhana et al. 2020). Together, Aboriginal and Torres Strait Islander leaders and the Australian Government co-designed a remote travel restrictions and quarantine regime to keep COVID-19 out of the most vulnerable Indigenous communities in remote Australia (see *Indigenous COVID-19 advisory groups and response* below).

As of 15 August 2021, there had been 293 confirmed COVID-19 cases among Indigenous Australians since the start of the pandemic. This included 145 confirmed cases since the beginning of 2021 (1.3% of all cases in the period), and 148 in 2020 (0.5%) (Health 2021).

The Black Lives Matter protests in 2020 followed the death of George Floyd, a 46-year-old African American man, during a police arrest in the United States. Black Lives Matter rallies in Australia protested against racism and deaths in police custody of Aboriginal and Torres Strait Islander people.

The Black Lives Matter protests and the COVID-19 pandemic have highlighted inequities in health and justice outcomes between Indigenous and non-Indigenous Australians. These events have also drawn attention to disparities in living conditions—including education, employment and housing—that are related to health and justice outcomes (Marmot et al. 2008; PwC 2017; AIHW & NIAA 2020).

The year 2020 also saw the signing of a new National Agreement on Closing the Gap, an agreement between Australian governments and the Coalition of Aboriginal and Torres Strait Islander Peak Organisations. Its aim is to work together to 'overcome the inequality experienced by Aboriginal and Torres Strait Islander people, and achieve life outcomes equal to all Australians' (NIAA 2020b). See Closing the Gap below for further details.

Indigenous COVID-19 advisory groups and response

The National Aboriginal Community Controlled Health Organisation (NACCHO), in partnership with the Australian Government, has been critical in driving the response to COVID-19 for Indigenous Australians. NACCHO is the national leadership body for Aboriginal and Torres Strait Islander health in Australia. It provides advice and guidance to the Australian Government on policy and budget matters and advocates for community-developed solutions that contribute to the quality of life and improved health outcomes for Aboriginal and Torres Strait Islander people.

In March 2020, the Australian Government established the Aboriginal and Torres Strait Islander Advisory Group on COVID-19 (the Taskforce), co-chaired by NACCHO and the Department of Health. The Taskforce provides culturally appropriate advice to the Department of Health about health issues related to COVID-19, and developed the Management Plan for Aboriginal and Torres Strait Islander populations. This plan focuses on culturally appropriate testing and care for Indigenous Australians. It supports health care professionals working with Indigenous Australian communities and peoples to develop and implement local operational plans.

After consultation with the Aboriginal and Torres Strait Islander health sector (through the Taskforce) and with state and territory governments, in March 2021, the Australian Government released the COVID-19 Vaccination Program—Aboriginal and Torres Strait Islander Peoples Implementation Plan. This plan builds on Australia's COVID-19 Vaccine National Rollout Strategy (released 7 January 2021) and complements the Management Plan for Aboriginal and Torres Strait Islander populations. Under it, vaccines will be administered to Indigenous Australians at Aboriginal Community Controlled Health Organisations, state and territory government-run Aboriginal Medical Services and other providers.

The First Nations Peoples Strategic Advisory Group (FNPSAG) was set up to support the Disability Royal Commission in its work by providing leadership and guidance on matters specific to Indigenous Australians with disability. Regarding COVID-19, the FNPSAG released a Statement of Concern endorsed by over 70 disability organisations in March 2020 and an issues paper on emergency planning and response in April 2020. The FNPSAG note in their Statement of Concern that Indigenous Australians with disability are not only disproportionally affected by the COVID-19 pandemic in general (because they have an increased risk of infection and death), they are also disproportionally affected by the associated social restrictions imposed on them and the resulting breaks in the continuity of essential services (Disability Royal Commission 2020a, 2020b).

Population size and location

In 2016, an estimated 798,400 Aboriginal and Torres Strait Islander people were in Australia, representing 3.3% of the total Australian population (ABS 2019c).

