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The Hon Dr Michael Wooldridge MP
Minister for Health and Family Services
Parliament House
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Dear Minister

The Institute is pleased to present to you *Australia's Welfare 1997: Services and Assistance*, a report covering those aspects of Australia's welfare and welfare services for which data are currently being collected either nationally or in some States and Territories. The report is required under the *Australian Institute of Health and Welfare Act 1987*.

Yours sincerely

Professor Janice Reid
Chair

21 October 1997

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Preface

Australia is spending more on welfare services than before. Welfare services expenditure by governments and non-government organisations in 1995–96 was $8.9 billion or $489 per person, an increase in real terms of 62% (or 51% per person) since 1989–90.

This is reflected in an improvement in the provision of welfare services in recent years. For instance, the number of clients who received some support from open employment services which prepare and support people with a disability to work in the open labour market increased from around 18,500 to 22,200 between 1995 and 1996; the number of older persons being cared for in nursing homes and hostels increased from 113,000 in 1992 to almost 124,000 in 1996; and the number of children attending child care services funded through the Children's Services Program is estimated to have increased almost threefold between 1989 and 1996 from around 150,000 to 570,000.

Despite the increased spending on welfare services, however, in 1993 there were an estimated 13,500 people with a profound or severe handicap who needed accommodation, accommodation support or respite care services, but who were not receiving these services; at least 47,000 people considered to be homeless received assistance from agencies funded under the Supported Accommodation Assistance Program in the 6 months from June to December 1996; and around 25,500 children were the subject of a substantiation of child abuse and neglect in 1995–96.

These are a few figures showing the contrasting faces of community services in Australia. While the proportion of economic resources (GDP) spent on community services has risen from 1.3% to 1.8% in 6 years, too many people remain in need of services, too many carers continue day in, day out without respite or help, and too many children live in deprived social and economic circumstances.

The Institute is required by law every 2 years to bring together the facts on Australia's welfare services, the need for these services, their use, cost and the outcomes of service provision. Whether enough is being done is for the reader to conclude.

Australia's Welfare is the third in the series which began in 1993. In the last 2 years, data have become available on people using various services such as supported and crisis accommodation, on unmet demand for disability services and on the provision of respite services for the aged. Importantly, a National Community Services Information Agreement has been put in place, linking government agencies, the Australian Bureau of Statistics and the Institute in a joint effort to produce consistent, timely information on demand for and supply of community services across Australia.

The present edition is the product of the hard work of many, led by Helen Moyle who has combined the role with her normal heavy workload in children's services and protection information. The volume packs information compactly but readably into 9 chapters. This year, a commissioned chapter from Peter McDonald of the Australian National University details how families use welfare services, and shows that welfare services are essential to the maintenance and good health of Australian family life.

Use *Australia's Welfare 1997* as a specialist reference in a particular field, as a general reference on welfare services in Australia, or as a description of the state of Australian social policy. Whatever the reader's focus, *Australia's Welfare 1997* is an up-to-date, reliable and interesting digest of how Australians need and help each other.

Richard Madden
Director

Acknowledgements

As with the two previous editions of this biennial report, *Australia's Welfare 1997* has benefited greatly from the valuable comments received from various individuals and members of government departments.

Staff of the Australian Bureau of Statistics, the Department of Health and Family Services, the Department of Social Security and various State and Territory departments carefully read and made critical and constructive comments on the draft chapters; their assistance is gratefully acknowledged.

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Symbols

The following symbols are used in the tables and figures of this report:

—	nil or rounded to zero
. .	not applicable
n.a.	not available
n.p.	not published
$A	Australian dollars
m	million
b	billion
%	per cent
nec	not elsewhere classified
’000	thousands
*	subject to relative standard error of between 25% and 50%
**	subject to relative standard error of more than 50%
N	number

x

1 Introduction

This report is the third in a series of biennial reports on Australia's system of welfare services and assistance. The problems involved in defining the scope and boundaries of that system were discussed in detail in the first biennial report (AIHW 1993) and also referred to in the second report (AIHW 1995). While recognising the complexities involved in the definition of welfare services, both the first and the second reports took as their focus the welfare-related functions of the Australian Institute of Health and Welfare, as set out in the *Australian Institute of Health and Welfare Act 1987*:

(a) aged care services;

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

(c) services for people with disabilities;

(d) housing assistance (including programs designed to provide access to secure housing in the long term and programs to provide access to crisis accommodation in the short term);

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

(f) other community services.

Each report has taken the previous one as a base. However, the scope of the reports has gradually widened.

The first report contains a historical overview of Australia's welfare system, as well as an outline of the development of welfare statistics in Australia. Also included in that report are separate chapters on housing assistance (long-term and short-term), children's services (child care and child welfare), aged care services and disability services. While the main focus is on the need for, provision, costs, use and outcomes of services, each chapter also includes a historical account of the development of the area and some discussion of data development issues.

Each of the substantive chapters in the second report—housing assistance and services, children's services and child welfare services, services for frail older people and services for people with disabilities—includes information on government outlays on welfare services and assistance, indicators of need for services, a detailed picture of the amount and type of services being delivered, a profile of the people receiving those services, and some broad outcomes measures for welfare services (for instance, accessibility, appropriateness, affordability and quality). In addition, the second report contains a chapter providing a detailed overview of welfare services expenditure, based on a synthesis of data from a number of different government databases, and a chapter

outlining the problems, achievements and likely future directions with regard to national data development in welfare services.

Australia's Welfare 1997: Services and Assistance builds on the first two reports. Like the second report, it contains separate chapters on welfare services expenditure, aged care services and disability services. Information on housing, however, is provided in two separate chapters: one relating to housing assistance and the other to accommodation and services for people in crisis. This latter chapter contains data from the first national data collection on the Supported Accommodation Assistance Program (SAAP). Similarly, information relating to services for children is contained in two separate chapters: one relating to child protection services and the other to children's services and family support services. The child protection chapter includes, for the first time in the Australia's Welfare series, national data on children in out of home care (substitute care). An overview of family support services is also provided for the first time in the series, as an initial step towards the goal of developing a national data collection in the area. Finally, this third edition contains a special feature chapter on family and welfare services. This chapter documents family changes in Australia since the mid-1970s, in terms of demography, economic conditions, family functioning and the relationship of the nuclear family to extended family networks, and includes projections of likely trends in family arrangements over the next 10 years. The chapter also examines the implication for welfare services of the current diversity of family arrangements and the directions of change in the family and, conversely, the implications for families of directions in welfare policy.

Need for national community services data

Australia's Welfare 1993: Services and Assistance identified a number of directions in welfare services funding, provision and delivery. These directions were highlighted again in the 1995 report and, as the substantive chapters of this report show, have become of increasing importance in the last 2 years. These directions include:

- funding and service delivery arrangements that are outcome focused, including the use of output-based funding;
- the continued development of national standards and accreditation systems to assess and monitor quality of services;
- the increasing separation between the policy makers and funders of services and the bodies responsible for delivering services through the 'purchaser–provider' model;
- the emphasis on choice for the consumer through competition, which, along with the purchaser–provider model, has encouraged 'competitive tendering' for service funding and/or the use of voucher-type arrangements for clients;
- the pressure to exercise fiscal restraint, as evidenced by competitive tendering, increased targeting of service provision and emphasis on 'user-pays' in a context of increasing government expenditure on community services; and
- a clarification of and changes in the roles and responsibilities of the various levels of government—Commonwealth, State and Territory, and local government—in relation to the funding, provision and delivery of community services and housing assistance.

Nationally consistent data on community services are vital in order to monitor and evaluate the impact of these trends in community services funding, provision and delivery.

The need for nationally consistent information was identified as a key component in the implementation of the Council of Australian Governments (COAG) proposed reforms to health and community services and public housing (AIHW 1995:318). At its meeting in June 1996, the Council agreed to broad directions in reform in health and community services through a partnership between the Commonwealth and the States and Territories, with an emphasis on achieving better integration of care, a stronger focus on outcomes and more client-centred care. COAG also reaffirmed its commitment to fundamental changes in the respective government roles and responsibilities in the provision of housing assistance (see Chapter 5) (COAG 1996). At the time of writing (September 1997), the Council has not met again, and while governments are still exploring shared approaches to reform, it is not clear what role COAG will play in the future. Work is proceeding in the health and community services areas under the auspices of Health and Community Services Ministers, with an emphasis on bilateral negotiation of practical reforms to achieve specific objectives. Timing for agreement and implementation of reform objectives will therefore depend on progress with Commonwealth–State discussion in specific areas. Housing chief executive officers are currently considering the directions and nature of reform for long-term housing assistance (see Chapter 5).

Nationally consistent community services data are also vital for the purposes of the Review of Commonwealth / State Service Provision. This Review was established by the Prime Minister, State Premiers and Chief Ministers at the COAG meeting in July 1993. One of its objectives is to collect and publish national performance indicators on the effectiveness of government-funded services in achieving desired policy outcomes and the efficiency of governments in providing these services (SCRCSSP 1995:iii). The other objective is to publish information on service provision reforms that have been implemented, or are under consideration, by Commonwealth and State or Territory Governments. The Review operates under the sponsorship of COAG, with the Industry Commission providing the secretariat to the Review's Steering Committee. Two reports on the performance of government-funded services have been published (SCRCSSP 1995, 1997a), and one report on service provision reforms (SCRCSSP 1997b).

The Review sets out a number of reasons for collecting and publishing performance indicators on government-funded services:

- Developing a better understanding of how existing services perform and how clients' needs are currently met is viewed as a central element in improving outcomes for clients and giving taxpayers value for money.
- Service provision is made 'more transparent' and accountability strengthened.
- Performance information provides the basis for a 'clearer delineation' of the roles and responsibilities of the different levels of government in service delivery.
- Governments are assisted to 'improve their service delivery through "yardstick competition", that is, by facilitating comparisons with programs with similar objectives

within the same jurisdiction, across jurisdictions, or between modes of service delivery' (SCRCSSP 1995:2–3).

The government-funded services on which performance is reported include housing assistance, aged care services, disability services, children's services, and protection and support services (that is, child protection services and the Supported Accommodation Assistance Program). Working groups have been established for each of the service areas and are composed of representatives from all jurisdictions (Commonwealth, and States and Territories), local government (where appropriate) and specialist input, such as this Institute and the Australian Bureau of Statistics (ABS). The 1997 report acknowledges the limitations of the currently available data (SCRCSSP 1997a:xxv). National performance indicator data are limited both in terms of their quality and, in many instances, their availability.

Recent national developments in community services information

The lack of reliable national statistics to monitor the output and outcomes of welfare services was identified in *Australia's Welfare 1993: Services and Assistance* (AIHW 1993:31). Trends in service funding, provision and delivery outlined here and the emphasis on measuring service performance make it clear that all levels of government, managers, planners, service providers and carers need better community services information, that is, information which is timely, relevant and nationally consistent. Since the 1995 edition of *Australia's Welfare*, there have been some important national developments in community services information.

National community services industry study

The 1995–96 Community Services Industry Survey which was discussed in *Australia's Welfare 1995* (AIHW 1995:312) was conducted by the ABS in August 1996. A sample of 5,600 community service organisations was surveyed and data collected on: type of organisation; staff; sources of income; expenditure, both capital and recurrent; assets and liabilities; technological base; and service activities. A number of different survey forms were designed so that the questions were appropriate for each particular community services area. For instance, separate forms were used for child care organisations, peak bodies and government departments. Preliminary results from this survey have already been published (ABS 1997). It is expected that a publication containing final and more detailed information will be released in October 1997.

National classifications of community services activities

As outlined in the last biennial report, a national classification system for community services was initiated by the Institute in 1994 to support the Community Services Industry Survey (AIHW 1995:312). The classification was developed by the AIHW and the Victorian Department of Human Services in conjunction with all community services departments, the ABS and representatives from the non-government sector. The classification provides a framework for the future development of administrative data in the community services field. It contains three types of classifications: activities; target group; and delivery setting. The draft classification was used in the 1995–96 ABS Community Services Industry Survey and was published by the Institute in September 1997 (AIHW 1997). In this edition of *Australia's Welfare*, the draft 'activities' classification has been used to classify family support services (see Chapter 4).

National Community Services Information Agreement

As foreshadowed in *Australia's Welfare 1995* (AIHW 1995:322), a National Community Services Information Agreement was developed in 1995–96 and came into effect in early 1997. This Agreement puts in place the consultative structures and processes necessary to improve the national information available across the community services sector.

In late 1995, the Institute began work on the development of the national infrastructure required to improve national community services information. Following discussion with other agencies, in March 1996 the Institute proposed to the Standing Committee of Community Services and Income Security Administrators (SCCSISA) that it commence discussions with Commonwealth, State and Territory jurisdictions and the Australian Council of Social Service (ACOSS) on planning the development of such information. SCCSISA endorsed the Institute's proposal and agreed that the Institute undertake this task.

Drawing on the experience in the health sector, the Institute argued that the best way to achieve a nationally integrated and coordinated approach to developing community services information would be through an agreement between the major community services authorities in all jurisdictions. This agreement would provide the national infrastructure and decision-making processes necessary to develop consistent information. A plan establishing a longer term view of information developments and needs, and identifying priorities, could also be formulated. For these reasons, SCCSISA agreed that an agreement be negotiated between the various parties. A steering committee was established, an agreement was drafted and the draft agreement endorsed by SCCSISA in October 1996.

The National Community Services Information Agreement came into effect from 1 March 1997 as a multilateral agreement between the Commonwealth, State and Territory community services authorities, the ABS and the AIHW. This agreement covers the areas of aged care, disability services, children's services, child protection services, juvenile justice and emergency relief services. While ACOSS participated in formulating the Agreement, it decided not to be a signatory, since it considered that it was not seen as representing all the non-government sector.

The National Community Services Information Management Group, comprising senior representatives of the signatories to the Agreement, was set up to manage the Agreement and to oversee the National Community Services Data Committee. This committee, which includes representatives from government and non-government sectors, is responsible for coordinating the development of data definitions, standards and classifications. An overall objective is to promote consistency between the national health and community services definitions and standards.

Specific objectives of the Agreement are to:

- provide a framework to facilitate, coordinate, plan, manage and prioritise national information developments, in order to:
  - link data and data development to policy and program development;
  - identify data gaps;
  - prioritise data development activities;

  - develop agreed national uniform data definitions;
  - agree on national minimum data sets;
  - coordinate data developments in both government and non-government agencies; and
  - reduce duplication of data development and collection by coordination with other human services sectors;
- provide a structure for developing data standards, uniform definitions and classifications that will:
  - improve existing data;
  - ensure data collections across the community services sector are consistent and comparable while retaining individual collections; and
  - develop a national community services data dictionary;
- improve access to consistent and timely information between all levels of government, service providers, consumers and funders, whilst ensuring privacy and confidentiality requirements are met.

By signing the Agreement, each jurisdiction has indicated a strong commitment to working cooperatively with the other jurisdictions to improve and develop national community services information. The Agreement provides an opportunity to bring together a diverse range of often uncoordinated and unintegrated data developments within an agreed structure at a national level. An early output of these arrangements will be publication of the initial National Community Services Data Dictionary, proposed for early 1998. SCCSISA has provided financial support in 1997–98 to assist the Institute to develop the data dictionary.

The National Community Services Information Management Group is now moving to the next stage: the drafting of a National Community Services Information Development Plan. This Plan will draw on the current national developments and achievements, establish priorities and build an integrated approach to information development that will provide a national information structure and direction. The Plan will provide a 5–10 year vision for community services information development and recommend a set of directions for more immediate development activities.

The National Community Services Information Agreement is a landmark recognising the importance of good information as the basis of policy making and community discussion.

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2 Welfare services expenditure

2.1 Introduction

The focus of the chapter is on expenditure on welfare services provision. Cash payments in the form of income support and long-term housing assistance are outside the scope of this chapter, as is expenditure on nursing homes and domiciliary nursing care. However, long-term housing assistance is dealt with in Chapter 5, and expenditure on nursing homes and domiciliary nursing care is included in Chapter 8. The three welfare services categories used here are: family and child welfare services (including child care), aged and disabled welfare services, and welfare services not elsewhere classified—for example, supported accommodation, prisoners' aid, and assistance to migrants.

Welfare services in Australia are provided by governments, non-government organisations and households. In the national accounts framework, only welfare services where money changes hands are given a value. Work done at home caring for disabled family members or friends, for example, or volunteer work done to assist non-government organisations is given zero value in the national accounts. This chapter both estimates the contribution welfare services makes within the national accounts to Gross Domestic Product (GDP), and then extends this to include estimates of the value of welfare services work undertaken by volunteers through non-government organisations, and the value of work undertaken by households to assist family, friends and neighbours (AIHW 1995:30–31). However, data on volunteers and household services are limited, so most of the analysis is in regard to monetary expenditure on welfare services, particularly by governments.

Section 2.2 of this chapter provides a broad overview of welfare services produced by both the household and non-household sectors, national welfare services expenditure, per person expenditure, and welfare services expenditure as a proportion of GDP. Section 2.3 analyses government expenditure on welfare services in comparison with other government expenditure, and in particular expenditure in welfare services related areas. Section 2.4 provides statistics on recurrent government expenditure by the three categories of welfare services, and by the Commonwealth Government and State and Territory Governments. Section 2.5 estimates the contribution of non-government community service organisations. Section 2.6 provides estimates of tax expenditures, which when included reveal a greater contribution by the government sector to the funding of welfare services. Section 2.7 estimates the value of volunteer time in welfare services provision. Section 2.8 compares Australia's welfare services expenditure with that of other major OECD countries.

2.2 Total expenditure

Total resources devoted to welfare services

Welfare services are provided by government, non-government community service organisations and by households (Figure 2.1). The total monetary expenditure on these services in 1995–96 was $8.9 billion. Sixty-six per cent of the funding came from *governments*, but they provided only 39% of the services.

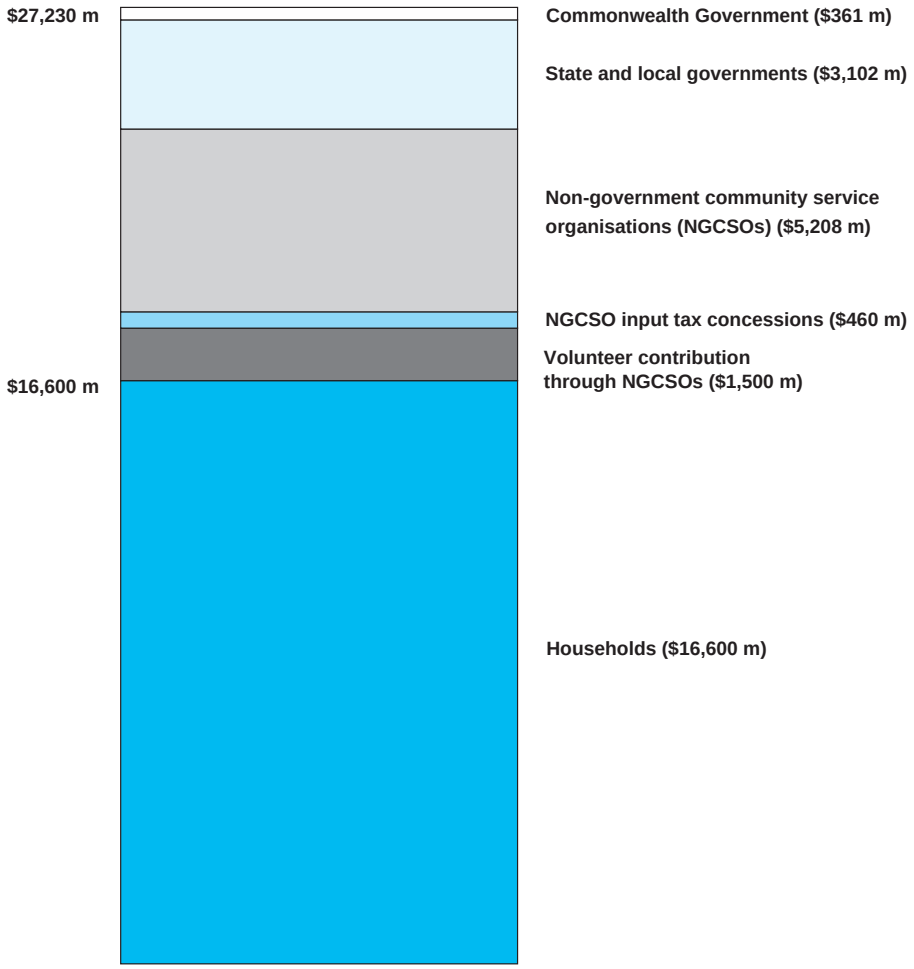


Figure 2.1: Providers of welfare services

Non-government community service organisations provided $5.2 billion worth of welfare services in 1995–96, which was 59% of the total monetary expenditure on welfare

services. They funded 17% or $864 million of this $5.2 billion out of their own fundraising and other income earned by them. Donations to these organisations are partly funded by the Commonwealth Government through allowing such donations to be tax deductible. The cost of this concession was estimated to be about $70 million in 1995–96.

In addition, the non-government community service organisations receive input tax concessions from the Commonwealth Government and State and Territory Governments, such as sales tax and fringe benefits tax exemptions. The cost of these concessions was estimated to be at least $460 million in 1995–96.

The work of volunteers within these organisations was estimated to have a value of approximately $1.5 billion in 1995–96 (see Section 2.7).

Adding together the estimated value of production of the non-government community service organisations as recorded in their financial accounts ($5.2 billion), the imputed value of the volunteers working for them ($1.5 billion) and the input tax concessions ($460 million), gives a total of $7.2 billion—an estimate of the total value of the welfare services produced by these organisations in 1995–96.

The *household* sector is by far the dominant sector in the welfare services area. In 1995–96, the bulk of services, estimated at about $16.6 billion, were provided by members of households for the consumption of others in the household or people in other households, mostly without any form of monetary payment. These services included work done at home caring for people who are sick or with a disability, caring for other people's children, caring for one's own sick children and other welfare services. It does not include caring for one's own children when well. Of this $16.6 billion of services provided, households received payment of $213 million for child care services provided to other households in 1995–96.

In total, welfare services provided by households, non-government community service organisations and governments in 1995–96 were estimated to have a value of $27.2 billion, of which $16.6 billion worth was provided by the household sector, $7.2 billion worth by non-government community service organisations and $3.5 billion worth by governments.

Total monetary expenditure

Total monetary welfare services expenditure is the aggregate of expenditure by both government and non-government sectors. The government sector includes the Commonwealth Government, State and Territory Governments, and local governments. The non-government sector comprises the household sector and non-government community service organisations operating on either a for-profit or not-for-profit basis. The household sector is both a provider of services (in the child care area) and a purchaser of services (see Table 2.4).

Estimated total monetary welfare services expenditure in 1995–96 was $8.9 billion. This was an increase of 7.2% in current prices over the estimate of $8.3 billion for 1994–95. The increase in real terms, that is, after the effect of inflation was removed, was 4.6% (Table 2.1). Total growth in expenditure in current prices between 1989–90 and 1995–96

Table 2.1: Total welfare services expenditure and expenditure per person, current and constant (average 1989–90) prices,[a] and annual growth rates, 1989–90 to 1995–96

	Amount ($m)		Growth rate (%)	
	Current prices	Constant prices	Current prices	Constant prices
	Total welfare services expenditure			
1989–90	4,715	4,715		
1990–91	5,539	5,260	17.5	11.6
1991–92	6,523	5,947	17.8	13.1
1992–93	7,360	6,531	12.6	9.6
1993–94	7,722	6,774	4.9	3.7
1994–95	8,285	7,299	7.3	7.8 [b]
1995–96	8,885	7,633	7.2	4.6
Average annual growth rate 1989–90 to 1995–96			**11.2**	**8.4**
	Per person welfare services expenditure			
1989–90	278	278		
1990–91	322	306	15.9	10.0
1991–92	375	342	16.3	11.7
1992–93	419	371	11.6	8.6
1993–94	435	382	3.9	2.7
1994–95	462	407	6.2	6.6
1995–96	489	420	5.9	3.2
Average annual growth rate 1989–90 to 1995–96			**9.9**	**7.1**

(a) The Government Final Consumption Expenditure (GFCE) Implicit Price Deflator (IPD) was applied to both government and non-government sector current price expenditure.
(b) The GFCE IPD fell from 114.0 in 1993–94 to 113.5 in 1994–95 due to a fall in wages in the government sector. This led to growth in real terms being higher than growth in current prices.

Sources: Welfare services expenditure: AIHW database; Mean resident population: 1989–90—ABS 1996a; 1990–91 to 1995–96—ABS 1997b.

was 89%, averaging 11.2% per year. Total growth in real terms in the same period was 62%. This represented an average growth of 8.4% per year.

The increase in expenditure on welfare services can be separated into three components: the increase due to inflation, the increase due to population growth, and the increase in real expenditure per person. In the 6 years to 1995–96, the increase in real expenditure per person was the biggest component of the total increase in welfare services expenditure, averaging 69%. Inflation accounted for 21% of the increase while population growth accounted for 10%. Between 1994–95 and 1995–96, 79% of the total expenditure increase was due to the increase in real expenditure per person, inflation accounted for 9% and population growth 12%.

Welfare services expenditure per person

Welfare services expenditure per person in current prices in 1995–96 was $489, an increase of 5.9% over the 1994–95 expenditure of $462. Between 1989–90 and 1995–96, the increase averaged 10% per year (Table 2.1). In constant prices, expenditure per person increased 3.2% from $407 in 1994–95 to $420 in 1995–96. The real growth per person over the period 1989–90 to 1995–96 was 51%, averaging 7.1% per year.

Annual growth in expenditure per person in real terms ranged from 2.7% in 1993–94 to 11.7% in 1991–92. The high growth in 1991–92 was partly attributable to the economic recession of 1990 and 1991 which then led to increased demand on welfare services, and partly due to changes in government policy which led to increases in government expenditure on child care and welfare services for the aged.

Total welfare services expenditure and gross domestic product

In current prices, welfare services expenditure as a percentage of GDP increased from 1.3% in 1989–90 to 1.8% in 1992–93, after which it remained at that level for the next 3 years (Table 2.2).

Table 2.2: Total welfare services expenditure and GDP in current and constant (average 1989–90) prices, 1989–90 to 1995–96 ($m)

	Total welfare services expenditure		Gross Domestic Product[(a)]		Total welfare services expenditure as % of GDP	
	Current prices	Constant prices	Current prices	Constant prices	Current prices	Constant prices
1989–90	4,715	4,715	370,189	370,189	1.3	1.3
1990–91	5,539	5,260	378,716	367,098	1.5	1.4
1991–92	6,523	5,947	387,067	368,567	1.7	1.6
1992–93	7,360	6,531	404,798	380,614	1.8	1.7
1993–94	7,722	6,774	429,785	399,508	1.8	1.7
1994–95	8,285	7,299	457,667	417,494	1.8	1.7
1995–96	8,885	7,633	488,967	433,685	1.8	1.8

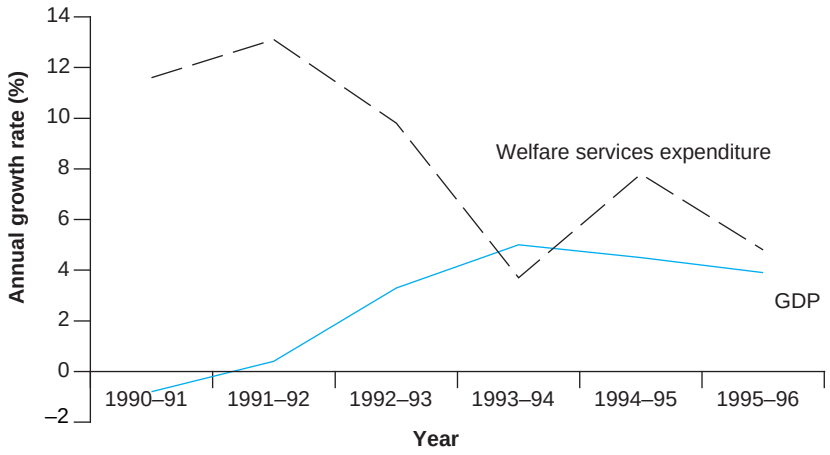
(a) The income-based estimate of GDP—GDP(I) was used.

Sources: Welfare services expenditure: AIHW database; GDP: ABS 1997c.

During the economic recession starting in March 1990, real GDP in 1990–91 declined 0.8%. Because of the recession, more services were needed and were provided. The increase in service usage due to greater need, and changes in government policy such as increases in child care support and services for the aged, coupled with the fall in GDP, explained the relatively high current prices increase in total welfare services expenditure as a proportion of GDP of 0.4 percentage points: from 1.3% in 1989–90 to 1.7% in 1991–92.

The increase in this period in the welfare services expenditure to GDP ratio in constant prices was not quite as marked, because inflation in the government sector was higher than in the economy as a whole. Over the period from 1989–90 to 1995–96, real growth

in GDP averaged 2.7% per year, compared with an 8.4% per year real growth in total welfare services expenditure (Figure 2.2).



Source: Table 2.2.

Figure 2.2: Annual growth in total welfare services expenditure and GDP, in constant (average 1989–90) prices, 1989–90 to 1995–96 (%)

Total welfare services expenditure by source of funds

Over the whole period from 1989–90 to 1995–96, 64% of total welfare services expenditure was financed by the government sector, and the remaining 36% by the non-government sector—non-government community service organisations and client fees. Of the total government funding, 50% was by State and Territory Governments, 49% by the Commonwealth Government, and 1% by local governments. Client fees constituted 71% of total non-government sector funding, while the remaining 29% came from donations to, or income earned by, non-government community service organisations (Table 2.3; Figure 2.3).

The share of the Commonwealth Government increased over the period, while that of the State and Territory Governments declined. The contribution by local governments was relatively stable, increasing somewhat in 1994–95 and 1995–96. Non-government community service organisations and clients mostly maintained their share over the whole period.

Funding and provision of welfare services

Non-government community service organisations were the major providers of welfare services. In 1995–96, 59% of total welfare services expenditure was delivered by them, and 39% by government agencies. The remaining 2% constituted services provided by the household sector (Table 2.4).

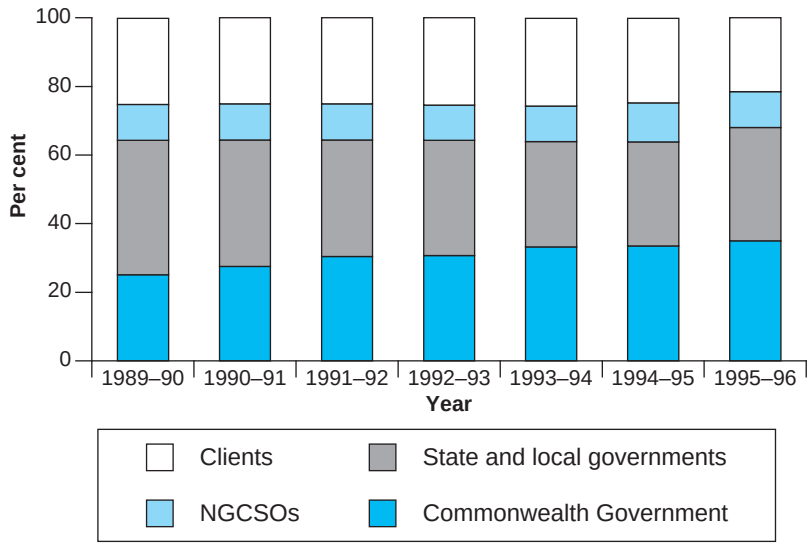
Table 2.3: Total welfare services expenditure in current prices, by source of funds, 1989–90 to 1995–96 ($m)

	Government sector				Non-government sector			
	Common-wealth	State/ Territory	Local	Total	NGCSOs	Client fees	Total	Total expenditure
1989–90	1,184	1,819	34	3,037	493 (a)	1,185 (b)	1,678	4,715
1990–91	1,522	1,995	51	3,568	579 (a)	1,392 (b)	1,971	5,539
1991–92	1,983	2,199	20	4,202	682 (a)	1,639 (b)	2,321	6,523
1992–93	2,260	2,443	29	4,732	760	1,868	2,628	7,360
1993–94	2,567	2,319	51	4,937	805	1,980	2,785	7,722
1994–95	2,779	2,414	98	5,290	945	2,049	2,994	8,285
1995–96	3,131	2,534	165	5,830	864	2,191	3,055	8,885

(a) Estimates of contribution by non-government community service organisations (NGCSOs) for 1989–90 to 1991–92 were obtained by applying the average ratio, for the period from 1992–93 to 1995–96, of their contribution to the respective year's total government sector expenditure.

(b) Estimates of client fees for 1989–90 to 1991–92 were obtained by applying the average ratio, for the period from 1992–93 to 1995–96, of client fees to the respective year's total government sector expenditure.

Sources: Commonwealth direct expenditure: DCSH 1990, DHHCS 1991 and 1992, DHHLGCS 1993, DHSH 1994 and 1995, DHFS 1996, DHRD 1994 and 1995, Department of Immigration and Ethnic Affairs unpublished data, and DVA unpublished data; State expenditure: CGC unpublished data; Commonwealth capital expenditure: DHFS unpublished data; Local government expenditure: ABS unpublished data; State capital expenditure net of Commonwealth transfer payments: estimated by AIHW based on ABS data; 1992–93 NGCSOs: estimated by AIHW from Industry Commission 1994; 1993–94 NGCSOs: estimated by AIHW from Industry Commission 1995; 1994–95 and 1995–96 NGCSOs: estimated by AIHW; Child care service clients' contribution: estimated by AIHW from ABS 1997d; Other client fees for services provided by NGCSOs: estimated by AIHW; Other client fees for services provided by government agencies: ABS unpublished data.



Source: Table 2.3.

Figure 2.3: Proportion of welfare services expenditure by source of funds

Table 2.4: Funding and provision of welfare services, 1995–96 ($m)

Provider of services	Source of funds: Commonwealth Government	State and Territory Governments	Local governments	NGCSOs[a]	Client fees	Total	Proportion of service provision (%)
Government							
Commonwealth	351	—	—	—	10	361	4.1
State and Territory	952	1,325	—	—	124	2,401	27.0
Local	298	110	163	—	131	701	7.9
Total government	1,601	1,435	163	—	265	3,463	39.0
NGCSOs	1,530	1,099	2	864	1,713	5,208	58.6
Household sector					213	213	2.4
Total for all sectors	**3,131**	**2,534**	**165**	**864**	**2,191**	**8,885**	
Proportion of funding (%)	35.2	28.5	1.9	9.7	24.7		

(a) Profits from sales of assets are included but not the value of the assets sold.

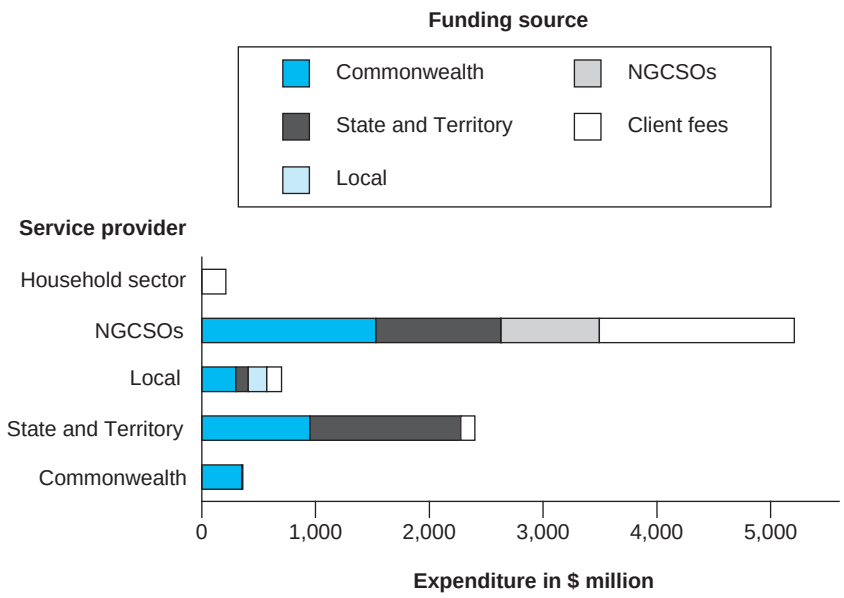
Sources: As for Table 2.3.

The government sector, however, was the major funder: 66% of total welfare services expenditure. Client contributions funded 25%, while non-government organisations contributed 10% from fundraising and other sources of income.

The extent of direct services provided by the government sector varied. The Commonwealth was predominantly a funder of services rather than a provider of services. Of its $3.1 billion of funding, 11% went to providing services directly to the community, while the rest (89%) was transferred either to the other two levels of government or to non-government community service organisations (Table 2.4; Figure 2.4).

State and Territory Governments spent $2.4 billion on direct services provision and administration and provided $2.5 billion of funding, 43% of which was transferred to non-government community service organisations. Local governments are predominantly providers of services. Their funding of expenditure on welfare services was $165 million, but they provided $701 million worth of services.

Fees paid by clients for services amounted to 25% of total welfare services expenditure in 1995–96. Of total client fees of $2.2 billion, $213 million (10%) was for informal child care services, $265 million (12%) was for government-provided services, and $1.7 billion (78%) was paid to non-government community service organisations. Of this $1.7 billion, 50% related to fees charged for formal child care services. Aged care services, mainly hostels, accounted for 35%. The remaining 15% was fees for services provided to people with a disability, and other welfare services. Some of the users of these services were also recipients of social security benefits, such as the age and disability pensions. Thus, some of these client fees were indirectly funded by government.



Source: Table 2.4.

Figure 2.4: Funding and provision of welfare services by all sectors 1995–96

2.3 Expenditure by governments

Welfare services expenditure in relation to other areas

In 1995–96, total expenditure by all levels of government in Australia for all purposes was $175 billion (ABS 1997a), a decline from the previous year of 1.2%. Expenditure on income support was $42.6 billion, on health $27.2 billion, on education $23.8 billion, and on defence $9.4 billion—compared with expenditure on welfare services of $5.8 billion. In terms of proportions, social security accounted for 24.4% of total expenditure, followed by health (15.6%) and education (13.6%). Welfare services accounted for 3.3% of total expenditure (Table 2.5; Figure 2.5).

Between 1989–90 and 1995–96, expenditure on welfare services in current prices rose from $3.0 billion to $5.8 billion, representing a rise of 91.2% in this six-year period. This increase was greater than for most other major purposes. Welfare services as a proportion of total public expenditure increased from 2.1% to 3.3%.

Between 1989–90 and 1995–96, total public sector expenditure in current prices grew at an average annual rate of 3.6% (Table 2.5). Among the six selected purposes included in Figure 2.5, welfare services had the highest growth of 11.5%, followed by social security (9.9%), health (6.3%), education (5.5%), defence (3.3%), and housing (0.4%). In real

Table 2.5: Total government expenditure[a] in current prices, by purpose, 1989–90 to 1995–96 ($m)

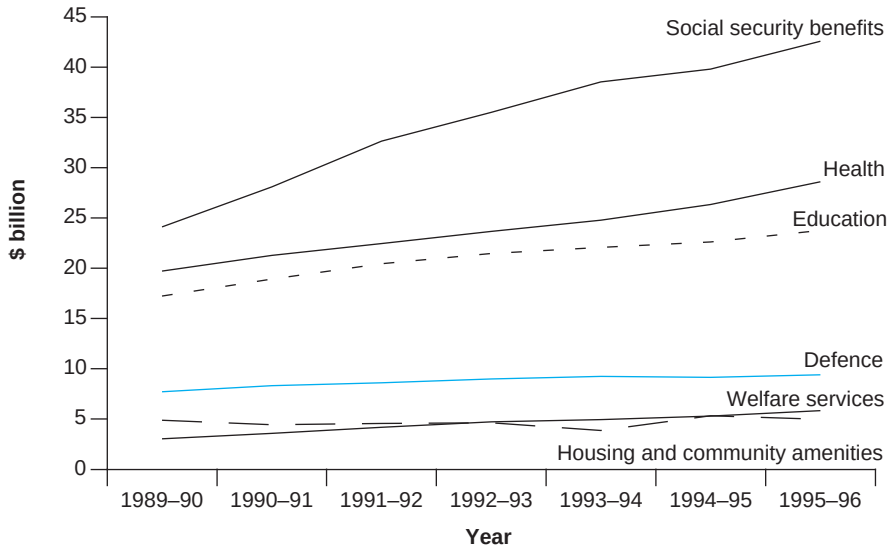
	1989–90	1990–91	1991–92	1992–93	1993–94	1994–95	1995–96
Social security and welfare							
Social security benefits							
Amount	24,126	28,106	32,660	35,513	38,554	39,815	42,575
Proportion of total (%)	17.1	18.6	20.4	21.7	23.3	22.5	24.4
Welfare services							
Amount	3,037	3,568	4,202	4,732	4,937	5,290	5,830
Proportion of total (%)	2.1	2.4	2.6	2.9	3.0	3.0	3.3
Other social security and welfare							
Amount	1,063	1,210	1,453	1,338	1,429	1,499	1,562
Proportion of total (%)	0.8	0.8	0.9	0.8	0.9	0.8	0.9
Health							
Amount	18,838	20,240	21,302	22,447	23,404	25,013	27,168
Proportion of total (%)	13.3	13.4	13.3	13.7	14.2	14.2	15.6
Education							
Amount	17,226	18,950	20,453	21,491	22,086	22,635	23,778
Proportion of total (%)	12.2	12.6	12.8	13.1	13.4	12.8	13.6
Defence							
Amount	7,734	8,326	8,607	9,010	9,237	9,147	9,394
Proportion of total (%)	5.5	5.5	5.4	5.5	5.6	5.2	5.4
Housing and community amenities							
Amount	4,876	4,591	4,577	4,629	3,884	5,286	4,995
Proportion of total (%)	3.4	3.0	2.9	2.8	2.4	3.0	2.9
Other purposes[b]							
Amount	64,544	65,777	66,773	64,320	61,603	67,925	59,272
Proportion of total (%)	45.6	43.6	41.7	39.3	37.3	38.5	34.0
Total	**141,444**	**150,768**	**160,027**	**163,480**	**165,134**	**176,610**	**174,574**

(a) 'Expenditure' is used in this publication instead of the more technical 'outlays' used by the ABS. However, it has the same meaning.

(b) ABS number for 'other purposes' adjusted to allow for difference between AIHW estimate of welfare services and ABS estimate. Other purposes include general public services; public order and safety; recreation and culture; fuel and energy; agriculture, forestry, fishing and hunting; mining, manufacturing, construction, etc.; transport and communication; other economic affairs; public debt transactions; general purpose inter-government transactions; natural disaster relief; and other purposes not elsewhere classified.

Sources: Welfare services expenditure: AIHW expenditure database; Others: ABS 1997a.

terms, that is, after adjusting for inflation using the GFCE deflator, total government expenditure grew at 1.0%, again headed by welfare services (8.7%), while housing experienced a decline of 2.1% per year.



Note: Except for welfare services expenditure, data are from the ABS.

Source: Table 2.5.

Figure 2.5: Trends in public sector expenditure in current prices by selected purposes

Definitions of welfare services expenditure

Welfare services expenditure, in this chapter, is as defined by the ABS Government Purpose Classification (GPC), which is used for all government expenditure. The classification allocates expenditure to a particular category according to the purpose of the expenditure, not the type of service activity. Thus, the counselling of police after traumatic episodes is classified to the public order and safety purpose category, whereas counselling within hospitals has a health purpose, and the counselling of victims of disaster has a welfare services purpose.

Welfare services expenditure is defined in the ABS classification as assistance delivered to clients, or groups of clients, with special needs, such as the young, the old or people with a disability. This is in accord with the international definition (UN 1980). This category is further subdivided into:

(a) family and child welfare services;

(b) welfare services for the aged and people with a disability (often abbreviated to 'aged and disabled welfare services'); and

(c) welfare services not elsewhere classified, for example supported accommodation, prisoners' aid, and assistance to migrants.

In the latest GPC (ABS 1996b), 'aged and disabled welfare services' has been divided into two categories: 'welfare services for the aged' and 'welfare services for people with

a disability'. The Institute will be reporting according to these new categories for 1996–97 data onwards.

This definition of welfare services expenditure does not include all government expenditure that is of relevance to welfare services policy and programs in Australia. In the area of services for people with a disability, for example, the expenditure on the disability services pension, and on the carers pension, is of crucial importance in analysing the appropriateness of services to people with a disability. Because these pensions primarily have an income support function, however, they are classified as social security benefits in the GPC, not as welfare services. Similarly, grants by the Commonwealth to the States for special education programs for the disabled are considered to have primarily an education purpose, so they are classified to the education GPC category. In this volume, the chapters on aged care and disability services include information about the many different sorts of expenditure that are relevant to older people and to those with a disability, whatever the GPC category used to classify that expenditure.

Some of the many welfare services related programs which are outside of the welfare services area, as defined by the GPC, are shown in Table 2.6. Programs that are relevant to people with a disability range from the education and social security categories, through to the housing and community development categories. Programs that are relevant to children's services policy include preschool programs, which are categorised under education, and child care which is categorised in the family and child welfare services section of the welfare services category.

The definitions in the GPC are set in accord with international definitions, so as to enable greater comparability with data from other countries.

There is great merit in using a classification like the GPC which applies to the whole of government expenditure, because it provides a framework within which all expenditure numbers can be reconciled. Any program expenditure is classified once and only once within the GPC, so that everything adds up. However, such a classification does not constrain the policy maker in, say, the disability area to only consider data from the disability welfare services category. In fact, it is highly relevant to policy for people with a disability to consider expenditure in a range of categories. Some of the programs of policy relevance to the disability area are listed in Table 2.6, and many of these programs are classified to non-welfare service GPC categories. A similar situation arises in the aged care area and in the housing area.

2.4 Recurrent government welfare services expenditure

This section covers recurrent expenditure on welfare services by the Commonwealth Government and the State and Territory Governments. Expenditures on nursing home care and on domiciliary nursing care are not included here as they are classified in the GPC used in this analysis as health expenditure. Problems of data reliability do not allow analysis of capital expenditure by State and Territory Governments or local government expenditure.

Table 2.6 : Government programs of policy relevance to particular welfare areas, by Government Purpose Classification (GPC) in 1995–96

	Welfare areas				
Government Purpose Classification	**Assistance to families/ people in crisis**	**Children's services**	**Housing assistance**	**Aged care services**	**Services for people with a disability**
Public order and safety	• Juvenile justice				
Education		• Preschool services			• Employment and training
Health				• Nursing homes	• Hearing aids
				• HACC (home nursing)	• Medical rehabilitation
Welfare services	• Supported Accommodation Assistance Program	• Long day care		• HACC (excluding home nursing)	• HACC (excluding home nursing)
	• Youth services	• Before and after school care		• Hostels	• Group homes
	• Counselling	• Occasional care		• Community aged care packages	• Residential institutions
	• Child protection	• Family day care		• Transport concessions	• Transport concessions
		• Child care for migrants		• Aged care assessment	• Print disability services
	• Support for carers[(a)]	• Subsidies for child care costs		• Support for carers[(a)]	• Non medical rehabilitation
					• Support in private home
Social security	• Family payments		• Rent assistance	• Aged pensions	• Disability support pension
				• DVA pensions	• Child disability allowance
				• Carer pension	• Mobility allowance
					• Sickness allowance
					• Wife pension (DSP)
					• Carer pension

(continued)

Table 2.6 (continued): Government programs of policy relevance to particular welfare areas, by Government Purpose Classification (GPC) in 1995–96

	Welfare areas				
Government Purpose Classification	**Assistance to families/ people in crisis**	**Children's services**	**Housing assistance**	**Aged care services**	**Services for people with a disability**
Housing and community development			• Aboriginal rental housing program	• Self care units in retirement villages	• Accommodation
			• Loan and mortgage subsidies		
			• Crisis Accommodation Program		
			• Public rental and community housing		
Recreation and culture				• Senior citizen centres	

(a) Support for carers is undertaken through the following programs—the National Respite for Carers Program, the Domiciliary Nursing Care Benefit, and the carers package.

Over the period 1989–90 to 1995–96, about 60% of public sector recurrent expenditure on welfare services by the Commonwealth and States and Territories combined was directed to services for older people and those with a disability. Family and child welfare services accounted for 30% and other welfare services 10% (Table 2.7).

Table 2.7 : Commonwealth and State and Territory government recurrent expenditure on welfare services in current prices, 1989–90 to 1995–96 ($'000)

		Recipients of Commonwealth transfer payments					
	Common-wealth direct expenditure	State and Territory Govern-ments	Local govern-ments	NGCSOs[a]	Total Common-wealth expen-diture	State expen-diture net of Common-wealth transfers	Total Common-wealth and State and Territory expen-diture
Family and child welfare services							
1989–90	13,643	14,994	79,123	112,669	220,429	582,812	803,241
1990–91	17,526	15,746	76,144	144,939	254,355	594,871	849,226
1991–92	21,053	25,038	124,904	273,997	444,992	636,282	1,081,274
1992–93	22,205	28,009	152,753	354,643	557,610	689,042	1,246,652
1993–94	24,083	26,524	166,627	470,526	687,760	751,034	1,438,794
1994–95	29,086	28,692	177,279	562,664	797,721	775,401	1,573,122
1995–96	58,056	33,772	182,079	629,327	903,234	847,651	1,750,885
Average annual growth rate (%)	*27.3*	*14.5*	*14.9*	*33.2*	*26.5*	*6.4*	*13.9*
7-year average proportion of total[b] (%)	11.0	4.6	60.8	36.9	27.7	32.5	30.2
Aged and disabled welfare services							
1989–90	74,358	167,425	58,912	315,719	616,414	996,571	1,612,985
1990–91	112,985	190,461	71,163	535,753	910,363	1,119,163	2,029,526
1991–92	153,745	215,524	82,877	612,692	1,064,837	1,286,889	2,351,726
1992–93	167,707	389,210	88,878	609,112	1,254,907	1,356,396	2,611,303
1993–94	187,166	610,131	97,800	574,244	1,469,341	1,191,242	2,660,583
1994–95	188,345	636,568	97,299	662,038	1,584,250	1,273,845	2,858,095
1995–96	204,087	720,803	107,000	763,831	1,772,375	1,332,627	3,128,348
Average annual growth rate (%)	*18.3*	*27.5*	*10.5*	*15.9*	*19.5*	*5.0*	*11.7*
7-year average proportion of total[b] (%)	64.4	77.2	38.3	59.0	62.3	57.0	59.6

(continued)

Table 2.7 (continued): Commonwealth and State and Territory government recurrent expenditure on welfare services in current prices, 1989–90 to 1995–96 ($'000)

	Common-wealth direct expenditure	Recipients of Commonwealth transfer payments			Total Common-wealth expen-diture	State expen-diture net of Common-wealth transfers	Total Common-wealth and State and Territory expen-diture
		State and Territory Govern-ments	Local govern-ments	NGCSOs[a]			
Other welfare services							
1989–90	26,747	74,972	4,461	22,372	128,552	162,128	290,680
1990–91	38,421	86,388	1,361	29,126	155,296	188,026	343,322
1991–92	52,068	95,840	1,061	24,625	173,594	174,784	348,378
1992–93	73,407	100,136	1,867	36,007	211,417	237,011	448,428
1993–94	61,556	105,371	1,940	52,534	221,400	273,129	494,529
1994–95	75,111	87,537	1,564	62,957	227,170	287,977	515,147
1995–96	88,874	140,835	1,244	55,722	286,675	246,790	533,465
Average annual growth rate (%)	*22.2*	*11.1*	*–19.2*	*16.4*	*14.3*	*7.3*	*10.6*
7-year average proportion of total[b] (%)	24.6	18.2	0.9	4.1	10.1	10.5	10.3

(a) The term 'non-government community service organisations' includes for-profit and not-for-profit non-government organisations.
(b) Seven-year average annual growth rates are calculated using an exponential growth rate formula.

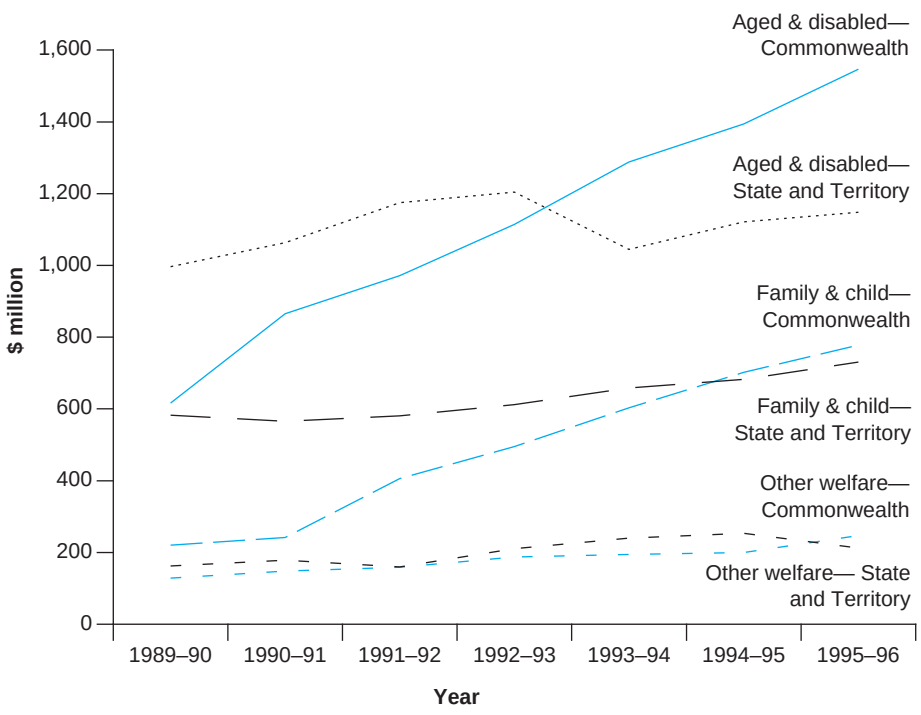
Sources: As for Table 2.3.

Of the total Commonwealth funding to non-government community service organisations over the 7-year period, 59% was for services for the aged and people with a disability, family and child welfare services received 37%, and other welfare services 4%.

Of the total Commonwealth funding to State and Territory Governments, 77% was for services for the aged and people with a disability. Other welfare services received 18%, and family and child welfare services 5%.

Of the total Commonwealth funding to local governments, 61% was for family and child welfare services. A further 38% was for services for the aged and people with a disability, while the remaining 1% was for other welfare services.

Growth was high in the family and child welfare services category between 1990–91 and 1991–92 (74.9%) due to an increase in the Commonwealth Government's contribution in the child care area (see Chapter 4). Prior to 1994–95, State and Territory Governments expended more than the Commonwealth on family and child welfare services. From 1994–95, however, the situation has been the opposite; that is, the Commonwealth has increased its spending on family and child welfare services at a greater rate than the State and Territory Governments (Figure 2.6; Table A2.1).



Source: Table A2.1.

Figure 2.6: Expenditure in constant (average 1989–90) prices on three welfare service categories by Commonwealth Government and State and Territory Governments, 1989–90 to 1995–96 ($m)

Growth in aged and disabled welfare services expenditure by the Commonwealth Government was consistently higher than State and Territory growth. Before 1993–94, the State and Territory contribution to welfare services for the aged and people with a disability was greater than that of the Commonwealth. Since 1993–94, the Commonwealth government contribution has been greater. Growth in the other welfare services category was relatively lower than in the other two categories.

More detailed analyses of changes in total welfare services expenditure over the period from 1988–89 to 1993–94 were published in AIHW (1996). The focus of the two sections below is on changes in welfare services expenditure by the Commonwealth Government and the State and Territory Governments between 1994–95 and 1995–96.

Commonwealth government expenditure

Family and child welfare services

Over the 7-year period to 1995–96, 95% of the Commonwealth's expenditure for family and child welfare services was in the form of transfers to other levels of government

and to non-government community service organisations. Of these transfers, 5% went to the State and Territory Governments, 26% to local governments, and 69% to non-government community service organisations.

Increases in Commonwealth expenditure on family and child welfare services from 1994–95 to 1995–96 were mainly due to:

- a 14% increase in the supply of Commonwealth-approved child care places (DHFS 1996);
- an additional 40,700 families benefiting from Child Care Assistance; and
- $5.8 million spent on the full implementation of the national Outside School Hours Care Pilot and Research Program.

Aged and disabled welfare services

Over the 7-year period to 1995–96, 88% of Commonwealth expenditure for aged and disabled welfare services was in the form of transfers to other sectors. Of these transfers, 39% went to the State and Territory Governments, 8% to local governments, and 54% to non-government community service organisations. The rearrangement of functions between the State and Territory Governments and the Commonwealth Government under the 1991 Commonwealth/State Disability Agreement (CSDA) has been a major factor contributing to increases in expenditure in this area over the period.

Some of the factors contributing to increases in Commonwealth expenditure on aged and disabled welfare services from 1994–95 to 1995–96 were:

- the expansion of home and community care services for aged persons and people with a disability. There was a 6.7% increase in hours of services and a 5.1% increase in meals provided by the Home and Community Care (HACC) program;
- the growth in the number of hostel places (5,695), and community aged care packages (245) for aged persons between 30 June 1995 and 30 June 1996;
- an additional 1,001 places in disability employment services; and
- an expansion of the National Relay Service with over 250,000 telephone conversations facilitated for people with severe speech and/or hearing disabilities.

Other welfare services

The other welfare services category includes a variety of services, such as assistance to the homeless (e.g. the Supported Accommodation Assistance Program—SAAP), prisoners' aid, care of refugees, Indigenous welfare, other concessions (other than those for older people or people with a disability), premarital education, counselling, and migrants' assistance.

Of the total Commonwealth transfers for other welfare services, transfers to State and Territory Governments made up 70% over the period 1989–90 to 1995–96. Transfers to local governments declined over time, but those to State and Territory Governments and non-government community service organisations increased.

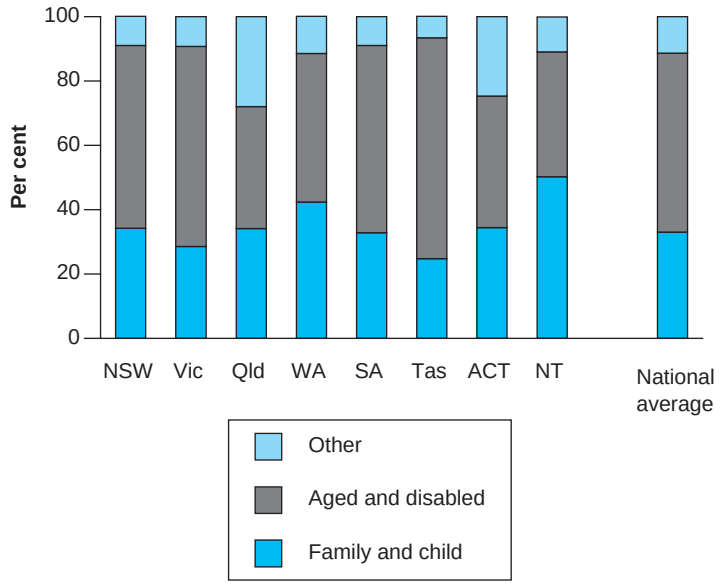
Between 1994–95 and 1995–96, some of the increase in Commonwealth expenditure was due to:

- the number of SAAP services being increased from 1,566 to 1,693. Funding for SAAP increased from $89 million to $143 million. New South Wales and Western Australia entered the SAAP agreement later than the others. The increase was largely because these two States received funding during 1995–96 for 6 months of their 1994–95 operating costs and all of their 1995–96 costs;
- an increase in the funding of the Migrant Access to Projects Scheme, from $0.32 million to $1.26 million; and
- the implementation of the Community Relations Agenda Grants Program by the Department of Immigration and Multicultural Affairs in 1994–95 ($0.74 million).

State and Territory government expenditure

There were considerable variations between the States and Territories in the amounts they spent on welfare services provision per head of population. Some of the factors contributing to such variations were differences in:

- their policies regarding the provision and funding of welfare services;
- the role of non-government community service organisations;
- the age/sex structure of their populations; and
- the boundaries around what is classified as 'welfare services'.



Source: Commonwealth Grants Commission unpublished data.

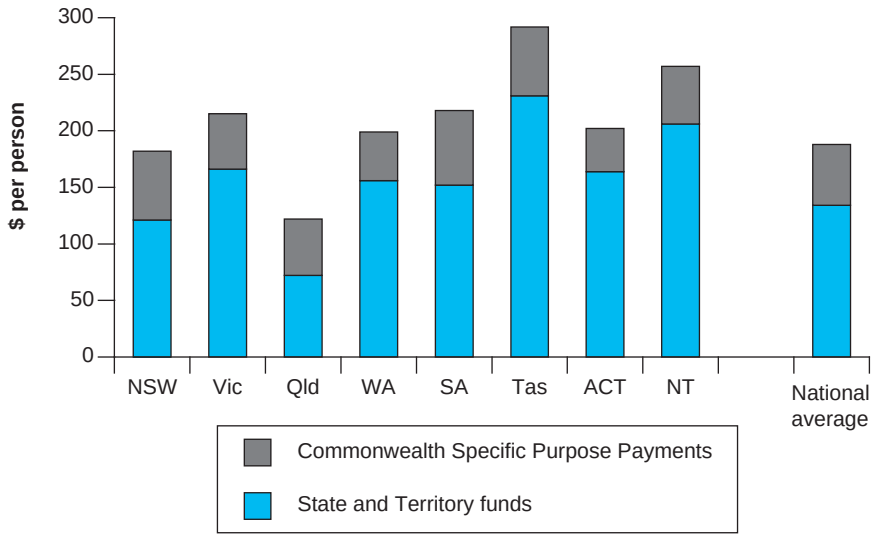
Figure 2.7: Average proportions of welfare services expenditure funded by State and Territory Governments by three welfare services categories, 1992–93 to 1995–96 (%)

The distribution of expenditure, funded by State and Territory Governments from their own sources of income, across the three welfare services categories varied appreciably between the jurisdictions (Figure 2.7).

Some of the differences are due to differences in demographic structure. The Northern Territory, with a young population, had the highest proportion of expenditure on family and child welfare services in the 4 years 1992–93 to 1995–96, at 50%. At the other extreme, Tasmania, with an older population, had the highest proportion of expenditure on aged and disabled welfare services (69%). However, there is not a consistent relationship between age structure and outlays on family and child welfare services relative to aged and disabled welfare services, in part because disabled services cover all age groups.

Another factor attributable to the differences in expenditure across States and Territories is the mix of care in the aged care services area. In Victoria, for example, there is a greater emphasis on caring for aged persons in the community rather than in nursing homes. Expenditure on HACC in Victoria is greater than in some other States. In contrast, South Australia has larger per person expenditure on nursing homes and therefore its expenditure on HACC is relatively lower.

On a per person basis, the Tasmanian Government's expenditure on welfare services was higher than that of other States or Territories. In 1995–96, its expenditure on welfare, net of Commonwealth transfers, was $231 per person (Figure 2.8).



Source: Commonwealth Grants Commission unpublished data.

Figure 2.8: Per person welfare services expenditure by State and Territory government own funds and Commonwealth government funds, 1995–96

State and Territory government expenditures are mostly funded by the Commonwealth Government. There are two types of Commonwealth financial assistance: General Purpose Payments (GPPs)—payments which may be spent for any purpose the State determines, with no conditions being imposed by the Commonwealth; and Specific Purpose Payments (SPPs)—payments which are subject to conditions which specify how the grant must be spent (Box 2.1).

Box 2.1: Specific Purpose Payments

Payments to the States and Territories for welfare services are made in the following areas:

1. *Disability services*
2. *Compensation for extension of fringe benefits to pensioner and older long-term allowees and beneficiaries*
3. *Home and Community Care Program*
4. *Community awareness*
5. *Community development support*
6. *Community and youth support*
7. *Indigenous women*
8. *Supported Accommodation Assistance Program*
9. *Children's services (child care)*
10. *Rural domestic violence*
11. *Unattached refugee children*

These SPPs are administered in various Commonwealth departments but mostly from the Department of Health and Family Services.

The Commonwealth transfers to State and Territory Governments displayed in Figure 2.8 and Table 2.9 include only SPPs. Part of the 'own funds' expenditure in the table is funded by GPPs, but it is not possible to say what proportion of expenditure is funded by these payments.

In 1995–96, SPPs in current prices ranged from $38 per person in the Australian Capital Territory to $66 per person in South Australia. Over the period from 1989–90 to 1995–96, the increase in per person Commonwealth government welfare service payments to Queensland was 402%, while to the Northern Territory it was 146%.

When the SPPs are included, total government expenditure on welfare services was $292 per Tasmanian. Queensland spent less—$121 per person, including the Commonwealth SPP contribution—on welfare services than any other State or Territory (Figure 2.8; Tables 2.8 and 2.9).

The rate of growth in expenditure per person (including Commonwealth transfers), in constant prices, varied from State to State. Average annual growth in expenditure ranged from 3.0% in Western Australia to 6.2% in Victoria between 1989–90 and

Table 2.8: Per person recurrent expenditure on welfare services by State and Territory government own funds, in current and constant (average 1989–90) prices, 1989–90 to 1995–96 ($)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	National average
					Current prices				
1989–90	96	112	69	132	126	114	107	146	103
1990–91	101	125	74	140	137	112	130	164	111
1991–92	117	146	61	143	148	133 (a)	118	146	121
1992–93	124	165	65	146	136	194 (a)	137	172	130
1993–94	106	168	61	153	139	197	139	190	125
1994–95	128	156	67	152	131	221	174	199	130
1995–96	121	166	72	156	152	231	164	206	134
Average annual growth rate	3.9%	6.7%	0.7%	2.9%	3.2%	(a)	7.3%	5.9%	4.5%
					Constant (average 1989–90) prices				
1989–90	96	112	69	132	126	114	107	146	103
1990–91	96	119	70	133	130	104	125	157	105
1991–92	105	134	56	132	136	121 (a)	110	137	110
1992–93	111	142	58	133	122	173 (a)	124	156	115
1993–94	95	144	54	136	119	173	122	171	109
1994–95	113	136	59	135	113	195	152	178	115
1995–96	105	143	62	135	131	199	141	177	115
Average annual growth rate	1.4%	4.0%	–1.8%	0.4%	0.6%	(a)	4.7%	3.3%	1.9%

(a) Because of classification changes to some of the data after 1991–92 for Tasmania, the annual growth rate cannot be calculated, and data up to 1991–92 cannot be compared with data from 1992–93 onward.

Sources: Population: ABS 1996a; Welfare services expenditure: Commonwealth Grants Commission unpublished data.

Table 2.9 : Per person recurrent expenditure on welfare services by State and Territory Governments including Commonwealth transfers, in current and constant (average 1989–90) prices, 1989–90 to 1995–96 ($)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	National average
					Current prices				
1989–90	113	129	79	145	145	130	122	167	118
1990–91	119	144	85	155	159	129	148	188	128
1991–92	138	167	72	160	177	152 (a)	137	171	140
1992–93	150	200	95	166	169	236 (a)	168	201	159
1993–94	159	210	102	186	204	253	175	234	171
1994–95	173	201	109	187	204	278	212	253	177
1995–96	182	214	121	200	218	292	202	256	188
Average annual growth rate (%)	8.2	8.9	7.5	5.6	7.0	(a)	8.7	7.5	8.0

(continued)

Table 2.9 (continued): Per person recurrent expenditure on welfare services by State and Territory Governments including Commonwealth transfers, in current and constant (average 1989–90) prices, 1989–90 to 1995–96 ($)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	National average
					Constant (average 1989–90) prices				
1989–90	113	129	79	145	145	130	122	167	118
1990–91	113	136	81	148	151	119	142	180	121
1991–92	124	152	66	147	162	138 (a)	128	160	127
1992–93	134	172	85	151	152	210 (a)	152	183	141
1993–94	141	180	90	165	174	222	153	210	150
1994–95	154	176	96	166	175	245	186	226	155
1995–96	157	185	104	172	188	252	174	221	162
Average annual growth rate (%)	5.6	6.2	4.8	3.0	4.4	(a)	6.1	4.8	5.4

(a) Because of classification changes to some of the data after 1991–92 for Tasmania, the annual growth rate cannot be calculated, and data up to 1991–92 cannot be compared with data from 1992–93 onward.

Sources: Population: ABS 1996a; Welfare services expenditure: CGC unpublished data; Commonwealth transfer payments: Commonwealth of Australia 1989, 1990, 1991, 1992, 1993 and unpublished data; Deflators: ABS 1997c.

1995–96. When Commonwealth transfers are excluded, expenditure in all States and Territories grew at a much lower rate—ranging from a decline of 1.8% for Queensland to an increase of 4.7% for the Australian Capital Territory (Table 2.8).

The Commonwealth Grants Commission and welfare services

The main role of the Commonwealth Grants Commission (CGC) is to advise governments on 'per capita relativities'—the measures of relative need used to distribute among the States and Territories the general revenue assistance made available by the Commonwealth. It is recognised that each State and Territory has different disabilities or needs in providing government services. In the Northern Territory, for example, with a very sparsely distributed population, it is more expensive to provide a given service than it is in other States. On the other hand, the age structure of the Territory is younger than that of other States, so its need for aged care services is less.

The Commonwealth Grants Commission calculates measures of relative need for each type of service, adds them up and comes up with an overall measure of relative need. This measure is used to distribute the General Purpose Payments among the States and Territories.

Table 2.10 shows the CGC data for each of the States and Territories in the welfare services area. Standardised expenditure is the 'fiscally equalised' expenditure. It is the expenditure a State would incur if it were to follow Australian standard expenditure policies, and allowing for the specific disabilities a State faces in providing services. Standardised expenditure is estimated by multiplying the Australian average (standard) expenditure per person by the State's category disability factors. Disability factors used in the needs analysis are in the Technical Appendix (Table TA2.1).

Table 2.10: Commonwealth Grants Commission expenditure assessment—actual expenditure,[(a)] standard expenditure, standardised expenditure and needs, 1995–96 ($ per person)

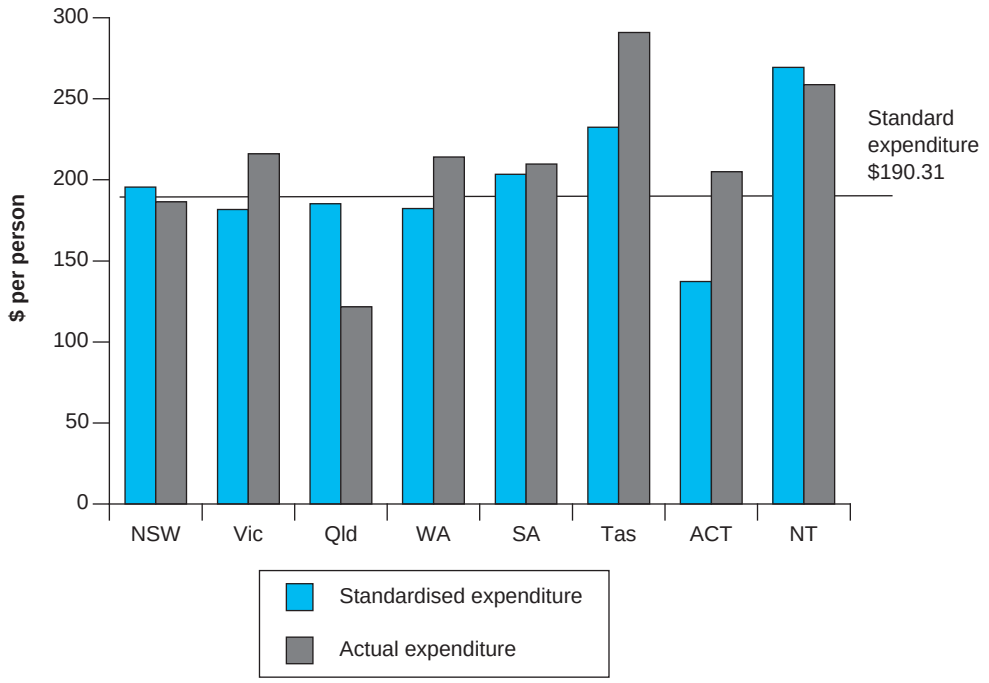
	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Standard expenditure
Family and child welfare services									46.89
Needs	–1.95	–6.09	2.65	5.10	0.18	7.89	–5.05	109.76	
Standardised expenditure	44.94	40.80	49.54	51.99	47.07	54.78	41.84	156.65	
Actual expenditure	43.15	50.73	28.26	69.08	52.61	57.10	61.73	108.46	
Aged and disabled welfare services									121.98
Needs	7.85	–1.01	–8.23	–13.72	12.41	31.44	–46.45	–65.17	
Standardised expenditure	129.84	120.98	113.76	108.26	134.39	153.42	75.54	56.82	
Actual expenditure	124.09	145.49	70.09	118.91	140.20	207.72	95.73	115.75	
Other welfare services									21.44
Needs	–0.62	–1.53	0.53	0.63	0.57	2.86	–1.50	34.63	
Standardised expenditure	20.82	19.91	21.97	22.07	22.01	24.30	19.94	56.07	
Actual expenditure	19.16	19.97	23.39	26.11	17.00	26.24	47.61	34.55	
Total welfare services									190.31
Needs	5.29	–8.63	–5.04	–7.99	13.16	42.19	–53.00	79.22	
Standardised expenditure	195.60	181.68	185.27	182.32	203.47	232.50	137.31	269.53	
Actual expenditure	186.39	216.18	121.74	214.11	209.81	291.05	205.07	258.77	

(a) Actual expenditure includes State and Territory Governments own funds and the Commonwealth SPPs treated by inclusion only. The differences between the actual expenditure data in this table and those in Table 2.9 are SPPs treated by deduction, and differences in transfer payment data sources.

Source: CGC 1997.

Standard expenditure is the Australian average per person expenditure, in a particular category of the standard budget or in total. Needs is the difference between standardised expenditure and standard expenditure.

For example, the CGC formulas indicated that, in order for Tasmania to achieve the national standard in services provision for the aged and disabled welfare services area, it needed to spend $153.42 per person. This is Tasmania's standardised expenditure. The national average (standard) expenditure in this area is $121.98 per person. Therefore, Tasmania needs financial assistance of $153.42 – $121.98 = $31.44 per person (Table 2.10). In contrast, because of its younger population, the Northern Territory needs to spend only $56.82 per person in order to achieve the national standard. This is $65.17 below the national average (standard) expenditure. So, in this area, Northern Territory received less than its per person share, while other States with greater needs received more than their per person share.



Source: CGC 1997.

Figure 2.9: Per person total welfare services—actual, standardised and standard expenditure, 1995–96

In contrast, in family and child welfare services, the Northern Territory had the highest positive need. It required assistance of $156.65 – $46.89 = $109.76 per person in order to achieve the national standard. Victoria had the highest negative need, and therefore receives less than the per person share in this area.

In other welfare services, the Northern Territory again had the highest positive need of $34.63 per person, with Tasmania, South Australia, Western Australia and Queensland also having positive needs. States with negative needs were New South Wales, Victoria, and the Australian Capital Territory.

According to the CGC needs analysis of welfare services expenditure as a whole, New South Wales, South Australia, Tasmania, and the Northern Territory have greater needs in the welfare services area than the national average. Therefore, they receive general revenue grants in this area higher than their per person share to compensate for this disability. This is funded by providing general revenue grants to Victoria, Queensland, Western Australia, and the Australian Capital Territory which are lower than their per person share in this area.

Actual, standard and standardised expenditure

The CGC calculations of standardised and standard expenditure and need do not determine what the States actually spend. Each State and Territory has absolute discretion to determine how much it actually spends on welfare services. The standardised expenditure is the CGC estimate of what the State needs to spend in order to provide a national average standard of service, but the State may choose to spend more or less than this national average standard. Thus, in 1995–96, Victoria chose to spend $216.18 per person on welfare services, but its standardised expenditure was less than this at $181.68 per person. It chose to provide welfare services at a level higher than the national average standard.

Comparisons between the States are often made by comparing actual expenditures with the national average expenditure. But this is somewhat misleading as it does not take into account the disabilities faced by each State. Thus, the Victorian actual expenditure of $216.18 per person is $25.87 above the national average. The fairer comparison is with Victoria's standardised expenditure of $181.68 per person. Its actual expenditure is $34.50 per person above the State's standardised expenditure. This represents how much extra Victoria is putting into the welfare services area compared with what it would need to spend in order to provide a national average standard of service.

In 1995–96, the actual expenditures of Victoria, Western Australia, South Australia, Tasmania, and the Australian Capital Territory were above the CGC estimates of standardised expenditures (Figure 2.9).

2.5 The contribution of community service organisations

While most of the funding for welfare services comes from governments, non-government community service organisations play a more important role as providers of those services. They also contribute substantially to the funding of the services they provide. The amount of welfare services supplied by these organisations is also significantly increased by their ability to use their very large voluntary work force in providing services. This reduces the monetary cost of services provision. Without the involvement of these organisations, governments would incur much higher levels of expenditure in meeting the demand for welfare services in Australia.

Table 2.11 shows estimates of government funding of non-government community service organisations and own-source funding of not-for-profit organisations. (See methods in Box 2.2.) The recurrent expenditure of non-government community service organisations increased from $3,993 million in 1992–93 to $4,956 million in 1995–96—an average annual growth of 8%. Over the four-year period, their expenditure was largely funded by governments, averaging 47%, their own source of income contributed 19% and client fees 34%. The data displayed (Table 2.11) do not provide a complete picture of the contribution of these organisations to welfare services because:

- they cover only government-funded organisations. The size of the non-funded organisations and their contributions are not known. The 1995–96 ABS Community Services Survey will provide information about this (ABS 1997e);

Table 2.11: Sources of recurrent income,[a] government-funded non-government community service organisations, 1992–93 to 1995–96

	1992–93		1993–94		1994–95		1995–96	
	$m	%	$m	%	$m	%	$m	%
Government funding	1,846	46.2	2,074	47.3	2,167	46.5	2,380	48.0
NGO (not-for-profit) funding[b]	760	19.0	805	18.4	945	20.3	864	17.4
Client fees								
Child care	621	15.6	691	15.8	764	16.4	861	17.4
Other[c]	766	19.2	815	18.6	783	16.8	852	17.2
Total	**3,993**	**100**	**4,385**	**100**	**4,659**	**100**	**4,956**	**100**
Growth rate on previous year (%)			9.8		6.3		6.4	

(a) The terms 'recurrent income' and 'recurrent expenditure' are used interchangeably as the recurrent expenditure of these organisations is on average the same as their recurrent income (Industry Commission 1995:C16).
(b) Includes revenue from fundraising and from business undertakings such as opportunity shops and sheltered workshops.
(c) Includes estimates of client fees for not-for-profit government-funded organisations from Industry Commission study. Data on overseas aid organisations have been excluded.

Sources: 1992–93: estimated by AIHW from Industry Commission 1994; 1993–94: estimated by AIHW from Industry Commission 1995; Child care service clients' contribution: estimated by AIHW; Government funding: see Table 2.3; 1994–95 and 1995–96 estimated by AIHW.

- capital expenditure was not included;
- the data do not cover all of the expenditure by for-profit organisations. A number of services for aged persons and persons with a disability are also provided by for-profit organisations and data in this area are limited; and
- the not-for-profit organisations make significant use of volunteers to assist in the provision of services at no cost to the government (see Section 2.7).

2.6 Tax expenditures in the community services sector

Tax expenditures arise from provisions of Australian taxation law which tax certain classes of taxpayers or particular types of activity differently from the normal set of tax rates that apply to individuals and activities. Tax expenditures include rebates, concessions, deductions, exemptions, reduced payments, deferrals, levies, subsidies and special rate relief. An example of a tax expenditure is the tax deductibility of donations to non-government community service organisations. There is no internationally agreed method for measuring tax expenditures, and judgements must always be made as to the benchmark tax system against which tax expenditures are measured. The revenue forgone method is the one most widely used for calculating tax expenditures and is used here.

Although tax expenditures are difficult to measure, failure to take account of them may seriously understate the level of public sector support for particular welfare service areas. Measuring tax expenditures is crucial to examining changes in public sector

Box 2.2: Methods for estimating expenditure by non-government community service organisations

Welfare organisations vary in the nature and spectrum of the services they provide. Smaller organisations can deliver a single service or a small number of different, but often related services. Larger organisations often provide a multitude of services, some of which are not welfare services. In more complex organisations, there are sometimes costs that cannot be easily or appropriately identified as relating to only the welfare component of their operations. Thus, it is difficult to estimate their expenditure on the provision of welfare services.

Estimates of their size, contribution and importance have been conducted by several studies (AIHW 1997:2–6).

The Institute's method for estimating the contribution of non-government community service organisations is based on that developed by the Industry Commission for its 1995 study of charitable organisations (Industry Commission 1995), with some modifications and adjustments. This approach was considered the most accurate for the welfare services expenditure area, given data constraints.

The Institute used a number of data sources for the estimation. The data used for estimating government funding came from the Industry Commission (1995), ABS public finance data, the Commonwealth Department of Health and Family Services, the Department of Immigration and Multicultural Affairs, State and Territory community services departments, and the Commonwealth Grants Commission.

For estimating the revenues of large non-government community service organisations, and medium-sized disability organisations, their financial statements were obtained and analysed. For the estimates of child care clients' fees, the ABS publication on child care (1997d) was used. The total government funding of small disability organisations was estimated by subtracting the total government funding received by large and medium organisations from the total government funding of disability.

support over time, as governments change the delivery of benefits between the tax system and direct provision.

There are limited data on revenue forgone due to tax concessions, rebates and so on, in the welfare services sector. This section draws upon data contained in the Treasury Department's *Tax Expenditures Statements 1995–96* and the Industry Commission's *Report into Charitable Organisations in Australia* (1995). Treasury identified a total of eight Commonwealth tax expenditure items applying to welfare services. Three of these are income tax exemptions, and the remainder are fringe benefits tax (FBT) exemptions. The items are as follows:

- Deductibility of donations to charitable institutions.
- No taxation on income of charitable institutions.
- Deductibility of expenses incurred in entertaining members of the public who are sick, disabled, poor or otherwise disadvantaged.

- FBT exemption for the provision of recreational or child care facilities on an employer's premises.
- FBT exemption for employer contributions to guaranteed places for employee's children in certain child care services.
- FBT exemption for benefits provided by public benevolent institutions, excluding public hospitals, to employees.
- FBT exemption for accommodation, fuel and meals for live-in employees caring for the elderly or disadvantaged.
- FBT exemption for employer-provided property and facilities for immediate relief of employees and their families in times of emergency.

The cost to government of tax deductions on donations to non-government community service organisations was estimated for 1994–95 as follows. The Institute estimated that 43% of a total of $173 million in tax deductions for donations to organisations in all industry sectors (health, education, community services, etc.) went to non-government community service organisations in 1994–95. The calculation excluded overseas aid donations. Tax deductions for donations to these organisations in 1994–95 were therefore estimated at $75 million. The figure for 1993–94 was then estimated by applying the growth rate of their fundraising income between 1993–94 and 1994–95 to the 1994–95 estimate of $75 million. The 1995–96 estimate was derived in a similar manner using the growth rate of fundraising income from 1994–95 to 1995–96 (Table 2.11).

Treasury has only been able to estimate the cost of the FBT exemption for 1993–94 ($70 million) and 1994–95 ($75 million). The 1995–96 number was estimated by the Institute

Table 2.12: Estimates of tax expenditures in regard to non-government community service organisations, by Commonwealth Government and State and Territory Governments, 1993–94 to 1995–96 ($m)

	Revenue forgone[a]		
Tax expenditure item	**1993–94**	**1994–95[b]**	**1995–96[b]**
Tax deductibility for donations	64	75	68
Commonwealth input tax exemptions			
Fringe benefits tax (FBT)	70	75	80
Wholesale sales tax (WST)	120	127	136
State and Territory input tax exemptions			
Payroll tax	80	85	90
Land tax	40	42	45
Stamp duty and bank taxes	100	106	113
Total Government input tax exemptions	*410*	*435*	*464*
Total	**474**	**510**	**532**

(a) Tax expenditures are recorded against the year in which the liability was incurred, not the year the expenditure is paid.
(b) All 1994–95 and 1995–96 figures are based on AIHW estimates, except for the FBT exemption in 1994–95, which was provided by Treasury.

Sources: Industry Commission 1995; Department of the Treasury 1997; AIHW welfare services expenditure database.

by applying the growth rate in non-government community service organisation total expenditure between 1994–95 and 1995–96 of 6%. The remaining government input tax exemptions were sourced from the Industry Commission report for 1993–94 and then estimated for 1994–95 and 1995–96 by applying growth rates in non-government community service organisation total expenditure.

The tax forgone due to the tax deductibility of donations increased from $64 million in 1993–94 to $75 million in 1994–95, but then fell to $68 million in 1995–96. Total government input tax exemptions increased from $410 million in 1993–94 to $435 million in 1994–95, and then to $464 million in 1995–96. Overall then, total revenue forgone from tax expenditures in the community services sector was $474 million in 1993–94, rising to $510 million in 1994–95 and then $532 million in 1995–96 (Table 2.12).

2.7 The contribution of volunteers

Volunteers in Australia play an important role in the provision of welfare services. Their contribution is a noticeable characteristic of the welfare/community services area. In 1994–95, the number of hours worked by volunteers in the welfare/community services field constituted 43% of the total hours worked in paid employment in the community services sector.

Volunteer work fulfils an essential economic function and provides large social gains to the community. Traditional expenditure estimates exclude the value of volunteer work, because it is unpaid. If government or non-government organisations had to provide the services currently being provided by volunteers, welfare services expenditure in Australia would need to be increased substantially.

Volunteer work is an input to the production of services. Data from the 1995 ABS voluntary workers survey can be used to impute a monetary value for the work of volunteers (ABS 1996c). Two possible methods to value this input are the alternative provider cost method and the opportunity cost method. The alternative provider cost method values volunteer work according to the cost of employing paid workers within the applicable classification. The opportunity cost values volunteer work according to the occupational classification of the volunteer.

The alternative provider cost approach is preferred as it is more in line with national account valuation methods (Inter-Secretariat Working Group 1993). It is particularly appropriate for valuing household production at the margin, and for policy making purposes it is the marginal valuation which is the most relevant.

Voluntary hours worked in the welfare/community services field

The voluntary work survey was conducted throughout Australia in June 1995 as a supplementary topic in the ABS Monthly Population Survey. Fifty-six thousand Australians aged 15 years and over were interviewed and about 54,500 (97%) responded to the volunteer section. Voluntary work was defined as help willingly given in the form of time, service or skills. The survey interviewer asked the respondents about any unpaid voluntary work they had done, and for which organisation groups.

The survey showed that 2,639,500 civilian Australians contributed 433.9 million hours of volunteer work in 1994–95 in a variety of fields: for schools and hospitals, for art and culture and sporting organisations, and for welfare/community services.

This analysis examines volunteer work in organisations in the welfare/community services field, with further breakdown into the target groups of the organisations: aged, people with disabilities, children, and other. In 1994–95, 105.7 million hours of voluntary work were performed in the welfare/community services field (Table 2.13). This was the highest number of volunteer hours worked in any field, accounting for 24.4% of total volunteer hours. The next highest was the sport/recreation/hobby field (24.1%), followed by the religious field (16.3%) and the education field (14.1%).

Table 2.13: Total hours per year of volunteer work in the welfare/community services field ('000)

Group assisted[(a)]	15–20 years			21+ years			Total		
	Men	Women	Persons	Men	Women	Persons	Men	Women	Persons
Aged	200	500	700	8,700	15,700	24,400	8,800	16,200	25,100
People with disabilities	100	300	400	7,100	9,600	16,700	7,200	9,900	17,100
Children	100	900	1,000	4,100	9,800	13,900	4,200	10,700	14,900
Other[(b)]	700	1,000	1,600	33,100	44,800	78,000	33,800	45,800	79,600
Total	**700**	**2,100**	**2,800**	**39,700**	**63,200**	**102,900**	**40,400**	**65,300**	**105,700**

(a) As the organisations volunteers work for can assist more than one group, the figures for individual groups will not add up to the total.
(b) Other includes: the general community, Aboriginals and Torres Strait Islander peoples, people with chronic/long-term illnesses, homeless people, drug-dependent people, women, young people, financially disadvantaged people, and other.

Source: Estimated by AIHW from ABS Voluntary work, Australia, unpublished data 1996.

The welfare/community services field was defined as 'organisations and institutions helping to provide human and social services to the general community and specific target groups'. This included organisations whose work is for the wider social benefit of the general community, such as Rotary and Lions, as well as those organisations whose sole role is giving material assistance, personal care and advice. The organisations in the welfare/community services field are almost the same as organisations included in the community services sector of the ABS Australian and New Zealand Standard Industrial Classification (ANZSIC). Hence, comparison of the work of volunteers in the welfare/community services field has been made with paid workers in the community services sector.

Nineteen per cent of the Australian civilian population provided some form of voluntary work in 1994–95. The volunteer rate for the welfare/community services field was 4.4%.[1]

1 Volunteer rate is the number of volunteers in a group expressed as a percentage of the population aged 15 and over and in the same group.

Women play an important role in providing voluntary welfare services. Sixty-two per cent (65.3 million hours) of volunteer hours were provided by women. Their participation was especially high in organisations which helped children, where they contributed 72% of the total hours. Men's highest participation rates were in organisations which helped people with disabilities, and in other organisations. In both areas, 42% of the total hours volunteered were by men. Men contributed 40.4 million hours overall, which was 38% of the total hours volunteered.

Female volunteers worked longer hours than their male counterparts. Eleven per cent of females volunteered for more than 300 hours, compared with 10.7% of men. Twenty-nine per cent of men volunteered for less than 20 hours, compared with 25% of women. The mean hours for females were also higher: 104, compared with 96 for males.

Across all volunteers, 26% volunteered for less than 20 hours a year, this being 2% of the total hours. Only 11% of volunteers worked for 300 or more hours, but they accounted for 37% of the total hours (Table 2.14). The mean of 101 hours a year was much higher than the median of 50 hours a year, because most volunteers contributed relatively few hours, while a minority worked for longer hours.

The largest number of voluntary hours worked was by those 'not in the labour force'. They performed 56.5 million hours of work, which made up 53% of volunteer hours in the total welfare/community services field. Their volunteer rate in this field was 6.4%. Unemployed people had a rate of 5.8% and contributed 7% of the hours performed. This amounted to 6.9 million hours (Table 2.15).

Forty per cent of the volunteers were working in paid employment. They volunteered 42.3 million hours and had a rate of 5%. Their volunteer hours were 0.28% of the hours they worked in the labour force. Trades persons and plant machine operators and drivers volunteered a low proportion of their working hours (0.15% and 0.16%), while the volunteer work of labourers and related workers was 0.26% of their working hours.

Table 2.14: Proportion of number of welfare/community services volunteer hours worked, 1994–95 (%)

	Hours worked in the last 12 months							
	less than 20	20–39	40–79	80–139	140–299	300 or more	Total	Median hours
				Men				
Proportion of volunteers	28.7	16.5	16.9	14.0	13.2	10.7	100.0	
Proportion of hours	1.8	5.1	10.5	15.9	30.1	36.7	100.0	48.0
				Women				
Proportion of volunteers	24.5	18.0	18.1	13.6	14.6	11.3	100.0	
Proportion of hours	1.4	5.1	10.4	14.4	30.8	38.0	100.0	52.0
				Persons				
Proportion of volunteers	**26.1**	**17.4**	**17.6**	**13.7**	**14.1**	**11.1**	**100.0**	
Proportion of hours	**1.6**	**5.1**	**10.4**	**14.9**	**30.7**	**37.4**	**100.0**	**50.0**

Source: ABS 1996c.

Table 2.15: Hours worked by volunteers in the welfare/community services field, in relation to hours worked in the formal sector, by occupation, 1994–95

	Volunteers			Labour force			
Occupation	Number ('000)	Hours ('000)	Proportion of total hours (%)	Number ('000)	Hours ('000)	Proportion of total hours (%)	Proportion of time volunteering (%)
Managers and administrators	78.2	6,800	6	881.3	2,241,000	15	0.30
Professionals	80.2	7,500	7	1,149.1	2,336,400	15	0.32
Para-professionals	29	3,800	4	466.8	830,200	5	0.46
Trades persons	29.8	3,700	4	1,192.4	2,449,200	16	0.15
Clerks	72.4	6,100	6	1,347.9	2,186,800	14	0.28
Salespersons and personal service workers	67.2	7,500	7	1,389.2	2,145,500	14	0.35
Plant and machine operators, and drivers	15.7	1,900	2	581.7	1,219,000	8	0.16
Labourers and related workers	40.4	5,000	5	1,222.5	1,958,000	13	0.26
Total in the labour force	412.9	42,300	40	8,230.9	15,365,900	100	0.28
Unemployed[(a)]	43.9	6,900	7	753.6	. .	. .	. .
Not in the labour force[(b)]	327.9	56,500	53	5,122.4	. .	. .	. .
Total	**784.7**	**105,700**	**100**	**14,106.9**	**. .**	**. .**	**. .**

(a) Also includes some persons in the labour force for whom their occupation could not be coded.
(b) This category includes those people who are retired, have chosen not to work (voluntarily inactive), unpaid home-keepers, those unable to work, people in institutions, etc.

Sources: ABS Voluntary work, Australia, unpublished data 1996; ABS 1995.

The hours worked by managers, administrators, professionals, salespersons and personal service workers were between 0.30% and 0.35% of their working hours while para-professionals had the highest proportion at 0.46%.

The volunteer rates varied across the States. The rate per head of population was highest in Queensland, with 4.9%, compared with 4.7% in Victoria and 3.6% in New South Wales.

Imputed value of voluntary work

This valuation used the alternative provider cost method which involved valuing volunteer work according to the cost of employing paid workers within the community services sector. This sector covers child care services, and residential and non-residential care services.

Wage estimations were made using May 1995 ABS wage data. For adults (21+ years), an average person's ordinary time wage rate was used. For juniors (15–20), an average ordinary time non-managerial junior wage rate was used, as an average ordinary time industry rate was unavailable. The wage rate for adults was $503.20 per week and, as

average weekly hours in this industry were 37.2, this gave an hourly wage rate of $13.52. The wage rate for juniors was $284.70 per week. Average weekly hours for juniors were 38.05, thus giving an hourly wage rate of $7.48.

Using the above rates, the value of volunteer work (105.7 million hours) in the welfare/community services field for 1994–95 was estimated at $1,417 million (Table 2.16). This is a conservative estimate of the value of volunteer work. It would have cost the government and non-government organisations substantially in excess of this to employ these volunteers. The valuation did not include overheads related to employing workers, such as superannuation, training, annual leave, sick leave, and so on; nor did it include the cost of providing office/work space for employees.

By applying the growth in 1995–96 in wages per hour in the community services sector of 4.8% and the growth in population of 1.28% to the 1994–95 figures, it was estimated that the value of volunteer work in the welfare/community services field in 1995–96 was around $1,500 million.

Table 2.16: Estimated value of volunteers' work in the welfare/community services sector in 1994–95 ($m)

	Age group of volunteers		
Group assisted	**15–20 years**	**21+ years**	**Total**
		$m	
Aged	5	331	336
People with disabilities	3	227	230
Children	7	189	196
Other[(a)]	12	1,058	1,070
Total	**21**	**1,396**	**1,417**

(a) Other includes: the general community, Aborigines and Torres Strait Islanders, people with chronic/long-term illnesses, homeless people, drug-dependent people, women, young people, financially disadvantaged people, and other.

Sources: Estimated by AIHW from ABS Voluntary work, Australia, unpublished data 1996; ABS 1995.

By applying the average working week of 38 hours and an average of 220 work days a year to the 105.7 million hours of volunteer work, it was estimated that the volunteer work force was equivalent to a paid work force of 63,067 full-time workers. The 105.7 million hours was 43% of the total paid hours worked in the community services sector in 1994–95.

In 1994–95, $2,950 million was spent on salaries and wages in the community services sector. The volunteer work was valued at 48% of this. If the volunteers were to be employed, the community services industry would need to increase its wages and salaries expenditure by almost half.

Voluntary work survey and time use survey

In *Australia's Welfare 1995*, selected data from the 1992 ABS Time Use Survey (ABS 1994) were used to estimate the value of time spent by households on the provision of welfare services in 1992–93. The data used in developing those estimates included some, but not all, volunteer activity that could be categorised as welfare service activities. They

included time spent by people caring for their own sick or disabled children; caring for other children; and providing care to relatives and neighbours.

However, they did not include some activities undertaken by households that could also have been classified as welfare service activities. Those other activities, which included administrative tasks for organisations that provide welfare services, could not be readily identified and quantified from the available time use data.

Australia's Welfare 1995 used neither the opportunity cost method nor the alternative provider cost method in the strict sense, as described earlier in this section. Costing was undertaken using estimates of average weekly ordinary time earnings and average weekly ordinary time hours to assign values to the time spent by volunteers. It was estimated that 1,215 million hours were spent by individuals on these activities, which would have cost the government and non-government organisations at least $16,856 million if they had been required to pay these volunteers and individuals at market wage rates.

Since the publication of *Australia's Welfare 1995*, the ABS has published a wage rate for 'carers and aides' which is the appropriate rate to use for the alternative provider method. The 1,215 million hours from the 1992 ABS Time Use Survey were updated by population growth, and the 'carer and aides' wage rate of $13.20 per hour (ABS 1996d) applied to give an estimate of the value of time spent in 1995–96 by households on welfare services of $16.6 billion.

2.8 International comparisons of government expenditure on welfare services

In order to undertake an effective international comparison of government expenditure on welfare services, three important conditions must exist:

- there must be consistency in the way welfare services are defined;
- expenditure must be able to be expressed in terms of a common currency unit; and
- allowance must be made for differences between countries in population size.

The Organisation for Economic Co-operation and Development (OECD) maintains a database covering a number of areas of social expenditure (Box 2.3). These are constantly updated by way of data sought from, and supplied by, various agencies in member countries. When requesting these updates, the OECD provides definitions to be applied by the agencies in deriving estimates of expenditure. However, ultimately, it is the providing agencies that interpret the OECD's requirements in respect of a particular area of social expenditure. This leads to some inconsistency in the allocation of expenditure to government welfare services, particularly at the lower levels of aggregation. At the higher 'Total welfare services' level, the data are more reliable.

The inconsistency in allocating expenditure between different program areas is demonstrated in Table 2.17, which disaggregates reported government welfare expenditure in 21 OECD countries into three broad categories of expenditure—'Family and child welfare services', 'Aged and disabled welfare services' and 'Welfare services nec [not elsewhere classified]'. While there appears to be consistency in the way some countries

Box 2.3: OECD social expenditure database

The OECD compiles social expenditure data according to the following categories:

- *old age cash benefits*
- *disability cash benefits*
- *occupational injury and disease*
- *sickness benefits, services for elderly and disabled people*
- *survivors*
- *family cash benefits*
- *family services*
- *active labour market programs*
- *unemployment*
- *health*
- *housing*
- *other contingencies.*

OECD defines social expenditure as 'expenditure on the provision by public institutions of benefits to, and financial contributions targeted at, households and individuals in order to provide support during circumstances which adversely affect their welfare, provided that the provision of the benefits and financial contributions constitute neither a direct payment for a particular good or service nor an individual contract or transfer. Such benefits can be cash transfers, or can be the direct ('in-kind') provision of goods and services.'

The welfare services component of that expenditure has been converted to the three Australian welfare services categories:

Australian category	OECD category
Family and child welfare services (including child care)	Family services
Welfare services nec	Relevant parts of 'Other contingencies'
Aged and disabled welfare services	Services for elderly and disabled people

Expenditure is expressed in terms of Australian dollar equivalents and has been converted using Gross Domestic Product (GDP) Purchasing Power Parities (PPPs). While the use of PPPs allows expenditure to be expressed in terms of a single currency unit, time series data still include the effects of inflation in the country in whose currency units the expenditure is expressed—in this case, Australia.

(continued)

Box 2.3 (continued): OECD social expenditure database

The levels of expenditure used in Tables 2.17, 2.18 and 2.19 are as reported by agencies in the countries concerned to the OECD's Directorate for Education, Employment, Labour and Social Affairs. Because the data were collected from a number of different sources in the member countries, there could be considerable inconsistency in the data, both between countries and over time. It must also be borne in mind that these data relate only to government-funded expenditure and do not include expenditure funded by non-government organisations.

Only those OECD member countries that provided data covering the whole period of the collection were included in the tables. Three countries—the Czech Republic, Hungary and Iceland—were not included because they did not report welfare services expenditure data for any years covered by the OECD collection. Switzerland and Mexico were excluded because they reported for only selected years and Turkey's reported welfare services expenditure was so low that it did not register at the per person level in most years.

have allocated expenditure to particular areas, other countries seem to have difficulties with allocation. This is particularly evident in the case of Canada, which appears to have a very high proportion of its total welfare services expenditure allocated to the category 'Welfare services nec'. The Canadian expenditure allocation is distorted because data provided by Canada to the OECD from 1991 onwards did not identify the separate programs to which they related. As a result, most Canadian expenditure for 1992 was allocated to the 'Welfare services nec' category.

All countries' government expenditures on welfare services have been converted to Australian currency values, and have been expressed in terms of expenditure per person in order to remove the influence of population differences.

Sweden, Denmark, Norway and Finland have the highest levels of per person government expenditure on family and child welfare, and Sweden and Denmark have the highest levels of government expenditure on welfare for aged and disabled persons. Sweden's high level of spending, particularly on services for the aged and disabled, is largely the result of the way some services are delivered and classified in Sweden. Services that, in other countries, are delivered in institutions, such as nursing homes, and classified as 'health' are, in Sweden, delivered as home help services and classified as 'welfare services'.

Total Australian goverment welfare services expenditure as a proportion of GDP remained marginally above the OECD average from 1987, when State and Territory government expenditures were first included in the data, to 1989.[2] It then rose to 0.9% in 1990, compared with the OECD average of 0.7%. The Australian ratio continued to

2 This relates only to expenditure on welfare services and does not include social security expenditure, such as pensions.

Table 2.17: Government welfare services expenditure per person, 1992 ($A)

	Welfare services			
Country	Family and child	Aged and disabled	Services nec	Total
Australia[(a)]	71.31	149.36	25.65	246.32
Austria	63.58	—	—	63.58
Belgium	24.95	331.34	—	56.29
Canada	—	13.71	774.11	787.82
Denmark	490.36	642.71	—	1,133.07
Finland	313.27	283.41	86.25	682.94
France	95.93	187.74	—	283.67
Germany[(b)]	125.44	39.62	—	165.06
Greece	1.82	—	—	1.82
Ireland	10.28	86.74	20.68	117.70
Italy	0.02	0.05	—	0.08
Japan	59.83	53.93	—	113.76
Luxembourg	132.78	192.58	—	325.36
Netherlands	136.69	131.21	—	267.90
New Zealand	21.06	19.51	7.51	48.07
Norway	365.68	—	168.12	533.80
Portugal	24.57	13.15	—	37.72
Spain	7.11	25.99	—	33.10
Sweden	602.25	756.60	56.79	1,415.64
United Kingdom	110.58	123.34	—	233.92
United States of America	91.43	29.62	106.07	227.12
All countries' average[(c)]	**85.54**	**66.47**	**64.55**	**216.56**

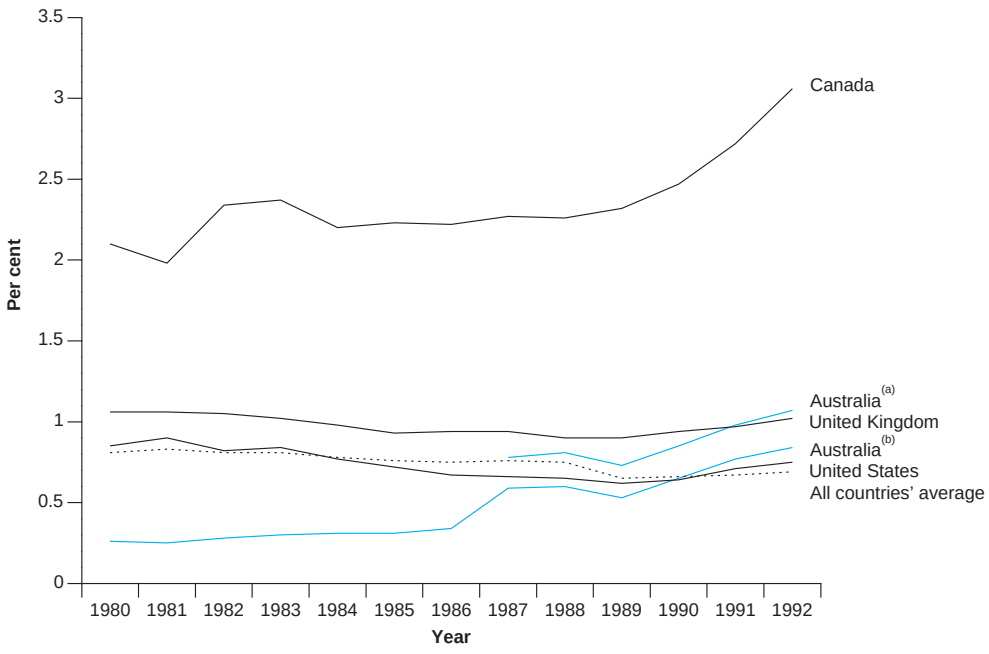
(a) Commonwealth government plus State and Territory government expenditure.
(b) These data are only for the Federal Republic of Germany.
(c) All countries' average was estimated using aggregate expenditure by all countries in $A values (based on PPPs) and aggregate population of all countries.

Sources: Countries other than Australia: OECD unpublished data; Australia: AIHW welfare services expenditure database.

rise, to 1.0% in 1991 and 1.1% in 1992, and remained above the OECD average of 0.7% in both those years (Figure 2.10).

The all countries' average ratio was strongly influenced by changes in the ratio of welfare services to GDP in the United States from one year to another. This was because the United States economy accounted for more than 30% of the aggregate government welfare services expenditure and GDP for all OECD countries in each year.

The average level of government expenditure on welfare services in 1980 for all OECD countries was 0.8% of GDP. Ten of the twenty-one countries had levels of expenditure that were more than the overall average (Table 2.18). Two of them—Germany and the United States of America—were only marginally above the average in 1980. The



(a) Commonwealth government plus State and Territory government expenditure.
(b) Commonwealth government expenditure only.

Sources: As for Table 2.18.

Figure 2.10: Government welfare services expenditure as a percentage of GDP, selected OECD countries, 1980–92

others—Canada, Denmark, Finland, France, the Netherlands, Norway, Sweden and the United Kingdom—were all well above the OECD average.

By 1990, the all countries' average had fallen to 0.7% of GDP, resulting largely from a fall in the government welfare services to GDP ratio of the United States: from 0.8% in 1980 to 0.6% in 1990. Luxembourg, whose ratio had been below the average in 1980 was, by 1990, above it. Its position had changed by virtue of its increasing government welfare services expenditure to GDP ratio. Ireland's ratio moved from below to close to the average by reason of the all countries' average ratio having fallen. On the other hand, the government welfare services to GDP ratio of the United States had reduced to 0.6% in 1990—below the all countries' average.

The average ratio of government welfare services expenditure to GDP for all OECD countries in 1992 was 0.7%. Germany's ratios moved from being above the overall average in 1990 to below in 1992. The German data relates to expenditure on services provided in West Germany—the region formerly known as the Federal Republic of

Germany. It does not include expenditure on services in the former East Germany (German Democratic Republic). Following reunification in 1990, there was some reduction in expenditure on services provided in West Germany as more support was directed to the East. This is reflected in the large reduction in per person expenditure between 1990 and 1992, resulting in Germany's ratio of government welfare services to GDP falling from 0.8% (above the average) in 1990 to 0.6% (below the average) in 1992.

Denmark and Sweden were consistently the highest spenders on welfare services in terms of the proportion of GDP. In 1980, they devoted 4.6% and 4.3%, respectively, to government welfare services expenditure. By 1990, Denmark's ratio had fallen slightly, to 4.5%, while Sweden's had increased to 4.7% of GDP. In 1992 Denmark's ratio was still

Table 2.18: Government welfare services expenditure as a percentage of GDP and per person, 1980, 1990, 1992 ($A)

	1980		1990		1992	
Country	% of GDP	$A per person	% of GDP	$A per person	% of GDP	$A per person
Australia[a]	n.a.	n.a.	0.9	199.12	1.1	264.54
Australia[b]	0.3	25.25	0.7	156.40	0.9	214.84
Austria	0.3	28.09	0.3	58.18	0.2	63.58
Belgium	0.3	25.12	0.2	52.52	0.2	56.29
Canada	2.1	215.37	2.6	666.79	3.1	787.82
Denmark	4.6	416.44	4.5	1,035.14	4.5	1,133.07
Finland	1.4	112.44	2.8	633.64	3.3	682.94
France	1.0	99.03	1.0	242.20	1.1	283.67
Germany[c]	0.8	82.10	0.8	216.69	0.6	165.06
Greece	—	0.47	—	2.10	—	1.82
Ireland	0.7	38.64	0.7	101.99	0.6	117.70
Italy	—	0.03	—	0.07	—	0.08
Japan	0.4	33.44	0.4	94.33	0.4	113.76
Luxembourg	0.4	49.90	0.8	249.08	0.9	325.36
Netherlands	1.2	112.96	1.3	278.55	1.1	267.90
New Zealand	0.4	33.83	0.2	31.01	0.2	48.07
Norway	0.9	85.80	1.4	328.46	1.9	533.80
Portugal	0.1	6.65	0.3	36.67	0.2	37.72
Spain	0.1	5.80	0.2	26.63	0.2	33.10
Sweden	4.3	417.38	4.7	1,119.46	6.1	1,415.64
United Kingdom	1.1	89.15	0.9	209.00	1.0	233.92
United States of America	0.8	101.62	0.6	189.53	0.7	227.12
All countries' average[d]	**0.8**	**78.66**	**0.7**	**189.85**	**0.7**	**216.96**

(a) Commonwealth government plus State and Territory government expenditure.
(b) Commonwealth government expenditure only.
(c) These data are for the Federal Republic of Germany only.
(d) All countries' average expenditure was estimated using aggregate expenditure by all countries in $A values (based on PPPs) and aggregate population of all countries. All countries' welfare services: GDP ratios were calculated using aggregate expenditure and GDP for all countries in $A values (based on PPPs).

Sources: Countries other than Australia: OECD unpublished data; Australia: 1980—OECD unpublished data, 1990 and 1992—AIHW welfare services expenditure database.

4.5% but Sweden's had continued to increase, to 6.1%. Sweden was also the highest spending nation as far as expenditure per person on government welfare services was concerned. In 1992, with an average of almost $1,416 per person, it spent $283 per person more than the next highest spending nation—Denmark, which had an average expenditure of $1,133. Also consistently among the highest spending nations were Canada, Finland and Norway.

A factor that could influence a country's level of expenditure on welfare services is its reliance on other forms of social expenditure. Table 2.19 shows the percentage of total

Table 2.19: Government welfare services expenditure by OECD member countries as a proportion of total government social expenditures, 1980, 1990, 1992 (%)

	Government welfare services expenditure as percentage of government social expenditure			Government social expenditure as percentage of GDP in 1992
Country	**1980**	**1990**	**1992**	
Australia[(a)]	n.a.	7.0	7.7	16.4
Australia[(b)]	2.2	5.5	6.2	n.a.
Austria	1.4	1.1	1.0	24.7
Belgium	1.1	0.9	0.8	27.0
Canada	14.9	14.4	15.2	20.1
Denmark	16.6	15.9	15.2	29.8
Finland	7.2	11.1	9.6	34.7
France	4.3	3.9	4.0	27.3
Germany[(c)]	3.3	3.6	2.4	27.3
Greece	0.1	0.1	0.1	16.8
Ireland	3.6	3.4	3.2	20.4
Italy	1.6	1.4	1.2	—
Japan	3.9	3.3	3.4	12.0
Luxembourg	1.8	3.3	3.6	25.1
Netherlands	4.3	4.4	3.8	29.6
New Zealand	2.8	0.8	1.2	21.2
Norway	4.8	5.0	6.5	29.5
Portugal	1.2	2.0	1.6	15.6
Spain	0.6	0.8	0.8	21.4
Sweden	14.3	14.5	16.3	37.1
United Kingdom	5.7	4.7	4.7	21.9
United States of America	6.2	4.4	4.5	16.4
All countries' average[(d)]	**5.3**	**4.7**	**4.6**	**15.1**

(a) Commonwealth government plus State and Territory government expenditure.
(b) Commonwealth government expenditure only.
(c) These data are for the Federal Republic of Germany only.
(d) All countries' average expenditure was estimated using aggregate expenditure by all countries in $A values (based on PPPs) and aggregate population of all countries. All countries' welfare services: GDP ratios were calculated using aggregate expenditure and GDP for all countries in $A values (based on PPPs).

