

CHAPTER 3

COMMUNITY SERVICES

INTRODUCTION

Community services form part of a public service delivery program designed to address individual and societal needs, in conjunction with other service sectors such as employment, income support, education and health. They are provided by Commonwealth, State, Territory and local government agencies, and community organisations.

This chapter presents information about the delivery of community services to Aboriginal and Torres Strait Islander clients in the areas of housing assistance, child care, child protection, adoption, disability services and aged care. Where possible, comparisons with the non-Indigenous or general population are included. Unlike previous editions, this publication does not include information about income support, or the levels of imprisonment of Aboriginal and Torres Strait Islander people in the adult and juvenile justice systems. The Australasian Juvenile Justice Administrators and the National Community Services Information Management Group are planning the pilot testing of a national minimum dataset for juvenile justice, which will include enhanced data on juvenile justice, including Indigenous identification. Information about this development and the adult justice system will be covered in an ABS publication on the social and economic wellbeing of Indigenous Australians, planned for release in 2002.

It is often difficult to obtain accurate information from the administrative databases of community service providers about the number of Aboriginal and Torres Strait Islander people who have been assisted. These difficulties occur because the Indigenous status of clients is not always recorded by the service provider, or, in cases where Indigenous status is recorded, inconsistencies in recording methods often result in data that are not comparable between jurisdictions (see Chapter 9).

HOUSING ASSISTANCE

Housing assistance through programs such as the Commonwealth-State Housing Agreement (CSHA), the Rent Assistance Program, the Supported Accommodation Assistance Program (SAAP) and the Crisis Accommodation Program is available to both Indigenous and non-Indigenous Australians. People assisted under these schemes are not always asked about their Indigenous status and, consequently, complete numbers of Aboriginal and Torres Strait Islander people participating are not known. Additional housing assistance is available exclusively to Indigenous people and/or communities from a number of special programs, including the Aboriginal and Torres Strait Islander Commission (ATSIC), Community Housing and Infrastructure Program, ATSIC Home Ownership Program, CSHA Aboriginal Rental Housing Program, and hostels run and/or funded by Aboriginal Hostels Limited (ABS & AIHW 1999).

In May 2001, Commonwealth, State and Territory Housing Ministers adopted a new policy of 'safe, healthy and sustainable housing for Indigenous Australians'. The Ministers noted the high levels of Indigenous homelessness presently experienced in Australia and the environmental health problems associated with inadequate housing, and called upon all governments to adopt Indigenous housing as a priority issue of national importance.

3.1 PROGRAMS DESIGNED TO ADDRESS HOUSING NEED

- The Aboriginal and Torres Strait Islander Commission Home Ownership Program is a self-funding program that provides home loans to low-income Indigenous people who are unlikely to be able to secure financing from commercial lenders (ATSIC 2000).
- The Aboriginal and Torres Strait Islander Commission Community Housing and Infrastructure Program is aimed at 'identifying housing needs, patterns and priorities', in some cases providing grants, as well as supplementing and monitoring programs operated by Commonwealth, State, Territory and local governments in discrete Indigenous communities (see Glossary). Among the projects funded under this program are several related to the National Aboriginal Health Strategy, including Health Infrastructure Priority Projects and the ATSIC/Army Community Assistance Projects (ATSIC 2000).
- The Aboriginal Rental Housing Program (ARHP) funds public and community housing specifically for Indigenous people in non-urban areas. (The needs of Indigenous households in urban areas are expected to be met through mainstream CHSA programs, or other public or community housing programs). States and Territories administer the ARHP, in conjunction with advisory groups such as Indigenous Housing Organisations (AIHW 1999a).

Programs for homeless
people

The Supported Accommodation Assistance Program (SAAP), jointly funded and managed by the Commonwealth and State governments, is one community services program that reports information about its Indigenous clients. SAAP provides temporary accommodation and support services, such as domestic violence counselling, employment assistance and living skills development, to homeless people, and aims to help them achieve self-reliance and independence. Families, single people, young people, and parents and children who are escaping domestic violence, are assisted under the program (AIHW 2000j).