Among the Indigenous Australian population in 2016:

- 91% identified as being of Aboriginal origin (an estimated 727,500 people)
- 4.8% identified as being of Torres Strait Islander origin (an estimated 38,700 people)

- 4.0% were of both Aboriginal and Torres Strait Islander origin (an estimated 32,200 people) (ABS 2018a).

Based on the Australian Bureau of Statistics (ABS) projections, the number of Indigenous Australians in 2021 was estimated to be 881,600. The Indigenous Australian population is projected to reach about 1.1 million people by 2031 (ABS 2019b).

About Indigenous populations estimates

The ABS produces Estimated Resident Populations (ERPs) for Indigenous Australians every 5 years (the Census years), with the latest available relating to 2016. The ABS also produces 'backcast estimates' for years before the Census year and 'projections' for future years, based on the latest Census year estimates along with assumptions about births, deaths and migration (see Estimates and Projections, Aboriginal and Torres Strait Islander Australians for details).

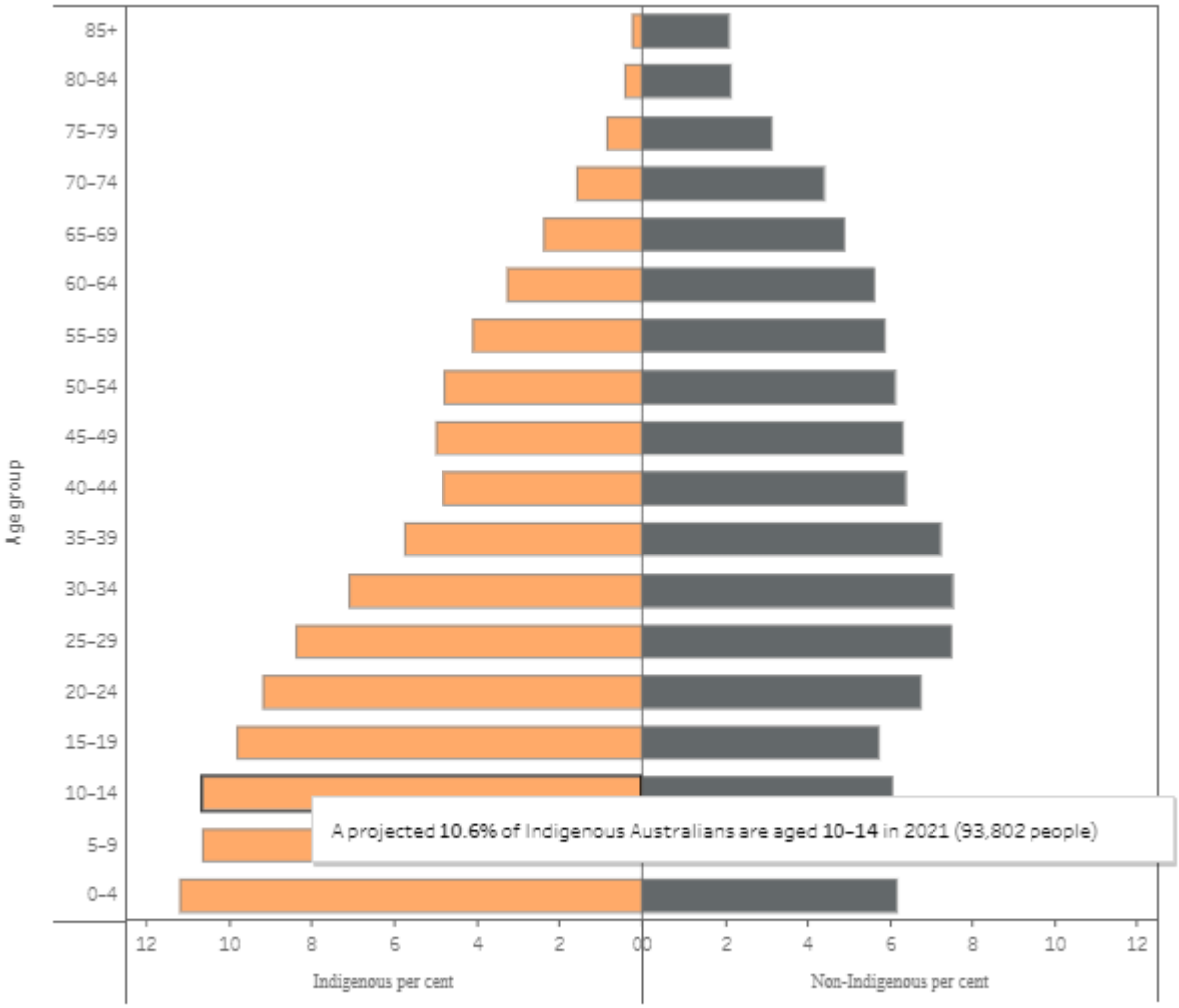
This snapshot provides ERP data for 2016, and ABS 2016 Census-based projections (Series B) for 2021 data where available.