Sources: As for Table 2.18.

social expenditure that was devoted by the individual member countries to welfare services in 1980, 1990 and 1992. It also shows the proportion of GDP devoted to government social expenditure in 1992.

Most countries experienced a decline in the proportion of total government social expenditure devoted to government welfare services between 1980 and 1992. The notable exceptions were Finland, which increased from 7.2% in 1980 to 11.1% in 1990, before falling back to 9.6%; Norway (4.8% in 1980 to 5.0% in 1990 and 6.5% in 1992); and Sweden (14.3% in 1980 to 14.5% in 1990 and 16.3% in 1992). Although the period over which comprehensive Australian national data were available was much shorter (expenditure by State and Territory Governments was included only from 1987), Australia also experienced significant growth in its government welfare services expenditure to government social expenditure ratio: from 7.0% in 1990 to 7.7% in 1992. Commonwealth government expenditure on welfare services, which covers the whole period from 1980, showed significant growth as well: from 2.2% in 1980 to 5.5% in 1990 and 6.2% in 1992.

Between 1980 and 1992, there was a decline in the all countries' average proportion of government social expenditure devoted to government welfare services for the selected countries. The average went from 5.3% in 1980 to 4.7% in 1990 and to 4.6% in 1992.

2.9 Summary

Total welfare services expenditure as a proportion of GDP increased from 1.3% in 1989–90 to 1.8% in 1992–93, after which it remained at that level for the next three years.

Welfare services in Australia are provided by governments, non-government organisations and households. The Commonwealth Government is predominantly a funder of welfare services, while local government is predominantly a provider of welfare services. State and Territory Governments play a more dominant role as both funders and providers. Non-government community service organisations are predominantly providers, supplying 59% of the value of all welfare services in Australia in 1995–96.

In 1995–96, 66% ($5.8 billion) of total welfare services expenditure was funded by the government sector, 10% ($0.9 billion) by the non-government sector and 25% ($2.2 billion) by client fees. Of the total government sector funding, 44% was by State and Territory Governments, 54% by the Commonwealth Government and 3% by local governments.

It is estimated that the total tax expenditure benefit provided to non-government community service organisations by governments in 1995–96 was around $530 million. Of this, about $70 million was forgone due to tax deductions for donations to these organisations.

Over the 7-year period to 1995–96, about 60% of the combined Commonwealth and State and Territory recurrent expenditure was directed towards services for the aged and disabled. Family and child welfare services accounted for 30%, and other welfare services received 10%.

Tasmania spent more in 1995–96 per person ($231) from their own funds than other States, while Queensland spent the least ($72). The national average spent by State Governments out of their own funds was $134 per person.

In 1995–96, the actual welfare services expenditures of Victoria, Western Australia, South Australia, Tasmania, and the Australian Capital Territory were above the CGC estimates of standardised expenditure.

Between 1989–90 and 1995–96, expenditure on welfare services in current prices rose from $4.7 billion to $8.9 billion, a rise of 89% during that period.

Estimated total welfare services expenditure grew at an average annual rate of 8.4% in real terms from 1989–90 to 1995–96, a total increase of 62%. Over the period, real growth in GDP averaged 2.7% per year.

Welfare services expenditure per person increased over the same period, from $278 per person to $420 per person, in constant prices. This was a total increase of 51%, averaging 7.1% per year in real terms.

The recurrent expenditure of non-government community service organisations increased from $4.0 billion in 1992–93 to $5.0 billion in 1995–96. It is estimated that in 1995–96 they funded $0.9 billion from their own funds. This was 17% of their recurrent expenditure. Client fees funded 35% of their recurrent expenditure. The proportion of funding from client fees was stable over the period, and the proportion of funding from governments increased from 46% to 48%.

In 1994–95, volunteers working in the welfare/community services field contributed 106 million hours. This was equivalent to around 43% of the total hours worked by the paid work force in the community services sector. The value of their voluntary work was estimated at $1.4 billion. Its value in 1995–96 was estimated to be $1.5 billion.

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3 Families and welfare services

3.1 Introduction

This chapter begins with a discussion of three important prior considerations. First, publicly provided or publicly funded welfare services are considered within the context of the totality of social exchanges. Second, welfare services are discussed in the context of differing and changing models of the family and, third, the importance of family relationships across household boundaries is emphasised. The impacts of sociodemographic changes upon welfare services in Australia are then considered, following some historical background and a section which highlights the significance of education and labour force changes for women since the 1960s. The discussion is organised into five life cycle stages: childhood, young people, prime working ages, pre-retirement ages and retirement ages. The observed trends are then incorporated into projections of the population by age group, sex and living arrangement (in nine categories) from 1996 to 2006. These projections are also used to project households by type to the year 2006. The chapter ends with a discussion of the implications of trends in families for welfare services policy.[1]

A basic conceptual issue

Welfare services, narrowly conceived, are services provided by government or with government funding to individuals with specific needs. The structure of Australia's welfare services system is described in Chapter 1 of *Australia's Welfare 1993* (AIHW 1993). In *Australia's Welfare 1997*, the main needs considered are housing for low-income people, accommodation and related services for homeless people, child care and protection services for children, community services for families, services for frail or disabled older people, and services for younger people with a disability. All of these are services in which government is involved either as a purchaser or as a provider of the service. However, welfare services conceived in this narrow way are only a subset of the totality of forms of support or assistance provided by others within a society in order to enhance the welfare or wellbeing of an individual. This totality of exchanges between members of a society in essence constitutes the organisation of the society.

In the narrow conception of welfare services, there is a tendency to confine families to a subsidiary or auxiliary role. As such, families do not play a role in the definition of policy, except in so far as they are seen as being part of the problem leading to the need

1 The author wishes to acknowledge the contributions made to this chapter by Rebecca Kippen and Ann Evans; Rebecca for the calculation of the projections of living arrangements and Ann for the estimation of living arrangements at the 1986 Census. These were both complex tasks performed with great skill.

for a specific service to be provided publicly. In contrast, from the standpoint of the totality of welfare exchanges in a society, publicly provided welfare services are subsidiary or auxiliary to private social exchanges, either because the required service is too complex, expensive or time-consuming to be delivered without public support or because, for whatever reason, the family or the community is not in a position to deliver the service.

Planners and professionals are likely to adopt a narrow conception of welfare services. Policy then becomes policy about the best way to deliver the service, the dimensions of which revolve around words such as efficiency, accessibility, affordability, quality and equity. In a sense, the need for the service is seen as a constant, perhaps growing or declining for largely demographic reasons. Families on the other hand, whose frame of reference is the totality of welfare exchanges in the society, are generally more concerned about avoiding the need for public assistance, or at least being able to exercise a level of control over the public services which are delivered to their family member.

Of course, this contrast between the perceptions of planners and professionals and those of families is an exaggeration. In reality, there are families who would prefer that their difficult members were exclusively the responsibility of the state, and there are planners and professionals who consider that strengthening of the family and preventative measures should be integral parts of what they do. Nevertheless, this stereotypical contrast of perceptions assists in the conceptualisation of policy issues. The usefulness of the contrast is evident in some discussions of policy. For example, a recent compendium of discussion papers on Australian policy in relation to older persons (Kendig & McCallum 1990) makes almost no reference to the place of families in policy (McDonald 1997b). The Council of Australian Governments (COAG) Review of Commonwealth/State Service Provision focuses only upon monitoring of the performance of current, publicly provided services. The committee's report, in accordance with its brief, ignores the standpoint that publicly provided welfare services should be seen within the context of the totality of services which are provided privately and largely by families (SCRCSSP 1997).

Likewise, the National Commission of Audit (1996:83) saw best practice in service delivery as involving 'public sector managers benchmarking their service delivery methods against best practice, re-engineering the way they do their business and contracting out functions where it is cost effective to do so'. This view of best practice is focused only on publicly provided services and again fails to recognise the mutuality between such services and the supports already provided by families themselves. Later in the report (National Commission of Audit 1996:123), families are presented as being relevant to public services only in the context that demographic changes in families might alter the demand for public services; that is, publicly provided services are seen as being a separate system to privately provided services. There is little concept of mutuality or consultation or of the reality that, in reverse, public services can influence the demography of families. With this outlook, there is no need for the shapers of public policy to investigate the incidence and nature of exchanges which take place in the private or household sphere; the public sphere merely gears into efficient and cost-effective action when people drop out of the private. What happens within families can,

in this situation, become a subject of myth and misconception. Shanas (1979a), referring to the United States, described the myth that families do not care for their older members as a hydra-headed monster unable to be destroyed by successive thrusts of empirical reality. Bengtson (1993) argued that this myth explains why there can be a high degree of continuity in obligations and exchanges across the generations at the level of the family, while, at the societal level, there is a great deal of debate about equities and obligations across the generations.

In some contrast, an Industry Commission report (1995:46) states that 'the supply of welfare services is made up of the informal care provided by family and community, the activities of CSWOs (Community Social Welfare Organisations) and the set of government programs (Commonwealth, State and local)'. In Chapter 3 of the same report, under the heading of 'the concept of social need', there is extensive discussion of self-help, client participation, preventative programs, innovation, advocacy and consultation.

In recent times, studies have investigated the nature and extent of exchanges within families, and within and between households. Production within households, not included in the official estimates of gross domestic production, has been estimated to be equal to or a very high fraction of the official GDP (ABS 1995c; Ironmonger 1989; Snooks 1994; see also Chapter 2). The denigration of unpaid services is evident in the description of many providers of unpaid services as 'dependent' and in their inclusion on the wrong side of the line in 'dependency ratios'. Exchanges between households, especially between parents and their adult children, have been shown to be a vital component of wellbeing in Australia (ABS 1995b; Kendig 1986; Millward 1997). These studies have exploded the myth that the extended family has no relevance to Australians (McDonald 1992).

The central importance of family carers in the support of disabled and older relatives, and the burden that adoption of this role often places upon the carer, has been documented by many studies in Australia and in other countries (Bengtson 1993; Braithwaite 1990; Brody 1981, 1985; d'Abbs 1991; Kendig 1986; Schofield & Herrman 1993; Shanas 1979b). The previous volumes of *Australia's Welfare* in 1993 and 1995 have confirmed these patterns (AIHW 1993, 1995). Table 8.11, in Chapter 8 of this volume, indicates that, among people aged 65 years and over living in households who needed and received help, the vast majority of that help was provided by a person outside the formal sector of government, commercial or voluntary services. In Chapter 9 of this volume, it is reported that, for 82% of younger people with a profound or severe handicap, the main provider of assistance with required self-care activities was an informal carer, usually a co-resident family member. The chapter goes on to point out the effects that the provision of care to younger disabled people has upon the carers, who are concentrated among women aged 30 years and over. The Schofield & Herrman (1993) study of caregivers of persons of all ages in need of care found that 79% of carers were female and that 41% were adult offspring of the person being cared for, 19% were spouses, 26% were parents and 14% were other relatives or friends. While family members are by far the most frequent carers, Day (1991) in her study found that a significant proportion of informal care was provided by friends and neighbours.

Thus, publicly provided welfare services, although important, are only a small component of the totality of welfare exchanges. The importance of publicly provided services stems from the fact that they support or back up the care provided by families and individuals. Accordingly, the more important consideration in regard to families and welfare services is not how changes in families may alter the demand for public services, but how public services can support and strengthen families. This approach has been recognised in government in the past as the Industry Commission report quoted above indicates. It was also the approach taken in the Australian report following the International Year of the Family:

> The Government recognises that those family members, traditionally women, who provide care for sick and elderly relatives make an extremely valuable contribution to our society and the Government has acted to provide them with greater support (Commonwealth of Australia 1995:32).

The approach is also evident in the expansion of respite services which followed the review conducted by the Federal Department of Health and Family Services (DHFS 1996). A discussion of new initiatives in the 1997–98 Federal Budget to assist carers is provided in Chapter 8.

While family support is the most important form of private exchange, the contribution of non-government social organisations is also highly significant, as indicated by the Industry Commission (1995) report. However, the National Commission of Audit report (1996) and the report on government service provision (SCRCSSP 1997) do not conceptualise publicly provided welfare services as being part of the broader system of social exchanges. An effect of this may be that attention is focused on the perceived immediate cost burden rather than upon the longer-term cost savings which accrue from enhancing and supporting the roles of families and non-government organisations. Private social exchanges assisted by public support are the core of social reproduction, that is, the reproduction of the type of society in which we would like to live. Social reproduction is a long-term endeavour and the family is the core institution or the central agency for social reproduction.

Models of the family

Throughout this century until the 1970s, the assumed institutional form of the family in Australia, as in all other currently advanced countries, was the male breadwinner or family wage model under which the father goes out to work while the mother stays at home to provide full-time care, especially for children. The principle underlying this model is that there is a natural differentiation between men and women which requires the man to be the provider and protector and the woman to be the carer and reproducer. Men were paid higher wages than women for the same work and employers were encouraged to favour men over women in the job selection process. In Australia, the great symbol of the hegemony of the male breadwinner model was the ‘basic wage’, a wage sufficient for a man to support his wife and three children. Introduced in 1907, it continued to be the foundation of the wage-fixing system until 1973. The industrial relations system was concerned with jobs and wages for men, not working conditions for parents. Trade unions and employer organisations were male-oriented. Working conditions were premised on the assumption that workers had wives at home.

Child care services had no policy priority and were regarded as only serving the needs of unfortunate mothers who did not have the support of a husband or whose husbands were not able to support them (Brennan 1994). The breadwinner model was the basis of the tax-transfer system, with allowances for children being provided as tax deductions, that is, to the wallet rather than to the purse. The social security system also was founded on the belief that the husband would be supporting the wife and children. Unemployment benefit at the family rate was paid automatically to the husband. In most countries, there were no benefits for sole mothers unless they had proven themselves deserving by being deserted by their male breadwinner. In the 1950s, women married early and had their children early, confident that their support was guaranteed by social and economic institutions founded upon the male breadwinner model.

In contrast to the male breadwinner model of the family is the gender equity model. In the gender equity model of the family, there is income-earning work, household maintenance work, and caring and nurturing work, but gender has no specific relationship to who does which type of work (Fraser 1994). In the past 30–40 years, the different institutions in society have been moving away from the assumption of the male breadwinner model of the family in the direction of a gender equity model. They have done so, however, at differing speeds, leading to substantial gaps between social and economic institutions in regard to the model of family that they presume. The presumption of the male breadwinner model has been almost eliminated from the education system and from the system of selection for market employment. Today, in almost all advanced countries, women are educated to the same standard as men and, in many countries now, to a higher standard. Women are educated for employment in the paid labour force, just like men. Delay of child-bearing and the formation of long-term relationships mean that young women spend a considerable number of years in full-time, paid employment without the concern of care for children or, for that matter, care of a partner. In most countries, there is equal pay for equal work and the level of discrimination against women in employment selection has been reduced substantially, relative to the 1950s, through mechanisms such as equal employment opportunity legislation. Parents very actively encourage their daughters to pursue education and paid employment. Overall, a relatively high degree of gender equity applies in the institutions of education and market employment and this has offered considerable opportunities to women to pursue roles other than that of being full-time carers.

In all advanced countries, however, institutions more related to family and parenthood have been much slower to move away from the presumption of a male breadwinner model of the family and to adapt to the new reality of advancing gender equity. With some exceptions, the delivery of publicly provided welfare services is still premised upon the male breadwinner model, that is, upon the assumption that women will be available as full-time carers. For example, while changes have been occurring more recently, early childhood education has been provided in the past on a sessional basis through preschools, a system which presumes that the mother is at home. Sex roles within the family are still deemed to be highly differentiated and women are expected to be at home to provide for the sick, the disabled and the elderly, or for children when they are sick.

The culture of the work environment and many working conditions also retain a male-breadwinner orientation; that is, it is assumed that the worker has a wife at home who will take care of the needs of the household and the children. If the worker is female, then she is expected by the workplace to be able to make appropriate arrangements at home whenever the workplace requires her time.

This gap between a social reality of advancing gender equity and a lack of recognition of this fact in the design of welfare services places great stress upon families. Again, this indicates the error of considering changes in families as being only relevant to welfare services in so far as they alter the levels of demand for existing services as currently constituted. Demand will be altered by changes in families, but the central issue is the redesign of services so that they better meet the needs of families in today's conditions.

Family structure or family relationships

Discussions of changes in family organisation in Australia almost invariably focus upon changes in family structure, defined as household living arrangements. The concern is with the proportion of households which consist, for example, of two parents with children, sole parents or persons living alone. This stems from the mistaken belief that family organisation in Australia is almost exclusively nuclear and that exchanges between family members living in different households are unimportant.

While it is true that multiple family households make up only about 1% of Australian households and that most Australians prefer not to live in households with three or more generations, it is also true that there are substantial exchanges of money, services and emotional support between households. Modern communications have enhanced our capacity to make these exchanges and there is a remarkable degree of contact between family members living in different households (Millward 1997). It is important to know whether a person in need of a service is living alone, but it is also important to know whether that person has a family member or friend living elsewhere who is able to provide support. To presume in policy formulation that all persons living alone are isolated from anything but public support is false.

Thus, in addition to household structure and living arrangements, it is important to consider the extent and nature of family and friendship relationships that people may have beyond their households. In regard to families, the vital support relationships are between spouses or partners and between parents and children, irrespective of their ages. Intimate partners usually live in the same household, but this is not always the case. Parents and their adult children usually do not live in the same household, but often live nearby. Millward (1997) has shown from the Australian Living Standards Study that over 50% of families with children have a grandparent within 30 minutes drive and that 70% have contact with a grandparent by telephone at least weekly. This and other studies (ABS 1995b; Kendig 1986) have documented the substantial levels of support—financial, practical and emotional—which flow between households, especially between parents and their adult children. In policy, this has been recognised by the Respite Review report (DHFS 1996), which stresses the importance of the roles and the need for support of carers who are not co-resident with the person dependent upon them.

Unfortunately, it is rare that standard statistical collections take account of the existence of immediate family relationships beyond the household. Even when the opportunity exists to collect information of this kind, it is often neglected. For example, Australian censuses have conventionally included questions which ask women about the number of children they have had and how many of these children are still living. The central purpose of these questions is to measure fertility and child mortality. However, these questions also provide important information about the existence of parent–child relationships, for example, whether or not women living in different circumstances, such as older women living alone or in nursing homes, have children. The perception that this question was merely a fertility question led to it being excluded from the 1991 Census on the grounds that fertility can be measured in other ways. Furthermore, the Australian Bureau of Statistics has consistently refused to allow men to answer these questions. In accordance with the male breadwinner model, women have children, not men. Yet, if the questions were asked of men, those with children could be identified.

Thus, in this chapter, wherever possible, emphasis is given to family relationship status beyond the household as well as to household structure.

3.2 Sociodemographic change and families

Historical background

Because family is such an important social institution, there is always a sense that it was better in some past golden age. One of these mythical ages is the 19th century. The reality is that families in the 19th century were often severely disrupted by death, emigration, poverty and oppressive working conditions. In Australia, 100 years ago, the incidence of sole parent families was about the same as it is today, mainly because of the death of one of the parents but also because of separations (McDonald 1993:152). The extent of separations was far greater than indicated by the level of formal divorce (James 1984). Large numbers of children lived in workhouses, were adopted without legal backing into families with whom they had little connection, or lived in step-families as marginalised members. The definitive factual history of family functioning in the 19th century is yet to be written.

In Australia, many convicts were mere children by today's standards and many young orphaned girls were brought out to be domestic servants in the colony. Men and women worked extremely long hours, not unusually in dangerous working environments and usually for poor rewards. Married women, if they survived the very high rates of maternal mortality, had a child once every two years. Colonial Australia had one of the highest fertility rates ever recorded. Fifty per cent of married women who were born between 1830 and 1846 had eight or more children (Ruzicka & Caldwell 1977:135). High proportions of both men and women in Britain and Ireland never married and this was also the case in Australia by the end of the 19th century (McDonald 1974). Long distance mobility and poor communication meant that the generations were often separated from each other. Private welfare services were highly constrained and public welfare services were very limited. These services did little to ease the pain and, in the lives of many children, probably more often contributed to it.

In the first half of the 20th century, with depressions in the first and fourth decades and wars in the second and fifth decades, families suffered considerably through poverty, long separations of husbands and wives, and the trauma of war deaths and injuries. The end of the Second World War saw a substantial rise in rates of divorce. In the 1930s, fertility rates dropped below the level of long-term replacement.

With this history, in the 1950s, there seemed to have been a renewed emphasis upon the social value of the family, but it was a family based unquestionably upon the male breadwinner model. All social institutions were geared to this model. Men were favoured in employment and had higher wages than women. Women in public employment were required to resign their positions when they married. Young women were educated to be mothers and in the ways by which they might serve their husbands and children. Marriage and child-bearing had strong social support and were highly romanticised. For young people, marriage meant independence from parents: the licence to set up on one's own. There was full employment and job security was high. Housing was scarce in the early postwar years, but young couples were able to find rental accommodation, although it was often crowded or substandard. Australians in this period, along with young people in other western countries, entered into marriage at unprecedentedly high rates and at very young ages by historical standards. By the end of the 1960s in Australia, 30% of women married before their 20th birthday and more than 95% of women from these generations eventually married.

Early marriage, inefficient contraception and the absence of alternative roles for women led to early child-bearing. In many cases, the order was reversed, with inefficient contraception leading to early marriage. In the mid-1960s, about one-quarter of all brides marrying for the first time were pregnant at the time of their marriage. Again in keeping with the male breadwinner model, if a single pregnant woman did not marry, the baby born out of wedlock conventionally was given up for adoption by a couple. Early marriage and higher fertility created the baby boom which in Australia extended into the early 1970s, longer than in most other western countries. Early and more frequent child-bearing and discrimination in the labour market kept most women at home.

Family in the 1950s was the nearest approximation to a golden age for the male breadwinner model of the family. Despite this, between 1947 and 1961, the proportion of married women who were in the labour force rose substantially in all age groups (Table 3.1) and, in the same time period, the proportion of girls aged 15–19 years who were in full-time education rose from 11% to 24% (Table 3.2). The institutions of education and market employment, as noted above, have been the principal social institutions leading the shift away from the male breadwinner model of the family. Hence, it seems that this shift was already underway in the 1950s. Although young women were much more likely to be in full-time education at the end of the 1950s than at the beginning, the gap in participation in education between men and women had actually increased (Table 3.2). However, in regard to the shift away from the male breadwinner model of the family, the absolute increase in education participation for women in the 1950s was probably more significant than the increase in the gap between men and women.

Table 3.1: Married women in the labour force, by age group, 1933–96 (%)

Age group	1933	1947	1961	1971	1981	1991	1996
15–19	3.2	11.4	19.9	36.4	45.7	53.8	57.2
20–24	4.4	11.6	24.5	44.1	57.4	64.1	66.7
25–34	4.7	8.0	17.3	33.0	49.0	61.3	63.5
35–44	5.3	8.8	21.2	41.3	58.4	71.3	72.3
45–54	6.0	8.6	19.9	36.1	50.5	63.3	66.3
55–59	5.7	6.6	12.6	23.2	31.3	34.1	41.2
60–64	3.7	4.1	6.5	12.0	15.0	16.3	19.6

Sources: ABS 1933–81, 1991c, 1996a.

Education and labour force participation of women since the 1960s

There has been a rapid advance in women's education and labour force participation from the 1960s onwards (Tables 3.1–3.3). Between 1961 and 1996, the proportion of 15–19 year old women in full-time education increased from 24% to 72% and the proportion of married women aged 25–54 years in the labour force increased from 20% to 67%. Likewise, the retention rates to Year 12 show a rise for women from 27% in 1971 to 77% in 1996, an enormous change in a short period (Table 3.3). The same table shows that women achieved parity with men in completion of Year 12 in the first part of the 1970s and subsequently have moved well ahead. In broad summary terms, from the end of the 1950s to the beginning of the 1990s, participation in education to a higher level and in the work force in the prime working ages (25–54 years) shifted from being the life situation of a minority of women (20%) to that of a substantial majority (around 70%). Furthermore, the measure of labour force participation used here is a point-in-time measure. Almost all of the 30% of married women who are out of the labour force at a point in time are only temporarily out of the labour force, usually because they are looking after young children. If we were to consider the whole life course, almost all women, married or not, now spend substantial periods of their life in market employment.

Table 3.2: Males and females aged 15–19 who were in full-time education, 1947–96 (%)

Year	Males	Females
1947	12.3	10.5
1954	18.2	16.7
1961	28.4	23.9
1991	62.1	66.5
1996	64.2	71.8

Sources: ABS 1993–81, 1991a, 1996b.

Snooks (1994) argues that the changes in women's employment, especially married women's employment in the period since the end of the Second World War, were driven by changes in the demand for labour. In what he calls the new economic revolution, there has been 'a shift from manufacturing to service activities, together with a great

Table 3.3: Apparent retention rates to end of secondary school, 1971–96 (%)

Year	Males	Females
1971	34.1	26.9
1976	34.6	35.3
1981	32.0	37.8
1986	45.6	52.1
1991	66.1	76.7
1996	65.9	77.0

Sources: ABS 1993, 1996c.

change in the gender structure of labour demand that caused a rapid increase in the market participation rates of females—particularly married females—after a century of relative stasis' (p.269). The period of relative stasis corresponds to the era of the male breadwinner model. In the past 40 years, 'Australian households have had a strong incentive to supply more female labour time to the market sector because of the increased opportunity cost of restricting female labour services to the household' (p.122). Opportunity cost refers to the loss of potential market earnings that persons experience if they restrict their time to non-market activities.

The shift towards gender equity in education and market employment has also been associated with a considerable ideological shift in the way that the life courses of women are conceived. While feminism has its different forms, all of them are consistent with these institutional changes in women's education and access to market employment. The new generation of young women, those under the age of 25 years, has been educated to the same levels (or higher) as young men and most have been imbued with the expectation that they will participate in the labour force in much the same way as men expect. Parents no longer see a daughter's economic future as depending solely upon how well she marries. Instead, young women are encouraged by parents and others to work towards a position where they will not be dependent for the rest of their lives on the earnings of a man.

As Snooks (1994) has argued, the restructuring of the labour market towards the tertiary or service sector has tended to favour the employment of women. Consequently, in future heterosexual relationships, it will be very common that the woman will have a higher earning capacity than the man and, already, the two-income couple is the ideal to which most couples aspire. Thus, the trends in education and market employment for women and the ideology surrounding these trends have already tolled the death of the male breadwinner model of the family. Although this is a radical change—indeed, it has been labelled by Snooks as being as revolutionary as the industrial revolution—there has been a tendency to deny the change and to resist the development of new models of the family. Consequently, most other social institutions, particularly those with a family rather than an individual orientation, have been slower than the institutions of market employment and education (aside from preschool education) to adjust to the passing of the breadwinner model (McDonald 1997a).

The family system is central to a society's cultural identity and hence revolutionary social change is resisted because changes in the family system are seen as an attack upon cultural identity. For this reason, family systems are resilient to change (McDonald 1994). The extent of change that we are experiencing in our family system at present is as great as, if not greater than, the change which occurred with the introduction of compulsory primary education in the 19th century. That change had a profound impact on families. It led to the redefinition of children's lives from work to school, the extension of the dependency of children to much older ages (a trend which is still underway), and to the historic decline in fertility from very high levels (Caldwell 1982). The new cost of providing public education meant that there was a massive shift in the allocation of public expenditure. The labour market had to adjust to the fact that cheap child labour was no longer available. Indeed, there may be an argument that the family wage model (the male breadwinner approach to wages) derived from this change in the lives of children. There was no concept that the children might be supporting themselves or their parents. A redefinition of the lives of women on the scale we have been experiencing also has revolutionary implications for social institutions.

The remainder of the chapter deals with these changes and how the provision of welfare services relates to these changes. The discussion is organised into life cycle stages: childhood (0–14 years), young people (15–24 years), prime working ages (25–54 years), pre-retirement ages (55–64 years), and retirement ages (65 years and over).

Childhood

Compared with 30 years ago, children today are much more likely to experience the breakdown of their parent's relationship, to be born outside of a marriage or to not have an employed parent. On the other hand, far fewer children now are given up for adoption or are conceived in the 9-month period prior to the marriage of their parents.

Available data in relation to the living arrangements of children are almost exclusively cross-sectional, that is, they tell us about the circumstances of children at a point in time. Much more relevant to child development, however, is information about the different living arrangements that children experience throughout their childhood. Data of this type require either the collection of retrospective information about children's living circumstances or, preferably, longitudinal surveys which follow children through time. A small-scale survey of the latter type, the Life Chances Study, has been conducted by the Brotherhood of St Laurence. A larger scale survey of the same type has recently been commenced by the Australian Institute of Family Studies.

Among families with dependent children, the proportion which are sole parent families has risen from 9% in 1974, to 15% in 1986 and to 19% in 1996. This rise has been due to increases both in the breakdown of continuing relationships and in the proportion of children who are not born to continuing relationships. Births outside of marriage have risen from 7% of all births in 1966 to 27% in 1995. Where a child is born outside of a marriage, the father's name is recorded on the birth certificate in 83% of cases, but this does not necessarily imply that the parents are living together. Precise information is not available as yet from longitudinal surveys in Australia, but the proportion of children who experience the breakdown of their parent's relationship during their

childhood or who are not born into a continuing relationship can be estimated to be between 30% and 40%. For example, 27% of children aged 10–14 years in 1996 were not living with both their natural parents (Table 3.4).

Table 3.4: Living circumstances of children aged 0–14 years,[(a)] June 1996 (%)

Living circumstances	0–4 years	5–9 years	10–14 years
Living arrangements			
Both natural parents	84.5	79.2	73.2
Natural mother, stepfather	0.9	4.0	7.3
Natural father, stepmother	0.1	0.3	0.8
Natural mother only	13.7	14.5	15.3
Natural father only	0.6	1.6	2.9
Other	0.2	0.4	0.5
Total	**100.0**	**100.0**	**100.0**
Employment of parents			
Two-parent family			
Both employed	34.7	44.0	51.1
One employed	42.8	32.6	24.2
Neither employed	8.2	7.3	6.5
One-parent family			
Employed	3.6	6.5	8.8
Not employed	10.7	9.6	9.4
Total	**100.0**	**100.0**	**100.0**

(a) Refers only to children in households. Children not in households at the 1991 Census made up 1.7% of 0–4 year olds, 0.8% of 5–9 year olds and 2.3% of 10–14 year olds (ABS 1991b).

Sources: ABS 1995c, 1996d.

While there have been substantial changes in children's living arrangements, living with both natural parents remains the dominant arrangement for children at all ages. Living in a step-family increases from 1% for children aged 0–4 years to 8% for children aged 10–14 years. Where children do not live with both their natural parents, they usually do not live with their natural father. Very few Australian children do not live with their natural mother. The table also shows the employment situation of children's parents. The proportion of children with no parent employed is 19% for children aged 0–4 years, falling to 17% for those aged 5–9 years and 16% for those aged 10–14 years. The proportion with both parents or their sole parent employed increases from 38% of those aged 0–4 years to 60% of those aged 10–14 years. The relative economic circumstances of children are also reflected in the fact that, at the 1991 Census, 9% of 0–14 year olds were living in public housing compared with 6% of all persons aged 15 years and over (ABS 1991b).

The proportion of children under 15 years who are living with both natural parents and only their father is in the labour force (the male breadwinner model) is now only 31%

(43% at ages 0–4, 29% at ages 5–9 and 20% at ages 10–14) (ABS 1996d). In addition, for most of these children, their mother's absence from the labour force is only temporary. Thus, as far as children are concerned, it is no longer accurate to base policy on an assumption of the male breadwinner model of the family. Children live in a complexity of circumstances and so their policy needs are also complex.

Young people

Postponement of family formation

Early child-bearing, common in the first two decades after the Second World War, is clearly incompatible today with the development of the human capital skills that are rewarded in market employment. Early child-bearing inhibits extended participation in education and participation in market employment in the important early years in which most workers establish their skills and their standing in the labour market (Table 3.5). The 1950s pattern is evident for those under age 25 who have a child; that is, high participation rates for men (93%) and low for women (27–40%). For those without children, however, the participation rates for women are considerably higher and similar to those for men. There is a clear association, therefore, between early child-bearing and labour force patterns which resemble the male breadwinner model.

Table 3.5: Labour force participation rates of 15–24 year olds, by sex and living arrangement, June 1996 (%)

	15–19 years		20–24 years	
Living arrangements	**Male**	**Female**	**Male**	**Female**
Couple with children	(a)	26.9	93.2	34.9
Sole parent with children	(a)	29.9	(a)	39.5
Dependent child in family(b)	37.2	47.1	54.5	61.9
Other member of a family household(c)	90.2	87.4	93.5	90.9
Not living in a family	76.1	73.0	84.5	87.1

(a) Sample size is too small to be reliable.
(b) Effectively, a dependent child is a full-time student.
(c) Couple without children, non-dependent child, other family member, boarder or visitor.

Source: ABS 1996d.

Because of this association, it is no surprise to find that the proportion of all women who have had a child before their 25th birthday has fallen in Australia, from 66% in 1972 to 32% in 1995, and is continuing to fall. In 1961, fertility rates implied that Australian women would bear an average of 1.4 children before their 25th birthday. In 1995, this measure had fallen to 0.4 children. It is also interesting to note that women aged 15–24 years who are full-time students living with their parent(s) are almost twice as likely to be in the labour force as those who have a child (Table 3.5). Thus, those with a child find it difficult even to obtain the casual employment which now characterises many young people in this age range.

Besides postponement of child-bearing, there have been major changes over the past 25 years in the ways in which young Australians form relationships. The proportion of women aged 20–24 years who had ever married fell from a high of 64% in 1971 to 20%

in 1995. During the 1970s, this consisted mainly of a shift away from legal marriage into consensual unions, without a great change in the proportion of women who were living in some form of continuing relationship (Bracher & Santow 1990). However, in the 1980s, the proportion of women aged 20–24 who were living in a continuing relationship began to fall and has fallen sharply in the last 10 years; in 1996, only 26% were in any form of co-residential relationship with a man (Table 3.6).

The alternative forms of living arrangements for young women which have increased in the last decade are living at home with parents (31% to 38%) and living in a group household (12% to 21%). Extension of financial support from parents beyond the ages that were considered normal in the past is a feature of the new living arrangements; that is, the new living arrangements for young people are partly driven by economic necessity. However, living in these alternative arrangements does not imply that the woman does not have a regular partner. The difference is that now she is less likely to live with the partner. In sum, the shifts over time represent a preference for relationships in which the individual has a greater degree of freedom or autonomy to pursue her or his own interests or life pursuits (McDonald 1995b), while still having the benefits of an ongoing intimate relationship. However, finding the right balance

Table 3.6: Living arrangements of men and women aged 20–24 years,[a] 1986–96 (%)

Living arrangements	1986	1991	1996
		Men	
Living with parents[b]	51.5	52.6	50.7
Couple with children	8.7	6.4	5.3
Couple without children	14.5	11.7	9.9
Living as a sole parent	0.6	0.8	0.1
Other member of a family household	6.2	8.4	5.5
Living alone	5.8	5.6	5.9
In a group household	12.7	14.6	22.6
Total	**100.0**	**100.0**	**100.0**
		Women	
Living with parents[b]	30.9	37.7	38.2
Couple with children	19.7	13.3	10.6
Couple without children	23.5	20.1	15.7
Living as a sole parent	5.1	4.9	6.1
Other member of a family household	4.7	6.2	3.1
Living alone	4.7	4.3	5.2
In a group household	11.5	13.5	21.1
Total	**100.0**	**100.0**	**100.0**

(a) Distribution excludes those living in non-private dwellings (about 3% of the total population for women and 6% for men).
(b) Those living with parents and a partner are recorded as living with a partner. Sole parents living with their own parents are recorded as sole parents.

Sources: Analysis of the ABS 1986 Census of Population and Housing, 1% sample; ABS 1991b, 1996d.

between autonomy and intimacy presents challenges which change often as personal circumstances change. This means that, while in the past the nature of relationships and the expectations of partners were largely predictable, this is no longer the case.

The stages of commitment in relationships for the majority of young people today are (i) establishment of an exclusive sexual relationship and emotional intimacy, (ii) social recognition of the relationship by peers and family, (iii) living together, (iv) sharing of finances or some shared ownership of property, (v) house purchase, (vi) marriage for about 80%, and (vii) having children for about 80%. The stages essentially represent increasing levels of commitment or at least increasing levels of attachment. Of course, many young people do not follow this sequence and some, especially those with a background in southern Europe, the Middle East or Asia, are likely to follow a more traditional course (Carmichael 1995; Khoo & Shu 1996; McDonald 1991). Thus, forming and maintaining a relationship is considerably more complex today than it was for the

Box 3.1: Classification of living arrangements in Australian statistical collections

The speed of change in living arrangements has led to classification problems, as inevitably classifications have not kept pace with the changes occurring in the community. For example, data on living arrangements in this chapter do not provide information on same-sex couples because they have not been identified as such in official statistical collections prior to the 1996 Population Census, the results of which are not yet available. The tables in this chapter which compare living arrangements across time (Tables 3.6, 3.8 and 3.15) are derived from three different data sources. The standard used is the living arrangements classification applied at the 1991 Population Census. A special tabulation of living arrangements by sex and age in 5-year age groups was obtained from the full 1991 Census as the standard input data for the projections made later in the chapter. In 1994, the classification used in the Labour Force Survey was amended to agree more closely with that used in the 1991 Census. This means that 1996 Labour Force Survey data are more comparable with the 1991 Census than are the 1991 Labour Force Survey data. The 1986 data used in the chapter have been obtained through special tabulations of the 1% sample data from the 1986 Population Census. This was done, as far as possible, by applying the 1991 Census classification to the 1986 data.

Although great care has been taken to standardise the classification, inevitably there will still be some errors. For example, it appears by comparison of the 1991 Census and the 1991 Labour Force Survey results that the Labour Force Survey estimates a proportion of couples without children which is a little higher than that obtained by the Census. This is compensated for by a lower proportion of people living in group households. This suggests that the Labour Force Survey is a little better than the Census in identifying consensual unions, an expected result given the differences in the way the data are collected. The category 'Other member of a family household' includes a variety of people, both related and unrelated to a family reference person. This includes siblings, ancestors, boarders, visitors, etc. It seems, for unknown reasons, that this category was somewhat higher in 1991 than it was in 1986 and 1996. This is not considered to be a genuine trend.

Sources: Analysis of ABS 1986 Census of Population and Housing, 1% sample; ABS 1991d, 1992c, 1994, 1996b.

parental generation. The net effect of this complexity is that many young people experience a sequence of intimate relationships and many have difficulty working their way through to a high level of attachment, that is, a level where the clear intention is that the relationship is permanent.

Many young people have had experience of their own relationships ending, often traumatically, and all are aware of the high levels of marriage breakdown. This knowledge is another factor which may make decisions about commitment more difficult. Furthermore, the very high levels of insecurity in market employment today are likely to complicate decision-making about higher levels of commitment in relationships. A young person who does not feel secure about his or her employment future may not feel secure about purchasing housing, marrying or having children. Repayment of debts accruing from education may also slow down the process of family formation. In summary, on present indications, the strong trend away from co-residential relationships evident over the past decade is likely to continue.

Having children

Postponement of births almost inevitably leads to fewer births occurring. A woman who starts her child-bearing at 24 years is much more likely to have three children than a woman who starts at 34 years. A sense of insecurity about relationships and about employment and the perceived impacts of children upon employment and lifestyle can also lead people to reduce the number of children that they have. The level of child-bearing in a year is measured conventionally by the total fertility rate (TFR). The rate for a given year indicates the average number of children that women would have over their lifetimes if they experienced the rates of child-bearing experienced by women at each age in the given year. At the peak of the baby boom in 1961, when the male bread-winner model of the family was pre-eminent, the total fertility rate in Australia was 3.57 children per woman. This was the highest level of the rate for 50 years. By 1976, however, the rate had fallen to 2.08 children per woman, slightly below the level at which long-term replacement of the population is guaranteed. Since 1976, the rate has fluctuated at levels a little below the 1976 level, falling to 1.82 in 1995. A distinct downward trend seems to be emerging at present (Table 3.7).

Table 3.7: Total fertility rates, Australia 1992–96 and States and Territories 1995

Australia 1992–96		States and Territories 1995	
1992	1.89	New South Wales	1.87
1993	1.87	Victoria	1.76
1994	1.85	Queensland	1.82
1995	1.82	Western Australia	1.86
1996	1.80	South Australia	1.75
		Tasmania	1.91
		Australian Capital Territory	1.69
		Northern Territory	2.43

Source: ABS 1995d, 1997.

Falls in fertility have been observed in all advanced countries in recent years. In countries of southern Europe, in the Germanic countries, in the former eastern-bloc countries and in several countries in East Asia, the total fertility rate in 1995 ranged from 1.1 to 1.5 children per woman. These are extraordinarily low levels by any historical standard and, at these levels, ageing of the population occurs at a remarkably rapid rate. Very low fertility occurs in countries in which gender equity has been promoted in education and market employment but, at the same time, the male bread-winner model of the family continues to underpin institutions which are associated with families, such as the family itself, welfare services, the tax-transfer system and industrial relations (McDonald 1997a). That is, where substantial opportunities are offered to women as individuals, but they forfeit those opportunities if they marry, have children or have another child, then many will decide against furthering their family formation.

Concern has been expressed about the capacity of the Australian economy to deal with the ageing of the population in the future, but estimations of the extent of future ageing have been based upon assumptions of higher levels of fertility than we have at present. If Australian fertility were also to fall sharply to the levels now prevailing in most other advanced countries, ageing of the population would occur much more rapidly than has been projected. Once fertility has dropped to a very low level (total fertility rate less than 1.5), it is very difficult to reverse the trend. This is because both individuals and social and economic institutions become geared to the persistence of low fertility and, hence, to the relative lack of need for individuals or society to cater for children. The structures of society, in other words, become adult-oriented and child-rearing becomes less financially viable for most people. Thus, it is far easier to retain presently existing child-oriented structures than to allow them to decline and thereafter attempt to recreate them. Presently existing child-oriented structures will not be maintained when fertility falls to very low levels. Continuing falls in parity progression ratios (the proportion of women with a given number of children who go on to have another child) suggest that fertility in Australia will continue to fall, and, because of the changing nature of relationships already described, a sharp fall is not beyond possibility (Jain & McDonald 1997).

The description of family formation given so far refers mainly to the large majority of young people who have opportunities for market employment. A minority of young people see themselves as marginalised and as having little or no opportunity to obtain market employment. They are the long-term unemployed, the underemployed, the lowly skilled, workers in the cash economy and those who have problems with substance abuse. For these young people, the central issue is social equity as much as gender equity. In 1996, 21% of all 15–19 year old men who were not full-time students were unemployed, as were 15% of women in the same category. Few young people in these marginalised categories are in a position to form lasting relationships and so the focus often is upon forming relationships which last while they last. It is not unusual that children are born to these relationships, and at relatively early ages. Ninety per cent of all births to 15–19 year old women in 1995 were ex-nuptial births and, in June 1996, 55% of all mothers 15–19 years old were sole parents (ABS 1995b, 1996d). For the mother, the child is something which is hers and offers her rewards from life which she will not get from mainstream market employment. The men in such relationships are

often loosely attached. Hence the low labour force participation of women who have had a child before the age of 25 (Table 3.5) is not only a result of it being more difficult for women with a small child to be able to work, but also the child can be seen as a result of the extreme difficulty that these young women face in obtaining market employment. Among 20–24 year olds in 1992, 26% of women with no post-school qualification have had a child, compared with just 3% of women with a university degree (1992 ABS Families Survey, unpublished table supplied by SK Jain).

As women who have very good opportunities in market employment reduce the number of their children because of the difficulty of combining work and child-rearing while, at the same time, women with little opportunity to obtain market employment have children instead, the inevitable consequence is that a higher proportion of children are born into deprived circumstances.

Prime working ages

Under the male breadwinner model of the family, the prime working ages—25–54 years—were the years of the life course in which almost all men worked full-time and most women stayed at home to look after the children and the house and to perform other welfare services. The increasing market employment of women has changed this situation, but this section shows that the male breadwinner model still has force. What emerges is a complexity of arrangements which obviously complicates the formulation of policy in regard to welfare services.

At the younger end of this age range, changes in living arrangements between 1986 and 1996 reflect the movement away from forming relationships and having children, as already described. The changes for age groups 35–44 and 45–54 years reflect higher rates of marriage or relationship breakdown; that is, there are increases in the proportions of those who are living alone, those who are sole parents or couples without children, and decreases in the proportion of couples with children. The latter decrease is offset to some extent by young people staying at home longer with their parents (Table 3.8).

Men in the prime working ages have always had very high rates of participation in the labour force, but their level of participation has dropped somewhat in the past 20 years (Table 3.9). At the same time, women's participation has been rising sharply to approach that of men. The increase in women's participation is shown in a different way in Table 3.10. This shows the way in which labour force participation in the prime ages has changed for women across their lifetimes. For women born between 1901 and 1911, participation remained around the 20% level as they aged across the three age groups in the table. The next cohort, those born between 1911 and 1921 had the same 20% level of participation at ages 25–44 years, but experienced a large rise in participation when they were aged 45–54 years. For the 1921–31 birth cohort, participation stepped up sharply as they aged across the three 10-year age groups. The pattern of change for these early cohorts was cross-sectional; that is, change occurred for different cohorts in the same period of time. However, with each later cohort, change in participation has become more related to the cohort of birth; that is, each successive cohort begins at ages 25–34 with a higher level of participation and then this high level follows on to higher levels as the cohort ages. As participation in age group 25–34 years is

Table 3.8: Living arrangements of men and women aged 25–54 years, 1986 and 1996 (%)

	Males		Females	
Living arrangement and age group	**1986**	**1996**	**1986**	**1996**
Ages 25–34				
Living with parent(s)	13.3	13.9	5.7	7.5
Couple with children[(a)]	48.5	37.7	61.0	48.2
Couple without children	18.8	20.6	14.9	19.1
Sole parent[(a)]	0.9	0.8	8.4	9.8
Other member of a family household	3.0	2.7	1.4	1.7
Lone person	7.7	9.4	4.3	5.8
Group household	7.8	14.9	4.3	7.9
Total	**100.0**	**100.0**	**100.0**	**100.0**
Ages 35–44				
Living with parent(s)	3.6	4.6	1.8	1.9
Couple with children[(a)]	75.3	69.1	74.6	69.7
Couple without children	7.9	9.0	7.6	8.2
Sole parent[(a)]	2.3	2.3	10.5	11.8
Other member of a family household	1.4	1.0	0.8	0.6
Lone person	7.1	9.3	3.2	5.2
Group household	2.5	4.6	1.5	2.4
Total	**100.0**	**100.0**	**100.0**	**100.0**
Ages 45–54				
Living with parent(s)	1.9	2.2	1.3	1.0
Couple with children[(a)]	65.8	63.0	55.7	52.9
Couple without children	18.5	18.9	25.1	25.0
Sole parent[(a)]	2.7	2.7	8.6	10.1
Other member of a family household	1.7	0.9	1.7	1.0
Lone person	7.2	10.0	6.0	8.2
Group household	2.2	2.3	1.6	1.8
Total	**100.0**	**100.0**	**100.0**	**100.0**

(a) Children in this classification are all children irrespective of their ages and include adult children.

Sources: Analysis of the ABS 1986 Census of Population and Housing, 1% sample; ABS 1991b, 1996d.

continuing to rise, we can expect further rises in women's labour force involvement in the future.

The important difference between men and women in the prime working ages is no longer in the level of their participation in market employment, but in the hours that they work. In June 1996, women were only about half as likely as men to be working full-time (Table 3.11). Nevertheless, the proportion of all men aged 25–54 years who are

Table 3.9: Labour force participation during the prime working ages, by sex and age group, 1933–96 (%)

	Males				Females			
Age group	1933	1954	1976	1996	1933	1954	1976	1996
25–34	98.2	98.5	97.0	93.2	25.9	24.0	47.2	67.3
35–44	97.1	98.2	97.0	92.6	17.2	22.5	53.7	72.2
45–54	96.1	96.6	94.2	88.2	17.6	23.5	47.9	66.7

Sources: ABS 1933–81, 1996b.

working full-time has fallen from 86% to 80% in the past decade, while the percentage of all women employed full-time at these ages has risen from 32% to 38%. The decade fall in full-time work for men at these ages (6%) was spread across an increase in part-time work (3%), a drop in participation (2%) and a rise in unemployment (1%). In contrast, most of the rise in women's participation in market employment at these ages was in full-time work.

Table 3.10: Labour force participation by women in the prime working ages, by age group and year of birth cohort (%)

	Age group		
Year of birth cohort	25–34	35–44	45–54
1901–11	25.9	18.7	23.5
1911–21	21.4	22.5	34.9
1921–31	24.0	37.0	47.9
1931–41	33.3	53.7	54.2
1941–51	47.2	64.9	66.7
1951–61	60.9	72.2	
1961–71	67.3		

Sources: ABS 1933–81, 1986a, 1996b.

It has been suggested that the increased participation of women in the labour force has reduced the time available for people to perform unpaid welfare services. However, in 1996, about 20% of men and about 62% of women in the prime working ages were not working full-time hours and the increase in full-time work for women in the past decade has been balanced almost equally by a decrease in full-time work for men (Table 3.11). Thus, if men and women are taken together, on average, time availability outside of work has not changed very much in the past decade for persons in the prime working ages. There is also some evidence that if there is no woman available to provide needed unpaid services but there is a man available, then he is likely to do it. For example, among working couples with young children, child care is often provided by the parents working different hours (Millward & Matches 1994). On the other hand, the distribution of time outside the labour force is not evenly spread across families. Some have a lot of it while others have very little of it. Furthermore, while the male breadwinner model of the family persists, there is no guarantee that men with available time will perform the informal welfare services that women conventionally perform.

Table 3.11: All persons aged 25–54 years who were employed full-time, by sex and age group, June 1986 and June 1996 (%)

	Males		Females	
Age group	**1986**	**1996**	**1986**	**1996**
25–34	85.8	80.6	35.2	40.4
35–44	88.5	82.3	32.5	36.2
45–54	83.3	77.5	29.7	37.4

Sources: ABS 1992, 1996b.

An indication of the distribution of work in couple families is provided in Table 3.12. In 23% of couples with dependent children, both parents work full-time. If there are no dependants, both partners work full-time in 37% of cases. Thus, both partners work full-time in only a minority of couples of working age. At the other extreme, in 9% of couples with dependants, neither partner is employed, while this is the case for 19% of couples without dependants. Thus, there is also a substantial minority of couples in which neither partner is employed. The other main categories involve the husband working full-time while the wife works part-time or is not employed. In sum, the distribution of couples according to the relative employment of each partner is widely spread. Instead of being able to presume as once was the case, that the husband would almost certainly not be available for unpaid work while the wife almost certainly was (the male breadwinner model), now we have a complicated distribution of possibilities.

Table 3.12: Distribution of employment in couple families, by whether or not there are dependent children, June 1996 (%)

Couple's participation in employment	With dependent children[(a)]	No dependent children[(b)]
Husband full-time		
Wife full-time	22.8	36.5
Wife part-time	30.4	16.6
Wife not employed	30.5	17.8
Husband part-time		
Wife full-time	1.1	1.6
Wife part-time	1.4	2.5
Wife not employed	2.1	3.6
Husband not employed		
Wife full-time	1.5	1.1
Wife part-time	1.7	1.1
Wife not employed	8.5	19.2
Total	**100.0**	**100.0**

(a) Dependent children are all children under 15 years plus those aged 15–24 who are in full-time education.
(b) Excludes by estimation couples where the husband is 65 years and over.

Source: ABS 1996d.

Furthermore, over the life course, couples move across the various categories shown in the table as their circumstances change. The principal factors involved in these changes across time are the numbers and ages of their children.

Among couples with dependent children, labour force participation for mothers is about 70% if they have no children under the age of 5 years, but drops to about 50% if there is one child under age 5 and to 36% if there are two or more children aged less than 5 years. If the mother is a sole parent, participation is somewhat lower at about 40% for those with a child under the age of 5 years and 61% otherwise (ABS 1996d). Where there is a child aged less than 5 years, the difference between the levels of participation of lone mothers and couple mothers corresponds roughly to the proportion of mothers in couple families who are working where the child care is provided only by the two parents (Millward & Matches 1994). Thus, the lower participation of lone mothers can be attributed directly to the absence of a partner. The labour force participation rates of mothers have increased sharply over the past decade, regardless of the age of the youngest child (Table 3.13). This again indicates that participation rates are continuing to rise with each successive cohort of women. The table also confirms that having a child aged less than 5 years considerably reduces the chance that a mother is working. Closer analysis according to single years of age of the youngest child reveals, as might have been expected, that participation rates are very much lower where the youngest child is less than 1 year of age. At the time of the 1991 Census, only 27% of women with a child aged less than 1 year were employed and at work (not on maternity leave) and only 13% were employed for 25 hours or more. These percentages step up gradually as the age of the youngest child increases (Table 3.14). In particular, as the age of the youngest child increases, the proportion of mothers working 25 hours or more increases.

Table 3.13: Labour force participation rates of mothers, by age of youngest dependant, 1984–96 (%)

Age of youngest dependant	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996
	Participation rate (%)												
0–4	33.3	36.2	39.7	41.5	43.0	44.0	46.3	44.5	46.6	45.3	46.1	49.3	47.4
5–9	54.1	57.1	60.8	61.1	63.7	67.2	67.8	65.9	65.6	64.0	64.9	69.7	67.5
10–14	56.5	59.9	64.2	64.5	66.8	68.5	71.4	71.8	70.0	70.9	70.5	73.7	73.0

Sources: ABS 1984–95, 1996d.

In summary, it is evident that the intensity of women's involvement in paid employment in the prime working ages is considerably less than that of men. This lower intensity takes the form of shorter hours of work at all ages and low rates of labour force participation when there is a child aged less than 5 years. Thus, the male breadwinner model of the family continues to exist in a modified form essentially because of the need to care for children. Surveys suggest that mothers now in the prime working ages often prefer part-time work and that those who are working part-time

Table 3.14: Hours of labour market work of mothers, by age of youngest dependant, 1991

Age of youngest dependant	25 or more hours	1–24 hours	0 hours	Unemployed	Not in labour force
0	12.7	14.5	4.7	5.9	62.2
1	19.2	22.7	1.1	5.9	51.1
2	21.0	22.0	1.1	6.4	49.5
3	25.1	20.3	2.2	5.7	46.7
4	25.0	22.3	1.7	6.4	44.6
5	28.3	25.7	1.7	6.8	37.5
6	31.3	25.7	1.1	6.0	35.9

Source: Analysis of the ABS 1991 Census of Population and Housing, 1% sample.

tend to be happier with their lives than those who work full-time or those who are not working (Wolcott 1997). Clearly, the availability of part-time work is an essential component in the present family transition. For example, it is evident that, in advanced countries where part-time work has not been readily available, the birth rate has fallen to very low levels (McDonald 1997a). However, as discussed above, younger women are likely to be seeking a heavier lifetime involvement in the labour force than has been the case for those who are now in the prime working ages. This can only occur if there is an overall increase in employment, if there are changes in the level of men's involvement in paid employment, if affordable child care is available outside the household or if women have fewer children.

Pre-retirement ages

The pre-retirement ages, 55–64 years, are the focal years for the provision of support to other family members. Aside from care by the child's own parents, the most common form of work-related child care services in the recent past has been care by the child's grandmother. Grandmothers rarely provide full-time child care (50 hours per week). Rather they support mothers who are working part-time or they provide care on one or two days a week so that child care for mothers working longer hours is affordable (Millward & Matches 1994).

Women at all ages above age 50, including the pre-retirement ages, had their children on average at age 28; that is, the average intergenerational age gap is 28 years. Given the ages at which women today are having their children, the demand for grandmother child care services concentrates on women aged 55–64 years, the pre-retirement ages. As the age gap between these women and their own mothers is also about 28 years, the daughters of women aged in their 80s will also be concentrated in the pre-retirement ages. There is something of a myth about 'women in the middle' being women who have small children and aged parents at the same time, that is, the middle generation of three generations. In reality, at present, 'women in the middle' are the second of four generations: they are women in pre-retirement who have grandchildren, as well as parents aged 80 years and over.

Furthermore, women now aged 55–64 years had their children at the peak of the baby boom. Only 10% do not have living children and 51% have three or more living

children (ABS 1986b). Hence the potential demand for their child care services is not a matter of whether they have children or not, but whether their children have had children and where they live. Millward & Matches (1994) show that, where working parents of a preschool child had a grandmother within a half-hour drive, they were more likely to use informal child care than formal child care.

In the pre-retirement years, both men and women are concentrated in couple relationships (Table 3.15). A sizeable proportion also still have older children living with them. Thus, in this life cycle stage, people have other adult resources available to them, usually a partner, but often also an adult child; that is, if demands are made on their time to provide unpaid services to persons living in other households, their own household is likely to be able to cope. Or there may be other skills in their own household which the person can call upon to assist in the provision of services to family members living in other households.

Table 3.15: Living arrangements of men and women aged 55–64 years, 1986 and 1996 (%)

Living arrangements	1986	1996
	Men	
Living with parents	1.0	0.8
Couple with children[(a)]	35.9	35.1
Couple without children	46.6	46.5
Sole parent[(a)]	1.9	1.8
Other member of a family household	2.6	1.4
Living alone	9.9	12.1
Group household	2.1	2.4
Total	**100.0**	**100.0**
	Women	
Living with parents	0.9	0.9
Couple with children[(a)]	23.9	23.3
Couple without children	48.4	50.7
Sole parent[(a)]	6.9	6.1
Other member of a family household	3.9	2.3
Living alone	14.1	14.9
Group household	1.9	1.9
Total	**100.0**	**100.0**

(a) Children in this classification are all children irrespective of their ages and include adult children.

Sources: Analysis of ABS 1986 Census of Population and Housing, 1% sample; ABS 1996d.

Households of persons in the pre-retirement ages may also have more material resources available compared with other age groups. They are very likely to own their own house (66% fully-owned in 1991) and to have most of the household equipment that people require. Finally, in June 1996, only 14% of women and 49% of men in this age range were employed full-time. In 1986, the same percentages were 11% for women and 55% for men, meaning that the increased labour force involvement for women has been more than offset by a decrease for men (ABS 1986a). Thus, although this is a time when the demands for support from family members living outside the household are likely to be high, it is also a time when resources are more readily available.

Retirement ages

The year 1991 is used to show the living arrangements of older persons because greater detail by age group is available for that year (Table 3.16). Men at all ages, most commonly, live just with their wife. Living in a couple is also the most common arrangement for women aged 65–74 years. The other most common arrangements for both men and women are living alone, which reaches a peak of 42% for women aged 80–84 years, and living in a non-private dwelling (usually a nursing home or hostel), which peaks at 46% for women aged 85 years and over.

Table 3.16: Living arrangements of persons aged 65 years and over, by sex and age group, 1991 (%)

	Age group				
Living arrangements	**65–69**	**70–74**	**75–79**	**80–84**	**85+**
			Men		
Couple, no children	59.3	61.7	58.5	49.2	31.8
Couple with children[(a)]	16.2	10.3	7.1	5.1	3.4
Sole parent[(a)]	1.6	1.6	1.7	2.1	3.1
Other member of family household	3.6	4.1	4.8	6.6	9.0
Lone person household	12.5	14.5	17.3	20.6	21.7
Group household	2.1	1.9	1.6	1.5	1.5
Non-private dwelling	4.5	6.0	8.9	15.0	29.6
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
			Women		
Couple, no children	48.6	40.0	28.1	15.5	4.9
Couple with children[(a)]	8.3	4.6	2.5	1.3	0.5
Sole parent[(a)]	5.5	5.3	5.2	5.5	5.3
Other member of family household	6.6	8.1	10.1	12.4	13.5
Lone person household	25.4	34.1	41.4	42.3	29.3
Group household	1.7	1.7	1.5	1.2	0.9
Non-private dwelling	3.9	6.1	11.2	21.9	45.6
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) Children in this classification are all children irrespective of their ages and include adult children.

Source: ABS 1991b.

However, the surprising aspect of the table given common beliefs of Australians is that the proportion of older people who live with their children is relatively high. Three of the categories—couple with children, sole parent, and other member of a family (mainly as parent or grandparent)—all refer essentially to situations where the older person is living with at least one of their children. For women in all five age groups shown in the table, almost 20% were living with at least one of their children. The proportions tend to be lower for men because they are much more likely to be still living with their wives. Overall, in the oldest age group (85 years and over), 47% of men and 24% of women were living in a family, that is, with a spouse or child.

For older people, support often comes from those who do not live with them, especially from their adult children. Thus, their own children can be an important resource for older people. The 1986 Census provided information on the number of living children that older women have; because of past fertility patterns, older women are becoming increasingly more likely to have living children and this trend will continue for many years. For example, among women aged 75 and over in 1986, 20% had no living children (Table 3.17). This should drop to about 15% for women in this age group now, and to 10% for those who will be 75 and over in the first two decades of next century. The proportion of women in this age group with no living children was higher for those living in hostels or nursing homes (27%). Not only are older women in the future more likely to have at least one surviving child, they will also have a higher number of surviving children. At present, 51% of women now aged 55–64 years have three or more surviving children. This compares with 35% for those aged 75 and over in 1986.

Table 3.17: Women aged 50 and over with no living children, and women with three or more living children, 1986 (%)

Age group	No living children	Three or more living children
50–54	8.1	55.3
55–59	10.5	54.4
60–64	10.9	48.5
65–69	14.2	46.0
70–74	16.7	40.2
75+	20.1	35.2

Source: ABS 1986 Census of Population and Housing, 1% sample.

Chapter 8 in this volume shows that, in 1993, among people aged 65 years and over who were still living in the community and who had a profound or severe handicap, 86% of men and 71% of women lived with another family member (Table 8.6). The same chapter reports that non-co-resident carers (predominantly adult children) appeared to have less access to formal services than co-resident carers, and, like co-resident carers, 'a substantial proportion exhibited physical and emotional stress in their caring roles'. All in all, policy makers need to keep in mind the percentage of older people who live with their spouse or with children, the numbers who have living children, the knowledge that children and spouses are by far the most frequent providers of support to older people in need of care, and the difficulty of providing that care. Another important

issue for the future is the ageing of people who are caring for a disabled person, usually their own adult child (see Chapter 9).

In 1933, 43% of men and 12% of women aged 65 years and over were in the labour force. By 1986, these percentages had fallen to 10% and 3%, respectively, and have remained constant over the past decade. The 1997 Federal Budget has introduced incentives for people to remain in the labour force beyond age 65 years. It remains to be seen how successful these incentives will be, but they are certainly counter to the established employment trend towards lower participation even at ages below age 65. While the decline in paid employment at older ages may cease, it is unlikely that a major rise in participation at older ages is on the horizon. Nevertheless, for the many years that most retired persons will remain active and healthy, there is a great capacity to contribute to the community in ways other than paid employment. Indeed, there are already movements underway which assert the right of older people to contribute in a meaningful way to the community and not to be written off as 'aged' (McDonald 1989). Like women were in the 1950s, healthy retired people in the 1990s are a major, underused national resource. As the population ages, younger and healthier older persons may become an even greater source of support enabling those who are more frail to remain at home for somewhat longer periods. The emergence of this group also draws attention to the need to consider services for older people which are of a more positive nature. Aged services tend to focus almost entirely upon the frail. Support for initiatives through which older people contribute to the community may assist in delaying the onset of frailty for some older people (Day 1991).

Housing in Australia has been criticised for being inappropriate to an ageing society. In the near future, the majority of aged persons will be living in houses on the fringes of the large cities. Houses in these areas were originally built for families with children, but they become unmanageable for older people as they become frail. Older people themselves often would like to move within their own suburb to housing which is conveniently located for shopping and transport and designed for older people, but this is usually not an option (AURDR 1994). Thus, housing redevelopment around shopping and transport nodes, and changes to local environments which make neighbourhoods more 'older-person friendly', need to be considered as potential policy directions (McDonald 1997b).

3.3 Projections 1996–2006

The family trends observed for different age groups have been used to produce projections of the living arrangements of Australians to the year 2006. These projections then have been used to derive household projections by family type. Projections have been made for the following nine separate living arrangements:

- parent in a two-parent family
- offspring in a two-parent family
- parent in a one-parent family
- offspring in a one-parent family
- partner in a couple without offspring

- other person living in a family
- a person living alone
- a person living in a group household
- a person not living in a household.

The projections have been made for both sexes in 5-year age groups from 0–4 to 80–84 years and for persons aged 85 years and over. The output is estimates for 1996 and projections for 2001 and 2006. Two variants are produced. The first, labelled 'High', sets fertility constant at the 1995 level and net migration at 100,000 persons per year. The second, labelled 'Low', has declining fertility over the decade, 1996–2006, and annual net migration set at 70,000. The methods and assumptions of the projections are described in Box 3.2.

A cautionary note

The projections assume a continuation of the family changes that have been occurring over the past decade but at a reduced pace. To begin with a caution, it should be noted that decision-making in regard to living arrangements is not simply a matter of values or changing fashions. People choose their living arrangements in the context of the social and economic conditions with which they are faced. For example, if young people feel insecure or uncertain about their own economic or social future, they will feel insecure about relationships and about having children. Thus, future living arrangements are a product of current economic and social conditions which in turn can be modified by policy. To repeat the point made at the commencement of the chapter, the accessibility, affordability and quality of welfare services, broadly conceived, can have a large impact on the living arrangements that people make. For example, if the social and economic context is not supportive of parenting, then many people will choose not to be parents or not to be parents so often. This in turn will reduce the demand for children's services in the future. Thus, demography is a determinant, but not the only determinant, of the need for services.

Only one shift in the direction of behaviour has been incorporated in the projections: the shift to low fertility in the low projection. However, as the drop in fertility will be mainly among second, third and higher order births, rather than first births, the decline in fertility would not have much impact on living arrangements as defined here. Couples with children will simply become couples with fewer children.

Results

The results of the projections are shown in the form of absolute numbers rather than percentage distributions because the purpose is to indicate possible shifts in demand for welfare services (Tables 3.18–3.21). Because the low and high projections do not differ very much from age 15 onwards, only the low projection is shown for Tables 3.19 and 3.20 which relate to individuals. The results are described according to broad age groups. Note that in the following discussion, in references to 'couples with children' or to 'sole parents', the children concerned can be of any age, including adult ages. 'Couples without children', likewise, means couples with no children of any age living in the household.

Box 3.2: Methods and assumptions of projections

The projections of living arrangements were derived from new projections of the population by age and sex which use the 1996 ABS estimates of population by age and sex as the base population. The assumed mortality levels were the same as those used in the most recent ABS official projections (ABS 1996e), as were the two migration assumptions: a low level of 70,000 net migration per year and a high level of 100,000. The age structure of migration was also the same as that used in the official projections. The effect of these assumptions is that the projected populations for age groups 10–14 through to 85 and over closely approximate the official projections, the only differences being due to differences in the base population.

The projections presented here, however, use different fertility assumptions and so the projected populations aged less than 10 years differ from the official projections. The main series, Series A, in the official projections assumes a constant total fertility rate of 1.865 births per woman. As shown in Table 3.7, fertility in Australia has not been as high as this since 1993. Two fertility assumptions were made for the purposes of this chapter. The higher of the two is that fertility will remain constant across the 10-year period at the 1995 level of 1.824 births per woman. The lower assumption is that the average total fertility rate will be 1.734 births per woman in the period 1996–2001 and 1.650 in the period 2001–2006. Plausible age-specific rates were attached to these lower total fertility rates. The levels used in the low fertility assumption are consistent with unpublished projections of fertility made by SK Jain and they are broadly consistent with declines in fertility which have occurred in other countries.

The high migration assumption was combined with the high fertility assumption to provide the projection labelled 'High', and the low migration assumption and the low fertility assumption were combined to provide the projection labelled 'Low'.

Projections were then made of the proportions of each age and sex group that will be in the nine living arrangement categories in the years 2001 and 2006. It was necessary also to make some estimates of these proportions for 1996. This was done by examining the trends in these proportions from the 1986 Census (1% sample data), the 1991 Census (special tabulation of the full census) and the June 1996 Labour Force Survey (see Box 3.1 for a description of these data sources and their comparability). The 1991 data can be considered to be the most robust as they are based on the full census. They also provide more detail on ages than the 1986 or 1996 data and more detail on categories than the 1996 data. Thus, where estimation was required, the pattern of the 1991 data was used. Three methods for projecting the proportions by living arrangement were considered, but only one has been chosen for presentation here. Under the chosen projection, the change in the age- and sex-specific proportions by living arrangements between 1986 and 1996 was halved and added to the 1996 proportions to estimate the 2006 proportions. That is, the pace of change in the decade 1986–96 was halved for the decade 1996–2006. This is a somewhat ad hoc approach, but is conservative given the lack of data upon which assumptions could have been made. Certainly, the analysis of trends conducted in this chapter provides no indication that changes in living arrangements observed from 1986 to 1996 will be reversed or even that they are coming to an end.

(continued)

Box 3.2 (continued): Methods and assumptions of projections

Household projections were obtained by collapsing the individuals classified by living arrangements into households. This is a straightforward exercise involving only a few minor assumptions. Discrepancies between the numbers of couple households based on the results for men and the results for women were eliminated by averaging. The average number of persons per group household was assumed to remain the same as it was in 1991 and the propensity of people to live in households of related individuals (not spouses or parents and children) was assumed to remain the same as in 1991.

Sources: Analysis of ABS 1986 Census of Population and Housing, 1% sample file; ABS 1991b, 1996b.

Age group 0–4

The low projection leads to a 14% drop in the next decade in the number of children aged 0–4 years living in couple families, while the numbers in one-parent families remain almost constant (Table 3.18). The total number of children in this age group also drops slightly using the high projection, but the numbers in one-parent families increase by 13%. The implied increase in the proportion of children living in one-parent families reflects trends towards higher rates of divorce and higher proportions of children being born to women who are not married.

Age group 5–14

At ages 5–14 years, the number of children living in couple families does not change very much under either projection (Table 3.18). However, both projections indicate a substantial rise, of 20% for the high projection, in the proportion of 5–14 year olds who will be living in one-parent families.

Age group 15–24

Continuing past trends, the number of 15–24 year olds in couple relationships with children is projected to decline sharply, but there is a slight rise in the number of

Table 3.18: Projected living arrangements for children 0–4 and 5–14 years, to 2006 ('000)

Living arrangements	1996	2006 (Low)	2006 (High)
Age group 0–4 years			
Child in couple family	1,079.2	930.8	1,036.3
Child in one-parent family	180.5	182.6	203.3
Other	23.8	25.3	28.2
Age group 5–14 years			
Child in couple family	2,108.7	2,075.9	2,172.6
Child in one-parent family	438.7	503.8	526.1
Other	51.3	62.9	65.0

Note: See Box 3.2 for a description of methods and assumptions.

Source: Projections of living arrangements made for this chapter.

women who are sole parents. The number of couples without children also falls. There are compensating rises in the numbers who are still living with their parent or parents and among those living in group households. These changes apply to both men and women but, reflecting recent trends, the changes are of a greater magnitude for women than for men. For example, the number of women in this age range who are living with their parents increases by almost 57,000 in the decade compared with 27,000 for men (Tables 3.19 and 3.20).

Age group 25–54

In the 25–54 age group, the number of people who are parents in families consisting of two parents with children present remains almost constant, while the number of sole parents rises by a small amount. There are large rises in the number of people who are living in couple families without children and in the number living in group households. The largest rise, however, is for people living alone. The patterns of change are very similar for men and women, with the exception that the rise in sole parenthood is greater for women than for men, matched by a greater tendency for men in this age range to live in group households (Tables 3.19 and 3.20).

Age group 55–64

One of the most significant results of the projections is that, in the 55–64 age group, there will be very substantial rises in the number of couples, both those with children

Table 3.19: Projections of living arrangements for males to 2006, by age group ('000)

		Age group					
Living arrangements	**Year**	**15–24**	**25–54**	**55–64**	**65–74**	**75–84**	**85+**
Two-parent family—parent	1996	38.1	2,112.4	264.2	84.1	18.6	2.1
	2006	25.9	2,118.5	382.9	88.0	24.5	3.4
Two-parent family—offspring	1996	744.3	234.8	0.8	0.0	0.0	0.0
	2006	761.1	274.9	1.4	0.0	0.0	0.0
One-parent family—sole parent	1996	0.7	68.4	14.2	8.2	4.5	1.6
	2006	0.0	72.0	20.6	6.9	4.5	2.0
One-parent family—offspring	1996	157.8	123.4	6.3	1.3	0.3	0.1
	2006	168.1	141.5	8.8	1.7	0.6	0.2
Living in a family household	1996	57.9	68.7	10.7	13.1	9.0	3.2
	2006	51.1	65.9	9.2	7.3	5.5	2.6
Couples without offspring—partners	1996	71.0	571.6	341.1	375.2	160.9	20.2
	2006	54.0	621.4	490.1	410.0	224.2	33.9
Members of group households	1996	188.0	311.0	17.6	12.7	4.8	1.0
	2006	227.7	393.0	27.0	12.8	6.0	1.5
Members of lone person households	1996	43.9	366.2	91.4	88.2	57.6	14.6
	2006	40.6	439.8	145.7	103.3	87.5	26.4
Not a member of a household	1996	77.1	143.8	28.0	30.3	30.8	17.7
	2006	81.4	157.7	41.1	34.3	40.5	27.7

Note: The low projection was used to estimate population in 2006.

Source: Same as Table 3.18.

and those without. This is largely an effect of population growth, as the baby-boom generation moves into this age group over the next decade. The rise is relatively greater for women than for men among those living in couple families without children; the reverse is true for those in couple families with children. This difference is due to the fact that mothers were younger than fathers when they had their children and so, by age 55–64 years, mothers are more likely to have children who have already left home. There are also substantial increases in the number of people in this age group who will be living alone, the increases being similar for both sexes (Tables 3.19 and 3.20). Those who will be 55–64 years old in 2006 are the vanguard of the postwar baby boom. Throughout their lives, as they have moved from one age group to the next, they have produced substantial shifts in the living arrangements and policy regime of the nation as a whole. They will continue to do this as, in the decade after 2006, they begin to enter the retirement ages.

Age group 65–74

In sharp contrast with the next younger age group, changes among those aged 65–74 years are relatively small. There are small increases, similar for both sexes, in the number of couples without children and in the numbers living alone.

Table 3.20: Projections of living arrangements for females to 2006, by age group ('000)

		Age group					
Living arrangements	**Year**	**15–24**	**25–54**	**55–64**	**65–74**	**75–84**	**85+**
Two-parent family—parent	1996	76.9	2,183.8	171.7	46.1	9.0	0.9
	2006	44.0	2,185.3	249.9	49.1	10.2	1.2
Two-parent family—offspring	1996	615.5	141.8	0.6	0.0	0.0	0.0
	2006	654.7	173.1	1.1	0.0	0.0	0.0
One-parent family—sole parent	1996	51.0	393.4	49.3	38.0	24.0	8.2
	2006	55.9	441.8	71.5	38.4	25.4	10.6
One-parent family—offspring	1996	131.8	71.5	5.8	1.5	0.5	0.2
	2006	149.1	85.4	8.1	1.4	1.0	0.3
Living in a family household	1996	38.6	50.4	18.2	30.8	30.3	12.7
	2006	29.9	52.8	19.3	18.0	21.4	11.4
Couples without offspring—partners	1996	120.8	602.7	363.9	315.1	103.4	7.6
	2006	90.9	682.2	538.4	340.5	135.3	12.1
Members of group households	1996	190.8	194.9	13.8	10.6	5.5	1.3
	2006	237.7	247.5	20.0	9.1	4.9	1.4
Members of lone person households	1996	39.6	263.2	117.7	206.9	186.6	45.3
	2006	39.8	341.0	181.9	217.5	247.3	72.1
Not a member of a household	1996	50.8	69.8	19.9	31.8	64.3	64.7
	2006	58.5	79.5	30.6	32.7	81.2	96.8

Note: The low projection was used to estimate population in 2006.

Sources: Same as Table 3.18.

Age group 75–84

There are increases also, for the 75–84 age group, in the number of couples without children and in the number of people living alone, but the increases are larger than for the same categories in the 65–74 age group. The increases are greater for women than for men among those living alone, but the reverse is the case for those living as a couple without children. This reflects the generally earlier death of husbands compared with their wives. In this age group, there is also a sizeable increase in the number of people projected to be not living in a household, that is, in a hostel or nursing home (Tables 3.19 and 3.20).

Age group 85 and over

The main changes for those 85 years and over are substantial increases in the numbers living alone and in hostels or nursing homes. In both cases, the sizes of the increases are much greater for women than for men. Taking this and the previous age group (75–84) together, the number of people projected to be not living in a household (that is, mainly living in nursing homes or hostels) is set to rise by 39% or by 69,000 in the decade from 1996 to 2006. Of course, whether these people actually do move into hostels or nursing homes depends upon whether or not the supply of places keeps pace with the projected increase in demand.

Households

In the next decade, the total number of households will increase from its 1996 level of 6.7 million households by just under 1 million households for the low projection and by 1.1 million for the high projection (Table 3.21). The difference between the two projections relates almost exclusively to the difference in the migration assumptions, as the decline in fertility will not have an impact on the number of households for many years to come. Close to half of the increase in households (43%) will be among lone person households. Other major increases will be for couples without children (29% of the total increase) and group households (11% of the total increase). The largest category of household—couples with children—also increases because the large rises at older ages of parents more than offset the falls at younger ages. Couples with children and sole parent families will each constitute about 9% of the additional households in the decade.

Table 3.21: Projection of households to 2006, by household type

Household type	1996	2006 (Low)	2006 (High)
		Number	
Two-parent families	2,503,947	2,591,458	2,631,887
One-parent families—male head	97,679	105,962	107,284
One-parent families—female head	563,853	643,478	653,968
Couples without offspring	1,526,743	1,816,509	1,835,122
Group households	432,601	540,322	552,587
Lone person households—male	661,848	843,324	853,643
Lone person households—female	859,392	1,099,707	1,109,546
Households of related individuals	55,651	47,822	48,590
Total	**6,701,714**	**7,688,581**	**7,792,626**

Source: Same as Table 3.18.

3.4 Implications for welfare services

Specific considerations arising from the projections

If fertility falls in accordance with the assumptions of the low projection, the population of children aged less than 5 years will fall in the next decade. This does not mean, however, that we can expect a drop in the demand for formal child care services. Indeed, perversely, a decline in the number of children may increase the demand for formal child care services. This is because the fall in fertility would consist mainly of falls in second, third and higher order births. If a woman has only one child under the age of 5, she is much more likely to work than when she has two. Furthermore, the next generation of mothers is very likely to be seeking a heavier involvement in the labour force than has been the case in the past. Longer hours in paid employment mean higher use of formal care. There will also be growth in the number of sole parents with young children. As employed sole parents tend to work longer hours, they also require formal child care services (see Chapter 4).

There is little change over the decade in the number of couple families with children, suggesting that housing demand will be relatively flat in this sector of the market. However, as the baby-boom generation ages, there will be a strong rise in the number of couple families where the couple and their children are older. Hence, housing with separate areas for parents and children will be in demand. The numbers of sole parent families will continue to rise, but the next generation of sole parents will have a higher attachment to the labour force. Hence, children's services which support the special needs of sole parents will be required. This applies particularly to sole parents who have a child with a disability. Services which support families to deal effectively with relationship breakdown and repartnering, especially where children are involved, will also be needed.

Substantially more people will not be living in a family. There will be more people at all ages who are living alone, and, at younger ages, more who are living in group households. While people living alone are often well connected to their families who live elsewhere, this is not always the case. The increased incidence of divorce, for example, could mean that some grandparents or some parents, particularly fathers, may be more removed from potential carers than would otherwise have been the case. For those living alone at younger ages, adequate income may not be an issue, but social integration and loneliness may be a problem. For those living alone at older ages, systems which facilitate the connection of the person to neighbourhood or family are required. Housing demand will also change substantially as most of the additional demand in the next decade, probably in excess of 80%, will be from one- and two-person households. The inadequacy of housing choices, particularly in outer areas of our cities, will become apparent.

The numbers in the pre-retirement ages are set to rise very sharply in the next decade. In general, people in this age range are well equipped and well resourced for providing assistance to others. In the next age group, 65–74 years, there will be little change but, at ages 75 and over, there will be sharp rises in the numbers of people living alone, placing heavier demands upon privately provided community care and upon Home and Community Care (HACC) services. There will also be a sharp rise in the numbers

projected to be living in nursing homes and hostels, so long as the supply of places keeps pace with the projected increase in demand.

Overall, however, the changes projected for the next decade are not great and are more favourable than is the case in most other advanced countries. This provides a window of opportunity for Australia to develop its welfare services and, where necessary, to redesign them to meet the pattern of future demand and changing family circumstances. Some directions are apparent from the analysis in this chapter and in other chapters in this volume.

General considerations

The male breadwinner model of the family, prominent in the first 60 years of this century, has declined in importance in the past 30 years. While institutions which are individual in nature have shifted rapidly from an assumption of this model, social and economic institutions related to the family, constructed over a long period of time, have been very slow to adjust to this shift in the nature of families. The gap created between individual-oriented and family-oriented social institutions in their assumed models of family constitutes a severe threat to the future of families. That is, the lack of reward and recognition of family roles and informal support compared with the rewards provided by non-family roles inevitably induces people away from family roles. The results are a sharp fall in the birth rate as has already occurred in many advanced countries, increases in divorce rates and a fall in the incentive to provide unpaid services to other family members. Very low birth rates have become a major cause of concern in the southern European countries, in the Germanic countries and in parts of East Asia, especially Japan. The evidence is strong that the penalties for having children, in these countries and especially for women, are substantial. The situation is less severe in the Nordic countries and in the English-speaking countries, but the direction is the same (McDonald 1997a).

Changes motivated by short-term economic considerations, valid as they may be, can pose a threat to longer-term social sustainability. This is immediately obvious in regard to demographic reproduction, that is, the reproduction of the next generation. If economic settings and inducements are such that the rewards for those without children are far greater than the rewards for those with children, then we endanger reproduction. In the short term, it is clearly more efficient if governments or employers do not provide supports to workers with family responsibilities. The benefits to society of children and family support are long term.

This is not to say that new directions for policy are obvious. As the chapter has shown, there is now a complexity of family forms with a range of income-earning circumstances. Public systems cannot be infinitely flexible, tailored to the needs of each and every individual. Hence, a broad direction must be assumed. The direction in individual-oriented institutions is towards greater gender equity. This must also be the direction for family-oriented institutions and policies. This implies a vision of future families which is radically different from the one we have just left behind and is likely to prove controversial.

As family arrangements become more complex and family income circumstances more variable, the arguments are strong that formal and informal systems of support need to

be integrated into a single system of support, rather than being regarded as separate systems. This is even more the case when one of the central frameworks of policy is the deinstitutionalisation of those who are dependent upon aged care services, psychiatric services and disability services. The role of public support for families is to strengthen families, not to weaken them (Kamerman & Kahn 1976). Thus, the mutuality of public, community and family support should be at the core of public policy on welfare services, not on the periphery (Litwak 1985). Systems funded by government should not be seen as gearing up only when the private system fails. Of course, public systems must support those who have no other means of support, but their principal role should be to support private family roles. In Australia, this has been the direction of important family support services. For more than a decade, the direction of policy under the Aged Care Reform Strategy has been to support older people to remain in their own homes for as long as possible (AIHW 1993). Thus, there was an important shift in policy emphasis towards the provision of home-help services; that is, formal support has been directed to the area in which informal provision of assistance is most relevant. These directions are set to continue under the National Aged Care Strategy and similar changes have been made to policy in regard to services for people with a disability. Child care is another arena in which public policy has been supportive of private roles. As women have been the principal unpaid carers, these three examples are very good examples of the way in which gender equity can be advanced through integrated systems of public and private support. The movement away from highly concentrated and stigmatised public housing is another example of this direction. For example, the integration of sole parents and their children into the wider community is preferable to their location in one large housing block.

Thus, in general terms, for a decade or more, Australia has been following directions in the design of its systems of welfare services which are consistent with the aim of integrating formal and informal sources of support. In recent times, attention has shifted to the investigation and trialling of more efficient and effective management of these systems, involving approaches such as the encouragement of a split between purchaser and provider, tighter targeting of recipients of services, provision of wider choice to the consumer, placement of control over purchasing in the hands of the consumer, and devolution of responsibility for the organisation of welfare services to lower levels of government.

In implementing efficiencies and effective management in the delivery of welfare services, important principles need to be considered. There should be adequate mechanisms for monitoring the quality of the service provided so that standards of care do not decline. The creation of separate systems for the rich and for the poor should be avoided. Separate systems for the poor do not provide a sense of ownership to the community as a whole and are thus vulnerable. Where government and the private sector are partners in the provision of services, the terms under which services will be provided need to be clear to both parties. Services requiring major infrastructure may not be created simply by demand; for example, 40 parents in the community with Smartcards does not ensure that a child care centre is built. Above all, users must be reassured that the search for efficiencies and effective management is motivated by the aim to provide better services and not solely to reduce public support of welfare services by one or other level of government. In short, given the appropriateness of the

general direction of welfare services in the past decade, users need to be assured that new directions do not represent an attack upon these systems.

A major challenge in the provision of welfare services for families is that the Australian Constitution does not recognise the family as such. Children and their relationship to their parents are largely the responsibility of the States, while the relationship between the parents is largely the responsibility of the Commonwealth. This constitutional division of the two most fundamental family relationships complicates the design of welfare services which are broadly conceived and which integrate formal and informal sources of support.

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4 Children's and family services

4.1 Introduction

In Australia, assistance is provided to families and children through family income support and through children's and family services. Services are designed to assist families with child-rearing, to prevent family problems or breakdown and to help children and families in crisis. While attempts have been made to categorise family and children's services according to these functions, it is important to note that any one service can fulfil more than one function. The predominant focus of this chapter is on children's services—that is, child care services for children under school age and of primary school age, and preschool services (see Box 4.1).

Child care services provide care and developmental activities for children whose parents need care for work-related and/or personal reasons, and for children in family crises, including those at risk of abuse and neglect. (Parents needing care for work-related reasons include those who are working, looking for work or studying or training for work.) Formal child care services are funded by the Commonwealth Government and by State and Territory Governments, and are provided in the main by local government, non-government organisations, and private-for-profit bodies. Informal child care services are provided by relatives and friends, and by other individuals such as paid babysitters and nannies.

Preschool services provide educational and developmental programs for children in the year or two before they begin school full-time. These services are mainly funded by State and Territory Governments, and are either provided by non-government organisations or located within the school system. While preschool services are often regarded as a form of 'child care' (ABS 1997a; EPAC 1996a), child care and preschool services historically were developed as separate services and there are important differences between them (see Box 4.1). There is an increasing trend, however, towards integrating the two services, as discussed in this chapter (page 109).

Children's services have been a focus of government attention in the past 2 years and a number of inquiries into the provision and delivery of child care and preschool services have been completed, including the Economic Planning and Advisory Committee (EPAC) Child Care Task Force (1996b) and the Senate Employment, Education and Training (EET) Committee Inquiry into Early Childhood Education (1996).

This chapter also describes family support services (Section 4.3), such as counselling and mediation, parent education, family preservation services, financial counselling, neighbourhood houses and playgroups. Although family support is provided informally by family members and friends, the focus here is on government-funded services which may become necessary when these informal networks break down or where they do not exist, or where informal assistance is considered to be inappropriate. The section

Box 4.1: Formal children's services—types and definition

- ***Long day care centres*** *are purpose-built facilities in which staff provide care and developmental activities primarily for children under school age. These centres are generally open for at least 8 hours per day, 5 days per week, 48 weeks of the year.*
- ***Preschools or kindergartens*** *offer educational and developmental programs, usually sessional, to children in the year or two before they begin full-time school. Sessional programming generally involves a distinct group of children meeting for three or four sessions per week, each session being about half of the normal school day (2.5 to 3 hours). In addition to operating on a sessional basis, most preschools are open only during school terms, characteristics which mark their main difference from long day care centres.*
- ***Family day care schemes*** *are networks of individuals providing care and developmental activities in their own homes for children 0–12 years. Family day care providers are recruited and supported by a central coordination unit, which administers the scheme.*
- ***Outside school hours care services*** *offer care and activities for primary school age children out of school hours. There are three major types of care: before school, after school and vacation care. 'Year round care' services enable parents to access before and/or after school care and vacation care through one contact point.*
- ***Occasional care services*** *generally provide care for children under school age for short periods of time, to assist parents who need care for personal reasons, such as attending adult education classes or medical appointments, going shopping, or simply for respite.*
- ***Multifunctional centres*** *are located in rural areas and operate a number of different child care services for children 0–12 years from the one building. This range of services generally includes long day care, outside school hours care and mobile services.*
- ***Multifunctional Aboriginal children's services (MACS)*** *are culturally specific children's services, which are provided to meet the particular needs of Indigenous communities. They operate as long day care centres, with playgroups, enrichment and nutrition programs, services for mothers and other types of services.*
- ***Mobile services*** *provide child care, playgroups, older children's activities, toy and book library services, and parental support and advice for families living in rural and remote areas.*

Sources: DHFS 1996a; Moyle et al. 1996; Moyle et al. 1997.

does not focus on services providing assistance with legal matters or domestic violence or those with a primary focus on youth as clients. Some of these services are discussed in Chapter 7. Out of home placement services, a family support service used to care for children in need of protection, in other family crises or for respite care, are discussed in Chapter 6.

The following section on children's services (Section 4.2) discusses the need for services, provision and delivery of services, expenditure, use of services and outcomes (in terms

of accessibility, affordability and quality). Family support services (Section 4.3) are discussed in terms of their aims, target population, funding, provision and delivery, and use.

4.2 Children's services

Data sources

There is currently no national children's services data collection and data on children's services are highly fragmented. The Commonwealth Department of Health and Family Services (DHFS) administers two data collections—the Child Care System and the Child Care Census—which cover most child care services funded under the Children's Services Program (CSP) (page 101).[1] The Child Care System is an administrative data collection containing information about agencies which receive payments from DHFS to provide child care services funded under the CSP. The Child Care Census collects information from CSP-funded service providers on their staff, children and parents using the service and various aspects of the service provision.[2] Limited information about families claiming the Childcare Cash Rebate is collected by the Health Insurance Commission. States and Territories also collect data about child care and preschool services.

Children's services data were obtained from the Commonwealth and the States and Territories for the COAG review of Commonwealth / State service provision, for the first time in 1996 (SCRCSSP 1997). It is difficult to combine data from the various jurisdictions to obtain a national picture, however, because of differences in the scope and coverage of the data collections, in data classifications and definitions, and in data collection periods.

The ABS Child Care Survey is conducted every 3 years, with the latest survey having been undertaken in March 1996. While this survey is useful, since it covers children using formal child care services and preschools and in informal care arrangements, the data cannot be disaggregated to any great extent; for instance, particular data items cannot be examined at a State and Territory level.

This chapter uses the CSP collections as the main data source, supplemented by data from the States and Territories and from the ABS surveys where appropriate.

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1 Throughout this chapter the term 'CSP-funded' covers all agencies receiving funding through the CSP, including agencies which are approved for Childcare Assistance only. An 'agency' is the organisation, body or enterprise which provides the services, except in the case of family day care, where it refers to the family day care coordination unit (see Box 4.1).

2 From 1993 to 1996 inclusive, DHFS conducted a 'rolling census' of services—that is, there were two groups of service types which were surveyed every other year. In 1997, long day care centres, family day care services and outside school hours care services will be included in the census.

Need for children's services

At June 1996, in Australia, there were 3.4 million children 12 years of age and under, representing the potential population for child care services (Table A4.1). The potential population for preschool services is difficult to identify, however, since the age at which children attend these services varies across the States and Territories. Additionally, some children participate in preschool programs provided in long day care centres rather than attend sessional preschools (page 109).

One of the main reasons why child care is needed is to enable parents to participate in the labour force, that is, to undertake or look for paid employment. At June 1996, in almost half of the 846,100 couple families and in more than a third of the 152,800 one-parent families where the youngest child was under 5 years of age, both parents were (or the sole parent was) in the labour force (Table 4.1). A higher proportion of families had both parents (or the sole parent) in the labour force where the youngest child was 5 years of age or older. Both parents were in the labour force, for instance, in around two-thirds of couple families and in well over half of the one-parent families where the youngest child was aged 5–9 years.

Table 4.1: Families with both parents (or a sole parent) in the labour force, by age of youngest child, June 1996

Age of youngest child	Both parents (or a sole parent) in labour force ('000)	Percentage of total families	Total families ('000)
Couple families with youngest child aged:			
0–4	405.9	48.0	846.1
5–9	305.1	68.1	448.2
10–14	302.9	73.2	413.7
One-parent families with youngest child aged:			
0–4	57.2	37.4	152.8
5–9	66.3	58.5	113.4
10–14	74.2	63.0	117.8

Note: The labour force includes people who are employed and people who are unemployed (not employed and actively looking for work).

Source: ABS 1996a:16–17.

In March 1996, the total number of children 12 years and under with both parents (or a sole parent) in the labour force was estimated to be 1.6 million (ABS 1997a:32). It is important to note, however, that not all of these children will need child care; for instance, in some couple families where both parents are working, child care is provided only by the two parents, who work different hours (see Chapter 3).

The EPAC Task Force, in its interim report on the provision of child care services, produced some projections of the demand for child care, based on the projected numbers of children in the age groups 0–4 years and 5–11 years and on projected female labour force participation (EPAC 1996a:195). The task force estimated that the demand for formal child care (excluding preschools) for children aged 0–4 years would increase

from 406,000 to 441,000 children between 1996 and 2001, while the demand for informal care would increase only from 180,000 to 185,000 children.[3] For children aged 5–11 years, it was estimated that the demand for formal care would increase from 153,000 to 183,000 children over the same period, but that the demand for informal care would remain unchanged at 575,000 children (EPAC 1996a:60). These base projections assume no change in the cost of child care to parents—that is, in child care fees or in the government subsidy for child care—since it is assumed that increases in costs reduce the demand for care.

EPAC also produced a number of illustrative projections examining how increases in fees, in government fee relief for child care and in female labour force participation might affect the demand for child care. It was estimated, for instance, that a 10% increase in fees, without any change in government income support, would lead to a fall in the demand for formal care for children aged 0–4 years, from 406,000 to 369,000 children between 1996 and 2001 (EPAC 1996a:61). All EPAC child care projections use the ABS population projections, which assumed a constant total fertility rate (TFR) of 1.865 to estimate the number of children aged 0–4 years and 5–11 years. If fertility rates continue to fall, however, particularly among women with the highest labour force attachment (see Chapter 3), this will have a considerable impact on the demand for formal and informal child care.

Provision and delivery of children's services

Child care services

The Children's Services Program (CSP)

The majority of child care services are funded through the Children's Services Program (CSP), which is administered by the Department of Health and Family Services. CSP services are mainly funded by the Commonwealth Government; State and Territory Governments also contribute funding through joint agreements with the Commonwealth. CSP-funded services have been established under a number of different Commonwealth child care strategies, including the 1988 and 1992–96 Commonwealth/State National Child Care Strategies and the Commonwealth-only 1994 New Growth Strategy (Moyle et al. 1996). While most CSP funding is administered by the Commonwealth, States and Territories may also administer CSP funding for specific child care services.

The major forms of funding at July 1997 were as follows:

- Capital grants are provided to non-profit organisations and local governments to assist in establishing and equipping long day care centres, family day care schemes and outside school hours care services.

3 The methodology used for calculating the demand for formal care and informal care in the base period is not explained in the EPAC report.

- Operational funding is provided to non-profit community organisations and local government to assist in operating family day care schemes, outside school hours care services, occasional care services, multifunctional services and multifunctional Aboriginal children's services. This type of funding is also provided to community-based long day care centres in disadvantaged areas (see Box 4.2).
- Vacation care services are funded through block grant arrangements (Moyle et al. 1997).[4]
- A number of programs and services for children and parents with additional needs are funded under the CSP. The Supplementary Services Program, for instance, funds workers to support child care staff in integrating children with additional needs, such as children with a disability, into child care services and to provide culturally and developmentally appropriate programs for these children.
- The long day care rate of Childcare Assistance is provided by the Commonwealth Government to reduce fees for low- and middle-income families using Commonwealth-approved long day care centres, family day care services, occasional care centres, multifunctional services and multifunctional Aboriginal children's services. The outside school hours rate of Childcare Assistance is lower than the long day care rate and is provided by the Commonwealth Government to reduce fees for low-income families using approved before/after school care services and vacation care (year round care) services.
- The Commonwealth-funded Childcare Cash Rebate assists parents with the costs of child care used while they are working, studying, training or looking for work. The rebate can be claimed for part of the costs of work-related child care in formal children's services, such as long day care centres and preschools, and in informal care, such as care provided by a paid babysitter.

Priority of access guidelines give parents who need care for their children for work-related reasons first priority to child care places. The guidelines apply to CSP-funded long day care centres, family day care services, before/after school care services, vacation care services (year round care model) and multifunctional services (AIHW 1995:137).

Major changes to Commonwealth funding of child care services were announced in the 1997–98 Budget, including changes to outside school hours care funding and limits to the availability of Childcare Assistance for children in care for non-work-related reasons (see Box 4.3). Most of these changes will come into effect from 1 January 1998.

Other Commonwealth assistance

The Commonwealth Department of Immigration and Multicultural Affairs (DIMA) also funds child care to assist parents to participate in the Adult Migrant English Program.

4 The Commonwealth makes a Specific Purpose Payment to the States and Territories for vacation care services, and most jurisdictions contribute additional funding under the National Child Care Strategy Agreements.

Box 4.2: Changes to Commonwealth child care policies—1995 and 1996

The Child Care Legislation Amendment Bill, which aimed to limit the payment of Childcare Assistance to 12 hours of non-work-related care a week, did not pass in the Senate.

In March 1996, the Australian Tax Office (ATO) issued a draft ruling on the interpretation of the term 'business premises' for purposes of the fringe benefits tax exemption granted for child care facilities located on employers' 'business premises'. This was confirmed in the ATO's final ruling made in December 1996, when the term was clarified as meaning 'premises where the employer has exclusive occupancy rights in respect of the premises and uses those premises for his or her business operations' (ATO 1996:3).

A number of changes to child care provision were announced in the 1996–97 Federal Budget, for example:

- *Operational subsidies to community-based long day care centres would cease from 1 July 1997; funding would be provided to assist services to manage change in the transition period. Supplementary funding would be provided to assist services in disadvantaged areas and to support children with additional needs, particularly children with a disability.*
- *From 1 January 1998, the new Commonwealth Service Delivery Agency (Centrelink) would assess eligibility for all child care payments and make payments fortnightly in advance, either to an approved child care service or directly to the family. From 1 April 1997, where family income was above $70,000 a year for a one-child family (plus $3,000 for each dependent child), the Childcare Cash Rebate would be reduced from 30% to 20%.*
- *A new National Planning Framework would be developed to address factors such as inequities in the distribution of and access to child care services and the significant growth in government expenditure on Childcare Assistance. Priority of access guidelines and the payment of Childcare Assistance for non-work-related reasons would be reviewed as part of this process. A new National Information Strategy would be developed to improve information for parents and child care providers.*
- *Uncommitted community-based and employer-sponsored long day care centre places, to be established under the 1994 New Growth Strategy, would not go ahead. Some capital funding would be retained to develop child care services in rural and remote regions.*

In September 1996, DHFS contacted the Work and Childcare Advisory Services to inform them that Commonwealth funding would cease from 31 December 1996.

The major 1997–98 Federal Budget child care initiatives are described in Box 4.3.

Sources: Commonwealth of Australia 1996a; DHFS 1996c, 1996d; EPAC 1996a.

Although there are some child care centres which receive operational funding from the department and which are specifically for participants in the program, the program mainly helps clients to access child care in mainstream services and assists them with the costs of care (DIMA personal communication).

Box 4.3: 1997–98 Federal Budget strategies for child care

A number of changes to child care provision were announced in the 1997–98 Federal Budget. The major changes are as follows:

- *From 1 January 1998, Childcare Assistance for school age children using child care centres and family day care services, operational subsidies for outside school hours care services (including year round care services), the outside school hours care rate of Childcare Assistance, and (from 1 February 1998) vacation care block grant funding will be incorporated into a new income-tested Childcare Assistance payment for school age children. The new payment will be available to families with children in Commonwealth-approved child care centres, family day care services and outside school hours care services.*
- *Over the next 4 years, establishment funding will be provided to assist new community-based outside school hours care services during their first 2 years of operation. Disadvantaged area subsidies will also be available to support eligible outside school hours care services in rural and regional areas where there is no alternative care 'within a reasonable distance'. An additional 2,500 family day care places will be provided, particularly to assist families living in rural and remote areas, while additional funding will be available to establish new community-based long day care centres in disadvantaged rural and remote areas where there is no alternative child care.*
- *From 1 January 1998, the payment of Childcare Assistance for non-work-related care will be limited to 20 hours per week per child in long day care centres, family day care services and outside school hours care services, with exemptions for families and children in specific circumstances, such as families in crisis and children at risk of abuse and neglect.*
- *Under the new National Planning System, only 7,000 new long day care centre places will be eligible for Childcare Assistance in each of the years 1998 and 1999.*
- *From 1 January 1999, Childcare Assistance will no longer be paid fortnightly in advance to service providers (see Box 4.2), but will be paid fortnightly in arrears to families, in conjunction with the introduction of a new Childcare Smartcard. This card may only be used to pay for child care provided in Commonwealth-approved services.*

Sources: Commonwealth of Australia 1997a; DHFS 1997a, 1997b.

Indirect assistance is provided by the Commonwealth through the taxation system. There is a fringe benefits tax exemption for child care facilities located on 'business premises' (see Box 4.2) and for contributions made by employers to reserve places for their employees' children in CSP-funded long day care centres, family day care services, and outside school hours services. Goods used in long day care centres, outside school hours care services, and in family day care co-ordination units are exempt from sales tax, except in employer-sponsored services.

State/Territory and other involvement

State and Territory Governments also provide funding for child care services, in addition to the funding they contribute to the CSP. New South Wales, for instance,

provides an operational subsidy to most non-profit long day care centres and occasional care services, and State-only funded outside school hours care has been provided in Victoria since the 1980s. Many jurisdictions fund vacation care and/or occasional care services without any Commonwealth involvement and some provide fee relief for these services. State and Territory Governments also fund special programs and services for children with additional needs. The South Australian program Intervac, for instance, assists the inclusion into vacation care services of children with special needs, such as children with disabilities, while the Queensland Remote Area Aboriginal and Torres Strait Islander Child Care Program funds child care services in Indigenous communities.

State and Territory Governments are responsible for licensing and regulating child care and for implementing the national standards for centre-based long day care, family day care and outside school hours care (page 126).

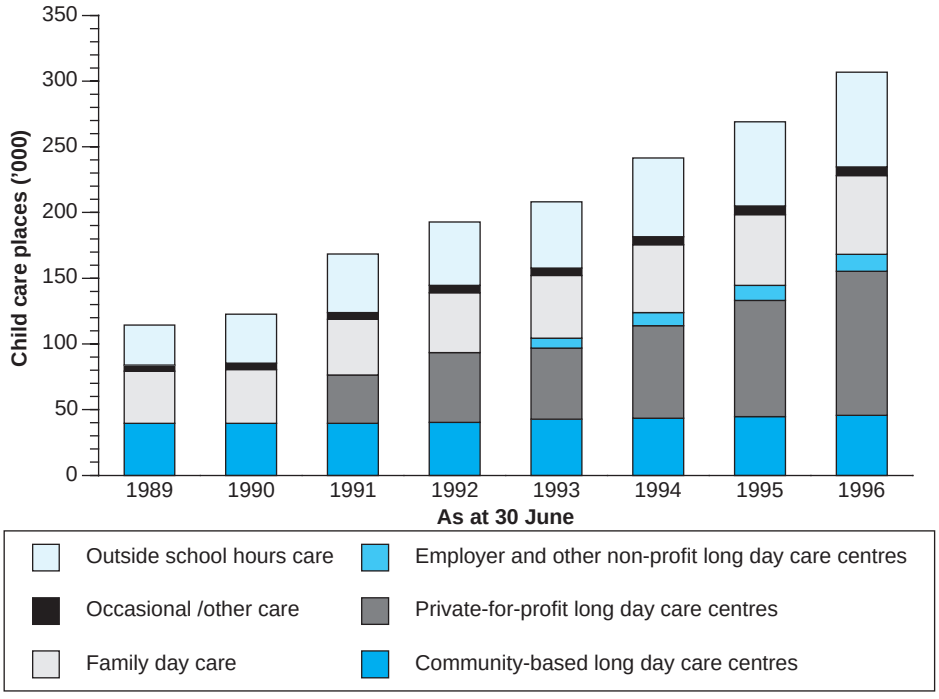
Local government, non-profit community organisations, private-for-profit enterprises and employers also establish and operate child care services. In past years, employers have purchased places in established child care services for the children of their employees, although the 1996 Tax Office ruling (see Box 4.2) may affect these arrangements.

Trends in the provision of CSP-funded child care places

The major aim of the various Commonwealth child care strategies (page 101) has been to meet the demand for work-related care. The majority of places funded under the various strategies have been in long day care centres, family day care and outside school hours care. As a consequence of these strategies, the number of operational child care places funded through the CSP has increased almost threefold: from 114,391 places in June 1989 to 306,575 in June 1996 (Figure 4.1; Table A4.2).

The number of places in private-for-profit and employer-sponsored and other non-profit long day care centres increased more than threefold between 1991 and 1996, with places in private-for-profit long day care centres doubling between 1993 and 1996. This enormous growth was a response to eligibility for Childcare Assistance being extended, from 1 January 1991, to users of these services (Moyle et al. 1996:25).[5] In contrast, places in community-based long day care centres grew only 15% between 1991 and 1996. One of the main reasons for this disparity in growth is that community-based long day care centres (unlike the other types of long day care centres) have been subject to strict planning requirements in the form of a 'needs-based planning' process. Under this process, decisions allocating new child care places to particular areas are made on the basis of demonstrated need in the area for work-related care. New planning initiatives to control the growth of long day care centre places were announced in the 1997–98 Budget (see Box 4.3).

5 Currently, all CSP-funded long day care centres are approved for Childcare Assistance. Up to 1 July 1997, 'community-based long day care centres' also received operational funding through the CSP (see Box 4.2). Community-based centres are non-profit services that incorporate parents on their management committees.



Source: Table A4.2.

Figure 4.1: Growth in CSP-funded operational child care places, 1989–96

Growth in the number of places in family day care schemes, which are also subject to the needs-based planning process, was considerably greater than in community-based long day care centres, that is, 41% between 1991 and 1996. In recent years, the Commonwealth has focused on increasing the number of family day care places, because they provide a high proportion of the long day care for babies and because family day care is considered to be a more flexible form of care for parents who do not work standard hours (AIHW 1995:134). Furthermore, family day care services have lower establishment costs than long day care centres, in terms of expenditure on building and equipment.

Outside school hours care places more than doubled between 1989 and 1996. They accounted for the majority of places promised under the 1988 and 1992–96 National Child Care Strategies (50,000 out of 80,000 places), and almost all of the places had been established by 30 June 1996. These places were promised in response to the high demand for care for children of primary school age, particularly care that children could access throughout the year.

At 30 June 1996, there were considerable variations between the States and Territories in the distribution of CSP-funded child care places by service type (Table 4.2). Places in private-for-profit long day care centres accounted for high proportions of all long day care centre places in the larger States, but for much lower proportions in the smaller States and in the Territories. In Queensland, for instance, 83% of all long day care centre places were located in private-for-profit long day care centres, compared with 21% of all places in Tasmania and 22% in the Northern Territory. There were more CSP-funded centre-based long day care places than family day care places in every State and Territory, but the ratio of long day care centre places to family day care places varied considerably by jurisdiction. In Tasmania and the Australian Capital Territory, for instance, there were around 20% more centre-based long day care places than family day care places, while in Queensland there were almost five times as many places in long day care centres as in family day care.

It is important to note that the number of CSP-funded places shown in Table 4.2 does not represent the total number of child care places in Australia. These statistics do not include CSP-funded vacation care places, which are funded under the block grant arrangements, nor State-only funded places nor unfunded places.

Table 4.2: CSP-funded operational child care places, by type of service, 30 June 1996

Type of service	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Long day care centres									
Community-based	16,389	10,868	7,322	3,661	4,043	1,440	992	886	45,601
Private-for-profit	33,999	19,848	41,556	9,009	3,412	436	1,121	310	109,691
Employer and other non-profit	3,839	4,349	1,482	1,212	663	170	837	219	12,771
Family day care	19,151	16,383	10,682	3,689	5,134	1,682	2,510	860	60,091
Occasional care	1,408	1,322	744	559	441	250	132	46	4,902
Multifunctional services	55	75	99	152	51	—	—	116	548
MACS	460	170	120	117	126	27	—	105	1,125
Outside school hours care[(a)]	24,092	18,215	13,587	5,488	6,076	1,685	1,989	714	71,846
Total	**99,393**	**71,230**	**75,592**	**23,887**	**19,946**	**5,690**	**7,581**	**3,256**	**306,575**

(a) Includes vacation care funded under the year round care model.

Source: DHFS 1996b.

Sponsorship of agencies providing CSP-funded child care services

At 30 June 1996, there were a total of 7,932 agencies funded by the CSP to provide different types of child care services under various types of sponsorship (Table 4.3).[6]

6 A 'sponsor' is the individual, organisation, body or enterprise which is responsible for the agency which provides the service (see footnote 1). Where services are funded, the sponsor signs the funding agreement and is accountable for the funds. The sponsor and the agency may be one and the same.

Although the Commonwealth Government was a major funder of services (page 101), it sponsored only a very small proportion, mainly those in the occasional care / other service category. State and Territory Governments sponsored a slightly higher proportion of child care services, for instance, employer-sponsored and other non-profit long day care centres such as TAFE college child care centres. Non-profit organisations were a major sponsor of long day care centres, occasional care / other services, and outside school hours care services, while local governments were a major sponsor of family day care. A small proportion of outside school hours care services were sponsored by private-for-profit organisations under an outside school hours care pilot program (Moyle et al. 1997:9).

Table 4.3: Agencies providing CSP-funded child care services, by type of sponsorship, 30 June 1996 (%)

	Long day care centres					
Type of sponsorship	Community-based	Private-for-profit	Employer and other non-profit	Family day care[a]	Occasional/ other care[b]	Outside school hours care[c]
Local government	37.7	. .	4.5	42.4	17.8	13.3
Non-profit	49.3	. .	56.2	34.6	68.6	64.9
Religious/charitable	12.2	. .	9.7	15.8	4.8	12.7
Privately owned	. .	100.0	15.5	. .	. .	0.3
State/Territory Government	0.5	. .	13.4	7.2	4.9	7.8
Commonwealth Government	0.3	. .	0.7	—	3.6	—
Total[d]	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total number of agencies	**1,112**	**2,456**	**292**	**366**	**651**	**3,055**

(a) Family day care coordination units.
(b) Includes occasional care centres and neighbourhood model services, MACS and other multifunctional services.
(c) Includes vacation care funded under the year round care model.
(d) Totals do not always add to 100% since sponsorship is unknown in 0.3% of agencies providing occasional/other care, and 1% of agencies providing outside school hours care.

Source: DHFS 1996b.

Preschool services

State and Territory Governments fund preschool services for children in the year or two before they begin full-time school (Table A4.3) (Moyle et al. 1996). In Queensland and Western Australia, the first year of full-time school is Year 1, while the other States and Territories offer a full-time pre-Year 1 program. Currently, Commonwealth funding for preschool services is limited to that portion of the supplementary funding provided to the States and Territories for the education of Indigenous children (Commonwealth of Australia 1995:70) and the recurrent funding provided to Queensland and Western Australia for children in pre-Year 1 (Commonwealth of Australia 1997b:2.5).

Entitlement to preschool services varies considerably among the different jurisdictions. In South Australia, for instance, all children are entitled to four terms of preschool

before entering the full-time pre-Year 1 program, while in New South Wales there is no explicit policy regarding universal access to preschool.

Some jurisdictions provide funding to non-government organisations to operate preschool services, while others both fund and provide preschool services. Traditionally, preschools were provided by community organisations in facilities separate from primary schools, and this is still the case for most preschools in Victoria and New South Wales. These community preschools are funded by the department responsible for community services in those two States. Some community preschools are also found in other States, but funding for these is now mainly provided by the State education departments. In Tasmania and the Northern Territory, preschools are funded and provided by the education departments, and located within primary schools. State and Territory Governments are responsible for ensuring the quality of preschool services, for instance, through licensing and regulation where applicable.