In the year 1999–2000, Aboriginal and Torres Strait Islander people made up 14% of all adults assisted under the SAAP program. The number of Indigenous clients of SAAP services constitutes a substantial over-representation of this population group, which was about 2% of the total Australian adult population during this period (see table 3.2).

3.2 SAAP CLIENTS IDENTIFIED AS INDIGENOUS—1999–2000

<i>State or Territory(a)</i>	<i>Clients identified as Indigenous</i>	<i>Clients identified as Indigenous as a % of all SAAP clients aged 15 years or more</i>	<i>Indigenous adults as a % of total adult population(b)</i>
New South Wales	3354	14.9	1.4
Victoria	1110	4.3	0.4
Queensland	2182	15.6	2.5
South Australia	2387	12.3	1.2
Western Australia	823	31.1	2.5
Tasmania	261	8.4	2.7
Northern Territory	1216	45.0	24.2
Australian Capital Territory	163	9.1	0.9
Australia(c)	11496	13.6	1.7

(a) Client figures for States and Territories include multiple uses of the program.

(b) Aged 15 years or more, accessing SAAP services 1999–2000.

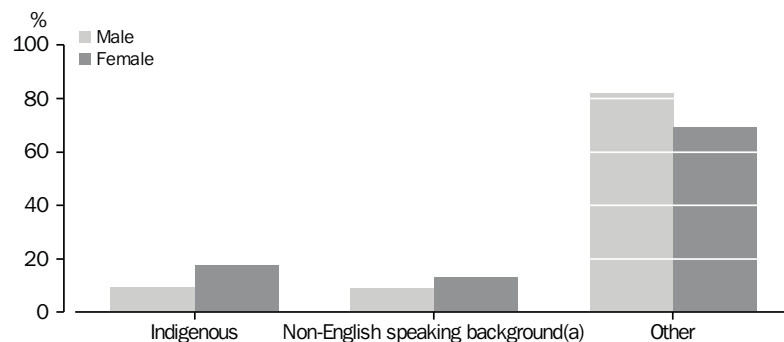
(c) Australian total figures record first visits only.

Source: AIHW SAAP Database; ABS 3231.0; ABS 3201.0.

Programs for homeless people *continued*

During the 1999–2000 reporting period, 55% of all SAAP clients were females. Clients who identified as Aboriginal or Torres Strait Islander made up 18% of all female clients and 9% of all male clients (AIHW 2000j).

3.3 SAAP CLIENTS BY ETHNICITY, GENDER—1999–2000



(a) Excludes Indigenous people.

Source: AIHW 2000j, ABS 1998d & ABS 2001d.

In 1999–2000, just over 45% of Indigenous clients who accessed services under the SAAP program were reported to be escaping domestic violence. The comparable figure for the rest of the population was 28% (AIHW SAAP Database).

Programs for homeless people *continued*

SAAP aims to assist clients in re-establishing their capacity to live independently once they cease to receive assistance under the program. To evaluate the program's success in achieving this objective, information is collected about clients' living arrangements after their use of SAAP services (AIHW 2000j). In 1999–2000, around 80% of clients were living in independent housing after SAAP support (table 3.4). Of all clients who received support, a higher percentage of Indigenous clients were in public housing (30%) than clients from non-English speaking backgrounds (18%) or other clients (16%), and fewer Indigenous clients (13%) were living in privately rented accommodation, compared with clients from non-English speaking backgrounds (23%) or other clients (26%).