Age distribution

The Indigenous population has a relatively young age structure. In 2016, the median age was 23.0 years, compared with 37.8 for non-Indigenous Australians (ABS 2018a).

In 2021, a projected 32% of Indigenous Australians are aged under 15 (compared with 18% of non-Indigenous Australians), and only 5.4% of Indigenous Australians are aged 65 and over (compared with 17% of non-Indigenous Australians) (Figure 1).

Figure 1: Australian population distribution projection, by Indigenous status and age group, 2021



Note: Data based on projections from ABS 2016 Census-based projections (Series B).
Sources: ABS 2018b, 2019c.
http://www.aihw.gov.au/

Geographic distribution

Indigenous Australians live in all parts of the nation, from cities to remote tropical and desert areas. Indigenous Australians are more likely to live in urban and regional areas than remote areas, though the proportion of the total population who are Indigenous is generally higher in more remote areas.

Based on projections for 2021, among Indigenous Australians:

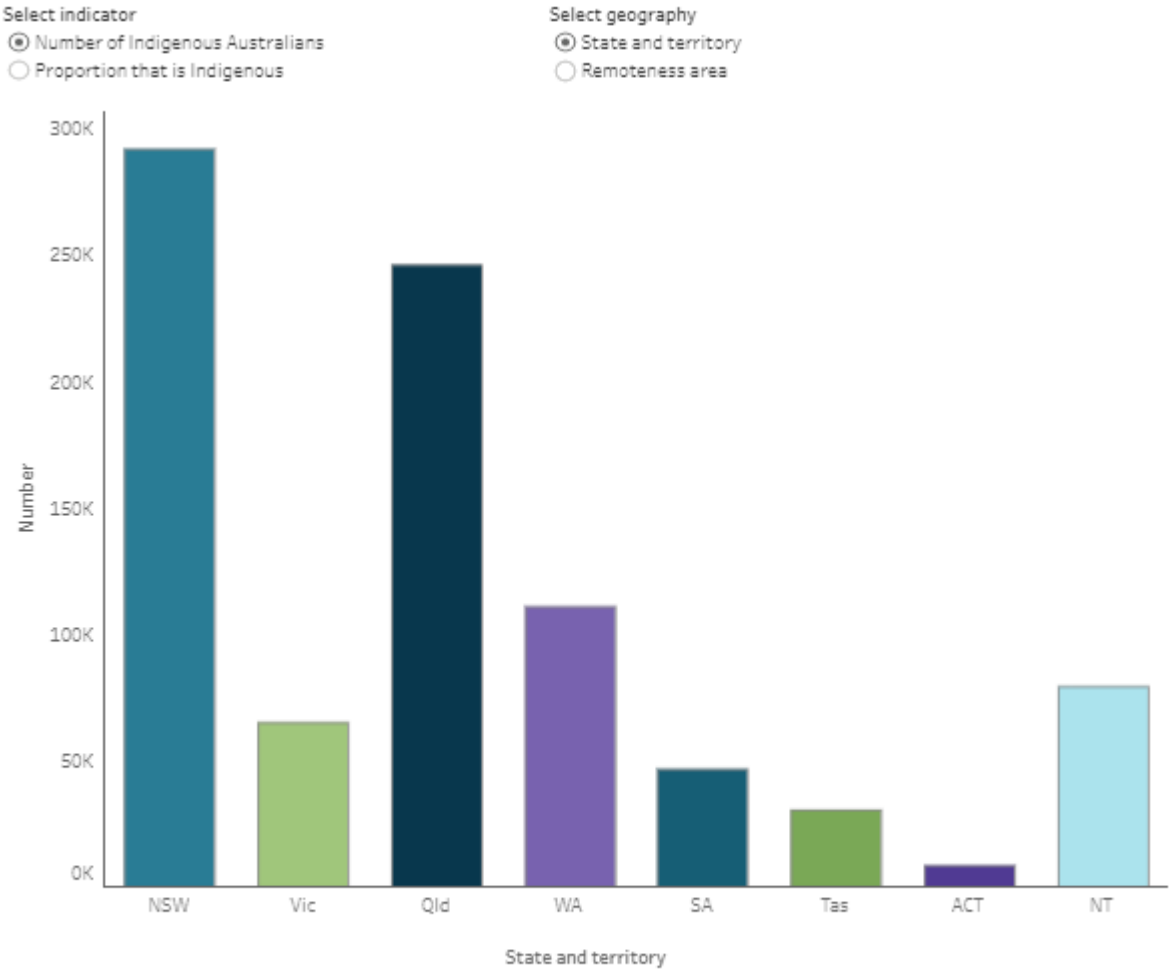
- 38% (337,400) live in *Major cities*
- 44% (389,200) live in *Inner and outer regional* areas
- 18% (154,900) live in *Remote and very remote* areas combined (Figure 2; ABS 2019c).

The proportion of the total population who were Indigenous increased with remoteness, from 1.8% in *Major cities*, to 32% in *Remote and very remote* areas.

In 2021, an estimated 33% of Indigenous Australians (292,100 people) live in New South Wales and 28% (246,300 people) in Queensland (Figure 2).

The Northern Territory has the highest proportion of Indigenous residents among its population—an estimated 31% (79,600 people) in 2021 (Figure 2).