No national information on the number of preschool places is available because of the problems of comparability of data between the different jurisdictions. In 1995, there were more than 5,200 preschools Australia-wide, including mobile services (Moyle et al. 1996:9–22).

Linkages between preschools and child care services

In recent years, the differences between preschools and long day care centres have become less distinct. In response to the demand for 'preschool education' from working parents, many long day care centres now provide a specific preschool program run by a qualified preschool teacher. There is also an increasing emphasis on educational and developmental activities within long day care centres, partly as a consequence of the introduction of the national accreditation system (page 126). Some preschools have extended their hours and weeks of operation in order to qualify for Childcare Assistance, which enables them to be more competitive financially. It has been suggested that in some areas, such as parts of New South Wales and Queensland, children in low-income families attend preschool programs in long day care centres for reasons of affordability and accessibility.

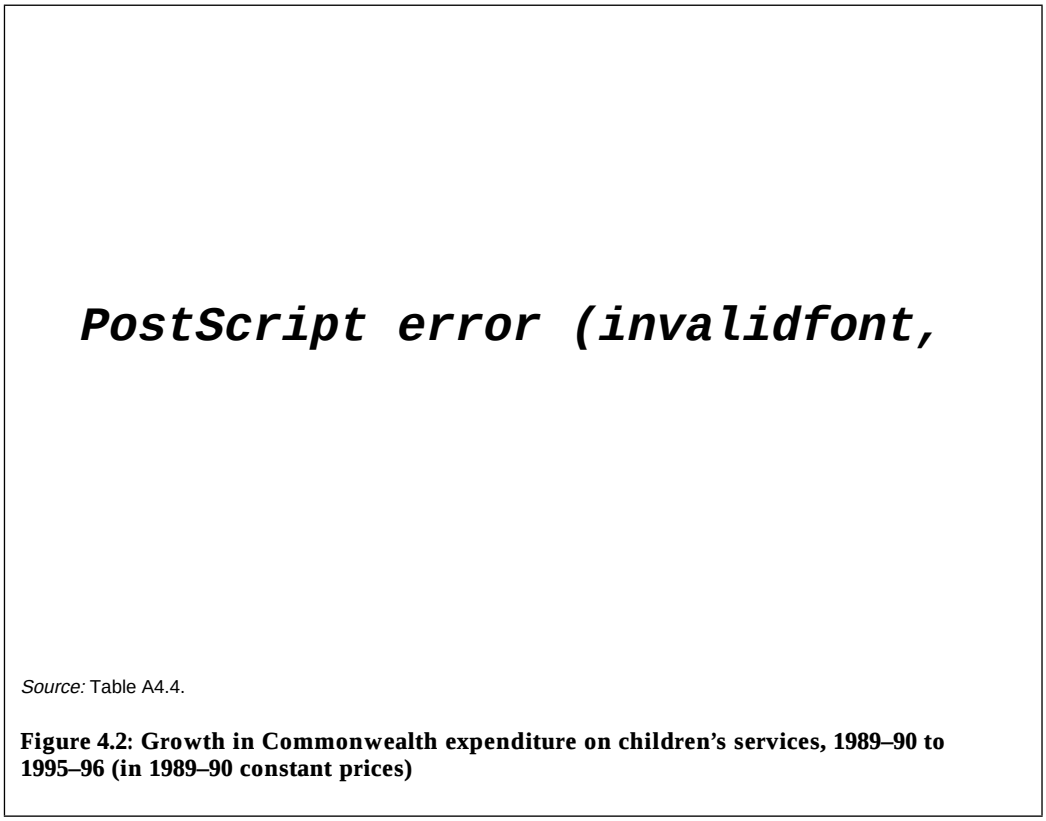
The extent to which the various jurisdictions support and promote the linkages between the two service types varies considerably. In States and Territories where preschool and child care services are the responsibility of a single government department, this has led to closer linkages between the two services. In Victoria, for instance, the two services are the responsibility of the Department of Human Services and they are licensed under the same set of regulations. The department's funding arrangements since 1994 have encouraged preschools to offer other children's services (including long day care) in their facilities, and also have created incentives for long day care centres to employ qualified preschool teachers. Where preschool and child care services are the responsibility of two different departments, however, such linkages have been slower to develop.

The CSP census shows that many long day care centres provide a preschool program for children in the year before they begin school full-time. At August 1995, 55% (or 1,736) of the 3,180 long day care centres had a preschool program run in-house by a qualified preschool teacher (DHFS 1996e), although this proportion varied considerably

in the different jurisdictions, ranging from 71% in New South Wales and 70% in the Australian Capital Territory to 18% in Western Australia and 15% in the Northern Territory. The high proportion of centres in New South Wales with this type of program is partly explained by the fact that under New South Wales licensing regulations, long day care centres with 30 or more places are required to employ a qualified preschool teacher (Moyle et al. 1996:102).

Government expenditure on children's services

Total Commonwealth expenditure on children's services through the CSP increased almost fourfold in real terms (1989–90 constant prices) between 1989–90 and 1995–96, from $215.8 million to $854.4 million (Figure 4.2; Table A4.4). This level of growth of expenditure was mainly due to the extension of eligibility for Childcare Assistance to long day care centres other than community-based centres in January 1991 and the consequent growth in places in the private-for-profit sector (Table A4.2), and to the introduction of the Childcare Cash Rebate on 1 July 1994.



Source: Table A4.4.

Figure 4.2: Growth in Commonwealth expenditure on children's services, 1989–90 to 1995–96 (in 1989–90 constant prices)

In 1995–96, total Commonwealth expenditure in current prices was $990.6 million, of which $657 million was spent on Childcare Assistance and $120.5 million on the Childcare Cash Rebate, measures which reduce the amounts parents pay for child care (Table 4.4). Operational subsidies paid to child care services to assist with running costs

accounted for $131.8 million, which consisted of $44.9 million paid to community-based long day care centres, $52.5 million to family day care schemes, $26.3 million to outside school hours care services and $7.4 million to occasional care services.[7] Capital grants or loans to assist sponsors in establishing services accounted for $10.8 million, while expenditure on vacation care services funded under the block grant arrangements was $5 million. Of the remaining expenditure, $52.9 million was spent on child care services, such as supplementary services and the Jobs, Education and Training (JET) Program for sole parents, and $12.6 million on family services (see Section 4.3) (DHFS unpublished data).

Between 1990–91 and 1995–96, there was a shift from expenditure on service provision to expenditure on measures to reduce the costs of child care for parents, partly reflecting the relative growth in long day care centre places attracting only Childcare Assistance. Over the period, the proportion of CSP expenditure on capital loans, capital grants and operational subsidies fell from 29% to 14%, while the proportion of expenditure on Childcare Assistance and the Childcare Cash Rebate increased from 58% to 78% (Table 4.4).

Table 4.4: Commonwealth expenditure in current prices on children's services, by type of expenditure, 1990–91 to 1995–96 ($m)

Type of expenditure	1990–91	1991–92	1992–93	1993–94	1994–95	1995–96
				$m		
Childcare Assistance	*143.1*	*289.5*	*384.0*	*497.4*	*592.1*	*657.0*
Community-based long day care centres	64.8	99.4	113.4	127.6	131.8	129.3
Family day care	44.6	88.1	104.3	123.1	135.4	144.3
Private-for-profit and employer-sponsored and other non-profit long day care centres	28.2	94.3	158.0	235.7	310.9	369.4
Occasional care and outside school hours care	5.4	7.6	8.4	11.0	14.0	14.1
Operational subsidies	65.2	92.1	99.7	112.3	119.8	131.8
Capital[(a)]	5.7	10.1	5.6	4.2	4.2	10.8
Other[(b)]	31.7	48.2	56.8	62.4	69.7	70.5
Childcare Cash Rebate	. .	. .	. .	. .	87.5	120.5
Total expenditure on child care	**245.6**	**439.8**	**546.2**	**676.4**	**873.4**	**990.6**

(a) Includes capital loans and capital loans repayments after 1994.
(b) Includes services such as supplementary services; vacation care; Jobs, Education and Training (JET); and family services.

Note: Columns may not add to totals due to rounding.

Sources: DHHCS 1991; DHHCS 1992; DHHLGCS 1993; DHFS unpublished data.

7 Total also includes $0.7 million for the superannuation guarantee.

The proportion of Childcare Assistance going to private-for-profit and employer-sponsored and other non-profit long day care centres increased from 20% in 1990–91 to 56% in 1995–96. Over the same period, the proportion of Childcare Assistance going to community-based long day care centres fell from 45% to 20%, while the proportion going to family day care fell from 31% to 22%. In 1995–96, as in previous years, only a very small proportion (2%) of Childcare Assistance expenditure went to occasional care and outside school hours care services (AIHW 1995:129).

No nationally comparable data on State and Territory expenditure on child care and preschool services are available. In Victoria, where the Department of Human Services mainly funds non-government organisations and local government to provide children's services, expenditure on children's services in 1995–96 was $63.4 million, most of which went to fund preschool services (SCRCSSP 1997:495).[8] In South Australia, where the Department of Education and Children's Services has a central role in both funding and providing preschool services, total expenditure on children's services in 1995–96 was $53.3 million (SCRCSSP 1997:509).

Use of children's services

Between 1989 and 1996, the number of children using CSP-funded services is estimated to have increased more than threefold, from 153,100 to 570,300 (Table 4.5). There were, however, considerable differences in the rate of increase by service type, which to some extent reflects the rate of increase of operational places (Table A4.2). The number of children in family day care, for instance, doubled over the period, while the number using long day care centres increased around fivefold. Generally, there were many more

Table 4.5: Children in CSP-funded services, by type of service, 30 June 1989, 1991, 1994, 1995 and 1996

Type of service	1989	1991	1994	1995	1996
Long day care centres	60,800	135,400	227,300	266,900	311,000
Family day care	51,800	61,000	88,700	91,800	102,400
Outside school hours care[(a)]	29,900	46,800	63,900	99,300	112,600
Other formal care[(b)]	10,600	19,000	16,800	39,100	44,300
Total children	**153,100**	**262,200**	**396,700**	**497,100**	**570,300**

(a) In 1996 there were estimated to be 26,600 children in vacation care (year round care). CSP statistics do not include these children in the total as it is considered that they may also be attending before/after school care.
(b) Includes occasional care centres and neighbourhood model services, MACS, other multifunctional services and mobile services.

Notes
1. Data are estimates only and are rounded to the nearest 100. Columns may not add to totals due to rounding.
2. Children using more than one service type are included in each service type.

Sources: AIHW 1993:133; AIHW 1995:133; DHFS 1996–97.

8 This excludes funding provided by the State Government to Commonwealth–State jointly funded child care services—approximately $2.5 million (Vic DHS personal communication).

children using services than there were places, indicating that some children are in care part-time.

More than half of all children using CSP-funded child care services at 30 June 1996 (311,000 or 55%) were in long day care centres, with over a third (208,200 or 37%) of all children in CSP-funded services attending private-for-profit long day care centres. Once again, there were considerable variations by State and Territory, which to a great extent reflects the provision of places. More than half of CSP-funded child care places in Queensland, for instance, were in private-for-profit long day care centres, and over half the children using CSP-funded services in that State were in this type of service (Tables 4.2, A4.5).

In 1995, there were over 270,000 children enrolled in State and Territory preschools (Moyle et al. 1996:9–22). In several States (New South Wales, Queensland and Western Australia), the enrolments included children 2 years below the age for beginning full-time school. Some children attending preschools were also in long day care, either family day care or long day care centres. In the 1995 CSP census, 18% (or 574) of the 3,180 long day care centres reported that they took children out to a local preschool during the census week, with the proportion varying considerably between the different jurisdictions, ranging from 49% of centres in Western Australia to only 1% of centres in New South Wales (DHFS 1996e).

The ABS Child Care Surveys estimated that, while the number of children using formal child care services increased by 18% between November 1990 and March 1996, the number of children under 12 years using any type of child care fell by 10% over the period. This was due to a fall of 11% in the number of children in informal care. The number of children attending preschool services (classified by the ABS as a formal child care service) fell by 25%—from 267,200 to 200,600—over the same period (Table 4.6).[9]

At March 1996, 20% of children under 12 years of age had used 'formal child care services' (including preschools) in the week prior to the survey, 36% had been cared for in informal arrangements, and a little over half (52%) had not been cared for by persons other than their parents. The proportions of children using child care services varied by age, with formal services, for instance, being used least by children under 1 (8%) and children aged 9–11 years (6%), and most by children 4 years of age (62%) (Table A4.7).

The age distribution of children using different types of formal child care services also varied, some of these differences being related to the purpose for which the service was set up. While CSP-funded long day care services—that is, long day care centres and family day care—were predominantly used by children under school age, 4% of children in private-for-profit centres and 21% in family day care were 6 years of age or older and thus were using these services for outside school hours care. There were

9 As in previous surveys (AIHW 1995:135), the ABS estimate of the number of children attending long day care centres (177,700) is considerably lower than the CSP estimate (311,000). The difference between the two estimates is particularly large in some jurisdictions (Table A4.6). In general, data on children in long day care centres from the CSP census and the ABS survey are used in this chapter only when findings are consistent.

Table 4.6: Children under 12 years using formal and informal care, by type of care, November 1990, June 1993 and March 1996

	November 1990		June 1993		March 1996	
Type of care	**('000)**	**%**	**('000)**	**%**	**('000)**	**%**
Formal care						
Before/after school care	44.0	1.5	85.8	2.8	111.7	3.6
Long day care centres	113.1	3.8	146.7	4.8	177.7	5.7
Family day care	78.1	2.6	80.7	2.6	96.2	3.1
Occasional care[(a)]	. .	. .	50.0	1.6	52.4	1.7
Other formal care	57.4	1.9	30.0	1.0	22.2	0.7
Preschool	267.2	8.9	236.9	7.7	200.6	6.5
Total children using formal care	*530.4*	*17.7*	*596.2*	*19.3*	*624.4*	*20.1*
Informal care						
Sibling	196.5	6.5	159.1	5.2	165.1	5.3
Other relative	781.0	26.0	707.1	22.9	726.0	23.4
Non-relative	412.2	13.7	389.1	12.6	318.0	10.2
Total children using informal care	*1,270.5*	*42.3*	*1,166.2*	*37.8*	*1,128.3*	*36.4*
Total children using formal and/or informal care	*1,548.5*	*51.6*	*1,504.9*	*48.8*	*1,501.8*	*48.4*
Total children under 12 years	**3,003.7**		**3,085.9**		**3,102.8**	

(a) Occasional care was included as 'other formal care' prior to 1993.

Note: Components do not add to totals as children could use both formal and informal care.

Source: ABS 1997a:12.

considerable differences in the extent to which the various types of formal services were used to care for very young children, that is, children under 2 years of age. The proportions of children using child care services who were in this age group ranged from 10% of children in private-for-profit long day care centres to 21% in family day care (Table 4.7).

The ABS survey estimated that almost all children (94%) attending preschool services at March 1996 were under 5 years, with 59% of these children aged 4 years and 33% aged 3 years (ABS 1997a:13). The ages of children being cared for in informal care arrangements varied according to the type of carer (ABS 1997a:13), with children in the care of siblings more likely to be older than children in other informal care arrangements. At March 1996, 86% of children cared for by siblings were 5 years of age or older, compared with 46% of children cared for by relatives and 59% cared for by non-relatives. Other relatives were more likely than non-relatives and siblings to care for very young children, with 21% of children cared for by other relatives being under 2 years of age, compared with 13% cared for by non-relatives and 4% cared for by siblings.

Consistent with these findings, the 1996 ABS survey found that a very small minority of children using long day care centres (5%) and a more substantial minority in family day care (24%) were attending school. The majority of children being cared for by siblings

Table 4.7: Ages of children in CSP-funded child care services, by type of service, 1994 or 1995 (%)

Type of service	Age of children (years)							Total number of children
	Under 1	1	2	3–4	5	6 and older	Total	
Long day care centres								
Community-based	3	13	22	54	6	<1	100	76,857
Private-for-profit	2	8	18	58	9	4	100	142,513
Employer and other non-profit	5	15	21	50	7	2	100	16,655
Family day care	5	16	19	31	8	21	100	84,211
Occasional/other care[(a)]	5	15	27	49	3	1	100	15,590
Outside school hours care[(b)]	—	—	—	<1	10	90	100	74,772

(a) Includes occasional care centres, MACS and other multifunctional services.
(b) Does not include children in vacation care.

Notes
1. The CSP census in 1995 covered only long day care centres and family day care services. The most recent year for which data on occasional care and outside school hours care services are available is 1994.
2. Rows may not total to 100% due to rounding.

Sources: DHFS 1996a:68, 111, 148, 171; DHFS 1997d:25, 47, 69, 85.

(88%), however, and by persons other than relatives (62%) were attending school (ABS unpublished).

The proportions of children in child care and preschool services with both parents (or a sole parent) in the labour force varied among the different formal service types and among the different types of informal arrangements. Consistent with priority of access guidelines (page 103), the majority of children in CSP-funded long day care and outside school hours care were there for work-related reasons. The proportions ranged from 93% in before / after school care services to 69% in private-for-profit long day care centres (Table 4.8).

There were substantial differences between the States and Territories in the proportions of children in work-related care in the various services. Almost all children (95%) in private-for-profit long day care centres in the Australian Capital Territory, for instance, were in work-related care, compared with around two-thirds in private-for-profit long day care centres in New South Wales, Queensland and Tasmania.

Children with both parents (or a sole parent) in the labour force were more likely to use formal and informal child care services, with the exception of occasional care and preschools (ABS 1997a:32). The ABS survey also estimated that, while 53% of all children under 12 years of age had both parents (or a sole parent) in the labour force, 91% of children in before / after school care, 80% in family day care, 68% in long day care centres, 55% in occasional care services, 49% in preschools and 69% in informal care arrangements were in this category (ABS 1997a:32). More than a third (39%) of all children with both parents (or a sole parent) in the labour force, however, used neither formal nor informal care in the week prior to the survey. Primary school children with

Table 4.8: Children in CSP-funded child care services for work-related reasons, by type of service, 1994 or 1995 (%)

Type of service	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Long day care centres									
Community-based	85	82	80	79	78	71	89	86	**81**
Private-for-profit	65	81	65	76	84	67	95	91	**69**
Employer and other non-profit	84	84	70	82	76	80	87	88	**82**
Family day care	93	89	96	91	77	86	97	98	**91**
Occasional care centres	33	28	31	31	30	41	39	18	**31**
Multifunctional services	70	68	72	62	60	. .	. .	89	**70**
MACS	26	43	64	69	47	45	. .	87	**45**
Before/after school care	94	91	93	92	91	77	93	94	**93**
Vacation care	86	83	89	82	85	. .	99	. .	**86**

Notes
1. The CSP census in 1995 covered only long day care centres and family day care services. The most recent year for which data on occasional care and outside school hours care services are available is 1994.
2. The total number of children in each service type in each State/Territory can be found in Table A4.8.

Sources: DHFS 1996a:28–31; DHFS 1997d:28, 50, 72, 80.

both parents in the labour force, for instance, may not need formal care if one parent works only during school hours or is unemployed and looks for work only during school hours (see Chapter 3).

Comparing the proportions of children using a child care service who had both parents (or a sole parent) in the labour force, however, with the proportions of children using the service whose parents stated that they were in care for 'work-related' reasons (Table 4.9) suggests that parents in the labour force do not necessarily use specific services for these reasons.[10] The two proportions are very similar for children using long day care centres, family day care and before / after school care; for instance, 91% of children in before / after school care had both parents (or a sole parent) in the labour force, while the parents of 89% of children stated that they used before / after school care for work-related reasons. However, the two proportions are very different for children using preschools, occasional care services and informal care arrangements. While 49% of children in preschools, for instance, had both parents (or a sole parent) in the labour force, parents of only 19% of children in preschools stated that they were using this service for work-related reasons.

10 Note that 'work-related reasons' include studying / training for work in addition to working and looking for work (being in the labour force).

Table 4.9: Children under 12 years in child care, by parents' reasons for use, by type of care, March 1996 (%)

Type of care	All reasons for use				Total ('000)
	Work-related	Personal	Beneficial for child	Other	
Formal care					
Centre-based long day care	65.8	29.9	33.7	5.4	177.7
Family day care	78.9	20.2	17.8	*5.2	96.2
Before/after school care	89.0	9.1	5.9	*3.0	111.7
Occasional care	33.4	46.4	47.1	*4.2	52.4
Preschool	19.4	16.7	90.5	8.7	200.6
Other formal care	*20.7	63.1	32.4	*9.5	22.2
Informal care					
Siblings, other relatives or other	49.8	46.2	5.7	11.4	1,128.3

* Subject to relative standard error of between 25% and 50%.

Notes

1. 'Work-related': includes working, looking for work and studying/training for work. 'Personal' reasons: includes non-work-related study or training, shopping, social or sporting activities, giving parents a break, doctor's visits and voluntary/community activities. 'Beneficial for child': includes 'good for child' and to 'prepare child for school'.
2. Rows total to more than 100% because some parents gave more than one reason for using that type of care.

Source: ABS 1997a:18–19.

Outcomes

In general, the aims and objectives of Commonwealth and State and Territory children's services programs are to provide services which are accessible, affordable and of high quality, and which support parents in their child-rearing and other activities. The stated objective of the CSP is 'to assist families with dependent children to participate in the work force and the general community by ensuring the affordability of child care and promoting adequate supply and quality of child care' (DHFS 1996d:173). The New South Wales Children's Services Policy Statement for Funded Services similarly states that 'pre-school services aim to provide pre-school aged children with accessible, affordable, quality education/care services, and to support parents in child-rearing' (NSW DCS 1995:4).

With the enormous rise in expenditure on children's services, growing attention is being paid to the outcomes of service provision. The focus on outcomes as a performance measure of publicly funded services is also part of the 'general direction of public sector reform' (Lyons 1996:7). In the discussion here, the performance of children's services is examined in terms of meeting the program objectives of accessibility, affordability and quality. The effect of child care on children has been the subject of considerable research and debate and will not be discussed here; an overview of 40 years of research on this topic can be found in Ochiltree (1994).

Accessibility

Unmet demand for children's services

One measure of the accessibility of child care and preschool services is the level of unmet demand for such services. According to the ABS Child Care Survey, between June 1993 and March 1996 the proportion of children under 12 years of age for whom parents reported that they needed either some formal child care or additional formal child care halved, falling from 16% to 8% of children (Table 4.10). This compares with a slight fall in unmet demand, from 17% to 16%, in the preceding 3-year period (AIHW 1995:125). The substantial fall between 1993 and 1996 was undoubtedly due to increases in the supply of child care places over the period (see Table A4.2).

Table 4.10: Children under 12 years of age for whom parents required some or more formal care, by main type of care required, June 1993 and March 1996 ('000)

Main type of (additional) formal care required	Age 0–2		Age 3–5		Age 6–11		Total (0–11)	
	1993	1996	1993	1996	1993	1996	1993	1996
Before/after school care	*0.7	n.p.	16.5	n.p.	107.9	67.5	125.1	84.9
Long day care centres	35.2	22.6	23.0	15.4	*5.6	n.p.	63.8	39.0
Family day care	27.7	12.8	18.7	10.5	13.7	*5.7	60.2	29.0
Occasional care	90.7	40.8	62.4	21.2	38.7	20.2	191.8	82.1
Preschool	*4.5	*2.8	25.6	17.5	—	—	30.0	20.3
Total[(a)]	**164.4**	**81.5**	**149.9**	**83.3**	**174.8**	**96.9**	**489.2**	**261.7**
Number of children in age group	**778.6**	**776.4**	**768.9**	**779.2**	**1,538.3**	**1,547.2**	**3,085.8**	**3,102.8**

(a) Totals include children who required (additional) 'other' formal care.

Sources: ABS 1994:17; ABS 1997a:30.

This fall in unmet demand varied according to the age of the child and the type of care needed, factors which were interrelated. The sharp fall (from 21% to 10%) in the proportion of children 0–2 years for whom parents needed some or more formal care was mainly due to a decrease in the number of young children for whom parents needed family day care and occasional care. For older children, aged 6–11 years, the fall (from 11% to 6%) was primarily due to the decrease in the number of children for whom parents needed before / after school care (Table 4.10).[11]

At March 1996, of the 261,700 children for whom parents needed some or more formal care, the need was greatest for before / after school care services for children aged 6–11 years and for occasional care services, particularly for children aged 2 years or younger. The need for additional formal care was greatest where both parents were (or a sole parent was) in the labour force, although the need for additional care was not necessarily work-related. While 60% of children for whom some or more formal care was needed had both parents (or a sole parent) in the labour force, the proportion of children for whom additional care was needed for work-related reasons was 45% (ABS 1997a:29, 28).

11 The (additional) occasional care required for children aged 6–11 years refers to 'care required on an occasional basis' rather than 'care provided in an occasional care centre'.

Accessibility of preschools

It is difficult to measure the accessibility of preschools due to the difficulties in defining the target population, as noted previously (page 100). Some States and Territories have estimated the proportion of their eligible population attending preschool services, with most estimates ranging between 80% and 90% (Moyle et al. 1996:11–22).

Accessibility of child care services for parents in the labour force

One of the goals of the CSP is to 'improve access to child care arrangements for parents at work, or who study, train or seek work' (DHFS 1996d:173). In terms of achieving this goal, according to DHFS estimates, at 30 June 1996 72% of the demand for long day care had been met (DHFS 1996f:102).

DHFS (1996g:3) has stated that around 450 places per 1,000 children aged 0–5 years are needed to meet the demand for work-related care for children below school age.[12] Comparisons between the number of operational long day care places and DHFS target population figures indicate substantial differences between jurisdictions in access to long day care (centre-based and family day care), with the number of places per head of target population ranging from 531 per 1,000 children in Queensland to 241 per 1,000 in South Australia at June 1996 (Table 4.11).[13] Access to the different types of long day care places varied between the States and Territories, with the number of centre-based places ranging from 438 places per 1,000 in Queensland to 148 per 1,000 in South Australia, and the number of family day care places ranging from 201 per 1,000 in the Australian Capital Territory to 64 per 1,000 in Western Australia.

The accessibility of CSP-funded long day care also varied by geographic location. At June 1996, only 57% of the demand for work-related child care for children under school age was estimated to have been met in rural areas and only 41% in remote areas (DHFS 1996f:102). The number of long day care places per head of target population was 279 per 1,000 in rural areas and 192 per 1,000 in remote areas, compared with 377 per 1,000 in capital cities and 448 per 1,000 in major urban areas (Table 4.12).[14] This reflects differences in the supply of centre-based long day care places in these areas. While there were also differences in the supply of family day care places, they were not as great and the pattern of supply was quite different, with family day care places per head of target population being highest in rural areas and lowest in major urban areas.

12 While DHFS defines its benchmark in terms of places per 1,000 children 0–5 years, its target population is defined as children 0–4 years with both parents (or a sole parent) in the labour force or studying / training.

13 It is important to note that these ratios are based on 1994 target population figures and will be slight over-estimates for jurisdictions such as the Northern Territory, whose population 0–4 years is estimated to have increased by 5% between 1994 and 1996, and slight under-estimates for jurisdictions such as Tasmania, whose population 0–4 years is estimated to have fallen by 4% over the period (ABS 1996b, 1997b).

14 Note that planned and operational places are included in the total number of places. If data on the number of operational places in the different geographic regions were available, the ratios of places to target population would be lower.

Table 4.11: CSP-funded operational long day care places and places per 1,000 children in the target population, by State and Territory, June 1996

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Total long day care places	73,378	51,448	61,042	17,571	13,252	3,728	5,460	2,275	228,154
Target population[(a)]	238,831	159,292	114,962	57,821	54,977	13,734	12,506	6,968	659,091
Centre-based places per 1,000 children	227	220	438	240	148	149	236	203	255
Family day care places per 1,000 children	80	103	93	64	93	122	201	123	91
Total long day care places per 1,000 children	307	323	531	304	241	271	437	326	346

(a) Population of children aged 0–4 with both parents or sole parent in the labour force or studying/training in 1994.

Source: Table 4.2; DHFS unpublished data.

The National Planning Framework discussion paper notes inequities in access to long day care places at the Statistical Local Area (SLA) level, with some SLAs having no long day care places and others having an oversupply of places in relation to the benchmark (DHFS 1996g:3). A number of initiatives announced in the 1997–98 Federal Budget—including the new National Planning System, increased funding for family day care places and new funding for community-based long day care centres located in 'disadvantaged rural and remote areas'—are aimed at reducing geographical inequities in the distribution of CSP-funded child care places (see Box 4.3).

Table 4.12: CSP-funded long day care places (planned and operational) and places per 1,000 children in the target population, by geographic location, June 1996

	Capital city	Major urban	Rural	Remote	Total
Centre-based long day care	119,768	22,003	27,238	2,410	171,419
Family day care	34,697	4,543	19,122	2,138	60,500
Total long day care places	154,465	26,546	46,360	4,548	231,919
Target population[(a)]	409,955	59,193	166,228	23,715	659,091
Centre-based places per 1,000 children	292	372	164	102	260
Family day care places per 1,000 children	85	77	115	90	92
Total long day care places per 1,000 children	377	448	279	192	352

(a) Population of children aged 0–4 with both parents or sole parent in the labour force or studying/training in 1994.

Source: DHFS unpublished data.

Child care programs/services for parents and children with additional needs

As noted previously, a number of special child care programs and services for parents and children with additional needs are funded by the Commonwealth through the CSP, and by State and Territory Governments without any Commonwealth involvement (see pages 104 and 105). Parents and children with additional needs are also given priority of access to CSP-funded child care services (AIHW 1995:137).

Comparing the representation of children with additional needs in children's services with their representation in the general population gives some indication of their access to services (AIHW 1995:143). Where CSP data are used, these data represent the minimum level of use of children's services by these children, since the data do not include children with additional needs using State-only funded child care and preschool services.

Children in one-parent families were more likely to use child care services targeted at work-related care and informal care arrangements and less likely to use preschools than children in couple families. These findings are not surprising, given that sole parents generally have a greater need for child care than families where there is another resident parent available to care for children. While 14% of children under 12 years were estimated to be in one-parent families in 1996 (ABS 1997a:15), 28% of children in CSP-funded family day care, 23% of children in outside school hours care and 19% of children in long day care were the children of sole parents, according to the 1994 and 1995 CSP censuses (DHFS 1996a:70; DHFS 1997d). The 1996 ABS Child Care Survey estimated that 18% of children in informal care, but only 11% of children in preschools, were from one-parent families (ABS 1997a:15).

It appears that *children with a disability* were less likely to use most CSP-funded child care services than other children. The ABS estimated that, in 1993, 4% of children under 5 years and 8% aged 5–14 years had a disability or handicap (ABS 1993), while in 1994 and 1995, except in multifunctional Aboriginal children's services, less than 3% of children attending CSP-funded services had a disability (Table 4.13).[15] While less than 1% of children attending CSP-funded services had a parent with a disability, there are no published population data available to assess whether parents with a disability were more or less likely to use child care services than other parents.

Children from a non-English-speaking background were also less likely to use child care and preschool services than other children. The 1996 ABS Child Care Survey estimated that, although 13% of children under 12 years were in families where the main language spoken at home was not English, only 8% of children in long day care centres, 10% of children in preschools and 10% of children in informal care arrangements, for instance, fell into this category (ABS 1997a:15). Of children in CSP-funded child care services, 10% were identified as being of 'non-English-speaking background', defined as children 'where one or both parents have a first language other than English' (Table 4.13). No

15 It is important to note that the ABS definition of 'children with a disability or handicap' is not identical to the CSP census definition of 'disability'.

Table 4.13: Children with additional needs using CSP-funded services, by type of service, 1994 or 1995

Type of service	Children with additional needs					
	Child with disability	Parent with disability	Child at risk of abuse and neglect	Aboriginal or Torres Strait Islander	Non-English -speaking background	Total children attending
			Number			
Long day care centres	5,671	1,415	1,013	2,970	26,768	236,025
Family day care	1,992	327	519	794	4,863	84,212
Occasional care	282	118	68	119	912	12,861
MACS	66	6	n.a.	1,355	21	1,732
Multifunctional services	15	2	1	71	18	997
Before/ after school care	1,536	179	164	1,132	7,108	74,772
Total	**9,562**	**2,047**	**1,765**	**6,441**	**39,690**	**410,599**
			Percentage			
Long day care centres	2.4	0.6	0.4	1.3	11.3	100.0
Family day care	2.4	0.4	0.6	0.9	5.8	100.0
Occasional care	2.2	0.9	0.5	0.9	7.1	100.0
MACS	3.8	0.3	n.a.	78.2	1.2	100.0
Multifunctional services	1.5	0.2	0.1	7.1	1.8	100.0
Before/ after school care	2.0	0.2	0.2	1.5	9.8	100.0
Total	**2.3**	**0.5**	**0.4**	**1.6**	**9.7**	**100.0**

Notes
1. Some children may be included in more than one additional needs category.
2. Percentages do not add to 100% because children without additional needs are not included in this table.
3. Vacation care not included.
4. The CSP census in 1995 covered only long day care centres and family day care services. The most recent year for which data on occasional care and outside school hours care services are available is 1994.

Sources: DHFS 1996a:71, 115, 151, 174; DHFS 1997d:29, 51, 73, 89.

population data are available to classify the national population according to this definition.

Indigenous children were less likely than other children to use CSP-funded services, other than multifunctional Aboriginal children's services which are specifically for Indigenous peoples and, to a much lesser extent, multifunctional services which operate in rural and remote areas (Table 4.13). Although Indigenous children comprised an estimated 3% of the Australian population aged 0–12 years at June 1995 (ABS 1996c), they accounted for more than three-quarters of all children attending multifunctional

Aboriginal children's services and 7% of those attending multifunctional centres, but less than 2% of children attending all other CSP-funded services.

Children who were referred to CSP-funded child care services because they were assessed as being *at risk of abuse and neglect* accounted for less than 1% of all children attending these services. No data are available on the number of children at risk of abuse and neglect in the total population (see Chapter 6).

Affordability

The purpose of Childcare Assistance and the Childcare Cash Rebate is to make child care more affordable for parents. Currently (at 1 July 1997), eligibility for the long day care rate of Childcare Assistance is assessed by Centrelink (see Box 4.3), with eligible families paying reduced fees to approved child care services and the Department of Health and Family Services (DHFS) reimbursing service providers. Eligibility for the outside school hours care rate of Childcare Assistance, which is available only to families eligible for all or part of the higher rate of the Department of Social Security Family Payment, is assessed by service providers who are responsible for adjusting fees accordingly. The Childcare Cash Rebate, on the other hand, is administered by the Health Insurance Commission and paid to parents through Medicare offices on receipt of claims for child care expenses.

From 1 January 1998, there will be major changes to these payment arrangements. Between 1 January and 31 December 1998, Childcare Assistance will be paid fortnightly in advance to service providers by Centrelink.[16] The Childcare Cash Rebate will be administered by Centrelink, and will continue to be paid in arrears to families, but to a nominated bank account rather than as a cash payment. New arrangements for the payment of Childcare Assistance will come into force from 1 January 1999 (see Box 4.3).

DHFS estimated that, at June 1996, 76% (or 279,000) of the 366,000 families with children in long day care were receiving Childcare Assistance, with 55% of families in receipt of the payment receiving the full rate (DHFS 1996b). A slightly lower proportion of families with children in community-based long day care centres received Childcare Assistance (74%) than families with children in other long day care centres (77%) and in family day care (77%). The 1994 CSP census shows that the full outside school hours rate of Childcare Assistance was paid for only 15% (or 11,105) of the 74,772 children attending CSP-funded before / after school care services and the partial rate for 4% (or 3,001) of children (DHFS 1996a:73).

The vast majority (237,979 or 92%) of the 258,092 families who claimed the Childcare Cash Rebate in 1995–96 were claiming for the expenses incurred in using formal child care services only. A small minority claimed the rebate for expenses incurred in using informal care (9,459 or 4%) or formal and informal care (10,654 or 4%) (HIC personal communication).

16 Note that these arrangements differ from those announced in the 1996–97 Federal Budget (see Box 4.2).

The number of families using long day care services and receiving Childcare Assistance increased by 33% between June 1994 and June 1996 (from 209,300 to 279,000 families) (AIHW 1995:144). The increase in the number of families receiving the Childcare Cash Rebate between 1994–95, the first year of the program, and 1995–96 was 13% (from 210,802 to 237,979 families) (HIC personal communication).

The 1996 ABS Child Care Survey estimated that, where eligible, parents were more likely to be claiming or intending to claim the Childcare Cash Rebate for children in formal child care services targeted at work-related care, than for children in occasional care, preschools and informal care (ABS 1997a:23). At March 1996, for instance, parents were claiming the rebate for 67% of eligible children in family day care, but only 37% of eligible children in informal care. Parents of 42% of the 73,300 eligible children using informal care for whom the rebate was not claimed said that this was mainly because of their lack of awareness of the rebate. Parents of another 44% of these children said that they did not claim because the carer was not registered (a requirement for receiving the rebate) (ABS 1997a:24).

While Childcare Assistance and the Childcare Cash Rebate make child care more affordable, the actual amount families pay for child care is dependent not only on their income level, but also on the number of their children in care, the hours in care and the fees charged.

Childcare Assistance for one child is provided at the maximum rate of 83.04% of a set 'ceiling fee', with higher rates applying where there is more than one child in care. Currently (at 1 July 1997), the ceiling fee is $115 for 50 hours of care a week or $2.30 per hour. Families with one child in full-time care who are eligible for maximum Childcare Assistance, for instance, pay a minimum fee of $19.50 (the 'ceiling fee' less 83.04%) plus the 'gap fee' (the difference between the 'ceiling fee' and the amount charged by the service provider). Families eligible for partial Childcare Assistance pay the minimum fee plus the 'gap fee' plus some portion of the difference between these two, depending on their income level.[17]

Currently (at 1 July 1997), parents eligible for the *Childcare Cash Rebate* for one child in care pay the first $19.50 of their weekly child care costs, but can receive a rebate of 30% of the remainder up to $28.65 per week if their family income is $70,000 a year or less. Families with one child whose family income is above this level are eligible for a similar rebate of 20% of child care costs up to a maximum rebate of $19.10. Parents receiving Childcare Assistance can also claim the Childcare Cash Rebate.

The average weekly full-time fees for different types of CSP-funded long day care services, and thus the gap fees charged to parents receiving maximum Childcare Assistance, varied considerably between the States and Territories (Table 4.14). Within each jurisdiction, private-for-profit long day care centres charged the highest fees, except in South Australia

17 The Childcare Assistance threshold for maximum Childcare Assistance is $522 per week. Families are eligible for partial Childcare Assistance up to an annual income cut-off of $65,743 for one child in care, $77,084 for two children in care and $94,095 for three or more children in care.

Table 4.14: Average full-time weekly fees for CSP-funded long day care, by type of service, June 1996 ($)

Type of service	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Long day care centres									
Community-based	142	147	131	143	163	157	147	135	144
Private-for-profit	150	148	142	148	157	163	167	135	148
Employer and other non-profit	148	139	136	137	150	145	151	132	143
Family day care[(a)]	131	119	118	127	127	135	124	120	124

(a) Includes administration levy. Family day care fees are based on reported fees at August 1995 and adjusted by the CPI to June 1996.

Source: DHFS 1997c.

and the Northern Territory, while family day care services charged the lowest. Among long day care centres, private-for-profit centres in the Australian Capital Territory charged the highest fees on average, while community-based centres in Queensland charged the lowest. Family day care services were most expensive in Tasmania and cheapest in Queensland and Victoria. With the 'ceiling fee' at $115 per week (at June 1996), gap fees for full-time care for one child ranged from an average of $3 per week for family day care services in Queensland to $52 per week for private-for-profit long day care centres in the Australian Capital Territory.

Child care costs and the level of Commonwealth assistance provided to a number of different types of families using long day care services for 40 hours per week at April 1997 are shown in Table A4.9.[18] The income-tested nature of assistance is readily apparent. Where families with one child under 5 years used a long day care centre to care for their child, a sole parent pensioner with one child, for instance, paid $32.86 per week, while a two-income couple on 2.5 average weekly earnings (AWE) paid $111.73 per week. The relatively high cost of child care for low-income families is highlighted here, with the sole parent pensioner paying $32.86 for child care out of a disposable income of $287.51 per week. The marginal cost of having two children in long day care is considerably higher for high-income families than for low-income families. For family day care services, for instance, a sole parent pensioner with two children under 5 paid only $7.92 per week more than a sole parent pensioner with one child under 5, while a two-income couple on 2.5 AWE with two children under 5 paid $93.45 per week more than a two-income couple on 2.5 AWE with one child under 5.

Although no comprehensive information is available, it appears that there are considerable variations in the costs of preschool services offered in the different States and Territories. In 1996 in Queensland, for instance, government preschools located in primary schools did not charge any fees, while community kindergartens charged on

18 This table provides examples of the child care costs of different types of families on different income levels, using a set number of hours of care per week. Note that this table is illustrative only; families use long day care services for varying numbers of hours per week.

average $8.40 for a full day session and $5.40 for a half-day session (Moyle et al. 1996:14).

Many States and Territories provide their own form of fee relief for low-income parents using preschools and child care services not attracting Childcare Assistance. Victoria, for instance, makes an additional grant available to agencies (other than long day care centres) providing preschool services to enable them to reduce fees charged to low-income families, while South Australia provides fee relief for State-only funded occasional care services.

Quality

In the child care area, there are two ways of assuring quality of services: the first is termed *child care standards*, which are the 'quantifiable inputs' viewed as necessary to provide a good quality service, and the second is termed *accreditation*, which focuses on the way in which a service operates (Brennan 1994:201).

Child care standards—such as physical environment, health and safety features, staff–child ratios, staff qualifications and program activities—are generally incorporated into legislative regulations or funding guidelines. All States and Territories license and regulate centre-based long day care and occasional care services. Currently (at July 1997), family day care schemes and/or providers are licensed and regulated in New South Wales, Queensland and Western Australia, with all other States and Territories attempting to achieve key minimum standards, for instance, staff–child ratios, through statute, ordinance or exemption (SCSWA 1993:9). CSP-funded family day care schemes are also required to adhere to the guidelines specified in the Commonwealth's *Handbook for Family Day Care* (DHSH 1995). Currently, only the Australian Capital Territory licenses and regulates outside school hours care, although where States and Territories administer outside school hours care funding, service providers are generally required to sign funding agreements by which they agree to provide a service in accordance with specified child care standards.

Since child care standards vary among the different jurisdictions, sets of national standards for long day care centres, family day care and outside school hours care have been developed by Commonwealth, State and Territory representatives and endorsed by the Community Services Ministers Conference. These national standards provide minimum standards for the different service types and the responsibility for implementing them rests with State and Territory Governments. It is expected that most jurisdictions will have implemented the national standards for all three types of services by the end of 1997. In New South Wales, for instance, the national standards are reflected in the Centre Based and Mobile Child Care Services Regulations (No. 2) 1996 and the Family Day Care and Home Based Child Care Services Regulations 1996, while the Australian Capital Territory is in the process of changing its outside school hours care licensing conditions to reflect the national standards.

Currently, only long day care centres receiving Childcare Assistance on behalf of parents take part in an *accreditation* process, although the Commonwealth Government has promised that accreditation will be extended 'in an appropriate form through the children's services sector' (Moylan 1996:9). In March 1997, the Minister for Family Services approved a grant to the National Family Day Care Council 'to begin the

process of developing a quality assurance program for the family day care sector' (Moylan 1997a).

All CSP-funded long day care centres are accredited through the Quality Improvement and Accreditation System (QIAS) administered by the National Childcare Accreditation Council (NCAC), which was established by the Commonwealth Government in 1993 (see Box 4.4). All long day care centres in receipt of Childcare Assistance are required to register with the council to participate in the QIAS.

Each centre must set up an accreditation committee—composed of parents, centre staff and centre administrators or proprietors—and make a self-assessment of their centre against 52 principles of quality care. The centre assessment is then validated by a peer reviewer. A panel of three moderators examines both the centre and reviewer reports and recommends whether a centre should be accredited and the period between reviews. On the basis of this recommendation, the council decides whether the centre should be accredited and whether the period between reviews should be 1, 2 or 3 years.

Box 4.4: The Quality Improvement and Accreditation System (QIAS)

The Quality Improvement and Accreditation System consists of 52 principles which define specific aspects of quality in four areas:

- *interactions—interactions between staff and children, interactions between staff and parents, and interactions between staff (e.g. principle 5 'Staff are responsive to children's feelings and needs');*
- *the centre's program (e.g. principle 19 'The program fosters personal and social development');*
- *nutrition, health and safety practices (e.g. principle 40 'Staff encourage children to follow simple rules of hygiene'); and*
- *centre management and staff development (e.g. principle 50 'The centre provides regular learning and training opportunities for staff').*

To be accredited, a centre has to reach the standard required for each principle.

There are four standards of care—'unsatisfactory', 'basic', 'good quality' and 'high quality'.

Of the 52 principles, 20 are 'core principles' in which it is necessary to achieve 'good quality' in order to receive accreditation.

The highest standard that can be achieved in most of the principles is 'high quality'. 'Good quality' is the highest standard which it is possible to achieve in five of the principles, 'basic' in three principles.

Centres can be granted a certificate of accreditation with either 1, 2 or 3 years between reviews, depending on the standards of care reached in each of the specific principles.

Source: NCAC 1993.

A centre cannot be accredited if it is rated as 'unsatisfactory' against any of the principles, or if it receives a 'basic' rating against one of the core principles. However, it may continue to offer parents access to Childcare Assistance if it implements a plan of action to improve quality of care in relation to the relevant principles.

As of 26 June 1997, all 4,134 long day care centres in receipt of Childcare Assistance had registered to participate in the QIAS. Of the 3,082 centres where a decision about accreditation had been made, 91% (or 2,799) had been accredited, while 9% (or 283) had not reached the standard required for accreditation and, with the help of trained support staff, were working through a plan of action approved by the council to bring them up to standard (Table 4.15).

Table 4.15: Accreditation status of CSP-funded long day care centres, at 26 June 1997

Stage of process	Number of centres
Accredited	*2,799*
Accredited with 1 year between reviews	1,158
Accredited with 2 years between reviews	327
Accredited with 3 years between reviews	1,314
Plan of action—Not accredited	283
Awaiting decision	138
Being reviewed	277
Self assessment	637
Total number of centres	**4,134**

Source: NCAC unpublished data.

The Small Business Deregulation Task Force, which reported in November 1996, argued that the QIAS should be radically altered. It recommended that ensuring the quality of child care services should be solely a State and Territory responsibility and that the link between participation in the QIAS and the receipt of Childcare Assistance be removed, with participation of centres in the QIAS becoming 'purely voluntary' (SBDTF 1996:89). In response, the Commonwealth Minister for Family Services reiterated the Government's intention to review the QIAS and its support for 'a very strong accreditation system for the child-care sector in this country' (Australia 1996:6493). Subsequently, as a first step in the QIAS review announced in the 1996–97 Budget, the Minister announced that an independent appeals panel would be established to consider appeals against accreditation decisions (Moylan 1997a).

Quality assurance for preschool services varies considerably across the States and Territories, partly depending on the way in which these services are provided and delivered. In relation to standards, in New South Wales, for example, preschools receiving funding from the Department of Community Services are licensed under the same regulations as long care centres, while preschools funded by the Department of School Education and located in government schools are regulated by departmental policy documents. In some jurisdictions, performance indicators on the outcomes of service provision have been developed to measure the quality of preschool services. In South Australia, all funded preschools must be participating in the Quality Assurance Framework by

February 1998, and will be required to include some performance indicator data in their annual report to the Department of Education and Children's Services (SA DECS 1995). All funded preschool agencies in Victoria are required to undertake a quality improvement process as a condition of funding. A number of quality assessment processes may be used, including a preschool quality assessment checklist developed by the Department of Human Services (Victoria DHS 1996a). New South Wales Department of School Education preschools are integral parts of primary schools, and outcomes are monitored through the school's planning and reporting process.

4.3 Family support services

The provision of family support services is complex, with a wide range of services funded at all levels of government (Commonwealth, State and Territory and local government), through various government departments. While the Commonwealth does not directly provide family support services, State and Territory Governments may be involved in both their funding and delivery. Both levels of government often fund local government and non-government organisations to deliver services, and these bodies may also add their own funding or fund services without any additional assistance.

Several reports have highlighted the lack of national information in this area (AIHW 1993, 1995; Industry Commission 1995). While a number of State, Territory and Commonwealth government departments have well-developed data collections relating to their jurisdiction, there has not yet been an attempt to develop a national data collection with consistent scope, coverage and data definitions.

A national collection is difficult to implement, however, without an understanding of the basic structure and arrangements for the provision of family support services across Australia. No comprehensive audit has yet been undertaken of these services in the various jurisdictions. In order to provide some context for the development of national data in this area, this section provides a brief outline of the current structure of family support services, and the history of their development. While every effort is made to present a picture of family support services funded by governments, in the case of the States and Territories the picture is incomplete. Additionally, while recognising the significant input of local government and community sectors, this chapter will not examine these contributions as information in this area is not readily available. The following section therefore discusses examples of family support services funded by Commonwealth and State and Territory Governments, within a classification framework described below.

Classifying family support services

Support services for families are often classified in terms of their prevention level, where primary prevention services are universally available, secondary prevention services are directed to clients at risk, and tertiary prevention services are directed to clients in crisis, generally in an intensive format (Gledhill 1994:99). This section will not attempt to classify services according to this system, as agencies providing family support services often conduct activities across two or more of these levels and a single activity may fall into more than one class. However, it is worth noting that commen-

tators claim that governments are tending to concentrate funding towards the crisis end of this continuum. In particular, it has been asserted that gaps are appearing in the provision of generally available primary prevention family services in Australia (Gledhill 1996:4).

While there have been many other attempts to classify family services (e.g. Wolcott 1989a), for the purposes of this report, the *National Classifications of Community Services* (AIHW 1997) will be used (see Chapter 1). Services which are generally perceived to be 'family support services' tend to fall into one or more of the following classes:

- Counselling—services which help service users to assess their circumstances and relationships, and to make choices, decisions and plans for the future. Assistance is provided by discussions with trained counsellors in individual and group sessions. Such services include telephone counselling, crisis counselling, family therapy and mediation (AIHW 1997:13).
- Development of family/household management skills—services which re-establish and maintain minimum levels of family, household and child-rearing management skills. Such services include parenting education and family preservation (AIHW 1997:13).
- Financial information, advice or referral—provision of information, advice, counselling or referral about the planning and management of financial resources, for example, in relation to household budgets (AIHW 1997:11).
- Community/community centre-based development and support—provision of a wide range of coordinated groups and activities focused on enhancing simultaneously the personal and community support and development capacities of people living within a defined geographical community. Examples of activities which may be included in this classification are those undertaken through neighbourhood houses and playgroups (AIHW 1997:61).

As most family support services involve a range of activities, any one service may fall in a number of classes. For the purposes of this chapter, the primary activity of the service will be used to classify services, with some reference to relevant class of secondary activities where appropriate. Two further classes are of interest as they cover some of the secondary activities of the family support services discussed here. These are: 'individual advocacy' (services aimed at enabling access to services or entitlements by providing an advocate to speak for and negotiate on behalf of service users, and/or enabling self advocacy); and 'mutual support and self-help' (services which facilitate and coordinate groups to exchange information and experiences, to provide activities to meet common needs and/or to provide social, therapeutic and practical support) (AIHW 1997:13).

Within the proposed classification, wherever possible, services will be described and discussed in terms of their aims, target populations, funding, delivery and use.

Commonwealth-funded family support services

While family support services are essentially a State and Territory government responsibility, the Commonwealth Government plays a role in funding a range of such services. Commonwealth involvement in this area largely grew out of its responsibil-

ities in relation to family and marriage law, and its role in establishing the Family Support Service Scheme in 1978.

Attorney-General's Department

The Commonwealth Attorney-General's Department (AGD) is currently responsible for a range of programs which developed as a result of family and marriage law. The department's Legal Aid and Family Services Division (LAFS) administers the following sub-programs, known collectively as the Family Services Program:

- Family and Relationship Counselling
- Family and Child Mediation
- Adolescent Mediation and Family Therapy
- Contact Services
- Family Skills Training
- Marriage and Relationship Education.

The historical development of these sub-programs is discussed in Box 4.5.

The Family Services Program aims to enable fair access to processes for resolving legal and family relationship problems. As part of this program, Legal Aid and Family Services contracts eligible community-based organisations to provide a range of family services for married and de facto couples, sole parents and children. Funded organisations are required to be a member of one of three peak bodies: Centacare Australia (a federation of independent Catholic welfare agencies); Relationships Australia (a specialist professional provider of relationship support and enrichment services, with member organisations in each State and Territory); or Family Services Australia (representing a wide range of organisations with diverse approaches to service delivery) (AGD 1996c:8). Each of the peak bodies is represented on the Family Services Council which advises the Attorney-General on policy and practice for the Family Services Program (AGD 1996a:4).

Counselling

Family and Relationship Counselling

Contracted community-based organisations provide family and child counselling to couples during pre-marriage, marriage, separation, reconciliation, divorce and re-marriage. The counselling aims to assist couples to develop conflict resolution and negotiation skills (AGD 1997:1). Additional projects occasionally are funded as part of this sub-program. Those currently under way include: two Family Violence Research and Intervention projects, which aim to develop alternative service delivery models to address violence in families and appropriate materials and training programs for service providers; and the Community Development Officers project, which aims to increase access to the Family Services Program by families from culturally and linguistically diverse backgrounds (AGD 1996a:2–4).

Box 4.5: History of family support services administered by the Attorney-General's Department

The Attorney-General's Department first became involved in funding 'marriage guidance' in 1959 as a consequence of the Matrimonial Causes Act of that year. At that time, 19 voluntary organisations were funded across Australia to keep marriages 'stable and healthy' and to keep couples out of divorce courts. In 1975 the Matrimonial Causes Act was replaced by the Family Law Act, which provided funding for 'marriage counselling'. Shortly after, in 1976, the Marriage Act 1961 *was amended to provide funding for 'marriage education'. By 1978, the Commonwealth was funding 22 community-based organisations to provide marriage counselling services and 12 to provide marriage education services. These initiatives have continued to receive funding, and are now known as the Family and Relationship Counselling sub-program and the Marriage and Relationship Education sub-program.*

In 1985 a pilot project in alternative dispute resolution for family law matters was established. This developed into what is now known as the Family and Child Mediation sub-program and four organisations were funded to provide this service in 1989.

The Adolescent Mediation and Family Therapy sub-program was piloted in 1990, following recommendations made in the National Inquiry into Homeless Children, conducted by the Human Rights and Equal Opportunity Commission in 1989. Family Skills Training for disadvantaged families was also piloted in 1990 as a result of recommendations made in the report of the National Committee on Violence in 1989.

The Contact Services sub-program was established under the Family Services Program in the 1995–96 Budget 'to promote the safe and appropriate transfer of children between separated parents, and safe and appropriate interaction between the visiting person and the child during supervised visits' (AGD 1996b:9).

The Family Law Reform Act 1995 *includes amendments which aim to establish a new approach to dealing with children. The revised legislation emphasises parental responsibility for the care, welfare and development of children rather than giving parents any rights to custody and access. This highlighted focus on children brings with it the possibility of children's needs increasingly being included in family counselling and mediation and hence the need to re-examine and redevelop existing service delivery models.*

Sources: AGD 1996a:1–3; AGD 1996b:5–9.

Family and Child Mediation

The *Family Law Act 1975* refers to the provision of family and child mediation as 'a form of dispute resolution for matters that could be the subject of proceedings under the Act' (AGD 1997:1). Issues addressed through mediation include financial and property matters and parenting responsibilities. As with all mediation services, an impartial mediator assists the parties involved to make their own decision by helping them to identify and isolate relevant issues, by discussing options and by facilitating a consensual outcome (AGD 1997:1).

Adolescent Mediation and Family Therapy

This sub-program aims primarily to prevent youth homelessness. Mediation is used to resolve conflict between young people and their caregivers, while family therapy examines the emotional dynamics of family relationships which are causing the conflict (AGD 1997:1).

Development of family/household management skills

Contact Services

In cases where there has been a breakdown of the parental relationship, community legal and family services organisations are contracted to provide contact services (changeover and visiting services). These services aim 'to facilitate safe contact arrangements for children whose parents are in high conflict over the contact' (AGD 1997:1). The ultimate aim of such services is to attain independent management of contact where appropriate.

Family Skills Training

Organisations funded to deliver family skills training attempt to develop parenting and family functioning skills in order to promote positive parenting and non-violent problem-solving. This preventive service is aimed at meeting the needs of low income families, sole parents, locationally disadvantaged families and families with children with disabilities, as well as the specific needs of Indigenous families and families from different linguistic and cultural backgrounds (AGD 1997:1).

Marriage and Relationship Education

This is a preventive service which aims to assist clients to develop skills which promote positive stable relationships and reduce the likelihood of marriage breakdown. Guidance and support are offered by trained educators across a range of life stages, including the period prior to marriage, during marriage, re-marriage, divorce, parenting and retirement (AGD 1997:1). As a result of the 1996–97 Budget, 34 new services were funded under this sub-program, some through existing organisations.

The Family Services Program in perspective

An indication of the relative sizes of the sub-programs within the Family Services Program can be gained by an examination of the relative expenditure levels, the number of organisations funded and the estimated number of clients assisted (Table 4.16). The family and relationship counselling sub-program is by far the largest element of the Family Services Program in terms of all of these factors, accounting for approximately 60% of the expenditure and two-thirds of the clients in 1995–96. During 1996–97, Legal Aid and Family Services commenced work on the development of a quality assurance strategy (FAMQIS) and an information system (FAMnet), a project which is expected to be completed by June 1998.

Department of Health and Family Services

The Commonwealth Department of Health and Family Services (DHFS) currently provides funding for a range of family support services through the Family and Children's Services Program. For instance, the Commonwealth provides funding to a variety of organisations to: conduct Commonwealth-funded Family Support Services;

Table 4.16: Expenditure, number of organisations and estimated number of clients, AGD Family Services Program, 1995–96

Sub-program	Expenditure ($m)	Organisations funded	Estimated no. of clients
Family and Relationship Counselling	15.2	41	89,315
Marriage and Relationship Education	1.8	39	26,254
Family Mediation	4.9	17	2,875
Family Skills Training	1.9	21	9,376
Adolescent Mediation and Family Therapy	1.8	12	2,881

Notes
1. 'Clients' refers to the total number of individuals attending the service, except in the case of Adolescent Mediation and Family Therapy, in which case 'clients' refers only to the number of adolescents attending the service.
2. Table does not include information about Contact Services as this information is not available.
3. The same organisations are often funded to provide services under a range of the above sub-programs and some clients may access more than one sub-program.

Source: AGD unpublished data.

undertake a range of parenting initiatives; and operate Aboriginal and Islander Child Care Agencies.[19] The services provided as a result of this funding are discussed below.

Commonwealth-funded Family Support Services were originally funded under the Family Support Services Scheme, established in conjunction with the States and Territories in the late 1970s (see Box 4.6). The DHFS continues to provide funding to 35 agencies to deliver such services across Australia. Funding for these agencies was not transferred to the States and Territories when they assumed responsibility for the Family Support Program in 1987–88 (DHFS personal communication). The 1996–97 funding level for the Commonwealth-funded Family Support Services sub-program was $1.53 million. Grants for recipient organisations vary and funds can be used for a wide range of services and purposes, including counselling services, transport for disabled children, preventive services for children or families at risk, and to pay the salaries of directors of community service organisations.

Development of family/household management skills

Parenting education initiatives

As part of the Strengthening Families Strategy, introduced by the Federal Government in the 1996–97 Budget, $4.3 million was allocated over 2 years to enable community organisations to develop 'best-practice parenting education programs'. Of these funds, $1.37 million will contribute towards testing and developing a national network of home visiting projects, known as 'Good Beginnings', which will focus on child abuse prevention and parenting education. These projects will be managed by the National

19 Between 1990 and 1997 the Commonwealth also funded the Family Resource Centres Program to improve the effectiveness and quality of services provided to families with children in regions of rapid growth and identified need (Commonwealth of Australia 1996b). It was announced in the 1997–98 Federal Budget that funding for Family Resource Centres will cease at the end of 1997.

Box 4.6: History of the Family Support Services Scheme

Late 1960s and early 1970s. The need for family support services was identified and publicly debated.

1975. The Family Services Committee was established to examine the needs of families in Australia and to make recommendations regarding the role of all levels of government in delivering services to meet these needs.

May 1977. The Committee recommended that 'services should be funded which were designed to prevent family breakdown or were of a developmental nature which took account of the variety of family structures and functions' (Bullen & Robinson 1994:10).

1979. The Commonwealth funded pilot family support services under the Family Support Services Scheme, aimed at encouraging and assisting 'the development of a range of services designed to support families in their responsibilities in the rearing and development of children' (Bullen & Robinson 1994:10).

1985. The Welfare Ministers Conference agreed in principle that the existing Commonwealth-funded scheme be retained and that expansion be funded via a joint 50:50 Commonwealth–State cost-sharing arrangement.

January 1986. Following a Commonwealth–State Working Party report on the future of the scheme, the Minister for Community Services announced that it was an effective and innovative program which was meeting the needs of families in crisis. He stated that the scheme would have a permanent place in Commonwealth funding arrangements and that there was a good basis for negotiating future cost-sharing arrangements with State and Territory Governments.

1987. The Family Support Program officially began in January, based on bilateral Commonwealth–State agreements. National program guidelines listed the following types of services as eligible for funding: neighbourhood-based family support services (e.g. family centres, information and referral services), home management assistance (e.g. family aide/homemaker services, family counselling, home budget counselling) and parent support (e.g. parent education/effectiveness, self-help groups) (Wolcott 1989b:30).

June 1988. The Minister for Community Services and Health stated that the Family Support Program delivered services which were essentially a State welfare responsibility. Hence the Commonwealth Government would maintain funding, and leave State Governments in control of program management. Consequently, following the 1988–89 Federal Budget, rather than receiving a tied grant for the specific purpose of funding the Family Support Program, the States received a general revenue appropriation from which they could allocate funds to family support services according to their own priorities.

Post-1990. Various States and Territories (e.g. New South Wales, Queensland and Tasmania) have continued to fund agencies to provide family support services in a similar format to that developed under the original Family Support Services Scheme. Others have dispersed the component services across a range of departmental programs.

Sources: Bullen & Robinson 1994:10–12; Wolcott 1989b:30.

Association for the Prevention of Child Abuse and Neglect (NAPCAN) (Moylan 1997b). Funds will also be directed towards additional research and the establishment of a community-based advisory council to replace the National Child Protection Council (DHFS personal communication). The initiatives are based on the belief that 'providing parents with the information necessary to deal with some of the pressures of day-to-day life should lead to a reduction in the incidence of child abuse' (Moylan 1996:15).

Aboriginal and Islander Child Care Agencies

The department funds Aboriginal and Islander Child Care Agencies to assist with the fostering and adoption of Aboriginal and Torres Strait Islander children and with related family welfare matters (DHFS personal communication). While not strictly a family preservation service, many of the activities conducted by these agencies seek to keep families together or to find the most culturally appropriate solution for the care or placement of children. Services provided by the agencies are extremely varied and may also be classified as 'individual advocacy', 'mutual support and self-help' or 'community/community centre-based development and support'.

The first Aboriginal and Islander Child Care Agencies were established in the 1970s in response to concern that a disproportionate number of Indigenous adults entering the criminal justice system had been placed in institutions or other non-Indigenous placements as children, care which was culturally inappropriate (D'Souza 1993:40). The department now funds 11 agencies across Australia—2 in New South Wales, 5 in Queensland, and 1 each in Victoria, South Australia, Western Australia and the Northern Territory. Many agencies also receive funding from their State or Territory Government.

Community/community centre-based development and support

Playgroups

Playgroups are designed to bring together, on a regular basis, groups of younger children with their parents or carers for informal or semi-structured sessions. Children may be between birth and school age, and playgroups may include children in other forms of children's services. For example, many family day care providers take the children in their care on a regular basis to a playgroup 'session', often in conjunction with other family day care groups. Playgroup sessions are held in a variety of venues, such as private homes, community centres and preschools. The aim is to provide a stimulating, creative and caring environment which encourages and enhances positive interaction between participants, including the parents and carers. As such, playgroups view themselves as a 'community networking service', assisting parents to make contacts with others in their community.

The department provides funding to playgroup associations in each State and Territory to assist these organisations to act as resource centres for individual playgroups, providing a support and advisory service. The Playgroup Council of Australia reported that in December 1996 there were nearly 9,000 playgroup sessions nationwide, with approximately 120,000 families as members (Playgroup Council of Australia unpublished). As part of the 1997–98 Budget, government assistance to playgroups was increased with additional funding of $1 million per year allocated for 3 years from

1998–99 ‘to improve developmental opportunities available through playgroups for children with a parent at home’ (Newman 1997:4).

Department of Industry, Science and Tourism

Financial information, advice or referral

The Commonwealth Financial Counselling Program

The Commonwealth Financial Counselling Program is administered by the Small Business and Consumer Affairs Division within the Department of Industry, Science and Tourism (DIST). The aim of the program is ‘ … to provide reasonable access to financial counselling services for low income families and individuals and small business who are experiencing financial difficulty’ (DIST 1996:2). In order to achieve this aim, the Commonwealth provides grants to community-based organisations and local government community service organisations to provide financial counselling services and / or resources and training for financial counsellors (DIST 1996:2).

The types of activities generally undertaken by the funded organisations include: direct casework with clients in financial distress, including individual advocacy and negotiation (e.g. with creditors); referral to other services; and group advocacy, community development and education, training and professional development for financial counsellors, and promotion of financial counselling (DIST 1996:3).

The program commenced in 1990 when 30 organisations were successful in attracting grants. Total funding for the program was $1.9 million in 1996–97, distributed between 44 organisations—14 in New South Wales, 9 in Victoria, 6 in Queensland, 4 in Western Australia, 6 in South Australia, 1 each in Tasmania and the Australian Capital Territory, and 3 in the Northern Territory. It is estimated that 10,000 new clients were assisted during 1996 (DIST personal communication).

Department of Primary Industries and Energy

Financial information, advice or referral

The Rural Counselling Program

The objective of the Rural Counselling Program is: to encourage, in times of low farm income and attendant family stress, the provision of appropriate financial and adjustment counselling to farm families in those areas most in need of such counselling service; and to provide direct financial incentive for local self-help community groups, based in rural and provincial Australia, to respond to the need for rural counselling through the employment of suitably qualified rural counsellors (DPIE personal communication). The program also aims to assist farming families to access other government programs and services.

The Department of Primary Industries and Energy (DPIE) funds community-based organisations to employ counsellors on a full- or part-time basis. The main responsibility of counsellors is to provide free, objective, confidential financial analysis for farm families and to provide assistance according to the circumstances (DPIE personal communication). While counsellors must be responsive to the personal difficulties

arising as a result of financial problems, they are generally expected to refer clients to other agencies for counselling with social / psychological problems.

The department began funding the Rural Counselling Program in 1986. During 1996–97, funding of $5.05 million was provided to 71 organisations (28 in New South Wales, 13 in Victoria, 12 in South Australia, 8 in Queensland, 9 in Western Australia and 1 in Tasmania). During 1996, the program assisted 9,293 clients. The main forms of assistance were: helping clients to negotiate with creditors; helping clients to access Department of Social Security and Rural Adjustment Scheme assistance; and referral to other agencies, such as those providing counselling for social / psychological problems (DPIE personal communication).

Following the 1997–98 Budget, funding for the Rural Adjustment Scheme and the Rural Communities Access Program (of which the Rural Counselling Program is one of six elements) will be redirected to the government's new Integrated Rural Policy Package, to be announced in late 1997 (Commonwealth of Australia 1997a:102)

State/Territory-funded family support services

As stated earlier, there is currently no comprehensive information on family support services provided and / or funded by State and Territory Governments. This section will therefore use examples of programs to illustrate the types of services available in each jurisdiction, under each of the specified classes.

A number of States and Territories continue to fund agencies to provide a range of family support services in a similar format to the model developed for the Family Support Services Scheme in the late 1970s. An example of agencies providing such multifaceted services are those funded in New South Wales, known as 'Family Support Services' (see Box 4.7). These services were early forerunners of the more tightly targeted, intensive family preservation services discussed below (Hamilton 1993a:x).

Counselling

Counselling and mediation services

State and Territory Governments fund a wide range of counselling and mediation services in addition to those which are privately funded and those funded by the Commonwealth Government. The types of services funded vary across jurisdictions, but generally range from one-to-one telephone crisis counselling services to child sexual abuse counselling and mediation services for families experiencing parent–adolescent conflict.

State and Territory Governments usually fund non-government agencies, such as Lifeline, Relationships Australia and Centacare, to deliver these services. Organisations are often funded to provide these services in conjunction with a range of other family support services. For example, in Tasmania, family counselling and mediation are provided by agencies funded as 'Family Support Services' under the Government's Family Support Program. Parent helplines—providing information and counselling services to assist parents—are funded in most States and Territories. This service is discussed as an example of parent education in the 'development of family / household management skills' class of services, illustrating the difficulty in classifying family support services.

Problem gambling initiatives

Many States fund initiatives to assist problem gamblers and their families, including counselling services and other innovative measures. Such programs may be partially funded from revenue raised under gaming legislation. Two States in which a great deal of attention has been given to gambling counselling and education are Queensland and Victoria.

The Department of Families, Youth and Community Care (DFYCC) in Queensland provides funding to a number of community-based organisations to provide 'Break Even' services for problem gamblers. Break Even involves a range of counselling services (e.g. addictions, financial and relationships counselling) for gamblers and their families. Organisations funded under this program also undertake community education campaigns to raise awareness of the consequences of excessive gambling and conduct joint ventures with gambling industry groups to bring about changes. Relationship Australia, Lifeline and Centacare are currently contracted to provide Break Even services in six locations across Queensland (Qld DFYCC personal communication).

The Victorian Department of Human Services (DHS) funds a range of problem gambling services and initiatives. In 1996–97, community-based organisations were funded to deliver:

- G-Line—a central 24-hour free call crisis intervention and referral line;
- Problem Gambling Counselling and Liaison Services—18 counselling and referral services; and
- professional training and development—State-wide skills development for problem gambling, financial counsellors and liaison officers.

In addition to these services, funding has been provided to conduct research in this field and to develop innovative service models (e.g. for people from non-English-speaking backgrounds who are experiencing difficulties with gambling or financial management) (Vic DHS personal communication).

Development of family/household management skills

In-home support

In-home support for families is funded in some form by most jurisdictions. For instance, organisations funded as 'Family Support Services' in New South Wales provide a significant source of in-home support for families (see Box 4.7). In Victoria, in-home support services are funded as part of the Family Support Program; these services aim to support families where there is a moderate or severe level of distress or dysfunction because of life stress or vulnerability. Services are targeted to families with children aged 0–18 and focus on practical assistance and parent education (Vic DHS unpublished).

Parenting education

Services funded by State and Territory Governments in this area include the provision of parenting information either through telephone helplines or printed material, as well as through more formalised family skills training. The level of support provided through State and Territory Governments in this area varies markedly.

Box 4.7: Family Support Services in New South Wales—a multifaceted approach

Agencies were first funded as 'Family Support Services' in 1978, when a small number of organisations were successful in attracting money under a Commonwealth-funded pilot program which became the sole responsibility of the State Government in 1988 (see Box 4.6). The State Government retained the Family Support Program as a separate and distinct program from 1988 until 1991, when it was absorbed into the Community Services Grants Program, funded by the New South Wales Department of Community Services.

Family Support Services aim to prevent family breakdown and promote family strengths. These services have three main objectives—to promote positive relationships within families as well as a safer and more caring environment for children; to develop support networks and provide referral to agencies delivering other services, including self-help services; and to act as advocates for families to government and other agencies. In order to meet these objectives, agencies funded as Family Support Services undertake activities such as:

- *providing one-to-one support to families (family worker services) either in their own home or at centres;*
- *conducting group activities, including parenting skills training, personal development, mutual self-help groups, home and financial management skills, education/information sessions, socialisation or drop-in activities and playgroups;*
- *providing information and referral; and*
- *assisting in community development initiatives.*

Services are generally delivered by local community groups, although some are sponsored and delivered by larger organisations such as Centacare and Barnardo's.

In 1994 there were 134 family support projects being conducted by 129 organisations, funded as 'Family Support Services'. A census of Family Support Services in August 1994 indicated that, during the census week, family support projects: serviced approximately 4,200 family worker clients; worked with approximately 1,270 families in which children were known to have been notified to the Department of Community Services as being 'at risk'; and provided group activities for approximately 3,300 participants. During 1993–94, approximately 10,850 group sessions were provided.

The census also found that clients tended to be disadvantaged and have low incomes. For instance, 57% of clients were from one-parent families, 76% of client families had a pension or benefit as their main source of income and 79% rented their accommodation, including 49% of client families living in public housing. Domestic violence was an issue for approximately 45% of client families.

Sources: Bullen & Robinson 1994:1; FSSANSW 1995:2–6.

State and Territory Governments often purchase education packages developed by specialists in early childhood development and parenting and then modify them according to their own needs. For instance, the Positive Parenting Program (Triple P),

developed by educational psychologists at the University of Queensland, forms the basis for the Positive Parenting Programs in both Victoria and Western Australia.

In Victoria, as part of the Positive Parenting Program, a wide range of written parenting information products, professional resources and training programs has been developed (Vic DHS 1996b:1). Parenting resources include parent 'tip sheets', a positive parenting video and a positive parenting booklet, which are available to parents through service providers or the Department of Human Services. In Western Australia, an innovative Positive Parenting Program was piloted in 1996. The pilot—a behavioural, family intervention program for 3- and 4-year-olds—has the ultimate aim of preventing behavioural problems in adolescence. The program aimed to provide parents with a free 4-week parenting course, four 15-minute follow-up phone calls from a counsellor, and a video workbook and manual on child care (Evans 1996:1).

An alternative approach to parenting education has been adopted by the South Australian Government. The 'Parenting SA' campaign aims to bring parenting information, support and advice together in a coordinated way. The campaign achieves this through the provision of a Parent Helpline, community programs, innovative workplace parenting forums and the establishment of the 'Parenting SA Home Page' on the Internet. The Home Page provides parents, grandparents, step-parents, practitioners and professionals with up-to-date parenting information on 48 different subject areas (Parenting SA Home Page 1997). Material for the campaign has been developed by the Office for Families and Children in conjunction with Child and Youth Health.

Family preservation

There is a wide range of child welfare services, all of which are a State/Territory responsibility. While child protection and out of home placement are discussed in Chapter 6, other support services which attempt to assist families who have entered (or are in danger of entering) the child protection system are examined here. These services are known as family preservation services.

During the 1990s there has been a growing trend towards funding family preservation services and programs, rather than out of home care, for children in families where there is risk of abuse, neglect or conflict. This policy direction has evolved partly out of a desire to contain increasing welfare costs, and partly out of a philosophical shift away from using out of home care. This shift has occurred in the belief that 'removing a child at risk from the family may produce second order effects of greater and more lasting detriment than the original problem' (Hamilton 1993b:17).

Intensive family preservation services are distinguished from other family support services in that they are targeted at families where serious protective intervention is imminent. They are less restrictive than alternative child protection measures but remain highly interventionist services for families whose children are identified by the State as needing protection (Blake et al. 1995:52).

Intensive family preservation programs were introduced into most States in the early 1990s. Currently, State Governments provide funding for such programs under a variety of names. For example, Victoria funds Families First, Aftercare and Koori Family Preservation Services as family preservation services, and Tasmania funds an Intensive Family Support Program in its southern region. The Victorian system is discussed here

as an illustrative example of family preservation at work in the States and Territories (see Box 4.8).

It is important to recognise that a great deal of family preservation work is undertaken as part of the general casework of child protection workers, by agencies funded as 'Family Support Services' and agencies funded to provide a range of other support services to families. For instance, the Northern Territory does not fund a distinct family preservation program, but their child protection case workers conduct intensive family-based work with families where there are protective concerns regarding the children.

Financial information, advice or referral

Some form of financial counselling is funded in most States and Territories. Types of services funded vary but may include telephone advice or referral to a non-government organisation providing financial counselling services. Alternatively, financial counselling and advocacy may be included as part of a general family support package developed for a family at risk of having their child removed because of protective concerns or for a family accessing agencies funded as 'Family Support Services'. Some States use gambling revenue to fund debt / financial counselling services.

The Victorian Financial Counselling Program supports families and individuals in financial difficulty, targeting families and individuals on low incomes. The recurrent budget of $2.3 million per annum purchases services from 52 agencies across the State. In 1995–96 over 11,000 client cases were seen; in 70% of cases, clients had annual incomes of $20,000 or less. Additional funding has been made available over recent years to expand the provision of financial counselling services and to develop innovative service models (Vic DHS unpublished).

Community/community centre-based development and support

State and Territory Governments are involved in funding a range of services, initiatives and resources which aim to strengthen communities and develop networks of support for families. The Home-Start program and neighbourhood houses and community centres are examples of services which perform a community development and support role. These programs conduct a range of activities, such as parenting education, and provide mutual support and self-help, again demonstrating the difficulty in classifying any one family support service.

Home-Start

Home-Start is a voluntary home visiting scheme 'through which volunteers (who are parents themselves) offer support, friendship and practical help to families with at least one child under 5 who are experiencing stress and difficulties' (Barnes 1995:323). Home-Start was founded in the United Kingdom in 1973, and by 1997 there were 206 schemes worldwide, including six in Australia. Five of the schemes are in New South Wales and one in Victoria. The Department of Community Services in New South Wales funds the Home-Start scheme as part of the Community Services Grants Program.

Families with young children may refer themselves or be referred to Home-Start by a community agency or worker, for example, a child health nurse. Reasons for referral are numerous, including 'post natal depression, illness, disability, marital problems,

Box 4.8: Family preservation services in Victoria

In 1991, Canterbury Family Centre received State government funding to conduct a pilot program, now known as Families First, based on the Homebuilders model developed in the USA. A series of pilots were run in the 1991–93 period and an evaluation was completed in 1993. During this period the Government made the commitment to expand the program across the State by 1995, agreeing to fund non-profit organisations and the relevant government department to provide these services.

Families First provides counselling and education to prevent the removal of children or adolescents from their families because of protective concerns. The service aims to reduce child abuse risk factors initially present in the family, and to connect the family with ongoing support services which strengthen their ability to successfully nurture their child, thereby avoiding placing the child in out of home care. The program may also help young people who have been placed in out of home care to be reunited with their own families.

The target group for Families First is restricted to referrals from child protection workers within the Victorian Department of Human Services, and then only when those workers would otherwise remove a child within 3 days to an out of home placement for protective reasons.

Characteristics which are consistent across Families First projects are that services are:

- *intense (workers assist a maximum of two families for up to 20 hours per week each);*
- *home-based and family-centred;*
- *flexible and responsive; and*
- *brief (generally only 4–6 weeks).*

An additional program component, known as Aftercare, was trialled in three regions in 1996–97. The aim of Aftercare is to provide continuity of service, either following a regular Families First intervention or within approximately 6 months of a Families First case being closed. The service enables the worker to assist the family for an additional 3 months, for up to 10 hours per week. This service is only used when other family support services are unavailable or unsuitable. It is generally provided when there is a high likelihood that the child will be placed in out of home care and a high probability that the Aftercare service will prevent this occurring.

A number of Koori Family Preservation Services are scheduled to commence in Victoria in 1997. These services are also based on the USA Homebuilders program but have been adapted to suit Koori needs. Changes to the model include a longer period of assistance for referred families (3 months) and a greater emphasis on community development work.

During 1996–97, $2.14 million was allocated to 10 providers for Families First; $45,000 to three providers for Aftercare; and $450,000 for Koori Family Preservation, which is expected to be distributed to three providers. The department is expecting to assist 377 families through Families First, 36 through Aftercare and 27 through Koori Family Preservation Services in 1996–97.

Sources: Blake et al. 1995:52; Hamilton 1993a:41; Livingstone 1993:27; Vic DHS personal communication.

geographical isolation and loneliness, several small children under five, or multiple birth' (Barnes 1995:324).

Volunteers in the program all have parenting experience and are required to undertake a short preparation course. Families are initially contacted by volunteer visitors on a one-to-one basis but every effort is made to link families into social networks and other support structures. One example of such activity are the Home-Start Playgroups which are run for families and volunteers every 2 months (Barnes 1995:324).

Community centres/neighbourhood houses

Neighbourhood houses, sometimes known as neighbourhood or community centres, are funded by governments in all States and Territories. Local governments make a particularly significant contribution in this area, often by building and maintaining premises for community use.

Neighbourhood houses play an important role in 'combating isolation of families in the community' (Wolcott 1989a:23). In addition to providing a venue for families to make contact with other people in the community, neighbourhood houses generally provide access to a wide range of services, such as education, counselling, skill development and recreation activities.

The Queensland Government, through its Department of Families, Youth and Community Care, funded 100 neighbourhood centres in 1996–97. Funding is generally used to finance a coordinator and some administrative assistance. Centres are intended to provide a range of preventive services for families and individuals, including promoting social change within the community (Qld DFYCC personal communication).

The Tasmanian Department of Community and Health Services funded 29 neighbourhood houses during 1996–97. Neighbourhood houses provide a meeting place as well as a wide range of community services, such as effective parenting courses, life skills classes and recreational activities. They are intended to assist community members into employment, break down family isolation and develop community cohesion (Tas DCHS 1995:39).

4.4 Summary

Children's services

The structure, funding, administration, regulation and delivery of children's services are extremely complex. The majority of child care services are funded through the Children's Services Program (CSP) which is administered by the Department of Health and Family Services. CSP services are mainly funded by the Commonwealth Government; State and Territory Governments also contribute funding through joint agreements with the Commonwealth. States and Territories also provide child care funding outside these joint agreements and are mainly responsible for funding preschool services.

There have been a number of significant changes in children's services in this decade, including an enormous growth in the number of child care places, in the number of children in child care, and in child care expenditure. Between June 1989 and June 1996,

the number of child care places funded through the CSP increased from 114,391 to 306,575 places, while the number of children in CSP-funded child care services increased from 153,100 to 570,300. Between 1989–90 and 1995–96, Commonwealth expenditure on children's services through the CSP increased from $215.8 million to $854.4 million in real terms (1989–90 constant prices).

The largest growth in CSP-funded child care places over the period was in places in private-for-profit and employer-sponsored and other non-profit long day care centres. This growth was a response to eligibility for Childcare Assistance being extended to users of long day care centres, other than centres receiving a CSP operational subsidy, from 1 January 1991. The growth in centre-based long day care places attracting Childcare Assistance is reflected in the shift in Commonwealth CSP expenditure from expenditure on service provision to expenditure on measures to make child care more affordable for parents. Between 1990–91 and 1995–96, the proportion of Commonwealth expenditure on capital loans, capital grants and operational subsidies fell from 29% to 14%, while the proportion of expenditure on Childcare Assistance and the Childcare Cash Rebate increased from 58% to 78%. In 1995–96, more than half (56%) of all Childcare Assistance expenditure went to private-for-profit and employer-sponsored and other non-profit centres.

Between 1990 and 1996, there was a shift from the use of informal child care arrangements to formal child care services. The number of children in formal child care services increased by 18% between November 1990 and March 1996, while the number of children in informal care fell by 11%. Overall, over the period, the number of children under 12 years using any type of child care fell by 10%.

In recent years, the differences between two types of children's services—preschools and long day care centres—have become less distinct and several jurisdictions now support and promote linkages between the two service types. In 1995, 55% of CSP-funded long day care centres provided a preschool program for the children in the year before full-time school, while 17% of centres took children out to a local preschool.

The enormous growth in expenditure on child care services is one of the reasons why growing attention is being paid to the outcomes of service provision, addressed here in terms of accessibility, affordability and quality. The level of unmet demand for children's services halved between 1993 and 1996. Commonwealth statistics on the accessibility of child care services for parents in the labour force, however, indicate significant regional variations in the number of places per head of children in the target population.

Child care has been made more affordable for substantial numbers of families through Childcare Assistance and the Childcare Cash Rebate. In 1995–96, 279,000 families with children in long day care received Childcare Assistance, while 237,979 families received the Childcare Cash Rebate, mainly for expenses incurred in using formal services. Where child care costs and the level of Commonwealth assistance provided to different types of families using long day care services are examined, the income-tested nature of assistance is readily apparent. The marginal cost of having two children in long day care is considerably higher for high-income families than for low-income families.

Service quality is assured through child care standards and accreditation. Most State and Territory Governments are expected to implement nationally agreed child care standards for long day care centres, family day care and outside school hours care by the end of 1997. Currently, among CSP-funded services, only long day care centres are required to participate in a formal accreditation process, although there is support from the Commonwealth to extend an appropriate form of accreditation throughout the children's services sector.

The period since the beginning of this decade has been one of rapid change in the children's services sector. It is expected that the pace of change will continue, given new Commonwealth initiatives, such as the removal of operational subsidies from community-based long day care centres and outside school hours care services, new payment arrangements for Childcare Assistance and the Childcare Cash Rebate, and the new National Planning System initiatives.

Family support services

This chapter also presents an overview of the provision of family support services in Australia. This brief overview classifies a range of government-funded family support services according to whether their primary function is to provide: counselling; development of family/household management skills; financial information, advice or referral; or community/community centre-based development and support.

Although family support services are primarily a State and Territory government responsibility, the Commonwealth Government funds a number of services in this area. Historically, Commonwealth involvement grew largely from its role in relation to family and marriage law (programs currently funded by the Commonwealth Attorney-General's Department) and its role in establishing family support services in States and Territories in the late 1970s (programs currently funded by the Commonwealth Department of Health and Family Services). Additional family support services, such as financial counselling for rural families, are funded and administered within other Commonwealth portfolios and are the result of varied historical developments.

State and Territory Governments provide funding for family support services under all of the specified classifications. Examples are used to illustrate the types of services funded in each jurisdiction. These include problem gambling initiatives in Queensland and Victoria, Family Support Services in New South Wales, Families First in Victoria, Positive Parenting Programs in Western Australia and Victoria, the Home-Start scheme in New South Wales, and neighbourhood houses in Queensland and Tasmania.

It is hoped that this exploratory information will provide an initial step towards the goal of developing a national data collection for family support services.

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5 Housing assistance

5.1 Introduction

In Australia, housing assistance is provided by governments through cash assistance and public provision and through the taxation system. Assistance may be provided directly by government or through a third party. This chapter examines currently available information on housing assistance, covering the need for assistance, government expenditure on services and assistance, the characteristics of the recipients of housing assistance and outcomes.

Since the last *Australia's Welfare* report (AIHW 1995), there have been significant changes in the administrative arrangements surrounding housing assistance and an increased focus on data and information issues. Current and future changes to administrative arrangements at the Commonwealth, State and Territory level revolve around:

- the shift of Commonwealth responsibility for welfare housing to the Department of Social Security (DSS) from March 1996 as a result of the abolition of the Department of Housing and Regional Development;
- an increased emphasis on information reporting in the current Commonwealth–State Housing Agreement (CSHA);
- the establishment of performance indicators for housing assistance for the Review of Commonwealth–State Service Provision, covering both public and community housing;
- the development of long-term reform of housing assistance (see Box 5.1); and
- in December 1996 the Senate referral of the issue of housing assistance to a Senate Committee for inquiry into current arrangements, including the public provision of housing, cash subsidies and taxation measures; the committee is to report by late 1997.

These changes have highlighted the need to both improve data for performance monitoring and policy analysis as well as further develop the links between housing assistance and living standards. There is currently no single national housing assistance data collection and data on housing assistance are highly fragmented. Several data issues facing the examination of housing assistance are discussed in the Technical Appendix.

Housing represents one of the basic needs of people in society and is seen as having an important relationship to health status, poverty and general living standards. For example:

- households on very low incomes can have their disadvantage exacerbated by housing costs which consume the major portion of income (National Housing Strategy 1992a);
- the location of housing can often reduce, for disadvantaged groups, accessibility to employment, education and training as well as to basic health and community services (DHHCS 1991a); and
- for households in rural and remote areas, improving the quality and type of dwellings is a major aspect of improving health status (ABS 1997:11).

The next sections examine various types of housing assistance, the recipients of this assistance, and the need for and effect of such assistance.

Box 5.1: Housing reform

Australia's national housing assistance system has been the subject of much debate in recent years. In particular, there have been concerns regarding

- *the inequity of assistance being provided to public and private renters in similar circumstances;*
- *unclear objectives and the duplication of roles and responsibilities at the Commonwealth and State level; and*
- *the effectiveness of public housing management.*

One of the proposals previously considered to address these issues entailed the Commonwealth taking responsibility for providing cash subsidies to private and public tenants and the States taking responsibility for managing and funding public housing at market rents. Commonwealth funding for public housing would have ceased under this model (COAG 1996).

However, an alternative approach, initially focusing on reform to public housing, has now been agreed upon. Following this approach, the States are currently developing options for improving the efficiency and effectiveness of public housing through the better targeting of assistance and reforming rent setting, tenure and management of waiting lists. The principles for the long-term future of housing assistance are yet to be developed and will be considered by Housing Ministers in early 1998.

5.2 Services and assistance

Commonwealth–State Housing Agreement

Most funding for housing assistance is provided under the Commonwealth–State Housing Agreement (CSHA). The Agreement aims to provide access to housing which is adequate, secure, appropriate and affordable for all Australian households.

The CSHA was first established in 1945 and has undergone many changes. The latest Agreement, the 1996 CSHA, covers the period 30 June 1996 to 30 June 1999. The long-term future of housing assistance is still to be developed (see Box 5.1). The CSHA

provides assistance to renters and purchasers. Cash benefits are provided to low-income households to assist with rent, bonds, mortgage repayments and deposits. In-kind assistance is provided in the form of public rental housing, community housing and Aboriginal rental housing, and low-deposit loans for home purchase.

In 1994–95, funding under the CSHA was $2,218 million, broadly split between rental housing assistance and home purchase assistance (Table 5.1). Rental housing assistance is the larger and pays for public housing construction, major maintenance and renewal. Sources of funds include Commonwealth grants for tied and untied purposes (most of which is matched by State funds), and internal funds from rent payments by public tenants and sales of public rental stock. The smaller home purchase assistance program finances assistance to purchasers, such as low-deposit loans and loans with low starting repayments. These are mostly funded by repayments of previous loans and private sector funds.

Table 5.1: CSHA funding for housing assistance,[(a)] 1993–94 and 1994–95 (current $m)

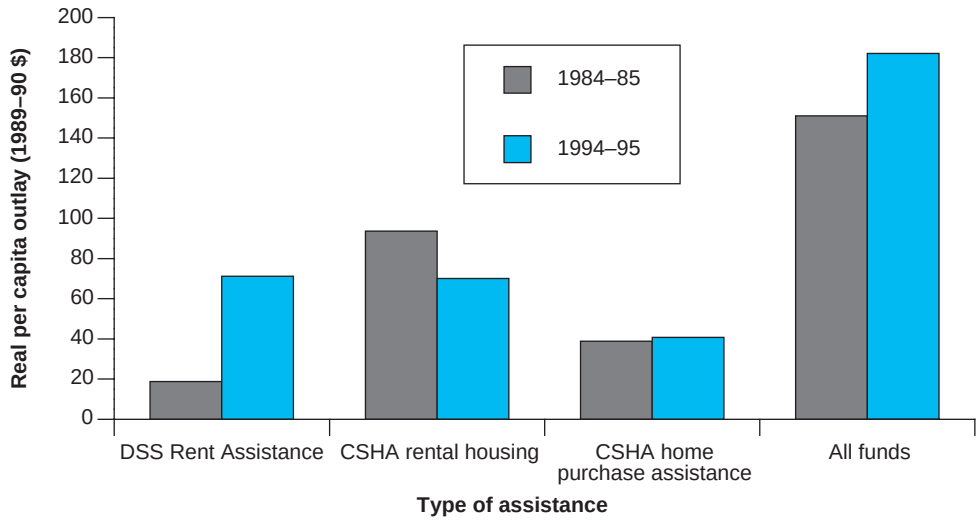
	Common-wealth grants	Internal funds	State funds	Private funds	Total
1993–94					
Rental housing	1,047.2	–14.7	436.4	15.0	1,484.0
Home purchase assistance	10.7	540.0	12.1	508.4	1,071.1
Total	**1,058.0**	**525.2**	**448.5**	**523.4**	**2,555.1**
1994–95					
Rental housing	1,062.5	–99.3	439.1	0.0	1,402.2
Home purchase assistance	4.8	339.6	4.8	466.7	815.9
Total	**1,067.3**	**240.2**	**443.9**	**466.7**	**2,218.1**

(a) For consistency with data reported in *Australia's Welfare 1995* (AIHW 1995:356), only funds provided under the CSHA 1989 Act or resulting from internal rental and loans operations have been included. As a result several sources of CSHA-related funds for housing have been excluded. These are listed in Table A5.1.

Sources: DHRD 1995; DSS 1996a.

Between 1984–85 and 1994–95, taking inflation and changes in the population into account, per capita levels of spending on CSHA rental housing assistance decreased by 25% (Figure 5.1).[1] CSHA home purchase assistance spending increased by 5%. Expenditure will decrease in 1997–98 when new budget measures which involve a reduction of $50 million in CSHA spending will come into effect.

1 CSHA rental housing assistance comprises CSHA-funded public rental accommodation, including public housing, community housing, the Crisis Accommodation Program and the Aboriginal Rental Housing Program.



Source: Table A5.2.

Figure 5.1: Real per capita expenditure on major housing assistance programs, 1984–85 and 1994–95 ($)

DSS and DVA Rent Assistance

Rent Assistance is a non-taxable income supplement paid to individuals and families who are eligible for a Department of Social Security (DSS) or Department of Veterans' Affairs (DVA) payment and who are not renting from a State housing authority and are not home owners or purchasers. It was established in 1958.

Over time, eligibility and payments have been extended. Since 1987, DSS and DVA have paid Rent Assistance to people who are renting from a private landlord, pay rent over a given threshold and receive at least a partial pension, allowance, benefit or low-income family payment. Since 1993, Rent Assistance has been paid at a rate of 75 cents in the dollar above a given minimum threshold, up to a set maximum amount. Eligibility criteria for the pensions, allowances, benefits or low-income family payments, and the rent thresholds and maximum amounts of Rent Assistance have varied over time.

In 1995–96 DSS Rental Assistance outlays were $1.55 billion, compared with $1.45 billion in 1994–95 (DSS 1996f:296). In real terms this equates to just under a 5% increase over 2 years, from $1.27 billion to $1.34 billion in 1989 constant dollars.[2]

The DVA has also spent increasing amounts on Rent Assistance over the recent past. In 1991–92 (when Rent Assistance was first recorded as a separate outlay), DVA outlays on Rent Assistance in constant prices were $23.4 million, while in 1995–96 these outlays were $37.7 million (DVA unpublished).

2 Outlays have been adjusted using the GFCE index (ABS 1996a).

Over the last decade, spending on Rent Assistance by the DSS has increased by nearly 340% as more people have been made eligible for benefits and as the real value of the benefits has increased. From 1984–85 to 1994–95, the number of income units receiving Rent Assistance nearly doubled (Table 5.2). While there has been an overall increase in the number of income units renting from private landlords, most of the increase in the number of Rent Assistance recipients appears to have been a consequence of changes in eligibility in 1987 and 1988 when the separate income test for Rent Assistance was abolished and eligibility was extended to low-income families with children who received the then additional family payment but not pensions or allowances. Between 1984–85 and 1994–95, the real value of Rent Assistance payments also increased. Real per capita spending on Rent Assistance increased by 282% in that decade (Table A5.2). The decrease in spending on CSHA rental housing assistance, noted in the previous section, has been more than compensated by increases in spending on DSS Rent Assistance to private renters over the same period (Figure 5.1).

Table 5.2: DSS Rent Assistance recipients[(a)] and payments, 1984–85 and 1994–95

	1984–85	1994–95
Rent Assistance recipients (income units)	491,000	931,500
Average Rent Assistance payment[(b)] ($pw)	8.78	29.92
Consumer Price Index for privately owned dwelling rents	62.5	108.1
Real average Rent Assistance payments ($pw) (1989–90 constant $)	14.06	27.68

(a) Numbers of recipients may include some double counting of couples without children (who receive two Rent Assistance payments per income unit). Estimates for 1984–85 are the average of June estimates for 1984 and 1985. Estimates for 1994–95 refer to December 1994.
(b) Average Rent Assistance was calculated by dividing total outlays by numbers of recipients (income units).

Sources: ABS 1996c; ABS unpublished data; DSS 1995; Prosser & Leeper 1994.

There have been a number of recent changes to the payment of DSS Rent Assistance that affect its distribution amongst the population. On 1 July 1997, a new maximum rate of Rent Assistance for single people who share accommodation was introduced. The new maximum rate for single sharers is two-thirds the maximum rate for singles living independently (DSS 1996d).

As from 1 January 1997, Rent Assistance payments which had previously been paid to pensioners in nursing homes and hostels were paid as Residential Care Allowances. However, from 1 October 1997, this allowance will no longer be paid directly to pensioners in nursing homes and hostels. The Government will fund the equivalent amount direct to the Department of Health and Family Services for inclusion in the aged care subsidies (DSS 1996c).

Finally, from 1 January 1998, Rent Assistance will no longer be paid to people living in public housing for which the primary tenant is charged subsidised rent by the State or Territory housing authority (DSS 1996e). Such people were previously eligible for Rent Assistance if they were living in a public rental housing dwelling, but not paying rent directly to a State housing authority.

State and Territory specific assistance programs

State and Territory Governments also fund assistance outside the CSHA, with different jurisdictions providing different programs. Unfortunately, consistent information is not available on the funding for such programs, the value of the assistance to individuals and the number of people assisted. Additionally, it is often not possible to determine whether people assisted by States and Territories directly have been assisted under the CSHA, for example via the Mortgage and Rent Assistance Program.

Some States and Territories provide funds in addition to those allocated under the CSHA for 'State equivalent programs', that is programs for 'assistance to people similar to those assisted under the agreement' (DSS 1996a:40). In 1994–95 such programs received funding of $136.7 million. These funds were used only for rental programs in that year, but in previous years State equivalent programs have included home purchase assistance. States and Territories also fund programs unrelated to the CSHA.

The types of assistance provided through State funds take many forms. For private renters, the main form is grants or interest-free loans to assist low-income households meet rental bond payments and relocation expenses. In some States/Territories, additional rent assistance is also available to low-income households paying an excessive proportion of their income on rent or with special needs; for example, in New South Wales, rental subsidies are available to public housing applicants receiving a disability support pension, who cannot be housed within 28 days. Assistance to households either in crisis or leaving crisis accommodation is also available in some States to assist them to access the private rental market.

Low-income purchaser households may receive loans for deposits to assist them in entering home purchase, or they may be eligible for assistance with their repayments if they are experiencing difficulties. Other forms of assistance include rent/buy schemes in which householders unable to afford outright ownership purchase a dwelling in partnership with a State housing authority. Some schemes are quite small; for example, in 1995–96, 47 houses were completed and settled through Victoria's Group Self-Build Program, in which groups of families are assisted in building their own homes through the provision of 'advice on building techniques, a tool pool and building finance' (VDHS 1996:46). Other schemes, such as those which provide assistance to first home buyers either through deposit assistance or stamp duty concessions, have a larger target group.

For owners, assistance in maintenance problems may be available; for example in Queensland, community organisations or local authorities are funded through the Home Assist and Home Secure programs to provide advice and help with home maintenance and security to older people and people with a disability (Qld DHLGP 1995:33).

Assistance within tenures

The above discussion provided a brief overview of the funding for the main forms of housing assistance. How these relate to particular tenures is outlined below.

Assistance to private renters

Assistance to private renters is mostly provided through Rent Assistance paid by DSS and, to a lesser extent, by DVA and the Department of Employment, Education, Training and Youth Affairs (DEETYA). A small amount of assistance is also provided by State and Territory housing authorities for people who are having difficulty with the payment of bonds or rent.

In December 1995 some 890,000 income units were receiving DSS Rent Assistance (DSS 1996f: 298), while there were just under 40,000 recipients assisted through DVA. However, not all recipients of Rent Assistance live in the private rental market. For example, it is estimated that around 9% of DSS recipients live in other tenures, including nursing homes and hostels for the aged (DSS 1996g:32).

DSS and DVA Rent Assistance payments depend both on the type of income unit being assisted and the rent they are paying. Under the March 1996 schedule, maximum rates of assistance varied from $69.60 per fortnight for couples without children up to $97.40 for single and two-parent families with three or more children (DSS 1996f:296). Unfortunately average payments are not published by DSS, but using aggregate data it is estimated that in 1994–95 Rent Assistance payments averaged $60 per fortnight per recipient (Table 5.2). In real terms this was nearly double the 1984–85 average payment.

Mortgage and Rental Assistance Program

The Mortgage and Rental Assistance Program is a tied program covered by the CSHA. In 1994–95, approximately one-third of its funds were provided by the Commonwealth, another third by the State and Territory Governments, and the remaining third from repayments of assistance and other sources. The program provides some assistance to purchasers to help pay mortgages and raise deposits, but most of the funding is used to assist renters. Rent assistance payments cover bond and relocation assistance and rent relief (Table 5.3).

Assistance to other renters

This section examines assistance to non-private renters, covering a range of programs including those funded under the rental housing component of the CSHA. Programs relate to 'mainstream' public rental housing, community housing and Indigenous housing. (Assistance in the form of crisis accommodation is discussed in Chapter 7.)

Public rental housing

Households become eligible for public housing if they have incomes below a given threshold, although administrative procedures vary between States and Territories. In some States, eligible households are ranked in priority order according to criteria such as whether the household is escaping domestic violence, is living in overcrowded or sub-standard housing, contains people with disabilities who have special accommodation needs, and the length of time already spent on the waiting list. Housing is allocated in priority order as it becomes available through vacancies, new construction, purchase or lease.

Rents for public housing are generally charged according to the household's income until payments are equal to a market rent. Housing authorities have different definitions of assessable income, take different household members' incomes into account,

Table 5.3: Mortgage and Rental Assistance Program: sources and application of funds, 1994–95 ($'000)

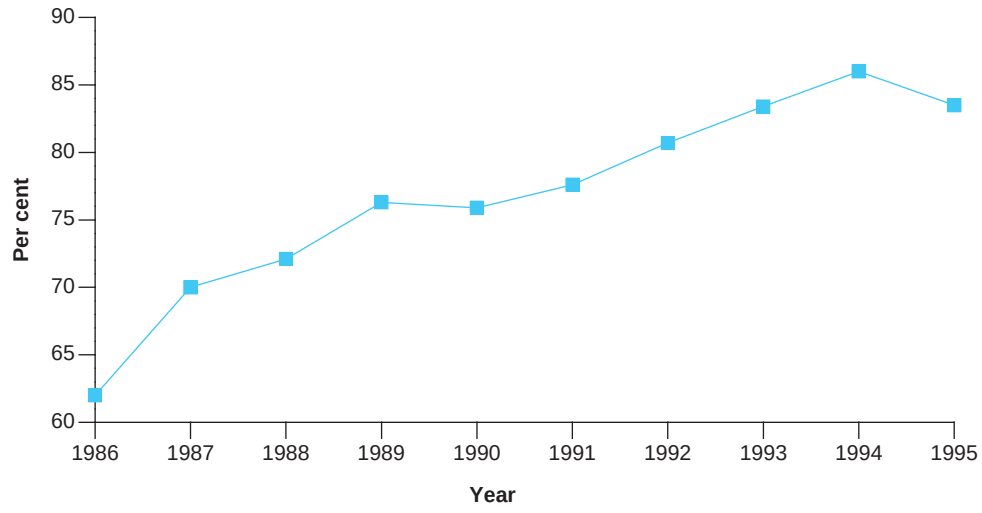
Source of funding	
Funds brought forward	6,118
Commonwealth	33,166
State	34,557
Internal	23,893
General allowance	4,931
Other	32
Total	**102,697**
Application of funding	
Mortgage relief	13,679
Deposit assistance	1,676
Rent assistance	55,076
Community housing	27,813
Carry-forward	4,315
Total	**102,559**

Source: DSS 1996a:69.

have different rates of payment according to different income thresholds, and value market rents differently. Often these arrangements are summarised so that it is said that most households pay between 20% and 25% of their gross income in rent (e.g. DSS 1996e). In 1995–96, approximately 15% of tenant households paid market rents while the remainder paid less than market rents (DSS 1996e). The difference between the market rent and the rents charged is called the 'rent rebate'.

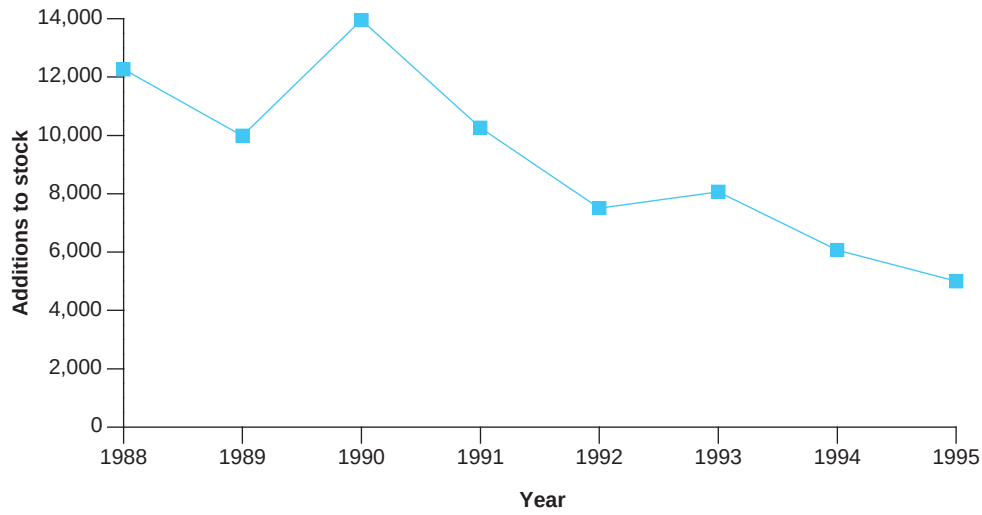
As already mentioned, between 1984–85 and 1994–95, there was a reduction in the level of funding for public rental housing (Figure 5.1). Most of the decrease was because of the change, which occurred in the late 1980s, from the use of a combination of loans and grants to finance public housing to the exclusive use of grants. While less has been spent since that time, less debt has been incurred which needs to be repaid at a future date. The second largest contributor to the reduction has been the change from housing authorities running public rental housing at a profit in the mid-1980s to running at a loss in more recent years. This has been a consequence of the increased costs associated with the ageing of public rental stock and to increased targeting of public housing to low-income households so that more tenants receive rent rebates (Figure 5.2). If tenants receive these rebates, then they pay lower rents and housing authorities are less able to cover their costs.

Unfortunately the data collected under the CSHA for the past decade are not sufficiently well defined or detailed to describe changes in the composition of spending on public housing (Foard et al. 1994). However, it is evident from figures on net changes in stocks that proportionally less has been spent on dwelling acquisitions over time, while more stock has been sold or otherwise disposed of (Figure 5.3).



Source: Table A5.3.

Figure 5.2: Public rental households receiving rebates, 1986–95 (% of stock)



Source: Table A5.4.

Figure 5.3: Additions to public housing stock, 1988–95

Community housing

Community housing is provided by non-profit community and local government organisations for people on low to moderate incomes. It covers a range of housing options, including rental housing cooperatives, rooming houses, and housing for people with special needs. Under the CSHA, it is estimated that between 18,000 and 20,000 dwellings have been funded for the provision of community housing, which is equal to 5% of public housing stock (DSS 1996a:24). Since January 1993, CSHA funds for this sector have been primarily provided through the tied Community Housing Program (CHP) which replaced the earlier Local Government and Community Housing Program. In 1994–95, total spending under the CHP was equal to $66.7 million which was paid by the Commonwealth without any State matching requirements. Nevertheless, some housing authorities chose to spend additional funds on community housing from sources such as untied CSHA funds, CSHA funds provided under the Mortgage and Rental Assistance Program, the Social Housing Subsidy Program,[3] State government funds, commercial borrowing, funds from non-government organisations, and contributions from tenants (DSS 1996a).

Aboriginal and Torres Strait Islander rental housing

In addition to the public rental assistance already discussed, Indigenous people are eligible to receive assistance from a number of specialised programs, including the CSHA Aboriginal Rental Housing Program, the Aboriginal and Torres Strait Islander Commission's Community Housing and Infrastructure Program, and hostels funded by Aboriginal Hostels Limited. (For more details, see AIHW 1995, Chapter 3.) Currently, these programs are administered separately but negotiations are underway for the possible pooling of funds available through DSS and the Aboriginal and Torres Strait Islander Commission under a separate authority. Bilateral agreements are being pursued with a number of States to achieve changes in funding arrangements, including independent Indigenous housing authorities at State level. The first agreement was signed with the Northern Territory Government in June 1995.

The Aboriginal Rental Housing Program is funded by tied funds under the CSHA. In 1994–95, $98.8 million was spent on this program which accounted for approximately 4% of all CSHA-related expenditure (DSS 1996a). As has been the case for most other public housing, the growth of dwelling stock under this program has declined over the period 1988 to 1995.

ATSIC's Community Housing and Infrastructure Program funds the provision and maintenance of community housing and essential infrastructure in Indigenous communities. In total, in current prices, $174.4 million was spent under this program in 1994–95 and $238.5 million in 1995–96. The higher expenditure in 1995–96 was a result of carrying over funds from the previous year (ATSIC 1996).

3 The Social Housing Subsidy Program subsidises the recurrent costs of financing rental accommodation for low to moderate income earners, with a focus on young people exiting crisis accommodation (DSS 1996f:384).

Many larger projects conducted by the program involved both housing and infrastructure components and so the exact distribution of expenditure between the two is not available. However, it is estimated that in current prices approximately $82.5 million was spent on housing in 1994–95 and $106.7 million in 1995–96. Most of this expenditure was on the construction and acquisition of dwellings; unlike other forms of public housing, stock growth has been increasing. In the late 1980s and early 1990s, approximately 350 to 550 dwellings were added to Indigenous community housing stock annually, while 840 dwellings were added in 1995–96.

Aboriginal Hostels Limited is a government-owned company which funds and provides low-cost hostel accommodation for Indigenous peoples to meet a variety of needs. In 1994–95, the company spent $36 million of which approximately $31.4 million was funded by the Commonwealth Government and the remainder was received as tariff and other income.

Assistance to purchasers

Assistance to home purchasers is mostly provided through the CSHA. Additional assistance is provided through the Mortgage and Rental Assistance Program, described earlier, but this is available only under exceptional circumstances. The program provides support to households experiencing extreme difficulty in repaying their mortgage and also provides some deposit assistance (Table 5.3). Assistance under the Commonwealth's First Home Owners Scheme, including a 5-year stream of monthly payments, has wound down since the scheme's termination in 1990 (DSS 1996f:394).

CSHA Home Purchase Assistance

Home purchase assistance (HPA) is mostly provided to first-time purchasers through schemes which allow clients to borrow with a lower deposit than required by the private sector. In constant prices, funding for the schemes increased during the late 1980s and peaked in 1990–91 after which it declined (AIHW 1995:68). Changes in funding were largely a consequence of changes in levels of private sector funds. Following the introduction of the 1989 CSHA, which encouraged housing authorities to gear up with private sector funds to expand their borrowing limits, private sector funds increased. However, following the highly publicised problems of State-sponsored home loan schemes, these funds were later withdrawn (Bourassa et al. 1995).

ATSIC Home Ownership Program

The Aboriginal and Torres Strait Islander Commission's Home Ownership Program provides low-interest and low-deposit loans for home purchase to Indigenous home buyers. The program aims to reduce the disparity in home ownership rates between Indigenous and non-Indigenous Australians. Since the inception of the program in 1974, it is estimated to have assisted more than 7,600 Indigenous families to buy their own home. In 1995–96, ATSIC approved 398 loans, with the average loan amount being $96,618.

Assistance to owners

Assistance is provided to owners through the taxation system. While this assistance is indirect, it is nevertheless significant (Bourassa et al. 1995; Pender 1994). Unlike other assets, owner-occupied housing is exempt from capital gains tax. This means that

owners can make untaxed gains by selling their homes in markets in which the value of their home has increased at rates greater than inflation. While some owners may make profits, others will buy new dwellings in a similar market and hence will not effectively realise the gain.

Owner-occupied housing is also treated differently to other assets because the service, or imputed rent, from the dwelling is not taxed.[4] Other assets such as bank savings, shares and investment properties produce income which is taxed, while owner-occupied housing provides an imputed income stream which is not. On the other hand, costs associated with producing the service are not tax exempt, for example, mortgage interest payments cannot be deducted from a person's taxable income. This presents a short-term disadvantage to purchasers; however, the long-term advantage of a non-taxed imputed rent has been calculated to more than outweigh this at given rates of mortgage repayment (Bourassa et al. 1995).