3.4 TYPE OF HOUSING AFTER SAAP SUPPORT(a)—1999–2000

	<i>Indigenous</i>	<i>Non-English speaking background(b)</i>	<i>Other</i>
	%	%	%
Independent housing			
Private rental(c)	12.6	22.8	26.2
Public housing	30.0	17.9	15.5
Inadequately housed(d)	21.2	18.1	21.7
Other(e)	16.4	20.7	16.7
Non-independent housing(f)	19.8	20.5	19.9
Total	100.0	100.0	100.0

(a) For closed support periods (see Glossary).

(b) Excludes Indigenous people.

(c) Renting independently in the private rental market only.

(d) Includes renting a caravan, living in a rooming house/hostel/hotel and boarding in a private home.

(e) Includes owner-occupied and other independent housing.

(f) Includes SAAP crisis, short-term, medium and long-term housing, non-SAAP emergency accommodation, living in a car/tent/park/squat or street, residing at a hospital, prison or rehabilitation centre and other non-independent housing.

Source: AIHW SAAP Database.

Aboriginal Hostels Limited (AHL) provides temporary, affordable accommodation for Aboriginal and Torres Strait Islander people, in hostels located throughout Australia. At the end of the 1999–2000 financial year, AHL was operating 48 company hostels and funding 85 community hostels. There were 3,092 beds per night available for Indigenous clients nationally. The daily occupancy rate for the company hostels averaged 70%, a decrease of 2% from the previous year, while community hostels showed a decrease from 73% to 67% (Aboriginal Hostels Limited Annual Report 2000).

Table 3.5 shows an overall increase of 6% in the numbers of available beds, in 1999–2000. No beds were available for prison release and diversionary programs.

3.5 HOSTELS FUNDED BY ABORIGINAL HOSTELS LIMITED(a)—1998–99 & 1999–2000

Category of accommodation	1998–99		1999–2000	
	Hostels	Beds	Hostels	Beds
	no.	no.	no.	no.
Transient(b)	36	1 016	36	1 080
Medical transient(c)	8	144	8	144
Homeless(d)	11	156	11	156
Substance abuse rehabilitation	26	468	29	511
Prison release and diversion	1	12	—	—
Tertiary education and training	10	210	10	215
Secondary education	17	581	16	584
Primary education	2	40	2	40
Aged care	17	287	21	362
Total	128	2 914	133	3 092

(a) Includes hostels run by Aboriginal Hostels Limited and hostels funded by Aboriginal Hostels Limited but operated by community organisations.

(b) Short term accommodation in towns and cities for people and families seeking permanent housing and employment.

(c) Accommodation and care in towns and cities for patients and families who must leave their home communities to access medical treatment. This category includes facilities for people requiring renal dialysis treatment.

(d) Homeless people may also use hostels designated as providing transient accommodation.

Source: *Aboriginal Hostels Limited 2000.*

CHILD CARE

The target group for child care is usually children aged between 0 and 12 years. In 2000, there were a projected 144,000 Aboriginal and Torres Strait Islander children in this age group, representing just over 34% of the total Indigenous population. The comparable figure for the total population was 3,393,000 children, comprising 18% of all Australians. The younger age structure of the Indigenous population means that Indigenous children were projected to comprise 4.2% of all children in the 0–12 year age group, whereas, in 1999, 1.5% of children using child care services funded under the Children's Services Program (CSP) were Indigenous (table 3.6).

Many Aboriginal and Torres Strait Islander families do not want, or need, formal child care, preferring to make use of informal arrangements with family and friends when the need arises (ABS 1995). For those who do seek child care, the available options for children under school-age include long-day care (in purpose-built centres), family day care (in private homes) and occasional care, while for school-aged children, before-school care, after-school care and vacation care are available. Most of these services are funded, at least in part, by the Commonwealth Government under the Child Care Program (CCP). Most Commonwealth-funded programs give highest priority to children whose parents are working, seeking work, or undertaking study or training (ABS & AIHW 1999).