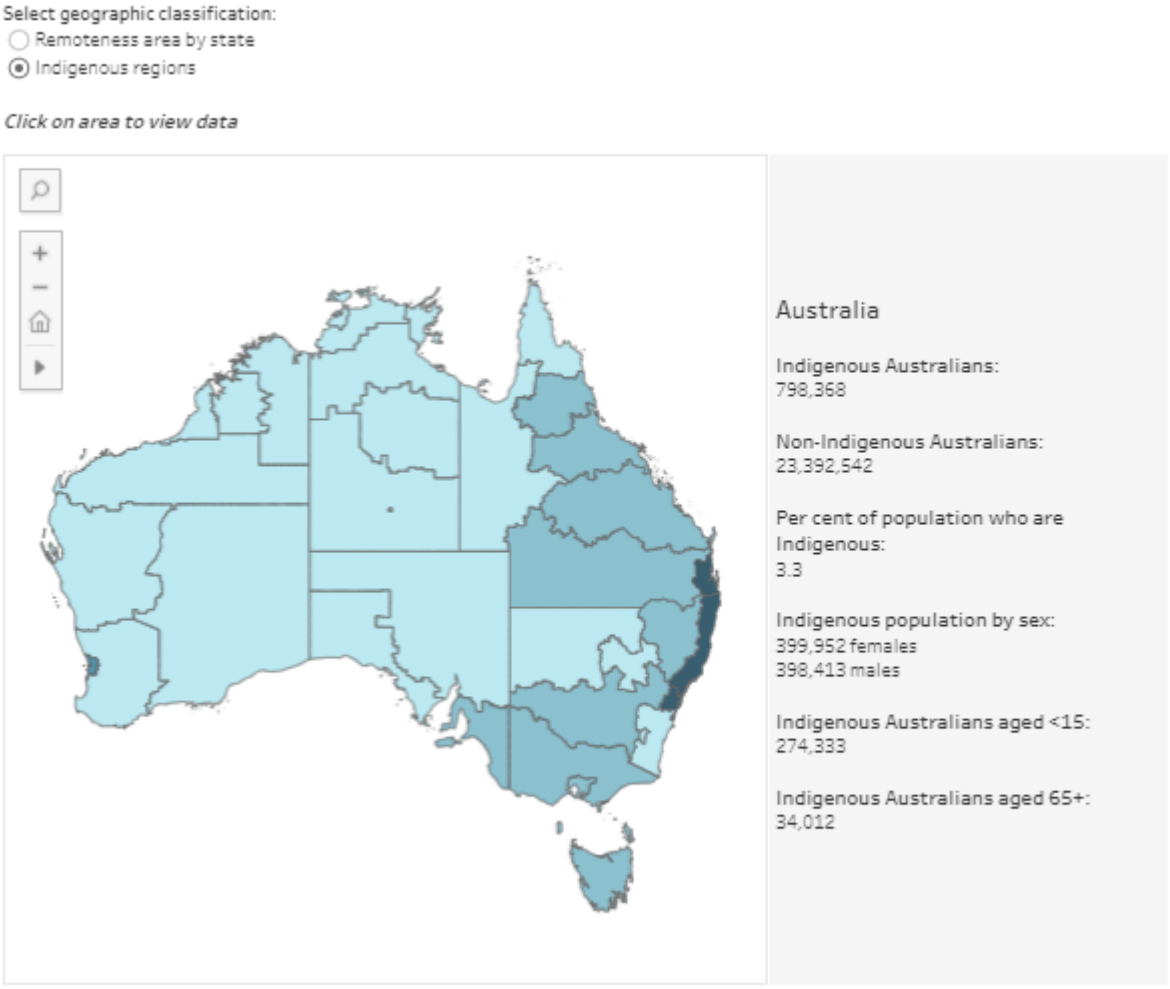
Figure 2: Estimated Indigenous population by geography, 2021



Notes
1. Proportion that is Indigenous by remoteness calculated using 2020 ERP data as a denominator.
2. All other data based on projections from ABS 2016 Census-based projections (Series B).
Source: ABS 2018b, 2019c, 2021.
http://www.aihw.gov.au/

Looking at smaller geographies, the majority of Indigenous Australians live on (or near to) the East coast of Australia (Figure 3).

Figure 3: Geographic distribution of the Indigenous population, by selected small geographies, 30 June 2016



Note: Darker colours indicate larger numbers of Indigenous Australians.
Source: AIHW analysis of ABS 2018a.
http://www.aihw.gov.au/

Language and culture

Indigenous communities pass on knowledge, tradition, ceremony and culture from one generation to the next through language, performance, protection of significant sites, storytelling and the teachings of Elders. Cultural factors such as connection to community, land and spirituality are important for the social and emotional wellbeing of Indigenous Australians (Bourke et al. 2018).