State government taxes also provide assistance to owners, for example transaction tax exemptions for first home buyers and land tax exemption. Land tax exemption has been raised as a source of horizontal inequity between renters and owner occupiers and as a disincentive to rental property investment (NHS 1991:80; Yates 1994:22).

Assistance is also provided to pensioners who receive subsidies for their local government rates payments. These subsidies are funded by State Governments who reimburse local governments. The size and number of subsidies vary from State to State and, although information is not currently available, the size of the outlay involved is expected to be significant.

5.3 The recipients

Currently, no comprehensive data exist to allow for detailed examination of both taxation assistance and assistance through benefits. An indication of the importance of this area is shown in Table 5.4 which provides an estimate of the value of both benefits and tax assistance across household income groups (Flood 1993). The data are not comparable with other information presented but give an indication of the magnitude of non-expenditure assistance.

Assistance in the public and private rental markets through government expenditures is compared with assistance to home owners and purchasers via service flows. These service flows relate to tax expenditures, such as non-taxation of imputed rental income and capital gains exemption of the family home, land tax exemption and interest rate regulation. These forms of assistance are less visible than the assistance provided through government outlays and are more difficult to value. As can be seen, the levels of total assistance vary considerably between tenures, with public tenants and home

4 Imputed rent from owner-occupied dwellings refers to the imputed value of the services, such as shelter, that ownership provides to the households after the deduction of expenses and depreciation (ABS 1995:87).

Table 5.4: All households: average value of housing assistance by tenure type and gross household income quintile, 1990–91($ per household per annum)

	Household gross income quintile					
Tenure type	Bottom 20%	2nd	3rd	4th	Top 20%	All households
Owner	1,570	1,770	1,520	1,310	3,180	1,890
Purchaser	1,060	1,300	930	360	1,210	890
Private renter	1,440	1,340	820	640	550	970
Public renter	3,450	2,990	2,100	1,340	1,340	2,890
All households	**2,010**	**1,750**	**1,210**	**820**	**1,980**	**1,510**

Source: Flood 1993.

owners receiving the largest value of assistance. The data show that in 1990–91 across all income groups:

- cash assistance to private renters through the income support system averaged $970 per household per year;
- rebates to public renters under the joint Commonwealth–State Housing Agreement averaged $2,890 per household per year; and
- the effect of favourable tax treatment and related subsidy flows to home purchasers and owners was equivalent to $890 and $1,890 of assistance per household per year, respectively.

The methodologies employed in the analysis were based on a number of assumptions regarding the valuing of taxes and benefits. Debate around these issues is continuing, so the results should be considered only indicative. Furthermore the effects of micro-economic reform, changed economic and social circumstances, and reforms of government policies and programs since 1990–91 have significantly changed the value of assistance.

The following sections of this chapter use data from the ABS 1994 Australian Housing Survey (AHS) which surveyed 14,500 households in September and October 1994. While these data are the most up-to-date of their type, a number of problems have been identified in the results of the survey. These issues are discussed below and in the Technical Appendix.

From this survey, it was estimated that 36% (451,000 households) of private renters and 17% (51,000) of households of 'other'[5] tenure type were receiving DSS/DVA Rent Assistance.[6] For those who received some Rent Assistance it averaged about $33 per week.[7] Because owners, purchasers and public renting households sometimes sub-let, it was possible in 1994 for a person to receive Rent Assistance even though they may be

5 'Other' tenure are those who rented from an owner/manager of a caravan park, a government authority employer, another employer, a housing cooperative/community/church group, another type of landlord or rented but did not state their landlord.

6 This estimate is likely to be too low because of the low identification rate of DSS age pensioners and unemployment beneficiaries in the ABS 1994 AHS (see discussion in Technical Appendix).

living in a dwelling owned or being purchased by another person in the household or being rented through a State housing authority by a member of the household. Around 3% of households in which individuals received Rent Assistance fell into this category (Table 5.5).

Table 5.5: Recipients of DSS/DVA Rent Assistance, by tenure type, 1994[a]

	In receipt of Rent Assistance				
Tenure type	(%)	('000)	Incidence of Rent Assistance[b] (%)	Receipt of Rent Assistance unknown ('000)	All households ('000)
Owner	1.1	5.7	0.2	53.2	2,793.9
Purchaser	1.2	6.1	0.3	24.7	1,890.3
Public renter	*0.4	1.8	*0.4	12.3	414.8
Private renter	87.5	451.3	35.5	9.3	1,271.4
Other	9.9	50.8	16.5	6.6	307.6
All households	**100**	**515.7**	**7.7**	**106.2**	**6,678.0**

(a) Estimates are derived from the ABS 1994 AHS. See Technical Appendix, especially Box TA5.2, for discussion of issues that affect interpretation.
(b) The number of households receiving some Rent Assistance is underestimated because of data deficiencies in the ABS 1994 AHS (see Box TA5.1).

Source: The database used in this analysis was the ABS 1994 AHS, confidentialised unit record file.

Thus it was estimated that a total of some 516,000 households were living in private dwellings and receiving DSS/DVA Rent Assistance at the time of the survey. This number is known to be an understatement because of data deficiencies (see Box TA5.1 in the Technical Appendix).

In addition to households receiving Rent Assistance, it is estimated from the AHS that 415,000 households, or 6% of all households, were living in public housing in 1994 (Table 5.6).[8] Of these about 84% were paying reduced rents, that is the rents that they were paying had been set to below market rents because of their financial situation. Assisted tenants received an average rebate of $51 per week.[9]

While overall some 6% of households lived in public dwellings and a further 8% of households at a minimum received assistance with their rent through either DSS or

7 Rent Assistance is paid to income units, so that it is possible for more than one person/family in a household to receive it.
8 As at 30 June 1994 according to State housing authorities, there were 384,000 public rental dwellings (DHRD 1995:50), while from the ABS 1994 AHS, 415,000 households were estimated to be living in public housing. Up to about 20,000 of this difference could be due to inaccuracies in estimates that occur due to sampling. This suggests that some non-public rental house-holds, for example those renting from an employing government agency, may be identifying as public rental.
9 According to the 1993–94 Housing Assistance Act Annual Report 86% of public rental housing stock was on reduced rents (DHRD 1995:57), with the average rebate per household estimated at $57 per week. These figures exclude Queensland.

Table 5.6: All households receiving rental assistance, by household type, 1994[a]

Household type	Public housing tenants[b] (%)	Renters receiving Rent Assistance[c] (%)	Receipt of Rent Assistance unknown ('000)	All households ('000)
Lone person	9.1	8.4	—	1,463.0
Couple only	2.9	2.5	**0.6	1,665.2
Couple with children	4.0	4.9	20.3	2,305.5
One-parent family	20.7	21.2	20.1	574.2
Other	3.4	15.3	52.9	670.0
Total	**6.2**	**7.5**	**93.9**	**6,677.9**
Total households ('000)	*414.8*	*502.1*		

(a) Estimates are derived from the ABS 1994 AHS. See Technical Appendix, especially Box TA5.2, for discussion of issues that affect interpretation.
(b) Public housing tenants who receive or may receive Rent Assistance are included as public housing tenants only.
(c) Some households receiving Rent Assistance may contain a member who owns or is buying the dwelling. The number of households receiving some Rent Assistance is underestimated because of data deficiencies in the ABS 1994 AHS (see Box TA5.1).

Source: The database used in this analysis was the ABS 1994 AHS, confidentialised unit record file.

DVA,[10] some groups were more likely to be in receipt of assistance than others. In particular, one-parent families were much more likely to be receiving assistance than other family types, with about 42% receiving rental assistance, that is, either being public renters or receiving Rent Assistance. Lone person households also had relatively high assistance levels, with some 17% receiving rental assistance. At 5% in total, relatively few couple-only households received rental assistance.

Table 5.7 presents the distribution across household income quintile of recipients of rental assistance. Both rebated and non-rebated public housing tenants are included. Over half of the 415,000 public housing tenants are in the lowest income quintile (each quintile contains 20% of households when ranked on equivalent household gross weekly income), as are a similar proportion of the estimated 502,100 renting households receiving Rent Assistance.

Because of different policies in the States and Territories over the years (Foard et al. 1994:27–28), public housing provides proportionately more housing in some jurisdictions than others. States and Territories which historically used public housing to attract a work force, usually in addition to providing housing for low-income households, tend to have a larger public housing sector than those which confined public housing to a welfare function. In 1994 South Australia (11%), the Northern Territory (21%) and the Australian Capital Territory (13%) all had considerably more than the national average of 6% of households in public housing (Table 5.8). Reflecting the broader role that public housing has had, households in public housing in these jurisdictions were less

10 If data limitations are accounted for, it is estimated that some 9.4% of households (625,000) were in receipt of Rent Assistance in 1994 (see Box TA5.1).

Table 5.7: All households: proportion of households in each income group receiving rental assistance, by type, 1994[a]

Equivalent gross weekly household income quintile	Public housing tenants[b]	Renters receiving Rent Assistance[c]	All non-public renters	Receipt of Rent Assistance unknown[d]	All households
			% across quintiles[e]		
Bottom quintile	53.0	54.1	24.6	7.4	20.0
2nd quintile	30.0	25.2	16.0	33.2	20.0
Middle quintile	10.9	13.8	20.7	31.3	20.0
4th quintile	4.1	5.2	21.7	19.7	20.0
Top quintile	2.0	1.8	17.0	8.4	20.0
Total	**100**	**100**	**100**	**100**	**100**
Total households ('000)	*414.8*	*502.1*	*1,579.0*	*93.9*	*6,667.9*
Households with government pension or cash benefit as main source of income (%)	69.8	67.9	27.5	34.7	23.7
Median equivalent weekly gross income ($)	401	391	761	675	777

(a) Estimates are derived from the ABS 1994 AHS. See Technical Appendix, especially Box TA5.2, for discussion of issues that affect interpretation.
(b) Public housing tenants who receive or may receive Rent Assistance are included as public housing tenants only.
(c) Some households receiving Rent Assistance may contain a member who owns or is buying the dwelling. The number of households receiving some Rent Assistance is underestimated because of data deficiencies in the ABS 1994 AHS (see Box TA5.1).
(d) So that comparisons can be made, income here excludes any known Rent Assistance but includes unknown Rent Assistance.
(e) Quintile boundaries are based on incomes excluding any known Rent Assistance but including unknown Rent Assistance.

Source: The database used in this analysis was the ABS 1994 AHS, confidentialised unit record file.

likely to be paying subsidised rents than those elsewhere. At around 4%, Victoria and Queensland had the lowest provision of public housing.

In general, the greater the provision of public housing in a jurisdiction, the smaller the percentage of the population receiving DSS/DVA Rent Assistance; thus, in 1994, the Northern Territory and Australian Capital Territory had relatively few households receiving Rent Assistance while, at 8% and 10%, respectively, Victoria and Queensland had above-average proportions of households in this situation.

5.4 The need for and effect of housing assistance

Australia currently lacks agreed methodologies and reliable data to look at the need for and effect of housing assistance. In particular, there is no official housing affordability measure applicable to all tenures nor are there uniform occupancy standards. Similarly, there is no official poverty line, estimates of poverty or a generally agreed set of equivalence scales for adjusting income to account for the needs of households of different

Table 5.8: All households: incidence of rental assistance, by State/Territory, 1994[a] (%)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	All households
Public housing tenants[b]:									
No rebate	0.7	0.5	0.4	1.2	2.9	1.0	3.7	*11.4	1.0
With rebate	6.3	3.2	3.7	5.1	8.2	6.2	9.1	*9.7	5.2
Total	7.0	3.7	4.1	6.3	11.2	7.3	12.8	21.4	6.2
Renters receiving Rent Assistance[c]	6.8	8.1	10.0	6.4	6.5	6.8	3.6	*3.7	7.5
Households receiving no rental assistance	84.5	86.5	84.2	86.4	80.9	84.7	82.7	74.4	84.7
Receipt of Rent Assistance unknown	1.5	1.6	1.5	0.9	1.4	*0.9	**0.8	**0.5	1.4
Total[d]	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**
All renters	30.2	25.7	32.6	30.3	30.4	29.4	35.7	56.3	29.9
All households ('000)	**2,237.2**	**1,657.6**	**1,194.1**	**640.7**	**587.9**	**183.3**	**110.6**	**66.5**	**6,677.9**

(a) Estimates are derived from the ABS 1994 AHS. See Technical Appendix, especially Box TA5.2, for discussion of issues that affect interpretation.
(b) Public housing tenants who receive or may receive Rent Assistance are included as public housing tenants only. Percentages determining those public renters with and without rebates are based on cases without missing rent payments.
(c) Some households receiving Rent Assistance may contain a member who owns or is buying the dwelling. The number of households receiving some Rent Assistance is underestimated because of data deficiencies in the ABS 1994 AHS (see Box TA5.1).
(d) Non-renting households receiving Rent Assistance are included in 'Total'.

Source: The database used in this analysis was the ABS 1994 AHS, confidentialised unit record file.

size and composition. This lack of agreed measures means that any examination of the need for and effect of housing assistance is open to debate.

Developing an appropriate measure of housing needs is difficult and there has been much debate in Australia and overseas on methodologies. While the approach used here is based on generally recognised methods, it is, like others, not generally endorsed by government nor does it form the basis for government policy.

Measures used such as the National Housing Strategy affordability ratio (NHS 1992a), the Simplified Henderson equivalence scales (ABS 1996c) and the Canadian Occupancy Standard (AIHW 1995:52), while being widely used, are recognised as containing limitations. These limitations are outlined later in this section and are the subject of data development work at the Institute. The assumptions underlying these measures have to be borne in mind when interpreting the results.

The data used are from the ABS 1994 Australian Housing Survey and issues relating to the reliability of these data are presented in the Technical Appendix. Due to these data limitations, assumptions or imputations have been made in relation to the data and consequently the analysis should be considered as indicative only.

Financial aspects

There are two key areas of interest in examining financial outcomes from housing assistance, namely:

- how housing assistance improves housing-related outcomes in terms of affordability, adequacy and appropriateness; and
- how housing assistance impacts on broader welfare concerns relating to poverty and levels of disadvantage in society.

While these two concerns are interrelated, the effect of assistance may not be equally reflected in terms of improved outcomes in both housing and more general levels of wellbeing. Households may be living in dwellings that are deemed to be affordable and adequate yet, after paying for housing costs, they are unable to meet other non-housing costs from their remaining budget.

This section examines housing assistance outcomes only relating to affordability measures using the National Housing Strategy (NHS) affordability ratio adjusted to account for households of different size and composition. The issue of developing broader measures is also discussed.

Affordability using the National Housing Strategy measure

The simple affordability ratio, as used in the National Housing Strategy (NHS 1992a), is the measure most commonly used to address the question of whether or not housing costs account for an unacceptably large proportion of household income. One of the criticisms of the original NHS measure was that it did not adjust incomes to allow for different household size and composition. To overcome this concern, an equivalent income measure using the Simplified Henderson equivalence scale has been used (see Box 5.2). A comparison of both the original measure and the adjusted income measure is contained in the Technical Appendix. The sensitivity of the NHS measure to equivalence scales illustrates the need for caution in interpreting affordability measures (Table TA5.2). Other limitations of the NHS measure are discussed later in this section.

Using the equivalent NHS ratio, 13% of households (888,000 households) were identified as low-income with unaffordable housing (Table 5.9). Estimates of households being low-income and paying too great a proportion of their income on housing ranged from 8% for couples only and 'other' households to 27% for sole parents.[11] Lone persons also had a high prevalence of affordability problems (18%).

In 1994 private renters were much more likely to have unaffordable housing costs than households in other tenures (Table 5.10). Even after receiving assistance, 29% of private renters were low-income and paid more than 25% of their gross income in rent. This was also true for 15% of purchasers and 13% of public renters. Only 6% of owners were in this situation.

Public housing rent rebates and Rent Assistance reduced the incidence of affordability problems among low-income households. As rebates tended to be larger than Rent

11 'Other household' comprises group households, households with extended families (e.g. grandparents, parents, children) and households with multiple families.

Box 5.2: The NHS-based affordability ratio

The National Housing Strategy (NHS) affordability ratio uses a fixed ratio of housing costs to income, and households are said to have affordability problems if their income is in the bottom 40% of all incomes and they spend more than 25% of their income on housing. The original NHS measure using actual income does not recognise that different households require different incomes to meet basic expenses, depending on their size and composition and location. By having the same income cut-off for all households, this measure treats households inequitably. To overcome this problem the equivalent measure applies equivalence scales to household incomes. In the current analysis, the Simplified Henderson equivalence scale is used to derive equivalent income.

Equivalence scales *adjust actual income in recognition that variation in size and composition means that financial resources needed to achieve a given standard of living will differ. A household comprising a person who lives alone will, on average, need less income than a married couple with two children to achieve the same standard of living.*

The difference between the original and eqivalent measures is illustrated below:

Measure	Low-income benchmark	Maximum affordable housing costs	Affordability status of low-income households
Original NHS affordability ratio	40th percentile of household gross income distribution	25% of gross income	Housing is unaffordable if current housing costs are greater than 25% of gross income
Equivalent NHS affordability ratio	40th percentile of household equivalent gross income distribution	25% of gross income	Housing is unaffordable if current housing costs are greater than 25% of gross income

Table 5.9: All households: incidence of affordability problems using the equivalent NHS ratio,[(a)] by household type, 1994[(b)]

	Proportion of households (%)				Number of households ('000)	
	Low-income					
Household type	Unaffordable housing	Affordable housing	Other income groups	Total	With missing data	Total
Lone person	17.5	39.0	43.5	100	93.5	1,463.0
Couple only	8.3	30.9	60.8	100	98.9	1,665.2
Couple with children	12.3	17.4	70.4	100	188.1	2,305.5
One-parent family	26.8	33.1	40.1	100	61.3	574.2
Other household	8.1	15.8	76.1	100	144.6	670.0
All households	**13.3**	**26.9**	**59.8**	**100**	**586.4**	**6,677.9**

(a) For a description of the affordability measure, see Box 5.2.
(b) Estimates are derived from the ABS 1994 AHS. See Technical Appendix, especially Box TA5.2, for discussion of issues that affect interpretation.

Source: The database used in this analysis was the ABS 1994 AHS, confidentialised unit record file.

Table 5.10: All households: incidence of affordability problems after receiving assistance, using the equivalent NHS ratio,[a] by tenure type, 1994[b]

	Proportion of households (%)				Number of households ('000)	
	Low-income					
Tenure type	Unaffordable housing[b]	Affordable housing	Other income groups	Total	With missing data	Total
Owner	5.9	40.3	53.9	100	274.4	2,793.9
Purchaser	14.6	5.7	79.7	100	207.8	1,890.3
Public renter	12.8	70.4	16.8	100	19.0	414.8
Private renter	28.8	11.4	59.8	100	51.9	1,271.4
Other	5.0	40.1	55.0	100	33.2	307.6
All households	**13.3**	**26.9**	**59.8**	**100**	**586.4**	**6,677.9**

(a) For a description of the affordability measure, see Box 5.2.
(b) Estimates are derived from the ABS 1994 AHS. See Technical Appendix, especially Box TA5.2, for discussion of issues that affect interpretation.

Source: The database used in this analysis was the ABS 1994 AHS, confidentialised unit record file.

Assistance, the effect was more marked for public than for private renters in 1994 (Table 5.11). For public renters, some 69% were spending too large a proportion of their income on housing before receiving assistance, while after receiving assistance this proportion dropped to 13%. Amongst private renters receiving assistance lesser effects were observed, with less than 7% improving their affordability to such an extent that they were no longer spending more than 25% of their income on housing costs.

Table 5.11: Effect of receiving assistance on affordability problems, using the equivalent NHS ratio,[a] by tenure type, 1994[b] (%)

	Low-income				
Tenure type	Unaffordable housing	Affordable housing	Other income groups	Total	Number of households ('000)
			Before receiving assistance		
Public renter	69.1	14.2	16.8	100	414.8
Private renter	35.0	5.2	59.8	100	1,271.4
Other	7.2	37.8	55.0	100	307.6
			After receiving assistance		
Public renter	12.8	70.4	16.8	100	414.8
Private renter	28.8	11.4	59.8	100	1,271.4
Other	5.0	40.1	55.0	100	307.6

(a) For a description of the affordability measure, see Box 5.2.
(b) Estimates are derived from the ABS 1994 AHS. See Technical Appendix, especially Box TA5.2, for discussion of issues that affect interpretation. Table excludes owners and purchasers.

Source: The database used in this analysis was the ABS 1994 AHS, confidentialised unit record file.

Improving the measure of affordability

The measurement of affordability is complex and simple measures, such as the NHS measure, have limitations which reduce their usefulness. In particular, such measures do not readily allow examination of the links between affordability and access to adequate and appropriate housing, or of the role of housing assistance in alleviating housing-related poverty.

A major criticism of the NHS type of measure is that it does not identify the cost of housing of an acceptable standard and does not indicate whether persons in affordable housing are living in 'decent' or sub-standard housing. Housing may take up a low proportion of income because it is of low quality, overcrowded or poorly situated (King 1996:3).

Furthermore, the NHS type of measure provides no indication of the incomes people have left after paying housing costs and whether this leaves enough income to live on without falling below some poverty standard (Bramley 1990:16). Several other issues have been raised that indicate further development of affordability measures is required (Karmel 1997; Landt & Bray 1997).

The Institute is currently examining these issues and is developing two other approaches for examining housing affordability to complement the NHS approach (AIHW forthcoming). These measures are:

- a targeted affordability ratio measure incorporating the cost of 'appropriate' housing, where 'appropriate housing' is defined in terms of the average rent for a dwelling of the size required for the household in the current location; and
- budget impact measures that relate housing costs to poverty.

The targeted affordability ratio, unlike the NHS ratio, examines affordability considering the cost of appropriate housing as well as current housing. The budget impact measure examines the relationship of housing costs and assistance to households' living standards and whether housing costs, irrespective of the proportion of income they require, place the household in hardship.

Results and sensitivities of these approaches will be examined with a view to developing a set of measures that may more adequately reflect the multi-dimensional issues surrounding housing affordability.

Non-financial aspects

This section examines several non-financial dimensions of housing need, including suitability of dwelling size, the physical adequacy of dwellings, security of tenure and suitability of location. Again the major data source is the 1994 ABS Australian Housing Survey; technical details of the survey data can be found in the Technical Appendix and the definitions used are contained in Box 5.3.

Suitability of dwelling size

Measuring the suitability of a dwelling for the household occupying it can be undertaken using a range of assumptions. In this section the measure used is the Canadian National Occupancy Standard which specifies the number of bedrooms required by households of different size and composition (see Box 5.3). A discussion of the technical

Box 5.3: Definitions and terms used to describe non-financial housing problems

Access to services: *In the ABS 1994 Australian Housing Survey, respondents were asked to rate their satisfaction with access to a range of services which were relevant to them as 'excellent', 'good', 'fair', 'poor' or 'very poor'. The nine services covered by the survey were: shops, public transport, doctors, hospital, parks/recreation, work, school, childcare and entertainment. An index is generated for each household which measures the proportion of services that respondents considered relevant to them to which they had poor or very poor access. Using this index, households with an index below 0.25 are considered to have good access to services overall; those with an index between 0.25 and 0.5 are considered to have fair access to services; while those with an index above 0.5 are considered to have poor access to services, and so live in a location unsuitable for those households.*

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

- *there should be no more than 2 persons per bedroom;*
- *children less than 5 years of age of different sexes may reasonably share a bedroom;*
- *children 5 years of age or older of opposite sex should not share a bedroom;*
- *children less than 18 years of age and of the same sex may reasonably share a bedroom; and*
- *household members 18 years or over should have a separate bedroom, as should parents or couples.*

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

Households without basic amenities *include households that lacked access to at least one of the following: working cooking facilities, a kitchen sink, a working refrigerator, a working sewerage system or an internal bathroom.*

Need for repair: *In the 1994 AHS, householders were asked if their dwelling was in need of repair inside or outside or whether any facilities (heating, cooling, plumbing and electricity) needed to be repaired. Responses could include 'no need', 'desirable', 'moderate', 'essential' or 'urgent'. Households that stated that their repairs were either 'essential' or 'urgent' are said to have had a housing problem due to need for repairs.*

Overcrowding: *Using the Canadian National Occupancy Standard, households that need two or more additional bedrooms are considered to experience a 'high degree of overcrowding'. Households that need one more bedroom to meet the adequacy standard are considered to experience a 'moderate degree of overcrowding'. Households that have the exact number of bedrooms to meet the standard are defined as 'exact match'. Households that have one bedroom spare have dwellings which are 'moderately under utilised'.*

(continued)

Box 5.3 (continued): Definitions and terms used to describe non-financial housing problems

Households that have two or more bedrooms spare have dwellings which are 'highly under utilised'. Estimates vary from those given by the ABS (1996e) because exact ages and numbers of children were not available from confidentialised unit record data and had to be imputed.

Reasons for moving: *In the 1994 AHS, those households who had moved house and were not owners or purchasers at the time of survey were asked to cite the reason for moving out of their previous dwelling. Reasons for moving included 'owners required dwelling', 'evicted', 'rent too expensive', 'marriage breakup', 'job transfer', 'wanted to move' and 'other'. The first three reasons are considered as moves beyond the control of the householder and have been used as indicators of involuntary moves; the others, resulting from family formation and employment change, are considered as 'voluntary' moves.*

issues, including the sensitivity of the Canadian measure in the context of the profile of the Australian housing stock, is presented in the Technical Appendix.

Comparison of the Canadian standard against the numbers of bedrooms reported by Australian households (Table 5.12) shows that in 1994:

- 5% (or 304,000) of households lived in an overcrowded dwelling. However, only 1% of households experienced a high degree of overcrowding;
- almost one-quarter of households (24%) lived in a dwelling of adequate size, having the exact number of bedrooms specified by the standard; and
- most households (63%) lived in an under-utilised dwelling, having one or more bedrooms above that specified by the standard.

Table 5.12: Incidence of overcrowding,[(a)] using Canadian standard, by household type, 1994[(b)] (%)

Household type	High degree of over-crowding	Moderate degree of over-crowding	Exact match	Moderately under-utilised	Highly under-utilised	Total	All house-holds ('000)
Lone person	. .	1.4	16.4	40.2	42.0	100	1,463.0
Couple only	. .	*0.2	3.2	26.2	70.3	100	1,665.2
Couple with children	0.8	4.8	32.8	48.1	13.4	100	2,305.5
One-parent family	*0.6	7.0	44.6	40.7	7.2	100	574.2
Other household	2.7	13.4	45.5	31.3	7.1	100	670.0
Total	**0.6**	**4.0**	**24.1**	**38.6**	**32.7**	**100**	**6,677.9**

(a) For definitions, see Box 5.3.
(b) Estimates are derived from the ABS 1994 AHS. See Technical Appendix, especially Box TA5.2, for discussion of issues that affect interpretation.

Source: AIHW analysis of the ABS 1994 AHS, confidentialised unit record file.

'Other' households, including group households, extended family households and multiple family households, had the highest level of overcrowding (16%). Apart from these 'other' households, containing a diverse range of household types, the incidence of overcrowding was also high for households with children, with one-parent family households tending to be more overcrowded than two-parent family households—8% and 6%, respectively.

Overcrowding correlates broadly with equivalent household gross income. The data show that, in 1994, households in the lower quintiles tended to have a higher incidence of overcrowding than those in the top quintile. Of households in the bottom quintile, 6% reported that they were living in an overcrowded dwelling, whereas of those in the top quintile only 3% experienced overcrowding (Table A5.5).

The level of overcrowding varied across tenures (Table 5.13). Most overcrowding occurred among renter households, with private renters having the highest incidence (over 8%) and public renters also having a relatively high level of overcrowding (7%). Few outright owners had problems resulting from overcrowding (fewer than 3%), while at 4%, purchasers had an incidence slightly below the Australian average.

Table 5.13: Incidence of overcrowding,[(a)] using Canadian standard, by tenure type, 1994[(b)] (%)

Tenure type	High degree of over-crowding	Moderate degree of over-crowding	Exact match	Moderately under-utilised	Highly under-utilised	Total	All house-holds ('000)
Owner	0.4	2.2	14.6	37.2	45.5	100	2,793.9
Purchaser	0.6	3.3	23.0	41.9	31.1	100	1,890.3
Public renter	*0.9	5.8	45.3	34.5	13.5	100	414.8
Private renter	0.9	7.5	37.1	39.5	14.9	100	1,271.4
Other	*0.4	6.1	35.2	32.9	25.5	100	307.6
Total	**0.6**	**4.0**	**24.1**	**38.6**	**32.7**	**100**	**6,677.9**

(a) For definitions, see Box 5.3.
(b) Estimates are derived from the ABS 1994 AHS. See Technical Appendix, especially Box TA5.2, for discussion of issues that affect interpretation.

Source: The database used in this analysis was the ABS 1994 AHS, confidentialised unit record file.

The incidence of overcrowding also varied with the type of dwelling a household lived in. Households in flats, units and apartments (between 7% and 9%) and in other dwellings, such as caravans, houseboats and flats attached to an office or shop (12%), were more likely to live in an overcrowded dwelling than households in separate houses and semi-detached, row or terrace houses and townhouses (around 4%) (Table A5.5).

Physical adequacy of dwelling

In terms of measuring the physical condition of a dwelling, King (1994) suggests applying the classification used by the United Kingdom Department of Environment. There, housing in poor condition is described as having at least one of the following properties: be unfit for human habitation, lack basic amenities, or be in substantial disrepair.

Of these three aspects of poor housing condition, the fitness of a dwelling for human habitation is the most basic and fundamental element of a measure of housing need. However, King (1994) argues that the incidence of dwellings which would be deemed unfit for human habitation in contemporary Australia would be very low, though there would be some instances and, indeed, concentration in some rural and remote communities and among dwellings used by homeless persons. National estimates are unavailable as the 1994 Australian Housing Survey did not cover this aspect of housing condition. This section therefore examines only basic amenities and need for repair.

Based on King's criteria (see AIHW 1993:67), access to basic amenities is defined here as including the presence of working cooking facilities, a kitchen sink, a working refrigerator, and a working sewerage system and access to an internal bathroom. In 1994, a total of 294,000 households or 4% of all households would be considered to have been living in housing with inadequate amenities (Table 5.14). The highest incidence of lack of access occurred among single parents (6%) and single person households (5%). As could be expected, households with higher equivalent income were less likely to have problems of access to basic amenities than lower income households (Table A5.6).

Table 5.14: Households without access to basic amenities, by household type, 1994[(a)] (%)

Household type	Without working cooking facilities	Without kitchen sink	Without working refrigerator	Without working sewerage system	Total without basic amenities[(b)]	Total households ('000)
Lone person	1.0	0.9	1.6	2.9	5.3	1,463.0
Couple only	*0.1	*0.1	*0.2	2.8	3.2	1,665.2
Couple with children	0.2	0.2	0.4	3.8	4.4	2,305.5
One-parent family	*0.4	**0.0	*0.6	4.3	5.5	574.2
Other household	*0.4	**0.1	*0.6	3.0	4.2	670.0
Total	**0.4**	**0.3**	**0.6**	**3.3**	**4.4**	**6,677.9**

(a) Estimates are derived from the ABS 1994 AHS. See Technical Appendix, especially Box TA5.2, for discussion of issues that affect interpretation.
(b) Total households without basic amenities include households that lacked access to at least one amenity specified in the table above, or an internal bathroom.

Source: The database used in this analysis was the ABS 1994 AHS, confidentialised unit record file.

There are differences between tenures in the incidence of lack of access to basic amenities, with owners (3%) and purchasers (4%) having average or below-average levels of problems in this area (Table 5.15). 'Other' tenures had the highest incidence of problems with access (9%). The data also show that public renters (8%) had relatively high levels of lack of access to basic amenities.

Dwellings in need of repair were defined as those dwellings that were described by the occupants as being in substantial disrepair, either outside or inside, or which had amenities requiring essential or urgent repair. It is estimated that nearly 10% (or 654,000) of households in Australia in 1994 were living in dwellings in need of repair (Table 5.16). Lone parent households had the highest incidence of need (18%). House-

Table 5.15: Households without access to basic amenities, by tenure type, 1994[a] (%)

Tenure type	Without working cooking facilities	Without kitchen sink	Without working refrigerator	Without working sewerage system	Total without basic amenities[b]	Total house-holds ('000)
Owner	*0.1	*0.1	0.3	2.6	3.1	2,793.9
Purchaser	0.3	0.3	0.2	3.7	4.3	1,890.3
Public renter	*0.8	*0.3	1.8	5.4	8.0	414.8
Private renter	0.5	*0.1	1.2	3.2	5.1	1,271.4
Other	2.3	2.4	2.2	5.1	8.7	307.6
Total	**0.4**	**0.3**	**0.6**	**3.3**	**4.4**	**6,677.9**

(a) Estimates are derived from the ABS 1994 AHS. See Technical Appendix, especially Box TA5.2, for discussion of issues that affect interpretation.
(b) Total households without basic amenities include households that lacked access to at least one amenity specified in the table above, or an internal bathroom.

Source: The database used in this analysis was the ABS 1994 AHS, confidentialised unit record file.

holds in the bottom equivalent income quintile reported that 12% needed repairs, whereas only 7% of those in the top income range reported such a need (Table A5.7).

Table 5.16: Households needing essential or urgent repairs,[a] by household type, 1994[b] (%)

	Need for repairs: essential or urgent				
Household type	Outside dwelling	Inside dwelling	Facilities	Total	Number ('000)
Lone person	4.6	3.4	3.7	8.7	1,463.0
Couple only	3.2	2.9	3.1	7.0	1,665.2
Couple with children	4.8	4.6	3.2	9.4	2,305.5
One-parent family	9.4	10.0	7.0	18.0	574.2
Other household	5.7	7.4	7.3	13.6	670.0
Total	**4.8**	**4.6**	**4.0**	**9.8**	**6,677.9**

(a) For a description of 'need for repairs', see Box 5.3.
(b) Estimates are derived from the ABS' 1994 AHS. See Technical Appendix, especially Box TA5.2, for discussion of issues that affect interpretation.

Source: The database used in this analysis was the ABS 1994 AHS, confidentialised unit record file.

Across tenures, owners and purchasers had the fewest problems with repairs, with only 4% and 9%, respectively, needing essential or urgent repairs to be carried out (Table 5.17). Nearly one-quarter of public tenants, however, were living in an inadequately maintained dwelling, with private renters (19%) being only slightly better off. Households in 'other' tenures were more likely to be in housing in reasonable repair than public and private renters with around 13% of households living in inadequately maintained dwellings.

Security of tenure

While there are a number of views about how to measure a household's security of tenure (AIHW 1993), there is not a standard measure for all tenures. Households living

Table 5.17: Households needing essential or urgent repairs,[a] by tenure type, 1994[b] (%)

Tenure type	Need for repairs: essential or urgent				Number ('000)
	Outside dwelling	Inside dwelling	Facilities	Total	
Owner	2.6	1.6	1.0	4.1	2,793.9
Purchaser	5.0	3.7	2.5	8.6	1,890.3
Public renter	11.9	14.9	8.6	23.2	414.8
Private renter	6.7	9.1	10.8	19.0	1,271.4
Other	6.4	6.0	6.9	13.4	307.6
Total	**4.8**	**4.6**	**4.0**	**9.8**	**6,677.9**

(a) For a description of 'need for repairs', see Box 5.3.
(b) Estimates are derived from the ABS 1994 AHS. See Technical Appendix, especially Box TA5.2, for discussion of issues that affect interpretation.

Source: The database used in this analysis was the ABS 1994 AHS, confidentialised unit record file.

in dwellings that are owned outright or being purchased would be expected to be more likely to have security of tenure than households living in rented dwellings (Foard et al. 1994). Due to data limitations the current analysis of security of tenure excludes owner and purchaser households. The following analysis adopts the NHS (1992b) definition of the occurrence of an involuntary move as a measure of security of tenure (see Box 5.3).

Among the 1,994,000 households not owning or buying in 1994, nearly half had not moved in the past 5 years, 44% had moved voluntarily and about 9% (185,000) had moved owing primarily to reasons beyond their control (Table 5.18). These 185,000 households are considered to have lacked security of tenure. The most commonly cited reasons for forced move were that 'owner required the dwelling' (5%) and 'expensive rents' (4%). Evictions were a less common cause of involuntary moves. Unfortunately

Table 5.18: Reasons for involuntary moves,[a] by household type, 1994[b] (%)

Household type	Voluntary moves	Involuntary moves				No move	Number of households ('000)
		Owner required	Evicted	Rent too expensive	Total		
Lone person	36.5	4.1	**0.1	3.3	7.5	56.7	572.3
Couple only	44.4	4.3	**0.2	3.3	7.8	48.6	321.0
Couple with children	46.8	7.0	. .	3.7	10.7	43.7	436.0
One-parent family	43.2	5.2	**0.2	7.1	12.5	45.6	293.2
Other household	53.5	4.9	0.7	3.8	9.1	38.1	371.2
All households	**44.2**	**5.1**	**0.2**	**4.0**	**9.3**	**47.4**	**1,993.7**

(a) For a description of reasons for moving, see Box 5.3. Table excludes current owners and purchasers.
(b) Estimates are derived from the ABS 1994 AHS. See Technical Appendix, especially Box TA5.2, for discussion of issues that affect interpretation.

Source: The database used in this analysis was the ABS 1994 AHS, confidentialised unit record file.

type of rental tenure at the time of the move was not recorded in the housing survey so that it is not possible to get a clear picture of the relative security of tenure in the public and private sectors.

One-parent family households were in the worst situation in terms of security of tenure: 13% were estimated to be lacking that security. For most household types, the majority of involuntary moves were owner-instigated, although, for one-parent families cost was the main reason given for having to move. Additionally, security of tenure is influenced by household income. Low-income households were more likely to lack security of tenure than high-income households; not unexpectedly, rents were more of a problem for lower-income households than for high-income households (Table A5.8).

Suitability of location and access

To measure the suitability of a location with respect to access to services, a service access index is used in the following analysis.[12] The index is generated for each household and measures the proportion of services that respondents considered relevant to them to which they had poor access. The main advantage of an index is that it takes into account life cycle stage and is therefore comparable across different groups of interest. Moreover, households which are disadvantaged in their access to services can be identified by means of this index (see Box 5.3).

To identify households with significant access difficulties, three different groups based on the index have been formed. Households with an index below 0.25 are considered to have good access to services overall; households with an index between 0.25 and 0.5 are considered to have fair access to services; while households with an index above 0.5 are considered to have poor access to services, and so live in a location unsuitable for those households.[13]

The majority of people in 1994 did not have access problems, with 89% of households having good access to services, and 7% having fair access (Table 5.19). However, 4% had poor access to relevant services. There was little difference in level of access to relevant services by household type.

While over 85% of households in all tenures had ‘good’ access to services, purchasers and private renters had the best level of access, with 97% of such households having ‘fair’ or ‘good’ access to services relevant to them (Table 5.20). Public renter households, however, did not fare well on this measure of non-financial difficulties: nearly 7% of these renters had poor access to services which were relevant to them. These results suggest that households living in the private rental sector, especially those on higher incomes (Table A5.9), have greater flexibility than other households in choosing a location to suit their needs.

12 In the ABS 1994 AHS, there is another related question: ‘Satisfaction with location of dwelling’. Statistical analysis did not show that this question reflected satisfaction with access to services.

13 An index above 0.5 means that a household had poor access to at least half of relevant services.

Table 5.19: All households, by degree of access to services,[a] by household type, 1994[b] (%)

Household type	Index of access to services				Number ('000)
	Good	Fair	Poor	Total	
Lone person	88.3	6.8	5.0	100	1,463.0
Couple only	90.2	5.9	4.0	100	1,665.2
Couple with children	89.4	7.5	3.1	100	2,305.5
One-parent family	87.4	9.4	3.2	100	574.2
Other household	91.0	5.8	3.3	100	670.0
Total	**89.3**	**6.9**	**3.8**	**100**	**6,677.9**

(a) For a description of the index of access to services, see Box 5.3.
(b) Estimates are derived from the ABS 1994 AHS. See Technical Appendix, especially Box TA5.2, for discussion of issues that affect interpretation.

Source: The database used in this analysis was the ABS 1994 AHS, confidentialised unit record file.

Table 5.20: All households, by degree of access to services,[a] by tenure type, 1994[b] (%)

Tenure type	Index of access to services				Number ('000)
	Good	Fair	Poor	Total	
Owner	89.6	6.2	4.1	100	2,793.9
Purchaser	89.6	7.6	2.8	100	1,890.3
Public renter	85.1	8.3	6.6	100	414.8
Private renter	90.8	6.4	2.8	100	1,271.4
Other	84.9	8.9	6.2	100	307.6
Total	**89.3**	**6.9**	**3.8**	**100**	**6,677.9**

(a) For a description of the index of access to services, see Box 5.3.
(b) Estimates are derived from the ABS 1994 AHS. See Technical Appendix, especially Box TA5.2, for discussion of issues that affect interpretation.

Source: The database used in this analysis was the ABS 1994 AHS, confidentialised unit record file.

Table 5.21: Households reporting poor access to selected services,[a] by their relevance, 1994[b] (%)

Service	Relevant (% all households)	Access poor (% all households)	Access poor (% households for whom service relevant)
Shop	99.5	3.6	3.6
Public transport	79.3	12.3	15.5
Doctor	98.6	4.4	4.5
Hospital	97.7	7.8	8.0
Parks/recreation	94.1	5.3	5.6
Work	69.1	3.3	4.8
School	53.7	1.6	3.0
Child care	26.6	2.3	8.6
Entertainment	89.7	10.6	11.8

(a) For a description of 'access to services', see Box 5.3.
(b) Estimates are derived from the ABS 1994 AHS. See Technical Appendix, especially Box TA5.2, for discussion of issues that affect interpretation.

Source: The database used in this analysis was the ABS 1994 AHS, confidentialised unit record file.

Services such as shops, doctors, hospital, parks/recreation and entertainment were considered relevant by the vast majority of households (Table 5.21, above). The most frequently reported area of poor access was public transport, with 16% of households for whom public transport was relevant reporting poor access. At around 8%, hospitals and child care services had relatively high incidences of poor access for people who needed these services.

Discrimination

Discrimination may affect people's access to affordable, adequate or appropriate housing. However, its occurrence is hard to quantify and only limited data on discrimination in the rental sector have been collected. In the 1994 housing survey, about 5% of currently renting households reported that they had ever been refused rental accommodation, with 5% of private renters experiencing such problems. When investigating these refusals further, analysts in DSS found that:

> the major grounds upon which such discrimination was claimed were: lack of references, family type (including having children), age and other reasons—a category which includes ethnicity, gender, being a student, etc. A further ground cited for refusal were rules concerning pets. While the data does not allow very extensive analysis, the highest level of reported refusals was experienced by sole parents (8%) (DSS 1996g:40).

Financial and non-financial problems

Taking financial and non-financial aspects together, about 28% of households had difficulties with their housing in 1994 (Table 5.22). Just under one-half of those with the housing difficulties considered had affordability problems, while about one-third required urgent or essential repairs to be carried out. Across household types, sole parents had the highest incidence of problems (47%) and couples without children, the lowest, with only 19% having one or more housing problems.

Table 5.22: Incidence of housing problems,[(a)] by household type, 1994[(b)] (%)

	Type of problem						
Household type	Afford-ability	Over-crowding	Lacking basic amenities	Requires repairs	Poor access to services	Total[(c)]	Number ('000)
Lone person	17.5	1.4	5.3	8.7	5.0	30.6	1,463.0
Couple only	8.3	0.2	3.2	7.0	4.0	18.7	1,665.2
Couple with children	12.3	5.6	4.4	9.4	3.1	28.3	2,305.5
One-parent family	26.8	7.6	5.5	18.0	3.2	46.9	574.2
Other household	8.1	16.1	4.2	13.6	3.3	34.2	670.0
Total	**13.3**	**4.6**	**4.4**	**9.8**	**3.8**	**28.4**	**6,677.9**

(a) Affordability is measured using the equivalent NHS affordability ratio. For other problem types, see Box 5.3.
(b) Estimates are derived from the ABS 1994 AHS. See Technical Appendix, especially Box TA5.2, for discussion of issues that affect interpretation. 586,391 weighted cases were missing data for the equivalent NHS affordability measure.
(c) Households with more than one problem are only counted once in the total. Therefore columns will not necessarily add to the total.

Source: The database used in this analysis was the ABS 1994 AHS, confidentialised unit record file.

Across tenure types there are large differences in the levels of housing problems experienced in the five problem areas examined (Table 5.23). In 1994 prevalence of housing problems ranged from 16% of owners up to 48% of private renters.

Table 5.23: Incidence of housing problems,[(a)] by tenure type, 1994[(b)] (%)

	Type of problem						
Tenure type	Afford-ability	Over-crowding	Lacking basic amenities	Requires repairs	Poor access to services	Total	Number ('000)
Owner	5.9	2.7	3.1	4.1	4.1	16.2	2,793.9
Purchaser	14.6	3.9	4.3	8.6	2.8	27.8	1,890.3
Public renter	12.8	6.6	8.0	23.2	6.6	44.7	414.8
Private renter	28.8	8.5	5.1	19.0	2.8	48.4	1,271.4
Other	5.0	6.5	8.7	13.4	6.2	31.6	307.6
Total	**13.3**	**4.6**	**4.4**	**9.8**	**3.8**	**28.4**	**6,677.9**

(a) Affordability is measured using the equivalent NHS affordability ratio. For other problem types, see Box 5.3.
(b) Estimates are derived from the ABS 1994 AHS. See Technical Appendix, especially Box TA5.2, for discussion of issues that affect interpretation. 586,391 weighted cases were missing data for the equivalent NHS affordability measure.

Source: The database used in this analysis was the ABS 1994 AHS, confidentialised unit record file.

Of all households, 22% were identified as being low-income (income in the bottom 40% of all incomes) but with no housing problems, while 19% were low-income with problems (Table 5.24). Across all households experiencing problems, about one-fifth had more than one problem, with the incidence of multiple problems varying across household type. Over one-quarter of one-parent families with problems had multiple housing problems, compared with only one in eight of couple-only households.

Across all households, there were 3% that were low-income and had multiple needs or problems that included affordability (Table A5.10). Among the different household types, sole parents had the highest proportion of households (9%) that were low-income and had multiple problems including affordability. An additional 3% of sole parents had multiple problems that were not explicitly related to affordability.

Table 5.25 shows the distribution of housing problems for different tenures. For all private renters with problems (48% of all private renters), over one-quarter had multiple housing problems (13% of all private renters). While large proportions of both public renters (45%) and private renters (48%) had one or more problems, the distribution in number of problems and income status is markedly different. For public renters, only one in eight of those with problems were not from the low-income group, while for private renters one-third of those with problems were not low-income.

The number and type of problems are distributed differently across tenure types for low-income households (Table A5.11). For over a half of public renters with multiple problems in 1994, affordability was not a problem. On the other hand, it was a problem for almost all low-income private renters with multiple problems.

Table 5.24: Distribution of housing problems,[a] by income group and household type, 1994[b] (%)

Housing problems	Lone person	Couple only	Couple with children	One-parent family	Other household	Total
			Low-income			
No problems identified	33.4	28.2	12.3	20.5	9.7	21.6
Single problem	18.3	9.2	13.3	28.0	10.5	14.4
Multiple problems	4.7	1.8	4.0	11.4	3.6	4.2
Total with problems	*23.1*	*11.0*	*17.3*	*39.4*	*14.1*	*18.6*
			Not low-income			
No problems identified	36.0	53.0	59.4	32.5	56.1	50.0
Single problem	6.7	7.1	9.8	6.3	16.6	8.7
Multiple problems	0.8	0.6	1.1	1.2	3.5	1.1
Total with problems	*7.5*	*7.8*	*10.9*	*7.5*	*20.0*	*9.8*
			All households			
No problems identified	69.4	81.3	71.7	53.1	65.8	71.6
Single problem	25.0	16.3	23.1	34.3	27.1	23.1
Multiple problems	5.5	2.5	5.1	12.6	7.1	5.3
Total with problems	*30.6*	*18.7*	*28.3*	*46.9*	*34.2*	*28.4*
Total households ('000)	**1,463.0**	**1,665.2**	**2,305.5**	**574.2**	**670.0**	**6,677.9**

(a) Problems are as presented in Table 5.22.
(b) Estimates are derived from the ABS 1994 AHS. See Technical Appendix, especially Box TA5.2, for discussion of issues that affect interpretation. 586,391 weighted cases were missing data for the equivalent NHS affordability measure.

Source: The database used in this analysis was the ABS 1994 AHS, confidentialised unit record file.

Table 5.25: Distribution of housing problems,[a] by income group and tenure type, 1994[b] (%)

Housing problems	Owner	Purchaser	Public renter	Private renter	Total
			Low-income		
No problems identified	35.7	4.4	44.6	7.3	21.6
Single problem	9.2	12.7	30.0	22.4	14.4
Multiple problems	1.2	3.2	8.5	10.5	4.2
Total with problems	*10.4*	*15.9*	*38.6*	*32.9*	*18.6*
			Not low-income		
No problems identified	48.1	67.8	10.6	44.2	50.0
Single problem	5.3	10.6	5.4	13.1	8.7
Multiple problems	0.5	1.3	0.7	2.5	1.1
Total with problems	*5.8*	*11.9*	*6.1*	*15.5*	*9.8*
			All households		
No problems identified	83.8	72.2	55.3	51.6	71.6
Single problem	14.5	23.4	35.5	35.5	23.1
Multiple problems	1.7	4.4	9.3	13.0	5.3
Total with problems	*16.2*	*27.8*	*44.7*	*48.4*	*28.4*
Total households ('000)	**2,793.9**	**1,890.3**	**4,14.8**	**1,271.4**	**6,677.9**

(a) Problems are as presented in Table 5.22.
(b) Estimates are derived from the ABS 1994 AHS. See Technical Appendix, especially Box TA5.2, for discussion of issues that affect interpretation. 586,391 weighted cases were missing data for the equivalent NHS affordability measure.

Source: The database used in this analysis was the ABS 1994 AHS, confidentialised unit record file.

5.5 Summary

Housing assistance is provided through a range of programs across different housing tenures. The diversity of assistance and the lack of consistent data create difficulties in examining the effectiveness of the range of assistance provided. There is substantial development work yet to be undertaken to obtain reliable and generally acceptable measures of the need for and effect of housing assistance.

Most funding for housing assistance is provided under the Commonwealth–State Housing Agreement (CSHA). However between 1984–85 and 1994–95, taking inflation and changes in the population into account, levels of spending on public rental housing assistance under the CSHA decreased by 25%. The decrease in spending on public rental assistance, however, has been more than compensated for by increases in spending on Rent Assistance to private renters over the same period. Real per capita spending on Rent Assistance increased by 282% between 1984–85 and 1994–95.

From the ABS 1994 Australian Housing Survey it was estimated that around 84% of public renters, or 340,000 households, were paying reduced rents in 1994, with assisted tenants receiving an average rebate of $51 per week. In addition, an estimated 35% of private renters, or 451,000 households, and 17% of 'other' tenures (51,000 households) were receiving DSS/DVA Rent Assistance. The average level of assistance received was around $33 per week per household.

Across all income groups, about 28% of households had problems with their housing in 1994. Nearly one-half of those with housing difficulties had affordability problems, while about one-third required urgent or essential repairs to be carried out. Of those experiencing problems, about one-fifth had more than one problem. For households on low incomes, in 1994, there were some 1.2 million households (19% of all households) with housing-related problems. About 888,000 of these households had affordability problems and 280,000 had multiple difficulties.

Even after allowing for rental assistance, there are still differences in the incidence of housing affordability problems across tenures. In 1994 private renters were much more likely to have unaffordable housing costs than households in other tenures. Even after receiving assistance, about 29% of private renters were low-income and paid more than 25% of their gross income in rent. This was also true for 13% of public renters.

While public housing and DSS/DVA Rent Assistance alleviate affordability problems, they do not eliminate financial stresses caused by housing costs. Because of their greater value, public rental rebates are more effective in reducing financial stress than Rent Assistance. However, there is some evidence that households in public housing have slightly more problems with the physical condition of their dwelling and with accessing services.

Currently, there is large variability in data quality and compatibility across current housing assistance information. In particular, measurement of the needs and effectiveness of assistance to disadvantaged households, such as persons with a disability or Indigenous households, is difficult due to the lack of comprehensive and reliable data for these groups. Substantial data development activity needs to be undertaken to enable reliable measurement, over the medium and long term, of effectiveness, efficiency and appropriateness. Furthermore, standard methodologies need to be developed, agreed and implemented in a manner that facilitates comparison across areas of housing assistance and also related community services.

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6 Children in need of protection

6.1 Introduction

Children who come into contact with the community services department in each State and Territory for protective reasons include children who have been abused or neglected, children who have been abandoned, children for whom there is no adequate provision for their care (for example, the child's parent is ill or in gaol), or because of other particular child-related factors (such as physical or behavioural difficulties or severe emotional problems). These children and their families are provided with, or referred to, a wide range of services. Some of these services are targeted specifically at children who are in need of protection (and their families), while others are available to a wider section of the population and aim at dealing with a broad range of issues or problems. This chapter concentrates primarily on three aspects of child protection services for which the Australian Institute of Health and Welfare currently collects data from each State and Territory:

- child abuse and neglect notifications, investigations and substantiations;
- children on care and protection orders; and
- children in supported out of home overnight care (that is, out of home care where the government makes a financial payment to the caregiver).

In addition, information on adoptions is included in this chapter as an example of a very specific type of service provided by community services departments for children.

Currently there are no national data available on the number of children who are referred to, or access, other services for protective reasons. However, this chapter presents a brief outline of the types of services that a child or family in crisis may use and some of these services are discussed in more detail in Chapter 4.

Community services departments in each State and Territory are responsible for receiving notifications of child abuse and neglect, for the investigation of these notifications and for the consequential action to protect the child (such as the provision of services, or placing the child on a care and protection order or in out of home care). Jurisdictions either provide these services directly, such as the investigation of notifications of child abuse and neglect and the provision of case worker support for families who have come to the attention of the department; or indirectly, through the funding of non-government organisations to provide particular services, such as out of home care. Each jurisdiction has legislation which empowers the community services department to undertake its responsibilities in this area.

In conjunction with State and Territory Governments, the Commonwealth has responsibility in the child protection area as a signatory to the United Nation's Convention on the Rights of the Child and the World Declaration on the Survival, Protection and Development of Children. The Commonwealth's role is largely confined to child abuse

prevention through education and research, although it does directly fund some family support services, contact services and parenting education programs aimed at reducing the incidence of child abuse (see Chapter 4). The Commonwealth also funds the Australian Institute of Family Studies to host the National Child Protection Clearing House which serves as an interchange point for information, research and initiatives supporting work in the field of child abuse and neglect prevention.

The role of the Institute in the child protection area is to collect and collate core data, from each jurisdiction, on child abuse and neglect, children on care and protection orders, children in out of home care, and adoptions, and to analyse and publish these national data annually.

6.2 Child abuse and neglect

The term 'child abuse and neglect' can mean very different things to different people, depending on the context in which it is used. For the purposes of collecting national information, however, 'child abuse and neglect' can generally be defined as occurring when a child has been, is being, or is likely to be subjected to physical, emotional or sexual actions or inactions which have resulted in, or are likely to result in, significant harm or injury to the child. In the main, it refers to situations where there are protective issues for the child because the person believed to be responsible for the abuse or neglect is a parent, family member or some other person with responsibility for care of the child; or where the person responsible for the care of the child is unable or unwilling to protect the child from abuse or neglect. Only incidents of abuse or neglect notified to community services departments are included in the national data collection on child abuse and neglect.[1]

Within this general definition, there are some variations across States and Territories, reflecting each jurisdiction's own legislation, policies and practices in relation to child protection and child welfare (Broadbent & Bentley 1997a:3–4):

- Terms such as 'significant harm' or 'substantial risk' are used in some States and Territories, while others refer to 'harm' or 'in danger of being harmed'.
- The boundary of what is included as child abuse and neglect also varies across jurisdictions. In Western Australia, for example, under their New Directions policy, greater emphasis is placed on the harm experienced by a child rather than on the nature of the act or incident in isolation (with the exception of sexual abuse where the exploitative or inappropriate nature of the act itself is considered to constitute abuse) (WA FCS 1996). In New South Wales, on the other hand, notifications of a broader nature, including general concerns for children, as well as notifications where they are reported to have suffered actual harm, are included in the 1995–96 statistics.[2]

1 The data collection does not include incidents of child abuse and neglect reported to the police or other agencies, unless they are also reported to the community services department. In addition, the incidence of unreported abuse and neglect is not known.

2 It is expected that New South Wales data will conform more closely to the national definition from 1996–97 due to changes in policies and practices in that State (NSW DCS 1997).

- While some jurisdictions only include notifications of abuse or neglect where there are protective concerns for the child, others include any incidents of child abuse or neglect reported to the community services department (that is, they may include reports of assault of a child by someone with no responsibility for the care of the child and where there are no protective concerns for the child).

As a result of these variations, care must be taken in making comparisons across the States and Territories.

The processes of notification, investigation and substantiation

Each community services department undertakes certain procedures when a notification is received (Figure 6.1). It should be noted that while processes are generally similar, they do vary across jurisdictions, reflecting differences in legislation, policies and practices. Family support services may be provided at any point once a notification has been received. A child may also be removed from home at any stage if it is deemed absolutely necessary for his or her protection.

Notification

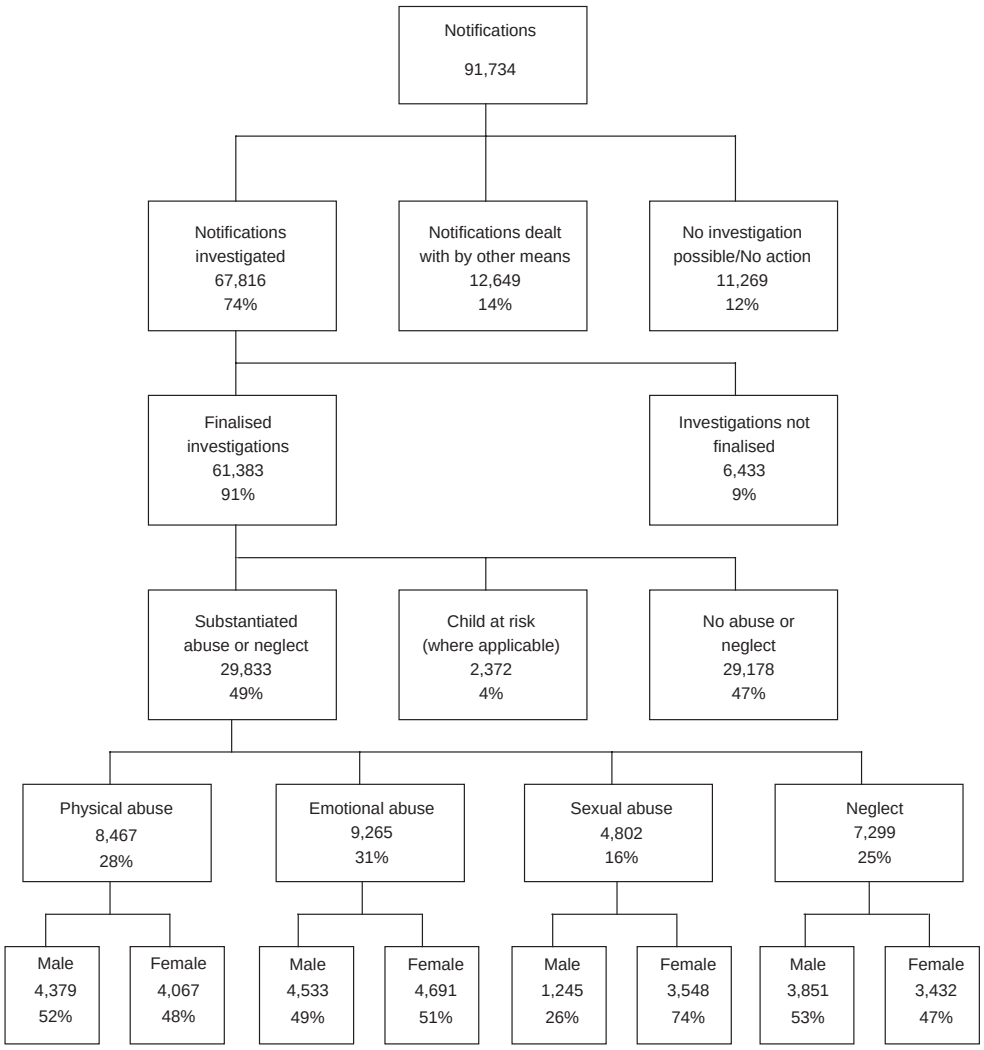
In most jurisdictions, once a notification is received it is assessed to determine whether it requires investigation or should be dealt with by other means (such as referral or the provision of advice), or whether no further protective action is necessary or possible (because there is insufficient information for the department to take any action, because it is obvious that the allegation is mischievous or malicious, or because it is obvious that the child is not in need of care and protection). Even if no further protective action is taken, the notifier may be provided with or referred to some other form of advice or appropriate service.

In 1995–96, a total of 91,734 notifications were received by community services departments. Of these, 74% were investigated, 14% were dealt with by other means and for the remaining 12% there was no investigation or no action possible (Table 6.1; Figure 6.1).

Investigation

An investigation of child abuse or neglect is the process by which the community services department obtains information about a child who is the subject of a notification. Most States and Territories conduct an initial assessment to determine whether the notification warrants investigation, but do not count these assessments as part of the investigation phase. In the other jurisdictions, however, these initial assessments are counted as 'investigations'.

In some jurisdictions, a phone call can constitute an investigation, whereas in others the term is used only where there is a face-to-face interview with the child or his or her family. Depending on the circumstances, an investigation may be carried out by the community services department alone, by the police alone or by both organisations. The police are usually involved in investigations of sexual abuse or severe physical abuse or where there appear to have been actions of a criminal nature (Broadbent & Bentley 1997a:6).



Notes
1. Excludes 40 notifications of 'threat of abuse' for South Australia.
2. Figures by sex exclude substantiated notifications where the sex of the child is not stated.

Source: Broadbent & Bentley 1997a:9.

Figure 6.1: Notifications of child abuse and neglect, by outcome, type of abuse or neglect and sex of child, 1995–96

When an investigation is completed and an outcome recorded by the department, the investigation is regarded as 'finalised'. Ninety-one per cent of investigations (61,383) of child abuse and neglect notifications to community services departments during 1995–96 were finalised by 31 August 1996.

Table 6.1: Notifications of child abuse and neglect, by type of action, 1995–96

	NSW[(a)]	Vic[(b)]	Qld[(c)]	WA[(d)]	SA[(e)]	Tas[(f)]	ACT	NT	Total
					Number				
Investigation finalised	24,663	13,911	11,230	2,656	6,190	1,196	1,043	494	61,383
Investigation not finalised	2,653	368	1,586	124	976	591	135	—	6,433
Total investigations	*27,316*	*14,279*	*12,816*	*2,780*	*7,166*	*1,787*	*1,178*	*494*	*67,816*
Dealt with by other means	. .	10,318	1,619	. .	. .	712	. .	. .	12,649
No investigation possible/No action	1,614	5,317	927	968	1,729	434	259	21	11,269
Total notifications	**28,930**	**29,914**	**15,362**	**3,748**	**8,895**	**2,933**	**1,437**	**515**	**91,734**
					Percentage				
Investigation finalised	85	47	73	71	70	41	73	96	67
Investigation not finalised	9	1	10	3	11	20	9	—	7
Total investigations	*94*	*48*	*83*	*74*	*81*	*61*	*82*	*96*	*74*
Dealt with by other means	. .	34	11	. .	. .	24	. .	. .	14
No investigation possible/No action	6	18	6	26	19	15	18	4	12
Total notifications	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**

(a) Includes child welfare concerns notified to the NSW Department of Community Services.
(b) 'Notifications investigated' includes only those involving face-to-face contact with the child or family. 'Notifications dealt with by other means' includes those dealt with through initial investigation (i.e. through phone calls, file checks, etc.). 'No action/investigation possible' includes notifications where there are considered to be no immediate issues of risk to the child.
(c) 'Notifications dealt with by other means' includes those classified as 'Protective Advice'.
(d) Under New Directions, which was phased in during 1995–96, only child maltreatment allegations (CMAs) are included as notifications.
(e) The number of notifications has been derived by combining the number of child protection assessments made on individual children which met the criteria for investigation with the number which did not (1,729). Excludes 40 notifications classified as 'threat of abuse'.
(f) 'Dealt with by other means' in Tasmania refers to those notifications that were assessed but not found to warrant a full investigation or where a full investigation was not possible.

Source: Broadbent & Bentley 1997a:18.

While the types of outcomes of a finalised investigation vary across jurisdictions, for the purposes of the national data collection they are categorised as 'substantiated', 'child at risk' or 'unsubstantiated' (no abuse or neglect). Roughly half of all finalised investigations resulted in a substantiation in 1995–96 (Table 6.2; Figure 6.1). A small proportion of finalised investigations resulted in an outcome of 'child at risk'. This category is only used in some jurisdictions to cover situations where abuse or neglect cannot be substantiated, but the department has grounds to suspect that abuse or neglect may have occurred or may be likely to occur and considers that continued departmental involvement is warranted.

Table 6.2: Finalised investigations of child abuse and neglect, by type of outcome, 1995–96

Type of outcome	NSW[a]	Vic[b]	Qld	WA[c]	SA[d]	Tas[e]	ACT	NT[f]	Total
					Number				
Substantiated abuse or neglect	14,063	6,663	4,662	1,095	2,415	235	445	255	29,833
Child at risk	. .	. .	1,778	289	. .	191	113	1	2,372
No abuse or neglect	10,600	7,248	4,790	1,272	3,775	770	485	238	29,178
Total finalised investigations	**24,663**	**13,911**	**11,230**	**2,656**	**6,190**	**1,196**	**1,043**	**494**	**61,383**
					Percentage				
Substantiated abuse or neglect	57	48	42	41	39	20	43	52	49
Child at risk	. .	. .	16	11	. .	16	11	—	4
No abuse or neglect	43	52	43	48	61	64	47	48	47
Total finalised investigations	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**

(a) In New South Wales in 1995–96, a notification was substantiated when the information about the notification was confirmed. As such, the number of substantiated notifications includes substantiated general concerns about a child as well as child abuse and neglect.
(b) Only direct investigations involving contact with a child and/or family are included. Data exclude 10,318 'initial investigations'.
(c) New Directions was phased in during 1995–96. As a result, Western Australia's figures include a smaller number of notifications with outcomes classified as 'child at risk' than in previous years.
(d) Figures exclude 40 substantiated notifications classified as 'threat of abuse'.
(e) The relatively low number of substantiated notifications for Tasmania is partly due to the absence of a common definition of 'substantiated' across regions during the counting period.
(f) One outcome from a finalised investigation was mis-coded as 'child at risk'.

Source: Broadbent & Bentley 1997a:19.

Substantiation

In general terms, a finalised investigation is classified as 'substantiated' where there is reasonable cause to believe that the child has been, or is being, abused or neglected. There were 29,833 substantiated notifications of child abuse and neglect recorded by community services departments in 1995–96, involving 25,558 children aged 0–17 years.[3] Of these children, 33% were aged under 5 years, 29% were aged 5–9 years, 31% were aged 10–14 years and 7% were 15 years of age or older. Just over half of the children were female (Figure 6.1; Table A6.1).

Substantiated abuse and neglect is broken down into the following four categories:

- physical abuse—any non-accidental physical injury inflicted upon a child;
- emotional abuse—any act which results in the child suffering any kind of significant emotional deprivation or trauma;

3 A child may be the subject of more than one substantiated notification during the year.

- sexual abuse—any act which exposes a child to, or involves a child in, sexual processes beyond his or her understanding or contrary to accepted community standards; and
- neglect—any serious omissions or commissions which, within the bounds of cultural tradition, constitute a failure to provide conditions that are essential for the healthy physical and emotional development of a child. This includes 'failure to thrive'.

It should be noted that many children suffer more than one type of abuse and neglect and it is not always clear what type has occurred. As a result, categorisation according to these four types is somewhat subjective (Goddard 1992; Ney et al. 1994; Tomison 1995). In the national data collection, the type of abuse and neglect is recorded as the one most likely to be the most severe in the short term, or most likely to place a child at risk in the short term, or the most obvious.

In 1995–96, the most common form of substantiated abuse and neglect recorded was emotional abuse (31%). Physical abuse accounted for a further 28% of substantiations, neglect 25%, and sexual abuse, 16% (Figure 6.1). The distribution of substantiated notifications across the four types varied considerably across jurisdictions, depending on the legislation, policies and practices of each State and Territory (Broadbent & Bentley 1997a:20).

The type of abuse and neglect also varied with the age and sex of the child. Substantiations of physical abuse and of neglect were slightly more likely to involve male children than female children, while the reverse was true for emotional abuse. Sexual abuse was much more likely to involve female children (Table A6.1; Figure 6.1).

Substantiations of physical abuse were more likely to involve children aged 10–14 years than younger children. Sexual abuse was most likely to involve female children aged 10–14 years, while for male children the 5–9 age group had the highest number of substantiated sexual abuse notifications. Both neglect and emotional abuse were higher among younger children than older children, with 45% of neglect and 38% of emotional abuse substantiations involving those under 5 years of age (Table A6.1).

Substantiation does not require sufficient evidence for a successful prosecution, and only a small proportion of substantiated notifications result in prosecution of the person believed responsible for the abuse or neglect. For example, a study of Western Australian child protection data for the period 1989–94 indicated that 8% of physical abuse substantiations, 28% of sexual abuse substantiations, 2% of emotional abuse substantiations and 1% of neglect substantiations resulted in prosecution of the person(s) believed responsible (Cant & Downie 1994).

It is also important to note that, in terms of severity and impact on the child, there is a wide range of harm and injury experienced by children who are the subject of a substantiated notification. Severity of injury or harm is one factor taken into account by community services departments in determining possible action after a substantiation. Other factors include the age of the child, the situation and attitude of the family, and the possibility of future abuse or neglect.

Case planning

Where a notification is substantiated and a need for continued involvement with the family on the part of the community services department is established, a formal case plan is usually developed. The process of case planning (including when it is undertaken, who it involves, and the standards for case plans) varies across jurisdictions. Generally speaking, the aim is to develop a plan for protecting the child from future abuse or neglect and/or for the provision of appropriate services to the child and/or their family. The plan may include decisions to remove the child from the home, place the child on an order and/or to provide some other family service, such as a family preservation program or family group conference.[4] Case plan development may involve a number of different agencies and people, including the child and parents, if appropriate.

It should be noted that case planning may begin prior to substantiation, and is not restricted only to children who have been the subject of a substantiated notification of abuse and neglect. Any child who has ongoing involvement with the community services department may have a case plan. Case plans are also usually subject to regular review.

Provision of services

In situations where abuse and neglect is substantiated or where there are concerns about the safety and wellbeing of a child, the community services department attempts to work with the family towards positive change through the provision of, or referral to, a wide range of services. Some of these services are targeted specifically at children or the families of children who have been or are at risk of abuse and neglect (e.g. formal case planning, case management, intensive family preservation programs). Many other services are available to a much broader section of the population and aim at dealing with a wide range of issues or problems (e.g. legal aid, counselling, mediation, alcohol and drug rehabilitation programs, child care, marriage and domestic violence counselling, child health clinics, community centres, financial counselling, parental education).

Currently, there are no national data on the number of children or families who access or are referred to a family support service, other than data on children in out of home care. However, Chapter 4 of this report provides an overview of the types of family support services available and includes information on family preservation services which are targeted specifically at families of children who have been abused or neglected.

In the minority of cases where the care and protection of children cannot be assured within the family, the department may apply to the Children's Court (or its equivalent) under the relevant Act to seek to place the child on a care and protection order. In 1995–96 the South Australian department made 140 initial applications to the South

4 Family group conferencing is usually undertaken in circumstances where there is a strong risk that the child may be placed on a care and protection order. It is a means of involving the family (including the extended family) in the decision-making process.

Australian Youth Court under the Children's Protection Act; this represented 2% of notifications which met the criteria for investigation during the period (SA DFCS 1997). In Victoria in 1995–96, protection applications as a proportion of total notifications were just under 7% (Vic DHS 1997). Care and protection orders are discussed in detail later in this chapter.

Reporting of child abuse and neglect

Currently, all States and Territories except Western Australia have legislation requiring the compulsory reporting of child abuse and neglect to community services departments.[5] In most States and Territories, the members of a few designated professions involved with children are mandated to report, although in the Northern Territory anyone who has reason to believe that a child may be abused or neglected must report to the appropriate authority. While Western Australia does not have mandatory reporting, it does have protocols in place. The types of abuse or neglect which should be reported, and the professions mandated to report, vary across jurisdictions (Broadbent & Bentley 1997a:Appendix 2). In addition to requirements under State and Territory legislation, Family Court staff are also required under the *Family Law Act 1975* to report all suspected cases of child abuse.

The number of notifications of child abuse and neglect has risen considerably over the past decade, across all States and Territories (Angus & Hall 1996:41). In 1992–93, there were around 73,000 notifications compared with almost 92,000 in 1995–96 (Broadbent & Bentley 1997a:8–9; SCRCSSP 1995; SCRCSSP 1997). It is not possible to determine whether this increase is indicative of a rise in incidence, or a reflection of changes in policies and practices relating to reporting (including the introduction of mandatory reporting). Other factors which may have contributed include greater public awareness of child abuse and neglect, greater willingness to listen to children, and increased numbers of those families most at risk of becoming the subject of a notification (see Box 6.1). For example, among families with dependent children, the proportion of one-parent families is estimated to have risen from 9% in 1974 to 15% in 1986 and 19% in 1996 (see Chapter 3). It should also be noted that the incidence of unreported child abuse and neglect is not known. Nor is it known whether the incidence of unreported abuse and neglect is changing over time and greater in some areas within Australia than others.

Notifications of child abuse and neglect to community services departments come from a number of different sources, including those groups of people mandated to report. For notifications received during 1995–96 which were investigated and where the investigation was finalised, the most common sources were friends or neighbours (15%), a parent or guardian (14%), school personnel and the police (both 13%) (Broadbent & Bentley 1997a:32).

The outcomes of finalised investigations varied according to the source of the notification, with notifications from the police and the subject child more likely to have an

5 As mandatory reporting was not introduced in the Australian Capital Territory until 1 June 1997, this is not reflected in the 1995–96 data provided in this chapter.

Box 6.1: Factors often associated with substantiated notifications of child abuse and neglect

The following factors have been identified as common to many child abuse and neglect substantiations. The presence of these factors, however, is neither sufficient nor necessary to explain why child abuse and neglect occurs:

- *caregiver factors (e.g. caregiver's psychiatric or physical illness, addiction to drugs or alcohol, financial stress, history of domestic violence or lack of parenting skills, parents who were themselves abused as children, involvement in custody and access disputes);*
- *child factors (e.g. prematurity or a disability that may make the child more demanding or difficult to manage, disturbed behaviour, resentment towards or conflict with caregiver or siblings);*
- *social factors (e.g. social stresses, social isolation, poverty, unemployment, poor housing, cultural expectations and norms); and*
- *lack of access to, or inability to access, support services.*

Sources: Clark 1995; Goddard 1992; Goddard & Hiller 1993; Tomison 1995; Winefield et al. 1993.

outcome of substantiated abuse and neglect than notifications from other sources. While 49% of all finalised investigations in 1995–96 had an outcome of 'substantiated', 63% of those where the notification was made by the police and 62% of those where the notification was made by the subject child resulted in substantiation. Notifications from non-government organisations, hospitals/health centres, medical practitioners and other health workers also had relatively high rates of substantiation. In contrast, low proportions of notifications were substantiated in finalised investigations where the notifier was anonymous or a friend/neighbour (23% and 33%, respectively) (Broadbent & Bentley 1997a:32).

Measuring the incidence of abuse and neglect

It is important to note that the national data on substantiated notifications presented here are not actual measures of the incidence of abuse and neglect in Australia. They do not include reports of abuse and neglect made to agencies other than community services departments (unless these reports are referred to the departments), nor do they include unreported incidents of abuse and neglect. On the other hand, the data do include some substantiated notifications regarding concerns about children's welfare, particularly for New South Wales (Broadbent & Bentley 1997a:13). The statistics on rates of substantiated child abuse and neglect should therefore be interpreted carefully.

In 1995–96, 16.3 children per 1,000 aged 0–16 years were the subject of a notification of abuse and neglect, 11.6 per 1,000 were the subject of a finalised investigation and 5.8 per 1,000 were the subject of a substantiation. The rate for substantiations is slightly below the comparable 1994–95 rate of 6.1, although, prior to 1995–96, rates had been rising each year since 1990–91 (Table A6.2). Overall, the rate of substantiated abuse and neglect for male children in 1995–96 was 5.3, slightly lower than the rate for female children (6.3). The highest rate was for females aged 10–14 years (7.3) and the lowest

rate was for males aged 15–16 years (2.0). The highest rates of physical and sexual abuse were experienced by girls aged 10–14 years (2.2 and 2.3, respectively), while young children of both sexes had the highest rates of emotional abuse and neglect (Table 6.3).

Table 6.3: Rates of children 0–16 years in substantiated notifications of abuse and neglect, per 1,000 children, by sex and age of child, 1995–96

Age of child in years	Physical abuse			Emotional abuse			Sexual abuse			Neglect			Total		
	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
	Rates per 1,000 children 0–16 years														
0–4	1.6	1.3	1.5	2.2	2.3	2.3	0.4	0.8	0.5	2.0	1.9	2.0	6.2	6.3	6.2
5–9	1.9	1.3	1.6	1.7	1.6	1.7	0.8	1.4	1.1	1.3	1.2	1.3	5.6	5.6	5.6
10–14	2.0	2.2	2.1	1.6	1.8	1.7	0.5	2.3	1.4	1.1	0.9	1.0	5.2	7.3	6.2
15–16	0.7	1.8	1.3	0.6	1.0	0.8	0.3	1.6	0.9	0.4	0.5	0.4	2.0	5.0	3.4
Total[(a)]	**1.7**	**1.7**	**1.7**	**1.7**	**1.8**	**1.8**	**0.5**	**1.5**	**1.0**	**1.4**	**1.3**	**1.3**	**5.3**	**6.3**	**5.8**

(a) Children whose age was unknown or not stated are included as most of them would be aged 0–16 years.

Notes
1. Rates are calculated by dividing the number of children who were the subject of a substantiation by the estimated resident population (ABS 1996a) in the relevant age cohort at 31 December 1995, multiplied by 1,000.
2. The person columns (P) include children whose sex was unknown or not stated.

Source: Broadbent & Bentley 1997a:29.

Indigenous children

Indigenous children are over-represented in the statistics on child abuse and neglect. At 31 December 1995, Indigenous children made up an estimated 3% of all Australian children aged 0–17 years (ABS 1996b). In 1995–96, however, 8% of children who were the subject of a notification of abuse and neglect, 9% of children in finalised investigations and 10% of children in substantiated notifications were Indigenous. Indigenous children made up 16% of those classified as at risk and 8% of those who were the subject of an unsubstantiated notification (Broadbent & Bentley 1997a:26).

The reasons for the over-representation of Indigenous children in child protection statistics are complex. Some of the possible contributing factors mentioned in the literature include high rates of poverty and unemployment, poor living conditions for many families, the high incidence of one-parent families, the high incidence of alcoholism and other health problems, greater association with the welfare system (both in the past and in the present), lack of access to or ability to access appropriate support services, and different child-rearing practices among Indigenous peoples (such as allowing children greater autonomy, and children often being cared for by the extended family or others in the community) (Bourke 1993; Choo 1990; D'Souza 1993).

The pattern of substantiated abuse and neglect for Indigenous children differs markedly from that for non-Indigenous children. In 1995–96, 38% of Indigenous children in substantiated notifications were the subject of neglect, compared with 21% of non-Indigenous children. Conversely, the proportion of Indigenous children in substantiated notifications of sexual abuse was lower than for other children (11% compared with 18%) (Broadbent & Bentley 1997a:26).

Overall, the rate of notification of abuse and neglect for Indigenous children was 42.3 per 1,000 children aged 0–16 years, compared with 15.5 for non-Indigenous children.[6] The rates for finalised investigations were 34.4 for Indigenous children and 10.9 for non-Indigenous children (Broadbent & Bentley 1997a:31). The rate of substantiated abuse and neglect for Indigenous children was 18.0 per 1,000 children, compared with 5.4 for non-Indigenous children (Table 6.4).

Table 6.4: Rates of Indigenous and non-Indigenous children 0–16 years in substantiated notifications of abuse and neglect, per 1,000 children, by sex and age of child, 1995–96

Age of child in years	Physical abuse			Emotional abuse			Sexual abuse			Neglect			Total		
	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
	Rates per 1,000 children 0–16 years														
Indigenous children															
0–4	4.4	3.6	4.1	6.8	6.2	6.5	0.3	1.6	1.0	10.4	10.4	10.4	22.0	21.8	21.9
5–9	5.1	3.4	4.3	3.9	4.2	4.1	0.9	3.6	2.2	6.6	5.6	6.1	16.5	16.8	16.7
10–14	4.7	6.6	5.7	3.3	4.2	3.7	0.3	5.8	3.0	5.3	4.9	5.1	13.7	21.5	17.5
15–16	1.0	5.4	3.2	1.3	2.7	2.0	0.1	1.9	1.0	1.0	1.6	1.3	3.6	11.5	7.5
Total[(a)]	**4.4**	**4.5**	**4.5**	**4.6**	**4.8**	**4.7**	**0.5**	**3.4**	**1.9**	**7.1**	**6.8**	**6.9**	**16.6**	**19.5**	**18.0**
Non-Indigenous children															
0–4	1.5	1.2	1.4	2.0	2.1	2.1	0.4	0.7	0.5	1.7	1.6	1.7	5.6	5.7	5.7
5–9	1.8	1.3	1.5	1.6	1.6	1.6	0.8	1.4	1.1	1.2	1.0	1.1	5.3	5.2	5.3
10–14	1.9	2.1	2.0	1.5	1.8	1.6	0.5	2.2	1.3	1.0	0.8	0.9	4.9	6.9	5.9
15–16	0.7	1.8	1.2	0.6	1.0	0.8	0.3	1.6	0.9	0.4	0.5	0.4	1.9	4.8	3.3
Total[(a)]	**1.6**	**1.6**	**1.6**	**1.6**	**1.7**	**1.7**	**0.5**	**1.5**	**1.0**	**1.2**	**1.1**	**1.1**	**4.9**	**5.9**	**5.4**

(a) Children whose age was unknown or not stated are included as most of them would be aged 0–16 years.

Notes

1. Rates are calculated by dividing the number of children in substantiated notifications by the estimated resident population of Indigenous children (ABS 1996b) and non-Indigenous children (ABS 1996a, 1996b) in the relevant age cohort at 31 December 1995, multiplied by 1,000.
2. The person columns (P) include children whose sex was unknown or not stated.

Source: Broadbent & Bentley 1997a:31.

The rate of substantiated physical abuse for Indigenous children was 4.5 per 1,000, compared with 4.7 for emotional abuse, 1.9 for sexual abuse and 6.9 for neglect. The comparative rates for other children were 1.6 for physical abuse, 1.7 for emotional abuse, 1.0 for sexual abuse and 1.1 for neglect. The rates varied by age and sex, as shown in Table 6.4.

6 Rates for Indigenous children are indicative only because they are based on ABS experimental projections of Indigenous population.

Family type, and child abuse and neglect substantiations

National data on the type of family in which the child was residing at the time of the abuse or neglect are not available. However, there are 1995–96 data for the family type of children who were the subject of substantiated notifications in Victoria, Queensland, Western Australia, Tasmania, the Australian Capital Territory and the Northern Territory.[7] Overall, for these States and Territories, 40% of such children were the children of female sole parents, 28% were from two-parent families where both parents are the natural or adoptive parents, 20% were from other two-parent families (such as step-families and blended families), and 6% were the children of male sole parents (Broadbent & Bentley 1997a:58). To put these figures into context, the number of substantiations for children 0–17 years in 1995–96 is compared with the estimated number of children 0–14 years in the population at 30 June 1996 (Table A6.3).

Table 6.5: Substantiated notifications of abuse and neglect, for selected States and Territories,[(a)] by sex of child and type of family in which child was residing, 1995–96 (%)

	Physical abuse			Emotional abuse			Sexual abuse			Neglect			Total		
Family type[(b)]	**M**	**F**	**P**	**M**	**F**	**P**	**M**	**F**	**P**	**M**	**F**	**P**	**M**	**F**	**P**
							Percentage								
Two parent—natural[(c)]	33	35	34	25	25	25	29	25	26	26	26	26	28	28	28
Two parent—other	27	24	26	18	18	18	22	27	26	14	15	15	20	21	20
Single parent—female	30	32	31	42	40	40	35	32	32	50	51	51	40	39	40
Single parent—male	7	5	6	5	5	5	4	5	5	6	6	6	6	5	6
Other	3	3	3	2	3	3	5	7	7	3	1	2	3	3	3
Not stated	1	1	1	8	8	8	5	4	5	1	1	1	3	3	3
Total	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**

(a) For Victoria, Queensland, Western Australia, Tasmania, the Australian Capital Territory and the Northern Territory only.
(b) States and Territories vary as to when they record family of residence of the child. Victoria records it at time of investigation; the Northern Territory and Tasmania at time of abuse; others at time of notification.
(c) Includes families where both parents are natural or both parents are adoptive.

Source: Broadbent & Bentley 1997a:58.

This clearly illustrates that, while children of female sole parents accounted for a relatively large proportion of substantiations, the actual numbers were very small in comparison with the estimated number of children in the population. This finding is

7 States and Territories vary as to when they record family of residence of the child. Victoria records it at time of investigation; the Northern Territory and Tasmania at time of abuse; others at time of notification.

similar for children from other family types. The economic and social pressures faced by one-parent families should be considered when interpreting this data (also see Box 6.1). In addition, it is important to note that the parent is not necessarily the person responsible for the abuse or neglect;[8] nor is the family type recorded here necessarily the one in which the child was living at the time the abuse or neglect occurred.

The proportions of children from different family types varied across the four types of abuse and neglect, with 34% of physical abuse substantiations, 25% of emotional abuse substantiations, 26% of sexual abuse substantiations and 26% of neglect substantiations involving children living with both parents (natural or adoptive). The respective figures for children of female sole parents were 31%, 40%, 32% and 51% (Table 6.5). While only 18% of emotional abuse and 15% of neglect substantiations involved children from 'other' two-parent families, 26% of physical abuse and 26% of sexual abuse substantiations involved children from this family type.

6.3 Children on care and protection orders

When a child has been the subject of substantiated abuse or neglect, or considered for some other reason to be in need of care or protection (see Box 6.2), the community services department in each State and Territory has the authority to intervene to protect the child. Application to the Children's Court (or equivalent) to place the child on a care and protection order is one of the possible actions that may be taken by the department. (Other possible actions have been outlined earlier in this chapter.)

Recourse to the court is usually as a last resort—for example, where supervision and therapy are resisted by the family, where removal of the child to out of home care needs legal authorisation, or where other avenues for resolution of the situation are exhausted. Community services departments may also apply for a care and protection order in circumstances where the child is uncontrollable or a danger to others or him/herself.

The AIHW collects annual data from all States and Territories on children on orders granted for protective reasons by the Children's Court in most States and Territories, by the Youth Court in South Australia, and by the Family Matters Court in the Northern Territory. Data are also collected on the number of children admitted and discharged from protective orders during the year. The data collection currently excludes children on administrative orders, voluntary arrangements and agreements, permanent care orders in Victoria, orders in South Australia granting guardianship to a third party, and interim orders. For the purposes of the 1995–96 national collection, care and protection orders have been classified as either guardianship or non-guardianship orders.

A *guardianship order* involves the transfer of legal guardianship of a child to the head of the community services department in the State or Territory. The State assumes the roles and responsibilities of a parent to the child, which include not only the obligation to provide financial and material support, but also responsibility for the long-term welfare of the child. In most States and Territories, guardianship orders also involve the transfer

8 National data on the relationship to the child of the person believed responsible for the abuse or neglect are not available.

Box 6.2: Children in need of care and protection

Each State and Territory has its own legislation which defines when a child is considered to be 'in need of care and protection' and this varies across jurisdictions (Broadbent & Bentley 1997b, Appendix 1). For the purposes of the national data collection on children on care and protection orders, a child is deemed to be 'in need of care and protection' if:

- *the child is being or is likely to be abused or neglected;*
- *the child has been abandoned;*
- *adequate provision is not being made for the child's care;*
- *there is an irretrievable breakdown in the relationship between the child and his or her parents; or*
- *there are other particular child-related factors, such as physical or behavioural difficulties or psychiatrically diagnosed emotional problems (e.g. the child is 'uncontrollable', 'in trouble with the police' or 'a threat to parents or siblings').*

of custody of the child—that is, the right to daily care and control of the child—to the State. Guardianship orders are the most interventionist of the care and protection orders and are consequentially applied only as a last resort.

Non-guardianship orders include custody orders, supervisory orders and undertakings. These orders give the community services department some responsibility for a child's care (usually as a result of a family crisis) or for protection of the child (for example, from abuse or neglect).

It should be noted that the numbers and types of care and protection orders vary considerably across jurisdictions, as do the alternatives available to community services departments for dealing with children in need of care and protection. For example, Western Australia only has guardianship orders, while other States and Territories also have a range of non-guardianship orders. In addition, some States and Territories use interim and administrative orders to a greater extent than others. As a result, comparisons across jurisdictions in terms of the number and rates of children on care and protection orders should be undertaken carefully (Broadbent & Bentley 1997b:4).

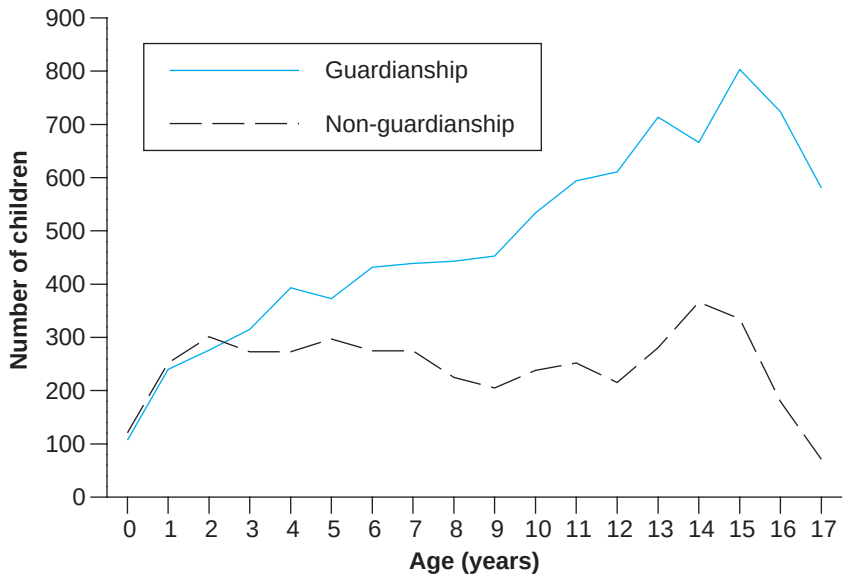
At 30 June 1996, there were 13,241 children on care and protection orders (as defined in the national collection) in Australia. Of these, 8,744 (66%) were on guardianship orders and the remaining 4,497 (34%) were on non-guardianship orders. The proportions of children on care and protection orders who were on guardianship orders varied considerably across jurisdictions, ranging from 100% in Western Australia to 18% in the Australian Capital Territory (Table 6.6).

Just over half of the children on care and protection orders at 30 June 1996 were males (52% of those on guardianship orders and 51% of those on non-guardianship orders). Children on guardianship orders were more likely to be older (24% were 15 years or older), than those on non-guardianship orders (13%). In contrast, 27% of children on non-guardianship orders were under 5 years of age, compared with only 15% of those on guardianship orders (Table A6.4; Figure 6.2).

Table 6.6: Children on care and protection orders, by type of order, 30 June 1996

Type of order	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Guardianship	2,614	1,394	2,624	781	871	336	44	80	8,744
Non-guardianship	2,055	1,786	235	. .	110	88	203	20	4,497
Total	**4,669**	**3,180**	**2,859**	**781**	**981**	**424**	**247**	**100**	**13,241**

Source: Broadbent & Bentley 1997b:8.



Source: Table A6.4.

Figure 6.2: Children on guardianship and non-guardianship orders, by age, 30 June 1996

Living arrangements of children on care and protection orders

Children on care and protection orders can live in a variety of situations, including with their parents or relatives, in foster care, in residential facilities, independently or in other adult living arrangements. At 30 June 1996, the majority of children on guardianship orders were living in foster care. The actual proportions, however, varied across jurisdictions because of different policies and practices and the types of living arrangements available. Some jurisdictions, for instance, have more residential facilities than others. The proportions of children on guardianship orders who were living in foster care ranged from 91% in the Australian Capital Territory to 55% in Victoria. Victoria had a relatively large proportion of children on guardianship orders (31%) living in a residential facility, such as a family group home or a residential child care facility (Broadbent & Bentley 1997b:30–33).

In comparison, in the jurisdictions for which data were available, children on non-guardianship care and protection orders were more likely to be living with parents or relatives and less likely to be in foster care than children on guardianship orders.[9] This is consistent with the fact that non-guardianship orders are less interventionist than guardianship orders (Broadbent & Bentley 1997b:34).

Incidence of children on care and protection orders

At 30 June 1996, there were 2.8 children per 1,000 children aged 0–17 years on care and protection orders. The rates for guardianship and non-guardianship orders were 1.9 and 1.0, respectively. The rates for all children on care and protection orders varied across jurisdictions, ranging from 3.4 in Tasmania to 1.7 in Western Australia. For children on guardianship orders, the rate was highest in Queensland (3.0) and lowest in the Australian Capital Territory (0.6). However, the Australian Capital Territory had the highest rate for children on non-guardianship orders (2.6), while Queensland and South Australia had the lowest (0.3) (Table A6.5). The variations across jurisdictions reflect differences in legislation, policies and practices, such as the number and types of orders that may be used, as well as the alternatives available to placing the child on an order.

Indigenous children

As with child abuse and neglect statistics, Indigenous children are over-represented in the statistics on care and protection orders: 1,951 at 30 June 1996.[10] Indigenous children comprised 15% of children on guardianship orders and 14% of those on non-guardianship orders, compared with 3% of the population aged 0–17 years (Broadbent & Bentley 1997b:12). Examination of the rates per 1,000 population clearly illustrates the level of over-representation: 13.6 Indigenous children on care and protection orders per 1,000 aged 0–17 years (9.2 on guardianship orders and 4.4 on non-guardianship orders).[11] The comparative rates for non-Indigenous children were 2.5 per 1,000 on all orders (1.6 on guardianship orders and 0.9 on non-guardianship orders) (Table A6.5).

Admissions to and discharges from care and protection orders

During 1995–96, 4,123 children were admitted to care and protection orders in Australia, while 4,118 were discharged from orders. For guardianship orders, there were 1,557 children admitted and 1,877 discharged, while 2,566 children were admitted to non-guardianship orders and 2,241 discharged.

Nine per cent of children admitted to, and 10% of children discharged from, care and protection orders were Indigenous (Broadbent & Bentley 1997b:19). The proportion of children admitted to and discharged from orders who were Indigenous was higher for

9 No national data are available on the living arrangements of children on non-guardianship orders because of high proportions in some jurisdictions for whom living arrangements were unknown.

10 This is an underestimate, since there were 884 children on supervisory orders in New South Wales for whom Indigenous status was unknown.

11 Rates for Indigenous children are indicative only because they are based on ABS experimental projections of Indigenous population.

guardianship orders (11% of those admitted and 13% of those discharged) than for non-guardianship orders (7% and 8%, respectively).

6.4 Children in out of home care

Supported out of home care is one of a range of family services provided to families in crisis. This type of service assists and supports children and young people in a variety of care arrangements other than with their parents, such as in foster care, with family/kinship, or in a residential or other placement.

The aim of this kind of service is to support families in crisis, to provide a protective environment for children who have been abused or neglected, to provide respite accommodation for children whose parents are ill or unable to care for them on a temporary basis, or to provide an alternative home for the child because of conflict between the child and carer. The current emphasis in policy and practice is on family reunification, with out of home care seen in many cases as a temporary alternative to assist the family. Placements of children may be voluntary or made in conjunction with a care and protection order issued by a court; for example, the case plan may require that the child be placed on an order and also be placed out of home. Children in long-term placements are often on an order. As with the majority of child welfare services, States and Territories are responsible for funding out of home care. Non-government organisations are widely used, however, to provide services in this area.

Data on children in out of home care at 30 June 1996 and on children who were in at least one out of home placement during the year were collected by the AIHW from each State and Territory community services department for the first time for 1995–96. For this collection, out of home care is defined as out of home overnight care for children and young people under 18 years of age, where the State or Territory makes a financial payment. It includes placements with relatives (other than parents) but does not include placements made in disability services, psychiatric services, juvenile justice facilities or in overnight child care. The data exclude children in unfunded placements and also children who are living with parents where the State makes a financial payment.

Data for Queensland and the Northern Territory include only children in out of home care who were also on a legal order (that is, they exclude those children who were not on a legal order). In addition, children in out of home care who were placed with relatives or kin are excluded from Northern Territory data. As a result, a national figure for children in out of home care cannot be calculated. For these reasons, care should also be taken in comparing numbers and rates across jurisdictions (Tables 6.7 and A6.6). Data on the age and sex of children were not collected for 1995–96 but will be in future years.

Indigenous children

Data on the number of, and rate per 1,000, children in out of home care at 30 June 1996 for each State and Territory, and similar data for children who had at least one placement in out of home care during 1995–96, clearly illustrate the over-representation of Indigenous children in out of home care in all jurisdictions. In New South Wales, for example, 33.2 Indigenous children per 1,000 aged 0–17 years were in out of home care compared with 2.8 per 1,000 non-Indigenous children, and in Victoria the respective

Table 6.7: Children 0–17 years in out of home care: number and rate per 1,000, by Indigenous status and State and Territory, at 30 June 1996

	Indigenous	Non-Indigenous	Total	Indigenous	Non-Indigenous	Total
	Number of children			Rate per 1,000 children 0–17 years		
NSW	1,233	4,204	5,437	33.2	2.8	3.5
Vic	318	3,067	3,385	35.7	2.7	3.0
Qld[(a)]	503	1,607	2,110	13.3	1.9	2.4
WA	379	827	1,206	16.2	1.9	2.6
SA	162	902	1,064	18.9	2.6	3.0
Tas	44	464	508	9.1	3.8	4.0
ACT	25	156	181	27.3	2.0	2.3
NT[(b)]	47	41	88	2.2	1.2	1.6

(a) The Queensland data only include children in out of home care who were also on a care and protection order or remanded in temporary custody awaiting the outcome of an application for a care and protection order. Children in out of home care who were not on a care and protection order are excluded, as are children on an offence order who were in out of home care (32 children at 30 June 1996). As a result, the data for Queensland are not comparable with those of other jurisdictions.

(b) The Northern Territory data do not represent the total population of children in out of home care in that jurisdiction, for the following reasons:
- In the Northern Territory only out of home care where the child was on a legal order is counted. Data on children in out of home care who were not on a legal order are unavailable.
- Placements with relatives or kin where the Territory Health Services makes a financial payment are excluded from the data.

As a result, the data for the Northern Territory are not comparable with those of other States and Territories and should be interpreted carefully.

Note: Rates are calculated by dividing the number of children in out of home care by the estimated resident population of Indigenous children (ABS 1996b) and non-Indigenous children (ABS 1996a, 1996b) in the relevant age cohort at 30 June 1996, multiplied by 1,000.

Source: Data provided to AIHW by State and Territory community services departments.

rates were 35.7 and 2.7 (Table 6.7). The data for the Northern Territory should be interpreted carefully as they do not include children placed with relatives or kin.[12]

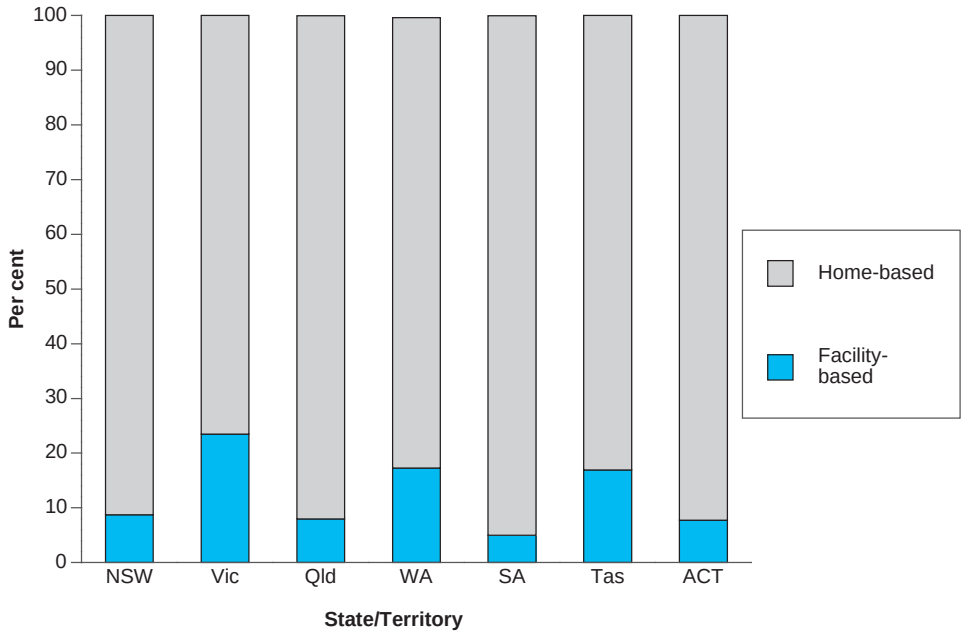
Living arrangements for children in out of home care

Children in out of home care can be placed in a variety of living arrangements or placement types. For the purposes of this collection, these have been divided into two main categories:

- facility-based (residential) building for the purposes of providing placements and involving paid staff. This category covers residential facilities where staff are rostered, or where there is a live-in carer (including family group homes), or where staff are off-site (for example, a lead tenant or supported residence arrangement); or
- home-based care, where placement is in the home of a carer who is reimbursed for expenses incurred in caring for the child. This comprises foster or community care, relative/kinship care where the caregiver is authorised and reimbursed by the State or Territory, and other home-based arrangements (including private board).

12 Rates for Indigenous children are indicative only because they are based on ABS experimental projections of Indigenous population.

There has been a consistent trend over the past decades to substantially decreased use of facility-based or residential care and increased use of foster care. Most States and Territories have closed or are in the process of closing their larger residential facilities (Bath 1994). The proportion of children in out of home care at 30 June 1996 who were living in facility-based care arrangements varied from 23% in Victoria to 5% in South Australia (Table A6.7; Figure 6.3). Data for Queensland should be interpreted carefully as only children on legal orders are included, and the living arrangements for these children may be different from those of children in out of home care who were not on a legal order. Tasmania and Victoria had relatively high proportions of children placed in residential facilities with a live-in caregiver (17% and 13%, respectively); South Australia had a high proportion in foster/community care (87%); and New South Wales and Tasmania had relatively high proportions placed with relatives or kin (39% and 36%, respectively).



Notes
1. See Table 6.7 for footnotes.
2. Data for the Northern Territory are not included as they do not include children in out of home care who were placed with relatives or kin.

Source: Table A6.7.

Figure 6.3: Children in out of home care, by type of placement, at 30 June 1996 (%)

In all States and Territories, children under 12 years of age in out of home care were predominantly in home-based placements. The proportion varied from 100% in the

Australian Capital Territory to 86% in Victoria. In those States and Territories for which data were available, Indigenous children in out of home care were mainly placed with Indigenous caregivers (the proportions varied from 90% in New South Wales, to 67% in South Australia and 68% in Queensland).[13]

Table 6.8: Children 0–17 years in out of home care, by length of time in continuous placement, at 30 June 1996

Time in continuous placement	NSW	Vic[(a)]	Qld[(b)]	WA	SA	Tas	ACT	NT[(c)]
				Number				
Less than 1 month	306	58	152	42	39	59	20	1
1 month – <6 months	742	269	456	148	115	156	56	14
6 months – <1 year	661	324	283	111	91	76	23	10
1 year – <2 years	911	445	345	228	122	87	32	11
2 years or more	2,817	1,186	874	634	644	130	50	52
Not stated/unknown	—	142	—	43	53	—	—	—
Total children	**5,437**	**2,424**	**2,110**	**1,206**	**1,064**	**508**	**181**	**88**
				Percentage				
Less than 1 month	6	3	7	4	4	12	11	1
1 month – <6 months	14	12	22	13	11	31	31	16
6 months – <1 year	12	14	13	10	9	15	13	11
1 year – <2 years	17	20	16	20	12	17	18	13
2 years or more	52	52	41	55	64	26	28	59
Total children	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**

(a) The Victorian data only include children in out of home care who were on a legal order. Children not on a legal order are excluded.

(b) The Queensland data only include children who were also on a care and protection order or remanded in temporary custody awaiting the outcome of an application for a care and protection order. Children who were not on a care and protection order are excluded, as are children on an offence order who were in out of home care (32 children at 30 June 1996). As a result, the data for Queensland are not comparable with those of other jurisdictions.

(c) The Northern Territory data do not represent the total population of children in out of home care in that jurisdiction, for the following reasons:
- In the Northern Territory only out of home care where the child was on a legal order is counted. Data on children who were not on a legal order are unavailable.
- Placements with relatives or kin where the Territory Health Services makes a financial payment are excluded from the data.

As a result, the data for the Northern Territory are not comparable with those of other States and Territories and should be interpreted carefully.

Source: Data provided to the AIHW by State and Territory community services departments.

13 Unpublished data provided to the Institute by State and Territory community services departments. Data on the placement of Indigenous children were not available for Tasmania, the Australian Capital Territory and the Northern Territory.

Length of time in placement

Data on the length of time that children in out of home care at 30 June 1996 had been continuously in placement were also collected.[14] In most States and Territories, over half of the children had been in placement continuously for 2 or more years. This varied across the States and Territories, however, with children in Tasmania and the Australian Capital Territory more likely to have been in out of home care for a shorter period of time than children elsewhere (Table 6.8, page 209).

6.5 Adoptions

Adoption can also be viewed as a service provided by community services departments for children, as it is essentially a process of identifying people who will permanently care for children (that is, the focus is on the wellbeing of the child). Once an adoption order is granted, the adopted child becomes the child of the adoptive parents, as if he or she had been born to them. The adoption order severs the legal relationship between the biological parents and the child and the child legally becomes the child of his/her adoptive parent(s) (Boss 1992). A new birth certificate is issued to the child bearing the names of his/her adoptive parent(s) as the natural parent(s) and the new name of the child, where a change has occurred.

Prior to the 1970s, adoption was seen as a convenient solution to the problems of unwanted births and infertility (English 1990; Powell 1995). The focus has since shifted, with the welfare of the child being seen as paramount and adoption viewed as a means of providing children with the opportunity to be raised in a family environment where this might not otherwise have been the case.

Adoptions can be divided into the following categories:

- adoption of Australian-born children by non-relatives;
- adoption of overseas-born children by non-relatives;
- adoption of Australian-born children by relatives (including step-parents); and
- adoption of overseas-born children by relatives.

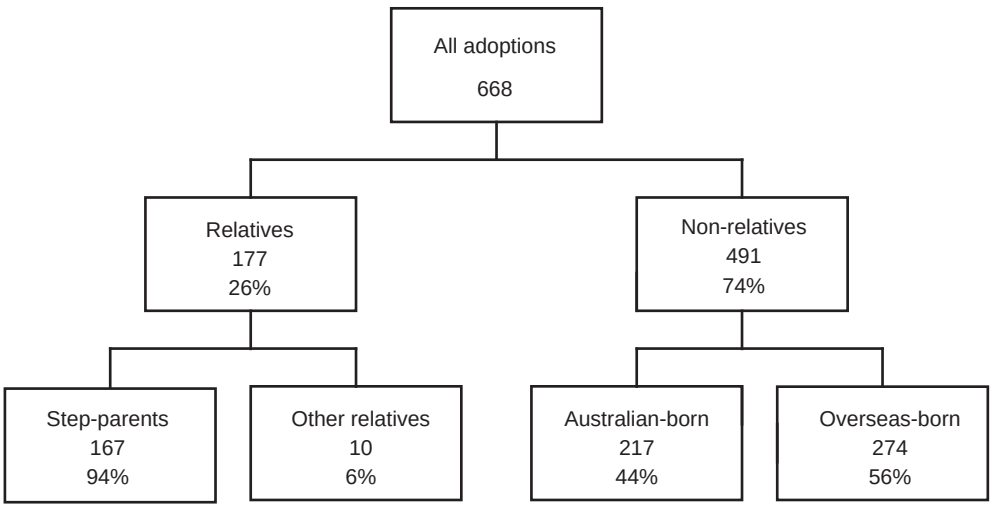
Adoptions in the first three categories are regulated by legislation in each State and Territory; data on these are collected annually by the AIHW from State and Territory community services departments. The adoption of overseas children by relatives is primarily regulated by the *Immigration Act 1946*; data on this category are excluded from the collection.

The changing face of adoption

The number of adoptions in Australia has declined considerably over the past 25 years, from 9,798 in 1971–72 to only 668 in 1995–96 (excluding adoptions of overseas children by relatives) (Table A6.8). Roughly three-quarters of the 1995–96 adoptions were by

14 A return home of 7 days or more is considered to break the continuity of a placement. Where the child returns home for less than 7 days and then returns to the former placement or to another placement, this is considered to be a 'continuous placement'. A change in placement, or holidays, does not break the continuity of placement.

non-relatives and the remaining one-quarter by relatives. Of the 491 adoptions by non-relatives, 56% were of overseas-born children and 44% of Australian-born children. Almost all of the 177 adoptions by relatives were adoptions by step-parents (Figure 6.4). Of the overseas-born children adopted during 1995–96, the highest proportion (94 or 34%) were born in South Korea and the second highest proportion (40 or 15%) in Colombia (Bentley & Broadbent 1997:16).



Source: Bentley & Broadbent 1997:9.

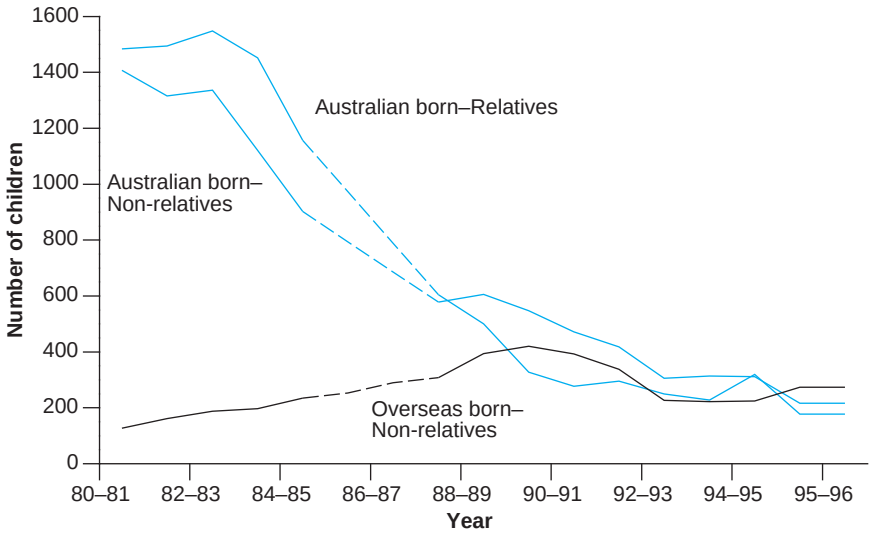
Figure 6.4: Adoptions in Australia, 1995–96

One dominant feature of adoption in Australia over the past 25 years has been the decline in the number of adoptions of Australian-born children, resulting from several factors:

- effective birth control, leading to a drop in unplanned pregnancies;
- where unplanned pregnancies occur, the provision of income support for sole parents and changed community attitudes to single parenthood;
- development of, and increased accessibility to, alternative reproductive technology such as in-vitro fertilisation (IVF);
- changes to legislation relating to adoption by relatives, particularly step-parents (making it more difficult for step-parents to adopt); and
- the introduction of alternative legal orders that transfer guardianship and custody of a child to a person other than the parent, for example permanent care orders in Victoria and guardianship orders to a third party in some other States and Territories.