There are two child care programs which were originally funded by the Commonwealth outside joint agreements with the States and Territories. These are Multifunctional Services and Multifunctional Aboriginal Children's Services (MACS). Multifunctional Services are located in rural areas and provide services for children aged 0–12 years, while MACS are located in areas of special needs and are designed to provide culturally appropriate care for children in both rural and urban Aboriginal communities. Services to mothers, nutrition programs and playgroups may also be provided under MACS. Both programs are referred to as 'multifunctional' because they incorporate a number of different services, such as long-day care for pre-school age children and after-school care and vacation care for school-aged children.

It is important to note that Aboriginal and Torres Strait Islander children attend child care services other than MACS, and that not all children attending MACS are Indigenous (table 3.6). Although 78% of the children who attended MACS in 1999 were Indigenous, only 17% of all Indigenous children in CSP-funded child care attended that service. Over half of the Aboriginal and Torres Strait Islander children in funded services (54%) attended non-MACS long-day care.

3.6 CHILDREN USING CSP-FUNDED SERVICES—1999(a)

Service type	<u>Indigenous children</u>		<u>Total children</u>		% of children using this service who are Indigenous
	no.	%	no.	%	
Long-day care centres	3 766	54.0	270 235	58.1	1.4
Family day care	792	11.4	81 418	17.5	1.0
Occasional care	89	1.3	8 424	1.8	1.1
Multifunctional Aboriginal Children's Services	1 207	17.3	1 541	0.3	78.3
Multifunctional Children's Services	57	0.8	1 014	0.2	5.6
Mobiles and Toy Library Services	199	2.9	2 358	0.5	8.4
Before/after-school care	858	12.3	99 902	21.5	0.9
Total	6 968	100.0	464 892	100.0	1.5

(a) Estimates are derived from the 1999 Commonwealth Childcare Census, Department of Family and Community Services. The table does not include 1,149 children recorded attending Aboriginal playgroups. The data are unweighted.

Source: DFACS 2000.

Table 3.7 shows that 1,200 of the 443,400 child care places available in Australia in 2000 were in MACS. The number of places in MACS increased by 100 (9%) between 1998 and 2000, a lower rate than for the total number of child care places, which increased by 44,000 (11%) over the same period.

3.7 CHILD CARE PLACES BY SERVICE TYPE AS AT 30 JUNE 2000

Service type	1998		1999		2000	
	no.	%	no.	%	no.	%
Community long-day care centres	51 700	12.9	50 600	12.0	50 400	11.4
Private	129 700	32.5	127 100	30.1	128 400	29.0
Employer and non-profit	13 200	3.3	12 600	3.0	12 100	2.7
Family day care	63 700	15.9	64 000	15.2	66 300	15.0
Occasional care	5 000	1.3	5 000	1.2	4 700	1.1
Multifunctional	600	0.2	600	0.1	600	0.1
Multifunctional Aboriginal child care services(a)	1 100	0.3	1 100	0.3	1 200	0.3
Outside school hours care(b)	134 400	33.7	161 000	38.1	179 700	40.5
Total	399 400	100.0	422 100	100.0	443 400	100.0

(a) Indigenous children may attend other types of services.

(b) The large increase in outside school hours care places between 1998 and 1999 was due to the inclusion of previously block granted vacation care places for the first time and a change to a consistent counting methodology.

Source: DFACS 2000.

CHILD PROTECTION

Child protection services are the responsibility of community services departments or their equivalent, in each State or Territory. External agencies, such as community organisations, may be contracted by the departments to provide services that range from family support to the placement of children in out-of-home care.

Each State and Territory has its own legislation, policies and practices regarding child protection, and as a result the data collected are not comparable across all jurisdictions. This difficulty is illustrated by the different definitions used by States and Territories. For example, 'substantiations' can be defined differently. A substantiation refers to a situation where, after investigation, the department concludes that the child concerned has been, or is at risk of being, abused, neglected or otherwise harmed. Some jurisdictions substantiate harm, or risk of harm to a child, while others substantiate actions or incidents that cause harm. In addition, some jurisdictions will classify abuse by a stranger as a child protection notification, while others include only abuse or neglect from within families (AIHW 1999b). The rates reported for substantiations vary between States and Territories, and between the Indigenous and non-Indigenous populations. Significant variations between States and Territories may be partly attributable to the different definitions and practices used to record both substantiations and Indigenous status (AIHW 2000d, AIHW 1999b).