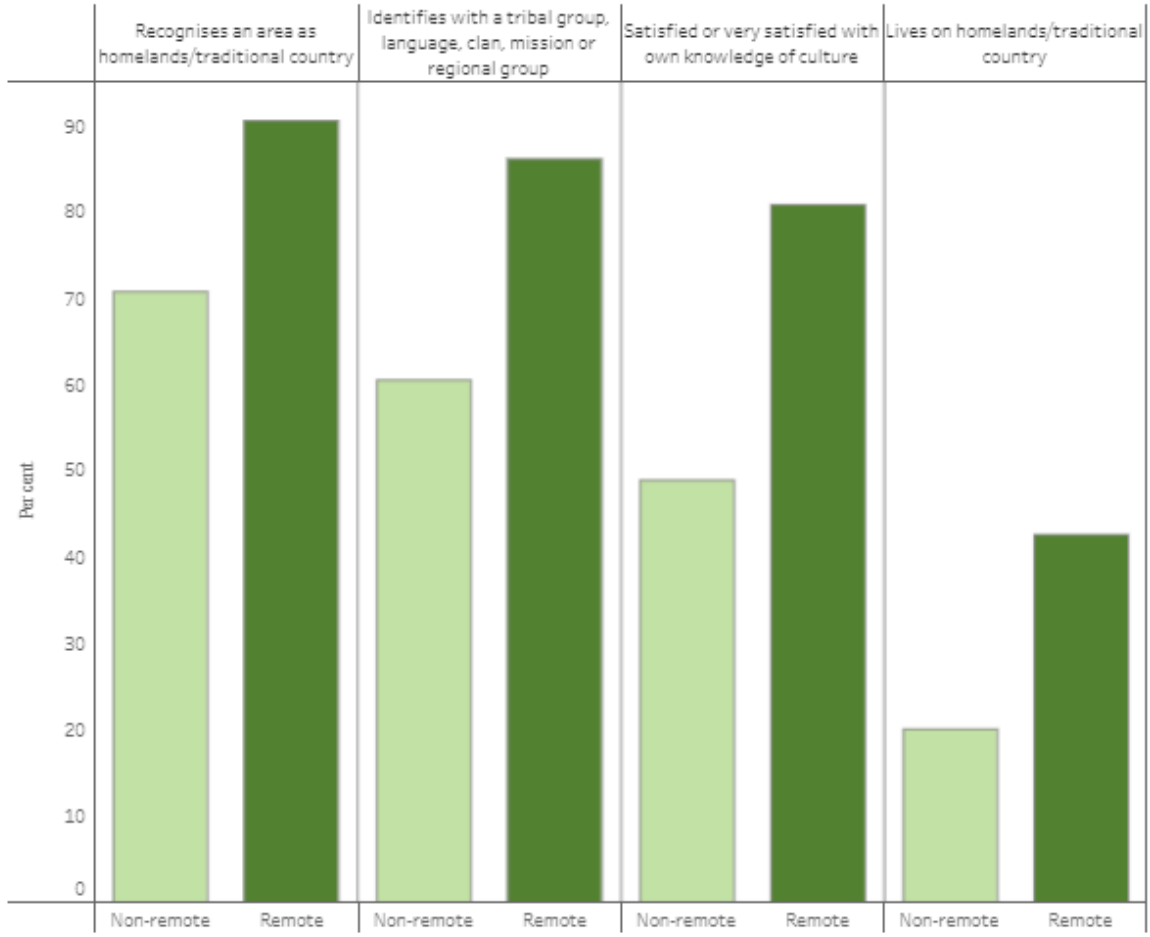
In the 2016 Census of Population and Housing, 1 in 10 (9.8%) Indigenous Australians reported that they spoke an Indigenous language at home, with over 150 different Indigenous languages being spoken (ABS 2019a). The most common Indigenous language spoken at home was Kriol (11%), followed by Yumplatok (Torres Strait Creole) (9.4%) and Djambarrpuyngu (6.7%) (ABS 2019a).

Data from the 2018–19 National Aboriginal and Torres Strait Islander Health Survey show that Indigenous Australians have strong connections to their family, community and culture.

Figure 4 shows that in 2018–19, among Indigenous Australians aged 15 and over:

- 74% (357,400 people) recognised an area as a homeland/traditional country—this was 91% in **remote** areas compared with 71% in **non-remote** areas.
- 66% (314,200 people) identified with a tribal group, language, clan, mission or regional group—this was 86% in **remote** areas compared with 61% in **non-remote** areas.
- 24% (130,500 people) lived on their homeland—this was 43% in **remote** areas compared with 20% in **non-remote** areas (ABS 2019b).