There are more prospective adoptive parents in Australia than there are Australian-born children available for adoption. This has resulted in increased numbers of adoptions of

overseas children by Australian families. While the number of adoptions of Australian-born children has fallen steadily over the past 25 years, the number of adoptions of overseas-born children increased to 1989–90, then fell to 1993–94, before rising again in 1994–95 and 1995–96 (Bentley & Broadbent 1997:14). In 1995–96, for the first time, the number of overseas-born children adopted by non-relatives was greater than the number of Australian-born children adopted by non-relatives (Figure 6.5).



Note: No data on adoptions were collated nationally for 1985–86 and 1986–87.

Source: Table A6.8.

Figure 6.5: Adoption trends, by category of adoption, 1980–81 to 1995–96

Access to information

Adoption law in Australia has also undergone significant change in the past decade, particularly in the area of access to information. Currently, all States and Territories have legislation that grants rights to information to adopted people over 18 years old, their birth parents and other birth relatives. However, the extent of these rights and of the protection of the privacy of all parties varies among States and Territories.

In an attempt to achieve a balance between the right to information and the right to privacy, most States and Territories have limited the right to information by requiring the consent of the person identified, or by giving that person the opportunity to apply for an information veto or a contact veto. In the case of an information veto, in some States and Territories, a party to an adoption can make an application requesting that identifying information not be released to the other party to the adoption. A contact

veto can be lodged when a person does not wish to be contacted by the other party to the adoption. A contact veto is legally binding and, if a person receives identifying information and goes on to contact the other party, legal action can be taken. A contact veto can, however, be lifted by the person who lodged it. In some States and Territories, vetoes have a limited life and new applications need to be lodged for them to continue.

All States and Territories have established adoption information services, information and contact registers or similar systems. In Victoria, South Australia, Tasmania and the Northern Territory, people requesting information must attend an interview with an approved counsellor before the information can be released. The purpose of counselling is to ensure that the rights of all parties involved are fully understood and that people are made aware of some of the issues that may arise in the search and reunion process. In Western Australia, a person wishing to access identifying information is not required to be interviewed by an approved counsellor. However, an interview is required if a person wishes to lodge an information veto (Bentley & Broadbent 1997:7–8). A review of Western Australian legislation is currently being undertaken.

In 1995–96 there were 5,567 applications made for adoption information, 11% below the number recorded in the previous year. The majority of requests were lodged by adopted people. In the same period, 204 contact vetoes were lodged (58% by adopted persons, a further 24% by birth parents and the remainder by adoptive parents and other birth relatives), and 222 identifying information vetoes were lodged (59% by adopted persons, 30% by birth parents and 11% by adoptive parents) (Bentley & Broadbent 1997:19–20).

6.6 Data development

The current national data on child protection come from the administrative databases of the community services department in each State and Territory. As a result, the data tend to reflect the processes and practices in each jurisdiction, rather than provide a national measure of the incidence of child abuse or the number of children in need of protection. However, considerable work is now being undertaken by the States and Territories and the AIHW to refine and clarify the scope of the collections and the definitions of items collected. The aim of this is to facilitate the collection of data that are more comparable across jurisdictions, particularly in the key areas of notifications, investigations, substantiations, and care and protection orders. Work is also being undertaken to extend the out of home care data collection and to develop linkages between the different national collections—for example, by collecting data on the number of children who have been the subject of substantiated abuse or neglect and who are subsequently placed on a care and protection order.

The feasibility of collecting data on a regional basis is also being explored. Data on child abuse and neglect, children on care and protection orders, and children in out of home care, disaggregated by region within each State and Territory, could be matched with other economic and social indicators to provide a much better understanding of the factors involved in child protection issues. Similarly, data on the income of the child's family and the source of notification for Indigenous children would be useful data items to collect in the future. This information would add to our understanding of families

who come into contact with community services departments because their children are seen to be in need of protection.

Currently, there are no comparable data on the cost of child protection services across jurisdictions. Some estimates are available from a study undertaken on behalf of the Victorian Department of Human Services in 1993–94, but these relate to only three States and what are included as child protection services is very limited (Vic DHS 1996). The costs were estimated for 'core' child protection services only; that is, the receipt of child abuse and neglect notifications, the investigation of these reports, actions taken to secure the safety of the child, applications to courts for protection orders or variations of orders, and ongoing case management of a situation where abuse has occurred. The cost estimates, however, do not include the range of services provided by community services departments, local governments and non-government agencies. These services (such as out of home care services and many of the counselling, mediation and parent education services) are necessary supports to core child protection services but are provided to a wider group of clients.

6.7 Summary

Children who come into contact with the community services department in each State and Territory for protective reasons (and their families) are provided with, or referred to, a wide range of services. Some of these services are targeted specifically at children who are in need of protection (and their families), while others are available to a wider section of the population and aim at dealing with a broad range of issues or problems. The main focus of this chapter has been on three aspects of child protection services for which the AIHW currently collects data from each State and Territory—child abuse and neglect, children on care and protection orders, and children in out of home care. Some of the other services which may be provided to children and families in crisis are outlined in Chapter 4 and Chapter 7.

State and Territory community services departments are primarily responsible for receiving notifications of child abuse and neglect, for investigating these notifications (in conjunction with the police in some circumstances) and for the protection of the children from further abuse and neglect. In 1995–96 there were 91,734 notifications recorded by community services departments, of which 29,833 (33%) were substantiated. The number of substantiations was 3% lower than in 1994–95, due at least in part to changes in legislation, policies and practices in some jurisdictions. In 1995–96, 28% of substantiated notifications were classified as physical abuse, 31% as emotional abuse, 16% as sexual abuse and the remaining 25% as neglect.

It is important to note that these statistics are not measures of the incidence of abuse and neglect in the community, as they exclude notifications made to other agencies (unless referred on), and the incidence of unreported child abuse and neglect is not known. It should also be noted that the figures on notifications and substantiations include some general concerns about children's welfare.

Protection of the child may involve the provision of a range of services to the child or family. As a last resort, the community services department may apply to the Children's Court (or equivalent) in their jurisdiction to have the child placed on a care and

protection order. A child may also be placed on a care and protection order if he or she has been abandoned, adequate provision is not being made for his or her care, there is irretrievable breakdown in the relationship between the child and his or her parents, or the child is uncontrollable or a threat to parents or siblings.

At 30 June 1996 there were 13,241 children on care and protection orders in Australia, two-thirds of whom were on guardianship orders and the other third on non-guardianship orders (which include custody and supervisory orders). The majority of children on guardianship orders at 30 June 1996 were living in foster care, while those on non-guardianship orders were more likely to be living with parents or relatives.

Children may be placed in out of home care in conjunction with a care and protection order, as part of the case plan for the child, or they may be placed voluntarily. Out of home care is out of home overnight care for children where the State or Territory makes a financial payment and includes foster care, family/kinship placements and residential care. Out of home care is provided not only to children who are in need of care and protection but also to support families in crisis, to provide respite accommodation for children whose parents are unable to care for them on a temporary basis, and/or to provide an alternative living arrangement for a child until he or she can return home. Data collected from each jurisdiction on children in out of home care at 30 June 1996 indicate that most of these children, particularly younger children, were living in home-based placements (such as foster care or with relatives or kin), rather than in residential facilities. In most States and Territories, over half of the children in out of home care at 30 June 1996 had been in placement continuously for 2 years or more (although not necessarily in the same place of residence or placement type).

Indigenous children are over-represented in child protection statistics in all jurisdictions. Nationally, the rate of substantiated abuse and neglect in 1995–96 for Indigenous children was 18.0 per 1,000 children aged 0–16 years, compared with 5.4 for non-Indigenous children. Indigenous children were particularly over-represented in the statistics for neglect. Similarly, at 30 June 1996, the rate for Indigenous children on care and protection orders was 13.4 per 1,000 children aged 0–17 years, compared with 2.5 for other children. While national data are not available, statistics indicate that Indigenous children are far more likely to be in out of home care than other children. In New South Wales, for example, at 30 June 1996, the rate for Indigenous children in out of home care was 33.2 per 1,000 children aged 0–17 years compared with 2.8 for other children, and in Victoria 35.7 compared with 2.7.

Data on adoptions have also been included in this chapter as a specific service provided to children and families by community services departments. The number of adoptions in Australia has fallen considerably over the past 20–30 years, with only 668 children adopted in 1995–96 compared with 9,798 in 1971–72. In 1995–96, for the first time, the number of overseas-born children adopted by non-relatives was greater than the number of Australian-born children adopted by non-relatives. Adoption law, particularly concerning access to information, has also undergone significant change in the past decade.

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7 Services for homeless people

7.1 Introduction

In Australia, assistance is available to those who are homeless or have experienced some form of crisis in their lives resulting in their loss of secure housing and an immediate need for assistance. This assistance comprises accommodation and support services which have the overall objective of helping individuals and families to overcome the crisis and return to independent living.

The range of assistance available to meet this objective includes:

- accommodation, that is, supported accommodation and / or assistance to obtain short-term accommodation and independent housing;
- financial or employment assistance;
- counselling / personal support in living skills and relationships;
- general support and advocacy, including legal aid;
- specific services, including drug rehabilitation, disability services, health and medical services and culturally appropriate support; and
- assistance with basic needs such as meals and transport.

Governments have provided this assistance via different programs and agencies, recognising that people requiring such services are a diverse group. Some have long-term complex problems, such as those associated with unemployment or conflict in the family, while others are in need of emergency relief due to an external event or crisis.

This chapter examines the characteristics of those persons who may need assistance and the range of assistance provided.

Currently, there is no single universal definition of 'homeless' or 'in crisis' that is generally accepted by those working in this field, but there is a range of definitions embodying the notions of loss of secure housing, being at risk or in immediate need of assistance. These definitions usually focus in varying degrees on four main groups:

- those currently living on the street or in crisis accommodation;
- those living in temporary arrangements without security of tenure, such as moving between friends or relatives or living in squats or improvised dwellings, and those living in boarding houses;
- those living in unstable family circumstances, for example families in which child abuse or domestic violence is occurring; and
- those living on very low incomes and facing extraordinary expenses or personal crisis.

Some definitions consider only people in the first two groups to be 'homeless' since at best they have only temporary accommodation, while other definitions also include those at high risk due to the uncertainty of their current living arrangements. For example, the definition of homeless used in the *Supported Accommodation Assistance Act 1994* and the national Supported Accommodation Assistance Program (SAAP) data collection includes those living in households experiencing destabilising factors such as violence or abuse (Boxes 7.1 and 7.2). These varying definitions along with other measurement issues make it difficult to estimate the number of persons in need of assistance. Detailed discussion of measurement issues is contained in the evaluation report of the 1996 ABS Census homeless enumeration strategy (ABS 1997).

Box 7.1: Details of the SAAP National Data Collection

The SAAP National Data Collection collects data to describe the usage and nature of the services provided to SAAP clients and to their accompanying children. Data are collected for clients and for support periods (see definitions in Box 7.2). When an agency is unable to support a client and the client is referred elsewhere for assistance, data are also collected on these referrals. The data also describe one-off assistance provided to people whose requests for support or supported accommodation were not met.

In the collection, an individual client may receive support on more than one occasion—either from the same SAAP agency or from different SAAP agencies. Information is presented for clients and also for the number of occasions of support provided to clients. The use of an alpha code enables a distinction to be made between the individual and the occasions of support that a client receives, given that the client has given permission to have an alpha code recorded.

In the first 6 months of the SAAP National Data Collection, from 1 July to 31 December 1996:

- *of the 1,130 SAAP agencies in Australia, approximately 990 participated in the data collection. Non-participating agencies include those having only casual clients;*
- *participating SAAP agencies reported on 66,886 completed occasions of support. For 22,801 of these support periods (34%), consent was not obtained and client information, including their alpha codes, was not available. For these support periods, only the agency information is available. In addition, errors or omissions meant that alpha codes were not provided for another 2% of support periods. Footnotes for each table indicate the number of records excluded;*
- *the number of clients who completed support periods is estimated at 47,100. The total number who received support exceeds this number because current clients (as at 31 December) are excluded from this count.*

Agencies that have a high client throughput, catering for a large number of clients in a short period of time, are not required to record the same level of client detail as other agencies.

Data on the main reason clients sought assistance should be treated with caution, as responses were not provided for over one-half of all support periods.

Data sources

Currently, there is no single source of data on homeless persons in Australia and there are several issues that make information difficult to collect and analyse. The diverse nature of clients and the range of services provided to meet the needs of people seeking assistance affect the collection of accurate and comprehensive information. Many of the data issues discussed here are similar to those raised in Chapter 6 in relation to the reporting of the need for child protection and family assistance, reflecting the strong relationship between the two areas of welfare services.

Since the last *Australia's Welfare* report (AIHW 1995), major advances have been made in collecting national program-related information with the establishment of the national data collection for the Supported Accommodation Assistance Program. SAAP is a joint Commonwealth–State funded program in which services are largely delivered by non-government agencies, with some local government participation. While for this report data were only available for the first six months of collection, they have already provided a depth of detail around the issue of assistance to homeless persons. The availability of annual data over several years will add the potential to examine longitudinal aspects of homelessness and demand for services by enabling the usage patterns of individuals to be seen over time.

The information issues encountered with the 1996 SAAP National Data Collection indicate the range of problems facing data collection on homeless people. These issues include:

- defining the scope and coverage of the collection through a mutually acceptable and operational definition of homelessness;
- the need for several different counting units to capture all aspects of assistance, covering the client, the service provided and the episode of assistance;
- the use of a range of definitions relating to client status to cover the different patterns of use and assistance received, including casual clients, clients with unmet needs and clients referred from other agencies;
- identifying and examining the impact of any significant non-response at the agency, client or service level;
- considering externalities such as how the availability of substitute housing or health-related services, not in the scope of the collection, affect demand, unmet need and usage patterns;
- the need to identify multiple users of assistance and identify them in a confidential manner to minimise double counting of client numbers; and
- developing measures which address difficulties in examining outcomes.

The completion of the first full year of data from the SAAP data collection will enable these information issues to be examined in more detail.

To date there are no nationally consistent data available on those living on the streets, in boarding houses, in other temporary accommodation or in non-SAAP funded agencies, which could be used to augment the SAAP data. However, improved data collection and processing methods in the 1996 ABS Population Census should result in some additional information becoming available.

Box 7.2: Definitions used in the SAAP National Data Collection

*A person is **homeless** if he/she has inadequate access to safe and secure housing. A person is considered not to have access to safe, secure and adequate housing if the only housing to which the person has access:*

- *damages, or is likely to damage, the person's health; or threatens the person's safety; or*
- *marginalises the person through failing to provide access to:*
  - *adequate personal amenities; or*
  - *the economic and social supports that a home normally affords; or*
  - *places the person in circumstances which threaten or adversely affect the adequacy, safety, security and affordability of that housing; or*
- *has no security of tenure; that is, the person has no legal right to continued occupation of their home.*

A person is also considered homeless if he/she is living in accommodation provided by a SAAP agency or some other form of emergency accommodation (AIHW 1997).

*A **client** is a person who receives from a SAAP agency support or assistance which entails generally 1 hour or more of a worker's time, either with that client directly or on behalf of that client, on a given day; or is accommodated by a SAAP agency; or enters into an ongoing support relationship with a SAAP agency.*

*A **support period,** or case, is an occasion of assistance provided to a SAAP client. A support period commences when a client begins to receive support from a SAAP agency. The support period is considered to finish when the client ends the relationship with the agency; or the agency ends the relationship with the client. If it is not clear whether either has ended the relationship, the support period is assumed to have ended if no assistance has been provided to the client for a period of 1 month.*

*One-off or **casual assistance** includes the provision of a meal, a shower, transport, clothing, information and the like. A distinction is made in the National Data Collection between such one-off assistance, which takes less than 1 hour of a worker's time, and support which requires a greater time commitment and which is normally provided as part of an ongoing support relationship. Recipients of one-off assistance are referred to as casual clients. Details of casual assistance and casual clients are not included in the main client data. A casual client data collection was conducted in May–June 1997.*

***Unmet demand** occurs 'when the particular needs of clients and their accompanying children cannot be met either by the provision of services directly by SAAP agencies or through referrals to other agencies'. Another aspect of unmet demand 'stems from an inability to provide supported accommodation or support alone to all homeless people who request such assistance—not all those who wish to become clients of SAAP can be accepted as clients' (AIHW 1997:58).*

7.2 Assessing need for assistance

In the early 1990s emergency relief agencies were reporting large increases in demand for services (Parity 1992). As well, SAAP agencies were turning away many seeking crisis accommodation due to the unavailability of beds (AIHW 1995:89). In the light of such demand, it is clear that in order to plan and provide effective crisis assistance, it is necessary to have estimates of the number in need or at imminent risk of homelessness and therefore requiring assistance. The Commonwealth and States, through SAAP and the Commonwealth Advisory Committee on Homelessness, are cooperating in the development of better methods of estimating the extent of homelessness.

The number of homeless people

Estimating the number of homeless people depends on the definition used and how it is applied to available data. A variety of definitions and approaches have been offered, and used, in the literature (Table 7.1).

Table 7.1: A summary of estimates of homeless people in Australia, 1989–95

Source	Homeless people	Estimated number
Burdekin (1989)	Homeless children and young people	20,000–25,000
Fopp (1989)	Young people who are homeless or at risk	50,000–70,000
MacKenzie & Chamberlain (1992)	Young people between the ages of 12 and 24 who were homeless in 1991	15,000–19,000
MacKenzie & Chamberlain (1995)	School students who were homeless in a year (1994 study)	25,000–30,000
AIHW (1993)	Total number of homeless people based on approach in MacKenzie & Chamberlain (1992)	48,000–61,000

There has been very little progress over the last few years in estimating the number of homeless people in Australia, and no improved national estimates have been presented since the Institute's 1993 biennial report. In that report, estimates of homeless people of between 48,000 and 61,000 were put forward for 1992 (AIHW 1993). These estimates are based around the first two groups of persons mentioned in the introduction to this chapter, namely, those living on the streets, in crisis accommodation or in other temporary arrangements. Discussion of the two remaining areas often considered as part of the homeless population, covering persons with unstable living arrangements, follows.

People living in untenable family circumstances

As already mentioned, definitions of the number of homeless persons often includes persons who are living in housing that is physically adequate yet, due to circumstance, the living arrangements are seen as tenuous. The majority of such people are women and children living in abusive situations—sexual, physical, emotional or economic. Whether or not they are considered to be homeless, they require immediate support to avoid complete family breakdown and/or loss of shelter.

While there are no national data on the number of children or youth in tenuous living arrangements, an indication of the number of women living in abusive situations is provided in the 1996 ABS Survey of Women's Safety (ABS 1996a). Using a definition of

violence based on actions which would be considered offences under criminal law, the Australian Bureau of Statistics (ABS) estimated that around 111,000 women (3% of all women aged 18 years and over) who were married or in a de facto relationship had experienced physical or sexual violence by a current partner in the last 12 months. In addition, 80,000 women had experienced violence by a previous partner. The incidence of violence was higher for younger than older women. Of women who had experienced violence at some time during the relationship with the current partner, about 42,000 were still living 'in fear'.

In relation to women's experience during the last 12 months, data on the occurrence of 'emotional' abuse are not available, neither are data on the presence of children during episodes of violence. However, of the 345,000 women who had experienced violence with a current partner at any time, around 40% said that children had witnessed the violence. Moreover, around 60% of women (or 203,000) who had experienced violence by their current partner during the relationship had also experienced emotional abuse. A further 176,000 women were subjected solely to emotional abuse during the relationship.

Families on very low incomes

In addition to those at risk of homelessness due to the breakdown of relationships, there are also persons whose financial circumstances create a need for assistance. Families on very low incomes are at risk of becoming homeless and could require crisis assistance or more general support. While some of these households may have economic or social resources which they could use in a crisis, many would be under extreme stress and would be vulnerable to external pressures such as unexpected expenses or a personal crisis.

An indication of the number at risk due to poor family resources can be obtained by estimating the number of households on very low incomes. Using data from the 1994 ABS Australian Housing Survey (ABS 1996b), it is estimated that around 414,000 households had incomes below the Henderson after-housing poverty line; that is, according to the estimated poverty line, they had insufficient income to meet basic non-housing expenses.

Households renting privately are particularly at risk since they have little control over continued occupation of their dwelling and are less likely to have financial assets, such as ownership of a house, on which to fall back—around 122,000 households renting privately had incomes below the Henderson after-housing poverty line.

Summary

The above data indicate the varying size of what may constitute the homeless population, depending on the groups included in the definition. The 1996 SAAP National Data Collection for the 6 months from 1 July 1996 reported that some 47,100 individuals and families used SAAP services, providing a minimum estimate of the number of people who needed assistance over that period (AIHW 1997:15). However, the SAAP data cannot provide an estimate of the total number of homeless in Australia, even in terms of the definition used in the collection, as it only covers those who contact SAAP agencies.

There is a group of persons who may be considered homeless but who do not receive or do not seek SAAP services. Some of these are likely to be from among those living in untenable family circumstances (a group comprising 111,000 women in a 12-month period), or from the group of people in financial hardship (a group estimated to be 414,000 households that may be financially 'at risk' at a point in time). While these data indicate the extent of the numbers of people who may in some sense be considered homeless, it is important to note that the number of people in crisis or at serious risk of homelessness is a sub-group of the people or households referred to above.

The SAAP National Data Collection analysis of unmet demand estimated that there were 103,000 requests for assistance, including multiple requests from the same client, that could not be met in a 6-month period (AIHW 1997:59). These relatively large numbers indicate a significant difference between the 'at risk' group that obtain assistance from supported accommodation services and those who do not for some reason receive such assistance. The availability and use of 'mainstream' health and welfare services is also important in examining the need for assistance. Data on these aspects are discussed later in this chapter in relation to met and unmet demand for services.

7.3 Services and assistance

To assist those in need, governments provide different types of crisis services and assistance. Crisis services, such as those provided by SAAP-funded agencies, provide people who are homeless or at imminent risk of becoming homeless with either supported accommodation or support only. However, many people in crisis because of homelessness receive assistance from health and welfare services whose primary function is not related to assisting homeless persons. While programs such as SAAP are primarily targeted at the 'homeless' population, services for homeless persons or those in crisis are also often provided through 'mainstream' community services such as child protection and family support programs, and programs for the mentally ill, people with a disability or those with substance abuse problems.

Information on the links between services specifically targeted at homeless persons and other broader health and welfare services is incomplete. For example, national information on the links between public and community housing assistance and crisis accommodation is limited. Similarly, national information for services targeted at homeless people which are funded outside major programs such as SAAP are poor. For these reasons this section examines only the national programs that specifically provide assistance for supported accommodation.[1]

1 This chapter also excludes programs which provide income support to homeless people. In relation to DSS income support payments, for instance, the Independent Homeless Rate (IHR) provides additional income support to under 18 year olds receiving DSS payments who are unable to live with family because of 'unreasonable circumstances' (DSS 1996:160).

The two major national programs providing assistance to people in crisis because of homelessness are SAAP and the Crisis Accommodation Program (CAP) which is part of the Commonwealth–State Housing Agreement (CSHA).[2] SAAP provides recurrent funding for services for homeless persons, while CAP provides capital funding to acquire or upgrade properties for community-based accommodation and support services. There is overlap between these two types of assistance as SAAP programs are often provided in accommodation funded by the Crisis Accommodation Program.

In acknowledgment of the multiple needs of people in crisis, programs like SAAP are moving away from focusing solely on immediate needs, such as accommodation, towards addressing the underlying causes of a crisis. For example, to avoid gaps in the services for the homeless and to ensure that their needs are met, a client-focused case-management approach is being emphasised in the latest SAAP agreement. Similarly, pilot projects being conducted by the Prime Ministerial Youth Homeless Taskforce over the two financial years 1996–97 and 1997–98 are designed to explore new models of family reconciliation, focused on early intervention. These projects recognise the need for a range of approaches with particular emphasis on developing 'family relations' strategies that focus on the re-engagement of young homeless people in family, work, education, training and the community (Prime Ministerial Youth Homeless Taskforce 1996:1).

Funding the services

Major government funding for crisis accommodation and support services is provided through the Youth Social Justice Strategy, the Crisis Accommodation Program and the Supported Accommodation Assistance Program.

Youth Social Justice Strategy

The Youth Social Justice Strategy, in addition to capital funding, provides recurrent funding for innovative support services and medium- to long-term accommodation for homeless youth. Commonwealth recurrent funding is matched on a dollar-for-dollar basis by State and Territory Governments (DCSH 1990:153). In 1994–95, Commonwealth and State expenditure under the strategy was $10.9 million (Table 7.2). From 1 July 1995 the Youth Social Justice Strategy funds were transferred to SAAP.

Table 7.2: Youth Social Justice Strategy (Accommodation and Prevention of Homelessness), Commonwealth and State expenditure by funding source, 1994–95

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
					(current $'000)				
Commonwealth	1,674	1,276	840	545	765	. .	163	163	5,426
State/Territory	1,674	1,276	840	545	765	. .	163	163	5,426
Total	**3,348**	**2,552**	**1,680**	**1,090**	**1,530**	**. .**	**326**	**326**	**10,852**

2 The CSHA also provides assistance to people who are homeless or in crisis, in most States, through priority allocations to public housing, and in some States through support in the private rental market.

Table 7.2: Youth Social Justice Strategy (Accommodation and Prevention of Homelessness), Commonwealth and State expenditure by funding source, 1994–95

Notes
1. Constant value figures adjusted using the GFCE Price Deflator (ABS 1996c) are contained in Table A7.1.
2. Tasmania was not part of the Youth Social Justice Strategy.
3. Youth Social Justice Strategy funds were transferred to SAAP from 1 July 1995.

Source: Unpublished DHFS data.

Crisis Accommodation Program

The Crisis Accommodation Program provides capital funding for dwellings to be used to accommodate people who are homeless or in crisis. In 1994–95, expenditure under the program was $42.2 million, and in 1995–96 this had risen to $46.9 million (Table 7.3), representing an increase in real terms from $37.8 million to $41.2 million in constant (1989–90) prices (Table A7.2).

Table 7.3: Crisis Accommodation Program expenditure, by States and Territories, 1994–95, 1995–96

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
					(current $'000)				
1994–95	18,300	10,000	9,000	500	3,200	0	800	400	42,200
1995–96	14,800	9,900	7,200	7,100	4,500	2,200	500	700	46,900

Notes
1. Constant value figures adjusted using the GFCE Price Deflator (ABS 1996c) are contained in Table A7.2.
2. Allocations are made on a per capita basis.

Source: Unpublished DSS data.

Supported Accommodation Assistance Program

Recurrent funding for salaries and other operational costs associated with providing housing and support assistance to people who are homeless and in crisis is allocated primarily through SAAP. The year 1994–95 marked the beginning of a further 5-year SAAP agreement. In 1995–96, funding was $206 million (Table 7.4), and between 1994–95 and 1995–96 expenditure increased 8% in real terms, partly due to the transfer of Youth Social Justice Strategy funds to SAAP (Table A7.3).

Supported accommodation agencies have six primary target populations: young people, single men only, single women only, families, women escaping domestic violence, and cross-target or multiple-target groups (AIHW 1997:123). SAAP expenditure directed to these primary target populations is shown in Table 7.5. In all States and Territories, the two largest expenditure groups are agencies targeting young people and women escaping domestic violence.

Table 7.4: Supported Accommodation Assistance Program, Commonwealth and State/Territory recurrent funding liability by funding source, 1994–95, 1995–96

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
					(current $'000)				
1994–95									
Commonwealth	36,459	24,739	15,942	9,056	9,315	3,739	3,269	2,594	105,113
State/Territory	32,418	17,931	10,855	6,706	6,044	2,854	2,968	1,729	81,505
Total	**68,877**	**42,670**	**26,797**	**15,762**	**15,359**	**6,593**	**6,237**	**4,323**	**186,618**

Table 7.4: Supported Accommodation Assistance Program, Commonwealth and State/Territory recurrent funding liability by funding source, 1994–95, 1995–96

1995–96[a]									
Commonwealth	38,838	26,496	17,177	9,863	12,221	3,838	3,519	2,827	114,779
State/Territory	34,723	20,062	12,653	7,441	8,240	2,929	3,210	1,938	91,196
Total	**73,561**	**46,558**	**29,830**	**17,304**	**20,461**	**6,767**	**6,729**	**4,765**	**205,975**

(a) Includes Youth Social Justice Strategy funding (transferred to SAAP along with services as from 1 July 1995).

Note: Constant value figures adjusted using the GFCE Price Deflator (ABS 1996c) are contained in Table A7.3.

Source: Unpublished DHFS data.

Table 7.5: Supported Accommodation Assistance Program and Youth Social Justice Strategy, combined expenditure by target group, 1994–95, 1995–96

	NSW[a]	**Vic**	**Qld**	**WA**	**SA**	**Tas[b]**	**ACT[c]**	**NT**
1994–95				**(%)**				

Table 7.5: Supported Accommodation Assistance Program and Youth Social Justice Strategy, combined expenditure by target group, 1994–95, 1995–96

Young people	36.4	38.1	35.4	26.9	46.7	37.2	31.8	27.6
Women escaping domestic violence	27.6	23.2	28.6	36.8	28.0	22.1	32.7	31.9
Families	5.7	6.0	9.5	3.3	7.8	7.4	14.0	2.9
Single women	3.8	3.2	1.4	4.8	1.3	10.3	0.0	3.6
Single men	15.4	7.5	8.6	9.6	12.0	13.9	2.4	15.0
Multiple	11.0	22.0	16.6	18.5	4.2	9.2	19.1	19.1
Total	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Total funding (current $'000)	**71,642**	**41,013**	**26,867**	**16,405**	**13,931**	**7,363**	**6,270**	**4,631**
Total funding (1989–90 constant $'000)	**62,954**	**36,040**	**23,609**	**14,416**	**12,242**	**6,470**	**5,510**	**4,069**
1995–96				**(%)**				
Young people	37.0	40.1	36.1	28.1	45.8	38.0	31.9	27.8
Women escaping domestic violence	27.9	22.6	27.9	35.6	26.7	22.3	32.8	32.3
Families	5.5	5.5	9.5	3.3	7.9	6.5	14.0	2.9
Single women	3.5	3.1	1.4	5.4	2.0	11.2	0.0	3.7
Single men	14.4	7.9	8.6	9.5	12.5	12.4	2.4	14.8
Multiple	11.7	20.9	16.5	18.2	5.0	9.6	18.9	18.4
Total	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Total funding (current $'000)	**72,581**	**43,180**	**27,608**	**16,841**	**15,967**	**8,589**	**6,409**	**4,637**
Total funding (1989–90 constant $'000)	**62,516**	**37,192**	**23,780**	**14,506**	**13,753**	**7,398**	**5,520**	**3,994**

(a) For NSW, figures are estimated funding per target group as target group specifications do not exactly match the Department's information base.
(b) For Tasmania, figures include supplementary funds ($1.08 million in 1994–95 and $2.16 million in 1995–96) paid to agencies to cover increases in salaries due to changes to the Community Services Award. Supplementation to cover the Award will be included in base funding from 1997–98.
(c) For the ACT, all family and single women's services which include women escaping domestic violence are included in the category 'Women escaping domestic violence'. Funding for single women's services represents 12% of the total funds allocated but is included in the domestic violence category.

Notes
1. These figures exclude non-service items such as administration, training, surveys, evaluation, consultancies and research.
2. 'Multiple' includes agencies which target more than one client group.
3. YSJS funds have been included for 1994–95 except for Tasmania which did not take part in the strategy. Total YSJS expenditure for 1994–95 was $11 million compared with a recurrent funding liability of $187 million for SAAP in same year.
4. Constant figures have been adjusted using the GFCE Price Deflator (ABS 1996c).

Source: Unpublished data from States and Territories.

7.4 The recipients of assistance

This section focuses on SAAP data to report on accommodation and support services for people in crisis because of homelessness. The data relate to July to December 1996, the first 6 months of data collected by the SAAP National Data Collection Agency (AIHW 1997). Details of the collection are contained in Box 7.1 and definitions are given in Box 7.2. The significant level of non-response should be borne in mind when examining the data: for many purposes results may only be indicative of the total level and range of assistance and activity.

The number of clients and support periods

In the first 6 months of the SAAP National Data Collection agencies reported on 66,886 completed support periods. The SAAP data is presented at both the client and support period levels so that frequency of assistance can be examined. On average, clients received support on 1.42 occasions over this period. The large majority of clients (84%) accessed the program only once; 10% on two separate occasions; 3% on three separate occasions; and 1% of clients on six or more separate periods (AIHW 1997:99). The number of individual clients who completed support periods in the 6 months was estimated at 47,100.

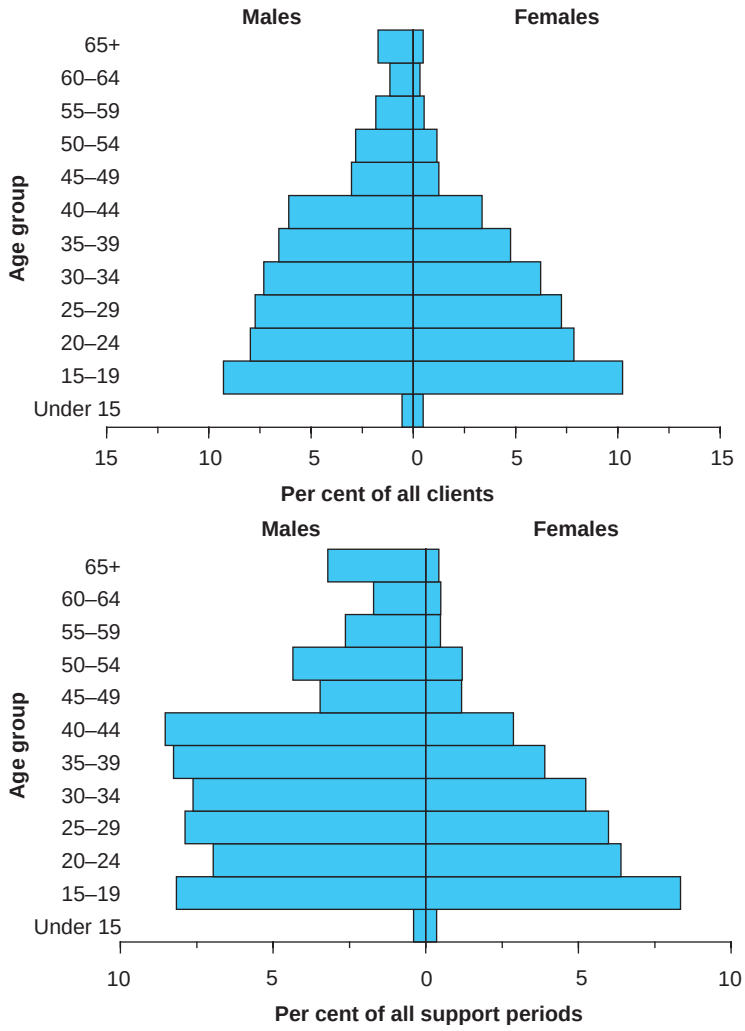
The age/sex profile of recipients of SAAP services across clients and also across support periods is presented in Figure 7.1 (page 231). The data show that agencies provided support to more male clients (56%) than female clients (44%) (Table A7.4). Clients between 15 and 19 years of age were the single largest age grouping, accounting for one-fifth of all clients. Those aged between 20 and 24 also constituted 16% of the total. However, the distribution changes when multiple usage of services is examined using the support period. Here, almost two-thirds (63%) of all support periods were provided to male clients, with 37% provided to female clients.

The differences in the two population pyramids reflect the higher incidence of multiple use of services by men aged 25 and over. Men in these age groups (25–44, 45–64, 65 and over) had higher proportions receiving more than one support period than their younger counterparts (see Table A7.4).

Assistance provided and duration of support

Over three-quarters of all support periods between July and December 1996 involved the provision of accommodation, either directly at SAAP agencies or through other arrangements organised or paid for by agencies (for example, at hotels or motels). General support or advocacy (60%) and 'other' support services (67%) were also provided in more than one-half of all support periods (Table 7.6).

The table indicates the diverse nature of the SAAP client population, with different service provision patterns evident among the six target groups. Almost all support periods for single men involved accommodation (93%), with relatively few counselling services provided (9%). For agencies targeting women escaping domestic violence, the rate of counselling services provided (47%) was nearly twice that for all agency types (25%). Financial/employment assistance services were more frequently provided to families than to other target groups.



Source: Table A7.4.

Figure 7.1: Age and sex distribution of SAAP assistance, by clients and support periods, July–December 1996 (%)

Specialist services (such as disability services, psychiatric services, drug / alcohol support and other health / medical services) were provided through these agencies in 18% of all support periods, reflecting the important links to other programs.

For those support periods where clients reported the reason for seeking assistance, for female clients domestic violence was recorded for over one-third of support periods, while for men financial difficulty was most frequently reported, comprising one-fifth of support periods. The breakdown of relationships or families was also a frequent reason across all support periods (AIHW 1997:22).

By far the largest proportion of support periods (34%) lasted 1 to 3 days. In addition, a significant number—18% of all support periods—were less than 1 day. Only 8% of support periods were for periods greater than 13 weeks (Table 7.7; Figure 7.2).

Table 7.6: Support periods, by service provided and by agency primary target group, July–December 1996 (%)

Support services provided	Young people	Single men only	Single women only	Families	Women escaping domestic violence	Cross-target/ multiple/ general	Total
Housing/accommodation	69.3	92.5	85.1	79.4	71.4	74.1	77.9
Financial/employment assistance	33.0	12.8	27.7	40.9	25.8	30.2	25.8
Counselling	29.5	9.4	38.1	38.7	46.9	16.6	24.7
General support/advocacy	66.5	43.3	70.2	71.2	62.0	67.2	60.0
Specialist services	17.9	21.2	23.9	19.4	22.1	11.5	18.0
Other	62.1	86.5	73.9	56.9	63.4	55.1	66.8
Total number of support periods ('000)	**13,473**	**17,434**	**1,418**	**2,811**	**13,169**	**18,581**	**66,886**

Notes
1. Clients may have needed multiple services so percentages do not total 100.
2. Percentages are based on valid values only.

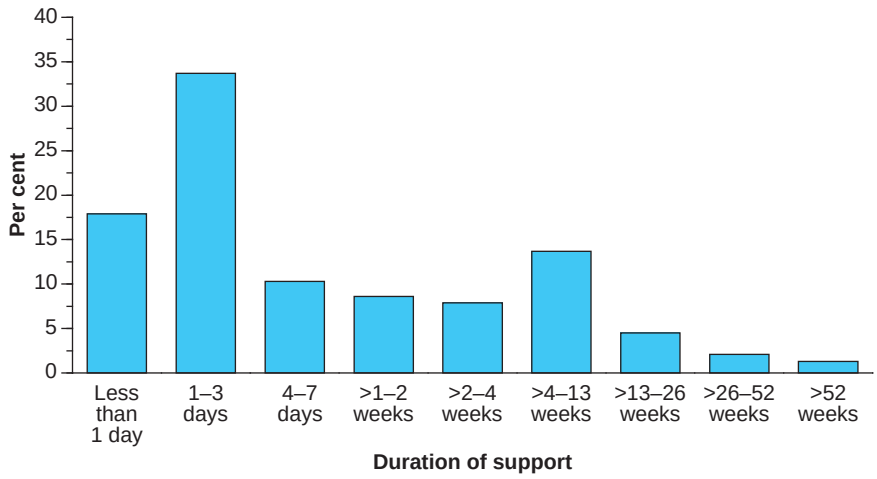
Source: AIHW 1997:38.

Table 7.7: Support periods, by duration of support and by agency primary target group, July–December 1996 (%)

Duration of support	Young people	Single men only	Single women only	Families	Women escaping domestic violence	Cross-target/ multiple/ general	Total
Less than 1 day	16.6	10.1	10.9	9.7	18.3	27.6	17.9
1–3 days	21.3	42.0	29.5	13.3	30.9	39.8	33.7
4–7 days	11.1	13.6	13.0	7.7	11.7	5.8	10.3
>1–2 weeks	9.8	10.9	11.6	9.2	8.7	5.1	8.6
>2–4 weeks	10.3	7.7	10.6	12.1	9.0	4.9	7.9
>4–13 weeks	16.2	12.2	15.0	28.6	14.6	10.6	13.7
>13–26 weeks	7.5	2.1	4.8	11.8	4.5	3.6	4.5
>26–52 weeks	4.2	0.8	2.9	5.2	1.6	1.6	2.1
>52 weeks	3.0	0.6	1.6	2.5	0.7	1.1	1.3
Total	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Total number	**12,550**	**16,802**	**1,343**	**2,534**	**12,492**	**17,958**	**63,679**

Notes
1. Number of records excluded due to errors or omissions: 3,207.
2. Percentages are based on valid values only.

Source: AIHW 1997:41.



Source: Table 7.7.

Figure 7.2: Support periods, duration of support, July–December 1996

There was significant variation in the duration of support periods across the primary target group agency types. Agencies targeting single men only, women escaping domestic violence and cross-target / multiple groups recorded around half of support periods lasting 3 days or less. For families, over one-quarter of support periods (29%) lasted between 4 and 13 weeks. Approximately 7% of support periods for young people and families were of more than 26 weeks duration.

Reason for seeking assistance

Data on client circumstances prior to receiving SAAP services are not collected from high-volume agencies, resulting in data not being available for over one-half of all support periods.[3] For the 21,347 support periods where reason was recorded (Table 7.8):

- across all agency types, domestic violence was the most frequently recorded main reason for seeking assistance (20%);
- for agencies targeting young people, the most frequently reported reason was relationship or family breakdown (27%); and
- financial difficulty (29%) was reported most often in agencies targeting single men only, while in agencies targeting single women it was domestic violence (24%).

3 'High-volume' agencies are characterised by having a high client turnover, including agencies providing very short-term accommodation, often only 8 hours in duration, to intoxicated persons (AIHW 1997:5).

Table 7.8: Support periods, by main reason for seeking assistance and by agency primary target group, July–December 1996 (%)

Main reason for seeking assistance	Young people	Single men only	Single women only	Families	Women escaping domestic violence	Cross-target/ multiple/ general	Total
Long-term homeless	9.6	4.6	6.5	4.4	1.4	3.9	5.2
Time-out from family situation	6.5	2.8	4.9	3.1	3.2	2.4	4.0
Relationship/family breakdown	27.1	8.3	9.0	13.0	5.4	11.5	14.1
Interpersonal conflicts	5.9	3.6	5.4	4.0	1.9	4.0	4.0
Physical/emotional/ sexual abuse	4.9	0.6	9.5	5.4	7.5	3.4	4.6
Domestic violence	3.5	0.6	23.7	14.4	67.9	7.6	20.1
Financial difficulty	7.5	28.7	7.3	18.5	1.9	23.1	13.8
Eviction	7.8	6.2	3.2	10.4	1.5	8.8	6.3
Substance abuse	2.0	11.7	7.7	2.2	1.0	11.7	5.6
Psychiatric illness	0.6	4.8	4.3	1.1	0.7	1.5	1.7
At imminent risk but not homeless	3.6	1.9	1.9	3.2	1.2	3.8	2.7
Other	21.2	26.2	16.7	20.2	6.6	18.5	18.0
Total	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Total number	**6,238**	**3,837**	**633**	**1,488**	**4,952**	**4,199**	**21,347**

Notes
1. Number of high-volume agency records excluded: 22,737.
2. Number of records excluded because consent was not obtained: 17,487.
3. Number of records excluded due to errors or omissions: 5,315.
4. Percentages are based on valid values only.

Source: AIHW 1997:25.

For support periods where details were reported, the majority of clients (51%) were not in the labour force and a substantial proportion (41%) were unemployed and looking for work. In only 6% of support periods were clients employed on either a full-time or part-time basis prior to receiving support. Data relating to all support periods show that the majority of clients (84%) were on government payments immediately prior to receiving support. In 11% of cases, clients reported having no income immediately prior to receiving support. For young people, however, this figure was much higher—82% of clients aged less than 15 years and 32% in cases where clients were aged between 15 and 19 years (AIHW 1997:26).

Housing and accommodation

In relation to the housing circumstances of clients prior to their usage of services, the data indicate that the largest proportion of support periods (31%) was for those living in the private rental market. Almost one-quarter of support periods (24%), however, were for clients who had no shelter at all or who had been living in a car, tent or squat prior to seeking assistance, while in 20% of support periods, clients had been staying at

Table 7.9: Support periods, by type of housing/accommodation prior to support and by age of client, July–December 1996 (%)

Type of housing/ accommodation prior to support	Under 15 years	15–19 years	20–24 years	25–44 years	45–64 years	65 years and over	Total
SAAP/CAP funded accommodation							
Crisis/short-term accommodation	18.7	19.2	14.0	12.0	11.0	9.5	13.2
Medium/long-term accommodation	4.2	4.4	2.3	1.0	0.9	1.0	1.7
Other	6.7	3.3	4.0	5.3	6.3	7.7	5.1
Non-SAAP housing/ accommodation							
Non-SAAP emergency accommodation	0.0	0.8	0.8	0.6	0.3	0.1	0.6
Private rental	19.1	27.8	42.6	33.5	23.5	15.0	31.2
Owner-occupied	0.4	1.2	0.9	3.4	3.8	3.1	2.8
Public housing	6.0	3.7	7.8	8.4	5.7	4.3	6.9
Institutional	4.6	4.0	3.7	4.4	3.9	2.7	4.1
Living in a car/tent/park/ street/squat	2.5	6.8	12.2	25.4	40.6	53.2	24.2
Other non-SAAP accommodation	37.8	28.7	11.7	6.0	4.1	3.4	10.3
Total	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Total number	**283**	**6,557**	**5,284**	**19,213**	**7,033**	**1,480**	**39,850**

Notes
1. Number of records excluded because consent was not obtained: 22,801.
2. Number of records excluded due to errors or omissions: 4,235.
3. Percentages are based on valid values only.

Source: AIHW 1997:28.

SAAP or Crisis Accommodation Program funded accommodation. This indicates that at least 44% of support periods were for those requiring 'immediate' accommodation assistance (Table 7.9).

Crisis or short-term accommodation was provided much more frequently than other types of accommodation—in 84% of support periods where clients were accommodated. Medium- or long-term accommodation was provided in only 15% of such cases. In a large proportion (65%) of support periods in which clients were accommodated, the duration of accommodation was 1 week or less. In 12% of support periods, accommodation was provided for between 4 and 13 weeks and in only 2% of support periods, for more than 26 weeks (AIHW 1997:43, 44).

One-off assistance

During the 2-week Unmet Demand Collection held between 14 and 27 November 1996, SAAP workers recorded details of one-off assistance (see Box 7.2) given to people who requested support or accommodation but who were not provided with these services. Information about 7,985 such requests was received which, if representative of the

entire 6-month reporting period, indicate over 103,000 requests in a 6-month period (AIHW 1997:59).

For 68% of these requests, one-off assistance in the form of information was provided. Referrals for accommodation were made following 46% of requests and for non-accommodation services, following 10%. Other types of one-off assistance provided included: financial assistance or material aid (5%); meals (5%); and transport (4%) (AIHW 1997:36).

7.5 Crisis assistance outcomes

Emergency accommodation and support services are provided to meet the needs of people who experience crisis associated with homelessness. However, not all individuals in need of crisis accommodation and services seek or receive assistance.

Accessibility—met and unmet demand

Identifying the relationship between the number of persons who may be in need of services and those who present to mainstream or crisis services for assistance is difficult. For example, the 1996 ABS Survey of Women's Safety reported that, among women who had experienced physical assault by a man during the previous 12 months, only 14% (or approximately 42,000 women) used 'services' such as crisis, legal and financial services (ABS 1996a:36). The corresponding figure for women who had experienced sexual assault in the previous 12 months was approximately 9% or 9,000 women. The major reason given for not using a service was that the victim thought she could deal with the problem herself. However, some 20% of women either did not know of any services they could access or, for a variety of reasons,[4] would not approach a service. While these data relate to specific population groups, excluding women experiencing emotional abuse only and women experiencing violence from a former partner, they illustrate the issues underlying the measurement of unmet need.

The SAAP data also indicate another important aspect in relation to the extent of met and unmet demand for SAAP services (see Box 7.2). During July–December 1996, the large majority (91%) of needs identified by clients were met either by the provision of services directly by SAAP agencies or through referral to other agencies or both. Of the needs that were unmet, in percentage terms, specialist services had the highest level of unmet demand as approximately one-fifth (20%) of the requested services were neither provided nor referred. However, in absolute terms, the number of unmet needs for housing or accommodation services was larger than for other support types—approximately 6,800 requests (10%) were unmet (Table 7.10).

4 Reasons included were: ashamed/embarrassed, did not think a service could help, thought they would not be believed, feared the perpetrator, and had cultural/language reasons for not approaching a service.

Table 7.10: SAAP support services needed, met and unmet demand by type of support requested, July–December 1996 (%)

Met and unmet demand	Housing/ accommo-dation	Financial/ employ-ment assistance	Counsel-ling	General support, advocacy and informa-tion	Specialist services	Other	Total
Provided only	74.4	60.5	58.6	78.3	39.2	92.5	75.2
Referred only	8.9	15.6	16.1	5.4	27.1	1.3	8.5
Provided and referred	6.7	12.2	10.0	9.6	13.4	2.1	7.3
Unmet	10.1	11.7	15.4	6.7	20.4	4.1	9.0
Total	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Total number	**68,305**	**27,001**	**32,575**	**76,718**	**27,455**	**101,777**	**333,831**

Source: AIHW 1997:91.

Outcomes observed

The linking of the effectiveness of SAAP services to specific outcomes often cannot be clearly demonstrated as it is only one aspect of assistance. Income support, housing assistance and health and community services may also contribute. The following points indicate information relating to outcomes reported in the SAAP data (AIHW 1997:52–56).

A large proportion of clients upon their departure from SAAP were living in housing that could be characterised as 'independent' (74%). Most frequently—in 43% of support periods—this involved living in the private rental market. In 15% of support periods, clients were living in public housing after being provided with support, and in 4% of support periods clients were living in dwellings they owned or were purchasing. In 26% of support periods, however, clients were not living in independent housing and, at the conclusion of 14% of support periods, clients had moved to or remained in SAAP accommodation.

For young SAAP clients who were residing with parents prior to receiving support, 43% returned to this home. For women escaping domestic violence, 30% returned to live with a spouse or partner at the conclusion of the support period.

For the majority of SAAP clients (82%), the primary income source did not change following the completion of support periods. Young people maintained their student status for a high proportion of support periods (72%) and approximately 16% were employed.

7.6 Summary

Services to homeless people in Australia cover a wide range of assistance. The number of persons homeless or 'in crisis' is not easily defined or measured and currently several definitions and estimates are available.

In 1995–96, government expenditure on crisis accommodation and support services through the Crisis Accommodation Program was $47 million, and $206 million through the Supported Accommodation Assistance Program. Both the SAAP Agreement and the Crisis Accommodation Program under the Commonwealth–State Housing Agreement expire on 30 June 1999, providing an opportunity for further changes in the provision of services for homeless people.

The 1996 SAAP National Data Collection shows that some 47,100 persons considered homeless under the SAAP definition received assistance from agencies in the 6 months from June to December 1996. These contacts comprised a total of 66,900 completed support periods over that time. The majority of support periods involved the provision of accommodation. Crisis or short-term accommodation was provided much more frequently than other types, with the duration of this accommodation mostly being for 1 week or less. Specialist services (such as disability services, psychiatric services, drug / alcohol support and other health / medical services) were provided in 18% of all support periods, reflecting the important links to other programs.

The SAAP data highlight the diversity of need for assistance, with over half of support periods lasting less than 3 days, while 22% were of more than 4 weeks duration. Almost two-thirds (63%) of all support periods were provided to male clients, and 37% to female clients.

Different service provision patterns are also evident between the agency-specific target groups. For women escaping domestic violence, the rate of counselling services provided (47%) was nearly twice that for all agency types (25%). Financial / employment assistance services were more frequently provided by agencies targeting families than by agencies targeting other groups, while agencies targeting single men provided accommodation (93%) at above-average levels but relatively few counselling services (9%).

There is significant unmet demand for SAAP services with 6,800 requests for housing or accommodation unmet and a high proportion of requests for specialist services also being identified as unmet in the 6-month period.

While SAAP data have the potential to allow further examination of issues such as the longitudinal aspects of the need for crisis assistance at the individual level, there is still a range of data reporting problems such as the effect of non-response to be examined. Further development of information is required to ensure consistent definitions to identify the population in need and to facilitate measurement of all the possible ways crisis assistance may be obtained through the vast array of health, housing and community services that have the potential to assist homeless people.

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8 Aged care

8.1 Introduction

The past decade has seen substantial changes in the Australian aged care system, under the broad rubric of the Aged Care Reform Strategy. While the expansion in size and scope of home-based care services, and the reduction in levels of nursing home bed provision, were undoubtedly the most dramatic changes, the introduction of a national regulatory program for residential care, the emergence of a user rights focus, and the development and expansion of brokered forms of community care were also significant events in aged care policy during that time.[1] The decade to come promises to be one of further change and development, with a number of major policy developments already underway as part of the National Aged Care Strategy announced by the Coalition Government in 1996.

Foremost among the emerging directions have been a focus on funding, including user pays issues, the combination of the nursing home and hostel residential sectors into one residential care stream, and a shift in quality assurance mechanisms toward an accreditation-based system in residential care facilities. Other elements have remained largely unchanged, however. Community aged care packages continue to be a growing form of service delivery; there remains an emphasis on and preference for home-based rather than residential care and there is an ongoing concern with ensuring quality of care in both residential and home-based services.

In the midst of these policy developments, the structure and size of the older population continues to change. The period from 1986 to 1996 was one of pronounced population ageing for Australia, with a particular growth in the number and proportion of people aged 80 and over. From 1996 the rates of projected increase among the aged population slow somewhat, but are projected to regain momentum over the later part of the decade to 2006. Social change remains a relevant force, with the consequences of high rates of female work-force participation, high rates of divorce and the increase in single-person households affecting both the structure and functioning of informal support networks, and the availability of volunteer labour in the welfare service industry. The already complex task of identifying the need for formal aged care services is thus further complicated by a changing service framework, occurring in the context of a changing population structure, accompanied by the flow-on effects in successive age cohorts of changes in the fabric of contemporary family and social life.

1 For a more detailed account of changes under the Aged Care Reform Strategy, see AIHW (1993, Chapter 5) and AIHW (1995, Chapter 5).

The goal of the Australian aged care service delivery system is the 'provision of a cohesive framework of high-quality and cost-effective care services for frail older people and their carers' (DHFS 1996a:117). Accordingly, this chapter on Australia's aged care services is focused on three sets of information essential to the task of reviewing progress towards the achievement of that goal:

- the need for services and assistance (Section 8.2);
- the amount and type of services and assistance being provided, and the characteristics of the clients to whom they are being provided (Section 8.3); and
- the outcomes of those services and assistance (Section 8.4).

The range of services and assistance available to older people in Australia is extensive, and by no means all such provisions are included in this chapter. For example, programs such as those targeted at the healthy aged, income security, hospital care, medical benefits and services, pharmaceutical benefits and housing are not included. Although it is common to consider aged care only in terms of services and provisions targeted specifically at the aged, it is important to recognise at the outset that older people are also eligible for, and use, a range of services and benefits available to the general population.

This chapter takes as its focus those services put in place to provide ongoing care for frail and disabled older people, and the services and assistance available to those caring for them. In so doing, it includes within its scope services provided in domiciliary and residential contexts, and the assessment provisions and regulatory practices associated with those services. This necessarily involves the activities of Commonwealth, State or Territory, and local governments, the charitable sector and the private-for-profit sector. It also involves recognition of the extensive role played by family and friends in caring for frail older people in both residential and domiciliary settings.

8.2 The need for care

Determining the level of need for formal services is a difficult task (Doyal & Gough 1991). At the individual level, the decision as to whether one particular individual does or does not need help, and what kind of help, in relation to the competing needs of others can be a complex one. When the task is to establish indicators of need for the population at large, the definitions become even more complex and measurement more problematic.

A number of measures relevant to the likely need for formal assistance are included in this section. Traditionally in aged care services, age itself has been used, although in recent years there has been a growing recognition that the vast majority of people aged 65 and over neither need nor use services for frail or disabled older persons (Teshuva et al. 1994). At more advanced ages, however, the correlation between service use and age becomes higher, and so the proportion of the population aged 80 and over, or even 90 and over, becomes an important element in any appraisal of need in the aged population.

Another aspect which has gained recognition in recent years is the relationship between gender and likely need for and use of both formal and informal care (Gibson &

Allen 1993). Older women, for example, are more likely to enter residential care, even when age and level of handicap are taken into account (AIHW 1995). The usefulness of age and gender as predictors of need for formal services is, however, limited, without information on the level of dependency in the aged population. In the discussion which follows, data from the national surveys of disability conducted by the Australian Bureau of Statistics (ABS) are used to provide a detailed picture of levels of dependency, and the kinds of assistance required by older people with disabilities.

Finally, there is increasing recognition of the role played by informal carers in both substituting for and supplementing the formal service sector (ABS 1995b; DHFS 1996c). Thus, the characteristics and circumstances of carers are highly relevant variables in reviewing the need for assistance among frail and disabled older people.

Age and sex profiles

In 1986, there were 1.7 million people aged 65 and over in the Australian population (11%). By 1996, the number of people aged 65 and over had increased to 2.2 million (12%), and by 2006, according to ABS projections, will increase to 2.6 million (13%).[2] These growth patterns are even more evident among the population aged 70 and over, and that aged 80 and over. Indeed, these two decades will see the number of people aged 80 and over more than double, and their proportion in the population increase from 2% to 4% (Table 8.1).

Table 8.1: Estimated and projected resident populations, by age group, 1986–2006

	1986		1996		2006	
Age group	**('000)**	**%**	**('000)**	**%**	**('000)**	**%**
65–69	570.2	3.6	691.4	3.8	769.9	3.8
70–79	797.6	5.0	1,028.9	5.6	1,146.3	5.6
80+	314.3	2.0	485.2	2.7	707.4	3.5
Total aged population	*1,682.1*	*10.5*	*2,205.5*	*12.1*	*2,623.6*	*12.9*
Total population (all ages)	**16,018.4**	**100.0**	**18,289.1**	**100.0**	**20,342.7**	**100.0**

Sources: ABS 1987:22; ABS 1997b:19; ABS unpublished data.

The demographic profile of the older population itself has also changed, and will continue to change, over the period from 1986 to 2006 (Table 8.2). The proportion of women in the population aged 65 and over dropped from 58% in 1986 to 57% in 1996, and is expected to decrease to 55% by 2006. The proportion of older people aged 80 and over increased quite markedly, from 19% in 1986 to 22% in 1996, and is projected to increase to 27% by 2006.

2 Demographic data presented in this section include estimated resident population data between 1986 and 1996 (as at 30 June in each year). Data thereafter are projections (series A) produced by the Australian Bureau of Statistics as at 30 June in each year.

Table 8.2: Estimated and projected resident populations for persons aged 65 and over, by sex and age group, 1986–2006

	1986		1996		2006	
Sex and age group	('000)	%	('000)	%	('000)	%
Males						
65–69	266.1	15.8	336.4	15.3	380.7	14.5
70–79	342.1	20.3	456.4	20.7	531.5	20.3
80+	101.1	6.0	167.4	7.6	259.2	9.9
Total aged males	*709.2*	*42.2*	*960.2*	*43.5*	*1,171.4*	*44.6*
Females						
65–69	304.1	18.1	355.0	16.1	389.2	14.8
70–79	455.6	27.1	572.5	26.0	614.8	23.4
80+	213.3	12.7	317.8	14.4	448.2	17.1
Total aged females	*972.9*	*57.8*	*1,245.3*	*56.5*	*1,452.2*	*55.4*

Sources: ABS 1987:20–21; ABS 1997b:14–17; ABS unpublished data.

Table 8.3 presents average annual rates of increase for the two 5-year periods just past, and the projected rates of increase for the two 5-year periods to come.[3] Regardless of age group (65+, 70+ or 80+) or period, the rates of growth for the older population are markedly higher than those for the population as a whole.

A further important trend evident in Table 8.3 is that average annual rates of increase are consistently higher in the 80 and over age group than they are in the 65 and over or 70 and over categories. This pattern holds for the period 1986–2006, and for both men and women (although the rates of increase for men are higher than those for women). It is these different rates of increase which underpin both the general 'ageing' of the older population and the small increase in the proportion of men observed in relation to Table 8.2.

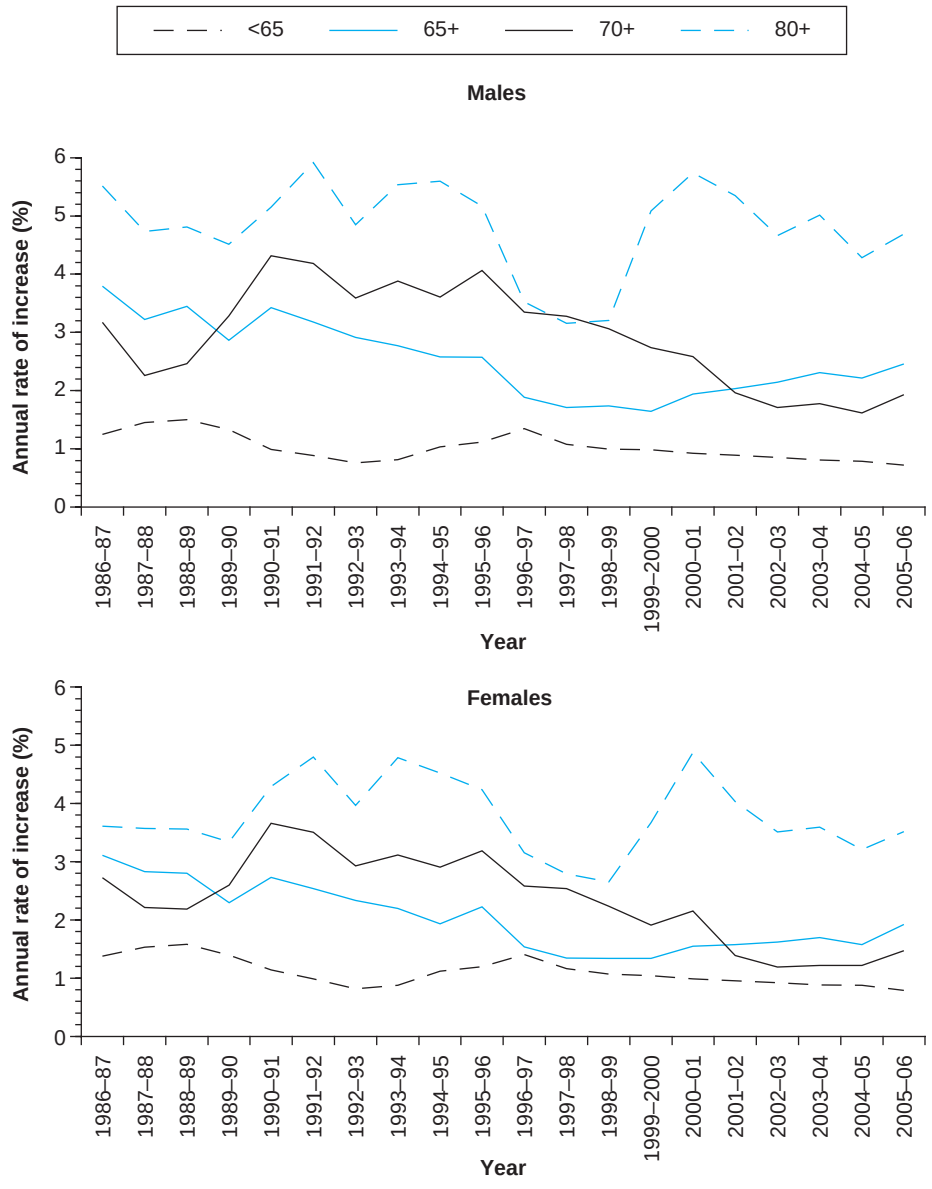
Table 8.3: Annual rates of increase of older populations, by sex and age group, 1986–2006 (%)

	Males				Females				Persons			
Year	65+	70+	80+	Total (all ages)	65+	70+	80+	Total (all ages)	65+	70+	80+	Total (all ages)
1986–1991	3.4	3.1	4.9	1.5	2.8	2.7	3.7	1.6	3.0	2.8	4.1	1.5
1991–1996	2.8	3.9	5.4	1.1	2.2	3.1	4.5	1.2	2.5	3.4	4.8	1.1
1996–2001	1.8	3.0	4.1	1.1	1.4	2.3	3.4	1.2	1.6	2.6	3.7	1.2
2001–2006	2.2	1.8	4.8	1.0	1.7	1.3	3.6	1.0	1.9	1.5	4.0	1.0

Sources: ABS 1987:20–22; ABS 1993c:28–32; ABS 1997b:15–19; ABS unpublished data.

3 Annual rates of increase are calculated using the rate of growth formula below:
$r = ((P_t / P_0)^{1/t}) - 1$
where r = growth rate, t = number of years, P_0 = initial population, P_t = population after t years.

Interestingly, the past decade saw substantially higher growth rates for persons aged 65 and over than are projected for the decade to come (Figure 8.1). In the 5-year period to



Source: Table A8.1.

Figure 8.1: Annual rate of increase of the Australian population, 1986–2006 (%)

1991, the population aged 65 and over grew by an average of 3.0% per annum, reducing to a 2.5% annual rate during 1991–96. The projected average annual growth rates for the next decade are lower again, at 1.6% for 1996–2001, and 1.9% for 2001–06. Growth rates are then, however, expected to increase again from 2006 onwards as the peak of the baby boom generations reaches retirement age. For the population aged 70 and over, the growth rates range between 2.6% and 3.4% for most of the 20-year period, but for 2001–06 they drop to only 1.5%. Among the 80 and over population, too, the decade to come has less rapid rates of increase than the decade past, with the current 5-year period (1996–2001) being characterised by the lowest average growth rate (3.7%) of the 20-year period.

Dependency

While age, particularly advanced old age, is a useful predictor of dependency, there are more direct measures available in Australia in the form of national survey data on levels of disability and handicap. The Australian Bureau of Statistics (ABS) has undertaken relevant surveys in 1981, 1988 and 1993, with another planned for 1998.[4] For the population aged 65 and over, the rates of 'handicap' (as defined by the ABS) have proved to be quite consistent over the three surveys—particularly those for the most dependent category: 'profound or severe handicap', which identifies persons who always or sometimes require assistance with self-care, mobility or verbal communication.[5]

Table 8.4: Estimated and projected resident populations with a profound or severe handicap, by age group, 1986–2006

	1986		1996		2006		1986–96 change		1996–2006 change	
Age group	**('000)**	**%**	**('000)**	**%**	**('000)**	**%**	**('000)**	**%**	**('000)**	**%**
65–69	42.1	6.8	50.7	6.5	56.4	5.8	8.6	20.5	5.6	11.1
70–79	108.7	17.6	139.6	17.9	156.5	16.2	30.9	28.5	16.9	12.1
80+	132.4	21.5	203.8	26.1	301.2	31.2	71.4	53.9	97.3	47.8
Total aged population	*283.2*	*45.9*	*394.2*	*50.5*	*514.0*	*53.3*	*111.0*	*39.2*	*119.9*	*30.4*
Total population (all ages)	**617.0**	**100.0**	**780.6**	**100.0**	**964.2**	**100.0**	**163.6**	**26.5**	**183.6**	**23.5**

Note: The 1993 age- and sex-specific profound and severe handicap rates have been used to calculate the projected populations for the three time periods.

Sources: AIHW analysis of the ABS 1993 Survey of Disability, Ageing and Carers; ABS 1987:20–21; ABS 1997b:14–17; ABS unpublished data.

Table 8.4 presents data on the estimated numbers and projected rates of increase for persons with a profound or severe handicap for the period from 1986 to 2006. In 1986,

4 The surveys were the 1981 Handicapped Persons Survey, the 1988 Disabled and Aged Persons Survey, and the 1993 Disability, Ageing and Carers Survey. For further information, see ABS (1984, 1990 and 1993a). For further detail on the definitions of handicap employed by ABS, see also Chapter 9 of this volume.

5 For a discussion of these trends, see Wen et al. (1995), Mathers (1996) and Widdowson (1996).

of the 617,000 people in this category nationally, 46% were aged 65 and over; the majority (54%) were aged under 65. Ten years later, those who were aged 65 and over had increased as a proportion of all people with a profound or severe handicap (51%), and by 2006 on current trends 53% will be aged 65 and over.

The sub-group of the Australian population with a profound or severe handicap is thus (like the rest of the population) ageing. This trend is most evident in the 80 and over age group, which is projected to grow from 22% of all persons with a profound or severe handicap in 1986, to 31% by 2006. The rates of increase in the older population with a profound or severe handicap are consistently higher for men than for women, for older groups than for younger groups, and for the decade past (1986–96) rather than for the decade to come (1996–2006) (Table 8.5).

Table 8.5: Estimated and projected resident populations with a profound or severe handicap, by sex and age group, 1986–2006

Sex and age group	1986		1996		2006		1986–96 change		1996–2006 change	
	('000)	%	('000)	%	('000)	%	('000)	%	('000)	%
Males										
65–69	16.5	5.8	20.9	5.3	23.6	4.6	4.4	26.4	2.8	13.2
70–79	34.8	12.3	46.5	11.8	55.2	10.7	11.7	33.7	8.7	18.6
80+	34.5	12.2	58.0	14.7	91.7	17.8	23.4	67.9	33.7	58.2
Total aged population	*85.8*	*30.3*	*125.3*	*31.8*	*170.5*	*33.2*	*39.5*	*46.0*	*45.1*	*36.0*
Females										
65–69	25.6	9.0	29.9	7.6	32.7	6.4	4.3	16.7	2.9	9.6
70–79	73.9	26.1	93.1	23.6	101.3	19.7	19.2	26.0	8.2	8.8
80+	97.9	34.6	145.9	37.0	209.5	40.8	48.0	49.0	63.6	43.6
Total aged population	*197.4*	*69.7*	*268.8*	*68.2*	*343.5*	*66.8*	*71.5*	*36.2*	*74.7*	*27.8*

Note: The 1993 age- and sex-specific profound and severe handicap rates have been used to calculate the projected populations for the three time periods.

Sources: AIHW analysis of the ABS 1993 Survey of Disability, Ageing and Carers; ABS 1987:20–21; ABS 1997b:14–17; ABS unpublished data.

Among those older people with a profound or severe handicap, the proportion living by themselves increased over the period of the three surveys (1981–93) (Table 8.6).[6] Living alone, for people with a profound or severe handicap, is an indicator of potential need for formal assistance. For men, the proportion living alone increased from 8% to 10%, while for women the increase was more substantial, from 22% to 27%. The increase is particularly evident among women aged 80 and over: from 41% in 1981 to 49% in 1993.

Among men aged 80 and over, there is an opposite trend with a decrease in the proportion living alone: from 25% in 1981 to 16% in 1993. This result may, however, be somewhat less reliable as a consequence of small cell sizes for this category, although it is consistent with the known demographic and social trends among older men.

6 See footnote 4.

Table 8.6: Living arrangements of persons with a severe handicap living in the community, by sex and age group, 1981–93 (%)

Sex and age group	Lives alone			Lives with relatives			Lives with non-relatives			Total (N)		
	1981	1988	1993	1981	1988	1993	1981	1988	1993	1981	1988	1993
Males												
<65	5.6	5.7	6.8	92.2	90.8	87.5	*2.2	3.6	5.7	123,764	144,228	191,369
65–79	10.2	11.8	18.2	86.7	86.3	80.6	*3.0	*1.9	*1.2	42,540	51,181	63,257
80+	24.5	*15.6	*15.5	72.0	81.9	84.5	*3.4	*2.5	0.0	12,993	21,146	34,951
Total (all ages)	*8.1*	*8.1*	*10.3*	*89.4*	*88.9*	*85.7*	*2.5*	*3.1*	*4.0*	*179,297*	*216,555*	*289,577*
Females												
<65	8.6	6.2	9.6	89.2	89.1	86.0	*2.3	4.8	4.4	120,387	158,262	181,946
65–79	32.7	32.3	36.9	63.9	64.7	62.3	*3.4	*3.0	*0.8	70,162	90,923	120,725
80+	41.3	47.5	49.4	54.7	49.4	49.3	*4.0	*3.1	*1.3	43,235	54,524	80,495
Total (all ages)	*21.9*	*21.4*	*26.6*	*75.2*	*74.7*	*70.8*	*2.9*	*3.9*	*2.6*	*233,784*	*303,709*	*383,166*

* Subject to relative standard error greater than 25%.

Note: The 1993 data are based on disability and handicap definitions used in the 1988 survey.

Sources: AIHW analysis of the ABS 1993 Survey of Disability, Ageing and Carers; ABS unpublished data from the 1981 Survey of Handicapped Persons and 1988 Survey of Disabled and Aged Persons.

What help is needed?

While the previous section focused on the 'profound or severe' category of handicap as defined by the ABS, the 'moderate' handicap category is also used for policy and planning purposes, particularly in the Home and Community Care (HACC) program. For HACC the target group has been operationalised in terms of the ABS definition of persons with a moderate, severe or profound handicap. Both categories (profound or severe, and moderate) are useful summary measures, and have the added advantages of their connection to the International Classification of Impairments, Disabilities and Handicaps and the comparability over time generated by their use in three successive surveys.[7] It is also valuable, however, to consider the individual items which identify a potential need for service and assistance (formal or informal) among people living in the community. The ABS uses these items to construct the profound, severe and moderate handicap categories.[8]

7 There have been some slight changes in the disability and handicap definitions employed by the ABS over time, but it remains possible to adjust calculations to compare one survey with another.

8 The profound and severe handicap categories refer to persons who always or sometimes require personal help or supervision with at least one of the tasks of showering/bathing, dressing, eating/feeding, toiletting, bladder/bowel control, moving about the house and away from the home, transferring between bed and chair and communicating with family/friends and strangers. The moderate handicap category refers to persons who have difficulty performing one of these tasks, but who do not require assistance.

According to the ABS 1993 Survey of Disability, Ageing and Carers, at least three-quarters of people aged 65 and over with a profound or severe handicap required assistance (either some or all of the time) with moving around places away from the home (76%), home help (76%), home maintenance (89%) or driving (78%). In addition, over one-half needed help with shopping (59%) and footcare (58%), and over a third with showering or bathing (35%) and financial management or writing letters (34%). Over a quarter required assistance with dressing (31%), meal preparation (33%) and taking medication or dressing wounds (28%). Less than a quarter needed help some or all of the time with activities such as eating or feeding, toiletting, continence, moving about the house, transferring between bed and chair, communicating with family or friends, communicating with unfamiliar people, and using public transport (Table 8.7).

For people aged 65 and over with a moderate handicap, by definition, none required any assistance with showering or bathing, dressing, eating or feeding, toiletting, continence, moving around the house, transferring between bed and chair, communicating with family or friends, or moving around places away from home.[9] Assistance was mostly needed with home maintenance (61%), driving (37%), home help (35%), footcare (28%) and shopping (25%). A small proportion needed help with financial management or writing letters (10%) and public transport (8%), while less than 5% required assistance with meal preparation, communicating with unfamiliar people, and taking medication or dressing wounds.

Table 8.8 aggregates these data, by providing a summary score of all of the items from Table 8.7 for which help was needed. Only a very small proportion of the 65 and older group with a profound or severe handicap required help with two or fewer activities (6%), with a further 15% requiring assistance with three or four. Three-quarters needed help with five or more activities, including 21% who required help with 10 or more. For those with a moderate handicap, however, the profile was quite different. Almost two-thirds (64%) needed help with two or fewer activities, including 21% who required no assistance at all. Only 10% needed help with five or more activities.

Those aged under 65 showed a similar pattern to those aged 65 and over. On average, those under 65 with a profound or severe handicap required assistance with fewer activities, but were more likely to need help with personal care and verbal communication than their older counterparts. For those under 65 with a profound or severe handicap, around one-quarter required help with two or fewer activities, another quarter with three or four activities and around a half with five or more activities, including 11% who required help with 10 or more activities. For those with a moderate handicap, on the other hand, 85% required help with two or fewer activities (41% with none). Only 3% of persons aged 65 and under with a moderate handicap required help with five or more activities.

Table 8.9 provides estimates of the number of people aged 65 and over who required assistance with four groups of activities. Activity group 1, the most dependent, contained those who needed at least some help with one or more of the following tasks:

9 By the ABS definition, people with a moderate handicap have difficulty with self-care, mobility or verbal communication, but do not require any assistance to complete these tasks.

Table 8.7: Persons aged 5 years and over with a disability living in the community, by severity of handicap and assistance needed, 1993

Tasks for which assistance needed	Persons aged 5–64				Persons aged 65 and over			
	Profound/severe handicap		Moderate handicap		Profound/severe handicap		Moderate handicap	
	No.	%	No.	%	No.	%	No.	%
Showering/bathing	130,200	37.3	(a)	(a)	85,500	34.5	(a)	(a)
Dressing	139,300	39.9	(a)	(a)	77,400	31.2	(a)	(a)
Eating/feeding	83,800	24.0	(a)	(a)	48,400	19.5	(a)	(a)
Toiletting	45,600	13.1	(a)	(a)	22,200	8.9	(a)	(a)
Bladder/bowel control	36,800	10.5	(a)	(a)	21,000	8.5	(a)	(a)
Moving about the house	78,600	22.5	(a)	(a)	39,200	15.8	(a)	(a)
Transfers between bed and chair	113,900	32.6	(a)	(a)	61,400	24.7	(a)	(a)
Communicating with family/friends	25,100	7.2	(a)	(a)	10,400	4.2	(a)	(a)
Moving around places away from the home	206,800	59.2	(a)	(a)	187,700	75.6	(a)	(a)
Communicating with unfamiliar people	59,000	16.9	18,700	7.3	25,900	10.4	*4,200	2.2
Home help	149,200	42.7	57,800	22.7	188,400	75.9	65,400	34.5
Meal preparation	57,800	16.6	9,900	3.9	81,100	32.7	*7,200	3.8
Taking medication/ dressing wounds	56,500	16.2	8,600	3.4	68,200	27.5	*3,100	1.6
Financial management/ writing letters	83,900	24.0	24,900	9.8	85,400	34.4	19,700	10.4
Shopping	88,900	25.5	22,100	8.7	145,700	58.7	47,700	25.2
Home maintenance	177,700	50.9	92,400	36.3	219,700	88.5	114,900	60.7
Public transport	87,600	25.1	14,700	5.8	57,800	23.3	14,500	7.6
Driving	106,800	30.6	29,500	11.6	192,700	77.6	69,200	36.6
Footcare	81,400	23.3	24,500	9.6	144,000	58.0	52,900	28.0
Total number of people (N)	**349,100**		**254,800**		**248,200**		**189,300**	

* Subject to relative standard error between 25% and 50%.

(a) People with a moderate handicap are defined in the 1993 Disability, Ageing and Carers Survey as having difficulty with these tasks, but not requiring assistance to complete these tasks.

Note: Total number of people may be less than the sum of components since persons may need assistance with more than one task.

Source: AIHW analysis of the ABS 1993 Survey of Disability, Ageing and Carers.

showering or bathing, dressing, eating or feeding, toiletting, bladder or bowel control, moving about the house, transferring between bed and chair, and communicating with family or friends. Activity group 2 included those who did not require assistance with any of the activity group 1 tasks, but did with at least one of the following: moving around places away from home, communicating with people other than family or friends, home help, meal preparation, taking medication or dressing wounds, financial

Table 8.8: Persons aged 5 years and over with a disability living in the community, by severity of handicap and number of tasks for which assistance needed, 1993

Number of tasks for which assistance needed	Persons aged 5–64				Persons aged 65 and over			
	Profound/ severe handicap		Moderate handicap		Profound/ severe handicap		Moderate handicap	
	No.	%	No.	%	No.	%	No.	%
0	0	0.0	104,000	40.8	0	0.0	40,400	21.3
1	39,400	11.3	69,000	27.1	*6,400	2.6	34,600	18.3
2	46,200	13.2	42,500	16.7	9,400	3.8	45,200	23.9
3	55,700	15.9	19,700	7.7	14,700	5.9	31,500	16.6
4	42,000	12.0	11,800	4.6	22,500	9.1	18,500	9.8
5	31,700	9.1	*4,500	1.8	34,300	13.8	13,200	7.0
6	30,600	8.8	*2,000	0.8	40,100	16.1	*3,200	1.7
7	25,700	7.3	**1,100	0.4	26,800	10.8	**1,900	1.0
8	19,000	5.4	0	0.0	23,300	9.4	**800	0.4
9	20,400	5.8	0	0.0	18,400	7.4	0	0.0
10+	38,500	11.0	0	0.0	52,300	21.1	0	0.0
Total	**349,100**	**100.0**	**254,800**	**100.0**	**248,200**	**100.0**	**189,300**	**100.0**

* Subject to relative standard error between 25% and 50%.
** Subject to relative standard error greater than 50%.

Source: AIHW analysis of the ABS 1993 Survey of Disability, Ageing and Carers.

management and shopping. Activity group 3 consisted of those persons who did not need help with any of the tasks listed for activity groups 1 and 2, but did need help with at least one of the following: home maintenance, public transport, driving and footcare. Activity group 4 includes persons aged 65 and over classified by the ABS as having a disability, but who did not require assistance with any of the tasks described above.

Group 1 in this formulation is thus composed of people who needed help with activities of daily living, and group 2 of people who required assistance with instrumental activities of daily living.[10] The profound and severe handicap category consists entirely of persons from groups 1 and 2, that is, of people aged 65 and over who required assistance with either activities of daily living or instrumental activities of daily living (from either formal or informal sources). The moderate handicap category, on the other hand, is almost evenly divided between group 2 (52%) and groups 3 and 4 (48%). Thus, a substantial proportion of those in the moderate handicap category did not require assistance with any of the tasks listed against activity groups 1 and 2. In other words, they required assistance only with activities such as home maintenance, public transport, driving and footcare. Not surprisingly, the proportions requiring various kinds of assistance decreased further in the 'mild' and 'not determined' handicap categories. Of some interest in exploring likely need for assistance, however, is the

10 See Rickwood (1994) for a review of these dependency measures.

substantial proportion of people requiring help with group 2 activities who were not captured by either the profound, severe or moderate categories—128,000 in the 'mild' handicap category; 12,700 in the 'not determined' category; and 10,600 in the 'no handicap' category.

The four group formulation developed here is not put forward as an alternative model for standard ABS purposes concerning the measurement of levels of disability and handicap in the community. It does, however, demonstrate the usefulness of the individual data items for undertaking more specific appraisals of the need for assistance (whether formal or informal) than was possible on the basis of the broader categorisations of profound, severe, moderate and mild handicap.

Table 8.9: Persons aged 65 years and over with a disability living in the community, by level of handicap and activity group, 1993

	Severity of handicap											
	Profound/ severe		Moderate		Mild		Not determined		No handicap		Total with a disability	
Activity groups*	No. ('000)	%	No. ('000)	%	No. ('000)	%	No. ('000)	%	No. ('000)	%	No. ('000)	%
1	151.6	61.1	0	0.0	0	0.0	0	0.0	0	0.0	151.6	15.0
2	96.5	38.9	98.4	52.0	128.0	33.7	12.7	29.6	10.6	7.0	346.3	34.2
3	0	0.0	50.6	26.7	105.5	27.8	5.9	13.8	23.5	15.4	185.5	18.3
4	0	0.0	40.4	21.3	146.5	38.6	24.4	56.7	118.5	77.6	329.8	32.6
Total	**248.2**	**100.0**	**189.3**	**100.0**	**380.0**	**100.0**	**43.0**	**100.0**	**152.7**	**100.0**	**1,013.2**	**100.0**

* Activity groups are defined as follows:
1 = Needing assistance with showering/bathing, dressing, eating/feeding, toiletting, bladder/bowel control, moving about the house, transfers between bed and chair, or communicating with family/friends.
2 = Needing assistance with moving around places away from the home, communicating with people does not know, home help, meal preparation, taking medication/dressing wounds, financial management/writing letters, or shopping.
3 = Needing assistance with home maintenance, public transport, driving, or footcare.
4 = Includes all persons not included in groups 1–3.

Source: AIHW analysis of the ABS 1993 Survey of Disability, Ageing and Carers.

What is the likelihood of needing residential care?

While dependency and age are predictors of the need for services, current patterns of service use can also be employed for this purpose. At the present time, Australian nursing homes and hostels function under strict assessment procedures, with access determined by Aged Care Assessment Teams. The level of residential care provision has been progressively reduced in recent years, and is drawing closer to the proposed target of 40 nursing home beds and 50 hostel places per 1,000 persons aged 70 and over (see further discussion in Section 8.3). It seems useful, therefore, to employ data on current patterns of hostel and nursing home use to explore the likely future need of individuals for residential care.

At any one point in time, a relatively small proportion of Australians reside in hostels—in 1996, around 0.3% of the total population or 6% of those over 75. For nursing homes, the proportions are similar—0.4% and 7%, respectively. Statistics such as these can tend to suggest that the likelihood of any one individual entering a hostel or nursing home is

quite low, and, while this is indeed the case at any particular point in time, the likelihood of nursing home or hostel use over a lifetime is considerably higher.

Table 8.10 presents the results of a life table (double decrement) analysis to show the likelihood that a person will require residential care sometime in the future. The underlying assumption of this analysis is that current nursing home and hostel utilisation patterns (1994–95) will continue. At birth, the probability that at some time in the future a person will require permanent hostel care is 0.16, although it is substantially higher for women (0.22) than it is for men (0.09). For those who survive to age 65, the likelihood of requiring permanent care in a hostel at some point in the future increases to 0.20 (0.26 for women and 0.12 for men). The probability continues to grow with age, but accelerates particularly from age 80 onward. For persons aged 85, for example, it is 0.48 (0.57 for women and 0.31 for men).

Table 8.10: Probability of future hostel and nursing home use at various ages, by type of care and by sex, 1994–95

	Age							
Type of care by sex	**0**	**65**	**70**	**75**	**80**	**85**	**90**	**95**
				Hostels				
Permanent care								
Males	0.09	0.12	0.14	0.17	0.22	0.31	0.39	0.38
Females	0.22	0.26	0.29	0.34	0.45	0.57	0.60	0.43
Persons	0.16	0.20	0.22	0.27	0.35	0.48	0.54	0.42
Permanent and respite care								
Males	0.13	0.17	0.19	0.22	0.27	0.36	0.44	0.41
Females	0.28	0.33	0.35	0.41	0.51	0.63	0.65	0.45
Persons	0.21	0.25	0.28	0.33	0.42	0.53	0.58	0.44
				Nursing homes				
Permanent care								
Males	0.20	0.25	0.28	0.32	0.39	0.48	0.56	0.60
Females	0.34	0.39	0.42	0.48	0.59	0.76	0.95	0.94
Persons	0.27	0.33	0.36	0.41	0.51	0.66	0.83	0.85
Permanent and respite care								
Males	0.21	0.27	0.30	0.34	0.40	0.49	0.57	0.61
Females	0.35	0.41	0.44	0.50	0.61	0.78	0.97	0.95
Persons	0.28	0.34	0.37	0.43	0.53	0.67	0.85	0.86

Note: The data in this table are estimated using life table models based on 1994–95 hostel and nursing home use patterns. The analysis is based on the assumption that the current utilisation patterns will prevail in the future. These life tables are not included in this report but are available on request.

Sources: AIHW analysis of the DHFS Aged and Community Care Strategic Information System (ACCSIS) 1997; ABS 1996a:15; ABS 1997a:73–74.

For nursing homes, the probability at birth that a person will, during their lifetime, require permanent nursing home care is 0.27. Again, women have a higher likelihood of requiring such care (0.34) than men (0.20). By age 65, the probability is higher—0.33 (0.39 for women and 0.25 for men). The likelihood of requiring such care continues to grow with age, particularly from age 80 onward. For persons aged 85, the probability

that they will enter a nursing home for ongoing care before they die is 0.66 (0.76 for women and 0.48 for men). While women are generally more likely than men to enter a nursing home at some point, it is noteworthy that the magnitude of the difference increases substantially at older ages.

Informal care

While the frail and disabled older population has been growing over the last decade, so too has the proportion of these people being cared for in the community (AIHW 1995:190). This shift has been associated with the expansion of home-based care and (in relative terms) with the contraction of the residential care sector. The role played by informal carers is significant, as they provide the majority of assistance to frail and disabled older people living in the community.

At the time of the 1993 ABS Survey of Disability, Ageing and Carers, there were some 541,200 principal carers, of whom 267,500 were providing help to people aged 65 or over.

Much of the analysis in this section applies only to principal carers, who are defined by the ABS as the main informal providers of assistance to those with a profound or severe handicap in the activities of self-care, mobility and verbal communication. In the first table on this topic, however, data are presented on the main provider of assistance (both informal and formal) with specific activities, and these data are available for those with a moderate handicap as well as for those with a profound or severe handicap (Table 8.11).

The vast majority of assistance required by persons with a profound or severe handicap was provided by informal providers of assistance (to be referred to as informal carers). For activities such as personal care, mobility, communication, meals, financial management and transport, over 80% of recipients specified an informal carer as the main source of help. Formal providers of assistance were most commonly reported with regard to health care (40%), home help and home maintenance (25%) and personal care (13%), although even in these areas informal carers were providing the majority of assistance.

Among those with a moderate level of handicap, there was no need or receipt of assistance, by definition, in the activities of personal care and mobility. In the categories where help was needed and used, informal carers still predominated over formal providers of assistance, although not to quite the extent evident among people with a profound or severe handicap. 'No provider' was a more common category of response for those with a moderate level of handicap than for those with a profound or severe handicap. In general, people with a moderate handicap were more likely to receive help from formal services or to receive no help, and less likely to have an informal carer, than were those with a profound or severe handicap. While the higher rates of formal assistance received by those with a moderate handicap, in comparison with those with a profound or severe handicap, appears to be a counter-intuitive finding, it must be remembered that the data presented here only include main providers of assistance. In the case of people with a profound or severe handicap, it is more likely that the capacity to remain in the community is dependent on high levels of informal care. That is not to

Table 8.11: Persons aged 65 and over with a disability living in the community, by severity of handicap and type of main provider of assistance, 1993

Type of activity needs help with	Type of main provider of assistance						Total needing help	
	Informal provider		Formal provider		No provider			
	Profound /severe handicap	Moderate handicap	Profound /severe handicap	Moderate handicap	Profound /severe handicap	Moderate handicap	Profound /severe handicap	Moderate handicap
				Number				
Personal care	104,200	(a)	15,700	(a)	*4,900	(a)	124,800	(a)
Mobility	177,600	(a)	12,800	(a)	23,700	(a)	214,100	(a)
Communication	20,800	**1,300	0	0	*5,100	*2,900	25,900	*4,200
Health care	90,000	10,600	64,300	33,300	*7,700	10,600	161,900	54,500
Home help	136,700	28,700	47,100	21,000	*4,600	15,700	188,400	65,400
Home maintenance	161,700	69,700	54,100	33,500	*3,900	11,700	219,700	114,900
Meals	69,600	*4,800	*7,500	**1,300	4,000	**1,200	81,100	*7,200
Financial management	83,200	17,200	**900	**1,200	**1,400	**1,300	85,400	19,700
Transport	181,900	69,100	18,600	*5,500	8,800	*4,200	209,300	78,800
				Per cent				
Personal care	83.5	(a)	12.6	(a)	3.9	(a)	100.0	(a)
Mobility	83.0	(a)	6.0	(a)	11.1	(a)	100.0	(a)
Communication	80.1	30.7	0.0	0.0	19.9	69.3	100.0	100.0
Health care	55.6	19.5	39.7	61.1	4.7	19.4	100.0	100.0
Home help	72.6	43.9	25.0	32.1	2.5	24.0	100.0	100.0
Home maintenance	73.6	60.7	24.6	29.2	1.8	10.2	100.0	100.0
Meals	85.8	66.1	9.3	17.6	5.0	16.3	100.0	100.0
Financial management	97.4	87.3	1.0	6.2	1.6	6.6	100.0	100.0
Transport	86.9	87.7	8.9	7.0	4.2	5.3	100.0	100.0

* Subject to relative standard error between 25% and 50%.
** Subject to relative standard error greater than 50%.

(a) People with a moderate handicap are defined in the 1993 Disability, Ageing and Carers Survey as having difficulty with these activities, but not requiring assistance to complete these activities.

Source: AIHW analysis of the ABS 1993 Survey of Disability, Ageing and Carers.

say that they do not use formal assistance; in fact, over a third use a combination of informal and formal assistance (AIHW 1995:379).

While the important role played by carers has gained increasing recognition over the last decade, there has been less attention paid to the adequacy of the assistance which they receive in their caring role. Tables 8.12 and 8.13 provide information on the extent to which principal carers of older people indicated that they needed assistance in their caring role.[11]

Overall, 42% of carers felt that they had no need for help in their caring role, another 42% were receiving the help which they needed, and 16% either needed help but were not receiving it, or needed more help than they were receiving. Younger carers

(under 65) were more likely than older carers to report an unmet need for assistance or a met need, and less likely to report 'no need'. Older carers (65 and over) were more likely to report 'no need' for assistance and less likely to report an 'unmet' need, although these trends were less marked in the 80 and over age category. When both age and sex are taken into account, men and women under 65 and men over 80 were considerably more likely to report a 'met need' for assistance (49%, 47% and 41%, respectively) than carers in any other age groups. The contrast in the 80 and over age group between men and women was particularly marked, with 41% of men over 80 reporting a 'met need' for assistance compared with 25% of women. This result is, however, somewhat unreliable given the small cell sizes for women aged 80 and over (Table 8.12).

Table 8.12: Principal carers providing care to persons aged 65 and over, by expressed need for assistance in caring role and by sex and age group of carer, 1993

	No need		Unmet need		Met need		Total	
Sex and age group	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**
Males								
15–64	10,700	27.5	9,200	23.6	19,100	49.0	39,000	100.0
65–79	23,100	62.5	**1,100	3.1	12,700	34.4	37,000	100.0
80+	*4,600	43.6	**1,600	15.2	*4,300	41.2	10,600	100.0
Total males (all ages)	*38,400*	*44.4*	*11,900*	*13.8*	*36,200*	*41.8*	*86,500*	*100.0*
Females								
15–64	43,500	32.8	26,700	20.2	62,200	47.0	132,400	100.0
65–79	26,100	61.6	*3,900	9.2	12,400	29.2	42,400	100.0
80+	*4,400	69.9	**300	5.4	**1,500	24.7	*6,300	100.0
Total females (all ages)	*73,900*	*40.8*	*31,000*	*17.1*	*76,100*	*42.0*	*181,000*	*100.0*
Persons								
15–64	54,200	31.6	35,900	21.0	81,200	47.4	171,300	100.0
65–79	49,200	62.0	*5,100	6.4	25,100	31.6	79,400	100.0
80+	9,000	53.4	**1,900	11.6	*5,900	35.0	16,800	100.0
Total population (all ages)	**112,300**	**42.0**	**42,900**	**16.0**	**112,200**	**42.0**	**267,500**	**100.0**

* Subject to relative standard error between 25% and 50%.
** Subject to relative standard error greater than 50%.

Source: AIHW analysis of the ABS 1993 Survey of Disability, Ageing and Carers.

When these categories are examined with regard to the relationship between the carer and the care recipient, it is those providing help to a parent who are most likely to report 'unmet need' (24% compared with 9% of those caring for a spouse). Those providing help to a spouse are most likely to report 'no need' (66% compared with 28%

11 The analysis presented here is a simplified version of the expressed need component developed by the Australian Institute of Health and Welfare for the Respite Review conducted by the Department of Health and Family Services in 1996 (Gibson et al. 1996).

of those caring for a parent). There was no clear pattern relating to gender (Table A8.2). These findings are consistent with the age-related effects described above. The higher levels of 'unmet need' among children providing assistance to parents may be partly a cohort effect, with younger generations being more willing to demand or receive formal assistance than older generations.

These patterns are consistent with findings generated in the analysis of the need for respite care. In those analyses, non-co-resident carers (predominantly children caring for aged parents) emerged as a group who appeared to have less access to formal services, were often providing assistance to people with quite high dependency levels, and among whom a substantial proportion exhibited physical and emotional stress in their caring roles (Gibson et al. 1996:42, 164).

Table 8.13 profiles the number of tasks for which carers were providing assistance against their reported need for assistance. This gives an indication of the level of help which each of these groups of carers was providing. The distributions for those in the 'no need' and 'met need' groups were remarkably similar, suggesting that at least in terms of the number of tasks which carers were providing assistance with there is no obvious difference between the two groups. In contrast, those reporting an 'unmet need' were indeed more commonly helping with a greater number of tasks. So, for example, while over a third of carers reporting an 'unmet need' were providing help with 12 or more activities, only 10% of those reporting 'no need' and 13% of those reporting 'met need' were providing this level of assistance.

Table 8.13: Principal carers providing care to persons aged 65 and over, by expressed need for assistance in caring role and by number of tasks for which assistance provided, 1993

Number of tasks for which assistance provided	No need		Unmet need		Met need		Total	
	No.	%	No.	%	No.	%	No.	%
0	**600	0.5	0	0.0	0	0.0	**600	0.2
1–2	17,500	15.5	**1,300	2.9	*5,100	4.5	23,800	8.9
3–5	32,600	29.0	*6,200	14.5	34,400	30.6	73,200	27.3
6–8	31,200	27.7	12,900	30.0	39,400	35.1	83,400	31.2
9–11	19,100	17.0	*7,500	17.4	18,500	16.5	45,100	16.8
12 or more	11,400	10.2	15,100	35.2	15,000	13.3	41,500	15.5
Total	**112,300**	**100.0**	**42,900**	**100.0**	**112,200**	**100.0**	**267,500**	**100.0**

* Subject to relative standard error between 25% and 50%.
** Subject to relative standard error greater than 50%.

Source: AIHW analysis of the 1993 Survey of Disability, Ageing and Carers.

8.3 Service provision

As was noted in the introduction to this chapter, there are several new aged care policies set for implementation from 1997. Foremost amongst these is the Aged Care Structural Reform Package, announced in the 1996–97 Budget. In broad terms, the package removed the long-established distinction between nursing homes and hostels,

and introduced new income testing arrangements, a new accreditation and standards system, and an accommodation bonds scheme.

Prior to the 1996–97 Budget, the residential care sector in Australia consisted of two discrete tiers of service. Nursing homes were aimed at more highly dependent residents who required nursing care. Hostels were aimed at lower dependency residents, including those requiring help with personal care activities (referred to as 'Personal Care'-level residents) and those who did not (referred to as 'Hostel Care' residents). Both nursing homes and hostels received Commonwealth government subsidies and were subject to outcome standards monitoring, but there were substantial differences between the two systems.

As a result of the changes brought about by the Aged Care Reform Strategy, a number of commentators have pointed to the increasing dependency of both hostel and nursing home residents, and to the increasing overlap in dependency level between the two populations.[12] Yet the financial reimbursement available to proprietors of hostels remained substantially below that for nursing homes. The increasing pressure on all facilities by residents in advanced stages of dementia had also led to concern in some sectors as to the adequacy of existing reimbursement arrangements. The new system is aimed at both simplifying administrative and funding procedures and removing some of the funding inequalities which had emerged as a consequence of the substantial overhaul of the residential care system during the decade to 1996.

Thus, while the move to contain the residential care sector and to expand community-based services continues, the actual structure of the residential care sector is set to change substantially, with the combination of nursing home and hostel care into one common residential care stream. Consequent on this change are other developments, including the implementation of a single classification instrument for both hostels and nursing homes, the development of a common database for program management purposes, and alterations to the funding arrangements for both capital and recurrent purposes.

Income testing arrangements for residential care

The new income testing arrangements are effective from 1 October 1997 and require residents to make an income-tested contribution to the cost of their accommodation and care. The basic daily fee is around $21.10 per day (indexed) for pensioners and around $26.40 per day (indexed) for non-pensioners. Part-pensioners and non-pensioners pay an additional amount of 25 cents in the dollar for private income above the pension free area ($50 a week for single persons or $88 for couples), up to a maximum total fee of around $63.30 per day. The government subsidy payable for each resident is reduced by the amount of the additional income-tested fee paid; the service provider thus does not receive a higher amount for such residents.

12 More detailed accounts can be found in Duckett (1995), Gibson (1997) and Mathur (1996).

New resident classification scale

The single classification instrument has been developed to determine Commonwealth government subsidies payable for residents under the new system. It has eight care categories, with categories 1 to 4 representing the 'higher care' levels and 5 to 8 the 'lower care' levels. Level 8 has been designed to be broadly equivalent to the old 'Hostel Care' category; residents in this category will not attract a government subsidy. An Aged Care Assessment Team appraisal will be required before a resident can move from category 5 to category 4, but the new system is intended to facilitate 'ageing in place' by removing the necessity for residents to move from a hostel to a nursing home as their care needs increase.

The new single classification instrument has been designed to take better account of the care needs of residents with dementia, an area of ongoing concern with regard to both the Resident Classification Instrument (RCI) and the Personal Care Assessment Instrument (PCAI). The new funding system also includes a 'Concessional Resident Supplement', which will be paid by the Commonwealth Government on behalf of residents who do not have the financial resources to pay accommodation bonds.

Accommodation bonds

Accommodation bond arrangements have been used in hostels for around a decade; under the new arrangements, all residential aged care service providers who meet prescribed building and care standards will be required to charge accommodation bonds. The amount of the bond, and the timing of the payment, will be agreed at the time of entry. Bonds can be paid as lump sums or equivalent regular 'periodic' payments, or a combination of both. Service providers will be able to access up to $2,600 per year for a maximum of 5 years; they also retain the interest earned on the principal during the resident's period of tenure in the facility. The pool of funds created by these payments is intended for use in upgrading or replacing building stock, thus ameliorating the shortage of capital funds which has been a major policy issue in the nursing home industry in recent years.

A number of protection mechanisms have been designed to minimise adverse effects, particularly for less financially well-off persons, under the new system. These include a quota of places which are set aside for financially disadvantaged residents (to be known as concessional residents), who cannot afford an accommodation bond. Residents must be left with a minimum of 2.5 times the annual age pension (currently $22,500) after paying the bond, and for those who leave a spouse or dependent child in the family home, the home will be exempt from the assets test in establishing whether a bond is payable. If a carer or close family member has been living in the home for 5 years and is eligible for a pension or benefit, the home is also exempt.

Quality assurance

From 1 January 1998, the Aged Care Standards Agency will commence operation, replacing the system of standards monitoring which has been in place for the last decade. Nursing home outcome standards were introduced in 1987, and hostel outcome standards in 1991. Under the existing system, outcome standards monitoring teams visited nursing homes and hostels to assess their performance against the outcome standards. The new system is to be accreditation-based, administered by the

independent Aged Care Standards Authority, and oriented to four broad standards: management systems staffing and organisational development; health and personal care; resident lifestyle; and physical environment and safe systems.

National Carer Action Plan with carer support

Since 1995, a number of initiatives have emerged to increase the support and assistance provided to carers. The Respite Review, announced in the 1995–96 Budget, reported in 1997. It emphasised the substantial role played by informal carers in maintaining frail and disabled older people in the community, and the need for more responsive, flexible and accessible respite care services. Carer support focuses on three distinct elements identified in the Coalition's pre-election National Carer Action Plan—respite care, financial assistance, and carer needs-assessment, information and advice.

The National Respite for Carers program, announced by the Commonwealth Government in the 1996–97 Budget, included an additional $6 million per year from 1 July 1996 for respite care services, the creation of Carer Resource Centres to provide information and support to carers, and improvements in access to emergency respite care. In the 1997–98 Budget the rate of payment for the Domiciliary Nursing Care Benefit was increased by 28%, or around $16.60 per fortnight (to be implemented from July 1998). The eligibility criteria for the Carer Payment were extended to additional categories of carers, as were the number of days of respite care per year which could be used before carers lose their right to both the Carer Payment and the Domiciliary Nursing Care Benefit. An additional $1 million in 1997–98, rising to $2 million in 1998–99, was made available for carer information and support services.

National Action Plan for Dementia Care

The 5-year National Action Plan for Dementia Care concluded in June 1997. Dementia care continues to be a major concern in aged care policy development, with current estimates of the number of people aged 60 and over affected by dementia being around 135,000. This is expected to increase to 177,000 people by 2006 (DHFS 1996b). Under the plan, a variety of educational and training resources were made available to Aged Care Assessment Teams, residential care staff, community care workers and informal carers to improve their knowledge and skills relating to the care of people with dementia. A number of research activities were also funded. Related projects included the Scoping Study on Older People and Mental Health, conducted under the auspices of the Australian Health Ministers' Advisory Council National Mental Health Working Group, and a major research project on the care needs of people with dementia and challenging behaviour who live in Commonwealth-funded residential care facilities (Rosewarne et al. 1997).

Other developments

A number of other changes are underway or in their developmental stages. The Commonwealth Government has announced the implementation of a nationally consistent set of fees for HACC services, and a draft set of guidelines has been developed. In 1997, pilot testing of a quality appraisal process for these services, based on performance against the HACC national service standards first developed in 1989, was undertaken by the Australian Institute of Health and Welfare at the request of

HACC officials. The potential function of independent assessors within the HACC program is also under review, with a consultancy underway to develop an accreditation framework for assessors who would undertake holistic assessment of people with medium–high or complex needs. More broadly, the emphasis on home-based care continues, with the Commonwealth Government committed to retaining a growth rate of 6% per year in HACC funds in real terms (partially funded by increased user fees), and community aged care packages earmarked for ongoing expansion and development.

Level of supply

Home-based care

Before the mid-1980s, the Australian aged care system was generally perceived as heavily oriented towards residential care, with a poorly developed and fragmented home care system. Considerable emphasis was placed on the expansion of home-based care services, at first by drawing the existing services together under the umbrella of the HACC program, and subsequently in the implementation of innovative brokerage and intensive home care services (community options projects, hostel options, community aged care packages, and most recently the piloting of nursing home options).[13] Expenditure (in real terms) on HACC services between 1985–86 and 1991–92 grew by 104%, and is testament to the substantial expansion of these services as a result of the policy direction established by the Aged Care Reform Strategy.

Some data are available on levels of service provision under HACC for 1989, but these are incomplete with regard to the range of service types and are not consistently available for all States and Territories. One clear trend was that respite care (both home and centre-based) expanded dramatically over the period, although growth patterns varied substantially from State to State.[14] More complete and hence more representative data are available for 1993–94, and Table 8.14 provides a useful insight into recent trends within the HACC program. The data are presented for 1993–94 and 1996 in relation to both the total population aged 70 and over, and that aged 65 and over with a profound or severe handicap. (State and Territory breakdowns for 1996 can be seen in Table A8.3.)

Nationally, there has been a slight reduction over this period in the availability of home respite care (1%), with the reduction in home nursing being somewhat more substantial: in the vicinity of 16%. On the other hand, there was a modest increase in the supply of personal care, paramedical, centre-based day care and centre-based meals (all less than 19%), with home help, home maintenance and home meals also increasing slightly over this period.

13 Community options projects and community aged care packages (previously known as hostel options) are two brokerage or case management components of the community care sector, designed for highly dependent frail older people and people with complex care needs, with the overall intention of reducing inappropriate admissions to residential care. For a more detailed account of these programs, see Mathur et al. (1997).

14 See Mathur (1996) for a detailed analysis of these data.

Table 8.14: Hours of Home and Community Care (HACC) service provided per month per 1,000 target population, by type of service, 1993–94 and 1996

	Average hours per month per 1,000 persons			
	Aged 70 and over		With a profound/severe handicap aged 65 and over	
Type of service	1993–94	1996	1993–94	1996
Home help	426	429	1,639	1,648
Personal care	109	126	419	483
Home nursing	205	172	790	660
Paramedical	20	23	75	89
Respite care	154	153	593	587
Centre day care	418	452	1,611	1,736
Home maintenance	42	43	161	164
Home meals (N)	742	746	2,857	2,866
Centre meals (N)	101	115	387	440

Notes
1. In 1993–94 respite care refers to home respite.
2. Not all States and Territories have data for the same collection period. The 1993–94 service provision data for New South Wales, Victoria and Western Australia were from November 1993, and remaining States and Territories had data from May 1994. The most recent data from the 1996 data collection was November 1993 for Western Australia, May 1996 for Victoria, Queensland and South Australia, and November 1996 for the remaining States and Territories.
3. The national figure includes data from the most recent data collection in each State and Territory. The corresponding population data for each State and Territory have been used to derive the above ratios.
4. The Australian population estimates exclude the external territories (Jervis Bay, Cocos Island and Christmas Island).

Sources: AIHW analysis of the ABS 1993 Survey of Disability, Ageing and Carers and DHFS 1996 HACC Service Provision Data Collection; ABS 1995a:4–6; ABS 1996c:5–7; ABS 1997b:14–17; DHSH 1995b:Section 2:1–2.

Table 8.15: Hours of Home and Community Care (HACC) service provided per month and rates of increase, by type of service, 1993–94 and 1996

	Hours of service provision		Rate of
Type of service	1993–94	1996	increase (%)
Home help	596,874	644,537	8.0
Personal care	152,462	188,810	23.8
Home nursing	287,838	258,110	–10.3
Paramedical	27,421	34,694	26.5
Respite care	216,111	229,589	6.2
Centre day care	586,604	679,012	15.8
Home maintenance	58,603	64,245	9.6
Home meals (N)	1,040,599	1,120,744	7.7
Centre meals (N)	141,117	172,112	22.0

Notes
1. In 1993–94 respite care refers to home respite.
2. Not all States and Territories have data for the same collection period. The 1993–94 service provision data for New South Wales, Victoria and Western Australia were from November 1993, and remaining States and Territories had data from May 1994. The most recent data from the 1996 data collection was November 1993 for Western Australia, May 1996 for Victoria, Queensland and South Australia, and November 1996 for the remaining States and Territories.
3. The national figure includes data from the most recent data collection in each State and Territory.

Sources: AIHW analysis of the DHFS 1996 HACC Service Provision Data Collection; DHSH 1995b:Section 2:1–2.

In terms of absolute hours of service supplied, this translates into an actual decrease in the hours of home nursing (10%).[15] For all other service categories the number of hours or occasions of service increased between 1993–94 and 1996, from 6% for home respite care, to 27% for paramedical services. Of particular interest, given the observed decrease in home nursing hours, is the increase of 24% for personal care services (Table 8.15).

In general, the increases in the availability of HACC services which characterised the early years of the Aged Care Reform Strategy did not continue into the later part of the decade. Nonetheless, growth in services has generally kept pace with increases in the numbers of frail and disabled older people, to produce a 'steady state' situation over recent years. This stability in the level of supply has occurred, however, in a context where the proportion of frail and disabled older people living in the community rather than in residential care has increased (AIHW 1995), as the supply of residential care is progressively reduced. Similarly, the supply of residential care for younger people with a disability (also part of the HACC client group) has reduced in recent years (see Figure 9.7, page 336). Taken together, this has almost certainly resulted in an increase in the number of potential clients competing for HACC resources. One countervailing force has been the emergence of community aged care packages, discussed in the next section, which have provided an additional source of support for those living in the community.

Residential care and community aged care packages

Community aged care packages deliver home-based care, and could, therefore, be discussed in the preceding section. However, the program is funded from the residential care program, and is seen as a direct alternative to and substitute for admission to a hostel as a 'Personal Care' resident. Care package clients receive a quantum of service up to and including the level of service provided to a 'Personal Care–Low' hostel resident, but delivered in the client's home. The expansion of community aged care packages is thus best analysed in the context of the reduction of residential care places, in order to gain an overview of the broader changes affecting the aged care system.

In 1985, there were 66.5 nursing home beds and 32.5 hostel places per 1,000 people aged 70 and over (total of 99 residential care places). By 1996, there were 49.5 nursing home beds and 41.4 hostel places per 1,000 people aged 70 and over (total of 91 residential care places), supplemented by three aged care packages per 1,000 people aged 70 and over (Table 8.16). If care packages are included as residential care equivalents, this represents a 5% reduction in the ratio of provision for the target population over the 11 years to 1996. In addition, and of equal importance, is the marked shift away from the more intensive nursing home level of provision towards the less intensive hostel care system. These changes are part of a deliberate plan by the government to achieve a level of provision of 40 nursing home beds, 50 hostel places and 10 community aged care packages (per 1,000 people aged 70 and over) by the year 2011.[16]

15 This national reduction in home nursing is largely attributed to the substantial drop in the provision of home nursing in New South Wales.