Nationally, child protection data are collected under three broad categories: notifications, investigations and substantiations; children on care and protection orders; and children in supported overnight out-of-home care (AIHW 2000d). Initially, children who are seen to be in need of protection come to the government's attention through a report by an individual or organisation, or the children themselves. These reports are assessed by the relevant department and those found to be

valid are classified as 'child protection notifications'. These notifications are then re-examined to determine whether the notification should be 'investigated', dealt with by other means or whether no further action is required. Once an investigation is completed, the notification will be classified as either 'substantiated' or 'not substantiated', depending on the degree of risk or harm to the child. Departmental involvement may take the form of service provision to the child and his/her family, a referral to another agency, or direct intervention on the child's behalf (AIHW 2000d).

The department may apply to the relevant court to place a child under a care and protection order at any point in the process, but this is usually an intervention of last resort. Care and protection orders vary between States and Territories, but generally they provide for either a supervisory role or the transfer of legal guardianship to an authorised department. The issuing of a care and protection order is often a legal requirement if a child is to be placed in out-of-home care. This option can be used to protect a child from abuse or potential abuse, or when there is need to give the child 'time-out' from family conflict. It is also used in cases where the parents are ill, or for any other reason incapable of looking after the child.

In 1999–2000, Aboriginal and Torres Strait Islander children were subject to higher rates of substantiations than their non-Indigenous counterparts, in all States and Territories, excluding Tasmania. At 30 June 2000, there were 3,861 Indigenous children on care and protection orders, and 3,496 Indigenous children in out-of-home care. Relative to their share of the population, Indigenous children were more highly represented than other children on care and protection orders and in out-of-home care in all States and Territories (AIHW 2001b) (see table 3.9).

3.8 CHILDREN WHO WERE THE SUBJECT OF A SUBSTANTIATION—1999–2000(a)

	Indigenous		Other (b)		Rate ratio(d)
	no.	rate(c)	no.	rate(c)	
New South Wales(e)	761	14.6	5 054	3.5	4.2
Victoria	568	55.5	6 218	5.8	9.6
Queensland	502	9.9	4 303	5.4	1.8
South Australia	337	33.0	1 354	4.2	7.9
Western Australia	329	12.7	724	1.7	7.5
Tasmania	4	0.6	73	0.7	0.9
Northern Territory	172	7.6	179	5.3	1.4
Australian Capital Territory	6	4.2	184	2.5	1.7

(a) Children aged 0–16 years. Numbers refer to children subject to a substantiation, not the number of substantiated notifications. A child may have been the subject of more than one substantiated notification.

(b) Includes children for whom Indigenous status was not stated.

(c) Rate per 1,000 children aged 0–16 years. Rates are not comparable to data from earlier years due to changes in population estimates after the 1996 Census and changes in policy and practice in jurisdictions over time.

(d) Rate ratio is equal to the rate for Indigenous children divided by the rate for other children.

(e) These data exclude children on final supervisory orders.

Source: AIHW 2001b.