Figure 4: Selected measures of cultural connectedness among Indigenous Australians aged 15 and over, by remoteness, 2018–19



Note: Remoteness classified as per Australian Statistical Geography Standard 2016. 'Non-remote' includes *Major cities*, *Inner regional* areas and *Outer regional* areas. 'Remote' includes *Remote* areas and *Very remote* areas.
Source: ABS 2019b.
http://www.aihw.gov.au/

Closing the Gap

Closing the Gap is a government framework aiming to reduce disadvantage among Aboriginal and Torres Strait Islander people, which was first agreed to in 2008. With four of the seven targets expiring unmet, a new approach was needed (AIHW & NIAA 2020).

In 2020, there was a marked shift in the approach to the Closing the Gap framework, with the signing of the new National Agreement on Closing the Gap. For the first time, this was developed in genuine partnership between Australian governments and the Coalition of Aboriginal and Torres Strait Islander Peak Organisations (AIHW & NIAA 2020). The agreement is available at closingthegap.gov.au.

National Agreement on Closing the Gap targets, 2020

	Target
1	Close the Gap in life expectancy within a generation, by 2031.

2	By 2031, increase the proportion of Aboriginal and Torres Strait Islander babies with a healthy birthweight to 91 per cent.
3	By 2025, increase the proportion of Aboriginal and Torres Strait Islander children enrolled in Year Before Fulltime Schooling (YBFS) early childhood education to 95 per cent.
4	By 2031, increase the proportion of Aboriginal and Torres Strait Islander children assessed as developmentally on track in all five domains of the Australian Early Development Census (AEDC) to 55 per cent.
5	By 2031, increase the proportion of Aboriginal and Torres Strait Islander people (age 20–24) attaining year 12 or equivalent qualification to 96 per cent.
6	By 2031, increase the proportion of Aboriginal and Torres Strait Islander people aged 25–34 years who have completed a tertiary qualification (Certificate III and above) to 70 per cent.
7	By 2031, increase the proportion of Aboriginal and Torres Strait Islander youth (15–24 years) who are in employment, education or training to 67 per cent.
8	By 2031, increase the proportion of Aboriginal and Torres Strait Islander people aged 25–64 who are employed to 62 per cent.
9	By 2031, increase the proportion of Aboriginal and Torres Strait Islander people living in appropriately sized (not overcrowded) housing to 88 per cent.
10	By 2031, reduce the rate of Aboriginal and Torres Strait Islander adults held in incarceration by at least 15 per cent.
11	By 2031, reduce the rate of Aboriginal and Torres Strait Islander young people (10–17 years) in detention by 30 per cent.
12	By 2031, reduce the rate of over-representation of Aboriginal and Torres Strait Islander children in out-of-home care by 45 per cent.
13	By 2031, the rate of all forms of family violence and abuse against Aboriginal and Torres Strait Islander women and children is reduced at least by 50%, as progress towards zero.
14	Significant and sustained reduction in suicide of Aboriginal and Torres Strait Islander people towards zero.
15	By 2030, a 15 per cent increase in Australia's landmass subject to Aboriginal and Torres Strait Islander people's legal rights or interests.

	By 2030, a 15 per cent increase in areas covered by Aboriginal and Torres Strait Islander people's legal rights or interests in the sea.
16	By 2031, there is a sustained increase in number and strength of Aboriginal and Torres Strait Islander languages being spoken.
17	By 2026, Aboriginal and Torres Strait Islander people have equal levels of digital inclusion.

Source: NIAA 2020a.

Where do I go for more information?

For more information on Indigenous Australians, see:

- Indigenous Health Performance Framework
- Australian Bureau of Statistics Aboriginal and Torres Strait Islander Peoples
- National Agreement on Closing the Gap

Visit Indigenous Australians for more on this topic.

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