Table 8.16: Residential care places, by type of residential facility, 30 June 1985 and 1996

	1985			1996		
	Community aged care packages	Hostels	Nursing homes	Community aged care packages	Hostels	Nursing homes
Number of beds/places	0	34,885	71,503	4,441	62,645	75,008
Ratio of bed/places per 1,000 population						
Aged 70+	—	32.5	66.5	2.9	41.4	49.5
Aged 65+ with a profound/ severe handicap	—	128.4	263.2	11.3	158.9	190.3

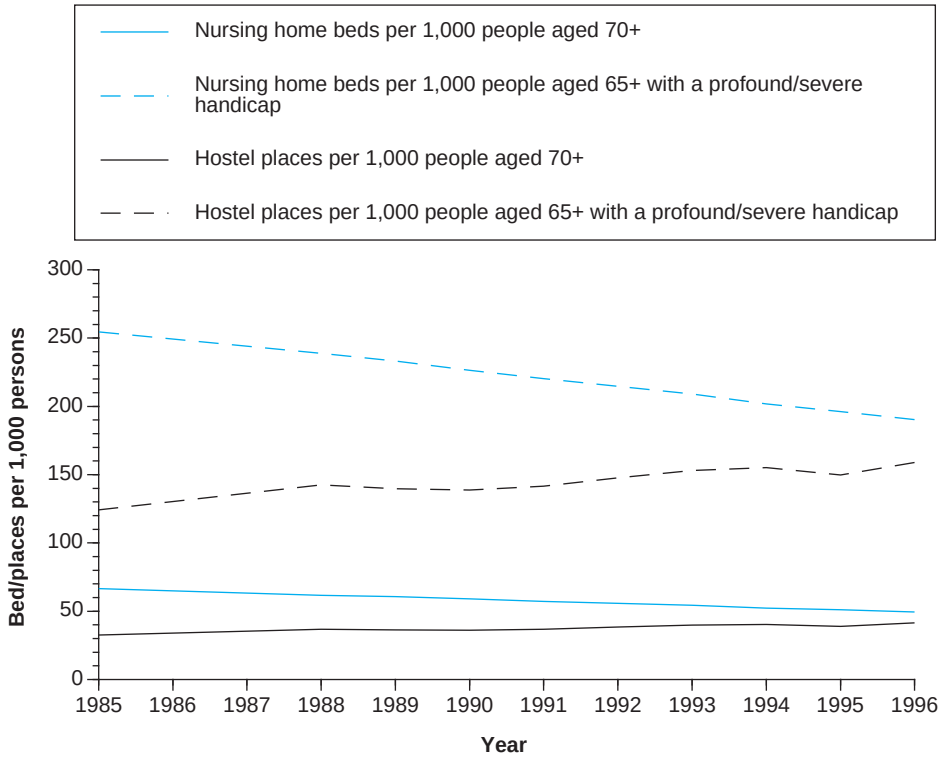
Sources: AIHW analysis of the ABS 1993 Survey of Disability, Ageing and Carers; ABS 1987:17–18; ABS 1997b:15–17; AIHW 1995:201; DHFS unpublished data.

In more recent years, the reduction in nursing home beds has continued (5 beds per 1,000 people aged 70 or over, or 9%, between 1993 and 1996), and the compensating expansion of hostel places slowed (2 places per 1,000 people aged 70 or over, or a 4% increase). In this same period, the number of community aged care packages has grown from 1 to 3 per 1,000 people aged 70 and over. Figure 8.2 illustrates these trends with regard to hostels and nursing homes. State and Territory breakdowns and time series data are presented in Tables A8.4 and A8.5.

While the discussion of these data has been undertaken in terms of people aged 70 and over, the tables and figures in this section also include the number of people aged 65 and over with a profound or severe handicap as a reference group. The target population for residential aged care services is those highly dependent older people who cannot be adequately supported by informal or formal services in the community. As has been discussed more fully elsewhere (AIHW 1995:180–2), the 70 and over age group is the basis of the formal planning ratio employed by the Department of Health and Family Services, and is used here for that reason. It is important to note that the formal planning ratio and the official target population for residential care are not the same. The planning ratio, based on the 70 and over age group, does not focus on only those highly dependent members of the 70 and over population who may be in need of residential care. In fact, only 22% of people aged 70 and over have a profound or severe handicap, and only a proportion of them utilise aged care services at a particular point in time. In addition, the changing structure of the aged population itself (as discussed in Section 8.2), coupled with the steep rise in levels of dependency at more advanced ages (80 and over, 85 and over, etc.), renders the 70 and over baseline an inconsistent predictor of need over time.

The use of the population aged 65 and over with a profound or severe handicap as a denominator has three main strengths. Firstly, it is a somewhat closer approximation of the target group, although again the majority of these people will be cared for in the community with the assistance of informal carers, rather than in a residential care

16 For a more detailed account of the changing patterns of residential care, see AIHW (1993, 1995).



Source: Table A8.5.

Figure 8.2: Hostel and nursing home provision indicators for the 70 and over population and for persons aged 65 and over with a profound or severe handicap, 1985–96

context (or indeed by community-based services). Secondly, it reduces the lack of comparability over time introduced by the ageing of the population, as the nature of the population aged 65 and over shifts towards higher or lower levels of dependency as the proportion aged 80 and over, or even 85 and over, moves back and forth with successive cohorts of older people.[17] Thirdly, it has the advantage of facilitating comparison with home-based aged care services (HACC and community options), where target groups are defined differently, by providing a common baseline denominator.

Regardless of the baseline employed, however, data on place and bed ratios provide only part of the picture concerning the availability of residential care. In particular, they do not provide any indication of how such resources are being used. For this purpose, measures of the movement of residents through the system are needed, trends which

17 This point is discussed in detail in AIHW (1995, Chapter 5).

are best represented by indicators such as length of stay, the number of admissions and turnover. Turnover (defined as the ratio of admissions to total number of beds) is particularly useful as it provides an indication of shifts in usage patterns distinct from changes associated simply with increases over time in the absolute numbers of beds and places available.

Table 8.17 provides time series data on admission and turnover for the last 5 years, the period for which it is generally agreed that the combined effects of reforms to the Australian aged care system began to be fully felt in the residential sector.[18] Between 1991–92 and 1995–96, hostels experienced a substantial increase in the number of residents admitted for respite, rather than permanent, care. The total number of admissions also increased quite substantially over this period (from 28,943 to 41,400), with turnover increasing from 0.59 to 0.69. These increases are largely a result of the significant expansion in the absolute number of hostel places available during the period (see Table A8.4). While most of these changes were driven by increased respite admissions (and an increased turnover among respite residents), there was an actual increase in the number of residents admitted for permanent care in hostels: 4,680 more people were admitted in 1995–96 than in 1991–92.

Table 8.17: Hostel and nursing home admissions and turnover, by type of care, 1991–92 to 1995–96

	Hostels					Nursing homes				
	1991–92	1992–93	1993–94	1994–95	1995–96	1991–92	1992–93	1993–94	1994–95	1995–96
Permanent care										
Admissions	14,904	16,278	17,208	19,358	19,584	38,397	38,679	34,317	34,730	32,962
Turnover	0.30	0.31	0.31	0.34	0.33	0.52	0.52	0.46	0.47	0.44
Respite care										
Admissions	14,039	15,915	17,941	19,824	21,816	3,191	4,227	6,030	7,931	11,282
Turnover	0.29	0.30	0.32	0.35	0.36	0.04	0.06	0.08	0.11	0.15
Total										
Admissions (N)	**28,943**	**32,193**	**35,149**	**39,182**	**41,400**	**41,588**	**42,906**	**40,347**	**42,661**	**44,244**
Turnover	**0.59**	**0.61**	**0.63**	**0.69**	**0.69**	**0.56**	**0.58**	**0.54**	**0.57**	**0.59**

Notes
1. Whole-year bed numbers used by averaging consecutive years.
2. Turnover = (number of admissions/number of beds) in the financial year.

Sources: AIHW analysis of the DHFS ACCSIS system 1997; AIHW 1995:214–15, 380; DHSH 1995a:139.

18 Apart from the shift of resources towards home-based care and the reduction in the levels of residential care, Aged Care Assessment Teams were introduced to determine eligibility for residential care, and funding reforms provided nursing homes and hostels with incentives to take in more-dependent residents.

Table 8.18: Hostel and nursing home admissions, by length of stay and type of care, 1991–92 and 1995–96 (%)

	Hostels				Nursing homes			
	Permanent care		Respite care		Permanent care		Respite care	
Length of stay	1991–92	1995–96	1991–92	1995–96	1991–92	1995–96	1991–92	1995–96
Less than 1 month	4.2	3.5	75.3	75.2	28.9	16.0	74.7	75.1
1–2 months	3.2	3.9	18.0	16.8	8.7	7.6	17.1	15.9
2–3 months	2.7	3.1	5.9	6.8	4.5	5.0	7.3	8.0
3–6 months	7.2	7.6	0.8	1.1	7.7	9.2	0.8	0.8
6 months+	82.6	81.9	0.0	0.1	50.2	62.1	0.0	0.1
Total (N)	**14,904**	**19,584**	**14,039**	**21,816**	**38,397**	**32,962**	**3,191**	**11,282**

Source: AIHW analysis of the DHFS ACCSIS system 1997.

The trend for nursing homes has been somewhat different. Like hostels, nursing homes experienced an increase in the total number of people admitted, with this trend again partly a result of growth in the absolute number of nursing home beds. The use of nursing homes for respite care grew rapidly over this period; the number of respite admissions more than tripled, and turnover increased from 0.04 to 0.15. For permanent care, the trend was in the reverse direction, with 5,435 fewer admissions in 1995–96 than in 1991–92. Turnover, too, declined sharply, from 0.52 to 0.44. Taken together, these findings suggest a decline in accessibility for those requiring permanent care in a nursing home, with those already admitted staying longer (i.e. lower turnover), and as a consequence fewer such people being admitted.

The growth in the use of residential respite care has been an important development in recent years. In 1991–92, 49% of hostel admissions and 8% of nursing home admissions were for respite care. By 1995–96, these proportions had increased to 53% for hostels and 26% for nursing homes. The number of bed days used for respite purposes also expanded quite dramatically over this period, although respite usage remains a small proportion (less than 5%) of all residential care bed days.[19]

There are marked differences between hostels and nursing homes in the length of stay of those admitted for permanent care during the 1991–92 and 1995–96 financial years (Table 8.18, above).[20]

Of admissions to hostels for permanent care in 1995–96, 4% stayed less than 1 month, 15% between 1 and 6 months, and 82% for more than 6 months. For nursing homes, the comparable figures were 16%, 22% and 62%. As would be expected, the vast majority (75%) of hostel and nursing home residents admitted for respite care in 1995–96 stayed for less than 1 month. One of the more striking aspects of these data is the substantial

19 For further detail, see Gibson et al. (1996, Chapters 5 and 6).

20 Note that the proportion of permanent nursing home admissions with a length of stay of less than 1 month is comparatively high in the 1991–92 financial year. While this appears to be a shift in usage patterns, it seems more likely in our view to represent poor data quality on the respite care indicator in the early years of the nursing home database.

proportion of both nursing home and hostel residents with really quite short lengths of stay. In hostels, this is almost entirely explained in terms of respite residents; only 7% of permanent hostel residents remained less than 2 months, and 82% remained more than 6 months. For nursing homes, while respite residents remain an important factor, 24% of permanent residents remained for less than 2 months, and only 62% for more than 6 months. Nursing homes thus differ quite significantly from hostels in having a larger proportion of people admitted for permanent care who remain for relatively short periods of time.

The data presented in Table 8.18 show the actual length of stay distributions of residents at a point in time. They do not show the final length of stay on departure from the nursing home or hostel.[21] To obtain estimates of final length of stay, a life table methodology was used to give the expected length of stay for permanent residents of both hostels and nursing homes admitted in 1995–96, according to the proportion who had separated by a given month or year (Table 8.19).

Table 8.19: Cumulative expected length of stay distributions of permanent hostel and nursing home admissions, 1995–96 (%)

Length of stay	Hostels	Nursing homes
0	0.0	0.0
1 month	3.4	17.0
2 months	7.4	25.2
3 months	11.0	30.3
4 months	13.7	34.3
6 months	18.4	40.0
1 year	30.2	50.2
2 years	48.9	64.4
3 years	62.4	74.4
5 years	78.6	87.0
Total	**100.0**	**100.0**

Note: These figures are derived by using life table models based on hostel and nursing home data for 1995–96. These life tables are not provided in this report but are available on request.

Source: AIHW analysis of the DHFS ACCSIS system 1997.

In hostels only 3% of permanent admissions left in the first month, less than a third left within the first 12 months and approximately one-half within 2 years; the median length of stay was 746 days (a little over 2 years). In nursing homes, a different pattern emerged, with one in six permanent admissions leaving in the first month, a further third in the next 11 months and over one-half within the first year. The median length of

21 For residents admitted late in 1995–96, 6 months was the maximum possible length of stay at the point in time that the database was uploaded by the Australian Institute of Health and Welfare (January 1997). The problem of truncated length of stay is a standard problem in this type of analysis (Liu 1996).

stay for permanent nursing home admissions was 356 days (almost 12 months), substantially lower than that for hostels. In general, people entering nursing homes for permanent care stay for a considerably shorter period of time than those admitted for permanent care to aged persons hostels.

Expenditure

Tables 8.20 and 8.21 present expenditure data in current and constant prices on aged care services for the period from 1991–92 to 1995–96. Expenditure has not only grown in real terms in all aged care service categories during the period 1991–92 to 1995–96 (Table 8.20), but has also broadly continued to keep pace with the growth in the numbers of older people with a profound or severe handicap (Table 8.21).

Table 8.20: Aged care recurrent expenditure (Commonwealth and States and Territories) in current and constant (average 1989–90) prices, by program, 1991–92 to 1995–96 ($m)

	Year				
Program	**1991–92**	**1992–93**	**1993–94**	**1994–95**	**1995–96**
	Current prices ($m)				
Assessment	29.0	31.9	34.5	35.1	35.7
HACC	521.1	564.5	611.4	657.4	697.8
Community aged care packages	1.9	3.3	7.4	17.9	33.1
Hostels	234.3	274.8	312.0	363.1	417.4
Nursing homes	1,605.5	1,680.9	1,704.0	1,804.7	2,001.7
Total	**2,391.8**	**2,555.4**	**2,669.3**	**2,878.2**	**3,185.7**
	Constant (average 1989–90) prices ($m)				
Assessment	26.5	28.3	30.3	30.9	30.8
HACC	475.6	501.6	536.7	577.9	601.9
Community aged care packages	1.7	2.9	6.5	15.7	28.6
Hostels	213.9	244.2	273.9	319.2	360.0
Nursing homes	1,465.4	1,493.5	1,495.8	1,586.5	1,726.5
Total	**2,183.2**	**2,270.5**	**2,343.2**	**2,530.2**	**2,747.7**

Notes
1. Deflated to constant prices using the Government Final Consumption Expenditure (GFCE) deflator.
2. Available data suggest that 20–25% of HACC clients are aged under 65, and that this has been constant over the period in question. A small proportion of expenditure in nursing homes and hostels involves younger residents. Total expenditure (i.e. all ages) is included in this table for all program areas.

Sources: ABS 1996b:74, 92; AIHW 1995:205; DHHLGCS 1993:57; DHSH 1995a:149; DHFS 1996a:150; DHFS unpublished data.

Nursing homes continue to dominate expenditure patterns, accounting for 67% of expenditure on aged care at the beginning of the period under scrutiny, and 63% at the end. Hostels increased their share somewhat, from 10% in 1991–92 to 13% in 1995–96. For total home-based care services (HACC plus community aged care packages), there was no net change over the period, remaining steady at 22–23% of total expenditure.

In terms of total recurrent government expenditure (in constant prices) per older person with a profound or severe handicap, annual growth rates varied from an increase of 0.5% early in the period, to an increase of 5% for the most recent year.

Table 8.21: Recurrent expenditure (Commonwealth and States and Territories) per person aged 65 and over with a profound or severe handicap, in constant (average 1989–90) prices, by program, 1991–92 to 1995–96

Program	Year				
	1991–92	1992–93	1993–94	1994–95	1995–96
	Expenditure per person aged 65+ with profound/severe handicap ($)				
Assessment	78	81	84	82	80
HACC	1,404	1,431	1,482	1,544	1,554
Community aged care packages	5	8	18	42	74
Hostels	631	696	756	853	929
Nursing homes	4,326	4,260	4,131	4,239	4,458
Total	**6,445**	**6,476**	**6,472**	**6,761**	**7,094**
	Annual growth rates (%)				
Assessment	—	3.4	3.5	–1.4	–3.6
HACC	—	1.9	3.6	4.2	0.6
Community aged care packages	—	61.8	116.6	134.3	75.4
Hostels	—	10.3	8.6	12.7	9.0
Nursing homes	—	–1.5	–3.0	2.6	5.2
Total	**—**	**0.5**	**–0.1**	**4.5**	**4.9**

Notes
1. Deflated to constant prices using the Government Final Consumption Expenditure (GFCE) deflator.
2. Available data suggest that 20–25% of HACC clients are aged under 65, and that this has been constant over the period in question. A small proportion of expenditure in nursing homes and hostels involves younger residents. Total expenditure (i.e. all ages) is included in this table for all program areas.

Sources: AIHW analysis of the ABS 1993 Survey of Disability, Ageing and Carers; ABS 1993c:28–30; ABS 1994:4–6; ABS 1995a:4–6; ABS 1996b:74, 92; ABS 1996c:5–13; ABS 1997b:15–17; AIHW 1995:205; DHHLGCS 1993:57; DHSH 1995a:149; DHFS 1996a:150; DHFS unpublished data.

Table 8.22: Aged care capital funding in current and constant (average 1989–90) prices, by program, 1991–92 to 1995–96

Program	Year				
	1991–92	1992–93	1993–94	1994–95	1995–96
	Current prices ($m)				
HACC	19.5	19.1	22.8	25.4	15.0
Nursing homes and hostels	220.0	196.9	134.8	106.8	68.9
	Constant (average 1989–90) prices ($m)				
HACC	17.8	17.0	20.0	22.3	12.9
Nursing homes and hostels	200.8	174.9	118.3	93.9	59.4
	Expenditure (in constant prices) per person aged 65+ with profound/severe handicap ($)				
HACC	53	48	55	60	33
Nursing homes and hostels	593	499	327	251	153

Notes
1. Deflated to constant prices using the Government Final Consumption Expenditure (GFCE) deflator.
2. Available data suggest that 20–25% of HACC clients are aged under 65, and that this has been constant over the period in question. A small proportion of expenditure in nursing homes and hostels involves younger residents. Total expenditure (i.e. all ages) is included in this table for all program areas.

Sources: AIHW analysis of the ABS 1993 Survey of Disability, Ageing and Carers; ABS 1993c:28–30; ABS 1994:4–6; ABS 1995a:4–6; ABS 1996b:74, 92; ABS 1996c:5–13; ABS 1997b:15–17; DHFS unpublished data.

This higher rate of growth for 1995–96 was largely the result of an increase of 5% in nursing home expenditure, where previously rates had ranged between –3% and 3%. For hostels, the rate of growth in per person expenditure has remained broadly constant (between 9% and 13%), with substantial growth (albeit from a very low base) evident in the expanding community aged care package program throughout the period. Per person expenditure on assessment appears to be reducing, with a decline in the last 2 years. For HACC, while per person expenditure continued to increase over the 4-year period, the rate of increase declined quite sharply in 1995–96, to only 0.6%.

There was a decline in capital expenditure on nursing homes and hostels over the period. For HACC, capital expenditure grew in real terms until 1994–95, but fell in 1995–96 (Table 8.22).

Client profiles

Age and sex

Table 8.23 presents data on the age and sex profiles of community care, hostel and nursing home residents. For hostels and nursing homes, the profiles reflect dependency levels: for hostels, separate calculations are presented for Personal Care (higher dependency) and Hostel Care (lower dependency) residents; and for nursing homes, for RCI 1–2 (higher dependency) and RCI 3–5 (lower dependency) residents. Perhaps the most striking finding to emerge from this mode of presentation for the residential care profiles is one of remarkable similarity, with few age-based distinctions between the lower and higher dependency categories in each of the residential settings. The sex ratios, too, are quite similar, although women predominate to a slightly more marked extent in the higher dependency categories for both nursing homes and hostels.

For all groups, women constituted the majority of clients, ranging from 65% of community options clients to 76% of Personal Care hostel residents. Hostel and nursing home residents were clearly older than community care clients, with the vast majority aged 80 and over (72% of hostel residents and 68% of nursing home residents), and a sizeable number being 90 or over (19% and 22% respectively). For care package clients, the proportions aged 80 and over were lower (59%), while only 40% of HACC and 37% of community options clients fell into this category. These differences are partly associated with the target groups: both HACC and community options programs are aimed at younger people with disabilities as well as at the aged. However, the comparatively small proportions in the 90 and over age groups in the community care sector suggest that home-based care is much less frequently an option for these age groups, a salient point given the progressive increases in the numbers and proportion of older people reaching these more advanced ages.

Indigenous peoples

Indigenous and non-Indigenous Australians vary in their use of aged care services (Figure 8.3).[22] Overall, Indigenous people comprised 3% of HACC clients, 4% of care package clients, 6% of community options clients, 1% of hostel residents, 1% of nursing home residents, and an estimated 1.7% of the Australian population. Indigenous clients thus appear to make more use of community-based than residential care services, a finding which is in keeping with reported preferences of Indigenous people to remain on the land and with their families in old age (Woenne-Green 1995).

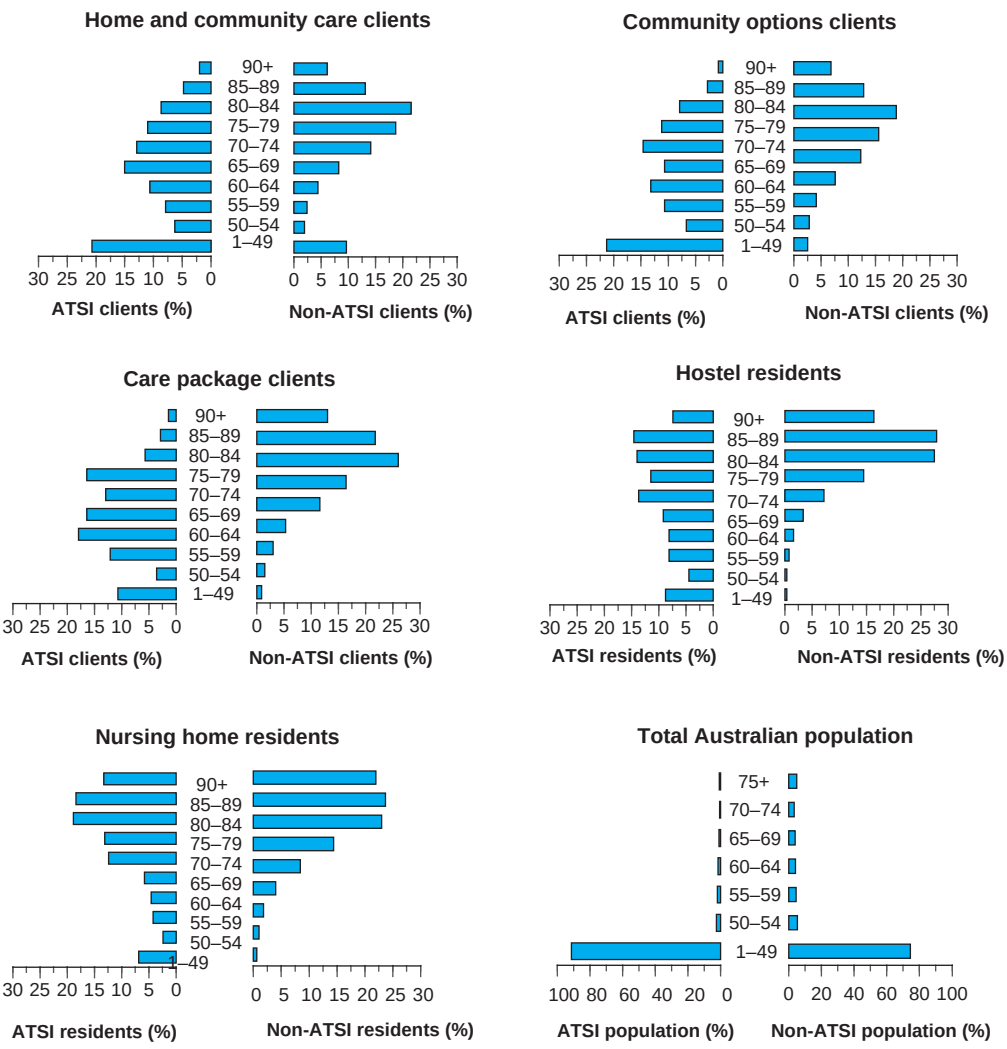
Table 8.23: Persons using aged care services, by sex and age group, 1993–96 (%)

	Community care clients			Hostel residents (1996)			Nursing home residents (1996)		
Sex and age group	HACC (1993–94)	Community options (1994)	Care packages (1996)	Hostel care	Personal care	Total	RCI 3–5	RCI 1–2	Total
Males									
1–54	4.8	9.2	0.9	0.6	0.5	0.5	0.9	1.1	1.0
55–64	2.6	3.0	2.4	1.4	1.3	1.4	1.8	1.2	1.5
65–69	2.9	3.2	2.2	1.6	1.7	1.7	2.4	1.6	2.1
70–79	9.6	8.5	8.6	8.0	6.0	6.6	9.7	8.1	8.9
80–89	9.6	9.6	13.7	14.1	10.7	11.6	12.0	11.1	11.6
90+	1.6	1.3	3.1	4.2	3.4	3.6	3.6	3.0	3.3
Total males (all ages)	*31.2*	*34.7*	*30.9*	*29.8*	*23.7*	*25.4*	*30.4*	*26.2*	*28.4*
Females									
1–54	7.1	10.5	1.0	0.4	0.5	0.5	0.8	1.0	0.9
55–64	4.4	5.0	3.1	0.9	1.2	1.1	1.5	1.4	1.5
65–69	5.5	4.7	3.5	1.5	1.9	1.8	2.3	1.8	2.1
70–79	22.8	19.3	19.5	13.9	14.2	14.1	14.2	13.7	14.0
80–89	24.5	20.7	32.6	41.3	41.5	41.5	33.6	35.3	34.4
90+	4.4	5.2	9.5	12.2	16.9	15.6	17.2	20.6	18.8
Total females (all ages)	*68.8*	*65.3*	*69.1*	*70.2*	*76.3*	*74.6*	*69.6*	*73.8*	*71.6*
Persons									
1–54	12.0	19.7	1.9	0.9	1.0	1.0	1.7	2.1	1.9
55–64	7.1	7.9	5.5	2.3	2.6	2.5	3.3	2.6	3.0
65–69	8.4	7.9	5.7	3.1	3.6	3.5	4.7	3.5	4.2
70–79	32.5	27.8	28.1	21.9	20.2	20.7	23.9	21.8	22.9
80–89	34.1	30.3	46.3	55.4	52.2	53.1	45.6	46.4	46.0
90+	6.0	6.4	12.6	16.4	20.4	19.3	20.8	23.5	22.1
Total (N)	**41,643**	**6,033**	**3,766**	**15,871**	**42,306**	**58,177**	**37,598**	**33,369**	**70,967**

Sources: AIHW analysis of the DHFS ACCSIS system 1997, DHFS 1994 Community Options Project Client Characteristics Census, and DHFS 1993–94 HACC User Characteristics Survey; Mathur et al. 1997:21.

22 The item indicating whether residents are of Aboriginal or Torres Strait Islander origin is not a mandatory field in the residential care databases, and hence the extent of missing data is quite high (e.g. 50% for Personal Care hostel residents). In contrast, the level of missing data in community care databases is very low. Missing data were excluded from these analyses.

This pattern is, however, substantially affected by age profiles. As was observed earlier, higher usage of residential care occurs at very advanced ages, and the shorter life span of Indigenous Australians could in its own right be expected to be associated with a lower relative use of residential as opposed to home-based care. On the other hand, it is



Notes

1. The number of clients aged 90 and over using community options projects and community aged care packages is very small.
2. ATSI = Aboriginal and Torres Strait Islander.

Source: Table A8.6.

Figure 8.3: Age profiles of Indigenous and non-Indigenous persons using aged care services, 1993–96 (%)

also the case that the shorter average life span of Indigenous peoples (by some 15–20 years) is associated with the use of aged care services at younger ages than for non-Indigenous peoples. The very different age profiles of Indigenous and non-Indigenous peoples are thus likely to be a confounding factor in comparing patterns of service use between the two population groups. Like non-Indigenous people, there was a markedly higher proportion of very old Indigenous people in residential care than there was among community care clients. For example, where 13% of Indigenous nursing home residents were aged 90 or over, only 1% of community options clients fell into this age group (Table A8.6).

When age-specific service usage rates are calculated for Indigenous and non-Indigenous peoples, some interesting findings emerge (Table 8.24). These rates control for the very different age profiles of the two population groups, and allow a more accurate comparison of usage patterns. Within any given age group, and for all service types, Indigenous Australians were at least twice as likely as non-Indigenous Australians to be service recipients. Among those aged 75 and over, for example, 169 in every 1,000 Indigenous people were resident in a nursing home in contrast to 53 per 1,000 for non-Indigenous people. The strong preference for home-based rather than residential care remains evident, with the emphasis much more marked among Indigenous than non-Indigenous Australians. For Indigenous people aged 75 and over, however, the usage rate for nursing homes (169 per 1,000) was higher than that for HACC services (112 per 1,000), or indeed for HACC and community options combined (145 per 1,000).

Table 8.24: Rates of usage of aged care services by Indigenous and non-Indigenous Australians, by age group, 1994

	Number of Indigenous residents/ clients per 1,000 Indigenous persons in the population					Number of non-Indigenous residents/ clients per 1,000 non-Indigenous persons in the population				
Aged care services	1–49	50–64	65–74	75+	All ages	1–49	50–64	65–74	75+	All ages
HACC clients	0.8	13.7	53.6	111.6	3.4	0.3	1.3	6.4	25.7	2.1
Community options clients	0.3	5.8	16.9	33.3	1.2	0.1	0.2	0.9	3.7	0.3
Hostel residents	0.1	3.5	14.1	69.2	1.1	0.0	0.2	1.8	22.6	1.2
Nursing home residents	0.2	2.9	22.1	169.2	2.1	0.1	0.8	6.4	52.8	3.1

Sources: AIHW analysis of the DHFS 1993–94 HACC User Characteristics Survey; Jenkins 1996:33, 36; Mathur et al. 1997:30; ABS unpublished data.

The picture which emerges from the comparison of these age-specific usage rates is thus somewhat different from that which emerges when the two populations of service users are compared in totality. The former pointed to quite substantial levels of use by Indigenous Australians of both residential and home-based care, whereas the latter suggested relatively low rates of use of residential care in contrast to non-Indigenous Australians, and a relatively higher use of home-based care services.

People from a non-English-speaking background

The age profiles of clients and users of aged care services who are from a non-English-speaking background were generally similar to those of users from an English-speaking

background (Table 8.25).[23] Nursing home and hostel residents from an English-speaking background tended to be somewhat older, however—for example, among residents from an English-speaking background there was a greater proportion aged 90 and over (23% and 18%, respectively) than there was among those from a non-English-speaking background (16% and 13%, respectively). There was also a higher proportion of people aged 90 and over among HACC, community options and care package clients from an English-speaking background than was the case for clients from a non-English-speaking background. In addition, for community options clients, there were comparatively few people from a non-English-speaking background (7%) in the youngest age category (i.e. aged under 54), compared with those from an English-speaking background (23%).

Table 8.25: Use of aged care services by persons from English-speaking and non-English-speaking backgrounds, by age group, 1993–96 (%)

	Community care clients			Hostel residents (1996)			Nursing home residents (1996)		
Age group	HACC (1993–94)	Community options (1994)	Care packages (1996)	Hostel care	Personal care	Total	RCI 3–5	RCI 1–2	Total
Non-English-speaking background									
1–54	8.2	7.4	0.6	1.0	1.0	1.0	1.1	1.7	1.4
55–64	9.1	7.4	6.9	2.9	2.8	2.9	3.5	3.4	3.5
65–69	12.7	10.4	7.4	4.3	4.2	4.2	5.4	5.3	5.3
70–79	36.5	36.2	32.9	29.5	26.5	27.3	29.3	26.3	27.8
80–89	29.6	34.6	42.8	52.5	51.9	52.1	44.5	47.5	46.0
90+	3.9	4.0	9.5	9.8	13.6	12.6	16.3	15.8	16.0
All ages (N)	**4,842**	**1,149**	**828**	**926**	**2,658**	**3,584**	**3,256**	**3,203**	**6,459**
English-speaking background									
1–54	12.6	22.7	2.2	0.8	0.9	0.9	1.7	2.2	1.9
55–64	6.7	8.0	5.1	2.2	2.4	2.3	3.3	2.6	3.0
65–69	7.7	7.2	5.4	3.0	3.5	3.3	4.7	3.3	4.0
70–79	31.9	25.8	26.7	21.7	20.2	20.6	23.4	21.3	22.4
80–89	34.9	29.3	47.2	56.8	54.0	54.7	45.7	46.3	46.0
90+	6.3	7.0	13.5	15.4	19.0	18.1	21.2	24.4	22.7
All ages (N)	**34,377**	**4,944**	**2,898**	**10,833**	**30,882**	**41,715**	**34,177**	**30,044**	**64,221**

Note: An individual is defined as being from an English-speaking background if they were born in Australia (including Christmas Island and Cocos Island), Canada, Ireland, United Kingdom, New Zealand, United States of America or South Africa.

Sources: AIHW analysis of the DHFS ACCSIS system 1997, DHFS 1996 Community Aged Care Packages Client Characteristics Survey, DHFS 1994 Community Options Project Client Characteristics Census and DHFS 1993–94 HACC User Characteristics Survey.

23 An individual is defined as being from an English-speaking background if they were born in Australia (including Christmas Island and Cocos Island), Canada, Ireland, United Kingdom, New Zealand, United States of America or South Africa.

Pension status

The increased emphasis under the National Aged Care Strategy on means testing and user contributions with regard to residential aged care services renders information on pension status of some policy significance. In the absence of detailed data on income and assets, pension status provides the best available indication of financial status.

Table 8.26 presents data on persons admitted to hostels and nursing homes during the 1995–96 financial year.[24] While the focus on admissions (or persons admitted within a specified time period) is of particular relevance to the payment of entry contributions, it also provides a useful basis from which to examine the likely future profile of residents with regard to the ongoing payment of fees. In addition, it has the advantage of substantially reducing the proportion of residents for whom pension data are missing from the database.

Table 8.26: Pension status of permanent residents admitted to hostels and nursing homes in 1995–96, by sex (%)

	Hostels				Nursing homes			
Sex and pension status	65–69	70–79	80+	Total aged	65–69	70–79	80+	Total aged
Males								
Receives pension	85.9	85.0	83.2	83.9	93.2	93.6	92.0	92.6
Does not receive pension	0.0	0.0	0.0	0.0	4.7	4.4	5.9	5.3
Missing data	14.1	15.0	16.8	16.1	2.1	2.1	2.1	2.1
Total males (N)	*355*	*1,605*	*3,349*	*5,309*	*746*	*3,516*	*6,713*	*10,975*
Females								
Receives pension	87.7	85.5	84.7	85.0	92.2	93.0	92.9	92.9
Does not receive pension	0.0	0.0	0.0	0.0	5.9	4.9	5.1	5.1
Missing data	12.3	14.5	15.3	15.0	2.0	2.1	2.0	2.0
Total females (N)	*390*	*3,187*	*9,769*	*13,346*	*614*	*4,253*	*14,600*	*19,467*
Persons								
Receives pension	86.8	85.4	84.3	84.7	92.7	93.2	92.7	92.8
Does not receive pension	0.0	0.0	0.0	0.0	5.2	4.7	5.3	5.2
Missing data	13.2	14.6	15.7	15.3	2.1	2.1	2.0	2.0
Total (N)	**745**	**4,792**	**13,118**	**18,655**	**1,360**	**7,769**	**21,313**	**30,442**

Note: Multiple admissions are excluded from this analysis by selecting the most recent admission in 1995–96 for each resident.

Source: AIHW analysis of the DHFS ACCSIS system 1997.

24 No data on pension status were collected in the 1996 Community Aged Care Packages Client Characteristics Survey. For HACC and community options, the available pensions data are for 1993 and 1994, respectively, making them somewhat outdated.

Overall, 85% of people aged 65 and over admitted to hostels in 1995–96 were receiving either a full or part pension, while in nursing homes the corresponding figure was 93%. Interestingly, there do not appear to be the expected age- or sex-related trends; that is, women were not more likely than men to be in receipt of a pension, nor were older residents more likely than younger ones to be pensioners. While the level of missing data for hostels is somewhat high (15%), it is consistent across age and sex categories. Moreover, even if the majority of those for whom no pension status data are available were assumed to be non-pensioners, the general conclusion from the table remains unequivocal—the vast majority of people admitted to hostels or nursing homes for permanent care in 1995–96 were in receipt of a pension.

Unfortunately, the residential care databases do not indicate whether these people were receiving a full or part pension; this more finely tuned information would provide a better indication of the likely level of income and assets held by incoming nursing home and hostel residents. These breakdowns are available from the Department of Social Security and the Department of Veterans' Affairs for the population at large, but not specifically for those in hostels and nursing homes. In order to gain some indication of the likely ratio of full to part pensioners among hostel and nursing home residents, age- and sex-specific pension rates were calculated from these national data and applied to the hostel and nursing home populations (Table A8.7). These estimates suggest that, overall, over two-thirds (70%) of those admitted for permanent care in 1995–96 would be receiving a full pension. In other words, approximately two in three would have met the means and assets test which determines eligibility for the full pension.

Two differences between the estimates presented in Table A8.7 and the frequencies obtained from the national residential care databases (Table 8.26) should be noted. First, the estimates yield a somewhat lower proportion of residents in receipt of either a full or part pension than those derived from the databases (80% compared with 85% for hostels, and 81% compared with 93% for nursing homes). Second, for the estimates based on pension data, pension rates are higher among older residents and among women. These trends, although expected, were not found in the residential care databases on pension status.

Two alternative explanations for these anomalies present themselves. First, there is the question of data quality; income data are notoriously sensitive to collect, and it may simply be that the pension data recorded by nursing home and hostel staff on admission contain some inaccuracies. Alternatively, the differences may reflect real differences between the population at large and those who enter nursing homes. If older people with limited financial resources (that is, pensioners) are more likely to enter residential care than better-off older people, then one would expect to find a higher proportion of pensioners actually in residential care than would be estimated by applying age- and sex-specific pension rates calculated from the general aged population. This higher rate of entry could occur as a result of poorer health status among those on lower incomes, and thus reflect a greater need for residential care, or it could mean that those with less disposable income are not as well placed to remain in their own homes at a given dependency level, as they are less able to purchase extra assistance on the private market. If these income effects were less marked at older ages (as increasing dependency levels reduce the effect of income differences), then the

difference in age- and sex-specific patterns between the two sets of calculations would also be readily explained.

8.4 Outcomes

Outcome measures for aged care services, and indeed for all chronic care services, remain something of a vexed issue, despite the contemporary emphasis on and enthusiasm for outcome-based funding and performance appraisal. Outcome measurement lends itself more easily to acute care contexts, where desired outcomes can be clearly specified, and agreed measures employed to determine whether or not the proposed benchmark has been met. Aged care, with its varied client mix, combining a range of chronic and acute conditions, receiving varied services from the formal sectors supported by a myriad of informal sector activities, does not readily yield clearly specified outcomes. In a care context where successful management may still result in death or deterioration in health status, such measures are problematic.

Having introduced such caveats, it is still possible to report measures relevant to program achievement. In this section, indicators of appropriateness, accessibility and quality of care are reported. Appropriateness is explored by reviewing the dependency levels of clients in a range of service categories, each linked to particular levels of government expenditure. So, for example, if hostel clients were found to be on average more dependent than nursing home clients, and armed with the knowledge that hostels are allocated significantly fewer resources per resident than nursing homes, there would be some basis to suggest that care was being inappropriately allocated. To review accessibility, measures of turnover and service use discussed in the previous section are examined, as well as more specific analyses of accessibility and gross utilisation. Finally, data derived from the outcome standards appraisal process are presented for nursing homes and hostels, to allow the tracking of performance information for the residential care sector in recent years. These latter two analyses (accessibility and quality appraisal) are limited to the residential care sector, as such data are not available for the community care sector. Developments are underway, however, to improve the breadth and quality of data collected for the Home and Community Care (HACC) program (see Box 8.1).

Appropriateness of care

Data on dependency are collected on clients of all aged care services, and thus provide a useful basis from which to examine appropriateness of care across the spectrum of service provision. There are, however, significant differences in the exact nature of the items collected, which reduce the number of comparable items available for analysis (see Rickwood (1994) for further details and discussion of these measures). Nonetheless, comparisons of dependency levels among care package clients, community options clients, Personal Care hostel residents and nursing home residents can be undertaken on three common items—washing and dressing, eating, and mobility and transfers.

Figure 8.4 (and Table A8.8) illustrates that nursing home residents are markedly more dependent than all other groups. Virtually 100% of nursing home residents required at least some help with washing and dressing (90% required total help), 90% required at least some help with eating (33% total help) and 95% required at least some help with mobility and transfers (63% total help). When this population is broken down into the more dependent RCI 1–2 categories and the less dependent RCI 3–5 categories, the

Box 8.1: Recent data development activities for the HACC program

Implementing the HACC Service Standards

In 1989, after 2 years of community consultations, the national HACC Service Standards were formally agreed to and adopted by HACC officials as the basis for quality appraisal among HACC agencies. However, no method for implementing a regulatory or quality appraisal process focusing on the standards was developed. In 1994, HACC officials appointed a subcommittee, the Standards Working Group, to develop an instrument which could be used to measure agency performance against the standards. In 1996, the Australian Institute of Health and Welfare (AIHW) was asked to undertake development and refinement of the HACC Service Standards Instrument, including the completion of a pilot test.

The aim of the project was to devise a cost-effective and nationally consistent method for appraising the quality of services received by consumers of HACC services, as defined by the nationally agreed standards. The method included the collection of information from both agencies and consumers. The AIHW assumed responsibility for field testing the instrument, and examining its practicality, reliability and validity for quality appraisal purposes.

After a series of pre-tests, a national pilot was undertaken in all States and Territories excluding Tasmania. Preliminary results from the pilot are encouraging, suggesting that the instrument can be employed to gather reliable and valid information concerning performance against the HACC Service Standards. As part of the study design, several different approaches to assessment were trialled, although all used the nationally agreed Service Standards instrument. The methods trialled included self-assessment, self-assessment with verification, joint appraisal and peer review. Final results from the project are not yet available.

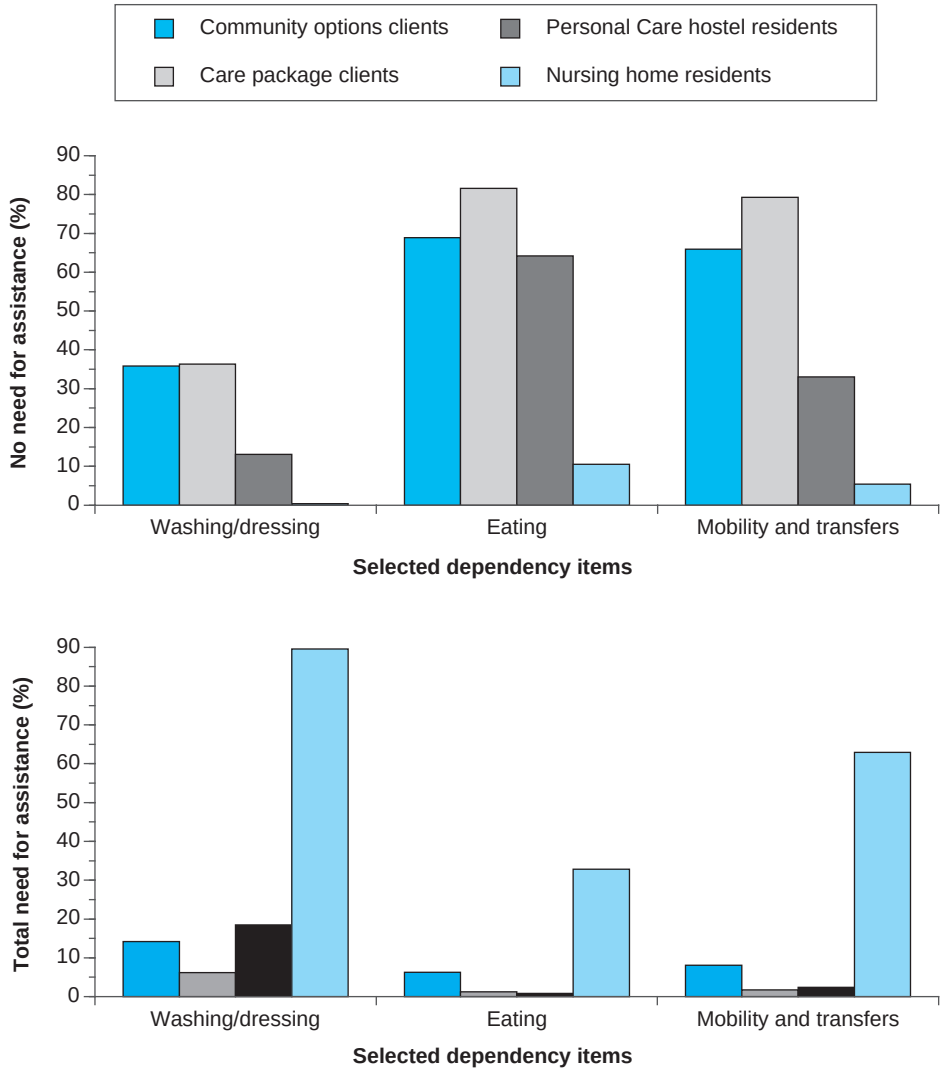
Further development of the HACC Minimum Data Set

In late 1996, the AIHW agreed to undertake under the direction of HACC officials the redevelopment of the HACC national Minimum Data Set (HACC MDS). This project builds on the National Review of HACC Data Requirements undertaken by Brian Elton & Associates.

The project comprises the following elements:

- *A review of all data items in the draft MDS and a comparison of these items with those in other relevant data collections.*
- *The pre-testing of data items.*
- *Recommendations concerning the feasibility of a unique linkage key which does not identify individuals but enables statistical linkage.*
- *A draft HACC MDS Data Dictionary.*

Work on the project commenced early in 1997 and is to be completed by December 1997.



Source: Table A8.8.

Figure 8.4: Comparison of the dependency levels of people using aged care services, 1994–96 (%)

highly dependent nature of the RCI 1–2 client group emerges very clearly—100% required total assistance with washing and dressing, 60% total assistance with eating and 90% total assistance with mobility and transfers.

The dependency levels of hostel residents were generally between those of nursing home residents and community-based clients. There was quite a substantial difference between those in the Personal Care–High dependency category and those in the Inter-

mediate and Low categories, with the Personal Care–High hostel residents being quite similar (albeit still somewhat less dependent) to nursing home RCI 3–5 residents.

On the three items for which comparisons are possible, care package and community options clients were either similar to or somewhat less dependent than hostel residents in the Personal Care–Intermediate category. The exception was the small group of community options clients who reported 'total need' for assistance with eating (6%) and mobility and transfers (8%), for whom the comparable group among hostel residents in the Personal Care–Intermediate category was extremely small (less than 0.4%). Community options clients were somewhat more likely to require assistance in the three areas than were care package clients.

While the validity of these findings is limited by the number of items available for comparison, the results do suggest that Personal Care hostel residents remain on average more dependent than those clients being cared for in the community by intensive home-based care services, whether these be care package or community options clients. A somewhat more detailed comparison, undertaken on five items which were common to the hostel, care package and community options data collections, revealed similar trends (Mathur et al. 1997). The expanded intensive home-based care services may thus be targeting a somewhat less dependent population than that currently cared for in a hostel context.

Accessibility

In Section 8.3, data were reported on changes in the number of permanent and respite admissions over the last 5 years, and on changes in turnover, in relation to both hostels and nursing homes. For nursing homes, respite admissions had increased threefold, but the number of permanent admissions had dropped. Turnover, which measures the number of admissions in relation to bed numbers, also declined. For hostels, while there was a similar increase in respite admissions, the number of permanent admissions also increased, and turnover among permanent residents remained essentially stable. The co-existence of these two trends (an increase in respite admissions without a corresponding drop in permanent admissions) was made possible by the significant expansion in the number of hostel places which occurred during this period.

These findings suggest that access to permanent places in hostels may have remained stable, while access to nursing home beds fell. These data do not, however, take into account the growing size of the aged population over the period. To examine changes in accessibility over time, this latter aspect also needs to be taken into account. Table 8.27 presents two further measures of access to residential care. The first, termed simply accessibility, describes the number of admissions for both permanent and respite care in relation to the total aged population with a profound or severe handicap. The second, gross utilisation, is a measure of admissions plus the number of residents already in the hostel or nursing home at the beginning of the financial year. This measure, when considered in relation to the total number of people aged 65 and over with a profound or severe handicap in the population, gives the gross utilisation rate.

Access to permanent places in hostels increased slightly between 1991–92 and 1995–96, from 44 to 51 admissions per 1,000 people aged 65 and over with a profound or severe handicap. Access to respite places also increased, from 41 to 56 admissions. Overall, this led to an increase in accessibility to hostels, moving from 85 admissions per 1,000 people aged 65 and over with a profound or severe handicap in 1991–92 to 107 in

Table 8.27: Accessibility and gross utilisation, hostels and nursing homes, 1991–92 to 1995–96

	Year				
	1991–92	**1992–93**	**1993–94**	**1994–95**	**1995–96**
			Hostels		
Accessibility					
Permanent	44.0	46.4	47.5	51.7	50.6
Respite	41.4	45.4	49.6	53.0	56.3
All admissions	**85.4**	**91.8**	**97.1**	**104.7**	**106.9**
Gross utilisation	71,351	77,094	82,952	91,732	97,080
Gross utilisation rate	210.6	219.9	229.1	245.1	250.7
			Nursing homes		
Accessibility					
Permanent	113.4	110.3	94.8	92.8	85.1
Respite	9.4	12.1	16.7	21.2	29.1
All admissions	**122.8**	**122.4**	**111.4**	**114.0**	**114.2**
Gross utilisation	111,479	113,426	115,064	115,137	116,708
Gross utilisation rate	329.1	323.5	317.8	307.6	301.3

Notes
1. Accessibility = (number of admissions/number of people with a profound/severe handicap aged 65 and over)*1,000.
2. Gross utilisation = sum of number of residents at start of financial year and number of admissions in financial year.
3. Gross utilisation rate = (gross utilisation/number of people with a profound/severe handicap aged 65 and over)*1,000.

Sources: AIHW analysis of the ABS 1993 Survey of Disability, Ageing and Carers and DHFS ACCSIS system 1997; ABS 1993c:28–30; ABS 1994:4–6; ABS 1995a:4–6; ABS 1996b:74, 92; ABS 1996c:5–13; ABS 1997b:15–17; AIHW 1995:216–217.

1995–96. The gross utilisation rate, which incorporates into the measure those already using hostel places, also increased (from 211 to 251).

Accessibility declined over the same period for permanent nursing home beds, from 113 admissions per 1,000 people aged 65 and over with a profound or severe handicap in 1991–92 to 85 in 1995–96. Access to respite beds increased, however, from 9 to 29 admissions. Taken together, this represents a decline in overall accessibility, from 123 to 114 admissions per 1,000 people aged 65 and over with a profound or severe handicap. The gross utilisation rate also declined, from 329 to 301. If the two forms of residential care (hostels and nursing homes) are taken together, the gross utilisation rate increased slightly over the period, moving from 540 in 1991–92 to 552 in 1995–96.

Quality of care

In 1987, outcome standards were introduced into Australian nursing homes as the basis for assessment of compliance with legislative requirements. The process was extended to hostels in 1991, with a related but different set of standards employed. The process involves visits to nursing homes and hostels by a team of standards monitors, and the subsequent tendering of a report appraising the nursing home or hostel against the relevant standards.[25] Until 1993–94, all nursing homes and hostels were visited on an approximately biennial cycle. At that point, a decision was taken by the Department of Health and Family Services to implement a risk management strategy, whereby only homes or hostels which were judged to be at risk were included in the inspection cycle.

Between the baseline year (1990–91 for nursing homes and 1991–92 for hostels) and the 'end' of the phase in which all homes were monitored (1993–94), both hostels and nursing homes showed an improvement against all standards, with a significant improvement on a number of standards (see Tables A8.9 and A8.10; and Hostel and Nursing Home Outcome Standards, page 391; for a list of the individual standards for both hostels and nursing homes). From 1993–94 to 1995–96, with the risk management strategy targeting homes and hostels which were deemed to be at risk, the scores against the outcome standards declined (as would be expected) for both hostels and nursing homes.

This decline was more pronounced for nursing homes than for hostels, and more marked with regard to certain standards than for others. For hostels, performance generally remained above the baseline measures, whereas for nursing homes the proportion meeting each standard fell below the baseline (although not substantially below) in the majority of cases. Given that the risk management strategy targets those facilities believed to be performing poorly against the standards or, due to changes in ownership or management, deemed to be potentially at risk of performing less well against the standards than previously, it is somewhat pleasing to find that ratings against the standards have not declined below the baseline year for hostels, and only to a limited extent in nursing homes. This comparison of current ratings with the baseline year is essentially a comparison of nursing homes or hostels deemed to be at risk of poor performance (the 1995–96 data) with those which happened to be visited in the earlier years. Prior to the implementation of the risk management strategy, nursing homes and hostels were visited on a strict rotational basis, with only very limited numbers targeted for a standards monitoring visit on the basis of complaints or previous poor performance. This suggests that the 'at risk' nursing homes and hostels are now performing in a manner approximately similar to that for the industry as a whole at the time of the implementation of the standards monitoring process.

8.5 Summary

In 1997, the Australian aged care system stands poised for the implementation of a number of substantial changes. The past decade was characterised by a re-orienting of the system, away from nursing home care and towards expanded hostel and home-based care services. The new policy directions involve substantial changes to funding arrangements, with an increased emphasis on user pays elements, including the introduction of accommodation bonds for nursing homes. There is also to be a new quality appraisal system for residential care, and an ongoing commitment to increased flexibility of provision to meet the varying and often complex needs of older people, in both rural and urban settings. This chapter has focused on the need for services and assistance, the amount and type of services being provided and the characteristics of the recipients of those services, and, where possible, the outcome of those services.

25 For further details of the standards monitoring program, see AIHW (1995:226–31) and Braithwaite et al. (1993).

Likely increases in demand

The size of the aged population continues to expand, with the population aged 65 and over projected to increase from 11% to 13% of the total Australian population between 1986 and 2006. Growth is particularly marked among the very old population—people aged 80 and over are projected to comprise 4% of the total population by 2006, compared with only 2% in 1986. The decade just past, however, has seen more rapid rates of increase in the older population than will the decade to come; rates of increase in both the 65 and over and 80 and over population are slower for the period from 1996 to 2006 than was the case for the previous decade.

Over the period 1986–96, the number of people aged 65 and over with a profound or severe handicap increased by 39%, with a projected increase from 1996 to 2006 of 30%. Among those with a profound or severe handicap living in the community, the proportion living alone increased substantially from 1981 to 1993. In general, rates of increase for older people with a profound or severe handicap were consistently higher for men than for women, for older (80+) than for younger age groups, and for the decade past than for the decade to come.

Likely need for residential care

At any one point in time, a relatively small proportion of Australians reside in hostels—in 1996 around 0.3% of the total population or 6% of the population aged 75 plus. Similarly, for nursing homes, the corresponding proportions are 0.4% and 7%. While such statistics suggest that the probability of any one individual requiring hostel or nursing home care is quite low, the likelihood of requiring residential care over a lifetime is considerably higher. At birth, the likelihood of requiring permanent care in a hostel is 0.16, although it is substantially higher for women (0.22) than for men (0.09). By age 65, the likelihood of requiring such care some time in the future is 0.20 (0.26 for women and 0.12 for men). For nursing home care, the comparable probabilities are 0.27 at birth (0.34 for women and 0.20 for men) and 0.33 at age 65 (0.39 for women and 0.25 for men). The likelihood of requiring an admission to residential care at some time in the future continues to increase with age, reaching 0.57 for women aged 85 with regard to hostel care, and 0.76 with regard to nursing home care.

Carers' need for help

While the important role played by carers has gained increasing recognition over the last decade, there has been less attention paid to the adequacy of assistance which they receive in their caring role. Overall, 42% of carers felt that they had no need for help, another 42% were receiving the help they needed, and 16% either needed help but were not receiving it, or needed more help than they were receiving. Younger carers (under 65) were more likely than older carers to report an unmet need for assistance or a met need, and less likely to report 'no need'. Older carers (65 and over) were more likely to report 'no need' for assistance and less likely to report an 'unmet' need, although these trends were less marked in the 80 and over age category.

When these categories were examined with regard to the relationship between the carer and the care recipient, it was those providing help to a parent who were most likely to report 'unmet need', and those providing help to a spouse who were most likely to report 'no need'. The higher levels of 'unmet need' among children providing assistance

to parents may be partly a cohort effect, with younger generations being more willing to request or receive formal assistance than older generations.

The changing balance of care

In 1985, there were 66.5 nursing home beds and 32.5 hostel places per 1,000 people aged 70 and over (total of 99 residential care places). By 1996, there were 49.5 nursing home beds and 41.4 hostel places per 1,000 people aged 70 and over (total of 91 residential care places), supplemented by three aged care packages per 1,000 people aged 70 and over. Taking care packages as residential care equivalents, this represents a 5% reduction in the ratio of provision for the target population over the 11 years to 1996. In addition, there has also been a shift away from the more intensive nursing home level of provision towards the less intensive hostel care system, in keeping with policy directions set by the Commonwealth Government.

For hostels, access to permanent and respite places has increased over recent years (1991–92 to 1995–96), leading to an increase in accessibility from 85 admissions per 1,000 people aged 65 and over with a profound or severe handicap in 1991–92, to 107 in 1995–96. For nursing homes, access to permanent beds has declined since 1991–92, while that for respite beds has increased. Taken together, this represents a decline in overall accessibility for nursing homes, from 123 to 114 admissions per 1,000 people aged 65 and over with a profound or severe handicap.

Appropriateness of care

Nursing home residents were markedly more dependent than all other client groups of aged care services. Virtually 100% of nursing home residents required at least some help with washing and dressing (90% required total help), 90% required at least some help with eating (33% total help), and 95% required at least some help with mobility and transfers (63% total help). The dependency levels of hostel residents were generally somewhat lower, being between those of nursing home residents and community-based clients. There was, however, quite a substantial difference between those in the Personal Care–High dependency category and those in the Intermediate and Low categories, with the Personal Care–High hostel residents being quite similar to (albeit still somewhat less dependent than) lower dependency nursing home residents.

Personal Care hostel residents remain on average more dependent than those being cared for in the community by intensive home-based care services, whether these be care package or community options clients. The expanded intensive home-based care services may thus be targeting a somewhat less dependent population than that currently cared for in a hostel context.

Quality of care

Data from the standards monitoring program in place in nursing homes and hostels were reviewed at three points in time—a baseline year (1990–91 for nursing homes and 1991–92 for hostels), the end of the phase in which all nursing homes and hostels were monitored (1993–94), and the most recent data (1995–96) after 2 years of a risk management approach to standards monitoring. Between the baseline year and 1993–94, both nursing homes and hostels showed an improvement against all standards, with a significant improvement on a number of standards. From 1993–94 to

1995–96, under the risk management strategy, the scores against the outcome standards declined (as would be expected) for both hostels and nursing homes.

For hostels, performance generally remained above the baseline measures, whereas for nursing homes the proportion meeting each standard fell below the baseline (although not substantially below) in the majority of cases. The risk management strategy targets homes or hostels believed to be performing poorly against the standards or, due to changes in ownership or management deemed to be potentially at risk of performing less well against the standards than previously. These data suggest that the 'at risk' homes and hostels are now performing in a manner approximately similar to that for the industry as a whole at the time of the implementation of the standards monitoring process.

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9 Disability services

9.1 Introduction

This chapter presents a national picture of services and assistance designed to enable people with a disability to participate in a full community life. People aged under 65 years are the primary focus; information on older people is contained in Chapter 8.

Following clarification of the concepts and definitions used, the various sections address in turn the prevalence of disability and the need for services; a profile of the services provided; and the outcomes for people with a disability.

Disability and definitions

Disability is usually conceptualised as being multi-dimensional for the person involved. There may be effects on organs or body parts, for instance impairments in the mobility of joints or bones. There may be effects on certain activities, for instance lifting or gripping objects with the hand. There may be effects on a person's participation in a full community life; for instance, environmental modification or equipment may be needed so that the person is enabled to work in their usual employment.

To present data on disability and disability services it is necessary to classify or summarise people's needs and relate them to service data items and definitions. Classification necessitates balancing two important but sometimes countervailing requirements. On the one hand, it is important to try to use appropriate and acceptable terminology which acknowledges the full extent of people's experience. On the other hand, clear service and data definitions are needed so that it can be seen who is eligible for and receiving services. Inevitably, data definitions and quantitative data represent an uneasy compromise between the drive towards and the resistance to such simplification, classification or labelling.

Three dimensions of disability are recognised in the International Classification of Impairments, Disabilities and Handicaps (ICIDH), the 1980 definitions being set out in Box 9.1.

A new version of the ICIDH is now being drafted, to embrace developments in the field since 1980, and criticism of the first ICIDH. A range of countries, including Australia, is involved in the work with the World Health Organization, as well as organisations representing people with a disability. One of the major developments is the more specific recognition of the social construction of the third dimension of disability. It is being proposed that this third dimension be renamed 'participation', and that its definition recognise the critical role played by environmental or contextual factors in restricting full participation (Box 9.2).

Physical health and autonomy (including opportunities for worthwhile social participation) have been argued to be the two primary, universal prerequisites for human

Box 9.1: Definitions of the ICIDH 1980

The International Classification of Impairments, Disabilities and Handicaps (ICIDH), provides a conceptual framework for disability which is described in three dimensions—impairment, disability and handicap:

Impairment: *In the context of health experience an impairment is any loss or abnormality of psychological, physiological or anatomical structure or function.*

Disability: *In the context of health experience a disability is any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being.*

Handicap: *In the context of health experience a handicap is a disadvantage for a given individual, resulting from an impairment or a disability, that limits or prevents the fulfilment of a role that is normal (depending on age, sex, and social and cultural factors) for that individual.*

Impairment is considered to occur at the level of organ or system function. Disability is concerned with functional performance or activity, affecting the whole person.

The third dimension—'handicap'—focuses on the person as a social being and reflects the interaction with and adaptation to the person's surroundings. The classification system for handicap is not hierarchical, but is constructed of a group of dimensions, with each dimension having an associated scaling factor to indicate impact on the individual's life.

Source: WHO 1980.

Box 9.2: Definitions of the new draft ICIDH

In the context of health condition:

Impairment *is a loss or abnormality in body structure or of a physiological or psychological function.*

Activity *is the nature and extent of functioning at the level of the person. Activities may be limited in nature, duration and quality.*

Participation *is the nature and extent of a person's involvement in life situations in relationship to impairments, activities, health conditions and contextual factors. Participation may be restricted in nature, duration and quality. Participation is considered within seven broad domains: personal maintenance; mobility; exchange of information; social relationships; education, work, leisure and spirituality; economic life; and civic and community life.*

Context *includes the features, aspects, attributes of, or objects, structures, human-made organisations, service provision, and agencies in, the physical, social and attitudinal environment in which people live and conduct their lives.*

The draft ICIDH2 has been issued as a public document for field trial purposes. The final version is planned to be published in 1999.

Source: WHO 1997.

wellbeing (Doyal & Gough 1991). The evolving ICIDH concepts—impairment, activity (limitation) and participation—can thus be situated in a broader framework for universal needs and wellbeing.

These definitions and terminology are therefore in a state of flux. In this chapter, the words of the new draft ICIDH will generally be used, except when referring specifically to some existing data sources which define and contain data items such as 'handicap'.

Data sources and developments

The data sources used in this chapter include population survey data and a range of administrative sources, as well as some smaller scale studies. Interpreting data from these sources requires recognition that variation may occur because of:

- differences in definition and classification;
- different methods of collecting data—for instance, surveys, service or clinical collections; and
- differences in reporting methods—for instance, self-reported data may give different results from 'professional assessments' which may in turn differ from professional to professional.

There is a healthy debate in the disability field in Australia about appropriate terms, definitions and classifications, and about the usefulness of the various sources of data. There is also strong interest in moving towards greater consistency in terms and definitions, so that different data sources can be related to each other and provide a more coherent national picture of services for people with a disability. Relevant national and international data developments will therefore be highlighted at various points in the chapter.

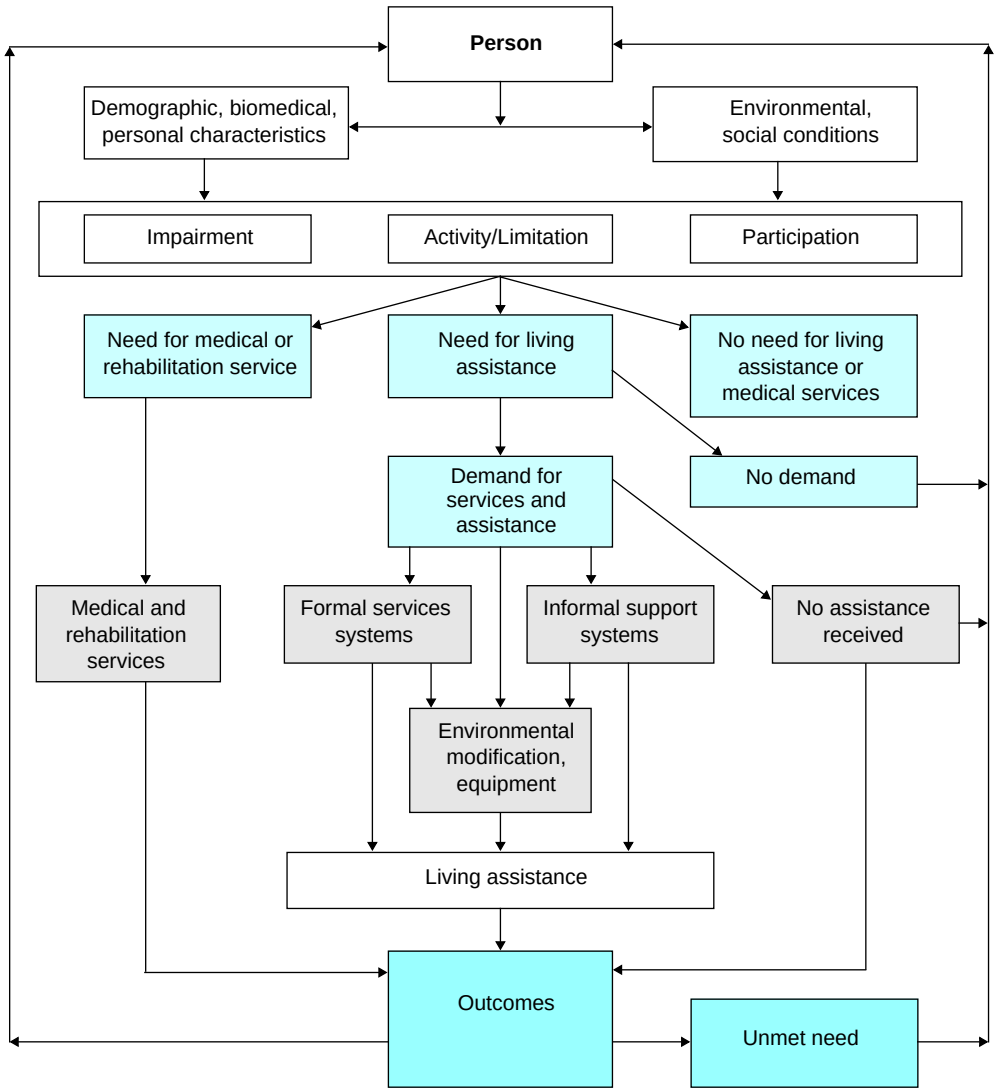
Data and chapter framework

Environmental or social conditions may combine with individual biomedical, demographic and other factors to create effects on functional abilities and participation outcomes. Needs may arise for health or rehabilitation services, or for disability services or other support (providing 'living assistance'). A need may then translate into a demand for services or assistance. A framework for this approach, together with the three-dimensional conceptualisation of disability, is illustrated in Figure 9.1.

Services of relevance to people with a disability may address needs in any of the three dimensions: impairments, activities and activity limitations, or participation. Generally, it is health-related services which address the first dimension—impairment—and health or rehabilitation services which address the second dimension—activity limitation.

Those services and assistance which primarily address the third dimension of disability—participation—are the subject of this chapter.[1] Such services and assistance may come in various forms: formal services, including specific disability support services, income support or relevant mainstream services; equipment, long-term

1 Such services may also affect impairments and activity limitations. Similarly, health services may have an effect on participation, but this is not usually their primary purpose and such an effect is often achieved by an intermediate effect on impairment or disability.



Source: Adapted from Madden et al. 1995.

Figure 9.1: A framework for disability data

treatment or environmental modifications; or informal support. Outcomes from these services may include increased or more satisfying participation but may also include unmet needs. These outcomes, including unmet needs, affect the person and feed back into the overall description of their situation.

Section 9.2 summarises relevant population data and presents some estimates of the demand for services. Section 9.3 provides data on services: income support, disability support, generic services, and informal support. Significant policy and administrative developments in the field, affecting the form of services provided, are outlined. Section 9.4 describes progress on monitoring service outcomes, and presents information on outcomes for people with a disability, drawing particularly on the notion that the goal of disability services is to enhance people's participation in the full range of community life.

9.2 Prevalence of disability and need for services

This section outlines the main available data on disability in the Australian population: overall prevalence, the occurrence of particular disability groupings and of multiple disabilities, and changes in prevalence in recent years. The absence of data on disability among Indigenous peoples is discussed, reasons identified and methods to make progress suggested. The section concludes by drawing some inferences about the need for services.

Disability in the Australian population

The most recent national Australian population survey on disability was the 1993 Survey of Disability, Ageing and Carers; the next is scheduled for 1998. Results of the 1993 survey have been published in a range of material since 1993 (ABS 1993a; AIHW 1995; Gibson et al. 1996; Madden et al. 1996); this section concentrates on outlining some key features of the survey results.

Prevalence

The 1993 ABS survey defined 'disability' as the presence of one or more of 15 'restrictions, limitations or impairments' identified by survey respondents (Box 9.3).

According to this definition, there were 3,176,700 people in Australia reporting disability in 1993.[2] Of these, 2,031,900 were aged under 65, of whom 925,700 (45.6%) were female, and 1,106,200 (54.4%) male (Table 9.1).

In designing the survey, the ABS attempted as far as possible to use the definitions of the 1980 ICIDH, and collected data on 'handicap' as well as on 'disability'. 'Handicap'

2 Strictly, people did not 'report' disability and handicap in the ABS survey. They reported activity limitations, restrictions or impairments, from which they were classified as having a disability or handicap. The term 'report' is used, nevertheless, both for brevity and to emphasise the self-reported nature of the data. Prevalence estimation from population surveys depends on the reliability of self-reported data. There is little evidence that any one data source is intrinsically more 'reliable' than another, but rather that definitions, survey questions, assessment instruments, personal perspectives and collection methods can all affect estimates, and care must be taken that the data are suitable to the purpose of their application. Comparability of self-reported results in non-homogeneous communities is considered to be promoted by the use of ADL-based instruments with precise specification of severity categories (Mathers 1996).

Box 9.3: Areas of limitation, restriction or impairment identified by the ABS

Affirmative responses to any of the following categories 'screen' the person into the ABS survey, where the limitation, restriction or impairment has lasted or was likely to last for 6 months or more:

- *loss of sight, not corrected by glasses or contact lenses*
- *loss of hearing*
- *speech difficulties in native languages*
- *blackouts, fits, or loss of consciousness*
- *slowness at learning or understanding*
- *incomplete use of arms or fingers*
- *difficulty gripping or holding small objects*
- *incomplete use of feet or legs*
- *treatment for nerves or an emotional condition*
- *restriction in physical activities or in doing physical work*
- *disfigurement or deformity*
- *long-term effects of head injury, stroke or any other brain damage*
- *a mental illness requiring help or supervision*
- *treatment or medication for a long-term condition or ailment, person still restricted*
- *any other long-term condition resulting in a restriction*

This list thus creates the implicit definition of disability for the survey. In ICIDH 1980 terms, the ABS notion of disability ranges over impairment, disability and even handicap and health condition.

was identified where a person, because of their disability, had a limitation or restriction in performing certain tasks associated with self-care, mobility, verbal communication, schooling or employment.[3] In 1993 there were 1,519,000 people aged under 65 years who reported handicap (9.7% of the population in that age group). A total of 368,300 (or 2.4% of the population aged 5 to 64) reported 'severe or profound handicap', meaning that they always or sometimes needed personal assistance or supervision with activities of daily living (self-care, mobility or verbal communication) (Table 9.1; AIHW 1995:245).

3 Throughout this chapter, the word 'handicap' will be used only in the context of the ABS surveys and the 1980 ICIDH; the word is becoming less common in Australia and, for some people, unacceptable.

Table 9.1: People aged 0–64 years with a disability, by disability status, severity of handicap,[a] and sex, 1993[b]

	Profound	Severe	Moderate	Mild	Not determined[c]	Total with handicap	Disability, no handicap	Total with disability
					Number ('000)			
Males	82.5	99.8	136.0	291.9	199.8	809.9	296.3	1,106.2
Females	74.8	111.2	121.4	262.6	139.2	709.1	216.6	925.7
Persons	**157.3**	**211.0**	**257.3**	**554.5**	**338.9**	**1,519.0**	**512.9**	**2,031.9**
					Percentage[d]			
Males	1.0	1.3	1.7	3.7	2.5	10.3	3.8	14.0
Females	1.0	1.4	1.6	3.4	1.8	9.2	2.8	12.0
Persons	**1.0**	**1.4**	**1.7**	**3.6**	**2.2**	**9.7**	**3.3**	**13.0**

(a) Severity of handicap was not determined for children aged 0–4 years with a disability. Some totals include people aged 5–64 only.
(b) Estimates of 1,900 or less have a relative standard error (RSE) of 50% or more. Estimates of 8,000 or less have an RSE of 25% or more. These estimates should be interpreted accordingly.
(c) This group comprises all children aged 0–4 years with a disability and people who had a schooling or employment limitation only.
(d) Percentage of the Australian population of that sex and age group.

Source: AIHW 1995:246, 395, 396.

Disability groupings

A common form of terminology in Australia refers to disability groupings, such as 'intellectual disability', when what is usually meant is disability related to intellectual impairment. 'Physical disability' may similarly be related to physical impairment but also to more complex impairments such as quadriplegia (which is generally categorised as physical disability because the effects on the body are primarily physical and the relevant organisations use this term). This common terminology, while not clearly defined, and not based on a one-dimensional classification, is generally understood and is adopted by the major disability organisations in Australia.

Table 9.2 attempts to relate available data to the major disability groupings. Most disabilities arose from main disabling conditions that were likely to be related to physical disabilities; 9.0% of people aged 0–64 years reported such primary conditions. The next most frequent in this age group were disabling conditions affecting sensory abilities (2.2%) and intellectual abilities (1.6%). These data do not indicate the overall prevalence of these conditions, since they count each person only once, according to the main disabling condition.

The disabling condition is, of course, only one aspect of the person's experience; the presence of severe or profound handicap (in ABS terms) illustrates another dimension. People with a psychiatric or nervous system condition, or head or brain injury, as a main disabling condition, were the most likely to report associated severe or profound handicap; those with diseases of the ear, or circulatory or respiratory conditions, were the least likely to report a severe or profound handicap (Table 9.3).

People with physical disabilities were more likely to report handicap in self-care, and less likely to report handicap with communication, than were people with other disabilties. Mobility and employment handicaps were quite frequent across all disability groups.

Table 9.2: People with a disability, by primary disabling condition and by sex and age, as a percentage of the Australian population of that sex and age, 1993[a]

	Males				Females				Persons			
Disability group	**0–64**	**65+**	**All ages**	**Total ('000)**	**0–64**	**65+**	**All ages**	**Total ('000)**	**0–64**	**65+**	**All ages**	**Total ('000)**
Psychiatric[b]	**0.2**	**1.3**	**0.4**	**31.1**	**0.2**	**2.0**	**0.4**	**39.4**	**0.2**	**1.7**	**0.4**	**70.5**
Intellectual & 'Other mental'[c]	**1.5**	**1.2**	**1.5**	**129.5**	**1.7**	**2.0**	**1.7**	**153.5**	**1.6**	**1.7**	**1.6**	**283.0**
Sensory	**2.8**	**13.6**	**3.9**	**339.4**	**1.6**	**9.2**	**2.6**	**232.5**	**2.2**	**11.1**	**3.2**	**571.9**
Diseases of the eye	0.5	2.1	0.7	57.1	0.3	3.7	0.7	64.9	0.4	3.0	0.7	122.0
Diseases of the ear	2.3	11.5	3.2	282.3	1.4	5.5	1.9	167.6	1.8	8.1	2.6	450.0
Physical	**9.5**	**42.0**	**12.7**	**1,119.4**	**8.5**	**41.0**	**12.8**	**1,131.9**	**9.0**	**41.5**	**12.8**	**2,251.3**
Nervous system diseases	0.8	2.3	1.0	86.9	0.8	2.4	1.0	90.1	0.8	2.4	1.0	177.0
Circulatory diseases	0.9	9.1	1.7	150.6	0.5	7.2	1.4	126.1	0.7	8.0	1.6	276.7
Respiratory diseases	1.3	4.7	1.7	148.3	1.5	2.6	1.6	142.1	1.4	3.5	1.6	290.4
Arthritis	1.3	10.2	2.2	191.9	1.6	16.0	3.5	312.4	1.5	13.5	2.9	504.3
Other musculoskeletal disorders	2.0	4.0	2.2	190.3	1.6	3.6	1.9	168.7	1.8	3.8	2.0	359.0
Head injury/stroke/any other brain damage	0.3	1.0	0.4	33.1	0.2	1.0	0.3	26.5	0.3	1.0	0.3	59.6
All other diseases and conditions[d]	2.8	10.7	3.6	318.3	2.2	8.1	3.0	266.1	2.5	9.2	3.3	584.4
Total (%) of population	**14.0**	**58.1**	**18.4**	**. .**	**12.0**	**54.3**	**17.6**	**. .**	**13.0**	**55.9**	**18.0**	**. .**
Total[e] ('000)	**1,106.2**	**513.2**	**. .**	**1,619.3**	**925.7**	**631.7**	**. .**	**1,557.4**	**2,031.9**	**1,144.8**	**. .**	**3,176.7**

(a) Estimates of 1,900 or less have a relative standard error (RSE) of 50% or more. Estimates of 8,000 or less have an RSE of 25% or more. These estimates should be interpreted accordingly.
(b) This group is the same as the group entitled 'Mental psychoses' in ABS publications.
(c) This group is the same as the group entitled 'Other mental disorders' in ABS publications and includes not only 'slow at learning or understanding things', but also some psychoses and depressions; the category excludes conditions such as Down Syndrome and infantile autism.
(d) ABS grouping of this category includes other physical diseases and conditions such as spina bifida, diabetes, neoplasms, and diseases of urinary system, genital organs and breast. However, it also includes Down Syndrome.
(e) Because only the main disabling condition is considered, each person is counted only once.

Source: AIHW 1995:243.

Table 9.3: People aged under 65 years with a handicap, by area and severity of handicap and by main disabling condition, as a percentage of the Australian population with a handicap in each condition type, 1993[a]

	Sensory				Physical								
	Psych-iatric[b]	Intell-ectual & 'Other mental'[c]	Disease of eye	Disease of ear	Nervous system[d]	Circu-latory	Respir-atory	Arthritis	Other musculo -skeletal	Head or brain injury	All other diseases & cond-itions	Total physical	Total
Area of handicap													
Self-care	32.0	23.4	16.8	5.9	50.5	19.5	21.1	44.2	45.8	41.7	34.9	37.5	32.9
Mobility	71.3	59.3	55.1	30.2	71.9	80.4	65.5	77.5	72.8	72.3	64.2	70.7	66.1
Communication	20.8	17.0	17.7	55.2	16.6	3.7	3.8	5.5	4.1	17.6	10.0	7.5	12.5
Schooling	0.5	30.2	10.8	16.5	11.3	2.1	17.4	0.7	2.1	6.2	9.0	6.8	10.5
Employment	84.7	48.9	60.3	48.2	68.1	75.7	40.6	68.4	80.1	71.5	63.8	66.7	63.3
Severity of handicap													
Profound	23.7	16.6	10.2	5.4	31.4	4.7	6.0	4.0	4.7	21.0	10.4	9.4	10.4
Severe	14.7	11.9	18.5	4.9	16.4	11.7	11.1	19.6	18.4	15.1	11.4	14.9	13.9
Moderate	18.5	14.4	4.9	5.5	10.1	13.2	9.7	22.3	25.2	17.7	20.3	18.8	16.9
Mild	21.1	25.9	34.4	54.4	21.6	53.0	45.5	41.9	35.1	27.7	34.1	37.2	36.5
Not determined[e]	21.9	31.2	32.0	29.9	20.5	17.4	27.7	12.2	16.6	18.6	23.7	19.8	22.3

(a) Area of handicap percentages for each group do not add to 100% since persons may have a handicap or limitation in more than one area.
(b) This group is the same as the group entitled 'Mental psychoses' in ABS publications.
(c) This group is the same as the group entitled 'Other mental disorders' in ABS publications and includes not only 'slow at learning or understanding things', but also some psychoses and depressions; the category excludes conditions such as Down Syndrome and infantile autism.
(d) This group includes people with motor neurone disease, ataxia, multiple sclerosis, quadriplegia and paraplegia. While these diagnoses may arise from a sensory impairment, they are generally perceived to be a physical disability.
(e) This group comprises all children aged 0–4 years with a disability and persons who had a schooling or employment limitation only.

Source: Table A9.2.

The AIHW is preparing a series of reports aimed at clarifying the definitions of these disability groupings and providing improved estimates of the size and profile of the groups. The first such report relates to intellectual disability.

Intellectual disability: definition and estimation

The twin problems of defining intellectual disability and estimating its prevalence were the subject of a recent study (Wen 1997). Estimates in Australia ranged from 0.4% to 1.86% of the population, depending on the definition used, and the sampling and measurement methods of the different studies (Table 9.4). The generally accepted

Table 9.4: Comparison of estimates of the prevalence of intellectual disability

Prevalence Estimates (%)	Regions	Data sources and methods	Definitions
0.3–0.4	World	Agency records	Adapted definitions of AAMR/ICD-9 etc.
0.4–0.5	Australian States	Agency records	Adapted definitions of AAMR
0.42	Australia	1989–90 ABS national health survey (excluded people in institutions) Mental retardation/specific delays in development as a long-term condition	Adapted ICD-9 classifications
0.65	Australia	1993 ABS disability survey, 'intellectual' as a primary disabling condition, identified before age 18	Adapted ICIDH concepts and ICD-9 classifications, AIHW groupings
0.73	Australia	1993 ABS disability survey, 'intellectual' as a primary disabling condition	Adapted ICIDH concepts and ICD-9 classifications, AIHW groupings
0.99	Australia	1993 ABS disability survey, 'intellectual disability' including all relevant disabling conditions and disorders Need ongoing support in basic daily living activities	Adapted ICIDH concepts and ICD-9 classifications, AIHW groupings
1–1.5	World	Epidemiological studies	AAMR/ICD etc.
1.7	Australia	1993 ABS disability survey, based on screening question of 'slow at learning or understanding'	All people reporting positively to the screening question of 'slow at learning or understanding'
1.86	Australia	1993 ABS disability survey, 'intellectual disability' including all relevant disabling conditions and disorders	Adapted ICIDH concepts and ICD-9 classifications, AIHW groupings
3.0	United States	US President's Task Force and President's Panel on Mental Retardation	This 'theoretical prevalence' rate is an extrapolation from statistical models based on IQ scores

Notes
1. While the ABS disability survey was used for several of the Australian estimates, AIHW categorisations of 'intellectual disability' were used, rather than the 'Other mental disorders' category of ABS used in Tables 9.2 and 9.3. The AIHW category includes 'slow at learning', Down Syndrome, infantile autism, reading disorders, developmental delay and dyslexia.
2. AAMR is the American Association on Mental Retardation (see Luckasson et al. 1992).
3. ICD refers to the International Classification of Diseases (see WHO 1992).

Source: Wen 1997.

definitions of intellectual disability include not only aspects of impairment but also aspects of 'low general intellectual functioning' (similar to the ICIDH notion of disability or activity limitation), 'difficulties in adaptive behaviour' (similar to participation effects) and the need for support. A prevalence figure of 0.99% or 174,000 was suggested for use in Australia, to align the available data as well as possible with these elements of the definition.

Psychiatric disability and mental health

It is important to distinguish between a medical diagnosis of a mental health problem and its effects on a person's functioning or participation in day-to-day life. These possibly multi-dimensional effects are frequently termed 'psychiatric disability'.

The first reliable national estimates of various mental health conditions should become available in late 1997 or early 1998, when the results of the first National Survey of Mental Health and Wellbeing become available (Box 9.4).

Box 9.4: National Survey of Mental Health and Wellbeing

The survey is being conducted in 1997, and is a major undertaking under the National Mental Health Strategy, designed by leading experts in the mental health field in Australia in cooperation with the ABS.

The three principal questions addressed by the survey were:

- *how many Australians have which mental health disorders?*
- *what disability is associated with these disorders?*
- *what is the pattern of service use by persons with and without mental health disorders?*

The results of the survey will show the prevalence of mental health disorders, including alcohol dependence, cannabis dependence, anxiety disorders, major depression, and panic disorders. Comorbidity (patterns of multiple disorders) and associated factors including demographic and social factors will be analysed. Disability is to be indicated using a health-related measure derived from the SF-12 (Ware et al. 1995).

Pending the results of this national survey, Australian Health Ministers (1992) have been using an estimate that, at any one time, some 3–4% of all Australians will experience 'severe mental disorders' and estimates of milder conditions can be higher. Other prevalence estimates are reviewed in Table 9.5.

Prevalence estimates of mental health disorders may differ because of differences in the definitions (severe or non-severe mental health problems, or disability-oriented definitions relating to social effects) and in collection approaches used (for instance, population survey versus clinical methods). The ABS disability survey screening questions may be sources of underestimation of psychiatric disability (Madden et al. 1995). Using all information from that survey (not just the screening questions but also the ICD-coded conditions), the Institute has derived a prevalence estimate for psychiatric disability of 2.8%. The ABS 1989–90 National Health Survey indicated that about 1.9% of Australians living in households experienced long-term mental disorders. It is

hoped that the new national mental health survey will enable refinement of these estimates.

Table 9.5: Comparison of estimates of the prevalence of mental disorders

Prevalence estimates (%)	Number of people	Sources and methods
0.4	70,500	1993 ABS disability survey, 'psychiatric'[(a)] as a *primary* disabling condition, (ABS groupings)
0.6	105,100	1993 ABS disability survey, 'psychiatric'[(a)] as one of *all* disabling conditions, (ABS groupings)
1.9	321,600	1989–90 ABS national health survey, 'mental disorder' as long-term medical condition. (The survey did not cover people in institutions.)
2.4	418,300	1993 ABS disability survey, based on positive responses to the survey screening questions about mental illness requiring assistance and treatment for nerves or emotional condition
2.8	494,400	1993 ABS disability survey, 'psychiatric' based on all information in the survey including positive responses to screening questions and all reported ICD-coded conditions
3–4	—	Australian Health Ministers (1992) National Mental Health Policy

(a) This group is the same as the group entitled 'Mental psychoses' in ABS publications.

Sources: AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers data; ABS 1991, 1992; Australian Health Ministers 1992; Madden et al. 1995.

Multiple disabilities

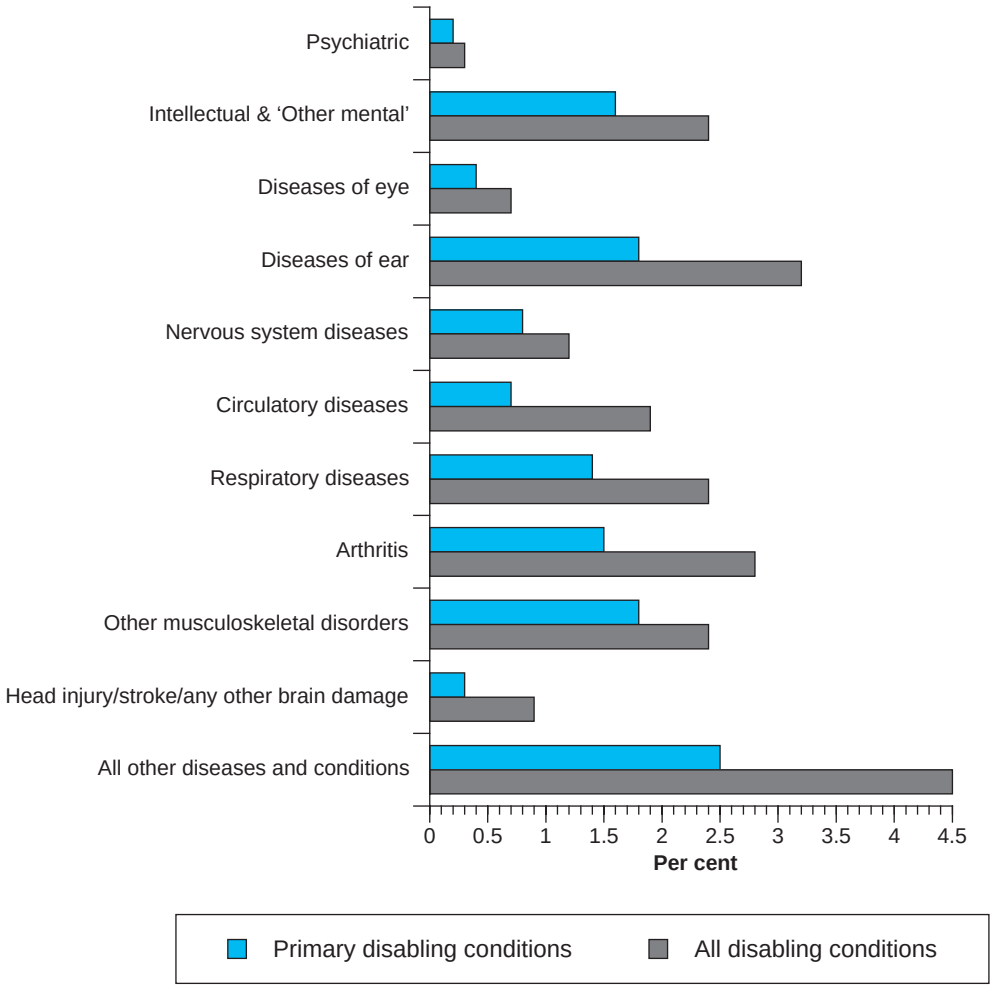
All conditions were reported in the ABS disability survey at higher rates than indicated by their presence as a primary disabling condition among people aged under 65 years (Figure 9.2).[4] Brain injury (for instance, from stroke or head injury) was frequently reported in combination with other conditions, but psychiatric conditions less commonly so.

The possibility of multiple disabilities or conditions complicates the estimation of prevalence at a national level. More significantly, the presence of multiple disabilities or conditions is also likely to be related to a more severe experience of disability for the individual. More than half the people reporting profound handicap in the ABS survey had a combination of impairments, while 74% of those with mild handicap had only one impairment type or other condition (ABS 1996a:5). The average number of areas of handicap reported by people with a severe handicap in 1993 was 2.10, compared with an overall average of 1.61 for all people with handicap (Table A9.1).

A recent review of data on intellectual disability (Wen 1997) revealed that people with intellectual disability frequently have a range of associated disabilities:

- Among people with an intellectual disability who lived in households and whose disabling conditions occurred before the age of 18 years, the most commonly associated

4 The prevalence in this age group is lower than that in the population overall (Table 9.6).



Source: Table A9.3.

Figure 9.2: Prevalences of primary and all disabling conditions in people aged under 65 years (%)

impairments or disabilities were physical (37.6%), speech (26.2%) and psychiatric (19.3%) (Wen 1997).

- In a study of 2,412 people with intellectual disability receiving services in Queensland, 261 (11%) engaged in at least one form of aggressive behaviour; of these, some 80% engaged in three or more forms of aggression and two-thirds received medication for challenging behaviour (Sigafoos et al. 1994).

- In a population survey of 24,498 children in Sweden, it was found that 64% of children with 'severe retardation' and 57% of children with 'mild retardation' were suffering from a psychiatric condition (Gillberg et al. 1986).
- In a study of 'mental retardation' in a Sydney region, 202 affected adults were randomly selected for medical examination (Beange & Taplin 1995). The authors found that:

> the study group had significantly increased cardiovascular risk factors, rate of medical consultation, rate of hospitalisation, and mortality. The research sample has an average of 5.4 medical disorders per person, half of which had not been detected previously. We concluded that the provision of health care to adults with mental retardation needs to be improved.

The multiple needs of many people with intellectual disability are reflected in their high representation in ongoing support services (see Section 9.3 following).

Changes in prevalence

The prevalence rates of disability and handicap reported in the ABS population surveys rose between 1981 and 1988, but tended to remain steady between 1988 and 1993 (Table 9.6). Age- and sex-standardised rates of disability and handicap followed a similar pattern. However age- and sex-standardised rates of severe and profound handicap remained fairly steady over the three surveys, at just over 4% of the total population, and 2.5% of the population aged 15–64. This finding is consistent with the possibility that:

- the main source of variation in the overall prevalence rates of severe and profound handicap has been the change in the age (and sex) structure of the population; and that
- people have interpreted the questions relating to assistance with activities of daily living in a similar way over the three surveys (see also AIHW 1995; Wen et al. 1995).

Factors other than demographic change could influence disability trends. Such factors could include injury experience, the epidemiology of disabling conditions, and changes in medical technology and practice. At this stage there is little definitive evidence of recent large-scale effects in Australia.

Analyses of trends in disability in Australia have been initiated in the health field, usually with the aim of examining overall trends in health status and addressing the question: are we living longer but sicker? Mathers (1995) suggested that the extension of life expectancy has been accompanied by an extension of years lived with disability, although this is usually 'mild or moderate' disability; years lived with severe disability do not appear to have been extended.

Little of national reliability is known about trends in the long-term effects of injury, including disability. However, mortality due to a number of significant causes, such as transport and road injuries, has decreased in recent years (Abraham et al. 1995; Alessandri et al. 1996; Bordeaux & Harrison 1996) so there may be some effects on disability prevalence (although it is not certain whether there would be related falls or rises in the prevalence of disability). The establishment of a spinal cord injury surveil-

Table 9.6: Prevalence rates of disability and handicap, as a percentage of the Australian population, 1981, 1988, 1993[a] (%)

Prevalence rates	Disability All ages	Handicap All ages	Severe handicap[b] 0–14	15–64	65+	All ages
Reported rates						
1981 actual data	13.2	8.6	1.6	2.4	17.0	3.8
1988 actual data	15.6	13.0	2.3	2.5	18.6	4.3
1993 data using 1988 categories	16.6	12.8	2.3	2.5	16.9	4.2
Age-standardised rates						
1981 data using 1993 age structure	14.1	9.3	1.6	2.4	17.8	4.2
1988 data using 1993 age structure	15.9	13.3	2.3	2.5	18.8	4.5
1993 data using 1993 age structure and 1988 categories	16.6	12.8	2.3	2.5	16.9	4.2

(a) These rates are estimates derived from surveys where people report their disability status from a list of conditions.
(b) Severe handicap rates for 1993 data refer to people with profound and severe handicaps.

Source: Wen et al. 1995.

lance system at the National Injury Surveillance Unit should improve the data available about the effects of this relatively uncommon but severe cause of disability.

Perinatal data on the incidence of congenital malformations may also shed light on factors affecting trends in disability prevalence. Recent information from the National Perinatal Statistics Unit suggests that rates of congenital malformation have been declining in the 1990s (Lancaster et al. 1997). This decline follows a recorded upward trend in the rate of major congenital malformations in the late 1980s, attributed to improving ascertainment by new birth defect registers in some States and Territories (Abraham et al. 1995).

Perinatal deaths due to congenital malformations declined from 35.9 per 10,000 births in 1973 to 17.5 per 10,000 births in 1994 (Lancaster et al. 1997). The perinatal death rate for anencephalus showed the most pronounced decline but there were also substantial falls for spina bifida, hydrocephalus and congenital heart defects. Perinatal death rates due to chromosomal abnormalities increased in the same period, from 2.2 per 10,000 births in 1973 to 3.9 per 10,000 in 1994. Infant deaths and deaths of children aged 1–14 years because of congenital malformations also declined between 1980 and 1994.

Rates of congenital malformation in live births showed a decline for anencephalus from 5.1 per 10,000 births in 1985 to 1.7 in 1994; and for spina bifida from 7.1 per 10,000 births in 1987 to 2.9 in 1994.

There was no clear trend in the national rate for hydrocephalus in births between 1985 and 1994. The national rate of Down Syndrome was relatively constant at around 12.8 per 10,000 births in the same period. For all these four conditions, the number of induced abortions performed before 20 weeks gestation increased over similar reporting periods.

Decisions about what constitutes appropriate medical treatment, and the difficult and sensitive debates surrounding pregnancy terminations, are perhaps particularly

difficult and sensitive for people with a disability. Some people fear that the available and projected combination of medical technology, genetic and other pregnancy testing, and abortion, are tending to create an idealised concept of a 'normal' human being (Ralph 1995). Ralph argues that these factors, combined with efforts to measure 'quality of life' for economic reasons (for instance, to prioritise resource allocation), can subtly undermine the notion of equal rights to life, creating pressure for people with a disability to justify their right to life, and their right to social acceptance and support in achieving a fully participative life.

Monitoring trends in these contentious areas of medical practice is, therefore, an important part of monitoring and understanding trends in disability.

Disability among Indigenous peoples

There has been little progress since the publication of *Australia's Welfare 1995* in establishing national prevalence estimates for disability among Aboriginal and Torres Strait Islander peoples. The problems lie in definition and conceptualisation, as well as in survey sampling methods.

The National Aboriginal and Torres Strait Islander Survey results showed 2.8% of people aged 25–44 and 1% of those aged 15–24 reporting severe or profound handicap in 1994 (ABS 1995b). While these results appeared similar to those for the general population, reported in the Disability, Ageing and Carers Survey (Table 9.1; AIHW 1995:246), the two surveys were not considered strictly comparable.

Rather, it could be expected that rates of disability among Indigenous people would be higher than those of the general population, because of their higher rates of disabling conditions. For instance, Indigenous people experience higher rates of injury, and respiratory and circulatory disease—all often associated with disability (ABS & AIHW 1997). A study in a New South Wales region, using ABS definitions, found rates of severe handicap about 2.4 times higher than the total population (Thomson & Snow 1994). Subsequent studies of service use are consistent with this finding; Aboriginal and Torres Strait Islander people in the Northern Territory were twice as likely to be users of disability support services (Black & Eckerman 1997) and made greater use of Home and Community Care (HACC) services at younger ages (Jenkins 1995).

The difficulty in obtaining better data on disability among Indigenous people is threefold:

- the National Aboriginal and Torres Strait Islander Survey had an adequate sample size on which to base reliable estimates but, because it covered a wide range of material, there was little detail on disability, and it was not considered strictly comparable to other disability data;
- the Disability, Ageing and Carers Survey had adequate detail on disability but inadequate sampling of Indigenous people for reliable estimates; and
- there is not wide confidence that concepts of disability used in either of these ABS surveys are adequately developed for use in Indigenous communities.

If population surveys are to establish useful prevalence estimates, cooperative work is needed, involving Indigenous people, to develop an acceptable conceptualisation of Indigenous disability, including testing the socially and environmentally constructed

notion of participation. It is hoped that a first step in addressing this issue will be taken during the Australian testing of the ICIDH revision. The two technical issues identified above, relating to survey design, must also be addressed.

Efforts are being made to promote the use of standard 'Indigenous identifiers' in service data collections, for instance in two relatively new collections, involving the AIHW, relating to disability support services (see Section 9.3). Using such data to evaluate service access by, and adequacy for, Indigenous people will only be possible if there is ongoing effort to improve corresponding population data on disability among Indigenous peoples.

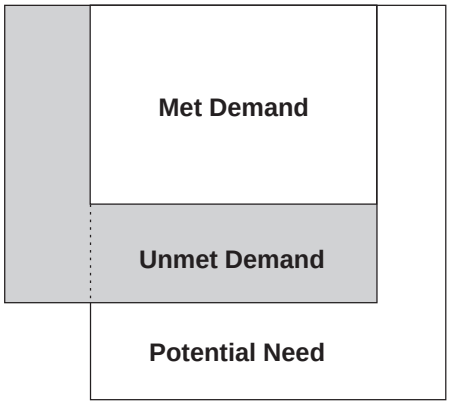
Need and demand for services

Needs and demands for services or assistance may be indicated by statistical data in a number of different ways. Figure 9.3 illustrates the relationships between met demand, unmet demand and potential need and suggests approaches to the statistical indication of each.

The demand for disability support services in Australia was the subject of a study by the AIHW in 1995–96 (Madden et al. 1996), one of six commissioned to inform the national evaluation of the Commonwealth/State Disability Agreement (CSDA). The importance of the Institute's study was recognised by the principal consultant evaluating the Agreement (Yeatman 1996:33). Unmet demand was conceptualised as in Figure 9.3. People's stated unmet need for formal services, accompanied by evidence of their having tried unsuccessfully to obtain such services, was used to indicate unmet demand.

A principal finding of the study was that there were an estimated 13,500 people, aged 5–64 years, with severe or profound handicap (in ABS terms), who expressed need for more formal support services of the kind provided as accommodation, accommodation support and respite care services under the Agreement, and who were not receiving them because the service was unavailable or could not be arranged (shaded figures, rounded, in Table 9.7). The figure of 13,500 represented approximately 64% of the estimated number of service recipients at the time. This estimate was considered conservative (Yeatman 1996:33), because of the focus on particular areas of need (those in Areas 2 and 3 in Table 9.7 were excluded) and because of the exclusion of all but a few reasons for not receiving the services. The study examined a range of other sources, and concluded that CSDA services for people needing ongoing support were being provided in a broader climate of unmet demand for housing and accommodation for people with a disability (Madden et al. 1996:43–47).

There is a double impact arising both from the ageing of the population with disability and the ageing of carers (a significant 'potential need' in terms of Figure 9.3). The population aged 45–64 years with severe or profound handicap was projected to increase by 18.9% between 1995 and 2001—the fastest growing age group (Table 9.8). Consequently, there are likely to be increasing numbers of older people making the transition from disability services concentrating on working age people, to aged care services suitable for people with a disability (see also Chapters 3 and 8 for further discussion of factors relating to ageing and carers).



Met demand indication:
People receiving appropriate services and assistance

Unmet demand indication:
People:
- stating in surveys, letters and consultations that they have unmet needs—no service or inadequate service;
- recorded on registers and waiting lists; and
- using services inappropriately, e.g. respite care for permanent accommodation.

Not all people expressing a demand for services may be eligible (see shaded area to left of dotted line).

Potential need is a combination of inferred and future need and may be indicated in terms of:
- people or groups who appear disadvantaged in comparison with others;
- people apparently meeting eligibility criteria and not receiving or demanding services; and
- society's goals or 'norms' which are not being met, e.g. housing, literacy or employment or, in this context, 'normal' physical and social functioning;
- people who, because of population ageing or other projected changes, are likely to need the service in the near future.

Source: Adapted from Madden et al. 1996.

Figure 9.3: Statistical indicators of demand and need for services

Because of the significance of the 40+ age group among recipients of the Disability Support Pension (Table 9.12 following), the high projected growth in this age group will have an impact on the demand for social security assistance. A recent study of the demand for training and employment assistance provided under the Disability Reform Package estimated that demand at 60,000 places compared with a current supply of 27,000 places (Coopers & Lybrand 1997). Groups identified as having higher unmet demands were younger people (who were more motivated to train and find work), people with high support needs, and people with psychiatric disability.

The ageing of carers presages further pressure on services. Among people with the need for ongoing support in self-care, mobility or verbal communication ('severe or profound handicap' in ABS terms), there were 7,700 whose principal carer was a parent aged 65 years or more (AIHW 1995:293).

Further refinement of the approach used by the Institute for the demand study will be possible as the ABS population survey, already a valuable information source, itself becomes further refined. 'Severity of handicap', for instance, as presently measured in the ABS surveys, concentrates on the need for assistance with activities of daily living

Table 9.7: People aged 5 years and over with a profound or severe handicap in households, by reason for no or not enough formal help and by area of unmet need,[a] 1993[b] ('000)

Reason for no/not enough help received[c]	Age 5–64			Age 65+			Total all ages		
	Area 1	Area 2	Area 3	Area 1	Area 2	Area 3	Area 1	Area 2	Area 3
Did not know of a service	4.6	9.3	2.0	5.5	10.5	2.8	10.1	19.7	4.8
Need not important enough	20.0	10.9	4.2	12.3	3.2	1.5	32.3	14.1	5.7
Would not ask/pride	14.9	10.6	0.5	10.3	9.6	1.1	25.2	20.2	1.5
No service available	8.0	4.9	1.6	4.3	3.4	0.3	12.4	8.3	2.0
Unable to arrange service	5.4	2.0	1.2	2.5	6.1	0.4	7.8	8.1	1.6
Other	17.1	8.0	2.0	13.2	12.4	1.3	30.3	20.3	3.3
Total	**70.0**	**45.8**	**11.4**	**48.1**	**45.0**	**7.3**	**118.1**	**90.7**	**18.7**

(a) Unmet need was defined as having reported at least one reason for no formal help or not enough formal help being received.
(b) Estimates of 1,900 or less have an RSE of 50% or more. Estimates of 8,000 or less have an RSE of 25% or more. These estimates should be interpreted accordingly.
(c) To preserve the 'conservative' approach to analysis, people's reasons for not receiving enough formal help were allocated in the order shown. There is thus, if anything, a bias away from being allocated to the two shaded groups.

Note: People's unmet needs were allocated to:
– Area 1 if they had unmet needs for regular assistance with self-care, mobility or verbal communication (and possibly in Areas 2 or 3);
– Area 2 if they had unmet needs for regular assistance in any of health care, home help, home maintenance or meal preparation (and possibly in Area 3 but none in Area 1);
– Area 3 if they had unmet needs for regular assistance in personal affairs or transport (and none in Areas 1 or 2).

Source: Madden et al. 1996.

Table 9.8: Projected population[a] of persons with a profound or severe handicap, by age group, 1993, 1995, 2001 ('000)

Age group	Number with profound or severe handicap			% change
	1993[b]	1995	2001	1995–2001
5–14	62.3	63.1	65.2	3.3
15–19	16.9	16.4	17.2	4.8
20–29	44.0	43.9	43.0	-2.2
30–44	96.2	97.9	102.5	4.7
45–64	148.7	157.6	187.4	18.9
65+	352.8	381.8	446.2	16.9
Total 5–64	368.3	378.9	415.2	9.6
Total 15–64	305.9	315.8	350.1	10.8
Total	**721.0**	**760.8**	**861.5**	**13.2**

(a) Population projections (series A and B) as at 30 June.
(b) 1993 data from ABS 1993 Survey of Disability, Ageing and Carers.

Sources: AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers data. First published in Madden et al. 1996.

(self-care, mobility and verbal communication). Information on a fuller range of needs for living assistance should be available from the 1998 ABS survey.

The ABS is also investigating the possible development of a question on disability for the 2001 Census. This is a challenging issue because of the need to develop a highly succinct question which nevertheless is consistent with the much more detailed series of questions asked in the disability surveys. The advantages of such a question, if satisfactorily developed, would include more reliable estimates of disability prevalence: in small areas—of great interest to planning departments; and among small population groups, including Indigenous peoples (see also Madden & Hogan forthcoming).

9.3 Disability services and assistance

Formal services of relevance to people with a disability may be broadly categorised as:

- disability-specific income support;
- disability support services; and
- generic services, some of which may contain components targeted specifically at people with a disability.

Table 9.9 outlines the scope of formal services in these categories, and the role of government and non-government sectors in their funding and/or delivery.

This section provides data on each of these three broad service categories. Care and assistance are frequently provided outside the formal care system, so some data on informal care and assistance are also included.

Recent developments

Since the Institute's last biennial report (AIHW 1995), there has been a number of developments in disability services. There are renegotiations between Commonwealth and State Governments, and changes in the roles of government and non-government service providers (both for-profit and not-for-profit), and between the formal service system and the informal assistance provided generally by families. It is against this backdrop that the most recent available national data on disability services are presented later in this section.

Reduced government role in service delivery

Most Australian governments are seeking to reduce their role in direct service provision, and to become funders and/or purchasers of services, with an involvement in standards setting, quality assurance, planning and policy development. This direction is as strong in the field of disability services as in other community services.

The creation of a new Commonwealth services delivery agency represented a major change in the way government services are to be delivered and a major step in the purchaser/provider split in the delivery of welfare services. New funding models for employment support services for people with a disability are being planned by the Commonwealth, based on clients' needs and service outcomes. Commonwealth 1996–97 budget initiatives also included the corporatisation of the Commonwealth Rehabilitation Service and the Australian Government Health Service.

Similar developments are underway in most States and Territories. In New South Wales, for instance, the purchaser/provider split has been institutionalised by the

Table 9.9: Formal services relevant to people with a disability, by broad service category and by sector role (in funding and/or provision)

	Commonwealth role	State role	Local government role	Non-government role
Income support	Income security programs of DSS, DVA and DHFS	Injury compensation schemes and related services	Rate concessions	Emergency relief (non-specific)
	Concessions, fringe benefits	Concessions, fringe benefits		Disability insurance Superannuation
Disability support services	Employment and other services under CSDA, including funding to States	Accommodation and other support services under CSDA and State schemes	HACC services	CSDA services and HACC services
	HACC services	HACC services		Other support services, including information and advocacy
	Nursing homes and hostels (funding)	Nursing homes and hostels (funding and provision)		Nursing homes and hostels (funding and provision)
	Commonwealth Rehabilitation Service Australian Hearing Service	Various equipment schemes		
Relevant generic services	Employment programs, including disability-specific	Education, both special and integrated	Physical access, parking	Emergency relief (non-specific)
	Public housing and crisis accommodation, including disability-specific	Public housing, including disability-specific		
	Child care services, including disability-specific	Child care services, including disability-specific	Child care services (provision and coordination)	Child care services (provision)
	Health services (funding)	Health services (funding and provision)		
	Other (e.g. sport, library and information)	Other (e.g. sport, library and information)	Other (e.g. sport, library)	
		Transport, including disability-specific		

Note: No distinction is made between for-profit and not-for-profit sectors.

Source: Adapted from AIHW 1995:259.

creation of a new Ageing and Disability Department, separate from the Department of Community Services which is responsible for direct delivery of some services for people with a disability. A whole-of-government Disability Policy Framework has been developed to promote a holistic approach to service delivery, addressing the diverse

needs of people with a disability (NSW Government 1997). In Victoria, changes have been introduced in relation to consumer-focused funding, unit cost funding, the expansion of the non-government sector, and new resource allocation methods. In Queensland, a Disability Directions Committee is developing a whole-of-government approach to planning for people with disabilities, with a focus on community-based living, individual 'packages of support', and the expansion of the non-government sector. In South Australia, Options Coordination agencies provide a single entry point to the service system for people with disabilities, with the aim of ensuring consistent determination of eligibility, assessment of need and allocation of resources for the purchase of various services. Local Area Coordination in Western Australia fulfils a similar role.

Renegotiation and resourcing of Commonwealth–State arrangements

The first Commonwealth/State Disability Agreement (CSDA) set out the types of disability support services to be provided or funded by Commonwealth, State and Territory Governments. An independent review of the Agreement was carried out (Yeatman 1996) before the negotiation of a new Agreement began. Renegotiation of the Agreement has continued beyond the expiry date (30 June 1997), with interim funding in place until February 1998.

National performance indicators

In February 1994 the Council of Australian Governments agreed that 'in clarifying the roles and responsibilities of Governments in the delivery of services, the overriding objective should be to improve outcomes for clients and value for money for taxpayers' (quoted in SCRCSSP 1995:2). A process of 'performance monitoring' was begun. In 1996 a working group was established to begin work on performance indicators for disability services. The working group comprises representatives of all Australian jurisdictions, the Industry Commission (which coordinates the work) and the AIHW. (Further discussion of this work appears in Section 9.4 below and, more generally, in Chapter 1.)