3.9 CHILDREN ON CARE AND PROTECTION ORDERS AND IN OUT-OF-HOME CARE AS AT 30 JUNE 2000(a)

	Care and protection orders(b)			Out of home placements(b)		
	Indigenous	Other(c)	Rate ratio(e)	Indigenous	Other(c)	Rate ratio(e)
	rate(d)	rate(d)		rate(d)	rate(d)	
New South Wales	33.1	3.8	8.7	32.9	3.4	9.7
Victoria	41.4	3.8	10.9	27.5	3.2	8.6
Queensland	15.9	3.2	5.0	11.0	2.4	4.6
South Australia	19.9	2.9	6.9	19.5	2.7	7.2
Western Australia	12.0	1.7	7.1	15.4	2.0	7.7
Tasmania	4.2	3.9	1.1	5.1	4.5	1.1
Northern Territory	4.9	2.9	1.7	3.9	2.3	1.7
Australian Capital Territory	26.0	2.5	9.6	18.9	2.2	8.6
Australia	20.2	3.4	5.9	18.3	3.0	6.1

(a) Children aged 0–17 years.

(b) See Glossary.

(c) Includes children for whom Indigenous status was unknown.

(d) Rate per 1,000 children aged 0–17 years.

(e) Rate ratio is equal to the rate for Indigenous children divided by the rate for other children.

Source: AIHW 2001b.

CHILD PROTECTION *continued*

All States and Territories have adopted the 'Aboriginal Child Placement Principle' as part of their child protection policy. The principle, which is non-binding, states a preference for Aboriginal and Torres Strait Islander children to be placed with other Indigenous people if they are to be placed in care outside their immediate family. This requirement illustrates the importance of establishing a child's Indigenous origin at the earliest possible stage (AIHW 2001b).

ADOPTION

The Aboriginal Child Placement Principle mentioned above also applies to adoptions. When these options are not available, Indigenous children may be adopted by other families. The formal adoption of Indigenous children, however, is not common—in most instances, when it is necessary, informal arrangements are made for children to live with a relative or other member of their community. Arrangements of this type are generally preferred, and adoption orders are made only when informal alternatives are judged to be not in the best interests of the child. In 1999–2000, only two Indigenous children were adopted, and in each case by Indigenous parents. This reporting period was the first in the past 10 years in which no Indigenous children were adopted by non-Indigenous parents (AIHW 2000a).

DISABILITY SERVICES

Accurate information about the prevalence of disability in the Aboriginal and Torres Strait Islander population is not currently available. This is partly because the term ‘disability’ may be interpreted differently by people in the Indigenous and non-Indigenous populations. It is important that the terminology used in disability collections is uniformly understood so that comparability between the data collected for both the Indigenous and non-Indigenous populations can be maintained. Work is in progress to increase understanding of the type of characteristics Indigenous people refer to when identifying a disability.

Information about the types and levels of disability services provided to the Aboriginal and Torres Strait Islander population can be obtained from the Minimum Data Set collected by agencies funded under the Commonwealth/State Disability Agreement (CSDA). This dataset, which contains a question about Indigenous status, is collected and reported to the Australian Institute of Health and Welfare annually. It is based on a selected day, known as ‘snapshot day’, and includes questions about disability group, assistance needed, income and accommodation. The level of use of disability services is not necessarily an adequate reflection of the level of disability in a community, nor the need for assistance, since there may be significant numbers of people with disabilities who do not access the services available.

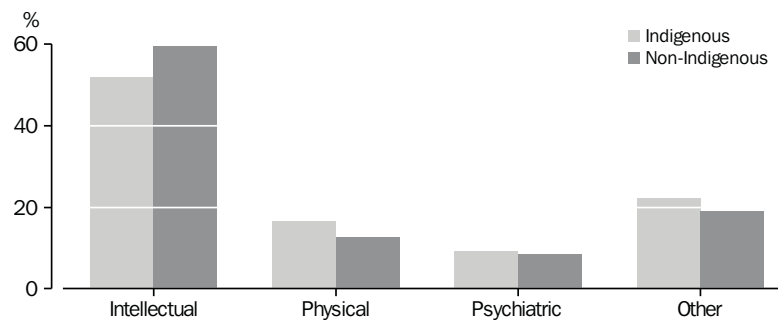
On snapshot day 2000, an estimated 62,341 people were provided with 74,929 CSDA-funded services. Of these people, 1,629 (3%) reported that they were of Indigenous origin, and the Indigenous status of 4,492 (7%) was not known.