National Disability Advisory Council

In August 1996, the Minister for Family Services announced the establishment of the National Disability Advisory Council (replacing the Australian Disability Consultative Council). In February 1997, the council confirmed its commitment to the review of the National Disability Advocacy program, continuing the Commonwealth Disability Strategy, and to the ongoing development of standards under the Disability Discrimination Act.

Disability Discrimination Act Standards development

The development of standards under the Disability Discrimination Act (DDA) has been progressing in five key areas: building codes; employment; public transport; information; and communication. The National Disability Advisory Council has made a commitment to this work, with members involved on the following working groups: DDA Standards, Public Transport and the Building Access Technical Committee.

Carers

The importance of family or voluntary care of people with a disability was recognised in both the 1996–97 and 1997–98 Commonwealth budgets. Funding was announced in the 1996–97 Federal Budget for the establishment of a national Respite for Carers

program, enabling new initiatives such as carer resource centres and emergency respite services to be introduced (DHFS 1996b). In the 1997–98 Budget, a Carers Package brought in extensions of the Carer Payment to people providing constant care for a child under 16 years with profound disabilities. The adoption of Child Disability Tables was also announced, as a measure designed to simplify and codify eligibility for the Child Disability Allowance, and to target assistance more effectively (Newman 1997). The payment rate for the Domiciliary Nursing Care Benefit was increased, and three payments—the Carer Pension (new in 1997), the Domiciliary Nursing Care Benefit and the Child Disability Allowance—were brought into alignment (DHFS 1997).

National data development

There have been calls in a number of major reports for greater consistency in concepts and definitions underpinning national data on disability services (AIHW 1993; Baume & Kay 1995; Office of Disability 1994; Senate Standing Committee 1992; Yeatman 1996). The Institute in 1996 established a Disability Data Reference and Advisory Group to advise it as it works to achieve this goal. The group comprises government and non-government representatives as well as independent experts, and has established a program of work on both national and international developments, including the development of nationally consistent data definitions and the revision of the ICIDH (Madden & Hogan forthcoming).

The significant changes occurring in service structures, previously outlined, bring new challenges for agencies responsible for data collection and analysis. Continuing cooperation between national statistical agencies, the new policy and monitoring departments and the service departments should ensure that relevant information on disability service use and outcomes continues to develop. On a broader front, the Institute is also working to develop a national community services data dictionary (see Chapter 1).

Income support

Commonwealth programs

The Commonwealth Government, with its responsibility for social security, is the main source of income support services provided by Australian governments. Major disability-related payments made by the Commonwealth covered an average of 783,700 people in 1995–96, with outlays totalling $5.8 billion, or 14% of total outlays in the social security portfolio (DSS 1996a).

The most common payment for people with a disability is the Disability Support Pension (DSP), with almost half a million recipients in 1995–96 (Table 9.10). Eligibility for this pension is based on a minimum level of impairment and the inability to work full-time in open employment at full award wages, or be retrained for work, within 2 years. Men aged under 65 years and women under 60.5 years are eligible. Rent Assistance was paid to 127,087 or 25.4% of DSP recipients (DSS 1996b). Sickness Allowance is paid to people of work-force age who are temporarily unable to work because of a medical condition.

The Child Disability Allowance is paid to the parents of children with disabilities in recognition of the extra costs, including carers' loss of income, required to bring up a child needing substantial daily care at home. Carers receiving the Domiciliary Nursing Care Benefit provide care at home for people who would be eligible for entry to a nursing home.

Table 9.10: Commonwealth disability-related income support payments, by number of recipients and by expenditure on payments and total outlays, 1995–96

	Recipients as at June 1996		Expenditure ($m) 1995–96		Department
Disability Support Pension	499,235		4,036.0		DSS
Child Disability Allowance	101,084		213.7		DSS
Mobility Allowance	24,985		34.1		DSS
Rehabilitation Allowance	17		. .	(a)	DSS
Sickness Allowance	33,215		354.0		DSS
Wife Pension (DSP)(b)	107,803		800.3	(c)	DSS
Carer Pension (DSP)(b)	13,483		182.1		DSS
Carer Pension (other)(b)	2,054		. .	(d)	DSS
Domiciliary Nursing Care Benefit	42,047	(e)	59.0		DHFS
Continence Aids Assistance Program	10,732		n.a.		DHFS
Veterans' Service Pension	337,823		2,609.5		DVA
Veterans' Disability Pension	159,178		1,720.2	(f)	DVA

(a) Included under expenditure for Disability Support Pension (DSP) and Wife Pension.
(b) Wives or carers of people receiving Disability Support Pension or Age Pension or any other form of payment.
(c) These figures are for total Wife Pension, not just DSP.
(d) Included under expenditure for Carer Pension (DSP).
(e) 42,525 people with disabilities were cared for by these carers of whom 15,110 were aged under 60 years, and 26,304 of whom were aged under 70 years.
(f) This figure includes expenditure on 93,456 War Widow/ers Pensions.

Note: Expenditure does not include running costs. Only program costs are included.

Sources: DSS recipient numbers come from DSS (1996b) and expenditure numbers come from DSS (1996a). DHFS figures are from DHFS (1996a).

People receiving the Veterans' Service Pension are generally aged 60 years or over if male, or 55 and over if female, although younger people may receive the payment if they are permanently incapacitated for work. People receiving the Veterans' Disability Pension and War Widow/ers Pension included about 24% and 7%, respectively, who were aged under 65.

Outlays of $5 million were made by the Department of Social Security (DSS) in 1995–96 on postal concessions for blind people.

The vast majority of DSP recipients are aged 40 years or more (77% of males and 70% of females). Recipients of disability-related income security payments are much more likely to be male than female (Table 9.11), the sex distribution being very different from the population estimates outlined in Section 9.2. The predominance of males in the DSP figures has been attributed to: the effect of the combined income test for couples; high unemployment among older men; and industrial injury (AIHW 1993:296). Because social security data provide one of the few national sources of data available at regional level, there has been a temptation for planning departments to use them as input to planning processes; these sex differences must be kept in mind if the DSS data are used for regional planning (see also AIHW 1993:295 for further discussion).

While there is some evidence of greater prevalence of intellectual disability among males in childhood (Wen 1997), it is not adequate to explain the fact that the number of

Table 9.11: Recipients of disability-related income support payments, by sex and age group, December 1996

	Age group (years)								
	<16	**16–19**	**20–29**	**30–39**	**40–49**	**50–59**	**60–64**	**65+**	**Total**
Males									
Disability Support Pension	—	6,685	26,504	45,222	63,660	111,809	89,266	2,024	345,170
Child Disability Allowance	66,229	1,150	13	—	—	—	—	—	67,392
Rehabilitation Allowance	—	—	2	2	1	1	—	—	6
Sickness Allowance	1	621	3,319	3,452	2,933	2,368	469	—	13,163
Carer Pension[(a)]	3	78	587	1,795	3,224	4,808	2,603	259	13,357
Total	*66,233*	*8,534*	*30,425*	*50,471*	*69,818*	*118,986*	*92,338*	*2,283*	*439,088*
Females									
Disability Support Pension	—	4,879	18,573	26,552	42,693	70,412	3,325	179	166,613
Child Disability Allowance	35,065	748	4	—	—	—	—	—	35,817
Rehabilitation Allowance	—	—	—	2	—	1	—	—	3
Sickness Allowance	—	417	1,878	1,426	1,864	1,223	17	—	6,825
Carer Pension[(a)]	1	160	831	1,735	4,777	5,957	373	148	13,982
Total	*35,066*	*6,204*	*21,286*	*29,715*	*49,334*	*77,593*	*3,715*	*327*	*223,240*
Persons									
Disability Support Pension	—	11,564	45,077	71,774	106,353	182,221	92,591	2,203	511,783
Child Disability Allowance	101,294	1,898	17	—	—	—	—	—	103,209
Rehabilitation Allowance	—	—	2	4	1	2	—	—	9
Sickness Allowance	1	1,038	5,197	4,878	4,797	3,591	486	–	19,988
Carer Pension[(a)]	4	238	1,418	3,530	8,001	10,765	2,976	407	27,339
Total	**101,299**	**14,738**	**51,711**	**80,186**	**119,152**	**196,579**	**96,053**	**2,610**	**662,328**

(a) These figures are for all carer pensions, of which only approximately 50% relate to DSP recipients (DSS 1996b).

Note: Mobility Allowance figures are: Males=14,575, Females=11,066 and Total=25,641.

Source: DSS unpublished data.

males, for whom the Child Disability Allowance is received, is almost double the number of females.

Changes in recent years to social security arrangements are reflected in Table 9.12. As a result of the Disability Reform Package, introduced in late 1991, the Disability Support Pension and Sickness Allowance replaced other payments, principally the Invalid Pension and Sickness Benefit.

The increase in numbers of DSP recipients since its introduction has been attributed to demographic changes, such as the ageing of the working age population and the

Table 9.12: Recipients of disability-related income support payments, June, 1988–96

	1988	1989	1990	1991	1992	1993	1994	1995	1996
Disability Support Pension[(a)]	. .	. .	. .	. .	378,558	406,572	436,234	464,430	499,235
Invalid Pension	296,913	307,795	306,713	334,234	. .	. .	. .	. .	. .
Shelt. Employment Allowance	10,669	10,435	10,124	10,148	. .	. .	. .	. .	. .
Rehabilitation Allowance	2,143	2,063	2,211	3,574	1,939	579	153	34	17
Sickness Allowance	. .	. .	. .	. .	44,172	46,579	47,132	47,311	33,215
Sickness Benefit	75,189	79,001	79,195	71,399	. .	. .	. .	. .	. .
Total	**384,925**	**399,290**	**409,480**	**421,670**	**424,700**	**452,540**	**482,280**	**511,775**	**532,467**

(a) Disability Support Pension replaced Invalid Pension, Sheltered Employment Allowance and Rehabilitation Allowance from November 1991 as part of the Disability Reform Package.

Sources: DSS 1996b for all numbers other than Sheltered Employment Allowance; Disability Task Force 1995:110.

associated increase in the prevalence of disability, as well as sustained high unemployment (DSS 1996a:102). The entry of the 'baby boomer' bulge into the high incidence rate (age 50+ years) has been estimated to contribute significantly to a projection of 80,000 annual new grants by the year 2006 (Coopers & Lybrand 1997).

The numbers of recipients of the Child Disability Allowance have also risen, from 78,798 in 1993–94 to 101,084 in 1995–96 (AIHW 1995; Table 9.10). This increase has been attributed to greater general awareness of the allowance, particularly as a result of outreach advertising by the DSS, and to networking of the parents of children with particular medical conditions, for instance, asthma (DSS 1996a).

Other income support

Significant income replacement programs are provided by State and Territory compensation schemes for work- and some transport-related injuries. These schemes vary among different jurisdictions. They depend on insurance contributions from employers and vehicle users, and usually provide payments related to previous earnings, as well as generally emphasising prevention and rehabilitation.

New forms of insurance or 'pre-funding' for long-term care for older people, or younger people with a disability, have been suggested and costed. These may be needed as a more significant part of the overall system as the population ages, and 'free' access to long-term care services may be limited (Walsh & De Ravin 1995).

Many States and Territories provide a range of concessions for people with a disability; for instance, transport concession and taxi schemes, rates, rent rebates, subsidies for technical aids or home modifications. A common 'gateway' for access to these concessions is possession of a pensioner concession card from the Department of Social Security. It is not generally possible to obtain data on these programs specific to people under 65 years who have a disability.

Concessions (including tax concessions), fringe benefits and subsidies provide other forms of income support, and come from a variety of sources, such as government business enterprises, water, gas and electricity authorities, health authorities, local government and the Australian Tax Office.

Disability support services provided under the Commonwealth/ State Disability Agreement

The Commonwealth/State Disability Agreement (CSDA) 1991 sets out responsibilities for the provision of disability support services by Australian governments. Broadly, the Commonwealth takes responsibility for employment services, with the States and Territories assuming responsibility for accommodation and other support services. Both levels of government retain some responsibility for advocacy and research. Governments share responsibility for funding and planning CSDA services, and agree to share information about services. Although there is no set age limit for eligibility, these services are largely directed to people aged under 65 years.

All jurisdictions, in cooperation with the Institute, have agreed on a Minimum Data Set (MDS) as a basis for a national data collection on CSDA services and their clients. Features of the collection need to be kept in mind when interpreting the 1996 data (Box 9.5).

Service types and funding

Funding totalling $1,264 million was recorded, by Australian governments, as being provided in 1995–96 to disability support services under the CSDA (Table 9.13). Accommodation services received the most government funding: a total of $728 million, or approximately 58% of CSDA funding. Community support, community access and respite services received a total of $331 million, and employment support services $169 million.

Table 9.13: CSDA funding of services provided by Australian governments, by type of service, and State and Territory, 1995–96 ($m)

Type of service	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Accommodation support	273.45	177.32	76.45	83.78	87.14	24.47	—	5.74	728.35
Per cent of State total	*61.6*	*51.9*	*56.3*	*56.8*	*63.0*	*57.8*	—	*57.6*	
Community support; community access; and respite	112.22	111.48	28.74	37.55	25.68	12.67	—	2.34	330.69
Per cent of State total	*25.3*	*32.6*	*21.2*	*25.5*	*18.6*	*29.9*	—	*23.5*	
Employment support	51.50	45.55	24.07	23.55	15.44	3.88	3.69	1.47	169.16
Per cent of State total	*11.6*	*13.3*	*17.7*	*16.0*	*11.2*	*9.2*	*21.3*	*14.8*	
Service type other/not stated	6.66	7.37	6.51	2.60	9.96	1.30	0.67	0.41	35.47
Total	**443.84**	**341.72**	**135.76**	**147.48**	**138.21**	**42.33**	**4.36**	**9.96**	**1,263.67**

Notes
1. Data for the Australian Capital Territory were not collected for 1996.
2. Advocacy, Information/referral; combined advocacy/information, and print disability/alternative formats of communication services are included in 'Service type other/not stated'.

Source: Black et al. forthcoming.

Box 9.5: The 1996 CSDA Minimum Data Set collection

Most jurisdictions collect the data on forms on an agreed 'snapshot day'—a form for each service type at each outlet, and one for each person receiving that service type at that outlet. Client forms may double count clients, in so far as one person may receive more than one service on the snapshot day.

Services are provided under the CSDA in six broad categories:

- *accommodation support—ranges through institutional accommodation (disability-specific) and related services, group homes, and in-home support*
- *community support—includes a wide range of services, such as advocacy and information services, therapy and early childhood intervention, counselling, support groups, brokerage and case planning services*
- *community access—includes continuing education, independent living training, post-school options (assisting the transition from school to the work force)*
- *respite services, either centre-based or home-based*
- *employment services, including open employment and supported employment services*
- *other support, including research and development and the funding of peak bodies.*

There is some variation among jurisdictions in what services are considered to fall under the CSDA. For instance, psychiatric disability services and early childhood intervention services are particularly 'grey' areas and are not included as CSDA services in all jurisdictions. The provision of community-based support services under other programs may also vary, and affect interstate comparisons.

The collection is still developing. In 1996, features to be aware of were:

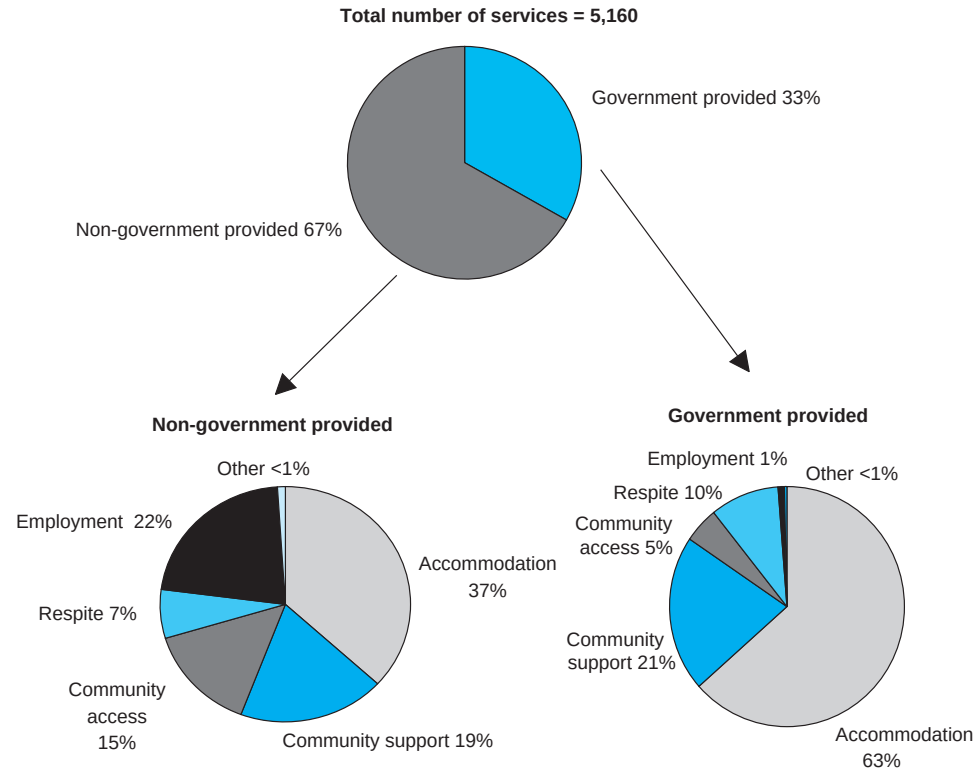
- *Western Australia extracted MDS data from an ongoing database relating to services and clients (an option now under consideration by other jurisdictions); in some tables, therefore, WA data are counted on a different basis from other jurisdictions.*
- *The Commonwealth did not collect client data from business services (supported employment services); client data for open employment services were extracted from an ongoing database managed by the AIHW.*
- *The Australian Capital Territory did not participate in the 1996 CSDA MDS collection.*
- *Response rates improved in 1996; in 1995 only four jurisdictions had response rates over 90%, whereas in 1996 all did—most over 95%; Victoria's response rate in 1995, for instance, was only 80%, whereas in 1996 it was over 95%.*

The data set and its ongoing development are described in more detail in: AIHW (1995); Black & Madden (1995); Black & Eckerman (1997); Black et al. (forthcoming).

States spending more than 58% of the total funding on accommodation services were New South Wales and South Australia (62% and 63%, respectively), perhaps reflecting an historical focus on institutional accommodation, and the possibly wider range of services (e.g. health-related services) offered in older, larger institutions. Victoria spent a

relatively lower amount on this service type (approximately 52%). Correspondingly, New South Wales and South Australia spent a smaller proportion on community support, community access and respite services (25% and 19%, respectively) and Victoria relatively more (33%).

The number of services reported in the 1996 CSDA MDS collection was 5,160. The apparent increase from 1995 (when 4,219 reported in the collection) may be largely due to the inclusion of Western Australia services in 1996, improved response rates for the collection, and a continued move to an outlet level collection. Of the 5,160 services reported, the majority (67%) were provided by non-government organisations. Governments provided 33% of services, heavily concentrated in their traditional area of accommodation services (Figure 9.4).



Source: Table A9.4.

Figure 9.4: Government and non-government provision of CSDA funded services, 1996

CSDA client numbers

The number of clients receiving services on the selected snapshot day is similar (although slightly lower) to that reported for a typical operating day (Table 9.14). Annual figures show greater variation, illustrating the different nature, intensity and

Table 9.14: Recipients of CSDA funded services, by provider and time period, 1996

	Government provided			Non-government provided		
Type of service	Snapshot day	Estimate for a typical day	Annual estimate for 1995–96	Snapshot day	Estimate for a typical day	Annual estimate for 1995–96
Accommodation support	8,447	8,605	12,082	10,241	10,813	28,604
Community support	5,898	6,830	58,502	5,526	7,760	76,334
Community access	2,816	2,942	6,643	8,639	9,846	58,351
Respite	666	690	9,126	1,150	1,787	16,849
Employment	n.a.	n.a.	n.a.	15,712	n.a.	n.a.

Notes
1. An individual may be counted more than once if more than one service type was accessed on the snapshot day.
2. Data for Western Australia cover a 12-month period and have been adjusted for identified multiple service use.
3. Data for the Australian Capital Territory were not collected for 1996.
4. Data for service types: Advocacy; Info./referral; Combined advocacy/info.; Print disability/alt. formats of communication; Service evaluation/training; Peak bodies; Research/development; and Other were not collected.
5. Data for the Commonwealth were not collected, except via the NIMS system for open employment services. Hence data for employment services are not generally available, apart from a snapshot day estimate for open employment services (see also Table 9.15).
6. Snapshot day data may not agree with data in Tables 9.15 to 9.18 and A9.5, mainly because for some service recipients no detailed recipient data was completed.
7. Estimates for typical day and the full year are provided by service providers.

Source: Black et al. forthcoming, Table 1.1.

turnover of the different service types. Community support and respite services exhibited the greatest variation between a typical operating day and estimated annual numbers, presumably indicating a high level of turnover during the year and the likelihood that many of these services are not provided daily. Accommodation services in the non-government sector appeared to have higher turnover than accommodation services in the government sector.

Overall, there were more clients in the non-government sector than the government sector, for all service types.

Of the 68,488 CSDA clients recorded as having received services on the snapshot day in 1996, 18,977 or 28% were receiving accommodation services (Table 9.15). Again, this illustrates the intensity of these services, which receive some 58% of CSDA funding (Table 9.13). The absence of Western Australia snapshot day figures for 1996 makes the national figure for community support services unreliable. While it appears that about half the clients overall received community support services (such as advocacy and information services, therapy, early childhood intervention, counselling, other support, and case planning services), this number was affected mainly by the figures for Western Australia which were annual and reflect the high turnover noted in Table 9.14. As the Commonwealth data relate only to open employment services, and Australian Captital Territory data were not available, analysis at national level is limited.

The majority (39,569 or 58%) of service recipients were male. The age distributions for males and females followed a similar pattern, the most common ages for both being 20–34 years. There were relatively fewer clients at the beginning and end of the eligible

age range: some 14% were aged 0–14 years and 16% aged 45–69 years (Figure 9.5; Table A9.5).

Table 9.15: Recipients of CSDA funded services, by type of service and by State and Territory, 1996

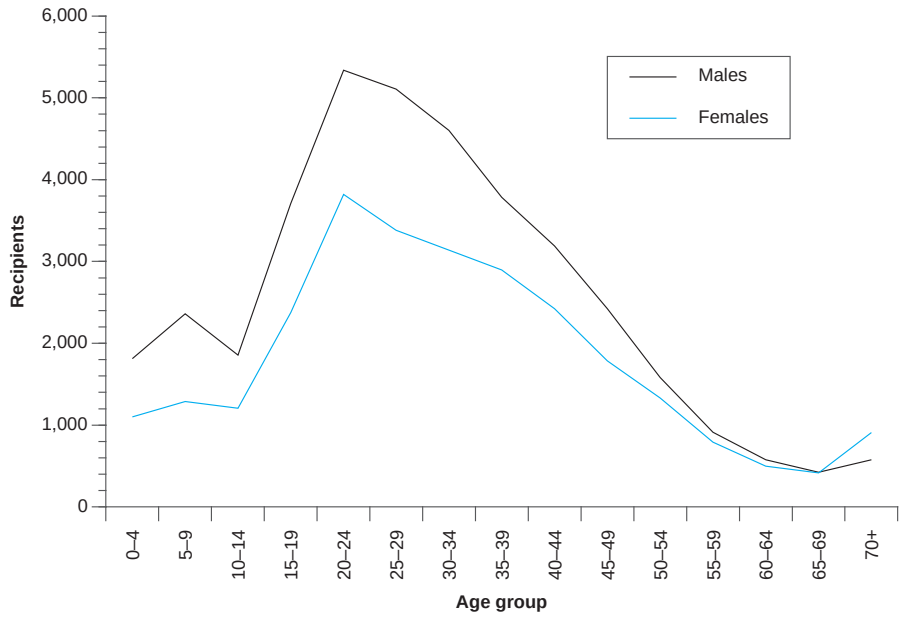
Type of service	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Institutions/large residentials/hostels	2,701	1,584	687	920	1,042	283	—	0	7,217
Group homes	2,286	2,204	1,453	727	523	267	—	101	7,561
In-home accommodation support	880	1,452	887	684	383	70	—	42	4,398
Total accommodation support	*5,867*	*5,240*	*3,027*	*2,132*	*1,948*	*620*	—	*143*	*18,977*
Community support and Respite	1,208	1,436	596	6,462	688	109	—	50	10,549
Community access and Recreation/holiday programs	3,081	5,704	1,335	6,458	750	593	—	64	17,985
Health-related community support	2,439	1,582	1,516	5,696	333	122	—	6	11,694
Total community support; community access; and respite	*6,728*	*8,722*	*3,447*	*13,404*	*1,771*	*824*	—	*120*	*35,016*
Competitive Employment Training and Placement	3,013	3,596	2,718	1,531	189	231	0	88	11,366
Individual Supported Job	1,155	1,249	612	111	388	26	0	0	3,541
Supported employment[(a)]	8	160	218	183	15	13	49	0	646
Sheltered employment[(a)]	0	0	17	76	66	0	0	0	159
Total employment support	*4,176*	*5,005*	*3,565*	*1,901*	*658*	*270*	*49*	*88*	*15,712*
Service type other/not stated	0	155	0	159	0	0	0	0	314
Total	**16,771**	**19,122**	**10,039**	**16,065**	**4,377**	**1,714**	**49**	**351**	**68,488**

(a) Data for Commonwealth were not collected, except for those in the NIMS collection. There were a small number of recipients recorded in the NIMS open employment collection whose service provider was coded as either a supported employment or sheltered employment service. Data on supported or sheltered employment services are otherwise un available.

Notes

1. An individual may be counted more than once if more than one service type was accessed on the snapshot day.
2. Data for Western Australia cover a 12-month period and have been adjusted for identified multiple service use; this has resulted in totals and subtotals differing from component numbers.
3. Data for the Australian Capital Territory were not collected for 1996.
4. Data for service types: Advocacy; Info./referral; Combined advocacy/info.; Print disability/alt. formats of communication; Service evaluation/training; Peak bodies; Research/development; and Other were not collected.
5. Some service type groupings used here are broader than are available for States and Territories other than Western Australia. 'Community support' means Family/individual case practice/management, Counselling: individual/ family/ group, Brokerage/direct funding, Mutual support/self-help groups and Community support: other/not stated. 'Health-related community support' means Early childhood intervention, Therapy, Behaviour/specialist intervention and Resource teams/regional teams. Some other service type groups may be similarly split.

Source: Black et al. forthcoming.



Source: Table A9.5.

Figure 9.5: Distribution of recipients of CSDA funded services, by sex and age group, 1996

CSDA client characteristics

The majority of people receiving CSDA services in 1996 had an intellectual disability as their primary disability (39,687 or 57.9%—see Table 9.16). Next most common was physical disability (9,264 or 13.5%), followed by psychiatric disability (6,277 or 9.2%).

Some 72% of clients of CSDA services were reported to need continual, frequent or occasional support in activities of daily living (self-care, mobility or communication)—a severe or profound handicap in ABS terms. Clients with psychiatric disability were the least likely to need such intensive support with these activities, 36% requiring no assistance. Respondents (usually service providers) often did not know the extent of this type of support needed by people receiving services for developmental delay or specific learning disabilities; this perhaps suggests the specialist, short-session nature of these services and / or relatively low levels of need for assistance with these activities.

Recognising that disability support services are designed to provide assistance in a far greater range of activities than self-care, mobility and communication, the CSDA MDS collection was expanded in 1996 to include clients' needs for assistance with: home living, social skills, self-direction, managing emotions, learning, working, other daily activities. Table 9.17 presents some results for CSDA clients overall, and for two of the primary disability groupings—intellectual disability and psychiatric disability—believed to be poorly served by the previous focus of the data on activities of daily living.

Table 9.16: Recipients of CSDA funded services, by primary disability group and frequency of need for assistance in activities of daily living, 1996

	Need for assistance													
	Never		Occasional		Frequent		Continual		Not applicable/ not known		Not stated		Total	
Primary disability group	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Developmental delay	26	1.5	126	7.5	315	18.7	781	46.4	429	25.5	7	0.4	1,684	100.0
Intellectual	4,724	11.9	8,270	20.8	8,182	20.6	14,213	35.8	4,246	10.7	52	0.1	39,687	100.0
Specific learning/PDD	52	10.9	100	21.0	58	12.2	69	14.5	198	41.5	0	0.0	477	100.0
Autism	26	2.4	124	11.5	224	20.7	635	58.7	72	6.7	1	0.1	1,082	100.0
Physical	891	9.6	1,582	17.1	1,466	15.8	4,285	46.3	1,035	11.2	5	0.1	9,264	100.0
Acquired brain injury	328	16.0	502	24.5	430	21.0	749	36.5	36	1.8	6	0.3	2,051	100.0
Deaf and blind	6	4.4	12	8.8	30	21.9	80	58.4	9	6.6	0	0.0	137	100.0
Vision	243	13.1	854	45.9	358	19.2	301	16.2	101	5.4	4	0.2	1,861	100.0
Hearing	192	17.2	341	30.6	257	23.0	246	22.1	77	6.9	2	0.2	1,115	100.0
Speech	14	5.5	57	22.4	74	29.0	89	34.9	21	8.2	0	0.0	255	100.0
Psychiatric	2,256	35.9	1,427	22.7	1,063	16.9	447	7.1	1,076	17.1	8	0.1	6,277	100.0
Neurological	250	14.0	381	21.3	299	16.7	810	45.4	43	2.4	3	0.2	1,786	100.0
Not stated	68	2.4	73	2.6	58	2.1	186	6.6	2,346	83.4	81	2.9	2,812	100.0
Total	**9,076**	**13.2**	**13,849**	**20.2**	**12,814**	**18.7**	**22,891**	**33.4**	**9,689**	**14.1**	**169**	**<0.05**	**68,488**	**100.0**

Notes
1. An individual may be counted more than once if more than one service type was accessed on the snapshot day.
2. Data for Western Australia cover a 12-month period and have been adjusted for identified multiple service use.
3. Data for the Australian Capital Territory were not collected for 1996.
4. Data for service types: Advocacy; Info./referral; Combined advocacy/info.; Print disability/alt. formats of communication; Service evaluation/training; Peak bodies; Research/ development; and Other were not collected.
5. Data for the Commonwealth were not collected, except for those in the NIMS collection.
6. Specific learning/PDD and autism are included with intellectual disability in data for recipients of CSDA services funded by the Commonwealth.
7. Frequency of need for assistance in activities of daily living is the most frequent need for support with self-care, mobility or communication for each recipient.

Source: Black et al. forthcoming.

Table 9.17: Recipients of CSDA services, by frequency of need for support in social or emotional areas, by primary disability group, 1996

	Never		Occasional		Frequent		Continual		Not applicable		Not stated/not known		Total	
Area of support need	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**
Intellectual disability														
Social skills	1,250	3.9	5,728	18.1	6,983	22.0	12,418	39.1	504	1.6	4,848	15.3	31,731	100.0
Managing emotion	582	2.3	5,952	24.0	5,724	23.1	10,987	44.3	298	1.2	1,242	5.0	24,785	100.0
Learning	482	1.6	3,730	12.6	6,447	21.8	13,212	44.7	970	3.3	4,736	16.0	29,577	100.0
Working	1,269	4.3	2,687	9.1	3,029	10.2	7,884	26.7	9,689	32.8	5,019	17.0	29,577	100.0
Home living	639	2.0	3,378	10.6	6,203	19.5	14,087	44.4	2,326	7.3	5,098	16.1	31,731	100.0
Self-direction	511	1.7	4,120	13.9	6,996	23.7	12,579	42.5	820	2.8	4,551	15.4	29,577	100.0
Other day activity	1,004	3.2	4,740	14.9	6,361	20.0	12,953	40.8	1,469	4.6	5,204	16.4	31,731	100.0
Psychiatric disability														
Social skills	348	11.1	852	27.2	597	19.1	262	8.4	30	1.0	1,042	33.3	3,131	100.0
Managing emotion	153	8.0	709	37.2	639	33.5	322	16.9	22	1.2	60	3.1	1,905	100.0
Learning	425	13.6	802	25.6	469	15.0	202	6.5	136	4.3	1,097	35.0	3,131	100.0
Working	280	8.9	446	14.2	353	11.3	242	7.7	657	21.0	1,153	36.8	3,131	100.0
Home living	423	13.5	670	21.4	523	16.7	329	10.5	131	4.2	1,055	33.7	3,131	100.0
Self-direction	211	6.7	871	27.8	654	20.9	326	10.4	23	0.7	1,046	33.4	3,131	100.0
Other day activity	280	0.4	818	26.1	607	19.4	286	9.1	75	2.4	1,065	34.0	3,131	100.0
All primary disability groups														
Social skills	4,190	8.0	9,407	17.9	9,741	18.5	16,700	31.7	2,010	3.8	10,635	20.2	52,683	100.0
Managing emotion	2,174	5.6	9,643	25.0	8,402	21.8	14,684	38.1	1,638	4.3	1,978	5.1	38,519	100.0
Learning	2,772	5.5	6,768	13.5	9,262	18.4	18,399	36.6	2,393	4.8	10,654	21.2	50,248	100.0
Working	2,581	5.1	3,778	7.5	3,905	7.8	9,994	19.9	18,841	37.5	11,149	22.2	50,248	100.0
Home living	1,811	3.4	5,224	9.9	8,246	15.7	19,755	37.5	6,817	12.9	10,830	20.6	52,683	100.0
Self-direction	2,735	5.4	7,745	15.4	10,117	20.1	17,159	34.1	2,178	4.3	10,314	20.5	50,248	100.0
Other day activity	2,409	4.6	7,891	15.0	9,146	17.4	17,863	33.9	4,283	8.1	11,091	21.1	52,683	100.0

Notes

1. An individual may be counted more than once if more than one service type was accessed on the snapshot day.
2. Data for Western Australia cover a 12-month period and have been adjusted for identified multiple service use.
3. Data for the Australian Capital Territory were not collected for 1996. Data for the Commonwealth were not collected.
4. Data for service types: Advocacy; Info./referral; Combined advocacy/info.; Print disability/alt. formats of communication; Service evaluation/training; Peak bodies; Research/development; and Other were not collected.
5. Data on learning, working and self-direction for recipients of CSDA directly provided 'Intellectual Disability Services' funded by Queensland were not collected. Data for Western Australia on managing emotion were not collected. The consequences are that there are different total populations for some of the support areas measured.
6. There is a high proportion of clients for whom the need for social and emotional support was not known—over 30% for most of these areas of need for people with psychiatric disability as their primary disability, and over 20% overall (all disabilities) for most areas of need. This may occur either because agencies do not regard the information as essential in providing the services, and/or may not have had the information available in this form for this first time it was collected.

Source: Black et al. forthcoming.

Clients with an intellectual disability as their primary disability reported generally high support needs in these 'social and emotional' areas. Very few reported never needing support, and a high proportion (usually 40% or more) reported the need for continual assistance in these areas. This pattern is consistent with other data, reported in Section 9.2, suggesting the high and multiple needs of this group.

People with psychiatric disability as their primary disability reported more specialised needs. While they were quite likely to report no need for assistance with activities of daily living (36%—see Table 9.16), they were much less likely to report no need for assistance with the 'social and emotional' areas reported in Table 9.17. Relatively few, however, reported the need for continual assistance.

On the 1996 snapshot day, 1,567 CSDA service recipients identified themselves as of Aboriginal or Torres Strait Islander origin (Table 9.18). This figure represented 2.3% of the number of clients on that day, commensurate with their overall representation in the population (1.7% of the Australian population overall, but 1.9% of the population aged under 65 years—ABS 1995b). Their service use could be expected to be higher because of likely higher overall disability prevalence (see Section 9.2). In fact, in 1995 in the

Table 9.18: Recipients of CSDA funded services, by primary disability group and Indigenous origin, 1996

	Not Indigenous		Indigenous		Not known/ not stated		Total	
Primary disability group	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**
Developmental delay	1,576	2.8	42	2.7	66	0.7	1,684	2.4
Intellectual	33,054	57.8	890	56.8	5,743	58.8	39,687	57.9
Specific learning/PDD	393	0.7	14	0.9	70	0.7	477	0.7
Autism	1,027	1.8	13	0.8	42	0.4	1,082	1.6
Physical	7,988	14.0	272	17.4	1,004	10.3	9,264	13.5
Acquired brain injury	1,900	3.3	71	4.5	80	0.8	2,051	3.0
Deaf and blind	117	0.2	8	0.5	12	0.1	137	0.2
Vision	1,672	2.9	27	1.7	162	1.7	1,861	2.7
Hearing	1,017	1.8	41	2.6	57	0.6	1,115	1.6
Speech	227	0.4	8	0.5	20	0.2	255	0.4
Psychiatric	5,791	10.1	113	7.2	373	3.8	6,277	9.2
Neurological	1,659	2.9	56	3.6	71	0.7	1,786	2.6
Not stated	739	1.3	12	0.8	2,061	21.1	2,812	4.1
Total	**57,160**	**100.0**	**1,567**	**100.0**	**9,761**	**100.0**	**68,488**	**100.0**

Notes
1. An individual may be counted more than once if more than one service type was accessed on the snapshot day.
2. Data for Western Australia cover a 12-month period and have been adjusted for identified multiple service use.
3. Data for the Australian Capital Territory were not collected for 1996.
4. Data for service types: Advocacy; Info./referral; Combined advocacy/info.; Print disability/alt. formats of communication; Service evaluation/training; Peak bodies; Research/development; and Other were not collected.
5. Data for the Commonwealth were not collected, except for those in the NIMS collection.
6. Specific learning/PDD and autism are included with intellectual disability in data for the Australian Capital Territory and the Commonwealth.

Source: Black et al. forthcoming, Table 3.7.

Northern Territory, where the identification was more complete, service use by Indigenous people appeared to be about twice the rate expected on the basis of their representation in the population (Black & Eckerman 1997).

Physical and hearing disabilities, and acquired brain injury, were more common among Indigenous clients than the overall client population. This pattern appears consistent with patterns of Indigenous morbidity, including relatively high rates of injury and hearing disorders (Section 9.2; ABS & AIHW 1997; Thomson & Snow 1994). Some caution is needed in interpreting these data, as there is a very large number (9,761) of people for whom Indigenous status was not recorded.

Open employment services

Open employment services prepare and support people with a disability to work in the open labour market. Since 1995, data on these services have been collected via a system developed for and with service providers wishing to improve and share management information and to collate national data (see Box 9.6 for details of the systems development). Some client and service data are included in Tables 9.13–9.18 presented above.

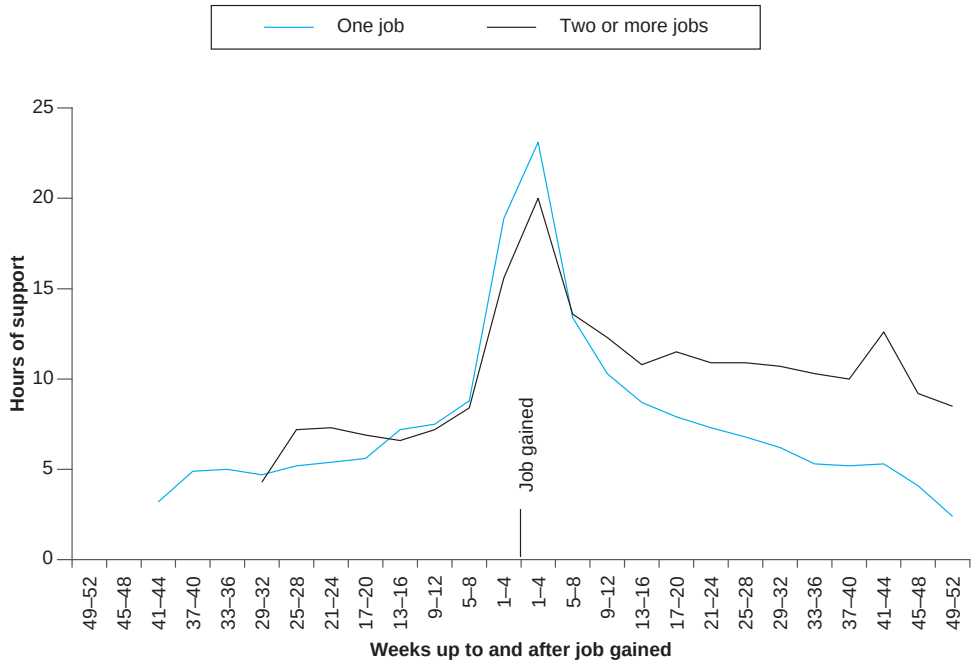
In 1996 22,170 clients were recorded as having received some support during the year. Of these clients, 64% were male and the majority (59%) were aged under 30 years (Anderson & Golley forthcoming). The most common primary disability reported was intellectual/learning disability (50%).

About two-thirds (65%) of all support hours were given to people with an intellectual/learning disability; these were the largest disability group but also had the highest mean support per client—74 hours during 1996.

Box 9.6: Data development for open employment services

The development and implementation of the information management system for open employment services were funded by the Commonwealth Department of Health and Family Services. The Institute became involved during the implementation phase and is now manager of the system, working in cooperation with an independent provider representative (the Industry Development Manager) and the Department in the ongoing use and development of the system. Front-end software captures data for the agencies' use and transmission to the Institute for central collation.

Both data sets or collections relating to CSDA services—the CSDA MDS collection and the system for open employment services—are relatively new and provide national data not available until the last 2 years. The data now available have relied on considerable effort and cooperation among all concerned—government departments around Australia, non-government agencies, people using services, and the Institute. Proposals for ongoing data improvement are under consideration, and are needed to ensure that high-quality, consistent national data can be collated annually. The CSDA MDS, as a data set, can be collected by different jurisdictions in various ways, although many now use standard national forms developed by the Institute. As each jurisdiction implements changes to the way administrative data are collected, there is the option to integrate the collection of MDS data with collection of a wider set of data needed for the jurisdiction's own purposes. Administrative changes flowing from a new CSDA may necessitate further development.



Source: Anderson & Golley forthcoming.

Figure 9.6: Mean hours of support per 4-week period for clients who gained and kept a job during 1996

People who had jobs during the year (workers) received more support than other clients (2.0 versus 0.9 hours per week). There were peaks of support around the time a job was gained (Figure 9.6). Workers who had only one job during 1996, and retained it at the end of the year, received levels of support which tended to decline the longer they stayed in the job.

Other relevant services

A range of other services of a more generic nature are relevant to people with a disability (see Table 9.9).

Standards drafted under the Disability Discrimination Act are designed to ensure greater general accessibility of mainstream services. Progress on several fronts has occurred, coordinated by the Commonwealth Attorney-General's Department:

- Transport: a national proposal has been developed, which is now going through the COAG 'regulatory impact statement' process; a draft standard is expected by the end of 1998.

- Access to public premises: a regulation document, proposing changes to building codes, was released in 1997 for public comment.
- Employment: draft standards have been prepared, and are now being redrafted after wide consultation.
- Education: a discussion paper is scheduled for release in 1997.
- Access to Commonwealth information: a discussion paper was released in 1996 and is being redrafted for further consultation.

The remainder of this section provides information on more of these generic or mainstream services of relevance to people with a disability: services designed primarily for older people, and education and employment services. Some data on informal care are also presented.

Services focused on aged care

A number of programs designed primarily to provide aged care are also available to people aged under 65 years who have a disability.

In 1993–94 (the last year for which data were available), there were 7,462 Home and Community Care (HACC) clients aged under 65 (Table 9.19). This figure represented about 17.9% of the total number of HACC clients at the time.

Nationally, home help was the most used service among HACC clients aged under 65, but there was considerable variation among the States and Territories, with high levels of home nursing use in Queensland, Western Australia and Tasmania. Home respite and centre day care services were also frequently used, as were home paramedical,

Table 9.19: HACC clients aged under 65 years, by type of service and by State and Territory, 1993–94 (%)

Type of service	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Home help	54.4	58.0	50.1	29.0	20.6	67.1	43.1	50.1	47.4
Home nursing	27.3	25.3	57.5	59.7	37.2 (a)	56.6	39.5	33.9	36.6
Home paramedical	6.1	16.4	10.6	4.2	42.2 (a)	11.6	6.5	20.6	15.3
Centre paramedical	6.8	(b)	13.4	5.7	9.5	5.0	8.3	20.1	7.0
Home respite	23.3	25.0	14.6	2.6	8.5	24.0	21.4	15.7	18.3
Centre day care	20.5	15.3	31.2	6.8	11.1	18.2	9.1	9.9	16.8
Home meals	12.9	12.0	11.1	3.9	3.2	9.1	8.7	28.7	10.7
Centre meals	3.0	(c)	12.3	2.1	3.2	3.9	2.2	16.2	4.0
Home maintenance	18.2	16.5	10.5	4.0	6.2	19.3	20.3	19.3	14.1
Transport	46.9	n.a.	31.1	7.4	13.4	28.2	30.8	35.0	24.2
Total clients	**2,206**	**1,651**	**808**	**618**	**1,161**	**362**	**276**	**383**	**7,465**

(a) For South Australia the home nursing category is deflated and the home paramedical category inflated, because what is recorded as home nursing in other States is often recorded as home paramedical in South Australia.
(b) Included with home paramedical.
(c) Included with home meals.

Notes
1. The database used in this analysis was the HSH, HACC User Characteristics Survey 1993–94. For further information on these data and interstate comparisons, see Mathur (1996). HACC data refer to a 4-week sample period.
2. Persons may receive more than one service type.

home maintenance and transport. There was considerable variation in the use of transport services: 46.9% of clients in New South Wales compared with a national average of 24.2% and the lowest rate, 7.4%, in Western Australia.

Age and sex profiles of respite and non-respite clients for four main aged care service types are presented in Table A9.6. The programs themselves are described in Chapter 8. The table shows that:

- HACC clients aged under 65 were more likely to be respite clients than permanent clients; and
- in all aged care service categories, and in all age groups, clients were more likely to be female than male; male clients were, however, more likely to be younger (that is, aged under 65 or under 60) than were female clients.

Education and training

In 1996 over 80,000 students with disabilities were recorded as attending school (Table 9.20). This figure compares with some 211,000 people with a disability reported in the population aged 5–14 years in 1993 (AIHW 1995:244). Over half (42,278) the students recorded were attending government primary schools, and a further 24,385 were attending government secondary schools. Only 1,699 were recorded as attending special schools.

At 31 March 1997 there were 1,861 trainees and apprentices, or about 1% of all trainees and apprentices, recorded as having a disability (Table 9.21).

University students are asked on enrolment if they have a disability, impairment or long-term condition which may affect their studies. In 1996 there were 11,587 or 1.8% of all students who answered yes to this question (DEETYA unpublished data). The Commonwealth Department of Employment, Education, Training and Youth Affairs

Table 9.20: Students with disabilities in government and non-government schools, by State or Territory,[(a)] 1996

	Government		Non-government			
	Primary	Secondary	Regular primary	Regular secondary	Special	Total
New South Wales	13,028.0	7,555.0	3,166.2	1,891.2	896.9	26,537.3
Victoria	6,974.0	6,268.0	1,678.0	867.2	454.3	16,241.5
Queensland	6,028.5	2,686.0	1,306.0	732.8	101.8	10,855.1
Western Australia	3,858.0	1,857.2	744.4	358.0	75.3	6,892.9
South Australia	7,764.6	4,064.9	630.3	385.3	155.9	13,001.0
Tasmania	2,177.3	954.0	109.6	68.2	15.0	3,324.1
Australian Capital Territory	983.0	576.0	96.6	105.2	0.0 [(b)]	1,760.8
Northern Territory	1,465.0	424.0	168.0	67.0	0.0 [(b)]	2,124.0
Total	**42,278.4**	**24,385.1**	**7,899.1**	**4,474.9**	**1,699.2**	**80,736.7**

(a) Figures are full-time equivalents and hence enrolled student numbers are higher.
(b) No non-government special schools in this State/Territory.

Source: Unpublished DEETYA data from the 1996 Non-government Schools Census and from data provided by State/Territory Governments.

Table 9.21: Trainees and apprentices, by sex and disability status, by State/Territory, 31 March 1997

	With a disability		Without a disability		Not specified[a]		
	Males	Females	Males	Females	Males	Females	Total
New South Wales	311	89	2,696	1,020	36,810	8,633	49,559
Victoria[b]	0	0	0	0	33,315	7,960	41,275
Queensland	880	183	24,525	6,931	0	0	32,519
Western Australia	142	36	4,801	1,492	3,216	777	10,464
South Australia	129	20	13,873	2,744	0	0	16,766
Tasmania	23	3	3,407	1,102	0	0	4,535
Australian Capital Territory	11	4	1,911	897	0	0	2,823
Northern Territory	23	7	56	23	1,495	409	2,013
Total	**1,519**	**342**	**51,269**	**14,209**	**74,836**	**17,779**	**159,954**

(a) In these cases, a question regarding disability was either not asked on the contract of training, or was asked but not recorded on the State training authority database or was not answered by the apprentice or trainee.
(b) Victoria did not provide information on persons with disabilities.

Source: National Centre for Vocational Education Research Limited unpublished data.

(DEETYA) provides some specific-purpose funding to schools and universities to assist in the provision of education to people with disabilities.

Employment assistance

Labour market assistance is available to people with disabilities through mainstream employment programs as well as through the specialised support services discussed earlier. Until March 1998 DEETYA will administer labour market assistance for people registered as unemployed, largely through the Commonwealth Employment Service. There are two main categories of people with a disability accessing this type of assistance: those who are designated as Disability Reform Package clients (DRP) through the Disability Panel arrangements administered jointly by DEETYA, DSS and the Commonwealth Department of Health and Family Services (DHFS), and those who have self-identified with no formal assessment. A range of assistance is offered, including employer incentives, training for employment, and job seeker preparation and support.

In 1995–96 DEETYA labour market programs assisted a total of 389,401 males, 19% of whom had a disability, and 236,852 females, 13% of whom had a disability. Males aged 45–59 and females 30–44 years were the groups most likely to be recorded as having a disability (Table A9.7).

From May 1998, most labour market assistance administered by DEETYA will be 'cashed out' to fund employment services in the new employment services market.

Informal care

People with a disability receive significant assistance from family and friends. Of people living in a household, reporting handicap and receiving assistance in 1993, 91.9% received some assistance from family and friends and 39.8% received formal services, with 31.7% receiving both informal assistance and formal services. Even people with a severe or profound handicap living in households relied predominantly on family and friends for assistance. For 81.9% of people with profound or severe

handicap reporting the need for help, the main provider of assistance with self-care activities was an informal carer usually resident in the same household (AIHW 1995:289–91).

The caring role affects the lives of those who undertake it. Carers interviewed during the 1993 ABS survey reported experiencing frequent sleep interruptions, and social effects such as losing touch with their friends, strain on family relationships, and effects on their ability to go out (ABS 1995a). Overall, the effects fell mostly on women aged 30 and over, consistent with their predominance as principal carers of people of any age (Madden et al. 1996). It is estimated that, in 1993:

- 33,000 people, mainly aged 30 and over, gave up work to take on a caring role;
- 110,800 people stated that the caring role had brought them closer to the person involved; this compared with 88,200 who reported that there was a strain placed on the relationship; and
- 61,700 reported less income, 80,800 reported extra expenses and over 100,000 reported difficulty in meeting living expenses (Table 9.22).

Table 9.22: Usual resident principal carers,[(a)] by effect of caring role and by age group, 1993[(b)] ('000)

	Age group of principal carers						
Effect of caring role	**<30**	**30–44**	**45–54**	**55–64**	**65+**	**Total**	**% female**
Whether left work							
Not applicable	31.5	82.5	56.1	46.0	72.9	288.9	67.9
Yes	2.1	10.6	8.6	7.8	4.0	33.0	72.1
No	3.2	9.5	14.6	14.4	19.5	61.2	46.8
Effect on relationship							
Not applicable	1.1	3.0	2.1	4.6	7.3	18.2	55.6
No change	15.8	40.1	30.4	28.0	51.6	166.0	59.4
Brought you closer	12.2	34.2	23.9	17.0	23.5	110.8	64.7
Placed a strain on relationship	7.7	25.2	22.8	18.5	14.0	88.2	77.5
Effect on financial situation							
Not applicable	0.6	2.3	3.7	4.5	7.3	18.3	55.6
No change	19.0	34.9	26.8	26.9	53.4	161.0	60.2
A minor change	5.7	19.7	13.2	10.5	12.4	61.5	71.5
Income is less	2.1	20.0	18.9	15.7	4.9	61.7	73.4
Extra expenses	9.5	25.6	16.7	10.6	18.4	80.8	64.9
Difficulty in meeting living costs							
Not applicable	25.2	56.5	42.8	41.1	72.7	238.3	62.7
Yes	9.0	35.4	24.0	18.7	13.1	100.2	71.6
No	2.6	10.6	12.5	8.3	10.6	44.7	61.9

(a) Principal carers of people with severe or profound handicap in households.
(b) Estimates of 1,900 or less have an RSE of 50% or more. Estimates of 8,000 or less have an RSE of 25% or more. These estimates should be interpreted accordingly.

Source: AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers data; first published in Madden et al. 1996.

In 1993, 52% of all principal carers had a personal weekly income of less than $200 (ABS 1995a:32); 14% of principal carers were recipients of the age pension, which was under $200 per week at the time.

What distinguishes the carer of a person with a disability from many other carers is that it is often a lifelong commitment, rather than a life cycle commitment connected to extreme youth or extreme age. Parent carers of people with a severe or profound handicap in 1993 had, on average, been caring for longer periods of time than other family, including spouses (Table 9.23). Of parent carers, only 20% had been caring for the person for fewer than 5 years, compared with 43% of spouse carers and 53% of other family carers.

It is estimated that, of the 7,700 parents aged 65 years and over who were principal carers, almost half had been caring for a person with a severe or profound handicap for over 30 years (Madden et al. 1996:67).

Table 9.23: Usual resident principal carers,[(a)] by years in caring role, by age group and by relationship to recipient, 1993[(b)]

	Relationship of carer to recipient									
	Spouse		Parent		Other family		Friend		Total	
Years in caring role	('000)	%	('000)	%	('000)	%	('000)	%	('000)	%
All carers										
Less than 1 year	16.9	7.4	1.7	2.0	7.0	10.8	1.9	23.8	27.4	7.2
1–4	80.7	35.6	15.3	18.3	27.0	41.7	3.8	47.8	126.8	33.1
5–9	62.2	27.4	29.8	35.7	16.7	25.9	1.6	19.7	110.3	28.8
10–14	36.7	16.2	13.7	16.3	9.7	15.0	0.7	8.7	60.7	15.8
15–19	11.4	5.0	6.6	7.8	1.8	2.8	—	—	19.8	5.2
20+	19.0	8.4	16.5	19.8	2.5	3.9	—	—	38.1	9.9
Total	**226.9**	**100.0**	**83.6**	**100.0**	**64.7**	**100.0**	**8.0**	**100.0**	**383.1**	**100.0**
Age group of carers										
15–24	3.7	1.6	0.6	0.7	11.1	17.2	0.7	8.1	16.1	4.2
25–64	140.3	61.8	75.3	90.0	48.6	75.1	6.7	82.0	270.6	70.6
65+	82.9	36.6	7.7	9.2	5.0	7.7	0.8	9.8	96.4	25.2
Total	**226.9**	**100.0**	**83.6**	**100.0**	**64.7**	**100.0**	**8.0**	**100.0**	**383.1**	**100.0**

(a) Principal carers of people with severe or profound handicap in households.
(b) Estimates of 1,900 or less have an RSE of 50% or more. Estimates of 8,000 or less have an RSE of 25% or more. These estimates should be interpreted accordingly.

Source: AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers data; first published in Madden et al. 1996.

9.4 Outcomes

In the last 2 years there has been progress in the development of national outcome measures for disability services. This section first describes progress in the development of service-specific outcome indicators, and provides data for some services and programs. Then the development of over-arching goals for clients of services is outlined

and data presented, indicating outcomes for people with a disability in terms of their participation in various spheres of community life.

Service outcomes

Disability services standards

On 1 March 1993, a set of eight national and three Commonwealth-specific disability services standards came into effect. The eight national standards relate to: service access; individual needs; decision-making and choice; privacy, dignity and confidentiality; participation and integration; valued status; complaints and disputes; and service management. The three Commonwealth-specific standards relate to: employment conditions; employment support; and employment skills development. Some States have added their own additional standards (for instance, for family relationships and for the protection of human rights) to reflect the objectives and principles of their State legislation.

All jurisdictions provide and fund services in accordance with their own disability services legislation, and the national standards. In most jurisdictions, funded services undergo a regular assessment, in terms set out under a service agreement, with the standards included as a component. Some jurisdictions, such as the Commonwealth, also provide a formal opportunity to consumers to provide their views on the services' achievements against the standards.

Framework for performance indicators

Outcome-related performance indicators have been defined as 'a statistic or other unit of information which reflects, directly or indirectly, the performance of a health or welfare intervention, facility, service or system in contributing to optimal well-being in its target population' (Armstrong 1995). In practice, this causal relationship is usually hard to establish in the field of human services, even in small-scale studies with complex designs.

Specific service outcomes often include aspects such as effectiveness, access, quality, appropriateness and efficiency. Work done under the auspices of the Council of Australian Governments included the development of a framework of performance indicators for disability services. This framework comprised efficiency indicators (inputs per output unit) and a range of effectiveness indicators designed to indicate quality, access and participation outcomes (SCRCSSP 1997, Chapter 8). Much of the emphasis in that report was on interstate comparison of service performance.

Quality

Quality of care has received criticism from inquiries established by governments, as well as being the subject of public concern following specific incidents, such as the fire in Kew Cottages in Victoria in 1996, in which nine people with a disability lost their lives.

The NSW Community Services Commission, for instance, reported in 1996 on the recruitment, screening and appointment practices of three State departments responsible for operating or funding residential care services, including services for people with a disability (Community Services Commission 1996). They found that the balance

of present practices weighted the rights of employees and potential employees too heavily in comparison with the rights of vulnerable residents of institutions. Their report made a series of recommendations aimed at: breaking down the isolation of institutions; subjecting potential employees to greater scrutiny; improving their training, pay and career paths; and improving complaints procedures. Another report, into a specific New South Wales institution, had documented breaches of the residents' civil and human rights and principles of acknowledged good practice in relation to behaviour management for people with intellectual disabilities (Community Services Commission 1995:10).

An audit report on large residential centres for people with a disability in New South Wales reviewed their performance in ten practice areas, basing the review on the legislation and the national standards. The report indicated that 'practices in both government and non-government centres fail to protect adequately the human and legal rights, safety and dignity of residents' (Audit Office 1997). The report acknowledges the costs of remedying the situation.

A national study into the abuse of adults with an intellectual disability in residential services based its findings on information from staff, residents and families (Conway et al. 1996). There was considerable evidence of verbal, sexual and physical abuse, including abuse under the guise of 'behaviour management'. Again, recommendations related to training, the development of appropriate policies and procedures, and the provision of necessary resources.

Quality is also an issue in 'mainstream' services such as education. A report based on the views of 784 people, responding to advertisements and invitations (a non-random sample), found many instances of discrimination in terms of difficulties with enrolment, differential application of discipline policies, and failure to address bullying or harassment (National Children's & Youth Law Centre 1997:6):

> Attitudes have moved a long way in the last decade, but continuing improvement in the situation for students with a disability will require a renewed emphasis on ensuring equitable access to education. Many respondents reported that the negative attitudes of both staff and students were still a major problem.

Similarly, changes in criminal justice and police procedures have been recommended by the NSW Law Reform Commission. They found that 'people with an intellectual disability are over-represented in the criminal justice system as both victims and offenders'. The Commission's report cites evidence that people with an intellectual disability make up at least 12–13% of the State's prison population (NSW Law Reform Commission 1996:xvii, 25).

These reports collectively reveal a gap between: the standards set in legislation and 'best practice' documents; the experiences of service recipients; and the resources which Australian society is willing to find for the purposes of providing services in accordance with the standards set.

Access

Comprehensive data are not available to indicate the level of availability of services for people with a disability who need them. One of the few national studies on the subject

(Madden et al. 1996) examined the level of unmet demand for disability support services funded or provided under the CSDA and found:

- an estimated 13,500 people in 1993, needing ongoing support in daily living activities and reporting unmet needs for accommodation support or respite services, who could not obtain these services because they were unavailable or could not be arranged (see also Section 9.2);
- a double impact likely to affect service availability in the near future—the ageing of carers and the ageing of people with a disability (a projected 19% growth in the number of people with severe or profound handicap and aged 45–64 years, between 1995 and 2001).

Outcome indicators for open employment services

Service-specific outcome indicators are also developing in the disability field. Open employment services for people with a disability have been described in Section 9.3 and some client data provided. Some data on outcomes have also been developed.

Of 22,170 clients in 1996, 11,284 had a job at some time during the year ('workers'). Significantly, the number of workers increased by 2,083 or 31% during the year (Anderson & Golley forthcoming)—a positive outcome measure for this group of services (Table 9.24).

Table 9.24: Job history of workers with a disability, during 1996

	With one job during 1996		With more than one job during 1996		All workers	
Job history	**No.**	**%**	**No.**	**%**	**No.**	**%**
Job retained	4,119	36.5	1,268	11.2	5,387	47.7
Job lost	948	8.4	285	2.5	1,233	10.9
Job gained and retained	2,676	23.7	640	5.7	3,316	29.4
Job gained and lost	1,136	10.1	212	1.9	1,348	12.0
Total	**8,879**	**78.7**	**2,405**	**21.3**	**11,284**	**100.0**

Source: Anderson & Golley forthcoming.

Of all workers, 48% had a job at both the beginning and end of 1996 (termed 'job retained') and 29% gained a job during 1996 and remained in employment at the end of the year ('job gained and retained'). A further 11% were employed at the beginning of the year but not at the end ('job lost'), and the remaining 12% had work at some time during 1996 but started and finished the year unemployed ('job gained and lost').

In order to conduct a more detailed analysis of outcomes, four sets of outcome measures were developed by the Institute: time in work, mean wage, number of jobs per worker, and number of weeks to obtain a job (Table 9.25).

Among workers with a disability:

- it took an average of 27.4 weeks to get a job (for those who had not had one previously);

Table 9.25: Workers with a disability, by weeks to get job, time in work, hours of work and income earned, and by job history, 1996[(a)]

Job history	No. of workers	Mean jobs/ worker	Mean weeks to get job[(b)]	Mean time in work		Mean hours of work		Income earned from jobs ($)		
				Wks	%[(c)]	Per work week	Per week[(d)]	Per hour	Per work week	Per week[(d)]
Job retained	5,387	1.36	__	46.6	97.4	26.6	25.9	9.11	239	232
Job lost	1,233	1.30	__	20.3	43.1	24.9	11.1	9.15	222	97
Job gained and retained	3,316	1.26	27.6	25.1	60.7	23.7	14.8	9.31	213	131
Job gained and lost	1,348	1.20	27.0	11.9	27.7	24.0	6.9	9.46	222	63
Total	**11,284**	**1.30**	**27.4**	**33.2**	**72.3**	**25.3**	**18.8**	**9.22**	**227**	**167**

(a) Clients who had a job during 1996, not including work experience.
(b) Mean time receiving support before commencement of first or only job for workers who had not had a job previously.
(c) Percentage of the support period.
(d) Per week of the support period.

Source: Anderson & Golley forthcoming.

- an average of 33.2 weeks were spent with work (72.3% of the year or of the period of support if less than 1 year);
- the average time worked per week was 25.3 hours; and
- the average hourly rate of pay was $9.22, the average weekly pay was $227 per week of work and $167 averaged over the year.

In order to explore the interrelationships among these measures of job experience and other factors describing agencies and their clients, multivariate regressions were carried out. Client factors which appeared to be related to one or more of the measures included: sex, age, Indigenous status, primary disability type, presence of another disability, living arrangements, and the need for continual assistance with activities of daily living (Anderson & Wisener 1996). These interrelationships were found to be complex, and could not be simplified to a simple predictive model of factors likely to lead to successful job experience.

These findings also illustrate how restrictive it is to require that an outcome be attributable to a specific intervention.

Outcomes for people with a disability: participation

One of the obstacles to devising national effectiveness measures has been the lack of generally agreed, measurable goals in the disability services field. It was therefore a significant milestone when disability administrators from all jurisdictions developed and agreed national goals for disability services in 1996:

> Governments strive to enhance the quality of life experienced by people with a disability through assisting them to live as valued and participating members of the community. (SCRCSSP 1997:389)

The measurement of 'quality of life' is the topic of much research and debate, and measurement for people with a disability is perhaps particularly complex (see, for example, AIHW 1995:295–6; Cummins 1993; Parmenter 1996). The debate in relation to

people with a disability crystallises around several key issues: what is the purpose of measurement; what aspects of life are examined; who makes the judgements about quality of life—the person involved or an 'expert' from any of a number of disciplines; and by what method or scale is the measurement done. If gains in quality of life are used to determine access to services, the fact that expert views may differ from individual views is of more than academic interest.

The administrators' statement simplifies the problem by operationalising the concept to mean life 'as valued and participating members of the community'. This statement is of even greater significance when placed beside the work being done internationally in revising the ICIDH (see Section 9.2). The new draft third dimension of this classification system is named 'Participation' and is constructed in relation to a holistic framework of domains of human experience and activity. This convergence of national and international concepts—around the notion of participation—opens the way to meaningful outcome measurement.

In order to contribute to this monitoring of overall personal outcomes for people with a disability, this section presents new analyses of data indicating the degree to which people with a disability are participating in a range of valued human undertakings or roles.

Underlying the analysis is the assumption that, if the goal of participation is being achieved, the patterns of participation for people with a disability will be similar to those of the rest of the population. Services are, of course, only one of a range of influences on these outcomes for people.

Crucial to the analysis has been the availability of good population data from the Australian Bureau of Statistics, not only from the specialised Disability, Ageing and Carers Survey, but also from other social surveys which identify people with a disability and enable comparison of aspects of their lives with those of the rest of the population.

The analysis is framed as far as possible in the holistic domains of participation suggested in the public draft 'Beta' version of the revised ICIDH (Box 9.2):

- in the domain of personal care and maintenance, data are presented on living arrangements as well as self-care;
- in the domain of education, work, leisure and spirituality, data are presented on school attendance, employment and time use;
- data on income and expenditure are used to indicate participation in the area of economic life; and
- data on mobility and verbal communication are relevant to the domains of mobility and social relationships.

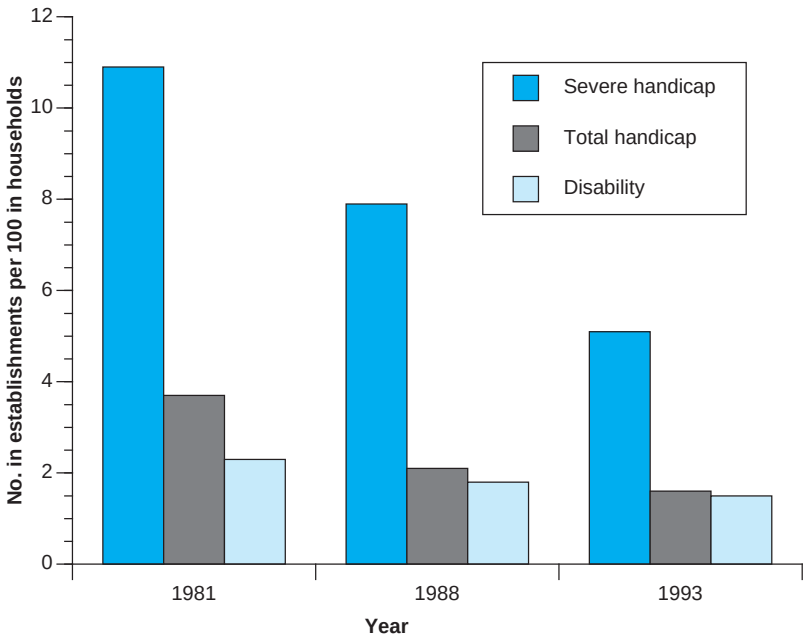
At this stage no data are presented in the domain of civic and community life.

Type of residence and living arrangements

Living in community settings is an important goal of people with a disability, and de-institutionalisation has also been a goal of most governments responsible for the accommodation of people with a disability (see, for instance, AIHW 1993:270–9).

Available data provide evidence that de-institutionalisation has been occurring. The 1981, 1988 and 1993 ABS disability surveys indicate that the percentage of people with

'severe handicap', or any disability, who live in households has risen (Table A9.8). This trend is even clearer when the ratio of people in 'establishments' to people in households is calculated (Figure 9.7). In 1981 there were, on average, 10.9 people aged under 65 years with severe handicap living in establishments for every 100 living in households. By 1993 this ratio had been more than halved, to 5.1 for every 100.



Source: Table A9.8.

Figure 9.7: People under 65 years with a disability, ratio of people living in establishments per 100 people living in households, 1981–93

The majority of people with severe handicap aged under 65 years were living with relatives in 1993 (Table A9.8). Most of the change since 1981 has been an increase in the proportion living with relatives; people who at one time were living in institutions are tending to live with relatives rather than in other arrangements. These two findings show clearly the importance of programs to support carers and the stability of living and caring arrangements.

Income and expenditure

Some income and expenditure comparisons are made possible using data from the ABS Household Expenditure Survey (Table 9.26). The survey identifies households in which a person with a disability lives. Households can also be categorised by the age of the 'reference person', who is the household member whose characteristics seem most likely to be associated with changes in household expenditure.

Table 9.26: Average weekly income and expenditure of household with or without people with disability or handicap, by age of household reference person,[a] 1993–94 ($)

Household income and expenditure	Age of household reference person								All households
	Under 65		65+		Under 65		65+		
	Whether household has persons with handicap[b]				Whether household has persons with disability[b]				
	Yes	No	Yes	No	Yes	No	Yes	No	
Average weekly income ($)									
Weekly income	656	827	371	343	709	860	356	335	724
Weekly income from government cash benefits	151	70	221	185	119	58	201	177	99
Average weekly expenditure ($)									
Current housing costs	70	99	40	38	81	104	39	40	85
Fuel and power	18	18	14	12	18	18	13	12	17
Food and non-alcoholic beverages	110	122	75	71	115	123	73	70	111
Alcoholic beverages	17	19	9	10	18	20	10	10	17
Tobacco	12	10	5	4	13	9	4	5	9
Clothing and footwear	30	38	19	18	33	40	17	19	34
Household furnishings and equipment	43	44	21	22	41	45	22	21	40
Household services and operation	31	34	23	22	31	35	23	21	32
Medical care and health expenses	33	28	24	20	31	28	22	18	27
Transport	98	106	41	46	96	109	44	47	94
Recreation	86	88	40	44	85	90	46	38	79
Personal care	11	12	7	8	12	13	8	7	11
Miscellaneous goods and services	43	53	19	20	46	55	20	21	46
Total commodity and service expenditure ($)	**601**	**672**	**338**	**336**	**618**	**688**	**340**	**329**	**602**

(a) The reference person is the household member whose characteristics seem most likely to be associated with changes in household expenditure, e.g. in couple households, the reference person is the partner with the highest income; in one-parent households, that parent is the reference person; and in lone-person households, that person is the reference person (ABS 1996b).

(b) The definitions of disability and handicap used in the 1993–94 Household Expenditure Survey do not exactly correspond to those in the Survey of Disability, Ageing and Carers 1993.

Note: The interpretation of these data requires some care, because the number of people in the household vary.

Source: AIHW analysis of the ABS 1993–94 Household Expenditure Survey (unit record file).

For households where the reference person was aged under 65 years and there was a person with a disability or handicap:

- average weekly income in 1993–94 was $656, compared to $827 for households with no such person;

- households where there was a person with a handicap derived relatively more income ($151) from government cash benefits than did households with a person with a disability ($119) or households with no persons with a disability ($58); this suggests some effective targeting of income support services;
- fuel and power expenditure was the same as other households;
- all other items of expenditure were lower, except for medical care and health expenses, and tobacco.

These indications are consistent with a recent study of the non-discretionary costs faced by people with a disability, involving interviews with over 1,000 Disability Support Pension recipients, 100 of whom completed a 2-week costs diary (Thomas 1997). It was estimated that some 80% of these additional costs related to transport, prescriptions, personal care goods and health practitioners.

Time use

People with a handicap reported somewhat different overall patterns of activity, compared with the rest of the population, in the 1992 nationwide Time Use Survey (Table 9.27).

People aged 15–64 with a severe handicap spent relatively more time on personal care (including sleeping) and passive leisure, and less time on labour force and educational activities, when compared with people in the same age range with no disability. Males with severe handicap also spent relatively less time on social activities and more time on domestic activities than other males.

The presence of severe handicap appeared to be related to larger male–female differences in some areas (education and social activities) and to smaller differences in others (domestic activities). For instance, females with no disability spent 7.7% of the day on social activities, and males 6.6%; with severe handicap, females still spent 7.3% of their day on social activities but males spent only 4.1%. In contrast, males and females with severe handicap spent more of the day on domestic activities than did those with no disability, and male–female differences were larger among those with no disability.

Employment

Overall, among working age people with a handicap, unemployment rates have worsened considerably since 1988 (Table 9.28). While unemployment rates for the total population, calculated from the ABS disability survey, rose from 8.2% in 1988 to 12.7% in 1993,[5] those for people with a handicap rose in the same period from 12.0% to 19.2%. The change may be partly related to rising participation rates of people with 'mild' handicap or 'employment limitation only'; participation rates for people with a handicap rose from 40.2% in 1981 to 47.6% in 1993. This change may signify a greater propensity for these people to look for work, or a greater propensity for people to report difficulty and to be included in the 'handicap' category.

5 Estimates from ABS labour force surveys in 1993 were as follows: the unemployment rate was 10.9%, with the average for males 11.5% and for females 10.1%; the participation rate for males was 73.8% and for females 51.8% (ABS 1993c).

Table 9.27: Percentage of day spent on activity groups: people aged 5–64, by sex and by disability status,[(a)] 1992

	Severe handicap			Disability without severe handicap			No disability			Total persons		
	Males	**Females**	**Persons**	**Males**	**Females**	**Persons**	**Males**	**Females**	**Persons**	**Males**	**Females**	**Persons**
Labour force and household												
Labour force	8.3	3.4	5.5	16.2	5.9	11.7	22.4	11.1	16.7	21.0	10.2	15.7
Household	12.3	20.8	17.1	12.3	21.1	16.1	8.9	20.0	14.5	9.5	20.1	14.8
Domestic activities	8.7	13.1	11.1	8.3	14.3	10.9	5.7	12.0	8.9	6.3	12.4	9.3
Child care/minding	0.9	3.5	2.4	1.0	2.5	1.6	1.1	4.2	2.7	1.1	3.9	2.5
Purchasing	2.7	4.2	3.6	3.0	4.3	3.6	2.1	3.8	2.9	2.2	3.9	3.0
Total labour force and household	*20.6*	*24.2*	*22.6*	*28.5*	*27.0*	*27.8*	*31.3*	*31.1*	*31.2*	*30.6*	*30.4*	*30.5*
Total personal	50.8	45.8	48.0	43.6	45.3	44.3	42.0	42.7	42.3	42.4	43.1	42.8
Total education	3.9	0.5	2.0	1.0	1.1	1.1	3.0	2.6	2.8	2.6	2.3	2.5
Total community	1.1	1.8	1.5	2.5	2.3	2.4	1.5	1.7	1.6	1.7	1.8	1.7
Social and leisure												
Social activities	4.1	7.3	5.9	6.3	7.5	6.8	6.6	7.7	7.2	6.5	7.7	7.1
Active leisure	2.9	3.8	3.4	3.0	2.9	3.0	4.0	3.0	3.5	3.8	3.0	3.4
Passive leisure	16.5	16.4	16.4	14.9	13.7	14.4	11.5	11.2	11.4	12.2	11.7	12.0
Total social and leisure	*23.5*	*27.5*	*25.8*	*24.2*	*24.2*	*24.2*	*22.1*	*21.9*	*22.0*	*22.6*	*22.3*	*22.4*
Undescribed	—	0.2	0.1	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) The definitions of disability and handicap in the ABS 1992 Time Use Survey do not exactly correspond to those in the Survey of Disability, Ageing and Carers 1993.

Source: ABS 1992 Time Use Survey unpublished data.

Table 9.28: Percentage of people aged 15–64 years in households, by unemployment and labour force participation rates and by disability status, 1981, 1988, 1993[a]

		Handicap				Total with a handicap	Disability without handicap	Total with a disability	No disability	Total with & without a disability
	Year	Severe	Moderate	Mild	Not determined[b]					
Unemployment rate[c]										
Males	1981	6.7	7.4	8.7	20.2	10.2	4.8	7.0	—	—
	1988	7.8	10.8	8.0	17.7	11.4	6.9	10.1	6.7	7.0
	1993	18.1	14.7	22.5	21.2	20.0	14.9	18.1	11.9	12.5
Females	1981	13.4	12.6	16.2	21.9	15.6	12.2	13.8	—	—
	1988	14.8	9.5	12.1	17.5	13.2	14.9	13.6	9.7	10.0
	1993	19.0	18.3	19.4	15.6	18.0	17.2	17.7	12.4	12.8
Persons	1981	9.5	8.9	11.1	20.8	12.0	7.0	9.1	—	—
	1988	11.3	10.3	9.5	17.7	12.0	9.4	11.3	7.9	8.2
	1993	18.5	16.1	21.2	19.3	19.2	15.6	18.0	12.1	12.7
Participation rate										
Males	1981	37.4	55.2	56.8	51.6	49.8	89.9	67.5	—	—
	1988	37.9	49.7	62.2	68.4	55.3	88.3	61.9	89.8	85.9
	1993	34.8	47.7	54.7	70.9	53.2	84.4	61.4	88.1	84.1
Females	1981	24.3	32.8	34.1	28.9	29.3	50.9	38.0	—	—
	1988	31.5	33.8	41.7	45.9	37.6	56.4	40.7	62.7	60.1
	1993	25.4	39.2	44.9	57.4	40.9	56.7	44.7	65.4	62.9
Persons	1981	30.7	45.9	46.7	40.6	40.2	73.2	54.2	—	—
	1988	34.4	42.6	52.7	59.3	47.1	75.3	52.2	76.2	73.2
	1993	30.0	43.9	50.1	65.5	47.6	72.8	53.9	76.7	73.6

(a) The percentages of disability and handicap have been standardised using the age and sex structures of the estimated resident population at March 1993 for comparative purposes. The estimates for the 1993 disability survey data were made using definitions as close as possible to the definitions of the 1981 and 1988 disability surveys.
(b) This group comprises all people who had a schooling or employment limitation only.
(c) For details of employment status by disability status, see Table A9.9.

Sources: ABS unpublished data; AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers confidentialised unit record file.

However, the situation is rather more bleak for people with severe handicap. Their participation rates did not rise over the period, remaining at around 30% or just over for the three surveys, while their unemployment rates rose from 11.3% in 1988 to 18.5% in 1993 (compared with a rise in the overall unemployment rates from 8.2% in 1988 to 12.7% in 1993).

Male and female rates of unemployment among those with severe handicap (or any handicap) have become closer, but only because male rates have risen to or exceeded female rates, rather than because of any improvement in female rates.

Education

The inclusion of students with a disability into mainstream education is now accepted policy in most States and Territories. A perspective on trends in school education is given by the self-reported school attendance data from the ABS disability surveys (Table 9.29). Overall, there was a higher percentage of people aged 5–20 years, with a handicap, in schools in 1993 than in 1981. Students with handicaps of all severities were more likely to be attending special classes in ordinary schools in 1993 than in 1981. Evidence on overall attendance at special schools, or in ordinary classes at ordinary schools, was more equivocal—an apparent rise in 1988 and then a fall in 1993. Students with a severe handicap were more likely in 1993 to be attending ordinary schools than they were in 1981, the increase being higher for special classes than for ordinary (mainstream) classes.

The rising percentage of people attending school (and of those not attending school) and reporting handicap mirrors the overall increase in the proportion of the population reporting handicap. Most (91.2%) of those not attending school in 1993 were in fact in the 15–20 age range, and approximately one-third of these were aged 20 (AIHW analysis of ABS 1993 disability survey).

An analysis of longer term trends, using a wider variety of data sources, provides confirmation of the trend away from special schools (Dempsey & Foreman 1995). The authors found a drop in the numbers recorded as attending special schools Australia-wide, from approximately 25,200 in 1976 to under 18,000 in 1993. The authors also found that, although males and females appeared equally likely to be attending special schools, males were much more likely than females to attend special classes (support classes) within ordinary schools. School placement in a regular class in 1993 was more likely to occur for people with only one disabling condition; 90.5% of students with only one disability, and 70.8% of students with two or more disabilities, were in regular classes.

Self-care, mobility and communication

It has been established that participation restriction in the areas of self-care, mobility and verbal communication, if indicated in terms of need for assistance, has remained fairly stable over the years of the three ABS disability surveys (Table 9.6). An estimated 13,500 people with severe or profound handicap (i.e. always or sometimes needs assistance with self-care, mobility or verbal communication) were unable to obtain that assistance in 1993 because services were unavailable or could not be arranged (Table 9.7). A greater number did not receive the needed assistance for other reasons, giving a total, for all reasons combined, of approximately 70,000 people who did not receive the services they said they needed.

Table 9.29: Percentage of school-aged people (aged 5–20 years), by school attendance and type of school and class, by disability status, 1981, 1988, 1993[a]

Type of school/class	Severe	Moderate	Mild	Schooling limitation only	Total with a handicap	Disability without handicap	Total with a disability
Ordinary school class							
1981	0.5	0.2	0.2	0.5	1.5	1.6	3.1
1988	0.7	0.5	0.9	0.9	3.0	1.0	4.0
1993	0.8	0.2	0.5	0.8	2.3	1.2	3.6
Ordinary school (special class)							
1981	0.2	0.1	0.0	0.3	0.6	0.0	0.6
1988	0.3	0.1	0.1	0.3	0.8	0.0	0.8
1993	0.6	0.1	0.1	0.5	1.4	0.0	1.4
Special school							
1981	0.3	0.0	0.0	0.1	0.4	0.0	0.4
1988	0.4	0.0	0.0	0.1	0.5	0.0	0.5
1993	0.3	0.0	0.0	0.0	0.3	0.0	0.3
Total attending school							
1981	1.0	0.3	0.3	0.9	2.5	1.6	4.1
1988	1.4	0.6	0.9	1.2	4.2	1.0	5.2
1993	1.7	0.4	0.6	1.3	4.0	1.3	5.3
Not attending school							
1981	0.2	0.1	0.1	0.1	0.6	0.9	1.6
1988	0.3	0.2	0.3	0.3	1.1	0.4	1.5
1993[b]	0.5	0.1	0.3	0.3	1.2	0.5	1.7
Total							
1981	1.2	0.4	0.4	1.0	3.1	2.6	5.7
1988	1.7	0.8	1.3	1.6	5.3	1.3	6.7
1993	2.2	0.5	0.9	1.6	5.2	1.7	6.9

(a) The percentages of disability and handicap have been standardised using the age and sex structures of the estimated resident population at March 1993 for comparative purposes. The estimates for the 1993 disability survey data were made using definitions as close as possible to the definitions of the 1981 and 1988 disability surveys.
(b) Included with 1,379 people who reported 'do not know' about the type of school attending.

Sources: ABS unpublished data; AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers confidentialised unit record file.

9.5 Summary

Disability services are generally directed towards enhancing people's participation in a range of community activities, although they may also affect other dimensions of disability (for instance, impairments at organ level, and activity limitations, affecting the whole person).

Prevalence of disability

In 1993 an estimated 1,519,000 people aged under 65 years reported a limitation or restriction in performing certain tasks associated with self-care, mobility, verbal communication, schooling or employment (9.7% of the population in that age group). A total of 368,300 (or 2.6% of the population aged 5–64 in 1993) reported that they always or sometimes needed personal assistance or supervision with activities of daily living (self-care, mobility or verbal communication)—that is, they had a 'severe or profound handicap'. This group is of special significance when considering the need for disability support services designed to provide living assistance, to enable people with a disability to participate as fully as possible in society. The age- and sex-standardised rate of severe or profound handicap (approximately 2.5% of the 5–64 age group) has been fairly constant over the 12 years of national population surveys on disability.

Work has begun on reviewing the definitions and prevalence estimates of some of the major disability groupings referred to in the disability field, starting with intellectual disability. Intellectual disability is usually defined in terms of 'low general intellectual functioning', and also of 'difficulties in adaptive behaviour'. Prevalence estimates of intellectual disability have ranged between 0.4% and 1.86% of the population, depending on the definition used, and on the sampling and measurement methods. As a result of a review of the major definitions and estimates, a prevalence figure of 0.99% or 174,000 is suggested for use in Australia. People with intellectual disability frequently have a range of associated disabilities and needs, and this is reflected in their high representation in ongoing support services.

There is little reliable national data on disability among Indigenous people. Further work is recommended, as a priority, to address the conceptual issues appropriately, and to overcome the very real sampling problems in national population surveys.

Unmet demand for services

In 1993, an estimated 13,500 people with a severe or profound handicap reported an unmet demand for formal services of the type provided as accommodation support or respite services under the CSDA. A further, double impact is likely to increase pressure on services and the social security system in the near future—the ageing of carers (an estimated 7,700 people with severe or profound handicap had a principal carer aged 65 or more); and the ageing of people with a disability (a projected 19% growth in the number of people with severe or profound handicap and aged 45-64 years, between 1995 and 2001). There is also unmet demand for the training and employment assistance provided under the Disability Reform Package—an estimated demand of 60,000 places, compared with the current supply of 27,000 places.

Services

Formal services for people with a disability include: disability-specific income support; disability support services; and generic services. Data on informal care and assistance provide an important and complementary perspective.

Income support

Major disability-related payments made by the Commonwealth totalled $5.8 billion in 1995–96. Over $4 billion of these outlays were paid to the almost half-million recipients

of the Disability Support Pension. There have been significant increases over the last decade in the numbers of recipients of the Disability Support Pension.

Disability support services provided under the CSDA

Support services provided under the Commonwealth/State Disability Agreement (CSDA) include accommodation and accommodation support, community support services, employment support services and respite services. These services—an increasingly varied mix—reach a more targeted group of people, who require ongoing support.

A total of $1,264 million was provided by Australian governments in 1995–96 for the funding of these services: $728 million (approximately 58%) was provided to non-government and government services for accommodation services; $331 million for community support, community access and respite services; and $169 million for employment support services.

On the snapshot day of the national collection, some 68,488 clients accessed CSDA services, with larger numbers accessing the services over the whole year, especially for service types with a large client turnover. Overall, there were more clients in the non-government sector than the government sector, for all service types.

Disability support services are targeted at people with a need for ongoing support, and these needs are reflected in the data. Some 72% of CSDA clients were reported to need continual, frequent or occasional help with activities of daily living (self-care, mobility and/or communication). Support and assistance may also be needed in social and emotional areas. The great majority of clients needed continual, frequent or occasional support in managing emotions (85%), learning (69%) and self-direction (70%).

Other services relevant to people with a disability

Improved access to generic services is being worked towards in a number of ways. Under the Disability Discrimination Act, standards relating to transport, access to premises, employment, education and information are being developed.

In 1996 there were 80,737 school students, and in 1997 1,861 trainees and apprentices, who reported disability in order to receive recognition and assistance within mainstream education and training services. Of the 389,401 males receiving mainstream labour market assistance in 1995–96, 18.9% reported a disability, as did 12.8% of the 236,852 females assisted.

Younger people with a disability also use services designed primarily for aged care purposes, sometimes because that is all that is available. In 1993–94 approximately 8,000 Home and Community Care clients (around 19% of the total) were aged under 65 years. Over 2,000 younger people with a disability were using other aged care services, including nursing homes and hostels.

Informal care

People with a disability receive significant assistance from family and friends. For example, for 82% of those with a severe or profound handicap who reported the need for help in 1993, the main provider of assistance with self-care activities was an informal carer usually resident in the same household. Caring for a person with a

disability is likely to be a long-term commitment. Parent carers of people with a severe or profound handicap in 1993 had, on average, been caring for longer periods of time than other family members. It is estimated that, of some 7,700 parents aged 65 years or more who were principal carers in 1993, almost half had been caring for the person with severe or profound handicap for over 30 years.

Recent developments

Governments have decided to take a reduced role in direct service provision, seeking instead to become purchasers of services involved in standard setting, planning and policy development. The Commonwealth / State Disability Agreement is currently being renegotiated.

Outcomes

Service outcomes

Disability service standards are in place in all Australian jurisdictions. Qualitative reports have provided evidence of the need for improvements in the quality of specific accommodation services, institutions, and schools. These reports reveal a gap between the standards set in legislation and national standards, and the resources which Australian society is willing to find for the purposes of providing services in accordance with the standards set.

Access to disability support services is also an issue, with the finding that there were an estimated 13,500 people in 1993 with unmet demand for the types of services provided as accommodation, accommodation support and respite under the CSDA. With the ageing of the population and the ageing of carers, this unmet demand is not likely to lessen in the next decade.

The efficacy of open employment services for people with a disability is suggested by the finding that, among their clients, the number of workers increased by 31% during 1996. The time spent to gain a job, the duration of jobs, and the rates of pay were also examined as key outcome indicators. These outcomes appeared to be related to a range of client factors including sex, age, Indigenous status, primary disability type, presence of another disability, living arrangements, and the extent of need for assistance with activities of daily living. It is an important finding that these interrelationships were complex, and could not be simplified to derive a simple, predictive model of factors likely to lead to successful job experience.

Outcomes for people

'Participation' has been adopted as a key goal of disability services nationally, and as a major dimension of the international conceptualisation of disability. Overall, people with a disability were found to be participating in every sphere of Australian life examined, but not as fully as people without disability. Households in which they lived had lower income levels in 1993–94 and correspondingly lower expenditure levels (except on medical and health expenses); the effects of these income differences are mitigated by government benefits. People with a disability spent more time on passive leisure activities and personal care, and less on labour force activities and education, than others in the population. Their experience of rising unemployment in recent years has been worse than that of the general population.

A fairly constant proportion of people (allowing for changes in the age and sex structure of the population), over a 12-year period, have reported the need for assistance with activities of daily living such as self-care, mobility and communication, although a large number were not receiving this assistance in 1993.

Trends in types of residence and living arrangements suggest that de-institutionalisation was a reality between the years 1981 and 1993. In 1981, there were on average 10.9 people aged under 65 years with a severe handicap living in establishments for every 100 living in households; by 1993, the ratio was 5.1. Much of this change is reflected in the higher numbers and proportions of people with a severe handicap living with relatives: in 1981, some 265,000 and by 1993, 324,000, (age-standardised expected numbers, showing an increase not attributable to changes in the age structure of the population). This finding highlights the complementary nature of informal and formal care, the importance of adequate provision of accommodation support and respite services, and the importance of monitoring the situation of carers.

The future

Disability services in Australia, having evolved quite rapidly since the early 1980s, are continuing to change. Pressures for change have arisen from the expectations of people with disabilities, changing philosophies of service delivery, and ideas about the role of government, the non-government and private sectors, and the family.

The increasing policy focus on access to mainstream services, community–based support services and on recognition of carers is in line with the major changes in the lives of people with a disability outlined in this chapter. Overall, people with a disability are participating in many spheres of Australian society, although generally not as fully as other Australians. Over the last decade they have become more likely to be living in households, attending ordinary schools and seeking employment.

Evident in the service system are gaps between demand and provision, and between standards set and achieved. The growth in the population aged 40+ years, and the ageing of carers, will only increase pressure on services. These conflicting pressures will test the commitment of the Australian community to the stated policy goals for people with disabilities in Australia.

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Appendix tables

Chapter 2 Welfare services expenditure

Table A2.1 : Commonwealth and State and Territory government recurrent expenditure on welfare services in constant (average 1989–90) prices, 1989–90 to 1995–96 ($'000)

		Recipients of Commonwealth transfer payments					
	Common-wealth direct expenditure[a]	State and Territory Govern-ments	Local govern-ments	NGCSOs[b]	Total Common-wealth expenditure	State expenditure net of Common-wealth transfers	Total Common-wealth and State and Territory expenditure
Family and child welfare services							
1989–90	13,643	14,994	79,123	112,669	220,429	582,812	803,241
1990–91	16,656	14,964	72,364	137,743	241,728	565,338	807,066
1991–92	19,214	22,851	113,995	250,066	406,127	580,710	986,837
1992–93	19,714	24,867	135,615	314,854	495,049	611,735	1,106,784
1993–94	21,119	23,259	146,117	412,610	603,105	658,591	1,261,696
1994–95	25,594	25,248	155,998	495,120	701,960	682,319	1,384,279
1995–96	50,005	29,089	156,829	542,056	777,979	730,104	1,508,084
Average annual growth[c] (%)	*24.2*	*11.7*	*12.1*	*29.9*	*23.4*	*3.8*	*11.1*
Aged and disabled welfare services							
1989–90	74,358	167,425	58,912	315,719	616,414	996,571	1,554,544
1990–91	107,376	181,005	67,630	509,155	865,167	1,063,601	1,862,389
1991–92	140,317	196,700	75,639	559,180	971,836	1,174,494	2,103,490
1992–93	148,891	345,543	78,906	540,773	1,114,113	1,204,216	2,275,798
1993–94	164,129	535,031	85,762	503,562	1,288,483	1,044,615	2,357,669
1994–95	165,736	560,152	85,619	582,564	1,394,071	1,120,928	2,529,861
1995–96	175,786	620,847	92,162	657,908	1,546,702	1,147,827	2,694,529
Average annual growth[c] (%)	*15.4*	*24.4*	*7.7*	*13.0*	*16.6*	*2.4*	*8.9*

(continued)

Table A2.1 (continued): Commonwealth and State and Territory government recurrent expenditure on welfare services in constant (average 1989–90) prices, 1989–90 to 1995–96 ($'000)

	Common-wealth direct expenditure[a]	Recipients of Commonwealth transfer payments			Total Common-wealth expenditure	State expenditure net of Common-wealth transfers	Total Common-wealth and State and Territory expenditure
		State and Territory Govern-ments	Local govern-ments	NGCSOs[b]			
Other welfare services							
1989–90	26,747	74,972	4,461	22,372	128,552	162,128	290,681
1990–91	36,514	82,099	1,293	27,680	147,586	178,691	326,279
1991–92	47,521	87,469	968	22,474	158,432	159,519	317,952
1992–93	65,171	88,901	1,658	31,967	187,697	210,420	398,117
1993–94	53,979	92,401	1,701	46,067	194,149	239,510	434,709
1994–95	66,095	77,029	1,376	55,400	199,899	253,407	453,307
1995–96	76,549	121,305	1,071	47,995	246,921	212,567	459,487
Average annual growth[c] (%)	*19.2*	*8.4*	*–21.2*	*13.6*	*11.5*	*4.6*	*7.9*
Total welfare services							
1989–90	114,748	257,391	142,496	450,760	965,395	1,741,511	2,706,906
1990–91	160,546	278,069	141,287	674,579	1,254,481	1,807,630	3,062,111
1991–92	207,052	307,021	190,602	831,720	1,536,395	1,914,722	3,451,117
1992–93	233,776	459,310	216,179	887,594	1,796,859	2,026,370	3,823,229
1993–94	239,226	650,692	233,580	962,239	2,085,737	1,942,716	4,028,453
1994–95	257,425	662,429	242,993	1,133,084	2,295,930	2,056,655	4,352,585
1995–96	302,340	771,240	250,063	1,247,959	2,571,602	2,090,498	4,662,100
Average annual growth[c] (%)	*17.5*	*20.1*	*9.8*	*18.5*	*17.7*	*3.1*	*9.5*

(a) Commonwealth direct outlays total outlays minus Commonwealth transfer payments to State and Territory Governments, local governments, and non-government organisations.
(b) The term 'non-government organisations' includes for-profit and not-for-profit non-government organisations.
(c) Average annual growth rates are calculated using an exponential growth rate formula.

Sources: As for Table 2.3.

Table A2.2: Per person expenditure on welfare services, by OECD countries, 1980–92 ($A)

Country	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992
Australia[a]	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	144.55	163.02	167.72	199.12	227.03	264.54
Australia[b]	25.25	26.47	32.20	37.61	43.33	46.87	56.37	108.95	124.61	127.10	156.40	183.99	214.84
Austria	28.09	34.92	38.33	41.37	39.31	39.88	42.11	44.66	53.21	56.43	58.18	59.88	63.58
Belgium	25.12	29.02	31.32	33.85	35.78	37.83	40.12	43.46	44.15	49.58	52.52	48.96	56.29
Canada	215.37	229.25	275.56	304.55	320.55	356.87	423.04	490.44	547.49	603.85	666.79	687.79	787.82
Denmark	416.44	476.88	559.02	592.89	630.62	700.07	757.15	827.58	923.43	987.35	1,035.14	1,074.81	1,133.07
Finland	112.44	135.43	174.79	181.79	267.63	321.50	359.60	407.85	465.97	536.73	633.64	696.92	682.94
France	99.03	104.86	122.31	134.14	147.27	154.91	171.47	192.06	214.44	229.84	242.20	263.41	283.67
Germany	82.10	93.47	102.19	108.93	116.92	125.03	139.18	158.97	180.82	200.42	216.69	166.01	165.06
Greece	0.47	0.50	0.60	0.82	0.79	1.35	1.53	1.53	1.94	2.10	2.10	1.61	1.82
Ireland	38.64	44.54	51.39	57.56	62.17	69.30	74.59	81.24	83.96	89.23	101.99	107.83	117.70
Italy	0.03	0.03	0.03	0.04	0.04	0.04	0.05	0.06	0.06	0.07	0.07	0.07	0.08
Japan	33.44	37.42	42.48	46.69	50.42	55.48	67.89	67.65	76.47	81.73	94.33	104.14	113.76
Luxembourg	49.90	60.54	67.84	72.31	82.01	88.86	98.25	114.16	181.44	215.08	249.08	274.40	325.36
Netherlands	112.96	129.55	141.16	153.87	148.21	146.02	177.61	195.86	208.93	249.41	278.55	249.90	267.90
New Zealand	33.83	37.37	39.55	44.93	51.88	60.22	72.84	85.85	93.50	104.66	31.01	37.48	48.07
Norway	85.80	63.96	74.16	76.95	94.96	199.58	144.06	157.10	282.20	299.97	328.46	436.20	533.80
Portugal	6.65	8.39	10.20	13.53	17.77	18.10	21.87	27.84	31.91	34.54	36.67	36.79	37.72
Spain	5.80	6.54	7.96	9.31	9.66	11.12	12.05	14.45	17.11	21.00	26.63	28.12	33.10
Sweden	417.38	474.58	513.51	591.21	654.96	706.26	789.65	884.83	990.72	985.35	1,119.46	1,130.74	1,415.64
United Kingdom	89.15	95.18	106.34	117.35	121.12	126.15	143.82	161.29	174.51	188.84	209.00	205.81	233.92
United States of America	101.62	119.03	117.55	132.35	137.90	139.18	141.65	151.69	166.31	174.68	189.53	209.27	227.12
All countries' average[c]	**78.66**	**88.86**	**95.46**	**105.90**	**112.54**	**118.82**	**129.89**	**144.44**	**161.01**	**172.81**	**189.85**	**197.07**	**216.96**

(a) Commonwealth government plus State and Territory government expenditure.
(b) Commonwealth government expenditure only.
(c) All countries' average was estimated using aggregate expenditure by all countries in $A values (based on PPPs) and aggregate population of all countries.

Source: OECD unpublished data.

Chapter 4 Children's and family services

Table A4.1: Estimated number of children 12 years of age and under, by age, June 1996 ('000)

Age in years	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia[a]
0	85.5	60.6	46.9	24.8	18.8	6.4	4.5	3.7	251.3
1	86.6	63.3	47.5	25.0	19.3	6.7	4.5	3.6	256.6
2	87.1	63.5	47.9	25.1	19.3	6.8	4.4	3.5	257.6
3	88.1	63.7	48.2	24.9	19.7	6.7	4.5	3.5	259.3
4	87.4	63.3	48.5	25.0	19.6	6.7	4.5	3.6	258.6
5	89.1	64.3	49.6	25.9	20.1	7.0	4.6	3.2	263.9
6	88.4	63.8	49.1	26.5	20.2	6.9	4.5	3.2	262.7
7	87.0	62.6	47.8	26.3	20.0	7.0	4.4	3.2	258.4
8	86.4	62.6	47.6	26.2	19.8	6.9	4.4	3.2	257.2
9	85.5	61.8	47.9	26.5	20.0	7.1	4.3	3.2	256.3
10	86.4	62.2	49.0	26.8	20.6	7.2	4.3	3.2	259.8
11	86.6	62.9	49.4	26.8	20.6	7.5	4.4	3.1	261.4
12	86.2	61.9	49.8	26.4	21.0	7.3	4.4	3.0	260.0
Total aged 0–4	*434.6*	*314.4*	*239.0*	*124.8*	*96.9*	*33.2*	*22.3*	*17.9*	*1,283.4*
Total aged 5–12	*695.7*	*502.1*	*390.2*	*211.5*	*162.2*	*57.0*	*35.2*	*25.4*	*2,079.7*
Total population	**6,190.2**	**4,541.0**	**3,354.7**	**1,762.7**	**1,479.2**	**473.4**	**307.5**	**177.7**	**18,289.1**

(a) Rows may not sum to total because 'Australia' includes 'other territories'.

Source: ABS 1997b:18–19.

Table A4.2: CSP-funded operational child care places, by type of service, as at 30 June, 1989–96

Type of service	1989[a]	1990[a]	1991	1992	1993	1994	1995	1996
Long day care centres								
Community-based	39,641	39,601	39,567	40,262	42,777	43,399	44,566	45,601
Private-for-profit	. .	. .	36,700	53,210	53,920	70,587	88,614	109,691
Employer and other non-profit	. .	. .	[d]	[d]	7,455	9,787	11,295	12,771
Family day care	39,550	40,974	42,501	45,454	47,855	51,651	54,041	60,091
Occasional /other care[b]	4,632	4,797	5,059	5,634	5,626	6,228	6,365	6,575
Outside school hours care[c]	30,568	37,212	44,449	48,222	50,340	59,840	64,046	71,846
Total	**114,391**	**122,584**	**168,276**	**192,782**	**207,973**	**241,492**	**268,927**	**306,575**

(a) Approved places.
(b) Includes occasional care centres and neighbourhood model services, MACS and other multifunctional services.
(c) Includes vacation care funded under the year round care model in 1993–96.
(d) Included in private-for-profit long day care centres.

Sources: DCSH 1989:61; DCSH 1990:66; DHFS 1996–97; DHHCS 1991:69; DHHCS 1992:82; DHHLGCS 1993:75; DHSH 1994:128.

Table A4.3 : Educational programs for children before entry to Year 1, by State and Territory, 1996

State	Program	Full-time or sessional[a]	Location	Age at entry[b]	Authority[c]
Pre-Year 1					
New South Wales	Kindergarten	Full-time	Primary school	5 by 31 July	Education department
Victoria	Preparatory	Full-time	Primary school	5 by 30 April	Education department
Queensland	Preschool	Sessional	Primary school	5 by 31 Dec.	Education department
	Kindergarten	Sessional	Community facility	5 by 31 Dec.	Education department
Western Australia	Pre-primary	50% full, 50% sessional[d]	Primary school	5 by 31 Dec.	Education department
	Preschool	40% full, 60% sessional[d]	Local council facility	5 by 31 Dec.	Education department
South Australia	Reception	Full-time	Primary school	5 in previous school term	Education department
Tasmania	Preparatory	Full-time	Primary school	5 by 1 Jan.	Education department
Australian Capital Territory	Kindergarten	Full-time	Primary school	5 by 30 April	Education department
Northern Territory	Transition	Full-time	Primary school	5 by 30 June	Education department
Year prior to pre-Year 1					
New South Wales	Preschool	Both types	Community facility	Various	Community services
	Preschool	Both types	Primary school	4 by 31 July	Education department
Victoria	Preschool	Sessional	Community facility	4 by 30 April	Community services
Queensland	Kindergarten	Sessional	Community facility	4 by 31 Dec.	Education department
Western Australia	Kindergarten	Sessional	Primary school	4 by 31 Dec.	Education department
	Family Centre	Sessional	Community facility	4 by 31 Dec.	Community services
South Australia	Preschool	Sessional	Primary school	4 in previous school term	Education department
	Kindergarten	Sessional	Community facility	4 in previous school term	Education department
Tasmania	Kindergarten	Sessional	Primary school	4 by 1 Jan.	Education department

(continued)

Table A4.3 (continued): Educational programs for children before entry to Year 1, by State and Territory, 1996

State	Program	Full-time or sessional[a]	Location	Age at entry[b]	Authority[c]
Australian Capital Territory	Preschool	Sessional	Preschool facility	4 by 30 April	Education department
Northern Territory	Preschool	Sessional	Primary school	After 4th birthday	Education department

(a) 'Sessional' indicates that the same group of children attend three or four sessions per week, each session being about 2.5–3 hours. 'Full-time' attendance is about 6 hours per day, 5 days per week. Programs covered in this table operate during school terms only; other preschool programs, such as those provided in long day care centres, are not included.
(b) 'Age at entry' refers to the age children should be when they enter the program in order for the program to receive funding. In all States and Territories except South Australia and the Northern Territory, children begin these programs in February. In South Australia, children begin Preschool or Kindergarten in the term after their 4th birthday, and Reception in the term after their 5th birthday. In the Northern Territory, children begin Preschool after their 4th birthday; they begin Transition in the first half of the following school year if their 5th birthday is on or before 30 June, and at the beginning of the following school year if their birthday is after 30 June.
(c) 'Authority' refers to the State or Territory government department which provides the funding for the program. Programs may be funded by one department, but licensed by another.
(d) In Western Australia, 'full-time' means 4 full school days per week.

Source: Moyle et al. 1996: Table 2.1 (with updated information provided by State and Territory education and community services departments).

Table A4.4: Commonwealth expenditure, in current and constant (average 1989–90) prices, on children's services, 1989–90 to 1995–96 ($m)

Year	Current prices	Constant prices
1989–90	215.8	215.8
1990–91	245.6	233.4
1991–92	439.8	401.4
1992–93	546.2	485.3
1993–94	676.4	593.8
1994–95	873.4	767.8
1995–96	990.6	854.4

Notes
1. The Government Final Consumption Expenditure deflator has been used to adjust expenditure for inflation.
2. Expenditure on Childcare Cash Rebate included from 1994–95.

Sources: DCSH 1990; DHHCS 1991; DHHCS 1992; DHHLGCS 1993; DHFS unpublished data.

Table A4.5: Children in CSP-funded child care services, by type of service, as at June 1996

Type of service	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Long day care centres									
Community-based	27,600	18,800	12,000	7,400	8,900	4,100	1,600	1,500	81,900
Private-for-profit	78,900	28,600	74,600	17,200	5,400	1,500	1,400	600	208,200
Employer and other non-profit	6,500	6,400	2,100	2,800	1,000	500	1,300	300	20,900
Family day care	28,400	26,600	21,400	6,600	10,400	4,200	3,700	1,100	102,400
Before/ after school care	31,200	29,700	24,000	7,100	11,800	2,800	4,900	1,100	112,600
Occasional care	9,500	11,700	5,800	4,200	3,000	2,200	900	500	37,600
Other	2,200	1,000	1,100	700	400	100	. .	1,300	6,700
Total	**184,300**	**122,800**	**141,000**	**46,000**	**40,900**	**15,400**	**13,800**	**6,400**	**570,300**

Notes
1. 'Other' includes multifunctional services, MACS and mobile services.
2. In 1996 there were estimated to be 26,600 children in vacation care (year round care). CSP statistics do not include these children in the total as it is considered that they may also be attending before/after school care.
3. Totals are indicative only, as children who attend more than one service type are counted in each.

Source: DHFS 1996b.

Table A4.6: Number of children in long day care centres, according to ABS[(a)] and CSP[(b)] data, 1996 ('000)

Data source		NSW	Vic	Qld	WA	SA	TAS	ACT	NT	Australia
ABS	(March)	55.2	35.4	49.8	16.7	11.1	*4.0	*4.0	*1.6	177.7
CSP	(June)	113.0	53.8	88.7	27.4	15.3	6.1	4.3	2.4	311.0

(a) ABS survey estimates of number of children under 12 years attending a long day care centre.
(b) CSP census estimates of number of children under 13 years attending a CSP-funded long day care centre.
* Subject to relative standard error of between 25% and 50%.

Note: Rows may not sum to total due to rounding.

Sources: ABS 1997a:14; DHFS 1996b.

Table A4.7: Children under 12 years using formal care, informal care, both and neither, by type of care and age of child, March 1996 (%)

	Age of child (years)								
Type of care	**Under 1**	**1**	**2**	**3**	**4**	**5**	**6–8**	**9–11**	**Total**
Formal care	7.6	22.0	35.5	56.3	62.1	12.2	9.2	6.2	20.1
Informal care	33.6	41.6	42.9	42.4	40.0	33.7	34.1	33.3	36.4
Formal and/or informal care	38.0	55.1	62.5	75.3	76.8	41.3	40.1	37.3	48.4
No care	62.0	44.9	37.5	24.7	23.2	58.7	59.9	62.7	51.6
Number of children ('000)	**261.4**	**258.0**	**257.9**	**258.1**	**257.9**	**263.2**	**772.8**	**774.4**	**3,102.8**

Note: Components ('Formal care' and 'Informal care') do not add to total ('Formal and/or informal care') because children could use more than one type of care.

Source: ABS 1997a:13.

Table A4.8: Children enumerated in the CSP Child Care Census, by type of service, 1994 or 1995

Type of service	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Long day care centres									
Community-based	26,896	17,678	10,753	7,158	7,962	3,700	1,451	1,259	76,857
Private-for-profit	52,880	18,991	53,729	10,810	3,636	912	1,368	187	142,513
Employer and other non-profit	4,984	5,522	1,941	1,246	1,028	418	1,223	293	16,655
Family day care	24,323	23,660	14,627	5,444	8,630	3,664	2,965	898	84,211
Occasional care centres	3,968	3,502	2,064	1,692	685	418	356	176	12,861
Multifunctional services	104	171	195	227	114	. .	. .	186	997
MACS	737	317	133	159	132	79	. .	175	1,732
Before/after school care	22,141	18,974	14,150	4,722	9,191	1,930	3,037	627	74,772
Vacation care	3,704	2,782	2,907	1,037	1,524	. .	272	. .	12,226

Notes
1. Children attending both before/after school care and vacation care are counted in each service type.
2. The CSP census in 1995 covered only long day care centres and family day care services. The most recent year for which data on occasional care and outside school hours care services are available is 1994.

Sources: DHFS 1996a, 1997d.

Table A4.9: Costs of child care and government assistance, by family type, April 1997 ($ per week)

Family type[(a)]	Income from earnings or pension	Dispoable income[(b)]	Fee charged by service	Cost to govern-ment	Cost to parent
			Community-based long day care centre		
Families with one child under 5 years					
Sole parent pensioner—studying	287.51	287.51	116.66	83.80	32.86
Sole parent working—0.75 AWE	435.53	469.78	116.66	83.80	32.86
Couple family with one income—AWE	580.70	515.11	116.66	72.35	44.31
Couple family with two incomes—1.75 AWE	1,016.23	828.41	116.66	16.31	100.35
Couple family with two incomes—2.5 AWE	1,451.75	1,117.31	116.66	4.93	111.73
Families with two children under 5 years					
Sole parent pensioner—studying	339.36	339.36	233.31	181.19	52.12
Sole parent working—0.75 AWE	435.53	521.62	233.31	181.19	52.12
Couple family with one income—AWE	580.70	530.65	233.31	171.02	62.29
Couple family with two incomes—1.75 AWE	1,016.23	843.94	233.31	95.56	137.75
Couple family with two incomes—2.5 AWE	1,451.75	1,117.31	233.31	15.17	218.14
			Family day care		
Families with one child under 5 years					
Sole parent pensioner—studying	287.51	287.51	100.46	78.94	21.52
Sole parent working—0.75 AWE	435.53	469.78	100.46	78.94	21.52
Couple family with one income—AWE	580.70	515.11	100.46	67.48	32.97
Couple family with two incomes—1.75 AWE	1,016.23	828.41	100.46	11.45	89.00
Couple family with two incomes—2.5 AWE	1,451.75	1,117.31	100.46	1.69	98.77
Families with two children under 5 years					
Sole parent pensioner—studying	339.36	339.36	200.91	171.47	29.44
Sole parent working—0.75 AWE	435.53	521.62	200.91	171.47	29.44
Couple family with one income—AWE	580.70	530.65	200.91	161.30	39.61
Couple family with two incomes—1.75 AWE	1,016.23	843.94	200.91	85.84	115.07
Couple family with two incomes—2.5 AWE	1,451.75	1,117.31	200.91	8.69	192.22

(a) In couple families with one income, one parent is working, the other studying. In other couple families, both parents are working.

(b) Disposable income is equal to net income from earnings plus any government benefits. Marginal tax rates, Medicare levy and the Family Tax Initiative have been applied to income from earnings according to 1996–97 rates. For sole parent pensioners, income from earnings or pension is equivalent to disposable income and both include: Sole Parent Pension, Family Payment, Guardian's Allowance, Pensioner Education Allowance and Education Entry Payment and the Family Tax Initiative.

Notes

1. Average Weekly Earnings (AWE) at February 1997 were $580.70 (ABS 1997c:1).
2. Child care fees derived from Table 4.14, adjusted by the CPI to March 1997.
3. For couple families with two incomes, the taxable income split is assumed to be 1:0.75.

Chapter 5 Housing assistance

Table A5.1: CSHA funding for housing assistance,[a] 1993–94 and 1994–95 (1989–90 constant $m)[b]

	Common-wealth grants	Internal funds[c]	State funds	Private funds	Total
1993–94					
Rental housing	948.6	–13.3	395.3	13.6	1,344.2
Home purchase assistance	9.7	489.1	10.9	460.5	970.2
Total	**958.3**	**475.8**	**406.3**	**474.1**	**2,314.4**
1994–95					
Rental housing	952.9	–89.1	393.8	—	1,257.6
Home purchase assistance	4.3	304.6	4.3	418.5	731.7
Total	**957.2**	**215.5**	**398.2**	**418.5**	**1,989.3**

(a) For consistency with data reported in *Australia's Welfare 1995* (AIHW 1995:356), only funds provided under the CSHA 1989 Act or resulting from internal rental and loans operations have been included. As a result several sources of CSHA-related funds for housing have been excluded. These are listed below (values in 1989–90 constant $m):
- Funding under the *State Grants (Housing) Act 1971* has been excluded. There was additional funding under that Act: $3.5 million and $3.4 million to rental housing in 1993–94 and 1994–95, respectively, and $1.5 million to home purchase assistance in both years. The rental funds are generally used to offset interest on borrowings.
- Other non-CSHA federal funding for housing programs has been excluded: $6.3 million in 1993–94 and $25.6 million in 1994–95, all to rental housing.
- Funding through State equivalent programs has been excluded: in 1993–94, $28.1 million to home purchase assistance and $99.7 million to rental housing; in 1994–95 $0 to home purchase assistance and $122.5 million to rental housing.

Crisis Accommodation Program (CAP) and Community Housing Program (CHP) funds have been included.

(b) Figures have been adjusted for inflation using the Domestic Final Demand deflator (ABS 1996a).

(c) Internal funds include transfers between programs: $32.4 million and $14.9 million were transferred from rental housing to home purchase assistance in 1993–94 and 1994–95, respectively (in 1989–90 constant $m). Negative internal funds (that is, losses) 'arise from the costs of operating rental operations of housing authorities after deducting rental income' (DSS 1996a:40).

Sources: DHRD 1995; DSS 1996a.

Table A5.2: Real expenditure on housing assistance,[a] 1984–85 and 1994–95 (1989–90 constant $)

	Total expenditure ($m)		Per capita expenditure ($)		Per cent increase over 1984–85	
Type of assistance	1984–85[c]	1994–95	1984–85	1994–95	Total funds	Per capita funds
DSS Rent Assistance	292.6	1,276.8	18.7	71.2	336.4	281.5
CSHA[b] rental housing	1,466.6	1,257.6	93.6	70.1	–14.3	–25.0
CSHA home purchase assistance	609.5	731.7	38.9	40.8	20.1	5.0
All funds	**2,368.7**	**3,266.1**	**151.1**	**182.1**	**37.9**	**20.5**
Population ('000s)	15,677.3	17,932.1	. .	. .	14.4	. .

(a) For DSS Rent Assistance, the GFCE index was used to adjust for inflation. For CSHA assistance, the Domestic Final Demand index was used to adjust for inflation. There are minor differences between the figures presented here and those in *Australia's Welfare 1995* (AIHW 1995) for 1984–85 due to adjustments in the published deflator.
(b) See Table A5.1 for description of CSHA funds included.
(c) The Australian Capital Territory formally became part of the CSHA in 1989 and so is not included in the 1984–85 CSHA figures.

Sources: ABS 1987, 1996a, 1996b; Prosser & Leeper 1994, DHC 1986; DSS 1996a.

Table A5.3: Proportion of all public housing dwelling stock on reduced/rebated rent, as at 30 June, 1986–95[a] (%)

Year	Dwelling stock on reduced/rebated rent
1986	62.0
1987	70.0
1988	72.1
1989	76.3
1990	75.9
1991	77.6
1992	80.7
1993	83.4
1994	86.0
1995	83.5

(a) Data were not available for some States: Queensland for all years; the Australian Capital Territory before 1990, and Tasmania for 1990–93 inclusive.

Source: Housing Assistance Act annual reports, various years.

Table A5.4: Public housing stock, as at 30 June, 1988[a] to 1995

Year	Stock held	Net additions over the 12-month period
1988[b]	327,748	12,264
1989	337,736	9,988
1990	351,690	13,954
1991	361,952	10,262
1992	369,459	7,507
1993	377,528	8,069
1994	383,599	6,071
1995	388,601	5,002

(a) Data for earlier years has not been presented because of inconsistencies in source data.
(b) Although the Australian Capital Territory did not formally join the CSHA until 1989–90, figures for all years include public housing stock for all States and Territories.

Source: DSS 1996a:45.

Table A5.5: Incidence of overcrowding,[a] using Canadian occupancy standard, by State/ Territory, equivalent gross income quintile and dwelling type, 1994[b] (%)

	High degree of over-crowding	Moderate degree of over-crowding	Exact match	Moderately under -utilised	Highly under -utilised	Total	All house-holds ('000s)
State /Territory							
New South Wales	0.7	4.8	25.4	38.7	30.3	*100*	2,237.2
Victoria	0.5	3.9	25.1	39.6	30.9	*100*	1,657.6
Queensland	0.6	4.1	23.4	37.2	34.7	*100*	1,194.1
Western Australia	0.6	2.5	19.2	37.2	40.5	*100*	640.7
South Australia	0.3	2.9	22.1	40.2	34.5	*100*	587.9
Tasmania	0.6	3.5	25.5	38.7	31.7	*100*	183.3
Australian Capital Territory	—	2.5	21.5	36.9	39.0	*100*	110.6
Northern Territory	**0.5	2.7	36.4	36.4	24.0	*100*	66.5
Equivalent gross income quintile[c]							
Bottom	0.8	5.1	27.6	36.0	30.4	*100*	1,331.8
Second	0.7	4.5	24.6	37.4	32.7	*100*	1,338.4
Middle	0.6	4.5	28.8	39.9	26.2	*100*	1,327.0
Fourth	0.5	3.5	22.7	42.2	31.1	*100*	1,344.0
Top	0.3	2.3	16.9	37.4	43.1	*100*	1,336.4
Dwelling type							
Separate house	0.6	3.3	20.4	37.1	38.6	*100*	5,300.7
Semi-detached/ townhouse	0.3	3.7	31.8	47.1	17.1	*100*	527.9
Flat (1–2 storey)	0.6	7.3	42.4	44.5	5.2	*100*	470.4
Flat (3+ storey)	0.2	8.9	41.6	44.8	4.6	*100*	304.8
Other[d]	2.9	9.5	52.0	24.4	11.2	*100*	74.1
Total	**0.6**	**4.0**	**24.1**	**38.6**	**32.7**	***100***	**6,677.9**

(a) See Box 5.3 for the definition of overcrowding. Estimates vary from those given in ABS (1996e) because exact ages and numbers of children were not available on the unit record data used in the analysis and so had to be imputed.
(b) Data from the ABS 1994 AHS were used to derive the estimates in this table. For matters that should be considered when interpreting the results see Technical Appendix, especially Box TA5.2.
(c) Simplified Henderson equivalence scales were used (at the household level) to derive equivalent gross income.
(d) 'Other dwellings' includes caravans, houseboats, and houses/flats attached to office or shops.

Source: The database used in this analysis was the ABS 1994 AHS, confidentialised unit record file.

Table A5.6: Access to basic amenities, by State/Territory and equivalent gross income quintile, 1994[a] (%)

	Without working cooking facilities	Without kitchen sink	Without working refrigerator	Without working sewerage system	Total without basic amenities[b]	Total house-holds ('000s)
State /Territory						
New South Wales	0.3	0.5	0.7	3.2	4.2	2,237.2
Victoria	0.4	0.2	0.7	1.9	2.8	1,657.6
Queensland	0.5	0.3	0.6	3.3	4.4	1,194.1
Western Australia	0.4	0.2	0.2	4.3	5.1	640.7
South Australia	0.4	0.1	0.7	6.3	7.5	587.9
Tasmania	0.2	0.3	1.3	2.5	4.3	183.3
Australian Capital Territory	0.3	—	0.9	4.8	6.0	110.6
Northern Territory	1.0	—	1.5	5.9	10.9	66.5
Equivalent gross income quintile[c]						
Bottom	0.9	0.5	1.0	3.2	5.1	1,331.8
Second	0.2	0.3	0.8	3.3	4.2	1,338.4
Middle	0.3	0.1	0.5	3.6	4.5	1,327.0
Fourth	0.3	0.3	0.5	3.3	4.2	1,344.0
Top	0.2	0.3	0.4	3.2	3.9	1,336.4
Total	**0.4**	**0.3**	**0.6**	**3.3**	**4.4**	**6,677.9**

(a) Data from the ABS 1994 AHS were used to derive the estimates in this table. For matters that should be considered when interpreting the results see Technical Appendix, especially Box TA5.2.
(b) Total households without basic amenities are aggregated by households that lacked access to at least one of basic amenities listed in the table or an internal bathroom.
(c) Simplified Henderson equivalence scales were used (at the household level) to derive equivalent gross income.

Source: The database used in this analysis was the ABS 1994 AHS, confidentialised unit record file.

Table A5.7: Incidence of need for essential or urgent repairs, by State/Territory and equivalent gross income quintile, 1994[a] (%)

	Need for repairs[b]				
	Outside dwelling	Inside dwelling	Facilities	Total	Number ('000s)
State /Territory					
New South Wales	5.1	4.6	3.9	9.9	2,237.2
Victoria	4.8	5.0	4.6	10.2	1,657.6
Queensland	4.4	3.6	3.3	8.4	1,194.1
Western Australia	4.5	5.5	3.8	10.3	640.7
South Australia	4.9	4.7	4.0	10.0	587.9
Tasmania	5.0	5.2	4.1	10.8	183.3
Australian Capital Territory	3.7	3.7	5.0	9.4	110.6
Northern Territory	8.1	8.6	5.2	15.3	66.5
Equivalent gross income quintile[c]					
Bottom	6.4	5.9	5.1	12.4	1,331.8
Second	5.0	4.5	4.2	9.8	1,338.4
Middle	5.0	5.7	4.5	10.8	1,327.0
Fourth	4.3	3.8	3.3	8.7	1,344.0
Top	3.5	3.4	3.0	7.4	1,336.4
Total	**4.8**	**4.6**	**4.0**	**9.8**	**6,677.9**

(a) Data from the ABS 1994 AHS were used to derive the estimates in this table. For matters that should be considered when interpreting the results, see Technical Appendix, especially Box TA5.2.
(b) See Box 5.3 for the definition of need for repairs, and facilities included.
(c) Simplified Henderson equivalence scales were used (at the household level) to derive equivalent gross income.

Source: The database used in this analysis was the ABS 1994 AHS, confidentialised unit record file.

Table A5.8: Reasons for moving,[a] by State/Territory and equivalent gross income quintile, 1994[b] (%)

			Involuntary moves				Number of house-holds ('000s)
	No move	Voluntary moves	Owner required	Evicted	Rent too expensive	Total with involuntary moves	
State/Territory							
New South Wales	48.2	44.0	4.8	0.2	3.6	8.6	675.0
Victoria	49.5	41.6	5.7	0.1	3.9	9.7	425.4
Queensland	42.2	49.1	5.1	—	5.2	10.1	389.8
Western Australia	44.8	45.3	4.8	0.7	5.6	11.0	194.0
South Australia	53.5	38.4	5.8	0.2	2.4	8.5	178.7
Tasmania	49.8	44.9	3.1	0.4	2.8	6.4	53.9
Australian Capital Territory	45.6	46.2	5.9	0.8	1.5	8.2	39.5
Northern Territory	47.8	43.9	2.7	—	6.1	8.7	37.5
Equivalent gross income quintile[c]							
Bottom	52.5	40.1	3.6	0.2	4.8	8.5	562.3
Second	48.9	42.2	5.4	0.3	4.5	10.3	415.3
Middle	45.7	44.5	6.6	0.1	4.1	10.6	376.7
Fourth	41.7	49.4	5.6	. .	4.1	9.7	361.5
Top	45.0	48.4	4.9	0.5	1.7	6.9	278.0
Total	**47.4**	**44.2**	**5.1**	**0.2**	**4.0**	**9.3**	**1,993.7**

(a) See Box 5.3 for the definition of reasons for moving. Table excludes current owners and purchasers.
(b) Data from the ABS 1994 AHS were used to derive the estimates in this table. For matters that should be considered when interpreting the results see Technical Appendix, especially Box TA5.2.
(c) Simplified Henderson equivalence scales were used (at the household level) to derive equivalent gross income.

Source: The database used in this analysis was the ABS 1994 AHS, confidentialised unit record file.

Table A5.9: Adequacy of access to services,[a] by region and equivalent gross income quintile, 1994[b] (%)

	Index of access to services				
	Good	Fair	Poor	Total	Number ('000s)
Region					
Sydney	90.4	6.6	3.0	100	1,360.2
NSW non-metropolitan	87.3	7.0	5.7	100	877.0
Melbourne	91.7	6.1	2.2	100	1,170.5
Vic non-metropolitan	88.1	7.0	4.9	100	487.1
Brisbane	88.3	7.0	4.7	100	560.2
Qld non-metropolitan	85.4	8.9	5.7	100	633.9
Perth	93.1	4.4	2.5	100	475.3
WA non-metropolitan	86.3	9.7	4.0	100	165.4
Adelaide	90.5	7.0	2.6	100	438.6
SA non-metropolitan	83.2	12.2	4.6	100	149.0
Tasmania	90.2	5.9	3.9	100	183.3
Australian Capital Territory	83.7	11.3	4.9	100	110.6
Northern Territory	96.3	2.6	1.1	100	66.5
Equivalent gross income quintile[c]					
Bottom	85.1	8.8	6.2	100	1,331.8
Second	88.3	7.1	4.7	100	1,338.4
Middle	90.1	6.8	3.1	100	1,327.0
Fourth	90.2	7.0	2.7	100	1,344.0
Top	93.0	4.9	2.1	100	1,336.4
Total	**89.3**	**6.9**	**3.8**	**100**	**6,677.9**

(a) See Box 5.3 for the definition of the index of access to services.
(b) Data from the ABS 1994 AHS were used to derive the estimates in this table. For matters that should be considered when interpreting the results see Technical Appendix, especially Box TA5.2.
(c) Simplified Henderson equivalence scales were used (at the household level) to derive equivalent gross income.

Source: The database used in this analysis was the ABS 1994 AHS, confidentialised unit record file.

Table A5.10: Low-income households with housing problems,[a] by area of need and household type, 1994[b] (% of all households)

Area of need	Lone person	Couple only	Couple with children	One-parent family	Other household	Total house-holds
No problem	*33.4*	*28.2*	*12.3*	*20.5*	*9.7*	*21.6*
Single problem						
Affordability	13.4	6.8	9.0	18.2	5.8	9.9
Overcrowding	0.6	. .	1.5	2.0	2.1	1.0
Lack of amenities/access problems	2.8	1.4	1.1	1.3	1.1	1.6
Need repairs	1.5	0.9	1.6	6.5	1.5	1.8
Total	*18.3*	*9.2*	*13.3*	*28.0*	*10.5*	*14.4*
Multiple problems						
Affordability, and 1 other	3.6	1.3	2.6	7.3	2.0	2.8
Affordability, and 2+ others	*0.5	*0.2	0.6	1.3	**0.3	0.5
Other than affordability	0.6	0.3	0.8	2.8	1.3	0.9
Total	*4.7*	*1.8*	*4.0*	*11.4*	*3.6*	*4.2*
Total with problems	**23.1**	**11.0**	**17.3**	**39.4**	**14.1**	**18.6**
Proportion of household type identified as low-income	**56.5**	**39.2**	**29.6**	**59.9**	**23.9**	**40.2**

(a) Problems are as presented in Table 5.22.
(b) Estimates are derived from the ABS 1994 AHS. See Technical Appendix, especially Box TA5.2, for discussion of issues that affect interpretation. 586,391 weighted cases were missing data for the equivalent NHS affordability measure.

Source: The database used in this analysis was the ABS 1994 AHS, confidentialised unit record file.

Table A5.11: Low-income households with housing problems,[a] by area of need and tenure type, 1994[b] (% of all households)

Area of need	Owner	Purchaser	Public renter	Private renter	Total
No problem	*35.7*	*4.4*	*44.6*	*7.3*	*21.6*
Single problem					
Affordability	5.0	11.7	9.2	19.5	9.9
Overcrowding	0.8	0.5	3.3	1.1	1.0
Lack of amenities/access problems	2.1	0.3	5.9	*0.3	1.6
Need repairs	1.2	0.3	11.7	1.5	1.8
Total	*9.2*	*12.7*	*30.0*	*22.4*	*14.4*
Multiple problems					
Affordability and 1 other	0.8	2.4	2.9	8.0	2.8
Affordability and 2+ others	*0.1	0.6	*0.7	1.3	0.5
Other than affordability	0.4	*0.2	4.9	1.1	0.9
Total	*1.2*	*3.2*	*8.5*	*10.5*	*4.2*
Total with problems	**10.4**	**15.9**	**38.6**	**32.9**	**18.6**
Proportion of tenure type identified as low-income	**46.1**	**20.3**	**83.2**	**40.2**	**40.2**

(a) Problems are as presented in Table 5.22.
(b) Estimates are derived from the ABS 1994 AHS. See Technical Appendix, especially Box TA5.2, for discussion of issues that affect interpretation. 586,391 weighted cases were missing data for the equivalent NHS affordability measure.

Source: The database used in this analysis was the ABS 1994 AHS, confidentialised unit record file.

Chapter 6 Children in need of protection

Table A6.1: Substantiated notifications of child abuse and neglect, by age and sex of child, 1995–96

Age and sex of child	Physical abuse	Emotional abuse	Sexual abuse	Neglect	Total
Years			**Number**		
Males					
0–4	1,216	1,769	251	1,670	4,906
5–9	1,394	1,337	551	1,131	4,413
10–14	1,507	1,222	343	902	3,974
15–17	218	166	67	106	557
Unknown	44	39	33	42	158
Total	**4,379**	**4,533**	**1,245**	**3,851**	**14,008**
Females					
0–4	933	1,723	511	1,546	4,713
5–9	945	1,252	965	944	4,106
10–14	1,620	1,376	1,568	769	5,333
15–17	515	296	444	137	1,392
Unknown	54	44	60	36	194
Total	**4,067**	**4,691**	**3,548**	**3,432**	**15,738**
Persons[(a)]					
0–4	2,154	3,512	763	3,226	9,655
5–9	2,348	2,600	1,518	2,079	8,545
10–14	3,132	2,607	1,914	1,672	9,325
15–17	735	463	513	244	1,955
Unknown	98	83	94	78	353
Total	**8,467**	**9,265**	**4,802**	**7,299**	**29,833**
			Percentage[(b)]		
Males					
0–4	28	39	21	44	35
5–9	32	30	45	30	32
10–14	35	27	28	24	29
15–17	5	4	6	3	4
Total	**100**	**100**	**100**	**100**	**100**
Females					
0–4	23	37	15	46	30
5–9	24	27	28	28	26
10–14	40	30	45	23	34
15–17	13	6	13	4	9
Total	**100**	**100**	**100**	**100**	**100**
Persons[(a)]					
0–4	26	38	16	45	33
5–9	28	28	32	29	29
10–14	37	28	41	23	31
15–17	9	5	11	3	7
Total	**100**	**100**	**100**	**100**	**100**

(a) Includes substantiated notifications where the sex of the child was unknown. As a result, the number of substantiated notifications involving males and females does not add to the total.
(b) Percentage distribution excludes those substantiated notifications where the age of the child was unknown or not stated.

Source: Broadbent & Bentley 1997a:42.

Table A6.2: Rates of children 0–16 years in substantiated notifications of abuse and neglect per 1,000 children, 1990–91 to 1995–96

	NSW	Vic[a]	Qld	WA[b]	SA	Tas[c]	ACT	NT	Total
				Rate per 1,000 children 0–16 years					
1990–91	6.8	2.1	3.9	2.5	3.1	3.6	2.5	4.0	4.1
1991–92	6.9	1.9	3.2	2.7	2.9	4.3	3.2	4.4	4.1
1992–93	8.3	3.8	2.8	2.9	4.9	3.2	4.6	5.5	5.1
1993–94	8.7	4.8	3.1	3.7	5.4	3.0	5.6	6.5	5.7
1994–95	8.2	6.7	3.6	2.9	6.3	2.7	4.6	6.0	6.1
1995–96	8.1	6.0	4.0	2.2	6.0	1.8	4.9	4.4	5.8

(a) Figures for Victoria prior to 1992–93 underestimate the rate of substantiated notifications per 1,000 children, as prior to that time the Victorian Police were involved in receiving notifications of child abuse and neglect and these were not included in the data.
(b) New Directions was phased in during 1995–96.
(c) The relatively low rate for Tasmania in 1995–96 is partly due to the absence of a common definition of 'substantiated' across regions during the counting period.

Notes
1. Rates are calculated by dividing the number of children aged 0–16 years in substantiated notifications by the estimated resident population aged 0–16 years at 31 December of each year (ABS 1996a), multiplied by 1,000.
2. Children whose age was not stated are included as almost all would be aged 0–16 years.

Source: Broadbent & Bentley 1997a:48.

Table A6.3: Substantiated notifications of abuse and neglect for children 0–17 years in 1995–96, (selected States and Territories) and estimated number of all children 0–14 years at 30 June 1996 (Australia), by family type

	Family type					
	Two parent —natural[c]	Two parent —other	Sole parent —female	Sole parent —male	Other	Total[d]
Substantiated notifications for children 0–17 yrs, selected States and Territories[a]	3,738	2,673	5,300	764	386	**12,861**
All children 0–14 yrs at 30 June 1996, Australia[b]	3,076,020	174,098	564,875	66,255	14,288	**3,895,536**

(a) Victoria, Queensland, Western Australia, Tasmania, the Australian Capital Territory and the Northern Territory only. These States and Territories vary as to when they record family of residence of the child. Victoria records it at time of investigation; the Northern Territory and Tasmania at time of abuse; others at time of notification.
(b) Numbers are calculated by applying the proportions of children in different living circumstances in Table 3.4 (see Chapter 3) to population estimates for each age group (ABS 1996a).
(c) Includes where both parents are natural or both parents are adoptive. For the Northern Territory this includes where a parent is a single adoptive parent.
(d) Excludes children whose family type was not known.

Note: Relates to notifications, not children.

Source: Broadbent & Bentley (1997a:58), Table 3.4 (see Chapter 3).

Table A6.4: Children on care and protection orders, by age and sex of child, 30 June 1996

	Age of child (years)																		
Sex of child	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**Total[b]**
Guardianship																			
Males	57	122	138	173	214	194	224	227	235	218	286	309	325	365	352	409	381	287	4,518
Females	50	118	140	147	184	182	211	217	208	236	253	288	287	351	315	396	345	294	4,225
Persons[a]	*107*	*240*	*278*	*320*	*398*	*376*	*435*	*444*	*443*	*454*	*539*	*597*	*612*	*716*	*667*	*806*	*726*	*581*	*8,744*
Non-guardianship																			
Males	62	124	174	129	155	159	145	147	115	111	117	133	102	152	193	156	72	28	2,274
Females	59	128	127	143	120	138	133	128	109	141	122	119	114	130	175	179	107	43	2,215
Persons[a]	*121*	*253*	*302*	*273*	*275*	*297*	*279*	*275*	*225*	*252*	*239*	*253*	*217*	*282*	*368*	*335*	*180*	*71*	*4,497*
Total																			
Males	119	246	312	302	369	353	369	374	350	329	403	442	427	517	545	565	453	315	6,792
Females	109	246	267	290	304	320	344	345	317	377	375	407	401	481	490	575	452	337	6,440
Persons[a]	**228**	**493**	**580**	**593**	**673**	**673**	**714**	**719**	**668**	**706**	**778**	**850**	**829**	**998**	**1,035**	**1,141**	**906**	**652**	**13,241**

(a) Includes children whose sex was unknown.
(b) Includes children whose age was unknown.

Source: Broadbent & Bentley 1997b:21.

Table A6.5: Rates of Indigenous, non-Indigenous and all children on care and protection orders per 1,000 children 0–17 years, by type of order, 30 June 1996

Type of order	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
				Rate per 1,000 children 0–17 years					
Indigenous children									
Guardianship	5.4	7.0	17.6	8.0	14.7	6.0	4.4	2.0	9.2
Non-guardianship[(a)]	11.9	9.2	1.4	0.0	1.9	1.9	21.8	0.6	4.4
Total[(a)]	*17.3*	*16.2*	*19.0*	*8.0*	*16.6*	*7.8*	*26.2*	*2.6*	*13.6*
Non-Indigenous children									
Guardianship	1.6	1.2	2.3	1.3	2.1	2.5	0.5	1.1	1.6
Non-guardianship	1.1	1.5	0.2	0.0	0.3	0.7	2.3	0.2	0.9
Total	*2.6*	*2.7*	*2.5*	*1.3*	*2.4*	*3.2*	*2.8*	*1.3*	*2.5*
All children									
Guardianship	1.7	1.2	3.0	1.7	2.4	2.7	0.6	1.4	1.9
Non-guardianship	1.3	1.6	0.3	. .	0.3	0.7	2.6	0.4	1.0
Total	**3.0**	**2.8**	**3.3**	**1.7**	**2.7**	**3.4**	**3.1**	**1.8**	**2.8**

(a) Excludes 884 children on supervisory orders in New South Wales whose Indigenous status was unknown.

Notes

1. Rates are calculated by dividing the number of children aged 0–17 years on care and protection orders by the estimated residential population of Indigenous children (ABS 1996b) and non-Indigenous children (ABS 1996a, 1996b), at 30 June 1996, multiplied by 1,000.
2. Children whose age was not stated are included as almost all would be aged 0–17 years.
3. Rates for the Australian Capital Territory should be interpreted carefully because of its small Indigenous population.

Source: Broadbent & Bentley 1997b:14–16.

Table A6.6: Children 0–17 years in at least one out of home placement: number and rate per 1,000, by Indigenous status and State and Territory, 1995–96

	Indigenous	Non-Indigenous	Total	Indigenous	Non-Indigenous	Total
	Number of children			Rate per 1,000 children 0–17 years		
NSW	1,877	8,067	9,944	50.9	5.3	6.4
Vic	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Qld[(a)]	842	2,607	3,449	22.5	3.1	4.0
WA	648	1,596	2,244	28.0	3.6	4.8
SA	398	2,121	2,519	46.9	6.1	7.0
Tas	88	967	1,055	18.3	7.9	8.3
ACT	57	459	516	63.6	5.8	6.5
NT[(b)]	163	165	328	7.5	4.8	5.8

(a) The Queensland data only include children in out of home care who were also on a care and protection order or remanded in temporary custody awaiting the outcome of an application for a care and protection order. Children in out of home care who were not on a care and protection order are excluded, as are children on an offence order who were in out of home care (32 children at 30 June 1996). As a result, the data for Queensland are not comparable with those of other jurisdictions.

(b) The Northern Territory data do not represent the total population of children in out of home care in that jurisdiction, for the following reasons:
- In the Northern Territory only out of home care where the child was on a legal order is counted. Data on children in out of home care who were not on a legal order are unavailable.
- Placements with relatives or kin where the Territory Health Services makes a financial payment are excluded from the data.

As a result, the data for the Northern Territory are not comparable with those of other States and Territories and should be interpreted carefully.

Note: Rates are calculated by dividing the number of children in out of home care aged 0–17 years by the estimated residential population of Indigenous children (ABS 1996b) and non-Indigenous children (1996a, 1996b) at 31 December 1995, multiplied by 1,000.

Source: Data provided to AIHW by State and Territory community services departments.

Table A6.7: Children 0–17 years in out of home care, by type of placement, at 30 June 1996

Type of placement	NSW	Vic	Qld[a]	WA	SA	Tas	ACT	NT[b]
				Number				
Facility-based								
Where staff are rostered	424	268	96	n.a.	47	—	13	n.a.
Where there is a live-in caregiver	51	433	72	n.a.	6	86	—	n.a.
Where staff are off-site	—	93	—	n.a.	—	—	1	n.a.
Total	*475*	*794*	*168*	*209*	*53*	*86*	*14*	*n.a.*
Home-based								
Foster care/community care	2,661	1,849	n.a.	651	928	240	140	n.a.
Relative/kinship care	2,143	638	n.a.	309	83	182	27	n.a.
Other including private board	158	104	n.a.	32	—	—	—	n.a.
Total	*4,962*	*2,591*	*1,942*	*992*	*1,011*	*422*	*167*	*n.a.*
Not stated	—	—	—	5	—	—	—	—
Total	**5,437**	**3,385**	**2,110**	**1,206**	**1,064**	**508**	**181**	**n.a.**
				Percentage[c]				
Facility-based								
Where staff are rostered	8	8	5	n.a.	4	—	7	n.a.
Where there is a live-in caregiver	1	13	3	n.a.	1	17	—	n.a.
Where staff are off-site	—	3	—	n.a.	—	—	1	n.a.
Total	*9*	*23*	*8*	*17*	*5*	*17*	*8*	*n.a.*
Home-based								
Foster care/community care	49	55	n.a.	54	87	47	77	n.a.
Relative/kinship care	39	19	n.a.	26	8	36	15	n.a.
Other including private board	3	3	n.a.	3	—	—	—	n.a.
Total	*91*	*77*	*92*	*82*	*95*	*83*	*92*	*n.a.*
Total	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**n.a.**

(a) The Queensland data only include children in out of home care who were also on a care and protection order or remanded in temporary custody awaiting the outcome of an application for a care and protection order. Children in out of home care who were not on a care and protection order are excluded, as are children on an offence order who were in out of home care (32 children at 30 June 1996). As a result, the data for Queensland are not comparable with those of other jurisdictions.

(b) The Northern Territory data do not represent the total population of children in out of home care in that jurisdiction, for the following reasons:
- In the Northern Territory only out of home care where the child was on a legal order is counted. Data on children in out of home care who were not on a legal order are unavailable.
- Placements with relatives or kin where the Territory Health Services makes a financial payment are excluded from the data.

As a result, the data for the Northern Territory are not comparable with those of other States and Territories and should be interpreted carefully.

(c) Percentages are calculated excluding unknowns.

Source: Data provided to AIHW by State and Territory community services departments.

Table A6.8: Adoption trends, by category of adoption, 1980–81 to 1995–96

Year of adoption	Australian-born children		Overseas-born children
	Relatives	Non-relatives	Non-relatives
		Number	
1980–81	1,484	1,407	127
1981–82	1,494	1,315	162
1982–83	1,548	1,336	188
1983–84	1,452	1,121	197
1984–85	1,157	902	235
1985–86[a]	n.a.	n.a.	n.a.
1986–87[a]	n.a.	n.a.	n.a.
1987–88[b]	605	578	308
1988–89[b]	500	606	394
1989–90[b]	327	547	420
1990–91[b]	277	472	393
1991–92[b]	295	418	338
1992–93[b]	250	306	227
1993–94[b]	228	314	222
1994–95	320	311	224
1995–96	177	217	274

(a) No data on adoptions were collated nationally for 1985–86 and 1986–87.
(b) Data on adoptions by step-parents for New South Wales were not included from 1987–88 to 1993–94.

Sources: Adoptions Australia, Australian Bureau of Statistics, Canberra (Cat. no. 4406.0), 1979–80 to 1984–85; *Adoptions: national data collection*, WELSTAT, 1987–88 to 1989–90.

Chapter 7 Services for homeless people

Table A7.1: Youth Social Justice Strategy (Accommodation and Prevention of Homelessness), Commonwealth and State expenditure by funding source, 1994–95 (1989–90 constant $'000)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Commonwealth	1,471	1,121	738	479	672	. .	143	143	4,768
State/Territory	1,471	1,121	738	479	672	. .	143	143	4,768
Total	**2,942**	**2,243**	**1,476**	**958**	**1,344**	**. .**	**286**	**286**	**9,536**

Notes
1. Tasmania was not part of YSJS.
2. YSJS funds were transferred to SAAP from 1 July 1995.
3. Constant figures have been adjusted using the GFCE Price Deflator (ABS 1996c).

Source: Unpublished DHFS data.

Table A7.2: Crisis Accommodation Program expenditure, by States and Territories, 1994–95, 1995–96 (1989–90 constant $'000)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
1994–95	16,400	9,000	8,100	400	2,900	0	700	400	37,800
1995–96	13,000	8,700	6,300	6,200	4,000	1,900	400	600	41,200

Notes
1. Allocations are made on a per capita basis.
2. Figures have been adjusted using the GFCE Price Deflator (ABS 1996c).

Source: Unpublished DSS data.

Table A7.3: Supported Accommodation Assistance Program, Commonwealth and State recurrent funding liability by funding source, 1994–95, 1995–96 (1989–90 constant $'000)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
1994–95									
Commonwealth	32,038	21,739	14,009	7,958	8,185	3,286	2,873	2,279	92,366
State/Territory	28,487	15,757	9,539	5,893	5,311	2,508	2,608	1,519	71,621
Total	**60,525**	**37,496**	**23,547**	**13,851**	**13,496**	**5,793**	**5,481**	**3,799**	**163,988**
1995–96[(a)]									
Commonwealth	33,452	22,822	14,795	8,495	10,526	3,306	3,031	2,435	98,862
State/Territory	29,908	17,280	10,898	6,409	7,097	2,523	2,765	1,669	78,550
Total	**63,360**	**40,102**	**25,693**	**14,904**	**17,624**	**5,829**	**5,796**	**4,104**	**177,412**

(a) Includes YSJS funding (transferred to SAAP along with services as from 1 July 1995).

Note: Constant figures have been adjusted using the GFCE Price Deflator (ABS 1996c).

Source: Unpublished DHFS data.

Table A7.4: Age and sex distribution of SAAP assistance, by clients and support periods, July–December 1996 (%)

	Clients[a]			Support periods[b]		
Age group	**Males**	**Females**	**Persons**	**Males**	**Females**	**Persons**
Under 15 years	0.5	0.5	1.0	0.4	0.3	0.8
15–19 years	9.3	10.2	19.5	8.2	8.3	16.5
20–24 years	8.0	7.8	15.8	7.0	6.4	13.3
25–29 years	7.7	7.3	15.0	7.9	6.0	13.9
30–34 years	7.3	6.2	13.5	7.6	5.2	12.9
35–39 years	6.6	4.8	11.3	8.3	3.9	12.2
40–44 years	6.1	3.4	9.5	8.5	2.9	11.4
45–49 years	3.0	1.3	4.3	3.5	1.2	4.6
50–54 years	2.8	1.2	4.0	4.4	1.2	5.5
55–59 years	1.8	0.5	2.4	2.6	0.5	3.1
60–64 years	1.1	0.3	1.5	1.7	0.5	2.2
65+ years	1.7	0.5	2.2	3.2	0.4	3.6
Total	**56.1**	**43.9**	**100**	**63.2**	**36.8**	**100**
Total number	**15,645**	**12,242**	**27,887**	**26,936**	**15,702**	**42,638**

(a) A number of client records have been excluded: 6,854 because consent not obtained; 1,051 due to errors or omissions.
(b) A number of support period records have been excluded: 22,801 because consent not obtained; 1,447 due to errors or omissions.

Source: SAAP National Data Collection Agency unpublished data.

Chapter 8 Aged care

Table A8.1: Annual rate of increase of the Australian population between 1986–2006 (%)

	Males				Females			
Year	<65	65+	70+	80+	<65	65+	70+	80+
1986–87	1.25	3.79	3.17	5.52	1.38	3.11	2.72	3.61
1987–88	1.45	3.22	2.26	4.74	1.53	2.83	2.21	3.57
1988–89	1.50	3.45	2.46	4.81	1.58	2.80	2.19	3.56
1989–90	1.33	2.87	3.28	4.52	1.39	2.30	2.60	3.34
1990–91	0.99	3.43	4.32	5.15	1.14	2.73	3.66	4.29
1991–92	0.89	3.18	4.19	5.92	0.99	2.54	3.51	4.80
1992–93	0.76	2.92	3.59	4.85	0.82	2.33	2.93	3.97
1993–94	0.81	2.77	3.88	5.54	0.88	2.20	3.11	4.79
1994–95	1.03	2.58	3.61	5.60	1.12	1.93	2.90	4.52
1995–96	1.12	2.57	4.06	5.17	1.20	2.23	3.18	4.24
1996–97	1.35	1.88	3.35	3.52	1.40	1.54	2.58	3.15
1997–98	1.08	1.71	3.28	3.15	1.16	1.35	2.54	2.79
1998–99	0.99	1.74	3.06	3.20	1.07	1.34	2.24	2.65
1999–2000	0.98	1.64	2.74	5.08	1.04	1.34	1.91	3.67
2000–01	0.92	1.94	2.58	5.74	0.99	1.55	2.15	4.87
2001–02	0.89	2.03	1.96	5.35	0.95	1.57	1.39	4.03
2002–03	0.85	2.15	1.71	4.66	0.92	1.62	1.19	3.51
2003–04	0.81	2.31	1.77	5.01	0.89	1.69	1.22	3.59
2004–05	0.79	2.22	1.62	4.28	0.88	1.58	1.22	3.21
2005–06	0.72	2.46	1.93	4.69	0.79	1.92	1.47	3.52

Sources: ABS 1987:20–21; ABS 1993c:4–30; ABS 1994:4–6; ABS 1995a:4–6; ABS 1996c:5–13; ABS 1997b:15–17; ABS unpublished data.

Table A8.2: All principal carers, by expressed need for assistance in caring role by sex and relationship of care recipient to carer, 1993 (%)

Expressed need	Principal carers providing care to persons aged 65 and over				All principal carers			
	Parent	Spouse	Other	Total	Parent	Spouse	Other	Total
Males								
No Need	24.3	64.6	28.2	44.4	30.9	65.8	37.6	53.1
Unmet need	24.3	6.6	13.4	13.8	21.8	7.1	13.1	11.4
Met need	51.5	28.8	58.4	41.8	47.4	27.1	49.3	35.5
Total (N)	*29,300*	*41,700*	*15,500*	*86,500*	*39,200*	*106,900*	*31,100*	*177,200*
Females								
No Need	28.5	66.9	36.2	40.9	29.5	70.0	33.0	44.3
Unmet need	23.4	10.4	11.4	17.1	22.2	10.6	18.2	16.8
Met need	48.1	22.8	52.4	42.0	48.3	19.4	48.8	38.9
Total (N)	*90,900*	*50,200*	*39,900*	*181,000*	*105,400*	*121,500*	*137,100*	*364,000*
Persons								
No Need	27.5	65.8	33.9	42.0	29.9	68.0	33.8	47.2
Unmet need	23.6	8.7	12.0	16.1	22.1	9.0	17.3	15.1
Met need	48.9	25.5	54.1	42.0	48.1	23.0	48.9	37.7
Total (N)	**120,200**	**91,900**	**55,300**	**267,500**	**144,600**	**228,300**	**168,200**	**541,200**

Source: AIHW analysis of the ABS 1993 Survey of Disability, Ageing and Carers.

Table A8.3: Hours of Home and Community Care (HACC) service provided per month per 1,000 target population in each State and Territory, by type of service, 1996

Type of service	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Average hours per month per 1,000 persons aged 70 and over									
Home help	253	745	352	594	177	563	361	1,856	429
Personal care	177	93	36	204	103	141	178	553	126
Home nursing	108	214	219	235	122	242	363	16	172
Paramedical	13	34	25	24	29	10	14	120	23
Respite care	227	66	142	129	111	101	427	1,145	153
Centre day care	321	496	722	465	366	349	324	243	452
Home maintenance	37	47	33	66	40	62	99	70	43
Home meals (N)	637	811	775	840	796	775	581	3,225	746
Centre meals (N)	84	120	114	297	86	46	29	669	115
Average hours per month per 1,000 persons aged 65 and over with a profound or severe handicap									
Home help	975	2,836	1,361	2,254	681	2,187	1,445	7,352	1,648
Personal care	684	352	139	776	395	550	712	2,188	483
Home nursing	418	813	848	892	470	941	1,453	62	660
Paramedical	49	130	98	93	112	40	54	474	89
Respite care	875	252	549	491	429	391	1,709	4,534	587
Centre day care	1,241	1,886	2,793	1,767	1,408	1,355	1,298	964	1,736
Home maintenance	141	179	129	251	155	243	396	278	164
Home meals (N)	2,458	3,086	2,998	3,190	3,063	3,013	2,326	12,774	2,866
Centre meals (N)	325	456	439	1,127	329	181	115	2,649	440

Notes

1. Not all States and Territories have data for the same collection period: the most recent data for Western Australia is November 1993; for Victoria, Queensland and South Australia, May 1996; and for the remaining States and Territories, November 1996.
2. The national figure includes data from the most recent data collection in each State and Territory. The corresponding population data for each State and Territory have been used to derive the above ratios.
3. The Australian population estimates exclude the external territories (Jervis Bay, Cocos Island and Christmas Island).

Sources: AIHW analysis of the ABS 1993 Survey of Disability, Ageing and Carers and DHFS 1996 HACC Service Provision Data Collection; ABS 1995a:4–6; ABS 1996c:5–7; ABS 1997b:14–17.

Table A8.4 : Residential care places, by State and Territory and type of residential facility, 30 June 1993 to 1996

Year	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Community aged care packages									
1993	376	313	180	85	232	28	14	8	1,236
1994	844	535	410	197	285	61	20	29	2,381
1995	1,487	924	721	363	458	145	40	58	4,196
1996	1,520	1,104	731	383	468	160	47	28	4,441
Hostel places									
1993	17,529	13,136	10,961	4,861	6,043	1,266	573	124	54,493
1994	18,409	13,861	11,534	5,192	6,030	1,347	603	128	57,104
1995	18,446	13,832	11,444	5,111	6,039	1,347	603	128	56,950
1996	20,042	15,641	12,589	5,646	6,326	1,496	764	141	62,645
Nursing home beds									
1993	29,131	16,986	12,145	6,087	7,182	2,210	545	179	74,465
1994	29,189	17,101	12,230	6,082	6,812	2,094	557	192	74,257
1995	29,392	17,001	12,385	6,130	6,938	2,133	519	192	74,690
1996	29,538	17,435	12,277	5,762	7,129	2,138	519	210	75,008
Community aged care packages per 1,000 people aged 70 and over									
1993	0.8	0.9	0.8	0.8	1.8	0.7	1.1	2.9	0.9
1994	1.7	1.5	1.7	1.7	2.1	1.5	1.5	10.1	1.7
1995	2.9	2.5	2.9	3.0	3.3	3.6	2.8	18.6	2.9
1996	2.8	2.9	2.8	3.1	3.3	3.8	3.2	8.2	2.9
Hostel places per 1,000 people aged 70 and over									
1993	35.9	37.1	47.7	43.3	46.0	32.7	46.0	45.3	39.8
1994	36.5	38.0	48.0	44.6	44.5	33.8	45.5	44.4	40.3
1995	35.5	36.9	45.7	42.3	43.4	33.2	42.9	41.1	38.9
1996	37.4	40.4	48.2	45.0	44.0	35.7	51.5	41.4	41.4
Nursing home beds per 1,000 people aged 70 and over									
1993	59.7	48.0	52.8	54.2	54.7	57.1	43.8	65.4	54.3
1994	57.9	46.9	50.9	52.2	50.3	52.5	42.0	66.6	52.4
1995	56.6	45.3	49.5	50.8	49.8	52.5	36.9	61.7	51.1
1996	55.1	45.0	47.0	46.0	49.6	51.0	35.0	61.7	49.5
Community aged care packages per 1,000 people aged 65 and over with a profound/severe handicap									
1993	3.0	3.4	3.0	2.9	6.8	2.8	4.4	11.5	3.5
1994	6.5	5.6	6.6	6.4	8.1	6.0	6.0	39.9	6.5
1995	11.1	9.4	11.2	11.4	12.7	13.9	11.4	73.9	11.0
1996	10.9	10.8	10.8	11.5	12.5	14.8	12.7	32.6	11.3

(continued)

Table A8.4 (continued): Residential care places, by State and Territory and type of residential facility, 30 June 1993 to 1996

Year	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Hostel places per 1,000 people aged 65 and over with a profound/severe handicap									
1993	138.9	140.7	185.4	164.3	177.5	127.8	181.5	178.9	153.0
1994	141.4	144.5	186.5	169.3	171.7	132.2	181.1	175.9	155.2
1995	137.3	140.1	177.1	160.1	167.0	128.9	172.1	163.1	149.7
1996	144.3	153.7	186.4	170.2	169.2	138.8	206.4	163.9	158.9
Nursing home beds per 1,000 people aged 65 and over with a profound/severe handicap									
1993	230.9	181.9	205.4	205.8	211.0	223.0	172.6	258.3	209.1
1994	224.2	178.2	197.8	198.3	194.0	205.5	167.3	263.9	201.8
1995	218.8	172.3	191.7	192.0	191.9	204.1	148.1	244.6	196.3
1996	212.6	171.3	181.7	173.7	190.7	198.4	140.2	244.2	190.3

Sources: AIHW analysis of the ABS 1993 Survey of Disability, Ageing and Carers; ABS 1995a:4–6; ABS 1996c:4–13; ABS 1997b:14–17; AIHW 1995:380; DHFS 1997:100; DHSH 1995a:139; DHFS unpublished data.

Table A8.5: Hostel and nursing home provision indicators for various target populations, 1985–96

	Hostel places per 1,000 persons		Nursing home beds per 1,000 persons	
Year	Aged 70 and over	Aged 65 and over with a profound/ severe handicap	Aged 70 and over	Aged 65 and over with a profound/ severe handicap
1985	32.5	124.2	66.5	254.6
1988	36.8	142.4	61.6	238.8
1989	36.4	139.6	60.8	233.2
1990	36.1	138.7	59.0	226.5
1991	36.8	141.6	57.2	220.3
1992	38.4	147.6	55.8	214.6
1993	39.8	153.0	54.3	209.1
1994	40.3	155.2	52.3	201.8
1995	38.9	149.7	51.1	196.3
1996	41.4	158.9	49.5	190.3

Sources: AIHW analysis of the ABS 1993 Survey of Disability, Ageing and Carers; ABS 1995a:4–6; ABS 1996c:4–13; ABS 1997b:14–17; AIHW 1995:380–82; DHFS 1997:100; DHSH 1995a:139; DHFS unpublished data.

Table A8.6: Comparison of Indigenous and non-Indigenous use of aged care services, by age group, 1993–96 (%)

	Community care clients			Hostel residents (1996)			Nursing home residents (1996)			Total Australian population
Age group	HACC (1993–94)	Community options (1994)	Care packages (1996)	Hostel care	Personal care	Total	RCI 3–5	RCI 1–2	Total	(1994)
Indigenous Australians										
1–49	20.7	21.3	10.7	8.9	8.7	8.8	6.7	7.1	6.9	91.3
50–54	6.3	6.7	3.6	4.5	4.5	4.5	2.6	2.1	2.4	2.6
55–59	7.9	10.7	12.1	9.8	7.5	8.1	4.9	3.6	4.2	2.0
60–64	10.6	13.2	17.9	11.6	6.9	8.1	5.2	3.9	4.6	1.6
65–69	15.0	10.7	16.4	4.5	10.8	9.2	6.7	5.0	5.8	1.1
70–74	12.9	14.6	12.9	13.4	13.9	13.7	16.8	8.2	12.4	0.7
75–79	11.0	11.2	16.4	13.4	10.8	11.5	13.8	12.5	13.1	0.8*
80–84	8.7	7.9	5.7	17.0	13.0	14.0	15.3	22.4	18.9	—
85–89	4.8	2.8	2.9	12.5	15.4	14.6	17.5	19.2	18.4	—
90+	2.0	0.8	1.4	4.5	8.4	7.4	10.4	16.0	13.3	—
All ages (N)	*1,024*	*356*	*140*	*112*	*332*	*444*	*268*	*281*	*549*	*303,261*
Non-Indigenous Australians										
1–49	9.6	16.7	0.5	0.4	0.4	0.4	0.9	1.2	1.0	74.4
50–54	1.9	2.5	0.9	0.3	0.4	0.4	0.6	0.6	0.6	5.2
55–59	2.4	2.8	1.5	0.7	0.8	0.8	1.1	0.9	1.0	4.4
60–64	4.4	4.1	3.0	1.5	1.6	1.6	1.9	1.6	1.8	4.0
65–69	8.2	7.6	5.3	3.2	3.4	3.4	4.5	3.5	4.0	3.9
70–74	14.1	12.3	11.6	7.2	7.2	7.2	9.1	7.7	8.4	3.3
75–79	18.7	15.6	16.4	15.7	14.0	14.5	14.6	14.1	14.4	4.8*
80–84	21.5	18.8	26.0	29.2	26.8	27.5	23.0	23.0	23.0	—
85–89	13.1	12.8	21.8	28.0	27.9	27.9	23.3	24.2	23.7	—
90+	6.1	6.8	13.0	13.7	17.3	16.4	20.9	23.3	22.0	—
All ages (N)	*36,289*	*5,727*	*3,590*	*8,073*	*23,656*	*31,729*	*29,822*	*26,289*	*56,111*	*17,538,047*

* This is the proportion of persons aged 75 and over, as no age-specific data available for Indigenous persons aged over 75.

Sources: AIHW analysis of the DHFS ACCSIS system 1997 and DHFS 1993–94 HACC User Characteristics Survey; Mathur et al. 1997:30; ABS unpublished data.

Table A8.7: Estimated pension status of hostel and nursing home residents admitted in 1995–96, based on national pension rates, by sex (%)

Sex and pension status	Hostels				Nursing homes			
	65–69	70–79	80+	Total aged persons	65–69	70–79	80+	Total aged persons
Males								
Full pension	42.5	55.1	61.1	58.0	42.5	55.1	61.1	57.9
Part pension	32.0	27.9	26.3	27.2	32.0	28.0	26.3	27.2
No pension	25.5	16.9	12.6	14.8	25.5	17.0	12.6	14.9
Total males (N)	*355*	*1,605*	*3,349*	*5,309*	*746*	*3,516*	*6,713*	*10,975*
Females								
Full pension	41.8	47.1	59.9	56.3	41.8	46.9	60.1	56.6
Part pension	24.9	19.2	22.7	21.9	24.9	19.2	22.9	22.1
No pension	33.3	33.8	17.4	21.8	33.3	34.0	17.0	21.2
Total females (N)	*390*	*3,187*	*9,769*	*13,346*	*614*	*4,253*	*14,600*	*19,467*
Persons								
Full pension	42.1	49.8	60.2	56.8	42.2	50.6	60.4	57.1
Part pension	28.3	22.1	23.6	23.4	28.8	23.2	24.0	24.0
No pension	29.6	28.1	16.2	19.8	29.0	26.3	15.6	18.9
Total (N)	**745**	**4,792**	**13,118**	**18,655**	**1,360**	**7,769**	**21,313**	**30,442**

Notes

1. Pension estimates were calculated on the proportion of the Australian population receiving a full or part pension from DSS or DVA, multiplied by the number of persons admitted to hostels and nursing homes in 1995–96.
2. The full/part pension split was not available for all pensioners, in particular persons receiving the disability pension from DVA and so these were excluded from the analysis. However, to compensate for this loss, a weighting factor was applied to the data, based on the total number of DSS and DVA pension recipients.
3. Multiple admissions are excluded from this analysis by selecting the most recent admission in 1995–96 for each resident.

Sources: AIHW analysis of the DHFS ACCSIS system 1997; ABS 1997b:15–19; DSS unpublished data; DVA unpublished data.

Table A8.8: Persons using aged care services, by need for assistance with selected dependency items, 1994–96

Dependency items	Community care clients		Personal Care hostel residents (1996)				Nursing home residents (1996)		
	Community options (1994)	Care packages (1996)	Low	Inter-mediate	High	Total	RCI 3–5	RCI 1–2	Total
					Number				
Washing and dressing									
No need	2,184	1,370	4,343	1,057	7	5,407	292	0	292
Some need	3,044	2,174	15,978	9,417	2,815	28,210	6,957	25	6,982
Total need	868	234	1,359	1,373	4,899	7,631	29,198	33,344	62,542
Total	*6,096*	*3,778*	*21,680*	*11,847*	*7,721*	*41,248*	*36,447*	*33,369*	*69,816*
Eating									
No need	4,200	3,094	16,575	8,275	1,641	26,491	7,209	130	7,339
Some need	1,511	653	5,084	3,561	5,787	14,432	26,435	13,145	39,580
Total need	387	46	21	11	293	325	2,803	20,094	22,897
Total	*6,098*	*3,793*	*21,680*	*11,847*	*7,721*	*41,248*	*36,447*	*33,369*	*69,816*
Mobility and transfers									
No need	4,019	3,006	8,192	4,986	448	13,626	3,713	43	3,756
Some need	1,588	722	13,392	6,831	6,420	26,643	18,845	3,332	22,177
Total need	491	63	96	30	853	979	13,889	29,994	43,883
Total	*6,098*	*3,791*	*21,680*	*11,847*	*7,721*	*41,248*	*36,447*	*33,369*	*69,816*
					Per cent				
Washing and dressing									
No need	35.8	36.3	20.0	8.9	0.1	13.1	0.8	0.0	0.4
Some need	49.9	57.5	73.7	79.5	36.5	68.4	19.1	0.1	10.0
Total need	14.2	6.2	6.3	11.6	63.5	18.5	80.1	99.9	89.6
Total	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Eating									
No need	68.9	81.6	76.5	69.8	21.3	64.2	19.8	0.4	10.5
Some need	24.8	17.2	23.5	30.1	75.0	35.0	72.5	39.4	56.7
Total need	6.3	1.2	0.1	0.1	3.8	0.8	7.7	60.2	32.8
Total	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Mobility and transfers									
No need	65.9	79.3	37.8	42.1	5.8	33.0	10.2	0.1	5.4
Some need	26.0	19.0	61.8	57.7	83.1	64.6	51.7	10.0	31.8
Total need	8.1	1.7	0.4	0.3	11.0	2.4	38.1	89.9	62.9
Total	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*

Note: 'No need' refers to no need for assistance with both activities; 'some need' refers to need for some assistance with both activities or total assistance with one but no assistance with the other; 'total need' refers to total assistance needed for both activities.

Sources: AIHW analysis of the DHFS ACCSIS system 1997, DHFS 1996 Community Aged Care Packages Client Characteristics Survey and DHFS 1994 Community Options Project Client Characteristics Census.

Table A8.9: Hostels meeting the outcome standards, 1991–92 to 1995–96 (%)

Standards	1991–92	1993–94	1994–95	1995–96
Freedom of choice and exercising rights				
1.1	92	97	97	95
1.2	86	94	95	90
1.3	42	53	70	65
1.4	67	82	83	79
1.5	67	79	81	78
1.6	61	71	77	80
1.7	53	81	88	85
Care needs				
2.1	77	94	92	87
2.2	94	98	95	94
2.3	78	87	83	78
2.4	53	75	72	70
2.5	75	77	80	71
Dignity and privacy				
3.1	82	94	92	91
3.2	80	95	92	94
3.3	94	98	98	95
3.4	67	80	89	89
3.5	78	93	94	91
Social independence				
4.1	87	98	96	96
4.2	91	98	96	94
4.3	87	95	96	93
4.4	89	92	93	93
Variety of experience				
5.1	69	80	78	71
5.2	90	97	95	94
Home-like environment				
6.1	79	90	86	85
6.2	33	52	63	55
No. of visits	**326**	**n.a.**	**846**	**880**

Notes
1. n.a. = not available.
2. A list describing the individual standards can be found in Hostel and Nursing Home Outcome Standards, page 391.

Sources: AIHW 1995:384; DHFS unpublished data.

Table A8.10: Nursing homes meeting the outcome standards, 1990–91 to 1995–96 (%)

Standards	1990–91	1993–94	1994–95	1995–96
Health care				
1.1	51	81	71	68
1.2	76	81	69	59
1.3	93	94	84	75
1.4	71	87	73	72
1.5	55	77	63	60
1.6	68	91	81	73
1.7	89	94	85	80
1.8	83	96	94	88
1.9	79	95	92	87
Social independence				
2.1	83	96	94	90
2.2	79	87	84	83
2.3	82	93	88	90
2.4	94	97	94	86
2.5	97	99	99	95
Freedom of choice				
3.1	75	80	73	63
3.2	78	89	78	70
Home-like environment				
4.1	62	80	64	59
4.2	61	83	75	70
Privacy and dignity				
5.1	64	71	59	56
5.2	66	88	80	75
5.3	54	70	65	66
5.4	86	93	85	81
5.5	82	91	87	85
5.6	90	93	89	83
Variety of experience				
6.1	70	83	76	66
Safety				
7.1	82	92	90	86
7.2	33	49	39	37
7.3	54	70	60	53
7.4	45	71	58	56
7.5	83	89	82	82
7.6	57	76	69	61
No. of visits	**n.a.**	**580**	**909**	**1,523**

Notes
1. n.a. = not available.
2. A list describing the individual standards can be found in Hostel and Nursing Home Outcome Standards, page 391.

Sources: AIHW 1995:384; DHFS unpublished data.

Hostel and nursing home outcome standards

Hostel outcome standards

Objective 1: Freedom of choice and exercising rights: Each resident is to have active control of his or her life.

1.1 Before moving into the hostel, each resident must be given the opportunity to learn about the lifestyle of residents of the hostel.

1.2 Before moving into the hostel, each resident, or a representative of the resident, must be given full opportunity to discuss with a responsible hostel staff member the resident's rights and responsibilities.

1.3 Hostel management must ensure that:

(a) each resident has, or is offered, a formal agreement with the operator of the hostel that: (i) treats the parties as equals; and (ii) sets out clearly the rights and obligations of each party; and (iii) includes equitable termination provisions; and

(b) each resident, either directly or through a representative, is: (i) informed of, and assisted to understand, the resident's rights; (ii) whenever necessary, able to talk to a responsible hostel staff member about any agreement between the resident and the hostel operator; and (iii) at liberty to seek the services of an interpreter, a translator or a legal practitioner for independent assistance.

1.4 Hostel management and staff must be available for discussion about a resident's freedom of choice sufficiently to enable each resident, or representative of the resident:

(a) to make informed decisions and choices about the resident's daily activities; and

(b) to participate in decision-making processes that affect the resident's lifestyle.

1.5 To ensure that the rights and responsibilities of each resident, as a member of Australian society and as a resident of the hostel, are observed:

(a) a balance must be obtained between the rights and responsibilities of each resident individually and the rights and responsibilities of residents as a group;

(b) to the extent practicable, each resident must be assisted to exercise his or her rights and to fulfil his or her responsibilities;

(c) each resident, either directly or through a representative, must be able to draw attention to, or comment on, unsatisfactory conditions in the hostel; and

(d) prompt action must be taken to identify the cause of any dissatisfaction and, if possible, to resolve the problem.

1.6 Each incoming resident, either directly or through a representative, must be assisted to understand the fees and other charges of the hostel and be given a written explanation of the services that are provided for those fees and charges.

1.7 Each resident must be given:

(a) at least once a year, a written schedule and explanation of the costs and fees and other charges of the hostel; and

(b) a reasonable period of time before the change is to occur, a written schedule and explanations of any changes in the fees and other charges.

Objective 2: Care needs: The care needs of each resident to be identified and met.

2.1 The care needs of each incoming resident must be identified.

2.2 Each incoming resident must be given support in adjusting to hostel living.

2.3 The care needs of each resident must be continually monitored, general care services being provided as necessary and each resident having access to professional health care as necessary.

2.4 The manner in which the resident's care and personal needs are fulfilled must comply with the following principles:

(a) the independence and dignity of the resident are to be upheld;

(b) awareness of, and behaviour compatible with, the cultural and linguistic background of the resident are to be demonstrated;

(c) the needs of the resident and the manner in which they are met are to be identified by communication and negotiation with the resident, either directly or through a representative;

(d) regular review of services provided to the resident is to be undertaken with the resident, either directly or through a representative; and

(e) the resident is to be encouraged and assisted to make informed choices about the options available to him or her for his or her care in the hostel.

2.5 That the individual care needs of people with dementia, recurrent confusion and cognitive impairment are identified, and that these residents participate in a program that enhances their quality of life and care.

Objective 3: Dignity and privacy: The dignity and privacy of each resident is to be respected.

3.1 Each resident must be treated with respect for his or her dignity.

3.2 Each resident must have personal space in which to display and securely store personal effects.

3.3. Personal effects of a resident must not be used by other persons without the consent of the resident.

3.4 Each resident must be free to carry out activities of a personal nature in private or, if necessary, with the discreet assistance of hostel staff.

3.5 Information about residents must be treated in confidence.

Objective 4: Social independence: Each resident should exercise maximum social independence.

4.1 Each resident must be able to receive guests of his or her choice in private and in other suitable areas of the hostel.

4.2 To provide continuity with each resident's lifestyle before becoming a resident, he or she must be allowed opportunity:

(a) to engage, to the extent practicable, in spiritual, cultural and leisure activities that are significant to him or her;

(b) to participate in local community life; and

(c) to keep informed of current events and to vote in community elections.

4.3 Each resident must be assisted to the degree required to remain independent in the conduct of his or her financial dealings.

4.4 An appropriate balance must be maintained between the independence and the safety of each resident.

Objective 5: Variety of experience: Residents must have the opportunity to participate in a variety of activities and experiences of interest to them.

5.1 Each resident must have the opportunity to give expression to, and to engage in activities relevant to, his or her various interests and cultural or linguistic background.

5.2 Each resident's right to participate in activities that may involve some personal risk must be respected.

Objective 6: Home-like environment: A hostel is to provide a home-like environment for the comfort, safety and wellbeing of residents.

6.1 Each resident must be provided with a comfortable and home-like environment.

6.2 The hostel must afford each resident a clean and safe environment.

Nursing Home Outcome Standards

Objective 1: Health care: Residents' health will be maintained at the optimum level possible.

1.1 Residents are enabled to receive appropriate medical care by a medical practitioner of their choice when needed.

1.2 Residents are enabled and encouraged to make informed choices about their individual care plans.

1.3 All residents are as free from pain as possible.

1.4 All residents are adequately nourished and adequately hydrated.

1.5 Residents are enabled to maintain continence.

1.6 Residents are enabled to maintain, and if possible improve, their mobility and dexterity.

1.7 Residents have clean healthy skin consistent with their age and general health.

1.8 Residents are enabled to maintain oral and dental health.

1.9 Sensory losses are identified and corrected so that residents are able to communicate effectively.

Objective 2: Social independence: Residents will be enabled to achieve a maximum degree of independence as members of society.

2.1 Residents are enabled and encouraged to have visitors of their choice and to maintain personal contacts.

2.2 Residents are enabled and encouraged to maintain control of their financial affairs.

2.3 Residents have maximum freedom of movement within and from the nursing home, restricted only for safety reasons.

2.4 Provision is made for residents with different religious, personal and cultural customs.

2.5 Residents are enabled and encouraged to maintain their responsibilities and obligations as citizens.

Objective 3: Freedom of choice: Each resident's right to exercise freedom of choice will be recognised and respected whenever this does not infringe on the rights of other people.

3.1 The nursing home has policies which have been developed in consultation with residents and which enable residents to make decisions and exercise choices regarding their daily activities, provide an appropriate balance between residents' rights and effective management of the nursing home, are interpreted flexibly, taking into account individual resident needs.

3.2 Residents and their representatives are enabled to comment or complain about conditions in the nursing home.

Objective 4: Home-like environment: The design, furnishings and routines of the nursing home will resemble the individual's home as far as reasonably possible.

4.1 Management of the nursing home is attempting to create and maintain a home-like environment.

4.2 The nursing home has policies which enable residents to feel secure in their accommodation.

Objective 5: Privacy and dignity: The dignity and privacy of nursing home residents will be respected.

5.1 The dignity of residents is respected by nursing home staff.

5.2 Private property is not taken, lent or given to other people without the owner's permission.

5.3 Residents are enabled to undertake personal activities, including bathing, toiletting and dressing, in private.

5.4 The nursing home is free from undue noise.

5.5 Information about residents is treated confidentially.

5.6 Nursing home practices support the resident's right to die with dignity.

Objective 6: Variety of experience: Residents will be encouraged and enabled to participate in a wide variety of experiences appropriate to their needs and interests.

6.1 Residents are enabled to participate in a wide range of activities appropriate to their interests and capacities.

Objective 7: Safety: The nursing home environment and practices will ensure the safety of residents, visitors and staff.

7.1 The resident's right to participate in activities which may involve a degree of risk is respected.

7.2 Nursing home design, equipment and practices contribute to a safe environment for residents, staff and visitors.

7.3 Residents, visitors and staff are protected from infection and infestation.

7.4 Residents and staff are protected from the hazards of fire and natural disasters.

7.5 The security of buildings, contents and people within the nursing home is safeguarded.

7.6 Physical and other forms of restraint are used correctly and appropriately.

Sources: Commonwealth/State Working Party 1987; DHHLGCS 1990.

Chapter 9 Disability services

Table A9.1: Persons with a handicap by specific area of handicap, and mean number of areas of handicap, 1981, 1988 and 1993 ('000)

	Self-care ('000)	Mobility ('000)	Verbal communication ('000)	Mean no. of areas of handicap	Total handicap ('000)[(a)]
			Handicap		
1981	544.2	921.6	260.4	1.41	1,225.2
1988	908.1	1,634.1	400.6	1.62	1,815.0
1993	933.5	1,701.2	471.9	1.61	1,935.1
			Severe handicap		
1981	289.2	449.8	76.5	1.59	514.0
1988	397.8	552.9	109.0	1.61	657.5
1993	560.4	667.6	226.5	2.10	694.2

(a) Children aged less than 5 years and persons who had a schooling or employment limitation only were excluded from the total.

Source: Wen et al. 1995.

Table A9.2: People aged under 65 years with a handicap, by area and severity of handicap and by main disabling condition, 1993 ('000)

	Sensory				Physical								
	Psych-iatric[a]	Intell-ectual & 'Other mental'[b]	Disease of eye	Disease of ear	Nervous system[c]	Circul-atory	Respir-atory	Arthritis	Other musculo -skeletal	Head or brain injury	All other diseases & conditions	Total physical	Total
Area of handicap													
Self-care	9.4	46.9	6.6	6.0	53.8	17.8	30.5	86.6	111.6	14.2	115.6	430.2	499.0
Mobility	20.9	118.9	21.6	31.0	76.6	73.3	94.6	151.9	177.7	24.6	213.0	811.7	1,004.1
Communication	6.1	34.1	7.0	56.6	17.7	3.4	5.4	10.9	10.0	6.0	33.1	86.5	190.2
Schooling	0.1	60.6	4.2	16.9	12.1	1.9	25.1	1.3	5.2	2.1	29.9	77.5	159.4
Employment	24.8	98.1	23.6	49.4	72.7	69.0	58.6	134.1	195.4	24.4	211.4	765.5	961.4
Total	**29.2**	**200.4**	**39.2**	**102.5**	**106.6**	**91.1**	**144.4**	**195.9**	**244.0**	**34.1**	**331.6**	**1,147.6**	**1,519.0**
Severity of handicap													
Profound	6.9	33.3	4.0	5.5	33.5	4.3	8.7	7.9	11.4	7.1	34.6	107.6	157.3
Severe	4.3	23.9	7.2	5.0	17.5	10.6	16.0	38.4	44.9	5.1	38.0	170.6	211.0
Moderate	5.4	28.9	1.9	5.7	10.7	12.0	13.9	43.7	61.6	6.0	67.5	215.4	257.3
Mild	6.2	51.9	13.5	55.7	23.1	48.3	65.7	82.0	85.7	9.4	113.1	427.2	554.5
Not determined[d]	6.4	62.5	12.6	30.6	21.9	15.9	40.0	23.9	40.4	6.3	78.5	226.9	338.9
Not handicapped[e]	6.1	48.3	20.9	182.4	21.7	20.8	63.0	32.2	37.4	5.6	74.6	255.2	512.9
Total	**35.3**	**248.7**	**60.2**	**284.8**	**128.3**	**112.0**	**207.3**	**228.1**	**281.3**	**39.6**	**406.2**	**1,402.8**	**2,031.9**

(a) This group is the same as the group entitled 'Mental psychoses' in ABS publications.
(b) This group is the same as the group entitled 'Other mental disorders' in ABS publications and includes not only 'slow at learning or understanding things', but also some psychoses and depressions; the category excludes conditions such as Down Syndrome and infantile autism.
(c) This group includes people with motor neurone disease, ataxia, multiple sclerosis, quadriplegia and paraplegia. While these diagnoses may arise from a sensory impairment, they are generally perceived to be a physical disability.
(d) This group comprises all children aged 0–4 years with a disability and persons who had a schooling or employment limitation only.
(e) This group comprises people with a disability but not handicap.

Notes
1. Estimates of 1,900 or less have a relative standard error (RSE) of 50% or more. Estimates of 8,000 or less have an RSE of 25% or more. These estimates should be interpreted accordingly.
2. Totals may be less than the sum of the areas of handicap since a person may have a handicap or limitation in more than one area.

Source: AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers data.

Table A9.3: People aged under 65 years with a disability: comparison of main and all disabling condition types as percentage of the Australian population of that age, 1993[a]

	Main disabling conditions		All disabling conditions	
Disability group	**(%)**	**('000)**	**(%)**	**('000)**
Psychiatric[b]	0.2	35.3	0.3	42.5
Intellectual & 'Other mental'[c]	1.6	248.7	2.4	376.0
Diseases of the eye	0.4	60.2	0.7	107.6
Diseases of the ear	1.8	284.8	3.2	498.2
Nervous system diseases	0.8	128.3	1.2	192.2
Circulatory diseases	0.7	112.0	1.9	293.2
Respiratory diseases	1.4	218.2	2.4	372.8
Arthritis	1.5	228.1	2.8	435.2
Other musculoskeletal disorders	1.8	281.3	2.4	380.4
Head injury/stroke/any other brain damage	0.3	39.6	0.9	140.6
All other diseases and conditions	2.5	395.3	4.5	702.6
Total	**13.0**	**2,031.9**	**—**	**—**

(a) Estimates of 1,900 or less have a relative standard error (RSE) of 50% or more. Estimates of 8,000 or less have an RSE of 25% or more. These estimates should be interpreted accordingly.
(b) This group is the same as the group entitled 'Mental psychoses' in ABS publications.
(c) This group is the same as the group entitled 'Other mental disorders' in ABS publications.

Source: AIHW 1995:398.

Table A9.4: CSDA funded services by type of service and by auspice, 1996

	Government				Non-government				
Type of service	**Common-wealth**	**State/ Territory**	**Local**	**Total**	**Charit-able/ religious**	**Other**	**Total**	**Not stated**	**Total**
Accommodation support	1	1,045	22	1,068	672	596	1,268	0	2,336
Community support	—	338	24	362	277	381	658	0	1,020
Community access	—	70	13	83	208	295	503	0	586
Respite	—	151	12	163	124	108	232	0	395
Employment	—	10	5	15	437	330	767	0	782
Other/not stated	—	5	1	6	15	19	34	1	41
Total	**1**	**1,619**	**77**	**1,697**	**1,733**	**1,729**	**3,462**	**1**	**5,160**

Notes
1. A service may be a single outlet, or an aggregation of two or more outlets of the same service type, for an organisation.
2. Data for CSDA services funded by the Australian Capital Territory were not collected for 1996.

Source: Black et al. forthcoming.

Table A9.5: Recipients of CSDA funded services, by age group and sex, 1996

	Male		Female		Not stated		Total	
Age group (years)	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**
0–4	1,810	4.6	1,100	3.9	29	6.5	2,939	4.3
5–9	2,351	5.9	1,279	4.5	27	6.0	3,657	5.3
10–14	1,841	4.7	1,188	4.2	23	5.2	3,052	4.5
15–19	3,681	9.3	2,367	8.3	18	4.0	6,066	8.9
20–24	5,277	13.3	3,783	13.3	31	6.9	9,091	13.3
25–29	5,060	12.8	3,347	11.8	26	5.8	8,433	12.3
30–34	4,556	11.5	3,116	10.9	26	5.8	7,698	11.2
35–39	3,757	9.5	2,867	10.1	23	5.2	6,647	9.7
40–44	3,173	8.0	2,406	8.5	18	4.0	5,597	8.2
45–49	2,417	6.1	1,776	6.2	19	4.3	4,212	6.1
50–54	1,580	4.0	1,327	4.7	11	2.5	2,918	4.3
55–59	911	2.3	786	2.8	7	1.6	1,704	2.5
60–64	573	1.4	497	1.7	4	0.9	1,074	1.6
65–69	425	1.1	415	1.5	3	0.7	843	1.2
70 or over	570	1.4	907	3.2	11	2.5	1,488	2.2
Not stated	1,587	4.0	1,311	4.6	171	38.3	3,069	4.5
Total	**39,569**	**100.0**	**28,472**	**100.0**	**447**	**100.0**	**68,488**	**100.0**

Notes
1. An individual may be counted more than once if more than one service type was accessed on the snapshot day.
2. Data for Western Australia cover a 12-month period and have been adjusted for identified multiple service use.
3. Data for the Australian Capital Territory were not collected for 1996.
4. Data for service types: Advocacy; Info./referral; Combined advocacy/info.; Print disability/ alt. formats of communication; Service evaluation/training; Peak bodies; Research/development; and Other were not collected.
5. Data for Commonwealth were not collected, except for those in the NIMS collection.

Source: Black et al. forthcoming.

Table A9.6: Aged care clients, by type of service and by age group and sex[a]

		Females		Males		Total	
Type of service	**Age group**	**No.**	**%**	**No.**	**%**	**No.**	**%**
HACC respite clients	0–49	775	12.0	733	21.7	1,508	15.3
	50–64	541	8.4	368	10.9	909	9.2
	65+	5,162	79.7	2,274	67.4	7,436	75.5
	Total	**6,478**	**100.0**	**3,375**	**100.0**	**9,853**	**100.0**
All HACC clients	0–49	2,424	8.5	1,702	13.1	4,126	9.9
	50–64	2,406	8.4	1,413	10.9	3,819	9.2
	65+	23,824	83.1	9,884	76.0	33,708	80.9
	Total	**28,654**	**100.0**	**12,999**	**100.0**	**41,653**	**100.0**
COPS respite clients	0–49	186	13.1	225	25.3	411	17.8
	50–64	111	7.8	84	9.5	195	8.4
	65+	1,128	79.2	579	65.2	1,707	73.8
	Total	**1,425**	**100.0**	**888**	**100.0**	**2,313**	**100.0**
COPS non-respite clients	0–49	303	11.5	276	21.4	579	14.7
	50–64	278	10.5	133	10.3	411	10.5
	65+	2,057	78.0	880	68.3	2,937	74.8
	Total	**2,638**	**100.0**	**1,289**	**100.0**	**3,927**	**100.0**
Hostel respite admissions[b]	0–50	57	0.6	59	1.3	116	0.8
	51–60	103	1.0	112	2.5	215	1.5
	61+	9,896	98.4	4,244	96.1	14,140	97.7
	Total	**10,056**	**100.0**	**4,415**	**100.0**	**14,471**	**100.0**
Hostel permanent admissions[b]	0–50	43	0.3	64	1.2	107	0.6
	51–60	124	1.0	174	3.4	298	1.7
	61+	12,251	98.7	4,954	95.4	17,205	97.7
	Total	**12,418**	**100.0**	**5,192**	**100.0**	**17,610**	**100.0**
Nursing home respite admissions[b]	0–50	34	1.2	48	2.3	82	1.7
	51–60	47	1.6	60	2.9	107	2.2
	61+	2,802	97.2	1,956	94.8	4,758	96.2
	Total	**2,883**	**100.0**	**2,064**	**100.0**	**4,947**	**100.0**
Nursing home permanent admissions[b]	0–50	182	0.8	261	1.9	443	1.2
	51–60	283	1.3	400	3.0	683	1.9
	61+	22,113	97.9	12,788	95.1	34,901	96.9
	Total	**22,578**	**100.0**	**13,449**	**100.0**	**36,027**	**100.0**

(a) Data refer to 1993–94 for all service types except for Community Options Program (COPS) where data refer to 1993. Home and Community Care (HACC) data refer to a 4-week sample period; COPS data refer to a 2-week sample period.
(b) Refers to persons admitted to a hostel or nursing home in the 1993–94 financial year.

Source: Gibson et al. 1996: 30–1, 48–9, 71–2, 97–8.

Table A9.7 : Clients commencing DEETYA labour market programs, by sex and age group: people with a disability as a percentage of all people within the age range, 1995–96[a]

Labour market program	15–29 %	30–44 %	45–59 %	60–64 %	Males %	Males Total[b]	15–29 %	30–44 %	45–59 %	60–64 %	Females %	Females Total[b]	Total[b]
Job clubs	10.5	18.5	22.5	16.7	15.4	**28,345**	8.7	12.9	19.6	7.1	11.1	**17,492**	**45,837**
Mobility assistance	11.5	17.4	22.3	13.1	15.4	**35,066**	9.5	14.3	22.3	0	12.5	**13,924**	**48,990**
Jobtrain	13.8	23.5	27	22.8	19.5	**54,597**	11	14.2	22.3	13.5	13.7	**37,756**	**92,353**
NOOSR bridging course	2.4	0.8	3.7	—	1.3	**307**	0	0.4	8.3	—	0.6	**330**	**637**
Special intervention	16.7	22.7	30.5	16.8	22.1	**61,820**	12	10.9	21.2	10.3	13.4	**40,980**	**102,800**
Jobstart	12.3	19.3	22.3	10.5	15.6	**69,321**	8.6	12.1	16.2	0	10.2	**31,868**	**101,189**
National training wage	5	10.7	15	18.2	6.1	**18,032**	3.4	6.6	14.5	0	4	**17,038**	**35,070**
Post-placement support	19.3	31.3	29.3	0	24.9	**437**	17.3	14.3	24.2	—	17.6	**239**	**676**
Contracted placement	14.1	24.8	21.2	100	21.2	**222**	6.9	29.4	31.3	—	19.4	**62**	**284**
Skillshare	16.1	27.2	29.1	23.1	22.2	**29,459**	10.9	13.8	21.6	2.6	13.7	**31,026**	**60,485**
NEIS	8.1	13.2	19.1	23.3	13.1	**7,605**	5.5	7.3	13.6	—	7.8	**4,446**	**12,051**
Jobskills	12.8	19.3	23.5	17.4	17.3	**15,433**	10.4	13.6	21.3	0	13.4	**12,190**	**27,623**
LEAP	7.1	—	—	—	7.1	**9,632**	6.1	—	—	—	6.1	**3,890**	**13,522**
NWO	11.7	18.5	22.9	10.8	15.8	**37,063**	9.9	16.4	22.3	0	13	**12,644**	**49,707**
TAP	4.5	9.2	12.5	50	6.3	**7,527**	3.3	5.3	12.3	0	4.3	**4,682**	**12,209**
OLMA	4.8	5	9.8	25	7.1	**1,453**	2.5	5.5	10.6	6.5	7.8	**3,094**	**4,547**
DRP PPS	79.2	92.3	75	—	82.9	**41**	85	90	66.7	—	83.3	**36**	**77**
WEPD	93.2	93	93.8	92.9	93.2	**2,172**	92.8	92.2	88.2	—	92.2	**1,078**	**3,250**
ATY	5.6	—	—	—	5.7	**830**	5.3	0	—	—	5.2	**843**	**1,673**
YCIAP	7.3	—	—	—	7.3	**191**	5.9	—	—	—	5.9	**186**	**377**
SAP	5	0	0	—	4.9	**510**	3.1	50	—	—	4	**99**	**609**
Apprentice wage subsidy	6.9	18.4	37.5	—	7.5	**2,603**	5.1	8.3	50	—	5.4	**630**	**3,233**
DAWS	100	100	100	—	100	**236**	100	100	—	—	100	**29**	**265**
Ext. disability assessment	98.9	99.4	99.9	100	99.5	**2,790**	98.9	99.1	99.7	100	99.3	**747**	**3,537**
Vocat. rehab. JSA/NSA	92	95.1	94.5	83.3	94	**3,649**	93.4	95.4	93	—	94	**1,516**	**5,165**
Community activity	5	8	6.7	—	6.7	**60**	0	15.4	0	—	7.4	**27**	**87**
All	**13.2**	**22.3**	**27.9**	**19.7**	**18.5**	**389,401**	**10**	**13.6**	**22**	**8.5**	**12.8**	**236,852**	**626,253**

(a) Other than for DRP referrals, clients are coded as a person with a disability purely on the basis of self-identification.
(b) Figures are for people with and without a disability.

Note: Where program eligibility is restricted to people with a disability, such as DAWS, the percentage in each age bracket is expected to be 100%. However, delays in data input can account for less than 100%.

Source: DEETYA program and Administrative Statistical System, unpublished data.

Table A9.8: Percentage of people under age 65 years, by type of residence and living arrangement and by disability status, 1981, 1988, 1993[a]

Living arrangements	Severe handicap	Total with a handicap	Total with a disability	Total without a disability	Total with & without a disability
Households					
Lives alone					
1981	0.1	0.6	1.0	—	—
1988	0.1	0.9	1.1	3.2	4.3
1993	0.2	1.2	1.4	3.7	5.1
Lives in with relatives					
1981	1.9	5.2	8.8	—	—
1988	2.1	7.7	9.3	80.3	89.6
1993	2.3	7.3	9.7	79.7	89.4
Lives in with non-relatives					
1981	0.0	0.2	0.4	—	—
1988	0.1	0.5	0.6	5.3	5.8
1993	0.1	0.4	0.5	4.6	5.1
Total in households					
1981	2.0	6.0	10.1	—	—
1988	2.3	9.0	11.0	88.8	99.8
1993	2.6	8.8	11.6	88.0	99.6
Establishments[b]					
1981	0.2	0.2	0.2	—	—
1988	0.2	0.2	0.2	0.02	0.2
1993	0.1	0.1	0.2	0.01	0.2
Total population					
1981	2.3	6.2	10.4	—	—
1988	2.5	9.2	11.2	88.8	100.0
1993	2.7	9.0	11.8	88.0	99.8 [c]
Ratio: establishments/households*100[d]					
1981	10.9	3.7	2.3	—	—
1988	7.9	2.1	1.8	0.02	0.2
1993	5.1	1.6	1.5	0.01	0.2

(a) The percentages of disability and handicap have been standardised using the age and sex structures of the estimated resident population at March 1993 for comparative purposes. The estimates for the 1993 disability survey data were made using definitions as close as possible to the definitions of the 1981 and 1988 disability surveys.
(b) Establishments are defined by ABS as hospitals, nursing homes, hostels, retirement villages and other 'homes'.
(c) Excluded 32,766 boarding school pupils.
(d) Ratios were calculated by dividing the total number of people living in establishments by the total number of people living in households and multiplying by 100.

Sources: ABS unpublished data; AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers confidentialised unit record file.

Table A9.9: People aged 15–64 years in households, by employment and disability status, 1981, 1988, 1993[a] (%)

Employment status	Year	Handicap				Total with a handicap	Disability without handicap	Total with a disability	No disability	Total with & without a disability
		Severe	Moderate	Mild	Not determined[b]					
Employed	1981	0.6	0.7	0.7	0.4	2.4	3.4	5.8	—	—
	1988	0.7	1.1	1.5	1.0	4.3	1.6	5.9	61.3	67.1
	1993	0.6	0.7	1.2	1.3	3.9	2.1	5.9	58.4	64.3
Unemployed	1981	0.1	0.1	0.1	0.1	0.3	0.3	0.6	—	—
	1988	0.1	0.1	0.2	0.2	0.6	0.2	0.7	5.3	6.0
	1993	0.1	0.1	0.3	0.3	0.9	0.4	1.3	8.0	9.3
Total in the labour force	1981	0.7	0.8	0.8	0.5	2.7	3.7	6.4	—	—
	1988	0.8	1.3	1.6	1.2	4.9	1.7	6.6	66.5	73.2
	1993	0.8	0.9	1.5	1.7	4.8	2.5	7.2	66.4	73.6
Not in the labour force	1981	1.5	0.9	0.9	0.8	4.1	1.3	5.4	—	—
	1988	1.5	1.7	1.4	0.8	5.5	0.6	6.0	20.8	26.8
	1993	1.8	1.1	1.5	0.9	5.3	0.9	6.2	20.2	26.4
Total population	1981	2.2	1.7	1.7	1.3	6.8	5.0	11.8		
	1988	2.3	2.9	3.1	2.0	10.3	2.3	12.7	87.3	100.0
	1993	2.6	1.9	3.0	2.5	10.0	3.4	13.4	86.6	100.0

(a) The percentages of disability and handicap have been standardised using the age and sex structures of the estimated resident population at March 1993 for comparative purposes. The estimates for the 1993 disability survey data were made using definitions as close as possible to the definitions of the 1981 and 1988 disability surveys.
(b) This group comprises all people who had a schooling or employment limitation only.

Sources: ABS unpublished data; AIHW analysis of ABS 1993 Survey of Disability, Ageing and Carers confidentialised unit record file.

Technical appendix

Chapter 2 Welfare services expenditure

Disability factors

A disability factor is the extent of the disability that a State faces for a particular aspect of an area of expenditure relative to the Australian average. Different disability factors are applied to different functions. In the welfare services area, the disability factors used include:

Relevant population

This is the proportion of the population in the target group for the service (such as school age children).

Administrative scale

This factor measures the differences between States in the cost effects of size of operation in policy development and administration in central offices, and in specialised State-wide services provided centrally.

Age/sex composition

This factor measures the expenditure impact of differences between States in the relative size of age–sex groups known to require more or less resources to service than others.

Socioeconomic composition

This factor measures the budgetary impact of differences between States in the relative size of certain ethnic or socioeconomic groups which are known to be more or less expensive to service than the rest of the population.

Dispersion

This factor measures the influence on costs of differences between States in the geographical distribution of their populations.

Input costs

This factor measures the differences between States in the unit costs of the inputs of labour, accommodation and electricity.

Disability factor ratios for the Commonwealth Grants Commission category of 'aged and disabled welfare' are illustrated in Table TA2.1 below.

Tasmania, with an older population, had the highest global disability factor of 1.2577. The Northern Territory, with a younger population, had the lowest global disability factor of 0.4658. In 1995–96, standardised expenditure for Tasmania was, therefore, the

Table TA2.1: Disability factor ratios for 'aged and disabled welfare'

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
Administrative scale	0.9946	0.9946	0.9946	1.0065	1.0105	1.0304	1.0463	1.1139
Age/sex composition	1.0061	1.0028	0.9975	0.9820	1.0258	1.0123	0.9461	0.7849
Input costs	1.0029	0.9979	0.9949	1.0029	0.9999	0.9959	1.0049	1.0219
Relevant population	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Socioeconomic composition	1.0616	0.9974	0.9456	0.8961	1.0639	1.2119	0.6231	0.5218
Global factor adjusted to Australian average	1.0644	0.9917	0.9326	0.8875	1.1017	1.2577	0.6193	0.4658

Source: CGC unpublished data.

highest, at $153.42 per person (1.2577 * the national average expenditure of $121.98), while that of the Northern Territory was the lowest, at $56.82 per person (0.4658 * $121.98) (Table 2.10).

The difference between standardised expenditure and the Australian average (standard) expenditure identifies disability or need in relation to the national average. A negative value for need means that it costs less than the national average for the State or Territory to provide an average standard of service. In contrast, a positive value for need means it costs more than the national average for these States and Territories to provide an average standard of service. For aged and disabled welfare services, States and Territories with 'negative need' for 1995–96 were the Northern Territory, the Australian Capital Territory, Western Australia, Victoria and Queensland. Those States with 'positive need' were New South Wales, South Australia, and Tasmania.

Chapter 5 Housing assistance

Issues in defining and measuring housing assistance

Data sources

There is currently no single national housing assistance data collection and data on housing assistance are highly fragmented. The coherence of data across housing assistance areas is restricted by a range of technical issues relating to data definitions and quality and the availability of appropriate analytical tools and expertise.

The data issues facing the examination of housing assistance can be summarised as follows:

- There is a need for better and more consistent data, as illustrated by
  - the considerable number of qualifications on the data used in the public housing performance indicators for the 1997 Review of Government Service Provision (SCRCSSP 1997:264–319); and
  - the large inconsistencies between ABS survey data and DSS administrative data on rent assistance (see Box TA5.1).
- There are data gaps—currently available data do not measure the breadth of housing assistance; in particular, data on assistance to home owners are inadequate.
- There are often poorly developed information links between housing assistance and
  - other welfare services (such as crisis services, aged care services, services for persons with a disability and family services); and
  - income support payments.
- A lack of time series data—there is a need for data to be developed that will provide continuous measurement of the effectiveness of housing assistance.

These issues are illustrated in SCRCSSP (1997) where the performance information for affordability, accessibility and appropriateness were all highly qualified between jurisdictions, and the data were not considered as comprising national comparable performance information. In particular, the accessibility indicator reflecting aspects of adequacy of access was:

- based on two different assumptions of what comprised a household in need;
- used two different definitions of occupancy standards for matching household composition to the size of the dwelling occupied; and
- used data from three different data sources: jurisdiction data, DSS data and 1991 ABS Census data, which utilise different definitions and relate to different time periods.

Similarly, there are significant differences between population survey data and administrative data on housing assistance in relation to the number of recipients of assistance and the value of assistance they receive. For example, the 1993–94 ABS Household Expenditure Survey estimated that there were 472,700 households renting from State or Territory housing authorities (ABS 1996f:22), while the State and Territory housing authorities actually reported 383,600 households (SCRCSSP 1995:126).

Box TA5.1: Underestimation of Rent Assistance recipient households, using the 1994 AHS

According to DSS, in December 1994 there were some 930,000 'recipients' of Rent Assistance (DSS 1995:109), with an additional 40,000 recipients of Rent Assistance through DVA (DVA unpublished). From the 1994 Australian Housing Survey it is estimated that some 516,000 households were receiving some Rent Assistance at the time of the survey. Even after considering the differences in these two data sources, as discussed below, it is evident that the AHS data significantly understate the number of Rent Assistance recipients in households:

- *Respondents representing an estimated additional 94,000 or so households were in receipt of pensions or benefits associated with Rent Assistance but their rent/board was not stated, so it could not be determined whether they received assistance or not.*
- *There was some under-identification of receipt of pensions and benefits in the 1994 AHS, particularly the age pension and unemployment benefits, which would again lead to an understatement of receipt of assistance.*

Taking these points into account it is estimated that some 625,000 households received Rent Assistance at the time of the survey in 1994. This excludes those living in non-private accommodation, such as nursing homes, hostels and boarding houses, who receive Rent Assistance.

However, the DSS figure given above is not directly comparable with the AHS-based figure for several reasons:

- *persons in nursing homes and aged person hostels, around 90,000 persons in 1994 (Jenkins, 1996), and other non-private dwellings are included in this figure;*
- *because of the way Rent Assistance is paid there may be double-counting of couple-only families—from the AHS it is estimated that there were 40,000 double recipient couple-only income units; and*
- *except for the two groups above, in general 'recipients' correspond to income units, several of which may be in the same household. Among households identified in the AHS as receiving Rent Assistance, 29% were in multi-income unit households.*

Taking these differences into account suggests that the combined DSS/DVA figure of 970,000 'recipients' corresponds to about 840,000 income units (970,000 minus 90,000 in non-private dwellings and 40,000 double-counted) or about 754,000 households living in private dwellings. (Note that this figure still includes recipients of Rent Assistance living in non-private dwellings other than nursing homes and aged person hostels, such as boarding houses.)

As at December 1995, a total of 894,000 income units were receiving Rent Assistance (DSS 1996f:298). Using the relationships above, this corresponds to about 894,000–90,000=804,000 income units in private dwellings, or 722,000 households.

The data relationships between expenditure and income in major data sets are poorly understood, affecting the reliability of examining the relationship between housing

costs and income. For example, the observation in household expenditure and income data that, for the lowest income groups, expenditure on goods and services, on average, exceeds the income of the household suggests an incomplete picture of the household's true command over goods and services and raises the issue of the reliability of analysis via population surveys of housing affordability (ABS 1985:4–5). Similarly, in ABS Population Census and survey data, there are a significant number of households that have reported incomes substantially below the DSS statutory levels. This may either reflect ineligibility for assistance or a reporting error, but which of these cannot be determined from the data.

There is substantial development work yet to be undertaken to obtain reliable and generally acceptable measures of the need for and provision of housing assistance. Progress is being made through the CSHA and Report of Government Service Provision work on performance measurement. The Institute is working with States and Territories, the Department of Social Security, the Australian Bureau of Statistics and the Industry Commission to further improve these measures.

Because of the lack of national consistent data on housing assistance, Chapter 5 uses the 1994 ABS Australian Housing Survey as the main source of data for examining services, with data from DSS, CSHA and State collections being used where appropriate.

Data and assumptions

The 1994 ABS Australian Housing Survey (AHS) is used as the primary source of data in the discussion of households with housing problems. The AHS surveyed 14,500 households in September and October of 1994. In addition to detailed information on housing costs, conditions and housing history, it contains data on household composition and income.

When determining the extent of housing problems, a number of assumptions have to be made. For this analysis:

- To determine housing costs, we have adopted the definition used by the ABS in published AHS results: '[housing costs] comprise rates (general and water) payments, rent, mortgage repayments, body corporate fees, repayments on loans for alterations and additions, and repairs and maintenance expenses' (ABS 1996e:62). AHS respondents buying their home did not report interest and principal payments separately, nor were housing insurance costs asked for, and so these factors could not be taken into account. As well, repairs and maintenance undertaken by renters were not recorded in the survey.
- Assistance is not treated as income—rent net of assistance is compared with income excluding any assistance. This approach was taken due to the difficulty in identifying in the 1994 AHS the value of assistance received by public renters and because DSS Rent Assistance is considered to be a contribution towards rent payments only. Whether assistance is treated as a rebate or income can affect the affordability status allocated to a household (see below).
- The analysis has been undertaken at the household level.
- Allowances have been made for the needs of families of different sizes and types using Simplified Henderson equivalence scales (ABS 1996c:49–50).

- All households in private dwellings, that is not in hostels, nursing homes barracks, etc., are included in the analysis. Households with self-employed persons have not been excluded (see below).

Some of these assumptions are discussed further below. General matters that affect the interpretation of estimates derived from the AHS are given in Box TA5.2.

Box TA5.2: General points to consider when interpreting estimates derived from the ABS 1994 Australian Housing Survey

- *Figures are weighted population estimates and are therefore subject to sampling error. Sampling errors are relatively large for estimates based on a small number of respondents. (For discussion on the relative size of standard errors for the AHS, see ABS 1996e.) Estimates with relative standard errors of between 25% and 50% are indicated by a single asterisk next to the figure, while those with relative standard errors greater than 50% have two asterisks.*
- *For renters, incidence of unaffordable housing is after receiving rental assistance, that is any rental assistance is not included as income.*
- *For tables showing characteristics of recipients of rental assistance (Section 5.3 and related appendix tables), percentages are based on all respondents, unless stated otherwise.*
- *For tables showing incidence of housing problems (in sections other than 5.3), percentages are based on respondents with valid values only, unless stated otherwise.*
- *Household income was only unknown for households for whom it was not known whether or not they received DSS/DVA Rent Assistance (1.4% of households). However, to reduce bias in estimates, rather than excluding only low-income households with missing housing costs data, all households with missing housing costs data were excluded when deriving estimates of households with affordability problems. As a result, a total of 8.8% of households were excluded from the affordability analysis.*
- *As is generally the case with estimates, numbers may not add due to rounding.*
- *In tables by household type,* ***'other household'*** *includes group households (usually a group household comprises unrelated people), households with extended families (e.g. grandparents, parents and children) and households with multiple families.*
- *In tables by tenure type,* ***'public renter'*** *refers to those who rented from a State or Territory housing authority or trust; 'private renter' to those who rented from a real estate agent, a parent/other relative not in the same household or another person not in the same household;* ***'other'*** *tenure includes 'other renter', 'rent-free' and 'other': 'other renter' refer to those who rented from an owner/manager of a caravan park, a government authority employer, another employer, a housing cooperative/community/church group, another type of landlord or rented but did not state their landlord. 'Other' households are those occupants who do not consider themselves as owners, purchasers, renters or rent-free.*

Methodological issues

The sensitivity of the NHS measure to equivalence scales

Table TA5.1 shows that, at the broad level, the two measures give similar results, with 13% of all households being classified as low-income with unaffordable housing.

Table TA5.1: Incidence of affordability problems, using two National Housing Strategy-type measures, 1994[a]

	Households (%)				Households ('000s)	
	Low-income					
Affordability measure[b]	Unafford-able housing	Afford-able housing	Other income groups[c]	All house-holds	With missing data	Total
Original National Housing Strategy affordability ratio	13.4	27.0	59.6	*100*	586.4	**6,677.9**
Equivalent National Housing Strategy affordability ratio	13.3	26.9	59.8	*100*	586.4	**6,677.9**

(a) Estimates are derived from the ABS 1994 AHS. See Technical Appendix, especially Box TA5.2, for discussion of issues that affect interpretation.
(b) For a description of the affordability measures, see Box 5.2.
(c) Because of missing values for housing costs, the table does not show exactly 40% of households as low-income.

Source: The database used in this analysis was the ABS 1994 AHS, confidentialised unit record file.

While the two measures result in similar proportions considered to be living in unaffordable housing, they do not identify the same households as being in need. The affordability status of nearly 10% of households is different under the two measures, with over 340,000 households moving from being low-income to not low-income and the same number moving the opposite way.[1] Using equivalent income rather than original income has the greatest effect among lone person households and couple with children households, with some 218,000 lone person households no longer being considered low-income and 285,000 couple with children households becoming low-income. Around three-quarters of the changes in affordability status occur within these two household types which account for only 56% of all households.

As a result of these flows, the percentages of lone person households and couple with children households with affordability problems are markedly different under the two measures. The proportion of lone person households in unaffordable housing drops from 23% to 18% when using the equivalent NHS measure, while for couples with children the proportion in unaffordable housing increases from 8% to 12% (Table TA5.2). As a consequence, the distribution of household types with unaffordability problems also changes. Under the first approach, lone person households are the numerically largest group in need, but under the second approach it is couples with children who become the major group (numerically) in need.

1 Note that the flows have to cancel out because by definition 40% of households are low-income.

Table TA5.2: Proportion of each household type in unaffordable housing, using the two NHS measures[a]

	In low-income, unaffordable housing[b]		All households	
	Original NHS	Equivalent NHS	Original NHS	Equivalent NHS
Household type	% all households		% households in need within household type	
Lone person	38.3	29.6	22.9	17.5
Couple only	17.5	16.0	9.1	8.3
Couple with children	21.7	32.1	8.4	12.3
One-parent family	17.5	17.0	27.9	26.8
Other household	5.0	5.3	7.7	8.1
All households	**100**	**100**	**13.4**	**13.3**

(a) Estimates are derived from the ABS 1994 AHS. See Technical Appendix, especially Box TA5.2, for discussion of issues that affect interpretation.
(b) For a description of the affordability measures see Box 5.2.

Source: The database used in this analysis was the ABS 1994 AHS, confidentialised unit record file.

Treatment of assistance as income or rebate

An important issue when looking at the effect of housing assistance on affordability is whether or not assistance is treated as income or as a rebate. In the former approach, the full rent is compared to income including any assistance, while in the latter approach rent net of assistance is compared to income excluding any assistance.

Whether assistance is treated as a rebate or income can affect the affordability status allocated to a household. Treating assistance as income results in fewer households being considered to have low income. However, when using affordability ratios treating assistance as income rather than a rebate results in more households being considered to have housing affordability problems. This is a result of the fact that adding a constant (rebate) to both the numerator (net rent) and denominator (income) of a fraction leads to a larger fraction, thus including assistance as income leads to greater affordability ratios.

Since Rent Assistance for private renters depends on the rent they are paying and is considered to be a contribution towards their rent payments, both public rent rebates and DSS/DVA Rent Assistance are treated here as rebates.

For the analysis of AHS data, private renters receiving Rent Assistance were identified using data on the receipt of DSS/DVA pensions, benefits or allowances and comparing paid rents to the Rent Assistance payment schedule. Because of understatement in the survey of persons receiving age pensions and unemployment benefits, the number of households estimated as receiving Rent Assistance is thought to be understated by about 110,000 (Box TA5.1). As a result, affordability ratios will be overstated for households which receive Rent Assistance but which have not been identified and the number of households not considered to be low-income will be overestimated.

The Institute is currently undertaking analysis of the sensitivity of estimates to different definitions of affordability.

Treatment of self-employed persons

In analyses using poverty lines, income units with a self-employed reference person are often excluded because of the difficulty of establishing their true income standing. This practice is not usually adopted when examining affordability ratios, and so has not been used in the current analysis. In 1994, some 743,000 (or 11%) households had a reference person whose main source of income was their own business or partnership.

While 'self-employed' households are less likely than other households to be low-income, if they are low-income their reported income is very low. As a result, while they have a similar incidence to other households of spending too great a proportion of their income on housing, they are more likely to have income that is considered very low. Overall, including these households has little effect on affordability ratio-based estimates (Table TA5.3).

Table TA5.3: Effect of including self-employed[(a)] in estimates of incidence of affordability problems, using the equivalent NHS affordability ratio,[(b)] 1994[(c)]

	Affordability status (%)				
	Low-income, unaffordable housing	Low-income, affordable housing	Not low-income	Total	Total Households ('000s)
Households with self-employed reference person	13.6	14.3	72.1	*100*	743.3
All households excluding those with self-employed reference person	13.3	28.4	58.3	*100*	5,924.6
All households	13.3	26.9	59.8	*100*	6,677.9

(a) 'Self-employed' persons are those whose main source of income was reported as 'own business/partnership'.
(b) For a description of the affordability measure, see Box 5.2.
(c) Estimates are derived from the ABS 1994 AHS. See Technical Appendix, especially Box TA5.2, for discussion of issues that affect interpretation.

Source: The database used in this analysis was the ABS 1994 AHS, confidentialised unit record file.

Suitability of dwelling size: sensitivity to the Canadian occupancy standard

The specification of any measure of overcrowding is sensitive to how the factors are taken into consideration. The Canadian measure takes only number of bedrooms into account. However, in 1994 more than half the households in Australia (58%) reported one or more rooms which were 'additional' to the bedrooms, kitchen, bathroom and first lounge or dining room. These rooms were extra family rooms, studies or other rooms (Table TA5.4).

Among the estimated 303,700 households who lived in overcrowded conditions, using the bedroom standard nearly half (48%) had one or more extra rooms. These included about one-third (33%) who had two or more family/lounge rooms, 22% who had one or more studies/sunrooms, and 12% who had one or more other rooms. Had the households used or reported these additional rooms as bedrooms, then the proportion living in overcrowded dwellings would have decreased from 4.6% to 2.7%.

Table TA5.4: Additional rooms in dwelling, by crowding status of household,[a] 1994[b]

		With extra rooms (%)				
Crowding status	**No extra rooms (%)**	**Two or more family/ lounge rooms**	**One or more studies/ sunrooms**	**One or more 'other' rooms[c]**	**Total with one or more extra rooms**	**Households ('000s)**
Overcrowded	52.1	33.0	21.9	11.9	47.9	303.7
Not overcrowded	42.1	45.1	23.2	11.0	57.9	6,374.3
Total	**42.5**	**44.5**	**23.2**	**11.1**	**57.5**	**6,677.9**

(a) For a definition of crowding status, see Box 5.3.
(b) Estimates are derived from the ABS 1994 AHS. See Technical Appendix, especially Box TA5.2, for discussion of issues that affect interpretation.
(c) 'Other' rooms exclude bedrooms, kitchens, bathrooms/ensuites/toilets, laundries, lounge/dining rooms and studies/ sunrooms.

Source: The database used in this analysis was the ABS 1994 AHS, confidentialised unit record file.

Abbreviations

AAMR	American Association on Mental Retardation
ABS	Australian Bureau of Statistics
ACCSIS	Aged and Community Care Strategic Information System
ACOSS	Australian Council of Social Service
ADL	Activities of Daily Living
AGD	Attorney-General's Department (Commonwealth)
AGPS	Australian Government Publishing Service
AHS	Australian Hearing Service (Chapter 9)
AHS	Australian Housing Survey (Chapter 5)
AIFS	Australian Institute of Family Studies
AIHW	Australian Institute of Health and Welfare
ANZSIC	Australian and New Zealand Standard Industrial Classification
ATO	Australian Tax Office
ATSI	Aboriginal and Torres Strait Islander
ATSIC	Aboriginal and Torres Strait Islander Commission
ATY	Accredited Training for Youth
AWE	Average Weekly Earnings
CACP	Community Aged Care Packages
CAP	Crisis Accommodation Program
CDA	Child Disability Allowance
CGC	Commonwealth Grants Commission
CHP	Community Housing Program
COAG	Council of Australian Governments
COP	Community Options Projects
CPI	Consumer Price Index
CRS	Commonwealth Rehabilitation Service
CSDA	Commonwealth/State Disability Agreement

CSHA	Commonwealth–State Housing Agreement
CSP	Children's Services Program
DAWS	Disabled Apprentice Wage Subsidy
DCSH	Department of Community Services and Health (currently DHFS)
DDA	Disability Discrimination Act
DEETYA	Department of Employment, Education, Training and Youth Affairs (Commonwealth).
DFYCC	Department of Families, Youth and Community Care (Queensland)
DHFS	Department of Health and Family Services (Commonwealth)
DHHCS	Department of Health, Housing and Community Services (currently DHFS)
DHHLGCS	Department of Health, Housing, Local Government and Community Services (currently DHFS)
DHS	Department of Human Services (Victoria)
DHSH	Department of Human Services and Health (currently DHFS)
DIMA	Department of Immigration and Multicutural Affairs
DIST	Department of Industry, Science and Technology
DPIE	Department of Primary Industry and Energy
DRP	Disability Reform Package
DSP	Disability Support Pension
DSS	Department of Social Security (Commonwealth)
DVA	Department of Veterans' Affairs (Commonwealth)
EPAC	Economic Planning and Advisory Council
FBT	Fringe Benefits Tax
GDP	Gross Domestic Product
GFCE	Government Final Consumption Expenditure
GPC	Government Purpose Classification
GPP	General Purpose Payment
HACC	Home and Community Care
ICD	International Classification of Diseases
ICIDH	International Classification of Impairments, Disabilities and Handicaps
IPD	Implicit Price Deflator

JET	Jobs, Education and Training
JSA	Job Search Allowance
LAFS	Legal Aid and Family Services (Attorney-General's Department, Commonwealth)
LEAP	Landcare and Environment Action Programme
MACS	Multifunctional Aboriginal children's services
MDS	Minimum Data Set
NAPCAN	National Association for Prevention of Child Abuse and Neglect.
NCAC	National Childcare Accreditation Council
NEIS	New Enterprise Initiative Scheme
NGCSO	Non-government community service organisation
NHS	National Housing Strategy
NOOSR	National Office of Overseas Skills Recognition
NSA	Newstart Allowance
NWO	New Work Opportunities
OECD	Organisation for Economic Co-operation and Development
OLMA	Office of Labour Market Adjustment
PCAI	Personal Care Assessment Instrument
PDD	Pervasive Developmental Disorder
PHB	Pharmeutical Health Benefit
PPP	Purchasing Power Parity
PPS	Post Placement Support
QIAS	Quality Improvement and Accreditation System
RCI	Resident Classification Instrument
RSE	Relative Standard Error
SAAP	Supported Accommodation Assistance Program
SAP	Special Assistance Programme
SCCSISA	Standing Committee of Community Services and Income Security Administrators
SLA	Statistical Local Area
SPP	Specific Purpose Payment
TAFE	Technical and Further Education

TAP	Training for Aboriginals and Torres Strait Islanders Programme
WEPD	Work Experience for People with Disabilities
WHO	World Health Organization
YCIAP	Youth Careers Information and Advisory Programme
YSJS	Youth Social Justice Strategy

Places

ACT	Australian Capital Territory
NSW	New South Wales
NT	Northern Territory
Qld	Queensland
SA	South Australia
Tas	Tasmania
Vic	Victoria
WA	Western Australia

Glossary

admission day: The first day of a person's stay in nursing home or hostel. Where the time between leaving one nursing home (or hostel) and entering another is less than 2 days, the date of the initial admission is defined as the admission day. Permanent and respite admissions are treated separately.

age-specific rate: A rate for a specific age group. The numerator and denominator relate to the same age group.

age-standardised rate: Weighted average of age-specific rates according to a standard distribution of age to eliminate the effect of different age distributions and thus facilitate valid comparison of groups with differing age compositions.

apparent retention rate: The ratio of the number of students in a given year to the number originally entering secondary school.

capital expenditure: Expenditure in a period on the acquisition or enhancement of an asset. This includes new and second-hand fixed assets (e.g. building, information technology), increase in stocks, lands and intangible assets (e.g. patents and copyrights), capital transfer payments, and net advances which are acquisition of financial assets (e.g. shares and equities).

constant price expenditure: Expenditure which adjusts for the effects of inflation. This adjustment for inflation allows comparison across different years of the quantity of goods and services that are produced by the expenditure.

estimated resident population: Australia's population statistics are compiled by the ABS according to the place of usual residence of the population. Usual residence is defined as the place where a person has lived or intends to live for a period of 6 months or more.

Indigenous: A person who identifies themselves as being of Aboriginal and/or Torres Strait Islander origin and is accepted as such by the community in which he or she lives.

International Classification of Diseases (ICD): The World Health Organization's (WHO) internationally accepted classification of death and disease. The 9th revision (ICD-9) is currently in use.

labour force: The labour force includes people who are employed and people who are unemployed (not employed and actively looking for work).

length of stay (nursing home or hostel): The time between the date of admission and the date a person has discharged from a nursing home or hostel. For a current resident, it is the time between the date of admission and a specified date.

Organisation for Economic Co-operation and Development (OECD): An organisation of 24 developed countries, including Australia.

outlays: A more technical term used by the ABS and Treasuries in Budget Statements. In this publication the term 'expenditure' is synonymous to the term 'outlays'. Recurrent outlays includes final expenditure on goods and services and transfer payments. Capital outlays includes expenditure on fixed assets, land and intangible assets, changes in stocks, capital transfer payments and net advances.

own funds: Expenditure by State and Territory Governments funded from the State Government's own revenue base (e.g. stamp duty, mining revenue and fines), and the Commonwealth Government General Purpose Payments. Expenditure funded out of client fees or other revenue or by Specific Purpose Payments from the Commonwealth Government are excluded.

permanent admission: Admission to a nursing home or hostel for long-term care purposes.

principal carer: Defined by the ABS as a person aged 15 years or more providing the most informal care for the activities of self-care, mobility or verbal communication for a person with a profound or severe handicap.

real change in expenditure: Change in expenditure estimates that have been adjusted for the effects of inflation. That is, in order to obtain a measure of the increase or decrease in the quantity of goods and services, the effects of increases or decreases in prices are removed.

recurrent expenditure: Expenditure on goods and services which does not result in the creation of fixed assets or in the acquisition of land, buildings, intangible assets or second-hand plant and equipment. This consists mainly of expenditure on wages, salaries and supplements, purchases of goods and services, and recurrent transfer payments (e.g. age pensions).

respite admission: Admission to a nursing home or hostel, designed to provide the carer with a short-term break from his or her caring role.

respite care: an out of home placement designed to provide a child's carer with a short-term break from his / her caring role

total fertility rate (TFR): Indicates the average number of babies that would be born over a lifetime to a hypothetical group of women if they were to experience the age-specific birth rates applying in a given year.

transfer payments: Payments made by governments either to other levels of governments or to non-government organisations for the purpose of financing the current operation of the recipients (recurrent transfer payments), or of meeting part of the cost of capital expenditure of the recipient (capital transfer payments).

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