Services funded under the CSDA are grouped into the broad categories of accommodation support, employment services, community support, community access and respite. The level to which these services are utilised on snapshot day gives a national picture of an ‘average’ or ‘typical’ day for CSDA service providers, although it may not be a true picture for an individual agency, particularly one affected by regular variations (e.g. providers of school holiday programs).

The CSDA figures show that the percentage of all clients identified as Aboriginal and Torres Strait Islander, varied across the five major service types from 2% for employment to 6% for respite (AIHW 2001c). (Queensland data were excluded because the 'not known' response rate for Indigenous status in that state was 29%.)

The most common type of disability reported among both Indigenous and non-Indigenous recipients of CSDA services in 2000 was intellectual disability, with proportions of 52% of Indigenous clients and 59% of non-Indigenous clients (graph 3.10). The next most common type for both groups was physical disability, with proportions of 17% and 13%, respectively. Psychiatric disability was reported for similar proportions of Indigenous and non-Indigenous clients (about 9%). Aboriginal and Torres Strait Islander people using disability services also had, on average, a higher need for support or assistance in activities of daily living than other disability services clients (AIHW 2001c).

3.10 RECIPIENTS OF CSDA-FUNDED SERVICES 2000, By Type of Disability(a)



(a) Consumer data are estimates derived from the number of individuals who received services on snapshot day.

Source: AIHW 2001c.

Open employment services

Employment services are categorised under national legislation as either open employment services or supported employment services. Open employment services are provided to clients with a disability who are self-employed or employed within a wide range of industries. Supported employment services assist those whose employment contracts are made with the outlet providing the service. The information provided here relates to open employment services only.

In 1998–99, 1.7% of the recipients of open employment services were identified as Aboriginal or Torres Strait Islander people (579 of a total of 34,347). However, Indigenous people assisted under this program achieved outcomes that were often poorer than those experienced by clients from the general population. Indigenous clients had lower mean hourly rates of pay (\$9.80 per hour compared with \$10.13 per hour), a lower mean number of hours of work per week (15.4hrs compared with 17.9hrs) and a lower mean weekly income (\$141 per week compared with \$179) than the general population (AIHW 2000h).

AGED CARE

Aged care is provided through both residential and community care. In many instances, older people also make use of services that are available to the general population, and younger people make use of services commonly associated with the elderly. The latter situation occurs more frequently among Aboriginal and Torres Strait Islander people than in the general population, because a shorter life expectancy and the earlier onset of chronic disease in the Indigenous population mean there is a greater proportion of Aboriginal and Torres Strait Islander people becoming ill and needing care at an earlier age. The Commonwealth recognises the differences between the two population groups in this regard and uses population estimates for people aged 50 years and over when planning aged care for Indigenous people. The comparable age used for calculating planning ratios for the general population is 70 years and over (CDHAC 2001b).

Community aged care packages

Community aged care packages are designed to assist elderly people who are living at home and who would otherwise be eligible for a low level of residential care. The number of packages increased from 1,227 in 1994, to 18,149 at 30 June, 2000, reflecting the Commonwealth government's policy of providing care for aged people in a home environment, where possible. Out of a total of 16,617 people receiving community aged care packages, 426 (2.6%) identified as being of Aboriginal or Torres Strait Islander origin. Just over 7% of Indigenous people receiving assistance were in the 0–49 year age group compared with less than 1% of non-Indigenous people. In addition, the Commonwealth Government provides assistance for Indigenous people under the Aboriginal and Torres Strait Islander Aged Care Strategy. At 30 June, 2000, there were 21 services operating under the strategy, providing 267 residential places and 81 community places to Indigenous clients (AIHW 2000i, and AIHW 2000e).

The home and community care program

The Home and Community Care Program (HACC) is jointly funded by Commonwealth and State and Territory governments, and includes home nursing services, delivered meals, home help, home maintenance services, transport and shopping assistance, paramedical services, home and centre-based respite care, and advice and assistance of various kinds (DFaCS 2000). These services are targeted at people living in the community with a disability, regardless of their age (ABS & AIHW 1999). A new Minimum Data Set (MDS) has been developed to meet this expanding program's data requirements. The dataset, which collects Indigenous status using the ABS standard question, was implemented in 2001. The first data are not yet available for release.

Aged care homes

In 1997, nursing homes and hostels were amalgamated into a single system of residential care, and the combined data have been used in this publication (AIHW 2000i). The Resident Classification Scale was introduced during 1997–98. It was designed to determine the level of payment required from each resident based on their level of dependence, as well as accommodating other changes to financial arrangements, such as means and asset-testing.

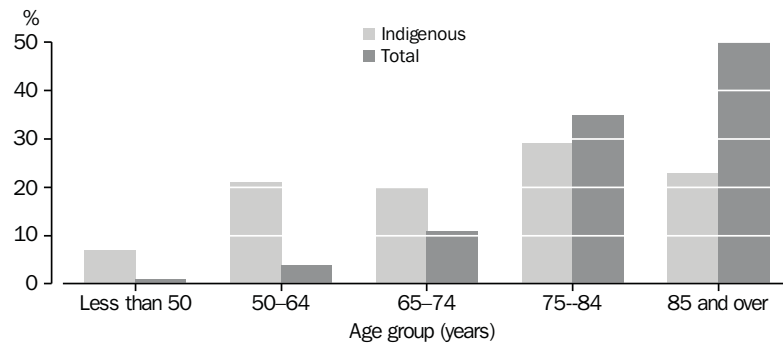
Aged care homes *continued*

Admissions to aged care homes are recorded under two categories: permanent care and respite care. Permanent care was provided for 45,476 (52%) of those admitted to aged care homes in 1999–2000. The mean length of stay for a permanent resident was 137 weeks. (AIHW 2001i).

A total of 735 permanent residents (0.6% of all permanent residents) and 25 of those in respite care (1.0% of the total of those in respite care) were identified as Aboriginal or Torres Strait Islander. The number of Indigenous people recorded in aged care homes is likely to be an undercount because Indigenous status was not reported for 10% of permanent residents and 9% of those in respite care, although the proportion of these residents who are Indigenous is likely to be small (AIHW 2001i).

Graph 3.11 shows that, of those who were receiving permanent care, relatively higher proportions of Indigenous people were in the lower age groups (50–74 yrs), while those in the total population were more likely to be aged 75 years and above.

3.11 AGE DISTRIBUTION OF PERMANENT AGED CARE RESIDENTS—2000



Source: AIHW 2001d.

SUMMARY

The data which are available on Aboriginal and Torres Strait Islander people show they are over-represented in several areas of community services, reflecting the higher levels of need in that section of the community for the types of assistance available. Indigenous people are more highly represented in SAAP than the general population, Indigenous children are more likely to be placed under care and protection orders or in out-of-home care, outcomes in open employment services are poorer than those for the non-Indigenous population, and Indigenous people enter aged care homes at younger ages than the rest of the Australian population.

SUMMARY *continued*

It is difficult to accurately measure the extent to which Aboriginal and Torres Strait Islander people use community services nationally because the administrative data collections of service providers do not always contain questions about the Indigenous status of clients. Even when this information is sought, it is often done inconsistently across jurisdictions, and therefore meaningful comparisons cannot be made.

In 1999, the National Community Services Information Management Group (NCSIMG) requested the development of principles and standards to address the issues surrounding the identification of Indigenous clients of community services. A report on the principles and standards, which will include an information plan, will be published later in 2001, and it is anticipated that it will lead to an improvement in the way Indigenous status is collected in community services administrative datasets (see Chapter 9).